

University of Canterbury

Christchurch, the 26th of March 2013

School of Humanities

History Department

A Thesis submitted in Fulfilment of the Requirements for the Degree of
Master of Arts in History

**“It would be better,
if some doctors were sent to work
in the coal mines”**

The SED and the medical Intelligentsia
between 1961 and 1981

Supervisor: Dr. Heather Wolfram, Lecturer in Modern European History

Dr. Evgeny Pavlov, Senior Lecturer in Russian and German

Author: Markus Wahl, born in Löbau, Germany, the 21st of September 1987

Submitted on the 26th of March 2013

Contents

	Page
<i>List of Illustrations</i>	3
<i>Acknowledgments</i>	4
<i>Abstract</i>	5
<i>Abbreviations</i>	6
1. Introduction	8
1.1 Historiography, Methodology and the State of Research	10
1.2 Definition of Key Terms related to the ‘medical Intelligentsia’	17
1.2.1 ‘Intelligentsia’, ‘Intellectuals’ and ‘Professionals’ – An Issue Analysis	17
1.2.2 ‘ <i>Bildungsbürgertum</i> ’ – Bourgeois Ideology and Milieu	22
1.2.3 ‘Socialistic Alliance’ – the Unifying Element of Strata and Classes?	24
1.3 Principle and Character of the GDR Healthcare System	27
1.4 ‘Normalisation’ in the Socialist Bloc in the Sixties and Seventies	33
2. Starting point –	42
The Relationship between the State and the Medical Elite until 1961	
2.1 The Years after the War – Establishing the ‘Statehood’ of the GDR	42
2.2 Nationalisation of Healthcare, Resentments and the First Societal Crisis	45
2.3 ‘Driven’: Between the Preservation of Principles and the Need to Grant Concessions	53
2.4 The ‘Final Act’ – the ‘Second Communiqué on Doctors’ in 1960	58
3. Part I: 1961-1971:	64
The Medical Elite in the Last Decade under Ulbricht	
3.1 Doctors in the Turmoil surrounding the Erection of the Berlin Wall	64
3.2 The Years after the Wall – the silent Turning Point	77
3.3 The ‘New Economic System’, the FDGB and the medical Intelligentsia	92
3.4 The Reforms Cancelled: Doctors on the Eve of Ulbricht’s End	101
4. Part II: 1971-1981:	112
The Medical Elite in the First Decade of Honecker	
4.1 Honecker’s social political Program and the Healthcare System	112
4.2 Against ‘Backwardness’: The Second Half of the Seventies	125
4.3 ‘Border crossings’ of the medical Intelligentsia in the GDR	135
4.4 The SED and the medical Intelligentsia: Caught between Claim and Reality	149
5. Conclusion	164
<i>Bibliography</i>	168

List of Illustrations

	Page
Figure 1	The Cross of Stability. 37
Figure 2	Successful Escapes from the GDR, itemised in Barrier Breakers and Trafficking between 1972 and 1979. 140
Figure 3	Successful and unsuccessful [incl. planned and attempted] Escapes of Doctors and middle medical Personnel to West Germany in Comparison from 1972 to 1979. 141
Figure 4	The overall Number of successful and unsuccessful Escapes out of the different Security Areas of the HA XX of the MfS in 1975 and 1976. 143

Acknowledgments

Over the course of the Master thesis year, I received a lot of support from different quarters, all of which I would like to acknowledge. Firstly, I want to thank Dr Heather Wolffram for her great support in every matter. Her door has been always open, if I had troubles, questions or just needed someone to listen to me. Without her backing in the first place, I would not have commenced my Master thesis here in Christchurch. I also want to thank Dr Evgeny Pavlov, who, as an expert in the history of Russia and Socialism, provided much important input and many valuable comparisons for this thesis. Great appreciation goes also to the present and past staff of the History Department, who supported me in different ways in my time here at the University of Canterbury.

Furthermore, I want to thank the staff of the Hannah Arendt Institute for Research on Totalitarianism in Dresden, Germany, and in particular Dr. Francesca Weil. She was unconditionally willing to support my thesis and my work in the archives, offering me a place at her institute, during my research visit to Germany, for which, I am infinitely grateful. Additionally, I thank the staff of the Branch Office of the Federal Commissioner for the Files of the State Security Service of the former German Democratic Republic in Dresden, especially the director Konrad Felber, Mrs Baier and my case officer Mrs Reichelt, as well as the staff of the Federal Archive in Berlin-Lichterfelde. The files of these archives have been crucial for this work, offering many interesting insights and illustrating the potential of this topic for further research.

However, without the financial assistance and support of my family, in particular of my parents Kersten and Kerstin Wahl as well as my brother Tobias Wahl, I would not have been able to study in Aotearoa. I also want to thank my friends here in New Zealand, in the United States as well as back in Germany, especially my dearest ones Anja, Julius and Sebastian, who were there, when I needed them. Not least, I wish to acknowledge the support and patience of my partner Malcolm James Laird, who helped with editing this thesis and had to step back now and then, because I was more committed to my work than to the private sphere.

For all these reasons, I want to dedicate this thesis to my family, friends and especially to my partner Malcolm as well as to my experience at the other end of the world.

Abstract

The relationship between the Socialist Unity Party [SED] and the medical intelligentsia in the German Democratic Republic [GDR] has often been described as one of the most problematic for the Republic's political vanguard. This thesis discusses this relationship for the two decades after the erection of the Berlin Wall in 1961. With the inability of East German workers to leave for West Germany after this event, the GDR was able to enforce their programme of socialist development in a new way. Doctors, despite being crucial for this socialist society and its legitimacy, were not excluded from the state's radical new policies. However, as files from the former state security apparatus, party and trade union make obvious, doctors were very successful in preventing both the ideological conditioning of their community and state interference in the composition of the medical elite. With the examination of the every-day life of the medical intelligentsia, especially in East German hospitals, this thesis contributes to the discussion about the difference between the claims of the socialist party and the realities faced in the healthcare sector. There were a variety of complex reasons for the increasing distance between the state's claim and reality, many of which will be analysed in the course of this work. This analysis is, embedded in a historical approach, outlined mainly by Mary Fulbrook, which sets the micro-level in the context of the macro-level, considering the correlation between the claim and ideology of the SED, their communication, mechanisms and policies reaching the boundaries of the social conglomerate of doctors, as well as their reactions, career aspirations and pre-conditions. For the seventies, a whole section is dedicated to exploring the reasons that the medical intelligentsia was one of the main-clients of so-called 'human trafficking gangs', enabling insight into their situation and the attitude towards the socialist state, which led them to 'vote with their feet'. This thesis demonstrates, especially for the sixties and seventies, that there is still much potential for further research, in to the case of the most ideologically unreliable social group in the GDR: the medical intelligentsia.

Abbreviations

ÄBK	<i>Ärzteberatungskommission</i>	Medical Advisory Commission
BArch	<i>Bundesarchiv</i>	Federal Archive of Germany
BdÄ	<i>Bund deutscher Ärzte, Zahnärzte und Apotheker</i>	The Association of German Doctors, Dentists and Pharmacists
BStU	<i>Der Bundesbeauftragte für die Unterlagen des Staatssicherheitsdienstes der ehemaligen Deutschen Demokratischen Republik</i>	The Federal Commissioner for the Files of the State Security Service of the former German Democratic Republic
BV	<i>Bezirksverwaltung</i>	Regional Administration [of MfS]
CCD	<i>Kultur des kritischen Diskurses</i>	Culture of Critical Discourse
CDU	<i>Christlich-Demokratische Union Deutschlands</i>	Christian Democratic Union of Germany
DDG	<i>Das Deutsche Gesundheitswesen</i>	The German Healthcare System [GDR Journal]
DZVG	<i>Deutsche Zentralverwaltung für Gesundheitswesen</i>	German Central Administration for Healthcare
FDGB	<i>Freier Deutscher Gewerkschaftsbund</i>	Free German Trade Union
FDJ	<i>Freie Deutsche Jugend</i>	Free German Youth
GDR	<i>Deutsche Demokratische Republik [DDR]</i>	German Democratic Republic
HA XX	<i>Hauptabteilung XX des MfS</i>	Head Department Twenty of the MfS; responsible for the areas of medicine, culture, education, post, church, party organisations and the general state apparatus
IM	<i>Inoffizieller Mitarbeiter des MfS</i>	Unofficial member or collaborator of the MfS
KPD	<i>Kommunistische Partei Deutschlands</i>	Communist Party of Germany
KZ	<i>Konzentrationslager</i>	Concentration Camp
MfG	<i>Ministerium für Gesundheitswesen</i>	Ministry of Healthcare
MfS	<i>Ministerium für Staatssicherheit – Stasi</i>	Ministry of State Security - Stasi

NATO	<i>Nordatlantische Verteidigungsbündnis</i>	North Atlantic Treaty Organization
NSDAP	<i>Nationalsozialistische Deutsche Arbeiterpartei</i>	National Socialist German Workers' Party
NÖS	<i>Neues ökonomisches System (der Planung und Leitung)</i>	New Economic System
RIAS	<i>Rundfunk im Amerikanischen Sektor</i>	Broadcasting in the American Sector
SAPMO	<i>Stiftung Archiv der Parteien und Massenorganisationen der DDR im Bundesarchiv</i>	Foundation Archive of Parties and Mass Organisations of the GDR in the Federal Archive of Germany
SBZ	<i>Sowjetische Besatzungszone</i>	Soviet Occupation Zone
SED	<i>Sozialistische Einheitspartei Deutschlands</i>	Socialist Unity Party of Germany
SMAD	<i>Sowjetische Militäradministration in Deutschland</i>	Soviet Military Administration in Germany
SPD	<i>Sozialdemokratische Partei Deutschlands</i>	Social Democratic Party of Germany
SU	<i>Sowjetunion</i>	Soviet Union
VEB	<i>Volkseigener Betrieb</i>	Publicly Owned Operation
ZfäF	<i>Zeitschrift für ärztliche Fortbildung</i>	Journal for Medical Education [GDR Journal, but continued after the Reunification]

Translation note

Unless otherwise noted or cited, all translations from German in this thesis are my own.

1. Introduction

Doctors fulfil an important social role in every political system. In the doctor's surgery, people are cured of diseases, rescued from life-threatening conditions and are given advice about disease prevention and every-day health problems. Consequently, the medical elite enjoy a high status in every society, even in tribal communities where 'Shamanism' is regarded as indispensable for the social and economic functionality of the society. On the other hand, doctors have used their position to form strong lobbies and to establish a kind of 'social bond', which separates them from other social groups. Doctor's high salaries and persistent demands for appreciation because of their high level of responsibility, has, however, sometimes also led to suspicion and hostility. Stories about 'doctors' mistakes' in patient treatment and their 'susceptibility to corruption' by pharmaceutical corporations, for example, periodically appear in the media.¹ The obvious tension between the necessity of having a medical elite and state principles, such as enforcing procedures against corruption, is, however, nothing new and appears to be a simmering problem that affected the German Democratic Republic [GDR – *Deutsche Demokratische Republik*] as much as it has affected any other state.

In 1981, Erich Honecker, the leader of the Socialist Unity Party of Germany [SED – *Sozialistische Einheitspartei Deutschlands*] stated in a meeting with the Healthcare Minister Ludwig Mecklinger, concerning the ideological situation of the medical intelligentsia, that "it would be better, if some doctors were sent to work in the coal mines, rather than politically confusing everything regarding healthcare".² This statement would suggest that the relationship between the SED and the medical intelligentsia was contentious and complex. When after the Second World War the Soviet Union [SU – *Sowjetunion*] introduced socialist principles and statehood in their occupational zone, the healthcare system was affected by this process. However, a series of predicaments created by the War and the nature of the medical intelligentsia prevented a rapid trans-

¹ These have just recently been topics in *Der Spiegel* and in Germany in general. See: Dennis Ballwieser, "Pfusch-Debatte bei Illner: Die Allmacht der Chefärzte," *Der Spiegel*, January 25, 2013, accessed February 12, 2013, <http://www.spiegel.de/gesundheit/diagnose/maybrit-illner-talk-ueber-behandlungsfehler-unkultur-der-medizin-a-879519.html>; "Ärzte, Apotheker, Krankenhäuser: Zehntausende Betrugsfälle im Gesundheitswesen," *Der Spiegel*, January 18, 2013, accessed February 12, 2013, <http://www.spiegel.de/wirtschaft/soziales/krankenkassen-53-000-betrugsfaelle-im-gesundheitssystem-a-878278.html>; "Ermittlungen der Ärztekammern: Fast tausend Korruptionsverfahren gegen Mediziner eingeleitet," *Der Spiegel*, January 13, 2013, accessed February 12, 2013, <http://www.spiegel.de/wissenschaft/medizin/korruption-aerztekammern-haben-fast-1000-verfahren-eingeleitet-a-877205.html>.

² "Es wäre besser, einige Ärzte würden in die Kohle zum Arbeiten geschickt, als im Gesundheitswesen politisch alles durcheinander zu bringen". 31st August 1981: Gespräch mit Minister Mecklinger: BStU, MfS, HA XX, 527, Bl. 40.

formation and ideological penetration of this community by the nascent socialist state. The SED justifiably saw in the remaining ‘old elites’ and their sceptical position towards Socialism a political and economic problem, particularly as the open border to West Germany enabled doctors to escape to the West in large numbers. The problematic shortage of skilled workers in general, which also affected the situation in the GDR’s healthcare system, led to the decision of the SED, with the approval of the Eastern Bloc states and SU, to close the border. The erection of the Berlin Wall in 1961 was supposed to provide both stability within the socialist system as well as economic and social relief for ordinary East Germans. A new era dawned, as the opportunity to ‘vote with their feet’ and leaving for the capitalist West in this form diminished as a possibility. For doctors as for everyone else, therefore, the “walled-in” decades of the sixties and seventies have been often described as a period of ‘normalisation’ of both socialist rule as well as of everyday life.

This thesis intends to explore the situation of the medical intelligentsia in the decades after the Wall in order to assess whether a ‘consolidation’ in the relationship between doctors and the SED occurred, as the pressure of the loss of manpower to the West was eliminated. It is also the aim of this thesis to investigate whether doctors were still able to prevent their ideological transformation into ‘socialist doctors’ or a ‘socialist medical profession’ in the last decade of Ulbricht’s rule and in the first decade of Honecker’s. In addition, this thesis seeks to show, how far the principles of Socialism and ideological penetration could be advanced and strengthened as well as the response of doctors to everyday reality. Furthermore, consideration will be given to the questions of how the political mechanisms of the GDR at the grass-roots level of the healthcare system functioned. What leverage, for example, did doctors have in their every-day routine? And how did the relationship between them and the state develop over the course of twenty years? External and internal developments also need to be considered, concerning their impact on the healthcare system and the reactions of the medical intelligentsia. This thesis will contend that doctors, even behind the Wall, because they remained crucial to the legitimacy of the GDR, were able to resist the ideological influence of the SED, thereby making them one of the most problematic social groups for the state.

In order to reach the objectives of this thesis, historiography and methodology as well as important terms relating to the medical intelligentsia need to be discussed and clarified. Furthermore, this chapter will provide an insight into the principles and characteristics of the healthcare system in the GDR as well as introducing the concept of ‘normalisation’ as a description for the sixties and seventies in Eastern European countries. The second chapter of this thesis will be dedicated to a consideration of the developments of the situation of doctors after the War and

prior to the erection of the Wall, in order to give the starting point for the subsequent analysis. In the third chapter, the issues that emerged after the erection of the Wall and the silent turning point in the policies of the SED towards the medical intelligentsia will be examined. Additionally, an analysis of the impact of Ulbricht's economic reforms during the sixties on the healthcare system and on the relationship between the SED and doctors will expose several problematic contradictions. After the last decade under Ulbricht, the new head of state, Erich Honecker, introduced a social political program that was supposed to provide an increase in the standards of living and working in the GDR. The fourth chapter will consider, therefore, this change of leadership and its influence on the healthcare system, as well as the economic crisis that occurred in this decade. The final part of this thesis will examine the increasing conflict between the Healthcare Minister and Honecker, whose impatience with the ideological stubbornness demonstrated by doctors provides a way in which to summarise the developments in the relationship between the medical intelligentsia and the state over these two decades.

It is their crucial role in public healthcare, which makes the medical intelligentsia indispensable to societies and so interesting as an object of historical research. The political conflicts arising in the GDR, however, also show, how profoundly pre-conditions and traditional structures shaped this social group, contributing to the development of a kind of 'class consciousness' amongst its members. This thesis seeks to contribute to the discussion about both the claims and limitations of ideology at the grass-root levels in authoritarian societies as well as the conscious usage by the medical intelligentsia of their societal status.

1.1 Historiography, Methodology and the State of Research

Research relating to the GDR is of a specialised and highly political nature. Since the fall of the Berlin Wall and the '*Wiedervereinigung* [reunification]', German historians have paid great attention to social conditions in the GDR, the appearance of the dictatorship and the everyday life of 'real-existing socialism on German soil'.³ This has only been made possible by the softening of regulations concerning the accessibility of archival material relating to East German state organisations. The new approach to modern German historiography evident in these works was

³ Andrew H. Beattie, *Playing Politics with History. The Bundestag Inquiries into East Germany* (New York; Oxford: Berghan Books, 2008), 2.

intended to accelerate the process of coming to terms with the legacy of the Socialist past.⁴ The haste to do so, however, subsequently created several portentous problems, which can be understood as typical of precipitate efforts in general historical writing. The problem, as British historian Mary Fulbrook (2002) identifies, is that German historians, of the generation who lived in a divided Germany, are unable to dissociate the political and moral repercussions of the dictatorship and therefore lose the objectivity that is always desirable in historical work. Furthermore, when such attempts at objective rapprochement with the socialist past have been made, they have received immediate criticism. The authors of these works have been accused of historical white-washing as well as of indirect support for the former GDR regime. This criticism has led to an increase in the number of partisan works published about the GDR, which have been more reckonings with the recently vanished state than serious historical analyses.⁵ According to another British historian, Corey Ross (2002), the problem is not merely the common issue of ‘prejudices’, but also the urge to take clear political positions in these works to the detriment of analytical categories in this area.⁶ In contrast to this deliberate distancing and condemnation of the GDR, as the Australian Andrew H. Beattie (2008) mentions, Western (West German) interpretations tend to forget their obviously biased analysis of the GDR was caused by ‘anticommunism’ and forty years of Cold War, which cannot just be overcome within the short period of a few years.⁷ This unacknowledged bias is problematic for historiography, but there are similar problems with opposing approaches. Former functionaries, who refuse the ‘absolute condemnation’ of the GDR, attempt to exonerate themselves and the ‘socialist experiment’ by showing the failures alongside the successes of East German society, thereby missing an opportunity for in depth analysis in preference to politicised debates.⁸ On the other hand, former opposition members of the GDR and members of the left-wing opposition in the nineties, who also saw the need

⁴ In Germany the process of coming to terms with the past is not exclusively tied to the legacy of the GDR. Germany’s two dictatorships have necessitated *Vergangenheitsbewältigung* (coming to terms with the past) and it is apparent that the current process of dealing with the Socialist past is inflected by the experience of assessing the National Socialist past.

⁵ Mary Fulbrook, “Rethorising ‘state’ and ‘society’ in the German Democratic Republic,” in *The Workers’ and Peasants’ State. Communism and Society in East Germany under Ulbricht 1945-1971*, ed. Patrick Major et al. (Manchester, New York: Manchester Unity Press, 2002), 280- 282; Corey Ross, *The East German Dictatorship. Problems and Perspectives in the Interpretation of the GDR* (London; New York: Arnold; Oxford University Press, 2002), 6: According to Ross “in unified Germany [...] scholarly research on the GDR remains heavily laden with political and moral implications.”

⁶ Ross, *The East German Dictatorship*, 17.

⁷ Beattie notes, that “terms [around the GDR history writing] are highly malleable, ambiguous, and loaded” and that some historians “overlook the central role of anticommunism or suggest overly hastily that Cold War-era politics and ideologies simply disappeared in 1989-90”. Beattie, *Playing Politics with History*, 4.

⁸ Fulbrook, “Rethorising ‘state’ and ‘society’,” 284; see also: Beattie, *Playing Politics with History*, 3: Beattie argued, that “former representatives of the communist regime [...] [saw themselves as] the victims of western ‘victors justice’”.

for countering ‘one-sided’ considerations, have been confronted with the disclosure of their inclination to Socialism, and have therefore been pigeonholed as politically unreliable.⁹ These two clear distinctive dispositions demonstrate not only how emotionally explosive a discussion or analysis of the GDR in Germany is, but furthermore, how far political intentions and directives determine the historiography.¹⁰ Other important historiographical trends have gone in the direction of ‘Ostalgie’ [GDR nostalgia] and the use of ‘Alltagsgeschichte’ [history of everyday life], but these approaches have their own empirical and theoretical problems. Both methodologies, for example, use oral histories as their foundation, but engage in inadequate critical analysis of them.¹¹ These historiographical phenomena, which occurred particularly in the first years after the end of the GDR, have been the main problems in histories of the GDR and remain yet to be completely overcome.¹² This does not necessarily mean that these historical works are unusable, but rather that they may need to be used with care. In spite of their problems, they do provide important clues and valuable ideas about the topic investigated here as well as guidance on the formulation of several key questions, which this thesis will discuss.¹³

Later in the nineties, the discussion around the GDR turned to the nature of this dictatorship and a comparison of its common characteristics with and differences to the Third Reich. The discussion was determined by the revitalisation of theories of ‘Totalitarianism’, which had grown out of Hannah Arendt’s work on totalitarian regimes following the Second World War.¹⁴ Peter Grieder (1999), for example, argued that the GDR was totalitarian, reasoning that the SED’s attempts to gain control over all areas of life made the GDR even more totalitarian than the Third Reich, in terms of state security and influence in economic matters.¹⁵ Already in this single case, it is apparent that the theories around the definition of totalitarian regimes are limited to specific aspects of dictatorships. As a macro-theory of defining political systems by metrics of power centralisation, suppression of individual liberties, control of economic production, legitimacy etc., Totalitarianism may be very useful. However, Fulbrook (1995) holds that the totalitar-

⁹ Beattie, *Playing Politics with History*, 12.

¹⁰ It is important to realise that the *Bundestag* [Parliament of Germany] established two successive commissions about the GDR past [1991-1994; 1995-1998]. Beattie, *Playing Politics with History*, 5.

¹¹ Fulbrook, “Rethorising ‘state’ and ‘society’,” 285-287.

¹² Ross believes, that an “agreement on many of the basic features of the regime and its place in German and European history is still not in sight, and scholarly interpretations remain politically and morally charged”. Ross, *The East German Dictatorship*, 15.

¹³ According to Fulbrook, some of this literature should “be treated more as primary source material than as serious candidates for interpretation”. Fulbrook, “Rethorising ‘state’ and ‘society’,” 284.

¹⁴ Ross sees here “the renaissance of totalitarianism theories.” Ross, *The East German Dictatorship*, 20.

¹⁵ Peter Grieder, *The East German leadership 1946-1973. Conflict and Crises* (Manchester; New York: Manchester University Press, 1999), 1, 5-6 endnote 1.

ian theories and the comparison with the Third Reich are used for political purposes, rather than as genuine attempts to establish an analytical scheme.¹⁶ Analysis on the micro-level of a political system in interaction with society must be part of a broader rapprochement.¹⁷ The much quoted German historian Jürgen Kocka (1994) added a clear distinction to the totalitarian term, defining the GDR as a *‘durchherrschte Gesellschaft* [pervaded society]’, which delineates the assumption of total determination and concentrates more on limitations as well as countertendencies, like informal networks and concealed resistance in the everyday life of the people.¹⁸ Even with the intertwining of public and private spheres that was much higher than in western countries, the reactions of individuals, according to Kocka (1994), was highly random, highly differentiated and hence for the state unpredictable, despite a sprawling state security apparatus.¹⁹ For Detlef Pollack (1998), also a German historian, this approach has its strengths in discussing the limitations of state administration and mechanisms to reach putative homogeneity, but failed in his view to give enough heed to the ‘simultaneity of stability and instability’.²⁰ Pollack introduces therefore the term *‘konstitutiv widersprüchlichen Gesellschaft* [constitutively contradictory society]’ and justifies this on several tension lines, like homogeneity and functional differentiation, Western foreclosure and orientation, formality and informality etc., which acted oppositely and brought putative stability until they were exposed in the public sphere.²¹ German Ralph Jessen (1995) argued in the same way, refusing totalitarian theories and together with Richard Bessel (1996) dedicated a whole book to the limitations of power in state and society in the GDR.²² Fulbrook (2002), as the most influential non-German author on GDR history, emphasises the mutual dependency of state and society, which in her opinion needs to be redefined. Her approach identifies the state as ‘Modern Party Absolutism’, with the consciousness of the pre-modern usage of this term, to provide a scheme freestanding of moral disputes. Fulbrook’s approach shows the correlation of society in the context of long-term processes, ideological and political aims or policies as just as

¹⁶ Mary Fulbrook, *Anatomy of a Dictatorship: inside the GDR, 1949-1989* (New York; Oxford: Oxford University Press, 1995), 284-286.

