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Chapter 9 Some Conclusions

When the occupation armies arrived in Germany during 1944 and 1945, public health problems were among the most pressing issues. By the time the two German states were founded in 1949, mortality rates and infectious disease rates had declined significantly, pharmaceutical production and supply had recovered, and German health administrations in all four zones successfully supervised and controlled public health work. But it would be misleading to draw a straight line between these two points in time, as scholars have tended to do. This study has examined how British, American, Soviet, French, and German health officers conceived of the problem of public health in Germany at the end of the Second World War, and how, as a result of a number of political, social, and economic developments, their assessments changed during the following four years.

Comparisons

The aftermath of the Second World War in Germany is richly documented in a wide range of sources. Probably the hardest part in writing this book has been the selection of which subjects to include, which files from the often very large archives to draw upon, and which features of this mass of research material to present and examine in detail. Throughout the study I have argued that public health was deeply embedded in broader problems and policies of occupation, and this perspective demanded, apart from the files generated by public health branches and medical officers, also reference to a range of other sources, both published and unpublished. Through this broad perspective, I have attempted to construct a new framework in which the problem of public health can be examined, without being constrained by inflexible disciplinary divisions. That framework enables a more sensitive and representative understanding of what public health work in post-war Germany involved. By bringing together a series of issues which are not generally seen in the same context—medical and political programmes in Germany, Allied wartime and post-war perceptions of the German problem, German and Allied views on the occupation, and developments in the four zones—this research helps to bridge a number of institutionalized divisions in German post-war history and historiography.

How has this comparison modified our understanding of the post-war period? By a comparison of the history of the four zones and Berlin sectors, the policies of all four occupation powers re-emerge in all their complexities and in their extraordinary similarities and differences. Obviously the four occupation powers differed from each other in many crucial respects. But since all four were tied into a very similar job on German soil, a comparison of the occupation zones has been able to challenge some of the received views.

A fundamentally similar kind of emergency epidemic control was practised in each zone. Everywhere, public health became an important component of administering the German territory. All occupiers' desperate attempts to maintain a basic level of public health were accompanied by the realization that this could not be done without the involvement of German doctors and health officers. Health issues were dealt with at local, regional, and zonal levels; they were reviewed by specialist officers, committees, and departments, and featured regularly in administrators' meetings and reports. In each zone, this left behind a comparable paper trail. And faced with similar kinds of problems, such as the shortages of qualified German medical personnel, the authorities of the different zones of occupation often resolved them in very similar ways.

But the occupiers' different initial approaches to the German problem influenced their proceedings and had effects which lasted throughout the post-war era. Each of the occupiers implemented the way in which they saw the world, and these different paradigms, in combination with institutional inertia, guided their programmes for the reconstruction of the defeated country. This did not always mean that the creation of an exact copy of the home scenario was either practical or desirable. But in each zone, public health work was closely related to the ways in which the occupiers understood and approached the occupation of Germany.

The devastation of Germany turned out to be much greater than the High Commands had imagined and planned for, and the reconstruction of the destroyed country suddenly became much more challenging and urgent. For all four occupation powers, the situation encountered in Germany short-circuited their plans for a systematic cleansing of the German state and society from Nazi influence. Each occupier initially intended to carry out thorough denazification, and the German medical profession was always going to figure heavily in these efforts, since doctors had been among

the most Nazified groups in Germany. The liberation of concentration camps then brought to light details of a series of medical crimes conducted under Nazi supervision. The German medical establishment—this was now clearer than ever—needed to undergo a thorough cleansing and systematic punishment under Allied control.

But in each zone, the destruction and chaos encountered by army detachments prevented the systematic application of these intentions. Shortages of housing, food, drugs, and disinfectants, in combination with the millions of people on the move, presented a scenario, so it was argued everywhere, in which epidemics would flourish if unchecked. Even merely proceeding within the very limited terms of the directives to 'prevent starvation or widespread disease' demanded more effort and focus than expected. Medical officers in all four zones claimed that there was no time to punish or dismiss German doctors, let alone to organize a thorough sweep. German doctors were among both the most highly regarded members of their communities and the most urgently needed professionals, and soon became indispensable contact points for the occupiers. In the Soviet zone, the compulsory draft of former Nazi doctors into the epidemic service proved an overt means for their rehabilitation. Similar developments could be observed elsewhere.

As time went on, sympathy with and respect for German medicine, and a shared belief in the fundamentally apolitical nature of medical work, were added to the mix. Thus, in all zones, the demands imposed by having to fulfil basic health and administrative functions resulted in a relaxation of the criteria for the selection and denazification of German medical personnel. At the same time, old scientific and medical networks began to guide the occupiers' selection of German staff, and political networks were also recreated.

Once occupation began, the occupiers' moral certainty—still so clear in the planning period of occupation—began to crumble under the growing weight of awkward questions and colliding priorities. Public health went to the heart of fundamental problems of the occupation, and the epidemic argument soon began to acquire a far-reaching and persuasive power. One of the very first measures instituted in spring 1945 was the establishment of a sanitary border along the Rhine to limit the spread of typhus. Over the coming months, DDT dusting and delousing was made compulsory for refugees and German civilians attempting to cross this border, and soon similar measures were contemplated for other borders—including Germany's border to Poland, as well as some of the boundaries between the zones.[1] The focus on reducing the threat of epidemics meant that there was little room for concerns of individual welfare, no matter whether they related to refugees, prisoners of war, or even occupation soldiers.[2] Problems arising out of compulsory epidemic measures also manifested themselves in the methods to reduce the incidence of venereal diseases. Compulsory hospitalization and vaccination measures were enforced by withholding ration cards in case of non-compliance, but these procedures vexed doctors and health workers everywhere. While doctors frequently complained about the occupiers' lack of concern for their individual welfare, the legitimacy of these complaints and their demands for help were fiercely debated and contested.

Overall, then, there were many similarities between the four scenarios. Each of the occupiers lacked guidance and found it difficult to implement the model of indirect control, and their initial appetite for toughness was mediated by the new reality. But the comparisons have also helped to crystallize significant differences between the occupiers' approaches. The four powers were affected to different degrees by the Second World War. France and the Soviet Union had lost millions of men and women, and at the beginning of the occupation many of their countrymen were still on German soil. Germany, defeated for now, seemed geographically much closer and more dangerous than it did to Britain or the United States. As a result, national security concerns dominated both the Soviet and the French occupation projects. To the British authorities, by contrast, although they had been in the war for longest and had felt the economic consequences very directly, Germany and the German problem seemed more remote. The United States was still further separated.

The symbolism of 1945 as the dawn of a new era was most keenly felt by France, for whom participation in the occupation of Germany became a vital component of its post-war programme. Influential French politicians argued that France now had to play a central role in the reconstruction of Europe and assume—or resume—its rightful place among the great powers. According to Léon Blum, the 'highest form of patriotism' was 'not to push our country to the highest point of military power but to make her the interpreter, the agent, the procurer of ideas which respond to her particular vocation in the world'.[3] Even those who did not share Blum's belief in the values of a 'substitution of international sovereignty for national armaments as a guarantee of peace',[4] agreed that France's special task lay in the political and diplomatic spheres. France, they insisted, was uniquely placed to mediate between the Western Allies and the Soviet Union. It had to cement its partnership with the Soviet Union, which could lend support for central French demands for German reparations and an international control of the Ruhr.[5] Through its policy on Germany

and, more specifically, through its occupation programme,[6] France set out to achieve a number of goals. But by 1949 many of the initial goals and priorities of the French project had changed fundamentally, and with it France's perceived role in Germany.

Who, as far as the occupiers were concerned, was responsible for carrying the burden of public health in Germany? German health officers had to be a major part of any public health initiatives. Thus, both by design and necessity, all four occupiers practised some form of indirect control of the German administrations in their zones. But in all zones this was a source of conflict. The comparison has shown that everywhere, the primary focus of health policy towards the benefit of occupation troops and Allied nations spurred German doctors to defend supposedly German interests. In the British zone, this conflict was accompanied by more fundamental questions regarding the trust that could be put into German assessments—questions which undermined the practicability of any real indirect control. Out of the four occupiers, the British were perhaps most reluctant and slowest at making Germans responsible for their own administrative and governmental matters, and throughout, the process was accompanied by significant tensions. In the French zone, too, the German authorities had for some time fewer responsibilities and powers than their counterparts in the American and Soviet zones.