¹⁷ Jessen also warned, “not to reduce the complex reality and the internal change of a society on a model with only a few variables [daß man sich davor hüten sollte, die komplexe Realität und den inneren Wandel einer Gesellschaft auf ein Modell mit wenigen Variablen zu reduzieren]”. Ralph Jessen, “Die Gesellschaft im Staatssozialismus. Probleme einer Sozialgeschichte der DDR,” *Geschichte und Gesellschaft* 1 (1995): 98.

¹⁸ Jürgen Kocka, “Eine durchherrschte Gesellschaft,” in *Sozialgeschichte der DDR*, ed. Hartmut Kaelble et al. (Stuttgart: Klett-Cotta, 1994), 550-552.

¹⁹ Ibid.

²⁰ Detlef Pollack, “Die konstitutive Widersprüchlichkeit der DDR. Oder: War die DDR-Gesellschaft homogen?,” *Geschichte und Gesellschaft* 1 (1998): 113-114.

²¹ Ibid., 113-124.

²² Jessen, “Die Gesellschaft im Staatssozialismus,” 110; Richard Bessel and Ralph Jessen, ed., *Die Grenzen der Diktatur. Staat und Gesellschaft in der DDR* (Göttingen: Vandenhoeck & Ruprecht Unipress, 1996).

important as the social pre-conditions of society.²³ This summarises the methodologies, without political prejudices, even when it presents some similarities to the totalitarian theory, and facilitates the underpinning of diverse perspectives of GDR history as well as the reflectivity of previous work on this matter.

This thesis cannot and does not desire to provide a comprehensive overview of the historiography on the GDR dictatorship, but seeks to highlight the complexities that still exist within this literature, even more than twenty years after reunification. The analysis provided by this thesis, which will examine relations between the SED and the medical intelligentsia, needs to be based on the micro-level of the society in the macro framework and implications of the GDR state. The Weberian use of the term ‘power’, described as “the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability rests”, will be the base of this analysis.²⁴ With the approach of Fulbrook along with that of Weber, the analysis of the medical intelligentsia has its starting point in the discussion of the correlation between the claim and ideology of the SED, their communication, mechanisms and policies, reaching their limitations at the grass-root level of the healthcare system, as well as doctors’ reactions, career aspirations and pre-conditions. This is supposed to establish the connection between the macro- and micro-level in order to examine doctors’ plurality of perceptions within the socialistic state. In order to provide this multi-faceted analysis of the key questions in this thesis, a substantial source base is required.

This thesis on the medical intelligentsia and their situation in the GDR during the sixties and seventies continues the work of the German historian Anna-Sabine Ernst (1997), who concentrated on doctors and professors of medicine until 1961.²⁵ Other German historians, such as Francesca Weil (2007), who gave consideration to the motives of doctors who worked with the Ministry of State Security [MfS – *Ministerium für Staatssicherheit* – Stasi] and the kind of reports they delivered to the Stasi, and Klaus-Dieter Müller (1994), whose early interviews with members of the medical intelligentsia were criticised, but significant, similarly will provide important contributions to this analysis.²⁶ Also noteworthy is the scholarship of Gerhard Naser (2000), who

²³ Fulbrook, “Rethorising ‘state’ and ‘society,’” 289-296.

²⁴ Max Weber, *Economy and Society; An outline of interpretive sociology*, ed. Guenther Roth et al. (New York: Bedminster Press, 1968), 53.

²⁵ Ernst, Anna-Sabine. “*Die beste Prophylaxe ist der Sozialismus*”. *Ärzte und medizinische Hochschullehrer in der SBZ/ DDR 1945-1961* (Münster: Waxmann, 1997).

²⁶ Francesca Weil, *Zielgruppe Ärzteschaft. Ärzte als inoffizielle Mitarbeiter des Ministeriums für Staatssicherheit* (Göttingen: Vandenhoeck & Ruprecht Unipress, 2008); Klaus-Dieter Müller, *Zwischen Hippokrates und Lenin: Gespräche mit ost- und westdeutschen Ärzten über ihre Zeit in der SBZ und DDR* (Köln: Deutscher Ärzte-Verlag, 1994).

looked at the specific problems of private doctors in the GDR, and Sonja Süß (1999), which also examined the Stasi and particularly their involvement within the field of psychiatry.²⁷ Further important secondary sources for this thesis, regarding the framework of social historical approaches to the GDR, are the aforementioned studies and works of Fulbrook (1992, 1995, 2002, 2005, 2009), who has provided many insights into the everyday life of the people in the GDR and has given examples of how to critically engage with this difficult topic.²⁸ The American historian Dolores L. Augustine (2007) concentrates in her book on engineers under the socialist dictatorship of East Germany and thereby offers an interesting foundation for comparison between the two professions and their arrangement with the political vanguard.²⁹ In addition to these historical works, GDR-era studies about the medical intelligentsia and the health care system will be utilised. These exhibit a certain amount of ideological posturing, but are nevertheless important in understanding ‘how the situation under Socialism was supposed to be’ according to the state and thus offer a valuable source for comparisons with primary sources that reveal the actual problems, opinions and scarcity of means, that shaped the healthcare system. Also available are the studies, published after reunification of former functionaries out of universities and ministries who established syndicates for ‘medicine and society’, which produced research reflecting their own view about the healthcare system and medical establishment in East Germany, granting alternative interpretations of the issues which this thesis will address.

Additionally, this thesis will be based mainly on primary sources such as unpublished files held in the ‘Federal Archive of Germany [*Bundesarchiv*]’, with their collection of files on the SED and the ‘Free German Trade Union [FDGB – *Freier Deutscher Gewerkschaftsbund*]’, and the Archive of the ‘Federal Commissioner for the Files of the State Security Service of the former German Democratic Republic [BStU - *Der Bundesbeauftragte für die Unterlagen des Staatssicherheitsdienstes der ehemaligen Deutschen Demokratischen Republik*]’. Supplementary published primary sources such as legislation, economic plans, official statements, newspapers and journal articles will also be referred to. The use of this range of sources is intended, as much as possible, to circumvent the problems that arise when dealing with sources that derive from a former dictatorship. Printed

²⁷ Gerhard Naser, *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?* (Bergatreue: Eppe, 2000); Sonja Süß, *Politisch mißbraucht? Psychiatrie und Staatsicherheit in der DDR*, 2nd ed. (Berlin: Links, 1999).

²⁸ Fulbrook, “Rethorising ‘state’ and ‘society’”; Mary Fulbrook, *The Divided Nation: a History of Germany, 1918-1990* (New York: Oxford University Press, 1992); Mary Fulbrook, *Anatomy of a Dictatorship: inside the GDR, 1949-1989* (Oxford, New York: Oxford University Press, 1995); Mary Fulbrook, *The People’s State: East German society from Hitler to Honecker* (London; New Haven: Yale University Press, 2005); Mary Fulbrook, ed., *Power and Society in the GDR 1961-1979. The ‘Normalisation of Rule’?* (New York, Oxford: Berghahn Books, 2009).

²⁹ Dolores L. Augustine, *Red Prometheus. Engineering and Dictatorship in East Germany, 1945-1990* (Cambridge, Massachusetts, London: The MIT Press, 2007).

primary sources, for example, are valuable for illustrating government policy and the official interpretation of events, but given restrictions on freedom of expression within the GDR are unlikely to reflect genuine opinions. Because of this issue, the Stasi files are a crucial research base, offering often highly detailed insights into the ideological, political, economic and social situation in a particular area. However, these documents, reports, transcripts and letters have also been written with the specific intention of clarifying ideological issues, which can be problematic, because it is hardly possible to assess, if these documents are interpreted summaries or plain reproduction of what has been said. Despite these analytic issues, it was also possible to find anecdotal cases, which showed how internal mechanisms functioned without the knowledge of the affected individual, thereby showing the opportunities of the state to fulfil their will. In this regard, it is also important to consider the motives and intentions of ‘informal members or collaborators [IM]’ of the MfS for contributing selective information about certain subjects, or even about their colleagues or family. However, the limited availability of such files to the researcher, and the dependency of the researcher on the archivists’ preparation and selection of information on his behalf compromise primary research of BStU files. Some files have been censored due to the subject’s right to confidentiality; others remain uncatalogued or yet unrecovered. Additionally, it should be noted though, that the constraints of time placed on the submission of a Master’s thesis prevent a more comprehensive treatment of the subject, as does the sheer number of files from the archives, which mean that the potential of these sources cannot yet be fully exploited. Nonetheless, the sources of the BStU represent the most important viewpoint for the understanding of the topic of this thesis.

The idea that the attempts to understand the GDR over the last twenty years have been ‘Playing Politics with History’, as the title of Beattie’s book (2008) suggests, remains applicable to the discussion of GDR history in contemporary Germany.³⁰ This proves not least that recent demolitions of former communist-era monuments and buildings such as the ‘*Palast der Republik* [Palace of the Republic]’ in Berlin are politically motivated and that the processing of this historical era in Germany is, despite twenty years of scholarship, by no means yet complete.³¹

³⁰ Beattie, *Playing Politics with History*.

³¹ Krüger concludes her review, that Beattie’s book offers the rapprochement of an “*Anfarbeitung der Anfarbeitung*”, meaning the revision of the revisionism or the processing of the historiography as the next important step for processing the historiography of the GDR. Anne Krüger, review of *Playing Politics with History. The Bundestag Inquiries into East Germany*, by Andrew H. Beattie, *H-Soz-u-Kult*, Mai 28, 2009, <http://hsozkult.geschichte.hu-berlin.de/rezensionen/2009-2-148>.

This section has attempted to show the starting point for this thesis, what has already been done in the field and what analytical problems will be faced. To prepare the broader foundation of this analysis, a discussion of important terminology relating to the medical intelligentsia is required.

1.2 Definition of Key Terms related to the ‘medical Intelligentsia’

It is necessary in a discussion about the ‘medical intelligentsia’ to define key terms, which are related to it and often used to describe the policies aimed at this group. That does not represent an easy task, since the definitions and approaches are highly differentiated from each other. Nevertheless, it is important to clarify for further analysis. Therefore, what follows will consider the literature, elaborate the consensus on such definitions and outline the approach taken by this thesis. First, the concept of ‘intelligentsia’ as opposed to the terms ‘intellectuals’ and ‘professionals’ are explained in order to then consider the term *Bildungsbürgertum*, which the SED often used as a reproach aimed at the ‘medical intelligentsia’ and their ‘milieu’. Additionally, the question, why the party was so eager to ‘eradicate’ so-called *bürgerliche Ideologie*, will also be examined. Finally, the connection along with the aim of ‘socialistic alliance’ to the political system will be of interest and requires a critical discussion, insofar as it could provide the desired ‘stability’ of GDR society. These three terms, even though they will be handled separately, have a high degree of interconnection as well as a correlation to each other and become subsumed in the concept of the ‘medical intelligentsia’.

1.2.1 ‘Intelligentsia’, ‘Intellectuals’ and ‘Professionals’– An Issue Analysis

A society derives its legitimacy and, perhaps more importantly, its popularity with its own population, from its social, cultural and technical attainments. These attainments necessitate research and innovation in all areas of a society and this requires a highly educated workforce, which is often called the ‘intelligentsia’.³² While this term will function as a convenient way to develop discussions about highly educated workers, such as doctors in the GDR, it should be

³² Fulbrook, *The People's State*, 195.

noted that questions about how the intelligentsia is defined and who belongs to it, opens up a broad array of controversies. The GDR defined the term intelligentsia as a ‘social stratum’, through which profession was marked by “professionally qualified, predominantly sophisticated, intellectual and creative work” and “recruited themselves in every societal form from members of various classes and strata”.³³ Post-Eastern bloc Western interpretations subsumed this group in the GDR along with academics, “who were awarded, without study, due to outstanding achievements, an academic degree or title or qualification degree”.³⁴ On the question of whether SED cadres with an obviously more ideological than academic background could be counted or not differs in the literature, with the state itself making no clear utterance on this matter.³⁵ Despite these theoretical difficulties, this group could be significantly broadened by the measure of ‘retraction of the education privilege’, which was one important goal of the GDR in order to lessen the importance of social backgrounds. Therefore, the intelligentsia “because of their objective situation and their high differentiation could not occupy the leading role in society”, which could only be fulfilled by the working class.³⁶ Nevertheless, the intelligentsia was seen as crucial to the development of socialist society.

The reasons why the intelligentsia was always described as a ‘social stratum’ or the question whether in GDR society theories about the ‘Rising of a New Class’ are applicable, cannot be fully explored in this thesis.³⁷ However, the discussion in this chapter seeks to introduce the issues raised by these approaches, showing how they are interpreted and distinguished differently in capitalist and socialist societies. Consequently, it is necessary for the fulfilment of this analysis to offer a more comprehensive definition of the terms ‘intelligentsia’, ‘intellectuals’ and, of lesser importance to this work, ‘professionals’, which will mostly follow the classification of the Hungarian sociologist Ivan Szelényi (1982).

³³ “die berufsmäßig hochqualifizierte, vorrangig komplizierte, geistig-schöpferische Arbeit ausübt”; “sich in jeder Gesellschaftsformation aus Angehörigen verschiedener Klassen und Schichten rekrutiert”. Gertrud Schütz et al., *Kleines Politisches Wörterbuch. Neuauflage 1988*, 7th ed. (Berlin: Dietz Verlag, 1988), 417; See also internal document: 6th November 1961: Intelligenz-Kommission des FDGB, Definition der Intelligenz: SAPMO – BArch, DY 34/21501.

³⁴ “denen aufgrund besonderer Leistungen ohne Studium ein akademischer Grad oder Titel bzw. ein Qualifikationsgrad verliehen worden war”. Dieter Voigt and Sabine Meck, “Intelligenz,” in *Lexikon des DDR-Sozialismus. Das Staats- und Gesellschaftssystem der Deutschen Demokratischen Republik*, ed. Rainer Eppelman et al. (Paderborn, München, Wien, Zürich: Ferdinand Schöningh, 1996), 309.

³⁵ *Ibid.*, 309; Schütz et al., *Kleines Politisches Wörterbuch*, 417-418.

³⁶ “sie kann infolge ihrer objektiven Lage und ihrer großen Differenziertheit nicht die führende soziale Kraft der Gesellschaft sein”. Schütz et al., *Kleines Politisches Wörterbuch*, 417-418.

³⁷ Alvin W. Gouldner, *The Future of Intellectuals and the Rise of a New Class: a Frame of Reference, Theses, Conjectures, Arguments, and an historical Perspective on the Role of Intellectuals and Intelligentsia in the International Class Contest of the Modern Era* (New York: Seabury Press, 1979); Ivan Szelényi, “The Intelligentsia in the Class Structure of State-Socialist Societies,” *American Journal of Sociology* 88 (1982); Lawrence P. King and Ivan Szelényi, *Theories of the New Class: Intellectuals and Power* (Minneapolis: University of Minnesota Press, 2004).

The concept of intellectuals can be a generic term for intelligentsia and professionals, as well as an occupation distinct from these two groups. Characteristic of this group is their common base, founded on the ‘Culture of Critical Discourse’ [CCD], a theory developed by Alvin W. Gouldner (1979), which defines the permanent questioning of assumptions and a so-called ‘speech community’. Their main concern is the ‘justification’ of their claims.³⁸ Intellectuals are therefore described as “highly creative (often individualistic) individuals”³⁹ with “activities that clearly entail forays into the symbolic realm of ideas and values”⁴⁰, emphasising the “primarily critical, emancipatory, hermeneutic and hence often political”⁴¹ intentions of their work. To fulfil this depiction of their role their main source has to be ‘knowledge’, which requires a certain amount of educational training, which unites this group in regards to background.⁴² The problem of social origin has here a lesser importance for their composition.

A subcategory of intellectuals apparent in capitalist societies, and therefore of minor interest to this work, is covered by the term professionals. For Szelényi (1982), the most important difference between this group and the intelligentsia, which will be discussed shortly, is that for the former “the technical know-how [techné] dominates the teleological component [telos]”.⁴³ They are “only a semiautonomous stratum”, with “people with certain qualifications performing social and economic functions for which these qualifications are necessary” and so depend on the representatives of society and their aims.⁴⁴ This dependence and “subordinate social role”, as Szelényi (1982) notes, encountered continual rejection and, accordingly, professionals “reserved their right to make judgments about the goals they were hired to execute”.⁴⁵ The location of this group is thus to be found in the conglomerate of the upper middle strata in capitalism.

The term intelligentsia, which was simultaneously invented by the Polish philosopher Karol Libelt and the Russian writer Pyotr Boborykin in the mid-nineteenth century, concerns the subcategory of intellectuals in Eastern Europe and later under Socialism. This work will follow

³⁸ Gouldner, *Intellectuals and the Rise of a New Class*, 28; Szelényi, “The Intelligentsia in the Class Structure,” S307; Wolfgang Bialas, “Ostdeutsche Intellektuelle und der gesellschaftliche Umbruch der DDR,” *Geschichte und Gesellschaft* 2 (2007): 289-290: Bialas views “critique as the occupation of intellectuals [Kritik als [...] ‘Beruf des Intellektuellen]”.

³⁹ Ahmad Sadri, *Max Weber’s Sociology of Intellectuals* (New York: Oxford University Press, 1992), 69.

⁴⁰ John C. Torpey, *Intellectuals, Socialism, and Dissent: the East German Opposition and its Legacy* (Minneapolis: University of Minnesota Press, 1995), 3.

⁴¹ Gouldner, *Intellectuals and the Rise of a New Class*, 48.

⁴² Szelényi, “Intelligentsia in the Class Structure,” S307; Torpey, *Intellectuals, Socialism, and Dissent*, 3.

⁴³ Szelényi, “Intelligentsia in the Class Structure,” S307.

⁴⁴ According to Szelényi, “professionals are the product of civil society and of market capitalism” and therefore have a strong dependency on the internal functions of this system. *Ibid.*, S307-S309.

⁴⁵ *Ibid.*, S309.

Fulbrook (1995) in her comprehensive definition of the composition of this group, “to cover not only cultural intelligentsia (intellectuals in a loose Western sense) but also the technical intelligentsia (including occupations such as engineering) and members of a rather wider range of professional groups (such as medicine)”.⁴⁶ Other classifications, which limit the scope to only technical and economic members, as for example Gouldner (1979) does, will be excluded.⁴⁷ Based on the same starting-point, where members of all three categories “have acquired a college or university degree and whose job is predominantly intellectual”⁴⁸, the fundamental difference between the intelligentsia and the other two groups is the dominance of telos over techné.⁴⁹ They are, as the US political-scientist Thomas A. Baylis (1974) points out, “consciously created by a political regime as an instrument for furthering its goals for remaking society”⁵⁰, where the emphasis lies on teleological knowledge, and an idealised future that has to be reached through their academic and ideological skills.⁵¹ Consequently this group can be called the ‘socialist intelligentsia’ and not only “encompass a much wider group than the Western term ‘intellectuals’”⁵², but also as the US sociologist Ahmad Sadri (1992) shows, the “intelligentsia will be found more willing than intellectuals to view ideas instrumentally”⁵³, which represents the main premise for the viability of ideologies.

In order to provide a more striking distinction between intellectuals and the intelligentsia, this thesis will consider their different relations to ‘one and the same’ ideology. On the one side, the intellectuals, who are in Sadri’s (1992) words “the ablest of all groups to construct self-serving ideologies and the least likely to preserve them against internal strife”, as the result of their ‘CCD’.⁵⁴ Because their “fields of activity more commonly lack consensually validated paradigms” and, subsequently, they “may have several competing paradigms”, it would be almost impossible for them to carry the predominant ideology over a certain time.⁵⁵ Their “*ideologies* [...] *are inherently unstable* [Italicisation in original text]”⁵⁶ Therefore, their position in an authoritarian

⁴⁶ Fulbrook, *Anatomy of a Dictatorship*, 78.

⁴⁷ Gouldner, *Intellectuals and the Rise of a New Class*, 48.

⁴⁸ Mike Dennis, *German Democratic Republic: Politics, Economic, and Society* (London; New York: Pinter Publishers, 1988), 51.

⁴⁹ Szelényi, “Intelligentsia in the Class Structure,” S307.

⁵⁰ Tomas A. Baylis, *The Technical Intelligentsia and the East German Elite: Legitimacy and Social Change in Mature Communism*. (Berkeley: University of California Press, 1974), IX.

⁵¹ According to Szelényi “they defined themselves as intelligentsia, people with not only executive skills but also moral commitment and historical vision”. Szelényi, “Intelligentsia in the Class Structure,” S309.

⁵² Baylis, *Technical Intelligentsia and the East German Elite*, IX.

⁵³ Sadri, *Max Weber’s Sociology of Intellectuals*, 70.

⁵⁴ *Ibid.*, 72.

⁵⁵ Gouldner, *Intellectuals and the Rise of a New Class*, 48.

⁵⁶ Sadri, *Max Weber’s Sociology of Intellectuals*, 72.

or even totalitarian society could only be a marginal one. Firstly, according to the sociologists Lawrence P. King and Szelényi (2004), “these ‘free thinkers’ were enemies of the worse[sic] kind” for an authoritarian system.⁵⁷ Secondly, a predominant ideology brings, as Sadri (1992) notes, its members into “the dilemma of having to choose between intellectual integrity and extraintellectual contingencies, between rationalizing flow of ideas and dogmatic stagnation”, resulting mainly either in emigration to another country or into the private sphere.⁵⁸ To summarise this complex in the words of Hannah Arendt: Even when intellectuals “did play some part in earlier, successful, attempts of the movements”, after these “movements seized power, this whole group of sympathizers was shaken off”, because “intellectual, spiritual, and artistic initiative is as dangerous to totalitarianism as the gangster initiative of the mob”.⁵⁹

The intelligentsia, however, as Gouldner (1979) argues, “often wish nothing more than to be allowed to enjoy their opiate obsessions”⁶⁰ and are, according to Sadri (1992), capable of “‘re-interpreting’ ideas generated by intellectuals, by accommodating them to common (social) and particular (class) interest”⁶¹. The substance of this position could be found in the hypothesis, on the one hand, as Sadri (1992) notes, that their members “are less reflective” and “more prone to internalize ideological constructions” than to question them.⁶² On the other side, as Szelényi (1982) identifies, they see “themselves as [...] people with not only executive skills but also moral commitment and historical vision”.⁶³ Both assumptions lead to the same result that this social group can be viewed as the main carrier of the predominant ideology, even when they opposed the present interpretation of it. However, it should be further noted, that this groups’ characteristics were never homogenous.⁶⁴ The intelligentsia is hence just “more ‘at home’ in any particular culture than are the intellectuals”; the latter are, however, “inherently a universally alien and alienated caste”.⁶⁵

In the specific case of the GDR, the question immediately arises as to whether these definitions are able to properly depict the position and status of the ‘medical intelligentsia’ in this socialist society. This category only partially describes this social group, not least because the differentiation between ‘intellectuals’ and ‘intelligentsia’ will be problematic, when doctors resisted

⁵⁷ King and Szelényi, *Theories of the New Class*, 32.

⁵⁸ Sadri, *Max Weber’s Sociology of Intellectuals*, 72.

⁵⁹ Hannah Arendt, *The Origins of Totalitarianism* (London: Allen and Unwin, 1967), 339.

⁶⁰ Gouldner, *Intellectuals and the Rise of a New Class*, 48.

⁶¹ Sadri, *Max Weber’s Sociology of Intellectuals*, 73.

⁶² Ibid.

⁶³ Szelényi, “Intelligentsia in the Class Structure,” S309.

⁶⁴ Ibid., S312; Fulbrook, *The People’s State*, 195.

⁶⁵ Sadri, *Max Weber’s Sociology of Intellectuals*, 73.

and rejected the ideological influence of Socialism. This phenomenon derived from another influence on this special social group, which was captured by the nineteenth century term *'Bildungsbürgertum'*.