The ways in which ‘intermediaries’ between the occupiers and the occupied population were used, or not, distinguished the Soviet and French from the British and American occupation zones, and proved to be of direct significance for public health policy and practice.[7] Differences between the Soviet and the western zones arose out of the fact that the Soviet authorities had at their disposal a set of willing German helpers who could be trusted to assist the Soviet occupation programme. By contrast, the absence of trusted German collaborators, which arose in part out of the western occupiers’ rejection of German émigrés’ participation in the reconstruction of Germany, was a much greater feature in public health work in the British zone than was the case in any of the other three zones.

As they took up their occupation duties, the American authorities’ lack of German collaborators was partly alleviated by their prominent agenda to teach the German population about the values of an American federal democracy. General Eisenhower observed that democratization could only work by example: once the Germans saw what America represented, as embodied by the GI, they would learn by imitation and become good democrats in time. This conviction partly annulled the psychological insights about the German authoritarian personality which were still popular at the outset of the occupation. In one sense, the Soviet position actually demonstrated marked similarities: since fascism represented a violent convulsion of the late capitalist and imperialist European state, the elimination of the old ruling class, in whose pay and for whose ends fascism had arisen, would eliminate the socio-economic basis for fascism, and a new society could then be created. The notion that fascism was not an ‘innate’ and permanent German characteristic allowed both the United States and the Soviet Union to entrust the Germans with the reconstruction of their public health system.

But the Soviet and American zones also differed in important respects, and this research has put the debates regarding their Americanization and Sovietization efforts in Germany into a new light. The availability of role models for a reorientation of German minds soon became a major emphasis of the American project in Germany, and American occupation policies were re-evaluated and reformulated in this light. The ban on the fraternization of US officers with the Germans was lifted to facilitate a more constructive recruitment of hearts and minds. Competition with the other occupying powers played an important role, and an alienation of the German population was to be avoided at all costs. As an American memo from May 1945 stated, ‘[a]n important development which will bear watching is that while Russians may be undertaking a vigorous programme of winning over Germans, we may be going on a tack which will result in estranging them. All in all it is going to be a mess.’[8] However, contrary to these anticipations, the Soviet zone was surprisingly bare of Soviet role models. Much to the frustration of German communists and social democrats, the Soviet authorities often displayed little concern about alienating the German population, and little interest in winning them over to their side.

The Soviet and French zones, too, shared similarities. Both powers were economically and politically still crippled by the legacies of the war, and both attempted to use German occupation to enable reconstruction at home. Although both, as a result, had a clear sense of their enduring objectives in Germany, for both the dual reparation and reconstruction agendas quickly came into direct conflict, and both suffered from the German population's scorn. But France was also very different. Where the Soviet Union failed to provide role models, the French occupation authorities, like the Americans, initiated a successful drive to impart their culture of French liberty and democracy, and their way of thinking. Just when the Soviet commanders were attempting to enforce their non-fraternization policy, the French were revelling in having overcome it. To Émile Laffon and his staff, French civilizing contacts with

the Germans were an essential part of the French mission.[9] In this sense, the French zone resembled the American more than any other, as both the United States and France attempted to remake Germany in their own image. In addition, both ruled over decentralized occupation zones, and proved to be most keen to establish regional identities and attachments.