1.2.2 *'Bildungsbürgertum'* – Bourgeois Ideology and Milieu

For the authorities within the Soviet Occupation Zone [SBZ – *Sowjetische Besatzungszone*] and, after 1949, the GDR, their main concern about the intelligentsia was that they were shaped by the so-called *'Bildungsbürgertum'*. This term described a group, which was bound together through their “social status, origin, tradition, upbringing [socialisation]”, were “recruited predominantly out of the middle and petty bourgeoisie” and were, therefore, sceptical towards the policies of the SED and their socialist aims.⁶⁶ Consequently, it is understood, according to Ernst (1997), as a “conglomeration of professions that lies across traditional class and stratification models”, and dissociates itself from other classes.⁶⁷ The result was an ‘internal unity’ that prevailed as the salient feature in the medical intelligentsia in terms of bourgeoisie ideology and milieu, persistent and ‘stubbornly’ opposing political penetration and thus virtually predestined to be a ‘thorn in the SED’s side’.⁶⁸ Subsequently, the methodological issue for analysis of GDR social history, as the German historian Christoph Kleßmann (1994) identifies, is that *'Bildungsbürgertum'* or “*'bürgerlich'*” meant in the SED use of language increasingly less a social component than a political disposition or an attitude deemed combative to the GDR”, and was used to describe the ‘old elites’ as well as the ‘recalcitrant’ or not ‘progressive part of the intelligentsia’.⁶⁹ Nevertheless, the SED could not dispense with the support of this group for socialist development. Vladimir Ilyich Lenin had previously recognised the problem and felt himself compelled to “resort to the old bourgeois method and to agree to pay a very high price for the ‘services’ of the top bourgeois

⁶⁶ “soziale Stellung, Herkunft, Tradition, Erziehung”; “sie geht überwiegend aus der Mittel- und Kleinbourgeoisie hervor”. Schütz et al., *Kleines Politisches Wörterbuch*, 417; Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 343.

⁶⁷ “ein Konglomerat von Berufen, das quer zu herkömmlichen Klassen- bzw. Schichtungsmodellen liegt”. Ibid., 13.

⁶⁸ In German, it is usually said as “*es war der SED ein Dorn im Auge*”, what means literally translated: ‘this was a thorn in the SED’s eye’. Arnd Bauerkämper, “Kaderdiktatur und Kadergesellschaft. Politische Herrschaft, Milieubindungen und Wertetraditionalismus im Elitenwechsel in der SBZ/DDR von 1945 bis zu den sechziger Jahren,” in *Eliten im Sozialismus. Beiträge zur Sozialgeschichte der DDR*, ed. Peter Hübner (Köln, Weimar, Wien: Böhlau, 1999), 47-49.

⁶⁹ “*'Bürgerlich'*” bedeutete im SED-Sprachgebrauch zunehmend immer weniger eine soziale Zugehörigkeit als seine politische Gesinnung bzw. eine vermutete und bekämpfte Einstellung zur DDR”. Christoph Kleßmann, “Relikte des Bildungsbürgertums in der DDR,” in *Sozialgeschichte der DDR*, ed. Hartmut Kaelble et al. (Stuttgart: Klett-Cotta, 1994), 255.

experts”.⁷⁰ This measure was limited to a certain time period and became afterwards decreased “to the level of the wages of the average worker”, not least because this met with much criticism within his own ranks.⁷¹ However, Lenin and his party realised that in the initial stages with the rapid industrialisation of the SU and the numerous resulting problems, the state organs would have to “guard as the apple of their eye every specialist who does his work conscientiously and knows and loves – even though the ideas of communism are totally alien to him – it will be useless to expect any serious progress in socialist construction”.⁷² This reversal, which simultaneously meant a period of concession and distance of socialist principles, was applicable to a degree in the GDR. After the War with a shattered infrastructure, society and economy there was a strong demand for skilled workers and professionals, who were vital for reconstruction. In reference to Jessen (1995), in 1945 a ‘*Stunde Null*’, as it was often referred to, on which the GDR could have built their ‘new society’ could not be spoken of.⁷³ Rather the SED had to deal with “objective preconditions”, such as persisting “traditional structures of professions” which slowed down the process of transition.⁷⁴ The majority of this group emerged from the former Third Reich and were collaborators to a significant degree with the National Socialist German Workers’ Party [NSDAP – *Nationalsozialistische Deutsche Arbeiterpartei*]. ‘De-nazification’ took place in different areas to varying extents, depending on how fast the ‘replacement of old elites’ could be accomplished.⁷⁵ In the case of public health and containing epidemics in the post-war period, almost every doctor was urgently needed to support the revival of a functional health care system in East Germany.⁷⁶ Hence, the SED needed another ‘strategy’ to co-opt the intelligentsia as well as progressively overcome the ‘remaining old elites’. They sought, therefore, to ally this group with policies, subordinate to the principle of ‘socialistic alliance’.

⁷⁰ Vladimir Ilyich Lenin, *Selected Works in three Volumes*, 2nd vol., 3rd ed. (Moscow: Progress Publishers, 1970), 665.

⁷¹ Lenin rejected this criticism and emphasised, that “there is hardly a single victorious military campaign in history in which the victor did not commit certain mistakes, suffer partial reverses, temporarily yield something and in some places retreat. The ‘campaign’ which we [Communist Party of SU] have undertaken against capitalism is a million times more difficult than the most difficult military campaign, and it would be silly and disgraceful to give way to despondency because of a particular and partial retreat”. Lenin, *Selected Works in three Volumes*, 2nd vol., 655.

⁷² Vladimir Ilyich Lenin, *Selected Works in three Volumes*, 3rd vol., 3rd ed. (Moscow: Progress Publishers, 1971), 665.

⁷³ Jessen, “Die Gesellschaft im Staatssozialismus,” 98-99 and 101-102.

⁷⁴ “objektive Bedingungen”; “tradierten Strukturen von Professionen”. Ibid.

⁷⁵ According to Bauerkämper “performed already the 1945/1946 initiated education-, justice- and agrarian reform far-reaching social shifts in the late forties [“die 1945/1946 eingeleitete Schul-, Justiz- und Bodenreform [hatten] bereits in den späten vierziger Jahren weitreichende soziale Umschichtungen herbeigeführt]”. Bauerkämper, “Kaderdiktatur und Kadergesellschaft,” 38.

⁷⁶ Kleßmann, “Relikte des Bildungsbürgertums,” 254-262; Bauerkämper, “Kaderdiktatur und Kadergesellschaft,” 48-49; Anna-Sabine Ernst, “Von der bürgerlichen zur sozialistischen Profession? Ärzte in der DDR, 1945-1961,” in *Die Grenzen der Diktatur. Staat und Gesellschaft in der DDR*, ed. Richard Bessel et al. (Göttingen: Vandenhoeck und Ruprecht, 1996), 25-26.

1.2.3 ‘Socialistic Alliance’ – the Unifying Element of Strata and Classes?

Socialist societies are in the theories of Marx, Engels and Lenin societies in transition from capitalism to socialism, reaching communism at the end of their development. In the ‘real-existing socialism’ of the GDR, along with these theories, was the claim, to precede a fundamental change of the society, by breaking with the ‘old traditions’ and remains of former Fascism.⁷⁷ Consequently, as GDR historian Karin Preller (1981) mentioned in her dissertation, alliance efforts were an important aspect of the general policy of the SED. The working class in her view was compelled to ally itself with other classes and strata to fulfil their ‘historical mission’.⁷⁸ That this cannot be viewed as an equal relationship proves not least the thesis of Preller (1981) that to reach Socialism “the proletariat has to be the hegemon of the bourgeois-democratic revolutionary process”.⁷⁹ Furthermore, this maxim was utilised by the SED to legitimise their position as the vanguard of the ‘new society’.⁸⁰ Therefore, a ‘socialistic alliance’ is, as Horst Jentsch (1987) a GDR professor for Marxism-Leninism within a medical academy defined, “the merging of various political and social forces to achieve common goals on the basis of temporary or permanent coincidence of interests”, which would be an ‘objective given condition’ in their historical and future course.⁸¹ The founding of the FDGB and the bloc-parties, which are subordinated to the SED and thus formally relegated to distribute their policies, were supposed to complement this aim and ‘unify’ the society. In the particular case of the intelligentsia, the intention was, as GDR sociologists described, on the one side, to “establish a solid ally with the members of old elites”, and, on the other, to “create out of the ranks of the working and peasant classes a new intelligentsia” as a counterpart.⁸² These were supposed to possess an ideologically acceptable ‘decent class consciousness’. This policy of ‘counter-privileging’ was intended to modify and penetrate the composition of this social group and thereby bring them closer to the ‘party line’. It can be viewed as the logical continuation of socialist principles, which intended to foster the evolution

⁷⁷ Wolfgang Schneider et al., *Zur Entwicklung der Klassen und Schichten in der DDR* (Berlin: Dietz Verlag, 1977), 40-42.

⁷⁸ Karin Preller, “Die Zusammenarbeit der befreundeten Parteien – eine wesentliche Seite der Bündnispolitik zur Annäherung der Klassen und Schichten in der DDR” (PhD diss., Akademie für Staats- und Rechtswissenschaft der DDR Potsdam, 1981), 1-2.

⁷⁹ “daß die Arbeiterklasse Hegemon der bürgerlich-demokratischen Revolution sein muß”. Ibid., 8.

⁸⁰ Günter Erbe, *Arbeiterklasse und Intelligenz in der DDR. Soziale Annäherung von Produktionsarbeiterschaft und wissenschaftlich-technischer Intelligenz im Industriebetrieb?* (Opladen: Westdeutscher Verlag, 1982), 19.

⁸¹ Horst Jentsch, ed., *Bewährtes Bündnis. Arbeiterklasse und medizinische Intelligenz auf dem Weg zum Sozialismus* (Berlin: VEB Verlag Volk und Gesundheit, 1987), 134; see also: Academy of Sciences of the GDR, *Science and technology policy and the organization of research in the GDR* (Berlin: Akademie-Verlag Berlin, 1985), 27-28.

⁸² “die Angehörigen der bürgerlichen Intelligenz als feste Verbündete der Arbeiterklasse zu gewinnen”; “aus den Reihen der Arbeiterklasse und der werktätigen Bauernschaft eine neue Intelligenz heranzubilden”. Heinz Hümler et al., ed. *Bündnispolitik im Sozialismus* (Berlin: Dietz, 1981), 58-59; Torpey, *Intellectuals, Socialism, and Dissent*, 45-46.

of a new human being: a 'socialist personality' or even a 'socialist intelligentsia'. The failure of this enterprise should not obscure the fact that the SED took great efforts, especially in dealing with old elites and their children, to realise this kind of ideological vision.⁸³ Accordingly, the 'leading role of the party of the working class' was always inherent in all these strategies and shows the comprehensive degree of indirect political penetration sought, which was intended, but never fully reached.⁸⁴

From this perspective arises the question, if 'socialistic alliances' can be viewed as the 'unifying element' between classes and strata in the GDR and as the reason for the putative stability over the forty years of their existence. An additional approach applies the importance of 'informal structures and networks' as explanation of this phenomenon. According to Jessen (1995), the establishment of this informal sector was a reaction to the weakness of the economy and general scarcity, which offered a partial compensation to this situation.⁸⁵ Others, like Pollack (1998), considered these networks as a response of 'over-organisation of society', thereby granting retreat and room to criticise, refuse and even resist.⁸⁶ Both, as well as the German historians Martin Kohli (1994) and Kocka (1994), attribute 'informal structures' as 'communities of special purpose' against the social and economic difficulties.⁸⁷ The networks, however, were loose and without any connections to each other, which reasoned in the absence of a free public sphere and thereby prevented a reciprocal amplification.⁸⁸ However, as Pollack (1998) emphasises, they were swaying between a small degree of independency and a strong dependency on official structures, as well as between combat or restriction and concession or toleration by the state.⁸⁹ The unplanned but immanent function of the antagonism of these spheres was to give brief stability to the socialist system.⁹⁰

⁸³ Angela Brock, "Producing the 'Socialist Personality'? Socialisation, Education, and the Emergence of New Patterns of Behaviour," in *Power and Society in the GDR 1961-1979*, ed. Mary Fulbrook (New York, Oxford: Berghahn Books, 2009), 220-252.

⁸⁴ Fulbrook, *Anatomy of a Dictatorship*, 58-61.

⁸⁵ Jessen, "Die Gesellschaft im Staatssozialismus," 104.

⁸⁶ Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 121-122.

⁸⁷ Kocka, "Eine durchherrschte Gesellschaft," 551; Martin Kohli, "Die DDR als Arbeitsgesellschaft? Arbeit, Lebenslauf und soziale Differenzierung," in *Sozialgeschichte der DDR*, ed. Hartmut Kaelble et al. (Stuttgart: Klett-Cotta, 1994), 37-38.

⁸⁸ Jessen, "Die Gesellschaft im Staatssozialismus," 104-105; Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 122.

⁸⁹ Pollack describes the 'informal networks' even as "parasitically attached to official structures [lagerten sich parasitär an die offiziellen Strukturen an]". Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 121-124.

⁹⁰ There existed different tension lines between opposed, antagonistic structures and phenomena, which seemingly caused the stability of the GDR system for a certain time. See: Jessen, "Die Gesellschaft im Staatssozialismus," 108: Jessen emphasis "the reciprocity of the formal and informal level [die 'Reziprozität' der formellen und der informellen Ebene]" and attest them as "mutually parasitic [wechselseitig parasitär]" and thereby stabilising each

All three aspects, the ‘socialistic alliances’, the official organisation and opportunities or constraints to participate, as well as the informal networks, consequently contributed to the stability of GDR society over forty years. However, these are only three facets of the situation. It is noteworthy that even in this whole process of ‘de-differentiation’ of society, a ‘homogenous mass’ could never be achieved. This was the claim of the SED and was used consistently to describe ‘their’ society, even if it never corresponded to reality.⁹¹ Therefore, the critique of American historian Linda Fuller (2000) may be applicable, when she denies the often used historical approach, which emphasises the homogeneousness of socialist societies, as it simply “glazes over a great deal of social difference with a frosting of homogeneity”.⁹² How much the reactions of social groups or even individuals differed from each other in this dictatorship will be the subject of more detailed analysis in the chapter concerning the discussion of ‘normalisation’ in the socialist bloc in the sixties and seventies.

Nevertheless, the strategies of ‘socialistic alliances’ were an important part of the concept of societal change. Even though this societal change had its limitations, the GDR was successful in shaping society in line with their ideals, in a manner never replicated by their Western counterpart.⁹³ For the medical intelligentsia this scheme yields an essential insight into defining their position in the GDR system as well as the appearance of their relationship with the SED.

In conclusion, this thesis will define the social group of medical intelligentsia, as an academically educated group in medicine, recruited from different classes and strata, shaped by ‘*bürgerlich*’ or bourgeois origins and attitudes, socialised initially in the Weimar Republic and Third Reich, which obtained an ‘internal unity’ as well as a social bond and possessed a crucial legitimising role for Socialism in the GDR, which concurrently amplified and limited the political ideological influences of the SED. The different features will be referenced and receive further clarification in the course of this thesis, starting with the definition of the role and characteristics of the healthcare system in the GDR.

other. Pollack, “Die konstitutive Widersprüchlichkeit der DDR,” 115-131; Pollack showed already several tension lines, which in his opinion still cannot provide a comprehensive reflection of society.

⁹¹ Fulbrook, *Anatomy of a Dictatorship*, 139-141; Jessen, “Die Gesellschaft im Staatssozialismus,” 101.

⁹² Linda Fuller, “Socialism and the Transition in East and Central Europe: The Homogeneity Paradigm, Class, and Economic Inefficiency,” *Annual Review of Sociology* 26 (2000): 588.

⁹³ Ross, *The East German Dictatorship*, 53-54.

1.3 Principle and Character of the GDR Healthcare System

Paragraph 1, Article 35 of the constitution of the GDR stated, “Every citizen of the GDR has the right to protection of his health and ability to work” and represented this as a key fundamental right.⁹⁴ Furthermore, the state committed itself in paragraph two by claiming that “this right is ensured [...] by the planned improvement of working and living conditions, the maintenance of public health, a comprehensive social policy, the promotion of body culture, the school and public sport as well as tourism activities”.⁹⁵ In these two paragraphs, the high status, which the healthcare system possessed in GDR society, is already apparent, and, furthermore, was often claimed as one of the most important achievements of Socialism, thereby indicating its importance for the legitimacy of state, party and the development of Socialism.⁹⁶ To achieve this claim, the GDR sought to connect health, economy and the individual life with the aims of society. At the VI Party Conference 1963 the SED announced that “under Socialism the society [would be] directly interested in the all-round development of every citizen” and, “therefore, concern about health, of the harmonious mental, moral and physical development of each individual [would become] the business of the entire people”.⁹⁷ This described the maxim of so-called social hygiene, which was inherent in all socialist health principles. Because of the lack of a concrete definitions of these principles, even in GDR publications, and the variation in literature, this work will limit itself to the examination of the leitmotifs of ‘statehood [*Staatlichkeit*]’ as well as ‘methodical planning [*Planmäßigkeit*]’, ‘emphasis on prophylaxis [*Hervorhebung der Prophylaxe*]’ and ‘unity of science and practice [*Einheit von Wissenschaft und Praxis*]’; principles about which there is a broad consensus in the literature.⁹⁸

⁹⁴ “Jeder Bürger der Deutschen Demokratischen Republik hat das Recht auf Schutz seiner Gesundheit und seiner Arbeitskraft”. Klaus Sorgenicht et al., ed., *Verfassung der Deutschen Demokratischen Republik. Dokumente. Kommentar, Band 2* (Berlin: Staatsverlag der Deutschen Demokratischen Republik, 1969), 144.

⁹⁵ “Dieses Recht wird durch die planmäßige Verbesserung der Arbeits- und Lebensbedingungen, die Pflege der Volksgesundheit, eine umfassende Sozialpolitik, die Förderung der Körperkultur, des Schul- und Volkssports und der Touristik gewährleistet”. Ibid., 144.

⁹⁶ See, for example: Ludwig Mecklinger, “Der politische Auftrag des Gesundheitswesens. Aus der Rede des Ministers für Gesundheitswesen, OMR Prof. Dr. sc.med. Ludwig Mecklinger, auf der Kreisärztekonzferenz,” *humanitas* 24 (1981): 1.

⁹⁷ “im Sozialismus [...] die Gesellschaft unmittelbar an der allseitigen Entwicklung eines jeden Bürgers interessiert”; “deshalb [...] die Sorge um die Gesundheit, um die harmonische geistige, moralische und körperliche Entwicklung jedes einzelnen zur Sache des ganzen Volkes”. “Programm der Sozialistischen Einheitspartei Deutschlands 1963,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band IX* (Berlin: Dietz Verlag, 1965), 236.

⁹⁸ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 25; Bradley Scharf, “German Unity and Health Care Reform,” in *Health Care Systems in Transition. An International Perspective*, ed. Francis D. Powell and Albert F. Wessen (Thousand Oaks, London, New Dehli: Sage Publications, 1999), 102-103; Christian Korbanka, *Das Gesundheitswesen der DDR*.

The principle of ‘statehood’ declared the attachment of the healthcare system to the political system and state building. The key feature that was manifest in the so-called ‘democratic centralism’ of the GDR was the demand for shaping the state through “the unity in the fundamental and principal issues of state management, planning and organisation”, which was based on the claim of the SED to influence every part of life.⁹⁹ For the healthcare system, this emphasised the maxim “that the concern for the health of the population lies in state hands”, representing for the GDR an important achievement of Socialism.¹⁰⁰ Hence, the healthcare system was similarly centralised and its institutions were all subsumed under the Ministry of Health [MfG – *Ministerium für Gesundheitswesen*], which was established by government decision on the 15th October 1950 and was the first of this kind in German history.¹⁰¹ Furthermore, the leitmotif of ‘statehood’ also described the whole nationalisation process, which took place in the healthcare system as in other areas in the early years of the SBZ and GDR. In addition to the increased restrictions on private clinics in order to curtail them dramatically, because such private enterprises were ideologically suspect, there was a concomitant development of a state outpatient sector. New state-owned clinics were established alongside public hospitals, which were supposed to displace private practitioners. One new form represented the so-called ‘Polyclinics’, for example, where at least four doctors of different disciplines under one roof have been combined with the intention to make the treatment of patients and the use of medical equipment more efficient.¹⁰² All these changes were based on the fundamental principle of the GDR of “the general accessibility of free, qualified medical help”, and made, as mentioned above, the healthcare system crucial in legitimising the state.¹⁰³

Darstellung und Effizienzanalyse (Köln: Müller Botermann, 1990), 34; Weil, *Zielgruppe Ärzteschaft*, 11; Alexander Mette, et al., ed. *Der Arzt in der sozialistischen Gesellschaft* (Berlin: Akademie-Verlag, 1958), 28-37. Robert Grohs and Rolf Lämmel, “Zu den Prinzipien des sozialistischen Gesundheitsschutzes,” *Zeitschrift für ärztliche Fortbildung [ZfäF]* 24 (1986): 1047; Alfred Keck, “Die Stellung des Gesundheitswesens in der gesellschaftlichen Reproduktion,” *ZfäF*, 13 (1986): 556; Academy of Sciences of the GDR, *Science and technology policy*, 23-36; Kurt Winter, *Lehrbuch der Sozialhygiene*, 2. ed. (Berlin: Verlag Volk und Gesundheit 1980), 151-153; *Deutsche Demokratische Republik. Handbuch* (Leipzig: VEB Verlag Enzyklopädie, 1979), 445.

⁹⁹ “Durch den demokratischen Zentralismus wird die Einheitlichkeit in den grundsätzlichen und hauptsächlichen Fragen der staatlichen Leitung, Planung und Organisation [...] gewährleistet”. Grohs and Lämmel, “Zu den Prinzipien des sozialistischen Gesundheitsschutzes,” 1048; Kurt Winter, ed., *Deine Gesundheit, unser Staat. Mit 52 Abbildungen und 51 Tabellen* (Berlin: VEB Verlag Volk und Gesundheit, 1969), 20.

¹⁰⁰ “daß die Sorge um die Gesundheit der Bevölkerung in staatlicher Hand liegt”. Korbanka, *Das Gesundheitswesen der DDR*, 35.

¹⁰¹ Jentsch, ed., *Bewährtes Bündnis*, 84-85; Winter, ed., *Deine Gesundheit, unser Staat*, 20-21.

¹⁰² Ernst, “Die beste Prophylaxe ist der Sozialismus”, 32-33; Kurt Liebknecht, et al., ed. *Bau von Ambulatorien und Polikliniken. 1. Mitteilung* (Berlin: Arbeitsgemeinschaft Medizinischer Verlag, 1949), 5-6.

¹⁰³ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 25; Grohs and Lämmel, “Zu den Prinzipien des sozialistischen Gesundheitsschutzes,” 1048; Winter, *Lehrbuch der Sozialhygiene*, 151.

‘Methodical planning’ describes the process by which healthcare underwent a systematic integration into the economic system. Since the GDR, as well as the SU, declared its economic goals in five-year plans, the healthcare system was correspondingly subject to these development paths and targets. The GDR literature even talks of healthcare as a “branch of national economy” that has been “directly linked to the economic reproduction process”.¹⁰⁴ In cooperation with the maxim of ‘statehood’, “health protection [would] place itself into the planned process of simultaneous higher development of all [...] sides and areas of social life in shaping developed Socialism” and could only be fulfilled by the penetration of centralised state institutions into the whole system.¹⁰⁵ In this sense along with the socialist principle of ‘equality’, the objective was to compensate for the prevailing difference between urban and rural areas, not least in order to reduce ‘sick leave’.¹⁰⁶ Absenteeism due to sickness was considered a collective social problem, since it was accompanied by a reduction in planned labour days under the five-year plans. Subsequently, the SED sought to alleviate absenteeism through moral persuasion.¹⁰⁷ Morbidity became therefore, according to Ernst (1997), one of “the most important coefficients of national economic planning” in the GDR.¹⁰⁸ As an additional measure to stop prolonged absence from the workplace, the SED established quality controls in 1953.¹⁰⁹ The so-called ‘*Ärzteberatungskommissionen* [ÄBK - Medical Advisory Commissions]’ were set up not only because the political vanguard assumed that doctors who refused to participate in the socialistic system would be too

¹⁰⁴ “als einem Zweig der Volkswirtschaft”; “unmittelbar mit dem volkswirtschaftlichen Reproduktionsprozeß [...] verbunden”. Keck, “Die Stellung des Gesundheitswesens,” 555-556: The ‘reproduction theory of society’ goes back to Karl Marx, who proclaimed, that every society cannot stop consuming or producing and therefore needs to reproduce itself constantly. The GDR saw this integrated into their society by “the proven strategy of unity of economic and social policy at the all-round protection of the historic achievements, [...] more stability, continuity, a dynamic economic growth, increased power, regularity and proportionality, increasing people's welfare, full employment, social and peace security [die bewährte Strategie der Einheit von Wirtschafts- und Sozialpolitik auf die allseitige Sicherung der historischen Errungenschaften, [...] weitere Stabilität, Kontinuität, ein dynamisches Wirtschaftswachstum, höhere Leistungskraft, Planmäßigkeit und Proportionalität, wachsenden Volkswohlstand, Vollbeschäftigung, soziale Sicherheit und Friedensicherheit]”. See also: Winter, ed., *Deine Gesundheit, unser Staat*, 17.

¹⁰⁵ “daß sich der Gesundheitsschutz in den planmäßigen Prozeß der gleichzeitigen Höherentwicklung [...] aller Seiten und Bereiche des gesellschaftlichen Lebens bei der Gestaltung des entwickelten Sozialismus einordnet”. Grohs and Lämmel, “Zu den Prinzipien des sozialistischen Gesundheitsschutzes,” 1048.