In the British scenario, the pervasive acceptance of a Freudian, psycho-social understanding of the German personality led to its commitment to an expensive system of psychological profiling in the German Personnel Research Branch (GPRB), whose task it was to apply psychological testing methods to the selection of Germans to administrative posts. While its recommendations were not made use of systematically after 1945 (since they regularly clashed with the 'practical point of view'[10]), the fact that this unit of well-paid psychologists existed at all in those cash-strapped times points to some ways in which the British approach to Germany differed from that of the other occupiers. After the occupation of Germany began, objections to the implementation of such concepts often did not attack the principle but only the practicality of the concept, at a time when so many posts needed to be filled urgently. The psychological approach thus had some currency even as practical compromises were being made. As the Labour MP and BBC journalist Patrick Gordon Walker observed, military government was very good at clearing away the rubble, but '[w]hat is lacking is any policy beyond getting things running again as quickly as possible. There is vigour but not direction.'[11] By comparison, the American, French, and Soviet authorities each had some orientation points which made their occupation tasks easier, but which the British authorities lacked. On some issues the psychological concepts remained in currency throughout the early occupation years, reinforced and amplified by economic pressures. In the French zone, although psychological analyses were also popular, they were always modulated by a perspective on the need to enlighten, 're-educate', and impart the French mission.

Perhaps the biggest differences concerned the military, political, and financial means and manoeuvrability of the occupiers. The United States was least marred by internal divisions and emerged from the war as the strongest international leader and economic power. The other three occupiers had far fewer resources to draw upon: Britain was near bankruptcy and financially dependent on America, while the new Labour government had begun to put in place a newly comprehensive, and massively expensive, welfare state; both France and the Soviet Union struggled to fulfil demands of their own reconstruction programmes. The costly new wonder drug penicillin is an example in miniature of the importance of economic power.

Public health in occupied Germany

Throughout the post-war era, the problem of public health was embedded in much broader occupation problems, and was much more than a limited technical matter. Even the emergency measures to prevent the spread of epidemics and improve the defeated population's health were influenced by much broader considerations, and themselves impacted upon much wider Allied programmes in Germany than their specific focus on infectious diseases might at first suggest. Public health work was closely tied up with questions such as how the defeated German population should and could be treated, whether and how Nazism could be eradicated, and what Germany's future path ought to be. In sum, therefore, public health in Germany provides a sharply defined frame of reference for a comparison of the occupation regimes. But it has also done more than that. It has revealed the great extent to which the character and components of public health work in each zone were shaped by administrative, political, and economic problems, and, conversely, the regularity with which prospering public health was understood to be at the heart of a German revival.

The questions posed at the beginning of the study were underpinned by an attempt to understand the role of public health in the occupation period as a whole. In this context, one question to which I have provided an answer—and which in turn helps us to understand the occupation more generally—is how and why health officers' claims that public health work was a major priority in the occupation period came to be so powerful and effective after 1945. The research demonstrates that the occupiers' preparations for health work were very different from their programmes once occupation began, but why was this the case? In some sense their new focus on epidemics was not surprising. Typhus, a disease transmitted by lice, was long known to flourish among groups of refugees and populations on the move who lacked shelter, clean clothing, water, and food. It was associated with war and famine, and known to prosper in camps. Other diseases such as dysentery and cholera were also known to be closely related to social disorder and the lack of a functioning hygiene infrastructure, and to follow the movement of troops and the disruption of war.[12] The spectre of cholera probably still lingered in public memory as a shocking disease which could wipe out communities with great speed. And if it was not cholera they knew about, the majority of the health officers in Germany after 1945—both Allied and German—had themselves lived through the 1918 flu epidemic and seen what devastation could be caused if diseases spread unchecked. A number of them had worked as doctors or health officials

at the time, and would have been directly involved in strategies to curb the spread of influenza. Now, in the aftermath of a second savage war, a renewed declaration of epidemic urgency gave them considerable leverage. Given these long-established concerns of public health work (regardless of whether it was done by Americans, Russians, British, French, or Germans) with epidemic control, one question which this study has examined is not so much why the focus on epidemics became so widespread after 1945, but why the early Allied preparations had been so inadequate.

But there was also more to this issue. While the threat of spreading epidemics was an endlessly discussed subject in all occupation zones, epidemics were actually no real problem. There were no epidemics in post-war Germany, and the few local outbreaks of infectious diseases (primarily of typhus and dysentery) were successfully contained.[13] Once they had braced themselves for the worst, health officers often reported that the situation was not all that bad. An OMGUS report from October 1945 noted that '[d]espite all of the adverse factors which are present from a public health standpoint, the health of the German people at present cannot be said to be such as to endanger the occupation or the occupation troops'.[14] And still, the argument about the importance of public health long outlived the initial time of chaos and confusion; it continued to be heard everywhere, and proved to be a pervasive and effective means for mobilizing resources and support. How did the public health argument acquire such power and force?

A partial answer lies in the fact that to the German health officers, the new era of epidemics was synonymous with the end of German civilization as they had known it. Public health crises—real or imagined—not only threatened to destroy the last vestiges of social structure and cohesion in the defeated country, but they were also a symbol for how much German society, and with it the health officers' work, had changed from what it was before the war. Dr Paul Konitzer, president of the Central Health Administration in the Soviet zone (ZVG), commented in October 1945: 'We got too used to walking on the crutches of civilization. And we are now too easily discouraged, when—as now—our usual and customary aids have been knocked out of our hands through the after-effects of Hitler's extermination policies.'[15] At the same meeting, Konitzer's colleague Dr Bermann agreed that current public health work was fundamentally different from the work they had carried out previously. 'In the past', he thought, 'we have been used to a certain kind of epidemic work which I would like to call fine tuning; it was all about reaching point zero. The doctor generally noticed almost nothing of these measures, which did not extend beyond a small circle of initiates. But now a fundamental change has occurred. We have to learn to think differently. For the present time, measures have become necessary which used to be common 100 years ago.'[16] Although the ongoing social collapse was recognized by some as a unique chance to start afresh and build something new, most also mourned the demise of their profession's earlier successes and triumphs. German reports on the public health situation were frequently written in highly emotional language, and, much to the annoyance of the occupiers, contained some embellished statements on the German nation's decline as a whole.

But to the occupation officers, the situation was often no less shocking and no less symbolic. Their wartime discourse had frequently likened the German problem to a disease demanding a cure. As one British officer put it, '[w]e must treat the disease from which Germany has been suffering for so many centuries organically, not symptomatically'.[17] In addition, a crucial factor was that quite unexpectedly, Germany—which had been revered abroad for the greatness of its industrial, scientific, and medical advances—now resembled an underdeveloped nation much more than a developed one, and had lost its moral compass. This realization suddenly put public health work in Germany into a new light. Far from being able to limit the German standard of living, it was not even always clear how living conditions and health standards could be prevented from slipping any further. The problem was not simply one of sheer physical devastation. Some of the British health officers had, by the time they came to Germany, already encountered health crises in the course of their colonial service on the Indian subcontinent, and some Americans had participated in health operations in, for example, the Caribbean.[18] A number of the army health officers, Red Cross workers, and other relief teams now in Germany had also previously worked at other theatres of the war; and some had organized medical and relief work in the famine and epidemic conditions in East Asia.[19]

Many of them had already experienced public health problems which were similar to, if not much worse than, those they now faced in Germany. But Germany in 1945 represented a different challenge. British and American officers, in particular, were shocked not simply by the destruction itself that greeted them upon their arrival in Germany, but also by seeing people like themselves and a nation like their own in such a state. A feeling of similarity—as well as a high regard for German culture, science, and medicine—had accompanied Anglo-American attempts to come to grips with the German national character. At the heart of British and American health officers' admiration of past German health policy achievements, and of the fervour with which they turned to German doctors for cooperation, was thus not simply the practical problem of having to administer the occupied territory, but also a surviving sense of German

superiority in medical, administrative, and social welfare matters. This dated back to the early Weimar years, and was —then, as in 1945—often coupled with a concern about the apparent inability by the United States or Britain to follow suit.[20] In the Soviet zone, a comparable but slightly different set of permutations resulted in a situation where Soviet officers' familiarity with German-caused destruction and resulting health crises in parts of Poland and Russia, was accompanied by the high esteem in which much German medicine and science was held, as well as by the long-standing participation of leading German communists in organizations of the Communist International.