¹⁰⁶ Winfried Süß, “Gesundheitspolitik,” in *Drei Wege deutscher Sozialstaatlichkeit. NS-Diktatur, Bundesrepublik und DDR im Vergleich*, ed. Hans Günter Hockerts (München: Oldenbourg, 1998), 58.

¹⁰⁷ Winter emphasises, that the commitment of the state to protect the right to protect citizens health, is connected with “personal responsibility, to use all opportunities, to strengthen their own health and to increase the efficiency [persönliche Pflicht [...], alle Möglichkeiten zu nutzen, die eigene Gesundheit zu stärken und die Leistungsfähigkeit zu erhöhen]”. Winter, ed., *Deine Gesundheit, unser Staat*, 17.

¹⁰⁸ “der wichtigsten Koeffizienten der volkswirtschaftlichen Planung”. Ernst, “Die beste Prophylaxe ist der Sozialismus”, 335; Süß, “Gesundheitspolitik,” 60.

¹⁰⁹ “Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen und Verbesserung der ärztlichen Beurteilung der Arbeitsfähigkeit vom 3. Juni 1953,” in *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II: Das Gesundheitswesens zwischen Gründung der DDR und erster Gesellschaftskrise (1949-1953)*, ed. Horst Spaar (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996), 111.

generous in granting workers sick leave, but also to reach a standard level of improvement in healthcare. The medical elite, however, greeted this measure with no reciprocal enthusiasm, suspecting the ideological reasons behind it.¹¹⁰ Further problems, concerning the economic integration of the healthcare sector, became apparent in the case of the financial situation. The medical service and institutions in the GDR were funded pro rata from the state budget as well as by national social insurance [*Einheitsversicherung*]. Every citizen was insured and had to pay twenty per cent of his monthly income, whereby the maximum contribution regardless of salary was 120 Marks, half paid by the employer and the other half by the policy holder.¹¹¹ In 1963, Ulbricht announced, it would be recognised and accepted by the entire world that as well as in other areas, the GDR was far ahead of imperialist West Germany in its health care sector.¹¹² This celebratory declaration stood in stark contrast to the increasingly problematic financial situation in this area. According to the GDR sociologist Kurt Winter (1969), the fulfilment of these socialist principles led to an explosive increase of the cost in hospital and outpatient treatment up to 200 per cent between 1951 and 1966.¹¹³ The additional cost incurred had to be carried by the state budget because the SED held health insurance premiums to 1950s levels to ensure ‘social peace’. In the seventies, when medical treatment became much more capital intensive because of the ever-stronger emphasis on advice-intensive medicine, former organisational compensation measurements lost their effectiveness. The result was an undersupply of equipment to many clinics that further frustrated already overburdened doctors, leading to an inevitable stagnation of development in the GDR as well as a relative decline of standards in this area.¹¹⁴

The third maxim, ‘emphasis on prophylaxes’, was closely associated in the doctrine of Socialism with the interaction between organism and environment, in particular the kind of society in which the individual lives. With reference to the theories of Ivan Petrovich Pavlov, an understanding of this relationship was supposed to enable the creation of conditions, by society and the individual himself, which would prevent morbidity. Hence, the symbiosis of organism

¹¹⁰ Ernst, *“Die beste Prophylaxe ist der Sozialismus”*, 98; Süß, “Gesundheitspolitik,” 76-77; Klaus-Dieter Müller, “Ärzte zwischen Widerstand und Anpassung in der SBZ/DDR – Teil 1,” *Deutsche Studien*, 120 (1993): 340; See also Chapter 2.

¹¹¹ Winter, ed., *Deine Gesundheit, unser Staat*, 18; See also: Ernst, *“Die beste Prophylaxe ist der Sozialismus”*, 28-29.

¹¹² “Hinzu kommt, daß wir auf einer Reihe wichtiger Gebiete der Lebenshaltung - wie der Sozialversicherung, dem Gesundheitswesen, dem gesamten System der Volksbildung usw. - das imperialistische Westdeutschland bereits seit langem eindeutig überholt haben. Das ist eine in der ganzen Welt bekannte Tatsache.” *Protokoll der Verhandlungen des VI. Parteitages der SED, 15. -21. Januar 1963, Bd. 4* (Berlin: Dietz Verlag, 1963), S. 152.

¹¹³ Winter showed in the positive sense the achievements of the socialist system, that would be proven in the increase of cost of the hospital treatment from 1951 852,293,000 Mark to 1966 1,762,377,000 Mark and the ambulatory treatment from 1951 202,332,000 Mark to 1966 601,552,00 Mark. Winter, ed., *Deine Gesundheit, unser Staat*, 18-19.

¹¹⁴ Süß, “Gesundheitspolitik,” 81.

and society “has often been called the school of the ‘right’ life”, including in the GDR.¹¹⁵ With regard to the prevailing ideology and historical context, this meant primarily the abolition of social injustice with the help of a comprehensive preventive program. Consequently, the repeated focus on the economic function became obvious, because “health meant the availability of personnel” and was, accordingly, the ubiquitous obligation of society to the individual.¹¹⁶ Vice versa, as already mentioned, the socialist state committed itself in the constitution to provide for this goal the necessary resources, medical programmes and infrastructure as well as the satisfaction of social needs.¹¹⁷ In this regard, the GDR introduced medical measurements such as comprehensive vaccinations, preventive care, mass screenings and broad pre-natal care and labour protection.¹¹⁸ Beyond the principle of prophylaxis, the healthcare system was shaped by the claim of an absolute unity of prevention, diagnosis, treatment and metaphylaxis, which was supposed to emphasise the singularity of the ‘high standard of healthcare’ under the conditions of Socialism.¹¹⁹ Subsequently, medicine was viewed as deeply dependent on political developments. A connection was seen between workers and “their moral-political and work ethic to the physiological processes occurring within the organism”.¹²⁰ A Doctor in this regard was supposed to function as a “unity of health politician, health educator and socialist citizen” in dealing with his patients, strengthening their relationship as equal partners and their commitment to Socialism.¹²¹ Beside this requirement, which the SED demanded of doctors, the comprehensive prophylaxis of the GDR represented a program, which was considered successful, even by Western authors.¹²²

¹¹⁵ “Prävention wird oft als die Schule vom ‘richtigen’ Lebens bezeichnet”. Jens-Uwe Niehoff and Ralf-Raigo Schrader, “Gesundheitsleitbilder – Absichten und Realitäten in der Deutschen Demokratischen Republik,” in *Prävention und Prophylaxe. Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949-1990*, ed. Thomas Elkeles et al. (Berlin: Ed. Sigma, 1991), 51.

¹¹⁶ “Gesundheit bedeutete Verfügbarkeit der Arbeitskraft”. Ibid., 53.

¹¹⁷ According to Mette, it was necessary to renovate villages, to survey the soil, water and air as well as the teaching of hygienic and an expedient nutrition of the people. Mette et al., *Der Arzt in der sozialistischen Gesellschaft*, 37; Niehoff and Schrader, “Gesundheitsleitbilder,” 53: According to Niedhoff and Schrader, “was the improvement of the living situation especially to sue at the state [Die Verbesserung der Lebensverhältnisse war vor allem beim Staat einzuklagen]”. Sorgenicht et al., ed., *Verfassung der DDR, Band 2*, 144.

¹¹⁸ Korbanka, *Das Gesundheitswesen der DDR*, 42.

¹¹⁹ Ibid.

¹²⁰ “ihrer moralisch-politischen und arbeitsethischen Einstellung auf die im Organismus ablaufenden physiologischen Prozesse”. G. Zaregorodzew, “Soziale Probleme der Medizin,” *ZfäF* 21 (1961): 1217.

¹²¹ “Einheit als Gesundheitspolitiker, Gesundheitserzieher und sozialistischer Staatsbürger”. Heinz Rieger, “Über die soziale Qualität von Arzt-Patienten-Beziehungen im revolutionären Übergang von der antagonistischen Klassengesellschaft zum entwickelten Sozialismus (bezogen auf die Entwicklung in der Deutschen Demokratischen Republik)” (PhD diss., Technical University Dresden, 1976), 88; See also: Winter, *Lehrbuch der Sozialhygiene*, 153.

¹²² Korbanka, *Das Gesundheitswesen der DDR*, 71; Horst Huyhoff, “Gesundheitsschutz in der Arbeitsumwelt der Deutschen Demokratischen Republik,” in *Prävention und Prophylaxe. Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949-1990*, ed. Thomas Elkeles, et al. (Berlin: Edition Sigma, 1991), 227: Huyhoff described, that “the GDR had [...] a system of occupational health care, which enjoyed, because of its complexity and the embedded preventive services, worldwide compliance and partial recognition [Die DDR verfügte [...]

Korbanka (1990) went so far as to proclaim that in the matter of prophylaxis, “the healthcare system of the GDR [was] superior to that [comparative system] of West Germany”, especially in the comprehensive combating of the diseases, attributable to war and scarcity, as well as the reduction of infant mortality.¹²³ These positive effects of prophylaxis need to be considered, however, in the knowledge that they had been enforced “through organisational measures and the threat of substantial fines” and therefore constituted an intervention by the state in the physical integrity of individuals.¹²⁴

The last principle, to be considered, describes the ‘unity of science and practice’. It defines the close interaction between medical research and the practical implementation of developments in disease prevention. This was supposed to lead to an increase in the quality and efficiency of health care provision and to overcome existing inequalities.¹²⁵ On the other side, this maxim belongs again to ideological claims, which saw this “based on the unity of science and partiality, as it [would] be characteristic for the interests of the working class and its actions to achieve their historical mission”, and proves the conscious projection of results in medical matters to society.¹²⁶ The ‘health models [*Gesundheitsleitbilder*]’ derived, were used by the GDR to teach their citizens healthy lifestyles, as well as the aforementioned measures of prevention, to intervene in “directing, disciplining and shaping the behaviour and environment of their citizens”.¹²⁷ These models appeared to be culminated in the expectations of the state towards every single individual to be able to perform their work efficiently and not to be sick by practicing a healthy lifestyle, showing again the far-reaching influence desired by the SED.¹²⁸

über ein System der arbeitsmedizinischen Betreuung, das gerade wegen seiner Komplexität und der darin eingeschlossenen präventiven Leistungen weltweit Beachtung und teilweise Anerkennung genöß]”.

¹²³ “das Gesundheitswesen der DDR dem der Bundesrepublik überlegen”. Korbanka, *Das Gesundheitswesen der DDR*, 155.

¹²⁴ “mit Hilfe organisatorischer Maßnahmen und der Androhung empfindlicher Ordnungsstrafen”. Süß, “Gesundheitspolitik,” 69: Süß shows that the “GDR [would] derive from the general interest extensive powers of intervention by the state in the physical integrity of its citizens, ranging from the required examination and treatment up to the possibility of forced hospitalisation [DDR leitete aus dem Interesse der Allgemeinheit, umfangreiche Eingriffsrechte des Staates in die körperliche Integritate ihrer Bürger ab, die von der Untersuchungs- und Behandlungspflicht bis zur Möglichkeit der Zwangshospitalisierung reichten]”.

¹²⁵ Winter, *Lehrbuch der Sozialhygiene*, 153.

¹²⁶ “beruht auf der Einheit von Wissenschaftlichkeit und Parteilichkeit, wie sie für die Interessen der Arbeiterklasse und deren Handeln bei der Verwirklichung ihrer historischen Mission kennzeichnend”. Grohs and Lämmel, “Zu den Prinzipien des sozialistischen Gesundheitsschutzes,” 1049.

¹²⁷ “lenkend, maßregelnd und gestaltend in das Verhalten und die Umwelt ihrer Bürger”. Süß, “Gesundheitspolitik,” 67.

¹²⁸ Niehoff and Schrader, “Gesundheitsleitbilder,” 57.

Consequently, the book title of the former GDR medical sociologist Kurt Winter (1969) “Your Health, our State” clarifies, how all these principles coalesce into each other.¹²⁹ Consistent to all these principles was the state’s penetration of health care. The rigidity of the political system and the increasing loss of connection to social reality, however, meant that these principles impeded rather than promoted further development.¹³⁰

1.4 ‘Normalisation’ in the Socialist Bloc in the Sixties and Seventies

The term ‘normal’ has no clear psychological, historical, sociological or political definition, therefore depends greatly on one’s own perspective, and has to be viewed in the context of the contemporary system and society in which it operates. Nevertheless, this term is used by authors to describe the years between 1960 and 1980 as an era of something like ‘normalisation’ in Eastern European countries. In relation to the topic of this thesis, it is necessary to examine the use of this terminology for the sixties and seventies.

If the two decades after 1961 were described as a period of ‘normalisation’, something like a ‘return’ to a normal stage had to have taken place. This ‘normal stage’, as Vlad Sobell (1987), an economist and expert of post-communist transition, defined, was explained for Eastern European states as the return to a more consolidated ‘Soviet-style’ type of government. It was the renewal of the absolute claim of the vanguard status for the communist party as well as control over economy and society, which reversed all attempts of reform and liberalisation and secured the fulfilment of their ideological principles.¹³¹ Therefore, the starting point for this kind of externally initiated shift was in this matter the spread of upheavals in different parts of the Eastern Bloc. First, it happened in the GDR in 1953, then in Hungary and Poland in 1956 and not least in 1968 in the former Czechoslovakia.¹³² Sobell (1987) points out, that, since there was no democratic pluralism in these countries, this conflict unfolded between so-called ‘hardliners’ and ‘reformers’, who had different views of how to carry out their socialistic ideals. Hence, if the

¹²⁹ Winter, ed., *Deine Gesundheit, unser Staat*, 5.

¹³⁰ Niehoff and Schrader, “Gesundheitsleitbilder,” 58.

¹³¹ Vlad Sobell, “Czechoslovakia: The Legacy of Normalization,” *Eastern Europe Politics and Societies* 1 (1987): 35-39.

¹³² The reform-movement around 1980 in Poland happened under other conditions and had alternate outcomes, because the national and international situation changed. Economic decline, stagnation and debts took place and foreshadowed the end of the socialist bloc. See: Mary Fulbrook, “The Concept of ‘Normalisation’ and the GDR in Comparative Perspective,” in *Power and Society in the GDR 1961-1979. The ‘Normalisation of Rule’?*, ed. Mary Fulbrook (New York, Oxford: Berghahn Books, 2009), 17-18.

predominance of one or the other group were given, it defined the appearance of the political system.¹³³ The precondition for this ‘new era’ was the death of Stalin and the ‘de-Stalinisation’ under Khrushchev, which allowed a moderate reforming process in many East European countries and led to the increasing advancement of the reformers in the higher party ranks. This transition had its finale in the ‘Prague Spring’ of 1968, when reformers gained power in Czechoslovakia, which could only be repulsed by the hardliners with military help from the SU. Similarly in the GDR, even when in very different circumstances, the economic reforms in the Ulbricht era were often criticised and caused the emergence of an internal opposition, which led eventually to his abdication, initiated by Honecker and Brezhnev, in 1971.¹³⁴ Again, the hardliners won and ‘consolidated’ the socialist system. The ‘normalised state’, according to Sobell (1987), after it “has come perilously close to disintegration”, “gained experience in neutralizing any subsequent pressures for change”, and granted the stability of the ‘status quo’ at the expense of any reform ambitions.¹³⁵

Nevertheless, this can only be one part of a definition in which the time period of the early sixties until the end of seventies can be viewed as one of ‘normalisation’. Fulbrook (2009), who recently revived this term in her book ‘Power and Society in the GDR’, identifies three approaches to this issue, which differ in their time spectrum.¹³⁶ Firstly, as mentioned by Sobell (1987), in the short-term ‘normalisation’ was externally introduced by the repressive character of Soviet intervention, which had the aim of restoring the ailing system. In the medium term, the policy making of the representatives in the different countries was determined through the predominance and direct influence of the SU. The third approach represents the long-term view, which embraces the shifting of positions and duties of members in the high party levels as well as the different ways of ‘settling-down’ in the given system within the population. It is described as the restoration of ‘social peace’ or ‘order’ in the meaning of the socialistic systems and was reached by both the intensive repression of upheavals and of further reform developments being ‘nipped-in-the-bud’, as well as accelerated improvements in the standard of living and other short-term fulfilments of social needs.¹³⁷

¹³³ Sobell, “Czechoslovakia,” 38.

¹³⁴ Jochen Stelkens, “Machtwechsel in Ost-Berlin. Der Sturz Walter Ulbrichts 1971,” *Vierteljahrshefte für Zeitgeschichte* 4 (1997): 507-509.

¹³⁵ Sobell, “Czechoslovakia,” 39.

¹³⁶ Fulbrook, “The Concept of ‘Normalisation’,” 10-11.

¹³⁷ *Ibid.*

In the special case of the GDR, the crucial difference between the fifties and the subsequent decades was the open border, the economic and social suffering caused by the War and reparations to the SU. Furthermore, the problematic situation was also shaped through the geographical location in the frontlines of the Cold War as well as the German counterpart as perpetual comparison and pressure on the GDR's own achievements.¹³⁸ Until these issues had been solved, the socialist system was inherently destabilised by these national and international conditions. Accordingly, the erection of the Berlin Wall on the 13th of August 1961 could be viewed as the most important precondition for East Germany stabilising itself. In fact, this clearly inhuman step did result in relief for the economy and social life.¹³⁹ As Fulbrook (2009) notes, the Wall guaranteed labour force provision and not least allowed Ulbricht to initiate his '*Neues Ökonomisches System* [NÖS – New Economic System]', which brought, as previously mentioned, some reforms to the East German economy.¹⁴⁰ However, this can be again only one reason for the claimed 'normalisation', experienced during this period. Indeed, there were highly differentiated, often opposed developments, which all together contributed to the cause of stability.

The Berlin Wall was seen as the end of all hope for a reunification of Germany in the short-term. It was a palpable consolidation of the GDR system and had a deep impact on every area of life in the dictatorship.¹⁴¹ On the macro-level of the system, aside from strengthening the economy and the transformation of the international situation, the repressive structure of the state and Stasi were established in the sixties and the need for 'open violence' disappeared.¹⁴² According to Fulbrook (2009), the people became aware of and acquainted with the explicit and implicit limitations set by the SED.¹⁴³ Pollack (1998) describes this phenomenon as '*Zweckerationalität* [purposive rationality] and self-interest of the individual, an adaption to the prevailing circumstances to avoid sanctions by the system in exchange for benefits of relative prosperity and economic supply.¹⁴⁴ Therefore, the effect of this compilation on the micro-level was, according to Fulbrook (2009), the rearranging of people's general "life plans" as well as the organisation of

¹³⁸ Fulbrook, "The Concept of 'Normalisation'," 11.

¹³⁹ See: Ibid., 18; Fulbrook, *Anatomy of a Dictatorship*, 26-27; Grieder, *The East German leadership*, 160; Jeffrey Kopstein, *The politics of economic decline in East Germany, 1945-1989* (Chapel Hill: University of North Carolina Press, 1997), 44; Patrick Major, "Walled In. Ordinary East Germans' Responses to 13 August 1961," *German Politics and Society* 99 (2011): 9; Pertti Ahonen, "The Berlin Wall and the Battle for Legitimacy in Divided Germany," *German Politics and Society* 99 (2011): 41, 44-45: The Berlin Wall was seen also important for the GDR's own legitimacy, in demarcation to the West counterpart.

¹⁴⁰ Fulbrook, "The Concept of 'Normalisation'," 18.

¹⁴¹ Patrick Major, "Vor und nach dem 13. August 1961: Reaktionen der DDR-Bevölkerung auf den Bau der Berliner Mauer," *Archiv für Sozialgeschichte* 39 (1999): 350.

¹⁴² Fulbrook, "The Concept of 'Normalisation'," 22.

¹⁴³ Ibid., 25.

¹⁴⁴ Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 118.

private life within the system in their different ways in order to permit everyday routine, predictability and the kind of desired continuity.¹⁴⁵ Consequently, Kohli (1994) considers this as an indication of the “attempts by the state to put the individual life into state management”.¹⁴⁶ Furthermore, as Augustine (2011) identifies, surveillance by and the interference of the GDR organs also led to a “standardization of career paths and personal life choices”, in which East Germans had to settle in, driven by the ever-present fear “that the most intimate details of their personal lives could be used against them”.¹⁴⁷ However, the individual reaction within the population was highly differentiated and, according to Jessen (1995), it was only from the perspective of the SED that there was a “semblance of homogeneity”.¹⁴⁸ The effect was a stability of the system, instigated by both the unfree public sphere and the ratio between benefits and personal adaptation.

To give an example, of how this combination had a mutual dependence in these decades, Figure 1 depicts the reactions of the population in external and internal ways, as well as their degree of involvement in the official and informal structures. However, this can only be one segment of a more multifaceted model, where segments are dependent on each other, and consequently lacks comprehensiveness. What the model can do is illustrate the high degree of differentiation in the manner that people arranged themselves in relation to the socialist dictatorship. Therefore, it is also partly linked to the model of ‘social order’, defined by sociologist Erving Goffman (1963), who described this as “the consequence of any set of moral norms that regulates the way in which persons pursue objectives” and could be applied to any type of system.¹⁴⁹

In the GDR, people did partly participate in official organisations, collaborate with the state organs and indicated generally activity in order to achieve a ‘better society’ under Socialism. These were the individuals, who Fulbrook (2009) considered to be the ‘pillar of the system’ and who “carried out and sustained [the functionality of the state] from within”.¹⁵⁰ Additionally, these people, who engaged in such activities, are to be found in the external area indicated in Figure 1. This kind of arrangement, which fulfilled the ideals of the SED, was beneficial to these individuals, who were rewarded by the state for being the model ‘socialist citizen’ with, for example, better career prospects. There were, however, a limited number of these ideal individuals, the major-

¹⁴⁵ Fulbrook, “The Concept of ‘Normalisation’,” 15.

¹⁴⁶ “Versuche des Staates, den Lebenslauf in staatliche Regie zu nehmen”. Kohli, “Die DDR als Arbeitsgesellschaft?,” 52.

¹⁴⁷ Dolores L. Augustine, “The Power Question in GDR History,” *German Studies Review* 3 (2011): 641-642.

¹⁴⁸ “der Oberfläche dekretierter Scheinhomogenität”. Jessen, “Die Gesellschaft im Staatssozialismus,” 107.

¹⁴⁹ Erving Goffman, *Behavior in Public Places. Notes on the Social Organization of Gatherings* (London: The Free Press of Glencoe, 1963), 8.

¹⁵⁰ Fulbrook, “The Concept of ‘Normalisation’,” 26.

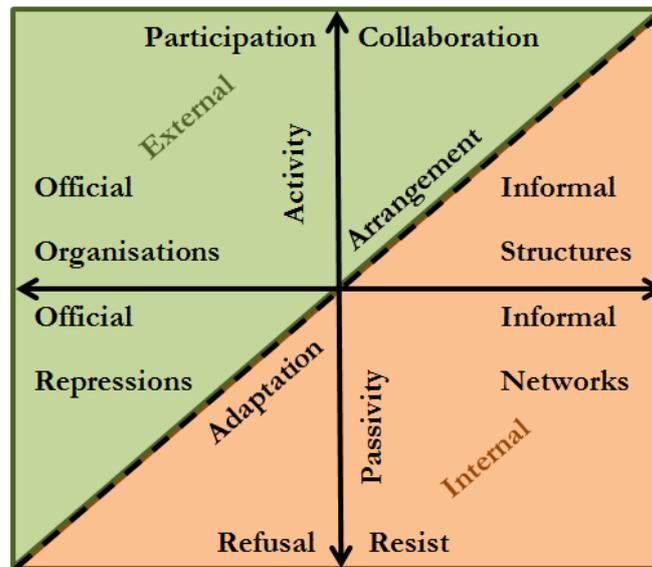


Figure 1: The Cross of Stability. This is supposed to capture the different reactions as well as the degree of involvement in official and unofficial structures by the population in the GDR.

ity of the population could be found in the centre, where they complied with the ‘rules’ they were obliged to follow, but otherwise carried on with their own lives. Typical reactions that could be found here were, for example, according to Kocka (1994), “opportunistic adaptation, apathy and retreat into the private sphere”.¹⁵¹ This intersection between external activity and internal passivity seems to have been typical of the GDR dictatorship. It is noteworthy that the state tried to influence the private activities of individuals, so that the boundary drawn can only be seen as a distinction between external and internal, ‘public’ and ‘private’ and not as a limitation of the state’s claim.¹⁵² On the other hand, as established in the previous section, informal networks had been formed, whose functions were to compensate for product scarcity, but more importantly provided a putative area of retreat.

For example, one could ‘contribute one’s share’ in the FDGB, attempting to avoid repression by showing a certain amount of activity and adaption on the surface, but internally refusing the whole socialist system and perhaps even trying to resist wherever one could. Simultaneously, one could hold clandestine meetings with likeminded people and maintain intensive ‘trading relationships’ with others in order to get reparations or difficult-to-obtain goods and

¹⁵¹ “Opportunistische Anpassung, Apathie und Rückzugs ins Private”. Kocka, “Eine durchherrschte Gesellschaft,” 552.