Public health work in all four zones thus embodied some of the fundamental considerations about what the Germans were like, and whether, and how, they could be recruited to support the occupiers' agendas. British, American, Soviet, and French understanding of what Nazism was—a psychiatric condition or a social-structural problem—directly shaped their strategies for dealing with its remnants in the aftermath of the Third Reich. British and American views on what public health work in Germany involved changed drastically in the course of the war and post-war years, just as their political assessments also changed. In these terms, it also becomes clear that another reason why the threat of epidemics received so much attention, was because it undermined one of the Allied preparations' most central assumptions. While plans had stated that the problem of German public health could be dealt with in isolation from and differently to health questions which affected other European countries and United Nations citizens, both the potential problem of epidemics and the very real problem of venereal diseases revealed that this was manifestly not the case. The German problem now emerged at the heart of European reconstruction overall, and German public health was realized to be inseparably entangled with the health of occupation troops and neighbouring countries.

The disease argument as put forward by doctors and health officials received further ammunition from the fact that not long after occupation had begun, the Allied authorities began to recognize that diseases and unsettled conditions in Germany presented not only a practical danger to the health and survival of populations in Europe, but also a threat to the success of their own aims and programmes. As a British directive from August 1945 observed, '[i]dleness, boredom and fear of the future are the best allies of Nazism past and present. Nazism has been destroyed, but the people who are used to having their thinking done for them will be helpless unless they are taught to think for themselves.'[21] The Germans were unlikely to be sympathetic to attempts to recruit them to a western-style democracy if they were sick or dying. As the threat of a revival of Nazism subsided, fears about a communist revolt in the western zones, triggered by poor living conditions and escalating economic problems, grew in importance. Similarly, German communists and social democrats in the Soviet zone recognized that public health and improved living conditions were essential preconditions for convincing the population that their programmes presented viable new alternatives. As the social democrat Max Klesse warned in July 1945: 'actual existence determines consciousness: hunger, cold, disease and epidemics will not be blamed by the masses on Hitler, but shoved onto the Soviets and the German Left, unless some significant changes take place quickly.'[22]

The Soviet position on German public health, in turn, was marked by contradictions which arose directly out of the ambiguities and incongruities in Soviet German policy overall. The Soviet authorities enabled the appointment of trustworthy and high-calibre Germans to the newly created Central Health Administration in the Soviet zone—itself understood at the time as a landmark—and supported these Germans' efforts to draw upon and redevelop some features of the German public health heritage. The Soviet health officers themselves were admired as a trained elite force, and their work was recognized as a crucial component of the administration of the eastern zone. But the ruthless reparations policy, on the other hand, severely hampered any real improvement in public health. In part, therefore, the disagreements and confrontations between German and Soviet authorities—like those between the Germans and the French—centred not simply on the significance of the German population's health and well-being, but on the nature of future German reconstruction much more generally. A number of German health officers insisted that public health had to be improved before any other, political aims could be achieved, but the Soviet authorities were not clear about what the longer-term aims of Soviet policy in Germany actually were. Far from rejoicing in an alleged Sovietization of their zone, German communists and other left-wing officials in the East were greatly concerned by the seeming lack of interest in Germany by their Soviet occupiers. By contrast, in the eyes of the British and particularly the French and American authorities, public health turned out to be a precondition for the success of their political agendas. In sum, it was because of these kinds of concerns, and particularly because of the realization that public health and political goals were inextricably linked, that the epidemic argument acquired a far-reaching and persuasive power in all four occupation zones, and contributed to fundamental shifts in occupation policies and agendas.

Footnotes

1 Military Government of Germany, 'Public Health and Medical Affairs: monthly report of military governor, U.S. Zone', No. 5, 20 Dec.

1945.

2 Compare to Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford, 2000), 396–7.

3 *Le Populaire*, 3 Aug. 1945, quoted in Louise Elliott Dalby, *Léon Blum: Evolution of a Socialist* (New York, 1963), 372.

4 *Le Populaire*, 3 Aug. 1945.