¹⁵² See: Ibid., 549: According to Kocka, because of the official claims of the SED “the dividing line between public and private [was] differently drawn in the GDR than in the West and constantly threatened by overstepping [die Scheidelinie zwischen öffentlich und privat anders gezogen war als im Westen und ständig von Überschreitungen bedroht wurde]” by the state.

spare parts. It was this arrangement with the state, which was carried out very differently by different people with the purpose of securing a certain degree of retreat into the private sphere and in order to achieve personal aims. In the view of Fulbrook (2009), this effect would culminate in the assumption that “the ‘state’ was [increasingly] carried by its citizens: large numbers of people became simply part of the way the regime functioned”.¹⁵³ This statement, however, overlooks, according to Augustine (2011), the complicated situation which people found themselves in and overemphasises the direct willingness of their participation as well as underestimating the power of coercion.¹⁵⁴

On the other hand, only a very small part of the population was already openly resisting in these decades. Due to larger numbers of the population avoiding active dissent, the perpetual repression and an unfree public sphere, a connection and amplification between opposition groups could not be established until the end of the seventies or the beginning of the eighties.¹⁵⁵ The ‘Cross of Stability’ introduced above shows therefore, that because of the concentration of the population in a circle around the centre, stabilisation of society and state was accomplished during the sixties and seventies. An individual, however, was never limited to just one specific position in their relationship to the state, rather they occupied a broader area of the schema, demonstrating the very different and complex ways, in which people tried to adapt their lives to the socialist state. It also provides an important instrument for further analysis in this thesis, demonstrating where the medical intelligentsia had their place in this scheme.

Another important aspect to consider is the common background of and the generational change within the population. On the one hand, there were people, who experienced the Weimar Republic, the Third Reich and Second World War, and thus were attracted to the ‘anti-fascism’ paradigm of the GDR. This dogma offered a ‘forgetting about the past’ and had been the starting point for a renewed ‘xenophobia’ in East German society, which did not become clearly visible until after the reunification and its attendant problems.¹⁵⁶ Other reactions could be defined as ‘apolitical’. As Augustine (2007) in her book about East German engineers discussed, “this ideology [...] [was] based partly on the defence mechanisms developed by technical professionals working for the Nazis to justify themselves after the war” and could represent therefore

¹⁵³ Fulbrook, “The Concept of ‘Normalisation,’” 23.

¹⁵⁴ Augustine, “The Power Question,” 636-638.

¹⁵⁵ Fulbrook, “The Concept of ‘Normalisation,’” 26.

¹⁵⁶ Augustine, “The Power Question,” 638-639: Indeed, already at the time of the GDR, these problems were ascertainable, but open riots against foreigners did not take place until the nineties (for example, Rostock 1992).

an interesting comparison with the perception of doctors and their own profession.¹⁵⁷ Fulbrook (2009) in a similar vein explores the conceptions of ‘dealing with the past’ for the West Germans and shows similar strategies “to pick up the pieces as if nothing had happened”, what she describes as the “post-war silence” in order to achieve, in her view, ‘normal lives’.¹⁵⁸ On the other hand, the sixties and seventies saw a generational shift towards people, who had only consciously lived and been socialised under Socialism. Because they lacked knowledge of other systems, they were accustomed to the functioning of the socialist state and contributed to the consolidation and normalisation of the state, but they were also the first who questioned the viability of the GDR and were partly involved in the opposition and reform movements of the eighties.¹⁵⁹

Nevertheless, GDR society was also a community of ‘inclusion and exclusion’.¹⁶⁰ Beside ‘xenophobia’ the SED established ‘common enemies of the society’, which, according to the German historian Thomas Lindenberger (2005), “for the practice of legitimacy of the SED regime [had] indispensable symbolic meaning”, helping to define ‘normal behaviour’ in demarcation to for example ‘asocial’ behaviour.¹⁶¹ Related to this excluded group were ‘elements’ described as “parasitic, demoralised, outclassed, recalcitrant, slow working, shirking, prostitution, alcoholism, idleness, [and] illicit enrichment”.¹⁶² Therefore, ‘asocial’ was a multivalent term intended to identify people who belonged to this underclass and constituted an easy instrument of denouncement. In Augustine’s (2011) terms, this represented a typical habit of the GDR by “scapegoating”¹⁶³ ‘disgraced people’ and, furthermore, ‘asocial behaviour’ was established as an offense in the Criminal Code of the GDR from 1968, punishable by imprisonment up to two years.¹⁶⁴ That this penalty was used in a broader way proves, as Lindenberger (2005) notes, that

¹⁵⁷ Augustine, *Red Prometheus*, XIX.

¹⁵⁸ Fulbrook, “The Concept of ‘Normalisation,’” 6-7.

¹⁵⁹ *Ibid.*, 27; Augustine, “The Power Question,” 647.

¹⁶⁰ Thomas Lindenberger, “‘Asoziale Lebensweise.’ Herrschaftslegitimierung, Sozialdisziplinierung und die Konstruktion eines ‘negativen Milieus’ in der SED Diktatur,” *Geschichte und Gesellschaft* 2 (2005): 253; Augustine, “The Power Question,” 644-645.

¹⁶¹ “eine für die Legitimationspraxis der SED-Herrschaft unverzichtbare symbolische Bedeutung”. Lindenberger, “‘Asoziale Lebensweise,’” 229.

¹⁶² “parasitär, demoralisiert, deklassiert, Renitenz, Arbeitsbummelei, arbeitsscheu, Prostitution, Alkoholismus, Müßiggang, illegale Bereicherung”. *Ibid.*, 235.

¹⁶³ Augustine, “The Power Question,” 644.

¹⁶⁴ See: “Strafgesetzbuch der Deutschen Demokratischen Republik vom 12. Januar 1968,” accessed August 30, 2012, <http://www.verfassungen.de/de/ddr/strafgesetzbuch68.htm>: § 249 Gefährdung der öffentlichen Ordnung durch asoziales Verhalten: “Who endangers the social life of citizens or public policy in that he stubbornly escapes out idleness a regular job, though he is able to work, or who follows the prostitution or who procured to any other unlawful manner means of subsistence, will be punished with conviction with probation or prison, labour education or imprisonment for up to two years [Wer das gesellschaftliche Zusammenleben der Bürger oder die öffentliche Ordnung dadurch gefährdet, daß er sich aus Arbeitsscheu einer geregelten Arbeit hartnäckig entzieht, obwohl er arbeitsfähig ist, oder wer der Prostitution nachgeht oder wer sich auf andere unlautere Weise

by the end of the eighties a quarter of those who were sentenced to prison could fall under the category of ‘asociability’.¹⁶⁵ Additionally, it also illustrated, as Goffman (1963) describes, how “we fill our jails with those who transgress the legal order, so we partly fill our asylums with those who act unsuitably [...] to protect our gatherings and occasions”.¹⁶⁶ Consequently, it is this complex way, in which this dictatorship was functioning in order to reach both a new kind of ‘socialist personality’ and ‘consciousness’ as well as to accomplish ‘stability’ of the system by ‘penetration’ through defining ‘negative elements’, providing a common base for the direction of “envy, bitterness and anger that were so characteristic of GDR society”.¹⁶⁷ Similarly, the situation in the workplace, where the SED enforced ‘socialist competitions’ between publically-owned companies [*Kombinate*] caused a continuously simmering conflict below the surface, because of the inequalities that existed between different social and professional groups in terms of status, wages and other benefits.¹⁶⁸ For Augustine (2011), all these effects of “social discord” would have “actually stabilized SED rule because they undermined social cohesion, making it impossible to organize resistance to unpopular policies” and thus were another clarification of why an open opposition to the regime in these years could not emerge.¹⁶⁹

This chapter has attempted to undertake a closer analysis of some of the theories around societal developments in the GDR, although it has not sought to provide an exhaustive or comprehensive overview of the mechanisms of GDR society in the sixties and seventies. The question of whether a ‘Normalisation’, in Fulbrook’s (2009) terms, can be spoken of or not remains unclear.¹⁷⁰ More evidence show approaches, which describe these two decades as ones of ‘consolidation’ by national and international conditions, providing a ‘status quo’ on the macro- and micro-level of the socialist systems, and thereby granting putative stability over this short time.¹⁷¹ That this was not simultaneously associated with the desired legitimacy of the socialist state be-

Mittel zum Unterhalt verschafft, wird mit Verurteilung auf Bewährung oder mit Haftstrafe, Arbeitserziehung oder mit Freiheitsstrafe bis zu zwei Jahren bestraft]”.

¹⁶⁵ Thomas Lindenberger, “Asoziale Lebensweise,” 247.

¹⁶⁶ Goffman, *Behavior in Public Places*, 248.

¹⁶⁷ Augustine, “The Power Question,” 644.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Another Author, who used ‘Normalisation’ or ‘socialist normality’ for this decades is Jeannette Z. Madarász, but she also linked this term to “a relative stability although fundamental problems were not solved”. Jeannette Z. Madarász, *Working in East Germany. Normality in a Socialist Dictatorship, 1961-1979* (Houndsmills, Basingstoke, Hampshire, New York: Palgrave Macmillan, 2006), 42.

¹⁷¹ Ben Fowkes, *Eastern Europe 1945-1969 : from Stalinism to Stagnation* (Harlow, New York: Longman, 2000), 71-81; Eli Rubin, review of *Power and Society in the GDR, 1961-1979: The ‘Normalisation of Rule’?*, by Mary Fulbrook, ed., *Central European History* 1 (2011): 192: Rubin considers that “it seems that one could easily remove the discussion of the term[normal or normalisation] and simply discuss the underlying issues of adaptation, systemic stabilization etc., and arrive at a fruitful category of analysis” and that’s why ‘normalisation’ would be “both far too easy and therefore also not very useful”.

came obvious in the eighties, when it was finally apparent, how problematic and unstable this compilation was for the GDR. With the onset of international and national economic crises, stagnation in all areas of life, the growing loss of reality by party functionaries and the increase of debts by the end of the seventies, this balance between the state, society and individual could not be fulfilled anymore. The result of this was the exposure of the paradoxical developments examined above as well as the loss of ‘social peace’, foreshadowing the end of the GDR in 1989/90.¹⁷²

In summary, the reaction of the population to the circumstances after the erection of the Wall was far from homogenous and this was true for doctors as much it was for everyone else. This thesis will use the example of the medical intelligentsia in order to examine how an elite social group arranged themselves within the system in different ways and will question the often high degree of resistance that is assumed among doctors for the two decades of ‘system stability’.

¹⁷² Augustine, “The Power Question,” 646; Fulbrook, “The Concept of ‘Normalisation,’” 27; Jessen, “Die Gesellschaft im Staatssozialismus,” 103.

2. Starting point –

The Relationship between the State and the Medical Elite until 1961

This chapter will examine developments in the relationship between the SED and the medical intelligentsia after the war until 1961. The GDR historian Horst Jentsch claimed in his 1987 book that with the erection of the Berlin Wall, the ‘alliance’ between the state, working class and the doctors was now firmly established. This fact would provide the basis for full Socialism in the medical area, because it “eliminated the former, objective contradiction” between these groups by the removal of commercial opportunities in health services.¹⁷³ However, analysis suggests that the fifties were guided by pragmatics and dilemmas, rather than by socialist idealism and principles. Therefore, the following chapter will discuss the validity of Jentsch’s thesis in order to provide a starting point for the analysis of the relationship between the state and the medical elite in the succeeding decades.

2.1 The Years after the War – Establishing the ‘Statehood’ of the GDR

The years between 1945 and 1961 were mainly shaped by the legacy of the Second World War and the deepening crises of the incipient Cold War. The defeated Third Reich bequeathed not just a divided Germany, but large swathes of Europe, which suffered on-going material, physical and psychological damage. For public health, the biggest problems were the swiftly spreading epidemics, which flourished because of poor living conditions and the destruction of medical infrastructure. Therefore, the Soviet Military Administration in Germany [SMAD], established in June 1945 in the SBZ, was under immense pressure to act. Together with the German Central Administration for Healthcare [DZVG – *Deutsche Zentralverwaltung für Gesundheitswesen*], which was set up by the SMAD order nr 17 in July 1945 and, according to Korbanka (1990), the first of its kind in German history, they were able to rapidly contain the spread of infections in the years after the War.¹⁷⁴ Despite the fact that some medical and health measures

¹⁷³ “Der frühere, objektive Gegensatz zwischen Arbeiterklasse und medizinische Intelligenz war [...] beseitigt”. Jentsch, ed., *Bewährtes Bündnis*, 134-138.

¹⁷⁴ Korbanka, *Das Gesundheitswesen der DDR*, 22; Horst Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil I: Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone (1945-1949)* (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996), 22: According to Spaar, they had, for example, reduced “the high reached in 1946 of incidences to 10,000 residents by 1948 in the case of gonorrhoea from 85.5 to 18.5 and in

introduced by the SMAD and the DZVG involved an extensive intervention into individual rights and doctor autonomy, due to the use of coercion in their rigorous implementation, this success was recognised even in the West.¹⁷⁵ It was, furthermore, the origin of the centralisation of the state healthcare system. The next step building upon this principle was the establishment of the FDGB in early 1946. For the medical intelligentsia, their total ‘annexation’ into a trade union represented another unique historical measure. The former traditional professional organisations [*Standesorganisationen*] such as medical associations [*Ärzttekammern*], were abolished by the SMAD; which meant that doctors lost their associated professional jurisdiction and independent representation. In the official East German view, these organisations were “that bond, which the majority of the medical intelligentsia in the past had firmly held in the fateful alliance of purpose with the monopoly bourgeoisie”.¹⁷⁶ The FDGB and their organisational structure were ostensibly supposed to serve as a link between the doctors and the working class, “to create a new balance of power in favour of democratic forces”.¹⁷⁷ In the view of the medical intelligentsia, however, this was not a positive development and became one of the most measures criticised by physicians in the whole period of the SBZ/ GDR. This explains the continual demands by doctors, which remained unaddressed by the SED before the ‘Second Communiqué on Doctors [*zweites Ärztekommunique*]’ in December 1960, to re-establish the old organisations; an issue that will undergo a detailed examination in the following chapter.¹⁷⁸ Beside the FDGB, the SMAD established the ‘Medical-Scientific Societies [*MWG – Medizinisch-wissenschaftliche Gesellschaften*]’ in May 1947, which were an additional body intended to represent the interest of specialised areas of medicine and to organise, together with the trade union, congresses, symposiums, etc. But, in contrast, opposed to their original conception as means of political and ideological infiltration,

case of syphilis from 41.1 to 13.0 [den 1946 erreichten Höchststand[sic] der Neuerkrankungen auf 10.000 Einwohner bis 1948 bei Gonorrhoe[sic] von 85,5 auf 18,5 und bei Syphilis von 41,1 auf 13,0]”.

¹⁷⁵ Ernst points out, that some Western observer would have seen a manipulation of the facts, after the presentation of the statistics on epidemics by the SBZ in 1947, “since they held such a positive development for impossible [da man eine derart positive Entwicklung für unmöglich hielt]”. This effect, however, was accomplished according to Ernst by rigorous measurements such as “nominative notification duty and forced hospitalisation of infected people, emergency service commitments and the limitation of the circle of treatment authorised doctors, who also were subjects [...] to the managerial authority of health centres [Namentliche Meldepflicht und Zwangshospitalisierung der Infizierten, Notdienstverpflichtungen von Ärzten und Einschränkung des Kreises behandlungsberechtigter Mediziner, die überdies [...] der Weisungsbefugnis der Ambulatorien unterstanden]”. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 27.

¹⁷⁶ “jenes Band gewesen, das die Mehrheit der medizinischen Intelligenz in der Vergangenheit fest im verhängnisvollen Zweckbündnis mit der Monopolbourgeoisie gehalten hatte”. Jentzsch, ed., *Bewährtes Bündnis*, 50.

¹⁷⁷ “Um die Schaffung eines neuen Kräfteverhältnisses zugunsten der demokratischen Kräfte”. Ibid., 51.

¹⁷⁸ Ibid., 50-51; Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 334; “Kommuniqué des Politbüros des Zentralkomitees über Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz, 16. Dezember 1960,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VIII* (Berlin: Dietz Verlag, 1962), 306.

these societies played, according to Ernst (1997), a major role in maintaining contacts with West Germany.¹⁷⁹ Furthermore, they “denied both statements on political events in the GDR as well as the scientific concern with politically convenient topics” and thus became very problematic to the SED.¹⁸⁰ The FDGB and the MWG, however, were for the medical intelligentsia not “occupational-, never mind professional organisations with a self-governing character”.¹⁸¹ Similarly, the trade union never obtained “recognition as ‘their’ professional association [...] by the majority of doctors”.¹⁸²

After the SU forced the unification of the Social Democratic Party of Germany [SPD – *Sozialdemokratische Partei Deutschlands*] with the Communist Party of Germany [KPD – *Kommunistische Partei Deutschlands*] in 1946 to form the SED, the healthcare system was politically determined by the ‘health policy guidelines’ of March 1947.¹⁸³ In summary, the emphasis for the following years, besides the improvement of citizens’ health through prophylaxis and ‘social hygiene’ measures, was the nationalisation of the medical sector. Specifically, the SED tried to enforce this reorganisation by expropriating private institutes and clinics, establishing new state owned forms of medical services and further centralisation through the merging of competencies as well as integration with economic planning.¹⁸⁴ The SED, in reference to the process of nationalisation within the healthcare sector, declared, “Only via an economically safe position can the doctor, with the resources provided by the state, fully dedicate themselves to the patient”.¹⁸⁵ They also sought to “create a democratic doctor and a generation of health professionals, especially out of the workers and peasants”, which can also be viewed as a looming precursor to the restructuring of medical education, a persistent conflict between the medical intelligentsia and the SED.¹⁸⁶ However, until the founding of the GDR in 1949, their relationship remained in its

¹⁷⁹ Ernst notes, that the MWG’s with their old renowned Western equivalents tried to establish themselves as a ‘lobby’ for all of Germany, which was problematic for the SED and their own legitimacy. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 74.

¹⁸⁰ “verweigerten sowohl Stellungnahmen zum politischen Geschehen in der DDR als auch die wissenschaftliche Befassung mit politisch opportunen Themen”. Ibid.

¹⁸¹ “Berufs-, geschweige denn Standesorganisationen mit Selbstverwaltungscharakter”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil I*, 17.

¹⁸² “Anerkennung als ‘ihre’ Berufsvertretung [...] bei der Mehrheit der Ärzte”. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 334.

¹⁸³ “Gesundheitspolitische Richtlinien. 31. März 1947,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band I*, 3rd ed. (Berlin: Dietz Verlag, 1952), 171

¹⁸⁴ “Gesundheitspolitische Richtlinien. 31. März 1947,” 171, 174-175.

¹⁸⁵ “Nur so kann sich der Arzt in wirtschaftlich sicherer Stellung mit den vom Staat gewährten Mitteln dem Kranken ganz widmen”. “Gesundheitspolitische Richtlinien,” 171.

¹⁸⁶ “Heranbildung eines demokratischen Ärzte- und Heilberufsnachwuchses, insbesondere aus der Arbeiter- und Bauernschaft”. Ibid., 172.

initial stages, determined by the deprivations, reconstruction and reorganisation of post-war society, moving the direct confrontation of ideological perspectives in the following years.

2.2 Nationalisation of Healthcare, Resentments and the First Societal Crisis

The next phase of forced nationalisation in the healthcare system was initiated in 1949 with the attempts of the SED to eliminate “the old dilemma of the orientation by doctors between public welfare and self-interest”.¹⁸⁷ This process was supposed to overcome the antagonistic relations between the medical intelligentsia and the working class that, in the view of Socialism, had originated in Capitalism.¹⁸⁸ For the doctors themselves, nationalisation represented a significant intrusion into their autonomy of practice and, of course, provoked a critical stance towards the GDR. Not least, this reaction started with reforms in the outpatient sector.

In 1949, over half of the medical intelligentsia worked in private clinics, a situation that needed to be remedied if the SED’s desire for a state-centred healthcare system in the GDR was to be fulfilled.¹⁸⁹ As already mentioned, by 1947 the SMAD had announced, in command nr 272, the accelerated expansion of polyclinics and outpatient clinics [*Ambulatorien*] in order to establish the state health service.¹⁹⁰ According to Jentzsch (1987), the third congress of the SED in 1950, declared this measure and especially the polyclinics “as the cornerstone of the progressive development of healthcare”, representing an initial step against private practitioners.¹⁹¹ The desired restrictions of the GDR came in the form of a law in 1949, through the “Arrangement of the Establishment of Private Clinics [*Niederlassungen*] by Doctors” and the associated “First Determination of Implementation”.¹⁹² Henceforth, doctors were only allowed to settle as private practi-

¹⁸⁷ “das alte Orientierungsdilemma der Ärzte zwischen Allgemeinwohl und Eigennutz”. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 38.

¹⁸⁸ Jentzsch, ed., *Bewährtes Bündnis*, 70-71.

¹⁸⁹ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 30; Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 34: According to Ernst and Spaar in 1949 53.3 per cent of the doctors were working in their own clinics.

¹⁹⁰ Liebknecht, Kurt, et al, ed., *Bau von Ambulatorien und Polikliniken. 1. Mitteilung* (Berlin: Arbeitsgemeinschaft Medizinischer Verlag, 1949), 5-6.

¹⁹¹ “als Grundpfeiler der fortschrittlichen Entwicklung des Gesundheitswesen”. Jentzsch, ed., *Bewährtes Bündnis*, 81.

¹⁹² “Anordnung über die Niederlassung der Ärzte vom 23. Februar 1949,” in *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, ed. by Gerhard Naser (Bergatreue: Eppe, 2000), 334-337; “Erste Durchführungsbestimmung zur Anordnung über die Niederlassung der Ärzte vom 1. Juni 1949,” in *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, ed. by Gerhard Naser (Bergatreue: Eppe, 2000), 337-340.

tioners in medically underserved areas and only, when this situation could not be changed in the near future. Additionally, they also could be committed to an avocational activity in the public health facilities.¹⁹³ In reality, according to Ernst (1997), this meant for the medical intelligentsia that “new permits for the establishment of private clinics were [...] not granted anymore and the transfer of rights to relatives [was] excluded”, which eliminated the possibility of leaving the clinics to doctors’ children.¹⁹⁴ Nonetheless, these restrictions were only the starting point. When in 1952 the level of sick leave among workers increased to an unacceptably high level for the SED, they primarily attributed the cause to doctors who still practiced in private clinics. Therefore, the SED terminated the contract of salaries between the social insurance and the trade union organisation for healthcare, which had been signed at the beginning of the same year.¹⁹⁵ The protest against this measure by doctors led to a review of the law in 1953, but the review’s reconsideration, which allowed the establishment of private clinics in medically under-served areas of the GDR, only created the perception of further restrictions.¹⁹⁶ The regional medical officer [*Bezirksarzt*] could impose an extension of working hours on private doctors in the public health system of up to 24 hours per week and, furthermore, the issuance of sick leave was limited to state-employed doctors.¹⁹⁷ Protest by the affected doctors led to the repeal of this measure in April 1953, but the trade union, social insurance and the private practitioners did not sign a new contract of salaries until January 1955.¹⁹⁸ While the opaque zigzag course of the SED’s policies towards private practitioners cannot be viewed as an effort to create an alliance between the medical intelligentsia and the GDR, the party nevertheless reached the political outcomes it desired. Therefore, while in 1949, 53.3 per cent of all doctors had been working in private clinics; by 1952, this number had been dramatically reduced to 39.4 per cent.¹⁹⁹ A noteworthy impact of this shift was a massive exodus by doctors from the GDR; an event, which will be addressed in

¹⁹³ “Anordnung über die Niederlassung der Ärzte,” 334-335; “Erste Durchführungsbestimmung,” 338.

¹⁹⁴ “Neue Niederlassungsgenehmigungen wurden [...] nicht mehr erteilt und eine Überschreibung an Familienangehörige ausgeschlossen”. Ernst, “Die beste Prophylaxe ist der Sozialismus”, 33.

¹⁹⁵ Naser, *Hausärzte in der DDR*, 135-153; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 30: According to Spaar the level of sick-leave increased from 5.61 per cent in 1951 to 6.7 per cent in the first eight month of 1952.

¹⁹⁶ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 31.

¹⁹⁷ According to *Der Spiegel* the head of the social insurance of the GDR would have recognised, that “50 per cent of the ‘sick people’ were quite fit for work [50 Prozent der ‘Kranken’ durchaus voll arbeitsfähig waren]” and this development would be supported by private practitioners. “Genese schneller, Genosse,” *Der Spiegel* 20 (1953): 30.