5 Robert Gildea, *France Since 1945* (Oxford, 2002), 13 ff.

6 On this distinction, see Rainer Hudemann, 'Zentralismus und Dezentralisierung in der französischen Deutschland- und Besatzungspolitik, 1945–1947', in Winfried Becker (ed.), *Die Kapitulation von 1945 und der Neubeginn in Deutschland* (Cologne and Vienna, 1987), 181–209.

7 Compare my usage of the term with that in Arnd Bauernkämper, Konrad Jarausch, and Marcus M. Payk (eds.), *Demokratiewunder: Transatlantische Mittler und die kulturelle Öffnung Westdeutschlands 1945–1970* (Göttingen, 2005).

8 BAK, Za4f, 44–45/4/6, Lt. Muelder to Col. Calder, 26 May 1945.

9 COL AC 1031, Laffon to Directors General, 1 Feb. 1947.

10 TNA, FO 1039/129, Col. A. F. Merry to Major H. Reade (Assistant Controller, P & I Branch, Economic Division Advance HQ), 19 Feb. 1946.

11 Patrick Gordon Walker, *The Lid Lifts* (London, 1945), 86.

12 e.g. Dorothy Porter, *Health, Civilisation and the State* (London, 1999), esp. 80–4.

13 Also see Ellerbrock in Wolfgang Woelk and Jörg Vögele (eds.), *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'* (Berlin, 2002), 325–6. Dagmar Ellerbrock, *'Healing Democracy': Heilende Demokratie* (Bonn, 2004), 22.

14 TNA, FO 371/46992, 'Monthly Report of Military Governor, U.S. Zone', No. 3, 20 Oct. 1945.

15 BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter im Sowjetischen Okkupationsgebiet in der Deutschen Zentralverwaltung für das Gesundheitswesen am 2. und 3. Oktober 1945', 9.

16 BAB, DQ1/1338, 'Protokoll der 2. Tagung der Leiter der Landes- und Provinzialgesundheitsämter'.

17 Wilfred Byford-Jones, *Berlin Twilight: On Life under the Allied Occupation* (London, 1947).

18 See e.g. Arthur P. Long, 'The Army Immunization Programme', in Ebbe Curtis Hoff (ed.), *Preventive Medicine in World War II*, iii. *Personal Health Measures and Immunization* (Office of the Surgeon General, Department of the Army, Washington, 1968). TNA, FD1/418, 13 Aug. 1947, Edward Mellanby noted that the British zone's public health adviser and representative on the Allied Health Committee, Brigadier W. Strelley Martin, 'was formerly an Indian service man'.

19 Anecdotal evidence on previous medical work in devastated conditions included that from Bernhard Fisher, who had carried out medical and relief work with the Friends Ambulance Unit (FAU) in Ethiopia, Austria, and the Netherlands before coming to Germany (IWM, Sound Archive, 10653/4). Michael Rowntree from the FAU had worked in Syria, Lebanon, Egypt, Italy, and France before coming to Germany (IWM, Sound Archive, 10883/8). The German doctors Carl Coutelle, Rolf Becker, and Herbert Baer had both in Spain and at the Burmese front 'worked among the civilian population, dealing with famine conditions and epidemics of scabies, cholera, typhus and dysentery', and had 'helped to run training schools for lay personnel where hygiene and first aid has been taught so that these people could be sent out to epidemic areas to help the overburdened medical personnel' (TNA, FO 371/46844, London China Medical Aid Committee to G. W. Harrison, German Section, Foreign Office, 18 June 1945); Coutelle discussed this experience in BAB, DQ1/1338, 'Sitzungsprotokoll der 4. Tagung der Leiter und Landesprovinzialgesundheitsämter am 12. Januar 1946', 15.

20 On 'declinism' in British science, and economic and military policy, see esp. David Edgerton, *Science, Technology and the British Industrial 'Decline'* (Cambridge, 1996).

21 TNA, FO 1030/387, Directive from Commander in Chief, 'Administration, Local and Regional Government and the Public Services', 23[?] Aug. 1945.

22 BAB, DQ1/1634, memorandum by Max Klesse, 1 July 1945.

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