¹⁹⁸ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 31; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 51-52; “Vertrag zur Regelung der ärztlichen Versorgung durch niedergelassene Ärzte in der Deutschen Demokratischen Republik vom 5. Januar 1955,” in *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, ed. by Gerhard Naser (Bergatreue: Eppe, 2000), 341-352.

¹⁹⁹ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 30; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 34.

more detail later on. At the same time as reducing the number of private clinics, the SED was able to rapidly increase the numbers of state-owned polyclinics from 184 in 1950 to 327 in 1953 and 369 in 1956, through explicit coercion and economic planning.²⁰⁰ Private practitioners were to be recruited to work in state clinics not just “by way of administrative compulsory measures, but mainly by financial incentives” and by ideological conviction.²⁰¹ However, these institutions had often been criticised by doctors, suggesting that polyclinics were likely to be seen as a “retrograde step in the healthcare system”, a place of ‘Mass Processing [*Massenabfertigung*]’ of patients as well as a systematic attack on private practitioners.²⁰² It is obvious that the changes in the outpatient sector were not shaped, as former head of the DZVG Karl Linser declared, by “an open and honest competition between the private and the polyclinic” but rather initiated by ideological and political measures in favour of polyclinics.²⁰³

The ideological rationale behind this policy was that private doctors, in particular, were suspected of having an old ‘class consciousness’. The SED explanation was that private clinics functioned as companies did in Capitalism, maximising profit from their patients and furthermore engendering an unacceptably apolitical disposition.²⁰⁴ Accordingly, another obstacle to any alliance efforts between the medical intelligentsia and the SED were the resentments within the party ranks towards the so-called ‘old elites’. This animosity was heightened, when benefits were granted, and thus the reproach emerged that the *bürgerliche* intelligentsia, because of their history with the Third Reich, had illegally earned these benefits.²⁰⁵ The background to this antipathy was to be found in the process of de-nazification in the SBZ/ GDR, which had revealed that a high proportion of the medical elite had been affiliated with the NSDAP. According to Ernst (1997), it can be assumed that 45 per cent of doctors in general and 75 per cent of doctors who worked in universities, had been former members of the NSDAP.²⁰⁶ However, the SMAD was, as Ernst (1997) continued, not a reliable partner in the de-nazification process, because “the willingness,

²⁰⁰ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 25; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 31.

²⁰¹ “auf dem Wege administrativer Zwangsmaßnahmen, sondern vor allem mittels finanzieller Anreize”. Ernst, “Die beste Prophylaxe ist der Sozialismus”, 34: As Ernst notes, “private doctors [...] [would] immediately benefit from a significantly improved pension, when they switched over to public service [kamen selbstständige Ärzte [...] unverzüglich in den Genuß einer erheblich verbesserten Altersversorgung, wenn sie in den öffentlichen Dienst überwechselten]”.

²⁰² “Rückschritt im Heilwesen.” Naser, *Hausärzte in der DDR*, 77-78 and 83.

²⁰³ “ein offener und ehrlicher Wettbewerb zwischen freier Praxis und Poliklinik”. Ibid., 84.

²⁰⁴ Rieger, “Über die soziale Qualität von Arzt-Patienten-Beziehungen,” 19-21 and 78; Dieter Kring, “Zum Kampf der SED-Bezirksorganisation Dresden zur Verwirklichung der marxistisch-leninistischen Bündnispolitik der Arbeiterklasse mit der wissenschaftlich-technischen Intelligenz in den Jahren des ersten Fünfjahresplanes der DDR (1950-1955),” (PhD. diss., Technical University Dresden, 1972), 5-6.

²⁰⁵ Jentzsch, ed., *Benährtes Bündnis*, 80 and 87; “Gleichberechtigung, nicht Privilegien,” *Der Morgen*, June 17, 1949, 1.

²⁰⁶ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 145:

to allow exceptions in view of the shortage of doctors seems to have been significant at all stages” of the ‘purging’ process.²⁰⁷ It was a dilemma between ideological reliability and professional competence, which was brought into focus by the urgent need for medical professionals that could not be as easily remedied or compensated for as it could in other areas.²⁰⁸ To overcome this problem and the administrative difficulties in determining guilt, because the files of doctors were often unobtainable, the ‘Deployment of Atonement [Sühneinsatz]’ in medically underserved and critical areas was established, to give doctors the chance to retain their professional approbation. That doctors who had been incriminated in this process could integrate back into their old occupations, thus rendering these ‘purges’ largely inconsequential, provoked further resentments towards the medical intelligentsia on the part of SED party members.²⁰⁹ But the political vanguard was aware that the “political and economic aims [could not] be reached without the alliance of the working class with the intelligentsia”, therefore it would be the task, as stated in the announcement of the Politburo in 1951, “to further strengthen this alliance and surround the intelligentsia with all possible care”.²¹⁰ Another document of the same year, which emphasised the need to enforce these policies, rejected the resistance of party members to the privileges of the intelligentsia as “sectarianism [Sektierertum]” and “egalitarianism [Gleichmacherei]”.²¹¹ In general, this issue was not unique at the beginning of the fifties. This assumption becomes more evident, as the SED was also dealing with single cases of ‘incorrect behaviour’ by party members. For example, local functionaries had been “issued a reprimand as party punishment”, because they attempted to “deport a doctor of the city to the West [West Germany] due to the lack of a progressive attitude”, showing their resentments toward this physician.²¹² For the SED, their alliance with the skilled work force was of great importance, therefore, they were combating deviations in their own ranks; their perception was that “party discipline, unity of the will, unity of

²⁰⁷ “die Bereitschaft, in Anbetracht des Ärztemangels Ausnahmeregelungen zuzulassen, scheint in allen Phasen beachtlich gewesen zu sein”. Ernst, *Die beste Prophylaxe ist der Sozialismus*, 180.

²⁰⁸ For example, incriminated teachers and lawyers were replaced by ‘newcomers’ through ‘crash courses’ initiated by the SED. This could not take place in the same way with doctors, because of the need for a comprehensive knowledge of medicine. Jentzsch, ed., *Bewährtes Bündnis*, 67.

²⁰⁹ Ernst, *Die beste Prophylaxe ist der Sozialismus*, 185-187.

²¹⁰ “Über die Verbesserung der Lage der Intelligenz, 25. April 1951,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III* (Berlin: Dietz Verlag, 1952), 481.

²¹¹ “Über die Notwendigkeit der Förderung der Intelligenz, 27. November 1951,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III* (Berlin: Dietz Verlag, 1952), 659.

²¹² “einen Stadtarzt wegen ungenügender fortschrittlicher Einstellung nach dem Westen abzuschieben”. “Falsches Verhalten von SED-Mitgliedern zur wissenschaftlichen Intelligenz in Zwickau, 10. Dezember 1951,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III* (Berlin: Dietz Verlag, 1952), 667.

action [...] [are] incompatible with the violation of the party discipline” and the predominant ideology.²¹³ These widespread resentments needed to be overcome by the SED, if they desired to enforce the alliance with the medical intelligentsia and to ensure their loyalty to the socialist project.

Especially during the first five-year plan and its fulfilment from 1951 to 1955, the GDR introduced privileges, which were initially limited to technical professionals, but were extended continuously to other groups within the intelligentsia. Firstly, the ‘Cultural Regulation [*Kulturverordnung*] of 1949 provided the foundation for the promotion of the GDR to the intelligentsia and implemented the extension of ration cards, which continued to determine everyday life after the war, an increase in salaries and the establishment of a new moral award; “Honoured Doctor of the People [*Verdienter Arzt des Volkes*]”, which was bestowed from 1950 annually on the birthday of Robert Koch.²¹⁴ Despite this title being limited to state-employed doctors, it signalled, according to Ernst (1997), that an alliance policy was desired.²¹⁵ In this context, the establishment of a specialised ministry for the healthcare system, as already mentioned, in October 1950 has to be considered as a signal of an alliance attempt, even when this was only a further step towards centralisation in the state apparatus.²¹⁶ Of greater importance was extensive appreciation of pension schemes and the award of individual contracts [*Einzelverträge*], beginning in 1950. By 1951, these contracts were extended along with others to the medical intelligentsia. The additional pension for doctors, however, was again only granted to those, who worked in state-owned clinics and hospitals.²¹⁷ This strategic limitation served to convince more doctors to work at socialist health institutes and thus generated a ‘suction effect [*Sogwirkung*] draining the pool of private practitioners.²¹⁸ The individual treaties, on the other hand, were largely a concession, but were limited to leading positions. Individuals received a fixed salary, the guarantee of the education they desired for their children, elevated remuneration in the event of sickness and a pension payout even

²¹³ “Parteiprinzip, Einheit des Willens, Einheit des Handelns, [...] unvereinbar mit der Verletzung der Parteidisziplin”. “Falsches Verhalten von SED-Mitgliedern,” 667.

²¹⁴ “Auszug aus der Verordnung der DWK über die Erhaltung und die Entwicklung der deutschen Wissenschaft und Kultur, die weitere Verbesserung der Lage der Intelligenz und die Erhöhung ihrer Rolle in der Produktion und im öffentlichen Leben vom 31. März 1949,” in *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil I: Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone (1945-1949)*, ed. Horst Spaar (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996), 74-79.

²¹⁵ Jentzsch, ed., *Bewährtes Bündnis*, 79-80; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 133-134; Alfred Beyer, “Auszeichnung verdienter Ärzte des Volkes,” *Das Deutsche Gesundheitswesen [DDG]* 8 (1950): 227.

²¹⁶ Jentzsch, ed., *Bewährtes Bündnis*, 85.

²¹⁷ “Verordnung über die Altersversorgung der Intelligenz an wissenschaftlichen, künstlerischen, pädagogischen und medizinischen Einrichtungen der DDR vom 12. Juli 1951,” in *Für ein gesundes Volk. Ein Abriss über die Gesundheitspolitik der DDR*, ed. by Otto Rühle (Berlin: Verlag der Nation, 1952), 112-116.

²¹⁸ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 34; Jentzsch, ed., *Bewährtes Bündnis*, 87.

if they continued to exercise their profession.²¹⁹ It is obvious that in these comprehensive concessions lay the basis of the resentments that existed on the part of members of the SED, but in the same sense, they could be seen as a successful effort at forming an alliance. However, this also needs to be put in context. In the everyday life of doctors these measures seldom played an important role, not least because they acted, as Ernst (1997) notes, more as a ‘discretionary clause’, arbitrarily exercised and only to the benefit of a few doctors outside the majority.²²⁰

The tension between these concessions and the previous measures to nationalise the healthcare system that caused persistent criticism from private practitioners and other doctors, led the SED in May 1953 to instigate the ‘new course’ in favour of the medical intelligentsia.²²¹ Accordingly, the first societal crisis of the GDR system on the 17th of June 1953 did not have as deep an impact in the case of doctors as it did in other occupations.²²² That the medical intelligentsia did not participate in this demonstration was not, as Jentzsch (1987) suggests, an expression, that “the emerging alliance between working class and medical intelligentsia [...] was not to be undermined” and thus had passed its “practical test [*Bewährungsprobe*]”.²²³ Rather, besides their own understanding of their profession, which would not allow this kind of protest, the rationale for their lack of participation was to be found in the aforementioned preferential arrangements for doctors.²²⁴

On the other hand, the relationship between the SED and the medical intelligentsia was repeatedly shaken, for example, with the establishment of ÄBKs in 1953.²²⁵ These medical advisory commissions were a product of the GDR’s desire to counteract the high level of sick leave. Worker absenteeism presented a contradiction of the SED’s claims about higher living standards in the GDR and indicated again the economic imperative of healthcare. In an official announce-

²¹⁹ “Verordnung über den Abschluss von Einzelverträgen mit Angehörigen der Intelligenz, die in wissenschaftlichen, medizinischen, pädagogischen und künstlerischen Einrichtungen der DDR tätig sind vom 12. Juli 1951,” in *Für ein gesundes Volk. Ein Abriss über die Gesundheitspolitik der DDR*, ed. by Otto Rühle (Berlin: Verlag der Nation, 1952), 117-119.

²²⁰ According to Ernst, internal documents also showed that these concessions were mostly focussed on the economic intelligentsia. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 48 and 117; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II*, 27-28.

²²¹ The persistent critiques of private doctors led to the reversal of measures introduced in March 1953 in April of the same year as well as according to Ernst (1997) the SED took back other deletions of benefits in May 1953. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 51-52.

²²² The upheaval had its origin in the desired ‘production quotas increases [*Normerhöhungen*]’ by the SED, which meant more work for the same salary. See: Andrew I. Port, *Conflict and Stability in the German Democratic Republic* (Cambridge, New York, Melbourne: Cambridge University Press, 2007), 71.

²²³ “das entstehende Bündnis zwischen Arbeiterklasse und medizinischer Intelligenz [...] nicht zu erschüttern gewesen”; “*Bewährungsprobe*”. Jentzsch, ed., *Bewährtes Bündnis*, 93.

²²⁴ Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 51-52.

²²⁵ “Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen,” 111-112.

ment, the SED attributed this increase in sick leave to the “weaknesses in the assessment of the capability to work of workers and in the granting of work exemptions” and, therefore, “cases of frivolous and unjustified certifications of sick-leave” needed to be exposed by the ÄBK.²²⁶ This new agency would become involved in doctors’ consultations with patients from the tenth day of sick leave onwards.²²⁷ This kind of control also revealed once again the resentments of the SED towards the medical intelligentsia and was interpreted similarly by doctors. This interpretation resulted in considerable problems for the MfG and the ÄBKs, as Jentzsch (1987) admits, to direct the perception on the “qualification of the medical activity and not primarily on control of the doctors or the rapid return to work [*Gesundschreibung*] of patients”²²⁸ and not least became apparent by the scope of discussions in medical journals.²²⁹ In summary, the effectiveness of this commission was paralysed by prejudices and, therefore, was rather a regression in terms of efforts at alliance than having the desired impact on the level of sick leave.²³⁰

Jentzsch (1987) stated in his book that “in the case of the medical intelligentsia, some processes of socialist transformation proceeded probably in a more complicated manner than in other areas”, but in the first five year plan between 1951 and 1955 the results “in the development of the socialist character of healthcare and in the formation of a socialist medical profession [*Ärztenschaft*]” had largely corresponded with the set goals.²³¹ However, the previously examined foci of establishment of the socialist healthcare system and the process of de-nazification illustrate a more nuanced picture. It was a time between concessions towards and resentments against doctors, causing backward steps in the alliance aimed at by the SED. In this context, the exodus of doctors towards West Germany can be seen to have resulted mainly in the ‘zigzag course’ of SED policies. In 1950 and 1951, 650 doctors left the GDR, representing five per cent

²²⁶ “Mängel in der Beurteilung der Arbeitsfähigkeit der Werktätigen und in der Erteilung von Arbeitsbefreiungen”; “Fälle leichtfertiger und ungerechtfertigter Arbeitsbefreiungen”. “Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen,” 111-112.

²²⁷ Ibid.

²²⁸ “Qualifizierung der ärztlichen Tätigkeit und nicht in erster Linie auf Kontrolle der Ärzte oder die schnelle Gesundschreibung der Patienten”. Jentzsch, ed., *Bewährtes Bündnis*, 96.

²²⁹ Examples for the discussion around ÄBK’s in medical journals: K. Gelbke, “Ein Diskussionsbeitrag zu den Fragen der Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen und Verbesserung der ärztlichen Beurteilung der Arbeitsfähigkeit vom 3. Juni 1953,” *DDG* 47 (1953): 1447-1449; Hoffmann, “Über Beginn und Ende der Arbeitsunfähigkeit,” *DDG* 32 (1954): 982-984; R. Weber, “Zur Frage der Bildung von Ärzte-Beratungs-Kommissionen,” *DDG* 24 (1953):711-715; Walter, Zipprich, “Wie beurteilen wir die Arbeit einer Ärzteberatungskommission (ÄBK)?,” *DDG* 23 (1955): 812-813.

²³⁰ Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 98.

²³¹ “bei der medizinischen Intelligenz manche Prozesse der sozialistischen Umgestaltung wohl komplizierter als in anderen Bereichen verliefen”; “bei der Entwicklung des sozialistischen Charakters des Gesundheitswesens und bei der Heranbildung einer sozialistischen Ärzteschaft”. Jentzsch, ed., *Bewährtes Bündnis*, 104.

of the total number of 13,268 and did not cause undue pressure on the political vanguard.²³² The next peak of refugee doctors was in the crisis year of 1953 with 312 emigrants, but even these numbers were relatively low in comparison to the second half of the fifties.²³³ The reasons for the medical intelligentsia leaving the GDR were highly differentiated and shaped by personal, national and international factors. For example, among others, motives such as the prospect of higher salaries in the west, the deprivation of the education they desired for their children in the GDR, the internally opaque policy of the SED as well as the international conditions of the Cold War encouraged emigration.²³⁴ This was opposed to the refugee policy of West Germany, which in the beginning of the fifties was complicated rather than determined by easy to overcome hurdles. It was supposed to “help the beleaguered, but to prevent an emptying of the GDR”, given the state budget constraints and economic problems of West Germany.²³⁵ On the other hand, the SED accused the Federal Republic of enticing doctors, in order to hit “the vital nerve of the people”, through “the lack of doctors or by serious disturbance of medical care” and support “counterrevolutionary actions of the adversaries of socialism”.²³⁶ That this allegation was an externalisation of the internal problems in the GDR by the SED requires further consideration in the following chapters, even after the erection of the Wall. In summary, the first years after the foundation of the GDR until 1955 were more determined by realist constraints than by an idealist convergence of the SED with the medical intelligentsia.

²³² Ernst, “Die beste Prophylaxe ist der Sozialismus”, 34 and 55.

²³³ Ibid.

²³⁴ Helge Heydemeyer, *Flucht und Zuwanderung aus der SBZ/DDR 1945/1949-1961. Die Flüchtlingspolitik der BRD bis zum Bau der Berliner Mauer* (Düsseldorf: Droste, 1994), 53-56; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 59-61.

²³⁵ “Bedrängten [...] geholfen, aber eine Entleerung der DDR verhindert werden”. Heydemeyer, *Flucht und Zuwanderung aus der SBZ/DDR*, 331.

²³⁶ “fehlende Ärzte oder andere ernsthafte Störungen der medizinischen Betreuung [...] einen Lebensnerv des Volkes”; “den Feinden des Sozialismus konterrevolutionäres Handeln”. Jentzsch, ed., *Bewährtes Bündnis*, 92; Winter, ed., *Deine Gesundheit, unser Staat*, 24.

2.3 ‘Driven’: Between the Preservation of Principles and the Need to Grant Concessions

The second half of the fifties was shaped by dramatically deteriorating conditions regarding the medical intelligentsia. Consequently, the SED was ‘driven’ to act. The second five-year plan of the GDR was introduced by the III Party Conference in 1956 and primarily had the aim, of accomplishing the “consolidation of the state health system, in which, through public ownership, any private enrichment as result of human disease” would be abolished.²³⁷ This emphasised again the ideological disfavour in which private practitioners found themselves. The retrospective assessment of GDR medical historian Sonja Reichert (1972) represents a surprisingly open analysis, asserting that doctors would have “faced the general nationalisation of their private clinics [...] with utter incomprehension” and, therefore, this measure would be neither beneficial “for the medical care of the population” nor for the “growing alliance in the antifascist-democratic order”.²³⁸ Therefore, the ideological situation among the medical intelligentsia was rather difficult and remained a problem for the SED. To overcome this, the political vanguard enforced the improvement of the management of party organs by intensifying cooperation, combating sectarianism, respecting the suggestions of doctors and by strengthening their own responsibility, because, given the opportunity, “doctors [would] find their place in socialism”.²³⁹ Consequently, in 1957 a workgroup called ‘medical intelligentsia’ and affiliated with the ‘National Council [*Nationalen Rat*]’ was tasked with communicating the desired political-ideological attitude on global political events.²⁴⁰ In accordance with the policies of the III Party Conference, state organs conducted discussions with the medical intelligentsia, which unintentionally produced the opposite effect to that envisaged by the SED. The reason, as Spaar (1998) identifies, was that in

²³⁷ “Festigung des staatlichen Gesundheitswesens, in welchen durch das gesellschaftliche Eigentum jede private Bereicherung an der Krankheit des Menschen unmöglich”. Sonja Reichert “Zu einigen Problemen der Bündnispolitik der revolutionären Arbeiterklasse mit der medizinischen Intelligenz unter Führung der SED in den Jahren 1956-1963” (PhD diss., Technical University Dresden, 1972), 20; “Direktive für den zweiten Fünfjahrplan zur Entwicklung der Volkswirtschaft in der DDR 1956 bis 1960, 30. März 1956” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VII* (Berlin: Dietz Verlag, 1961), 794 and 869-870.

²³⁸ “einer allgemeinen Verstaatlichung ihrer Praxen [...] völlig verständnislos gegenüber gestanden”; “für die medizinische Versorgung der Bevölkerung”; “in der antifaschistisch-demokratisch Ordnung gewachsene Bündnis. Reichert, “Zu einigen Problemen der Bündnispolitik,” 20.

²³⁹ “Ärzte ihren Platz im Sozialismus finden”. Ibid., 23 and 24-25; “Maßnahmen zur breiten Entfaltung der Demokratie in der DDR,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VII* (Berlin: Dietz Verlag, 1961), 875-882.

²⁴⁰ Reichert, “Zu einigen Problemen der Bündnispolitik,” 13; Horst Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III: Das Gesundheitswesen der DDR zwischen neuem Kurs und Schließung der Staatsgrenze(1953-1961)* (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1998), 84-86.

addition “to the ideological claims [...] diverse, not understandable demarcation measures [were added], which should have served to prevent ‘illegal emigration’”.²⁴¹ Instead, the gulf between the everyday reality of doctors and the perception of SED cadres was exposed. The inability of both the political vanguard as well as the MfG and their subordinated organs to overcome the deficiencies in their attempts at alliance with the medical intelligentsia led to further irritations from doctors. This was problematic, because a fundamental change in the policies of the SED did not take place before the predicament in 1958, caused by an exodus by members of the medical intelligentsia on an unprecedented level.²⁴²

In addition to the previously mentioned problems, ‘Travel Restrictions [*Reisebeschränkungen*]’ as well as an alteration of the ‘Passport Act [*Passgesetz*]’ were put in place in December 1957. These restrictions made even planning to emigrate to West Germany a criminal offence. Furthermore, the Third University Conference in the same year supported the emphasis on political and social subjects in medical studies, which represented a further attempt by the SED to infiltrate universities. Doctors responded to these measures with a large-scale escape movement.²⁴³ The numbers of the medical intelligentsia who left for West Germany remained at a low level, with 287 in 1956 and 296 in 1957 approximately two per cent each of the whole medical intelligentsia of circa 13,850.²⁴⁴ However, 1958 saw emigration leap to 927, a dangerous development accounting for almost seven per cent of doctors and far exceeding the sum of the preceding years.²⁴⁵ Even in the higher ranks of the SED this threat was finally perceived, when, according to *Der Spiegel* in September 1958, the secretary of the Central Committee of the SED Kurt Hager asserted, “no state can withstand such bloodletting [*Aderlass*] from the ranks of the intelligentsia for a long duration”.²⁴⁶ The loss of doctors presented a crisis of the pre-existing shortage of skilled labour in the GDR. Therefore, the MfS under the new leadership of Erich Mielke in 1957 turned their attention from external to primarily internal matters and infiltrated the medical intelligentsia through *IM*s and enabled the secret state police to provide detailed reports as early as 1958.²⁴⁷ Accordingly, the Fifth Party Congress in July should have taken account

²⁴¹ “zu den ideologischen Forderungen [...] diverse, nicht verstandene Abgrenzungsmaßnahmen [hinzukamen], die der Verhinderung der ‘Republikflucht’ dienen sollten”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 86.

²⁴² *Ibid.*, 205.

²⁴³ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 64; Heydemeyer, *Flucht und Zuwanderung aus der SBZ/DDR*, 65-66; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 33 and 86.

²⁴⁴ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 34 and 55.

²⁴⁵ *Ibid.*

²⁴⁶ “Kein Staat kann einen solchen Aderlaß aus den Reihen der Intelligenz auf die Dauer aushalten”. “Der Aderlaß,” *Der Spiegel* 39 (1958): 26.

²⁴⁷ Süß, *Politisch mißbraucht?*, 122-125; Weil, *Zielgruppe Ärzteschaft*, 35 and 43.

of this development, but declared only sparse measures regarding the healthcare system and also failed to acknowledge the concerns of the medical intelligentsia.²⁴⁸ As Spaar (1998) describes, it was not until a respected professor of the GDR pointed out this deficit in the discussion, that it was recognised, stating that in this matter “a big uncertainty, a standstill has been hereby expressed, and we [the professors, who are in charge] also understand now, why we have these immense problems with doctors, when you [in broader sense the SED] are unable to tell them, where we want to lead”.²⁴⁹ Walter Ulbricht was forced into a statement, where he announced, that a commission would dedicate themselves to addressing this complex issue. It thereby became obvious, that the Fifth Party Congress had failed to solve problems, causing the exodus of doctors. That the medical intelligentsia had essentially the same perception is proven by the fact that just in the months July and August 1958, 578 of the remaining 927 doctors left the GDR. Of particular interest, 335 of them were working in a state health centre, which represented a principal defeat of SED policies because they had been the biggest beneficiaries of their efforts at an alliance to date in contrast to, ideologically opposed private practitioners.²⁵⁰

Accordingly, the GDR was under enormous pressure and was ‘driven’ into action by these developments. Thus at the end of August 1958 the MfS completed a comprehensive “report about the situation in the health care system of the GDR”, which led to the first turning point in the policies of the SED towards the medical intelligentsia as indicated in the so-called ‘First Communiqué on Doctors [*erste Ärztekommuniké*]’ (dated 16th of September 1958).²⁵¹ Putatively based on the Fifth Party Congress proclamations, this document represented a far more extensive concession towards the medical intelligentsia than the congress could have provided.²⁵² Alongside ever-present harsh criticism of state organs around the MfG, which would have enabled “the West German NATO Propagandists to confuse some doctors and medical personnel and to induce them to flee the republic [*Republikflucht*]”, the SED acknowledged in this commu-

²⁴⁸ “Bericht des Zentralkomitees an den V. Parteitag der Sozialistischen Einheitspartei Deutschlands” (2nd ed., Berlin 1958), 75-78; Naser, *Hausärzte in der DDR*, 224; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 36.

²⁴⁹ “Hier [das nicht auf das Gesundheitswesen eingegangen wurde] kommt doch eine große Unsicherheit, ein Stillstand zum Ausdruck, und wir verstehen auch, warum wir so große Schwierigkeiten bei der Ärzteschaft haben, wenn man ihr nicht sagen kann, wohin wir marschieren wollen”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 36.

²⁵⁰ *Ibid.*, 36-37; Naser, *Hausärzte in der DDR*, 224.

²⁵¹ The MfS illustrates the problems caused by the exodus of doctors, their motives, the overloading of the remaining doctors and the ideological situation (‘negative elements’; influence of ‘hostile’ ideologies). 29th August 1958: Bericht über die Lage im Gesundheitswesen der DDR: BStU, MfS, ZAIG, Nr. 122, Bl. 1-47.

²⁵² Jentzsch, ed., *Bewährtes Bündnis*, 118; Reichert, “Zu einigen Problemen der Bündnispolitik,” 60.

niqué the engagement of doctors in the health care system.²⁵³ The communiqué declared the desire, to expand and ensure the publication of scientific literature and the exchange of experiences with other countries, even with West Germany. It is obvious, that the political vanguard distanced themselves from the ‘Passport Act’, introduced in 1957, in the case of the medical intelligentsia on the condition that the Federal Republic would suspend their allegedly harmful measures and the enticement of doctors to leave the GDR.²⁵⁴ According to Naser (2000) this seemed like a breakthrough, but needed to be put in context, because days later internal documents determined, that this regulation would only be applicable to individual cases dependant on the political situation and that, therefore, no legal entitlement would have really existed.²⁵⁵ Otherwise, the document emphasised the career prospects of the medical intelligentsia, that “the active participation in the establishment of socialism [...] [would ensure] all doctors and scientists a secured existence” and that their profession would be only “dependant on professional knowledge and skills and [on] no ideological obligation”, representing more of a concession in the case of the old elites than a general reversal of socialist principles.²⁵⁶ In opposition to this, an expansion of socialist education in medical studies was desired, but was connected to a repeal of the putatively discriminatory educational policy against children of the medical intelligentsia. Consequently, an order to the institutes responsible for medical training to “permit previously unsuccessful applicants to study” was enforced.²⁵⁷ As Ernst (1997) notes, the denial of applications from children of doctors’ families for medical study would not have been primarily based on ideological reasons, as was asserted by the medical elite.²⁵⁸ The reasons for denial, as she asserts, which represented a total of 40 per cent of the applicants from the medical intelligentsia, were primarily found in inadequate grades or in an excess of applicants for this coveted field of study. Therefore, the author identifies this concession more as a “Free Pass [*Freibrief*]”, reasoning that, henceforth, all applications from the intelligentsia would have to be successful, even if they lacked the necessary academic credentials.²⁵⁹ The communiqué finished with the emphasis that

²⁵³ “den westdeutschen NATO-Propagandisten erleichtert wurde, einen Teil der Ärzte und des medizinischen Personal zu verwirren und zur Republikflucht zu veranlassen”. “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz, 16. September 1958,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VII* (Berlin: Dietz Verlag, 1961), S. 349-350.

²⁵⁴ “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz,” 351.

²⁵⁵ Naser, *Hausärzte in der DDR*, 227 and 230.

²⁵⁶ “die aktive Mitarbeit am Aufbau des Sozialismus [...] allen Ärzten und Wissenschaftlern eine gesicherte Existenz”; “von fachlichen Kenntnissen und Fähigkeiten und keine weltanschaulichen Verpflichtung”. “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz,” 351.

²⁵⁷ “Bisher zurückgestellte Bewerber zum Studium zuzulassen”. “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz,” 352.

²⁵⁸ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 107-108.

²⁵⁹ Ibid.

private practitioners could keep their clinics without limitations as well as with the announcement that a commission would continue to consider special issues related to the healthcare system and the medical intelligentsia.²⁶⁰

The reactions to this document were highly differentiated. The harsh criticism of the MfG and remaining sectarianism towards the intelligentsia by party members led to a change of the leadership in the ministry.²⁶¹ Furthermore, the SED enforced the aim of eliminating this unacceptable behaviour and establishing a relationship based on trust.²⁶² But the medical intelligentsia remained sceptical, when according to Naser (2000), doctors, based on experience, would have “no confidence anymore in all these measures, which are continuously changing and always tailored to the circumstances”.²⁶³ Others suggested in discussions that “only because of the large shortage of doctors [had] the recent assurances” been made; the main problem regarding the mismanagement of state institutes, however, would remain.²⁶⁴ Nevertheless, this document was seen as a success in the SED’s alliance efforts and contributed its share to a kind of ‘phase of relaxation’ or, as Reichert (1972) identified, a “new stage of the alliance relations” could prevail.²⁶⁵ Notably, this became apparent in the following years, when the ‘Perspective Plan [*Perspektivenplan*]’, which determined further developments in health services, was elaborated and the resulting ‘Weimar Health Conference’ was held in spring 1960. Spaar (1998) summarises these events, writing that “at no time later would a plan or program in healthcare and in the social system ever again be considered as ‘grassroots democratic’ and engaged” as in this case.²⁶⁶ Based on the high participation of doctors in both, the discussion exceeded any expectations and therefore time planning of the SED and MfG had to change from autumn 1959 to January 1960.²⁶⁷ This

²⁶⁰ “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz,” 352.

²⁶¹ Hans Harmsen, ed., *Der Perspektivenplan zur Entwicklung der medizinischen Wissenschaft und des Gesundheitswesens in Mitteldeutschland und in Ost-Berlin (1959/60)* (Hamburg: Akademie für Staatsmedizin in Hamburg, 1962), 4; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 40 and 87.

²⁶² Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 39-40.

²⁶³ “Kein rechtes Vertrauen mehr zu all diesen Maßnahmen, die fortlaufend geändert und stets den jeweiligen Verhältnissen angepasst werden”. Naser, *Hausärzte in der DDR*, 228.

²⁶⁴ “Nur aufgrund des großen Ärztemangels die gegenwärtigen Zusicherungen gegeben”. Ibid., 229; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 40.

²⁶⁵ “Neue Etappe der bündnispolitischen Beziehungen”. Reichert, “Zu einigen Problemen der Bündnispolitik,” 60; Ernst, “Die beste Prophylaxe ist der Sozialismus”, 55; Jentzsch, ed., *Bewährtes Bündnis*, 118; Naser, *Hausärzte in der DDR*, 230-232; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 40-41.

²⁶⁶ “zu keiner Zeit [...] später jemals wieder im Gesundheits- und Sozialwesen ein Programm bzw. Plan so ‘basisdemokratisch’ und engagiert erarbeitet worden”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 41.

²⁶⁷ Jentzsch, ed., *Bewährtes Bündnis*, 119; Naser, *Hausärzte in der DDR*, 233-234; Reichert, “Zu einigen Problemen der Bündnispolitik,” 56; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 41 and 81: The commission for the ‘prospect plan’ was accompanied by the publication of the first draft, which contained circa 2000 amendment proposals.

was problematic, because the ‘Seven Year Plan’ for 1959 to 1965 had been adopted regardless in October 1959 and the SED had, according to Harmsen (1962), “missed the most important opportunity for a rapid formation into concrete plans of legal status”.²⁶⁸ Overall, in relation to the hopes of the medical intelligentsia, that they would obtain a ‘stronger voice’ in decision making, the GDR was incapable of transferring this ‘spirit’ further, as a result of other internal economic problems, and revealed the failure to realise many measures in the short term.²⁶⁹ Subsequently, the success of the communiqué, perspective plan and the conference were dampened in a newly challenging way.

2.4 The ‘Final Act’ – the ‘Second Communiqué on Doctors’ in 1960

The inability of the SED and other state organs to follow up the measures initiated in the healthcare system, because of sudden problematic developments in other areas, intensified the exodus of the medical intelligentsia.²⁷⁰ To counteract this, the political vanguard hastily agreed to a ‘Second Communiqué on Doctors [*zweites Ärztekommuniqué*]’ on the 16th of December 1960, without the participation of the commission, which was ostensibly responsible for this measure.²⁷¹ This document represented itself as an attempt to continue the previous positive developments and emphasised, that in this regard “an even closer relationship of trust” would be established between the SED and the medical intelligentsia.²⁷² The party would appreciate the work of doctors and announced, that “in the socialist society [...] every doctor [would have] for now and ever a secured individual, professional and material prospective” and illustrated the merits of the healthcare system of the GDR in contrast to the Federal Republic.²⁷³ Consequently, the SED renewed their accusation towards West Germany of enticing and confusing doctors in order “to

²⁶⁸ “die wichtigste Möglichkeit einer raschen Ausformung in konkrete Planziele gesetzlichen Ranges entgangen”. Harmsen, ed., *Der Perspektivenplan zur Entwicklung der medizinischen Wissenschaft und des Gesundheitswesens*, 21.

²⁶⁹ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 43 and 89.

²⁷⁰ Ernst, “Die beste Prophylaxe ist der Sozialismus”, 55; Naser, *Hausärzte in der DDR*, 237 and 241: From July to December 1960, 406 doctors would have left the GDR.

²⁷¹ According to Spaar, the commission was not informed until the 21st of December 1960. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 89.

²⁷² “Ein noch eingeres Vertrauensverhältnis”. “Kommuniqué des Politbüros des Zentralkomitees über die Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz,” 304.

²⁷³ “in der sozialistischen Gesellschaftsordnung [...] jeder Arzt heute und für alle Zeit eine gesicherte persönliche, berufliche und materielle Perspektive”. Ibid.

drive a wedge between the working class and the medical intelligentsia”.²⁷⁴ This remained the primary official explanation for the continuing exodus in the view of the GDR. The political vanguard, after the introduction of the communiqué, declared that the subsequent measures would be based on the significance of healthcare; these concessions, however, were more likely to be found in the predicaments. According to Spaar (1998), precisely due to the shortage of doctors, “the Politburo [...] [would have given] their allowance to propositions and claims, which until then were more or less taboo”.²⁷⁵ The communiqué adjusted this context, suggesting that doctors should be able to “carry out their professional activities without disturbance” and were “not to be overburdened with events and societal work”.²⁷⁶ Spaar (1998) was critical, stating that this would have been “often interpreted as a ‘Blank Check [Freibrief]’ [...], to avoid each other in the political manner”, which would be as much a regression as a contradiction regarding the ideological efforts of the previous years.²⁷⁷ However, this document must be seen as a reaction to the overwhelming, complex and in short-term, through socialist ideological claims, unsolvable problems, which were confronting the SED. Therefore, these concessions should be understood as most probably being an ‘act of desperation’: the GDR seemed to lose both the desired high levels of socialist principles as well as the overtaking of West Germany in regard to the healthcare system. According to this hypothesis, the next important aspect of the communiqué concerned the status of private practitioners and related to the further expansion of the outpatient sector. Henceforth, experienced doctors were allowed to open a private clinic and the continuation of existing private practices as well as their inheritance by their children had been ensured.²⁷⁸ The strengthening of this type of outpatient health service and the associated breaches with the state character, although theoretically rejected by the SED, was welcomed by a larger

²⁷⁴ “Einen Keil zwischen Arbeiterklasse und medizinische Intelligenz zu treiben”. “Kommuniqué des Politbüros des Zentralkomitees über die Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz,” 304.

²⁷⁵ “Gab das Politbüro [...] Vorschlägen und Forderungen seine Zustimmung, die bis dahin mehr oder weniger tabu waren”. Horst Spaar, “Der Einfluß personeller Verluste, insbesondere von Ärzten, auf die Gesundheitspolitik der SED und die Entwicklung des Gesundheitswesens,” in *Das Gesundheitswesen der DDR – zwischen Konzept und Realität. Wissenschaftliche Arbeitstagung der Interessengemeinschaft Medizin und Gesellschaft e.V., Berlin den 26.11.1994*, ed. Lothar Rohland et al. (Berlin: Trafo-Verlag Weist, 1995), 10.

²⁷⁶ “Ihre berufliche Tätigkeit ungestört durchführen können”; “nicht mit Veranstaltung und gesellschaftlicher Arbeit zu überlasten”. “Kommuniqué des Politbüros des Zentralkomitees über die Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz,” 305.

²⁷⁷ “oftmals als Freibrief ausgelegt [...], sich politisch aus dem Wege zu gehen”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*,

²⁷⁸ “Kommuniqué des Politbüros des Zentralkomitees über die Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz,” 305-306.

part of the medical intelligentsia.²⁷⁹ Furthermore, this document established a variety of new awards, the establishment of a professional journal about society, medicine and culture and the renewed formation of the trade union department for healthcare²⁸⁰ as well as the founding of ‘The Association of German Doctors, Dentists and Pharmacists [BdÄ – *Bund deutscher Ärzte, Zahnärzte und Apotheker*]’. Therefore, the SED breached another of its principles by permitting the continual demand of doctors to found a professional organisation outside of the FDGB, which, in theory, was supposed to provide them with representation.²⁸¹ The objectives of the BdÄ were alongside the “united representation of all doctors, dentists and pharmacists” and the “close cooperation with the relevant state institutes”, the typical professional jurisdiction of traditional medical associations, thus this new institution was affectively assigned rights as a lobby group by the SED.²⁸² Subsequently, the positive responses of doctors, revealed in the following debates, could indicate the potential success of alliance efforts and might confirm Jentzsch’s (1987) thesis of a proven alliance between doctors and the GDR.²⁸³ Additionally, with the demand of the communiqué for the “improvement of holiday and leisure activities”, the SED and the medical intelligentsia were, in the words of Ernst (1997), heading towards a “big social event [*gesellschaftlichen Großereignis*]” which could testify to the improvement of their relationship.²⁸⁴

In January 1961, the “Doctors Ball [*Ärzteball*]” was held for the first time in the “*Roten Rathaus*”, the red-brick town hall in Berlin. It was an event fully staged by the state and was reported on in many newspapers.²⁸⁵ Both domestic and foreign doctors as well as high officials of the party and trade union participated in this occasion in prestigious surroundings. In a speech, the question was raised whether this location created the impression, “that the doctor belongs to

²⁷⁹ Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 35-36; Jentzsch, ed., *Benährtes Bündnis*, 126: According to Jentzsch, Kurt Hager, secretary of the Central Committee, said, that “doctors [...] in private clinics are just as little exploitative as other freelancers [*Ärzte [...] in eigener Praxis sind genausowenig[sic] Ausbeuter wie andere Freiberuflich Tätige*]”; Naser, *Hausärzte in der DDR*, 247-252: Naser notes, that some doctors would have expressed their disappointment, “that their efforts for the development of the state healthcare system would have been useless [dass ihre Benühungen um den Aufbau des Staatlichen Gesundheitswesens unnütz gewesen waren]”.

²⁸⁰ The trade union department of healthcare lost their significance with the reorganisation of the FDGB in 1958.

²⁸¹ “Berufsvertretung der Ärzte im FDGB?,” *Nationalzeitung*, December 16, 1956; Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 53.

²⁸² “einheitliche Vertretung aller Ärzte, Zahnärzte und Apotheker”; “enge Zusammenarbeit mit den entsprechenden staatlichen Stellen”. “Der humanistische Sinn ärztlicher Arbeit. Dr. Futtig antwortet auf “Morgen”-Umfrage,” *Der Morgen*, March 19, 1961.

²⁸³ Ibid.; Jentzsch, ed., *Benährtes Bündnis*, 126; Naser, *Hausärzte in der DDR*, 248-252.

²⁸⁴ “Kommuniqué des Politbüros des Zentralkomitees über die Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz,” 306; Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 53.

²⁸⁵ “Äskulap tanzt im Rathaus,” *Neues Deutschland*, January 10, 1961; “Neue Geselligkeit beim Berliner Ärzteball,” *Der Morgen* January 10, 1961.

the socialist community and that he is inseparable from it”.²⁸⁶ Indeed, that was the intention of this ball, as became apparent in the cultural program put on and the organisation of the evening. Furthermore, the event was conceived as a sign of the alliance forged between the state and the medical intelligentsia. To emphasise this, a Berlin councillor was cited in the newspaper *Der Morgen*, expressing his desire that this event would become “an established tradition [...] of socialist sociability” and in the same way, other participants demanded “more of it”.²⁸⁷ In fact, another *Ärzteball* was held in 1962 in an attempt to create such a tradition.²⁸⁸ However, this was only the biggest event among many smaller ones, which were held by the SED in 1961. The political vanguard organised discussions and evening gatherings, to reach a better mutual understanding and enforce the collaboration. However, doctors often complained that the party would not be able to fulfil this claim, because they would not “always [have] the right understanding of the needs of doctors”.²⁸⁹ Nevertheless, these manifold measures, undertaken by the SED, as Ernst (1997) notes as well, were surprising.²⁹⁰ Other examples relating to this statement were that the party did organise special training for its functionaries to facilitate encounters with the medical intelligentsia as well as events for the partners of doctors.²⁹¹ Accordingly, the first months of 1961 seem to be the climax of the SED’s alliance efforts. However, as Ernst (1997) notes, “with these unorthodox measures alone [...] the fundamental (intelligence-) political problems [were] unsolvable”.²⁹² Spaar (1998) argues similarly that “this achieved further progress in 1958 /1959”, in “1961, despite even more extensive compromises, [could affect] no turnaround anymore”.²⁹³ Here, the number of escapes by doctors was decisive, a trend which was not only sustained, but accelerating. From January to July of 1961, 762 doctors left the GDR representing a larger emigration than in 1960 when 688 had left.²⁹⁴ The SED explained this exodus as an “economic war,

²⁸⁶ “daß der Arzt zur sozialistischen Gemeinschaft gehört und daß er von ihr nicht zu trennen ist”. “Äskulap tanzte im Rathaus”.

²⁸⁷ “zu einer festen Tradition [...] sozialistischer Geselligkeit”. “Neue Geselligkeit beim Berliner Ärzteball”.

²⁸⁸ “Ein Walzer eröffnete den Ball,” *Neues Deutschland*, January 9, 1962; “Schlange zu Gast beim Bären - Impressionen vom Berliner Ärzteball,” *Der Morgen*, January 9, 1962.

²⁸⁹ “nicht immer das richtige Verständnis für die Belange des Arztes”. “Was Ärzte auf den Herzen haben,” *Nationalzeitung*, January 27, 1961.

²⁹⁰ Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 53.

²⁹¹ According to Ernst, the SED was believed “to have found out [...], that the intelligentsia react particular sensitive on relating thereto ‘disregards’ of party functionaries [herausgefunden zu haben [...], daß die Intelligenz auf diesbezügliche ‘Verstöße’ von Parteifunktionären besonders empfindlich reagierte]”. Ibid..

²⁹² “allein [...] mit diesen unorthodoxen Methoden [...] die grundlegenden (intelligenz-) politischen Probleme nicht lösbar”. Ibid., 54.

²⁹³ “Womit 1958/1959 noch Fortschritte erreicht”; “1961 trotz weitergehender Kompromisse kein Umschwung mehr”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 44.

²⁹⁴ Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 55; Naser, *Hausärzte in der DDR*, 252: Naser offers a very different number in comparison to Ernst. He only claims 282 doctors left the GDR for the time period in question and therefore sees a decline in this process.

trade embargo, targeted enticement and other measures” by West Germany, through which “great losses have been inflicted” on the GDR.²⁹⁵ The escaped doctors were, in their opinion, “mentally not ready for the problems of the struggle between the old world of imperialism and the new world of peace and socialism”.²⁹⁶ Subsequently, this showed a renewed externalisation of problems and denial of responsibility. The motives of doctors to go to the West remained highly differentiated, however, as Ernst (1997) suggests, economic reasons would have played a large role. Nonetheless, as one doctor in a report of the MfS, cited by Ernst (1997), identified, “trust can be won in eight years, but not in three days, but it can be lost in nine hours”, which made apparent the main reason for the escape movement: the persistent lack of confidence in the policies of the SED by doctors.²⁹⁷ Noteworthy is that doctors, who left for the West, sometimes sent letters explaining their motivation to the GDR state departments after they had fled. Their often total rejection of the socialistic experiment and the finality of their decision became obvious in statements such as: “P.S. I add the keys of my house to my letter”.²⁹⁸

To summarise, in the years prior to 1961 the SED was swaying between socialist principles, in order to penetrate and fundamentally reorganise the medical intelligentsia, and the increasingly extensive concessions towards doctors. It was this lack of continuity in the policies of the GDR, which led to the loss of trust by the medical intelligentsia. According to Spaar (1998), the SED were unconvincing and “often lagging behind to the overall societal developments and mostly under political constraints” in implementing health and alliance policies.²⁹⁹ Subsequently, the ‘Second Communiqué on Doctors’ can be viewed as the last attempt, undertaken by the state, to reach the desired alliance. The party membership of doctors, however, remained at a very low level, proving that until 1961 it was impossible, to win a larger part of the medical intelligentsia over to Socialism or even a conscious partisanship.³⁰⁰ According to Müller (1997), the reality would have been “a strict distinction between socialist claims and the state character of the system”, because the concept proved to be unworkable due to “increasing scarcities in tech-

²⁹⁵ “der DDR durch Wirtschaftskrieg, Handelsembargo, gezielte Abwerbung und andere Maßnahmen”; “große Verluste zugefügt worden”. Jentzsch, ed., *Bewährtes Bündnis*, 127.

²⁹⁶ “geistig nicht mit den Problemen des Kampfes zwischen der alten Welt des Imperialismus und der neuen Welt des Friedens und des Sozialismus fertig”. Reichert, “Zu einigen Problemen der Bündnispolitik,” 74.

²⁹⁷ “Vertrauen gewinne man in acht Jahren, aber nicht in drei Tagen, verlieren kann man es aber in neun Stunden”. Ernst, *Die beste Prophylaxe ist der Sozialismus*, 65-66.

²⁹⁸ “P.S. Die Schlüssel meines Hauses füge ich meinem Schreiben bei”. SAPMO-BArch, DQ 1/5228.

²⁹⁹ “Oftmals im Nachtrab zur allgemeinen gesellschaftlichen Entwicklung und zumeist unter politischen Zwängen”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 28.

³⁰⁰ According to Ernst, around seven per cent of the doctors had been party members of the SED in 1961, but 77 per cent would have been organised in the FDGB. Ernst, *Die beste Prophylaxe ist der Sozialismus*, 85.

nical equipment, party political influence and the sense of entitlement of the population”.³⁰¹ On the other hand, as Müller in his conducted interviews with former East German doctors after the Wall identifies, the medical intelligentsia in general could perform their work “in their own memory relatively freely and unharassed”, because they possessed “a [...] strong position towards the SED”.³⁰² Ernst (1997), who states similarly that the result of the events prior 1961 was that “every one, who left for the West [...] [increased] the value of those who remained”, agrees with Müller’s (1997) conclusion.³⁰³ The GDR thereby was “forced into deeper considerations and further concessions” and, furthermore, ring-fenced the medical intelligentsia “from structure-changing political interventions” by the state.³⁰⁴ But already the exodus of doctors was depicted as substantially decisive point within their social group. In fact, the thesis of Jentzsch (1987) of a proven alliance between the medical intelligentsia and the SED until 1961 cannot be confirmed in this work.³⁰⁵ The zigzag policy of the state, the resistance of doctors on one hand and on the other their crucial role in the socialist project was preventing this relationship from solidifying. Not least, the drastic measure of the 13th of August 1961 to solve the problem of the extensive loss of skilled workers proved that a real ‘socialist alliance’ did not exist up to that point.

³⁰¹ “Eine strikte Trennung zwischen sozialistischen Anspruch un dem staatlichen Charakter des Systems vorgenommen”; “wachsende Mängel in der technischen Ausstattung, parteipolitische Einflußnahme und Anspruchsdenken der Bevölkerung”. Klaus-Dieter Müller, “Die Ärzteschaft im staatlichen Gesundheitswesen der SBZ und DDR 1945-1989,” in *Geschichte der deutschen Ärzteschaft* ed. by Robert Jütte (Köln: Deutscher Ärzte-Verlag, 1997), 260.

³⁰² “Nach ihrer Erinnerung relativ frei und unbedrängt”; “eine [...] starke Stellung gegenüber der SED”. Ibid., 261.

³⁰³ “Jeder in den Westen Abgewanderte [...] den Wert der Zurückgebliebenen”. Ernst, “*Die beste Prophylaxe ist der Sozialismus*”, 341.

³⁰⁴ “zu größerer Rücksichtnahme und weitergehenden Konzessionen zwang”; “vor strukturverändernden politischen Eingriffen”. Ibid.

³⁰⁵ Jentzsch, ed., *Bewährtes Bündnis*, 134-138.

3. Part I: 1961-1971:

The Medical Elite in the last decade under Ulbricht

3.1 Doctors in the Turmoil surrounding the Erection of the Berlin Wall

In the summer of 1961, the SED faced a variety of complex problems. In the debates, initiated by the state with the medical intelligentsia, complaints, primarily over supply shortages and appropriate accommodation for patients, had been expressed. As one representative of the medical intelligentsia noted about the situation in the GDR, doctors' "struggle for the healthy way of life is virtually sabotaged here", by which he emphasised that the lack of medicines, hospital beds and other essential facilities completely undermined medical practice.³⁰⁶ This represented one of the major reasons for the continuation of the massive exodus of doctors towards the West. The second reason, apparent in the documents of the 'Intelligentsia Commission' of the FDGB, where submissions and complaints from doctors had been predominant, was their concerns about career prospects. The medical intelligentsia criticised the internal intrigues and regulations that surrounded the process of applying for personal promotion by state employees.³⁰⁷ Furthermore, they stressed the difficulty of attaining high position if they were not politically active.³⁰⁸ In this regard, as Ross (2004) notes, "career prospects for individuals in the GDR were to a considerable degree tied to their social background".³⁰⁹ This represented a "threat [...] to young people from professional or middle-class households [and] provided additional incentive for their parents to move the family westwards", as through their policies, the SED emphasised medicine students from proletarian backgrounds to overcome bourgeois attitudes and replace the remaining old elites.³¹⁰ These two major issues of supply and career prospects were also topics at the 'conferences of delegates' in July, where, according to the assessment of trade union officials, the "political and ideological ambiguities" of the medical intelligentsia remained, but the debates expected about salaries were absent.³¹¹ According to Major (1999), the population in general would rather have discussed shortages of goods than political ideology, "while there were

³⁰⁶ "Kampf um die gesunde Lebensweise wird hier geradezu sabotiert". SAPMO-BArch, DQ 1/5101; SAPMO-BArch, DY 34/21501.

³⁰⁷ SAPMO-BArch, DY 34/21501.

³⁰⁸ Ibid.

³⁰⁹ Corey Ross, "East Germans and the Berlin Wall: popular Opinion and Social Change before and after the Border Closure of August 1961," *Journal of Contemporary History* 1 (2004): 30.

³¹⁰ Ibid.

³¹¹ "politisch-ideologische Unklarheiten". 19th July 1961: Einschätzung der Delegiertenkonferenzen: SAPMO-BArch, DY 41/372.

still queues of shoppers for fruit and vegetables”.³¹² The experience of the shortages in everyday life was for most people more crucial than political commitments. “There is no cream, there is no butter, but in the moon the red flag flutters” was a typical satirical statement by the population, criticising the problem of the weak economy relative to the emphasis on the military and space projects of the socialist bloc.³¹³ In spite of such complaints, the ideological machinations of the SED continued unabated as the regime sought to externalise criticism towards the local ideological situation and stem the tide of those leaving for the West by sealing off the GDR. The aim of this section is to show, which role the medical intelligentsia played in the turmoil surrounding the erection of the Berlin Wall and to outline the transition from the predicaments before the Wall to the so-called ‘consolidation’ of the SED’s rule and society in the sixties and seventies.

The year 1961 was shaped by the on-going ‘Berlin crisis’ initiated by the SU in order to abolish the influence of the United States and allies by challenging the status of West Berlin. The SED and SU desired in this regard a “treaty of peace and the conversion of West Berlin into a demilitarised, neutral and free town”.³¹⁴ This “totally overriding task of the German people”, as the SED described it, was the topic of an open party convention at the end of July.³¹⁵ As cited by Major (1999), the problem, according to the SED, was that the discussion mostly led to the result that “unsatisfied and unstable elements obviously believe, in the face of the imminent conclusion of the treaty of peace, they must, in a kind of last minute panic, leave the GDR as quickly as possible”.³¹⁶ The situation among the medical intelligentsia appeared to be the same. As in Erfurt state officials believed, doctors would have “many ‘ifs’ and ‘buts’” in these discussions, resulting from their concerns “that the solution of the West Berlin problem and the conclusion of a treaty of peace [may] lead to an evocation of war”.³¹⁷ Only in July, for example, this fear provoked 16 members of the medical intelligentsia of the Medical Academy in Erfurt to leave for

³¹² “Bürger weigerten sich, mit Agitatoren zu diskutieren, so lange es noch Käuferschlangen für Obst und Gemüse gab”. Major, “13. August 1961,” 331.

³¹³ “Ohne Butter, ohne Sahne, auf dem Mond die rote Fahne”. cited by Ross, “East Germans and the Berlin Wall,” 27.

³¹⁴ “Friedensvertrages und die Umwandlung Westberlins in eine entmilitarisierte neutrale Freie Stadt”. SAPMO-BArch, DY 41/372.

³¹⁵ “Warum ist der Abschluß eines Friedensvertrages und die Umwandlung Westberlins in eine entmilitarisierte neutrale Freie Stadt die alles überragende Aufgabe des deutschen Volkes?”. Topic of the open Party Convention on the 31. July 1961: Aufruf zur Teilnahme an der öffentlichen Parteiversammlung am 31. Juli 1961: SAPMO-BArch, DY 41/372.

³¹⁶ “Unzufriedene und schwankende Elemente glauben offensichtlich, angesichts des bevorstehenden Abschlusses eines Friedensvertrages, in einer gewissen Torschlußpanik jetzt schnellstens die Deutsche Demokratische Republik verlassen zu müssen”. Major, “13. August 1961,” 336; Quote from: 28th July 1961: SED-PB: SAPMO-BArch, DY 30/J IV 2/2/780.

³¹⁷ “viele Wenn und Aber”; “daß es bei der Lösung des Westberlin-Problems und des Abschlusses eines Friedensvertrages zur Heraufbeschwörung eines Krieges kommt”. 8th August 1961: Bericht der Medizinischen Akademie Erfurt: SAPMO-BArch, DY 53/321, Bd. 3.

the West.³¹⁸ It is apparent that, as Major (1999) stated, the “blame for the aggravation of the political situation [was] evidently sought in the East rather than in the West” and thus represented a fundamental issue for the perception of reality pursued by the SED.³¹⁹ Doctors remained unsatisfied, sceptical and distrustful of the claims and policies of the state. Therefore, the exodus continued, and was described dramatically even by doctors in submissions to the “Committee for Promotion of the Intelligentsia [*Förderausschuss Intelligenz*]”, produced by the Presidium of the Council of Ministers of the GDR, expressing the belief that state departments would misjudge and underestimate this issue.³²⁰

Nevertheless, the predicaments of 1961 had been recognised by the SED. This complex of immense problems led Walter Ulbricht to confess to Khrushchev that “with an open border the existence of the GDR would no longer be guaranteed”, in order to convince the SU leader and the rest of the Warsaw Pact to let him close the border with the West.³²¹ As Ross (2004) elaborates, Ulbricht reasoned that “the open border forced us [the SED] to raise the living standard faster than our economic capabilities allowed” and, furthermore, it “hindered the realization of many of the SED’s key socio-political aims”.³²² The GDR was perpetually confronted with “the unfavourable comparisons with the increasingly wealthy West German republic next door” and was going to lose both their population and the accompanying stability of the government.³²³ After approval at the end of July and the beginning of August, the SED started to prepare the ideological foundation for the erection of the Wall. In the SED owned newspaper *Neues Deutschland* from 11th August 1961, the state condemned ‘escape helpers’ and ‘targeted enticement’ by West Germany as well as by West German doctors of the East German medical intelligentsia.³²⁴ This general ideological concern, already present in the preceding years with the continual accusation of enticement of East German doctors by West German medical institutions and organisations, was now revived.³²⁵ This time, however, these ideological campaigns led to an open letter by doctors at a hospital in a town in Saxony on the 12th August 1961. They stat-

³¹⁸ 8th August 1961: SAPMO-BArch, DY 53/321, Bd. 3.

³¹⁹ “Zur Enttäuschung der SED-Führung wurde die Schuld für die Verschärfung der politischen Lage offenbar eher im Osten als im Westen gesucht”. Major, “13. August 1961,” 331.

³²⁰ Förderausschuss Intelligenz: SAPMO-BArch, DC 3/30.

³²¹ “Bei offener Sektorengrenze sei die Existenz der DDR nicht länger zu garantieren”. Klaus-Dietmar Henke, “Die Berliner Mauer,” in *Die Mauer. Errichtung, Überwindung, Erinnerung*, ed. Klaus-Dietmar Henke (München: Deutscher Taschenbuch Verlag, 2011), 15; Major, “13. August 1961,” 338; Ross, “East Germans and the Berlin Wall,” 25-26; Mike Dennis, *The Rise and Fall of the German Democratic Republic, 1945-1989* (Harlow: Longman, 2000), 93-94.

³²² Ross, “East Germans and the Berlin Wall,” 25-26.

³²³ *Ibid.*, 27.

³²⁴ “Hartmann-Bund auf Ärztefang,” *Neues Deutschland*, August 11, 1961.

³²⁵ See: Jentzsch, ed., *Benährtes Bündnis*, 92; Winter, ed., *Deine Gesundheit, unser Staat*, 24.

ed therein that two of the West German doctors, accused of enticement in a GDR newspaper article, were considered to be “great scientists” by them.³²⁶ They also emphasised the importance of the “close connections” between the East and the West in the area of medicine.³²⁷ They were “afraid that the newspaper office, perhaps unconsciously, aroused astonishment and disapproval from a larger part of the doctors” through this article.³²⁸ The high principle of the ‘Hippocratic Oath’ coupled with the “high spirit of Humanism” would unite all doctors of the world to work for peace and disapprove the accusation of enticement pursued by doctors through the SED.³²⁹ It became apparent, as Naser (2000) expressed, “that doctors did not want to abandon inter-German cooperation and politically denied the total demarcation”.³³⁰ Therefore, both the state and the medical intelligentsia obviously possessed “a different position of cognition and consciousness” regarding political interpretations of events and East-West relations.³³¹ Nevertheless, the SED was on the verge of sealing the border, which cemented the German division for the foreseeable future. In order for this huge project, to succeed as a ‘night and fog’ measure, the SED in one of its last preparatory actions on the 12th August, undertook a review of East Berlin hospitals to ascertain what problems would be caused, when doctors from West Berlin could not come to work in the East anymore.³³²

In the night of the 13th August 1961, the GDR clandestinely started to close the border to West Berlin. The first reactions were mostly shock and resignation by the population on both sides of the Wall.³³³ As Ross (2004) describes, “most Berliners awoke in the morning of 13 August to find that there was little they could do except wait and see what happened”, especially regarding the expectation or hope that this measure would not last for long.³³⁴ On the other side, the SED was prepared and deployed the armed forces and members of the Stasi to secure the

³²⁶ “als Wissenschaftler Vorbild”. SAPMO-BArch, DY 30/IV 2/19/64, Bl. 598.

³²⁷ “enge Verbundenheit”. Ibid.

³²⁸ “befürchten, daß die Redaktion vielleicht unbewußt unter einem grossen Teil der Ärzteschaft Erstaunen und Mißbilligung erregt”. Ibid.

³²⁹ “hohen Geiste des Humanismus”. Ibid., Bl. 599.

³³⁰ Dies offenbarte, “dass die Ärzte ihre gesamtdeutsche Zusammenarbeit nicht aufgeben wollten und die totale Abgrenzung politisch ablehnten”. Naser, *Hausärzte in der DDR*, 303.

³³¹ Staat und medizinische Intelligenz besaßen “eine unterschiedliche Erkenntnis- und Bewusstseinslage”. Ibid.

³³² 12th August 1961: Bericht über die Situation in den Krankenhäusern hinsichtlich der Besetzung mit Westberliner Ärzten: SAPMO-BArch, DY 30/IV 2/19/64.

³³³ Major, “13. August 1961,” 339-340.

³³⁴ The expectation that this measure would not last for long was based on the experience of the sempiternal Berlin crises, where already the border had been closed before a couple of times for short periods. Ross, “East Germans and the Berlin Wall,” 32 and 33;

smooth running of the operation by increasing repression. The aim was to nip any criticism in the bud, which led to numerous arrests and swift sentencing of so-called ‘trouble-makers’.³³⁵

The medical intelligentsia, like everyone else, were shocked, but they were also concerned about the continued validity of the communiqués on doctors, in which, before 1961, the SED had made far-reaching concessions to them. A report on doctors’ reactions to the erection of the Wall assessed as a typical expression of their feelings about this event: “Now they are finally in prison. Now the West could no longer peek in here [GDR] and one [SED] could do with them what one wants.”³³⁶ The same report, however, demonstrated that there was also on the other hand a “certain malicious joy noticeable among different occupational groups towards the members of the medical intelligentsia”.³³⁷ This made clear a degree of enviousness of doctors among these groups and satisfaction that unilateral privileges would be likely degraded. The statement that, “Now the time would be past that our doctors would walk on the roses of the communiqué” precisely illustrated this.³³⁸ On the other hand, some doctors welcomed the walling-off of the GDR, which in their opinion “should have taken place even sooner”.³³⁹ This was a clear reference to the issue of the massive exodus out of the ranks of the medical intelligentsia and the overburdened doctors, who had stayed. In general, the situation within the ranks of doctors remained quiet, with only a few exceptions. In the days after, the SED members and the heads of the hospitals organised debates with small circles and face-to-face talks with problematic physicians. Much to the disgust of party members, some doctors provocatively adopted the propaganda issuing from radio broadcasts in the American Sector of Berlin [RIAS] to suggest they were now living in a ghetto.³⁴⁰ The assessment of debates in Cottbus on the 20th August stated, “the greater part of employees in the health care system welcomed the security measure in Berlin”.³⁴¹ But this introductory statement was qualified later in the report. Among the positive reactions was the belief that through this measure “a big danger for world peace was eliminated”,

³³⁵ Major (1999) also gives an example that in a debate, to secure the order, party comrades positioned themselves on the windows and exits of the room, but this measure was likely an exception. Major, “13. August 1961,” 341-342; Dennis, *Rise and Fall of the GDR*, 94.

³³⁶ “Nun seien sie endlich im Gefängnis. Jetzt[sic] könne der Westen nicht mehr hier reingucken und man könne mit ihnen machen, was man wolle”. 17th August 1961: Bericht aus Potsdam und Dresden: SAPMO-BArch, DY 41/285.

³³⁷ “gewisse Schadenfreude der verschiedenen Berufsgruppen gegenüber den Angehörigen der medizinischen Intelligenz bemerkbar”. Ibid.

³³⁸ “Jetzt sei die Zeit vorbei, dass unsere Ärzte auf den Rosen des Kommuniqués wandeln würden”. Ibid.

³³⁹ “Das hätte schon früher kommen müssen”. Ibid.

³⁴⁰ “Auch hier tauchte wieder die RIAS-Hetze auf, daß man sich im Ghetto befindet”. 15th August 1961: Informationsbericht aus Berlin-Buch: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 300.

³⁴¹ “Der überwiegende Teil der Mitarbeiter des Gesundheitswesens begrüßt die Sicherungsmaßnahme”. 20th August 1961: Einschätzung der bisherigen Diskussion im Gesundheitswesen, Cottbus: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 475.

and individual approval of the sacrifice of liberties, which was rationalised by the fear of another war, made it obvious that some doctors still believed and hoped that the Wall would disappear in the near future.³⁴² Other doctors responded, suspecting the finality of this measure, with ironic statements, such as “Wow, world standard” or even in the confidence that due to their special position in society, if they would like to drive to West Berlin, they could do this, invoking the constitution and not believing that travel restrictions would apply to them.³⁴³ In another hospital near Cottbus, the doctors were refusing to talk at all in the beginning. When they were finally provoked by party comrades into speaking, they responded that they were “deeply shaken”, they could “see no way out. There will be war” and having doubts that colleagues, who were on vacation in the West, would come back.³⁴⁴ Additionally, many doctors did not want to take any position. The report noted that one doctor “does not even think to express himself”, and others momentarily showed their anger as well as resignation in stating that they “were not asked before, so now it is not necessary anymore either”.³⁴⁵ Ross (2004) suggested in this regard, that it would be “characteristic of the popular response that the majority of people hearing the agitators or ‘provocateurs’ reportedly behaved ‘quietly’, refusing to make any comments”.³⁴⁶ If the SED intended to cause a shock in order to delay the realisation by the masses of the incipient cemented division of Germany, preventing any bigger protest and criticism through repressions, they were indeed successful.

The letter mentioned above from the doctors in a town in Saxony on the eve of the erection of the Wall now became connected with the dramatic developments in East-West relations. A discussion took place on the 20th of September in the affected hospital with high-ranking party members, like the associate Minister of Healthcare, as well as an officer of the Stasi, the chief editor of the medical journal *humanitas*, the district medical officer and a doctor, who had had putative experience with enticement from the West. The debate lasted for six and a half hours, revealing the difficultness of the different perceptions regarding East-West relations.³⁴⁷ The

³⁴² “Ein großer Gefahrenherd für den Weltfrieden [wurde] beseitigt”. 20th August 1961: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 475.

³⁴³ “H’m, Weltniveau”. Ibid., Bl. 476.

³⁴⁴ “Wir sind tief erschüttert. Wir sehen keinen Ausweg. Es wird zum Kriege kommen”. Ibid.

³⁴⁵ “Er denke gar nicht daran, sich zu äußern”; “Man hat uns vorher nicht gefragt, dann ist es jetzt auch nicht mehr notwendig”. Ibid., Bl. 477; On other side would be the phenomenon, as the report notes, that doctors pretend, “to reflect the opinion of others” but it would be obvious, “that it is their own” [“Ob zwar des Öfteren betont wird, die Meinung anderer wiederzugeben, spürt man, daß es die eigene ist.”]. 16th August 1961: Bericht: SAPMO-BArch, DY 53/321, Bd. 3.

³⁴⁶ Ross, ‘East Germans and the Berlin Wall,’ 33.

³⁴⁷ 20th September 1961: Bericht über die Ärzteausssprache im Krankenhaus Neustadt/Sa.: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 600.

themes of the discussion concerning enticement were “fundamental political questions, for example: why the conclusion of the treaty of peace is necessary, why this would be a contribution to the protection of peace, if the communiqué is still valid, what life under communism would be like”, as well as the “debate about the need in the contemporary situation to openly and consciously take a position for peace and to fight for peace as a humanist”.³⁴⁸

The doctors who wrote the letter were now confronted with broad evidence of the enticement of doctors by West Germany, illustrated by the associated minister of health care and the Stasi officer. They stressed “the need for clear decisions by doctors” in this regard.³⁴⁹ However, the reactions of the doctors were not to the SED’s liking. One would “still try to construct the ‘beautiful intellectual community’ and to exclude a political statement from the medical profession”.³⁵⁰ After the building of the Wall, they all would have “got a shock that by these measures, from now on all scientific connections would have been cancelled”.³⁵¹ They feared that they “could no longer communicate with each-other over decades”³⁵² and thereby “remain at the current state of knowledge”³⁵³, because of the necessity of their practice to be updated by the research of others and to go to conferences. The other socialist states alone could not provide this, because they were not even at the standard of the GDR. Therefore, doctors were concerned about their future in the newly isolated East German state.³⁵⁴

Only after intense debate was the medical director “forced into retreat and had to admit, that West Germany abuses doctors for political purposes”.³⁵⁵ But he would still deny taking a clear political position by arguing “that we [the GDR] should not make the same mistake”.³⁵⁶ In this regard, the discussion became according to the report “extraordinarily intense and to a certain extent sharp”, because of the requirement of personal statements by the doctors, requested

³⁴⁸ “politische Grundfragen, wie z.B.; weshalb der Abschluß eines Friedensvertrages notwendig sei; wieso er ein Beitrag zur Sicherung des Friedens sei; ob das Kommuniqué gültig bleibt; wie das Leben im Kommunismus sein werde” und “die Auseinandersetzung über die Notwendigkeit in der gegenwärtigen Situation offen und bewußt für den Frieden Partei zu ergreifen und als Humanist für den Frieden zu kämpfen”. 20th September 1961: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 602.

³⁴⁹ “die Notwendigkeit klarer Entscheidungen der Ärzte”. Ibid., Bl. 601.

³⁵⁰ “versuchte weiterhin eine ‘schöne geistige Gemeinschaft’ zu konstruieren und eine politische Stellungnahme aus dem ärztlichen Beruf auszuklammern”. Ibid.

³⁵¹ “einen Schock gekriegt, daß durch die Maßnahmen nunmehr alle wissenschaftlichen Verbindungen abgebrochen werden”. SAPMO-BArch, DY 30/IV 2/19/64, Bl. 313.

³⁵² “über Jahrzehnte hinaus nicht mehr miteinander verkehren können”. Ibid.

³⁵³ “Wir haben Angst, daß wir auf den heutigen Wissenstand stehenbleiben könnten”. Ibid., Bl. 614.

³⁵⁴ Ibid.

³⁵⁵ “zum Rückzug zwingen und er zugeben mußte, daß von Westdeutschland aus Ärzte für politische Zwecke mißbraucht werden”. Ibid., Bl. 601.

³⁵⁶ “wir [DDR] dürfen ja nicht denselben Fehler begehen”. Ibid.

by the associate minister of health.³⁵⁷ In order to do this, SED members gave prepared material for statements to the doctors. Even with the comment of the officials that they should not just sign this paper, doctors were shocked by this treatment and tried to avoid this open commitment to the socialist state. As the medical director of the hospital stated:

“I am so shaken, that through the middle of Germany such a line was drawn. I do not see why we should make a political statement today?”³⁵⁸

The district medical officer, a SED party member, responded to this by referring to the experience of doctors during the Third Reich, stressing, the necessity that they not remain silent, as they had done under the Nazis:

“We were neutral at this time and have collaborated. But we [now] have to be political and decide clearly.”³⁵⁹

The statement represented an obvious attack on the ‘apolitical’ attitude of large parts of the medical intelligentsia. The retreat into an ‘apolitical’ attitude was a continual problem for the SED and restricted them from exercising any greater ideological influence on this social group. While this thesis cannot comprehensively answer the question of why doctors in the GDR so consistently recall being ‘apolitical’, there were most likely several reasons. The first was perhaps doctor’s socialisation in the Weimar Republic and Third Reich, where Communism was pictured as the enemy, while others probably included the fear of loss of status and salary vis-a-vis other Eastern Bloc countries and the ‘bourgeois’ ideology and milieu in which this community were steeped. The ‘apolitical’ disposition of the medical intelligentsia may also represent a confession of their partial liability for the cruelties of the Nazis or possibly the strategic denial of any involvement in them. Nevertheless, both sides, the state and the doctors, obviously knew how to instrumentalise this contradiction for their own purposes.³⁶⁰

³⁵⁷ “außerordentlich heftig und zum Teil scharf”. 20th September 1961: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 602.

³⁵⁸ “Ich bin so erschüttert, daß mitten durch Deutschland ein solcher Strich gezogen wurde. Ich weiß nicht, warum wir heute ein politisches Bekenntnis abgeben sollen?”. Ibid., Bl. 616.

³⁵⁹ “Wir sind damals neutral gewesen und haben mitgemacht. Aber wir müssen politisch sein und uns klar entscheiden”. Ibid.

³⁶⁰ In her examination of the GDR technocracy, Dolores L. Augustine (2007) suggested that their retreat into an ‘apolitical’ disposition was “based partly on the defence mechanisms developed by technical professionals working for the Nazis to justify themselves after the war” as well as “rooted in [their] professional ideology” (XVIII-XIX). This was inherently contradictory, as the technocracy worked on behalf of state and fulfilled its goals. Augustine, *Red Prometheus*, XVIII-XIX.

On the other side, doctors feared, that with a clear statement, they would sever all connections with West Germans, especially to those, “who are not Militarists and Capitalists”.³⁶¹ There is no doubt that doctors did not have any aspirations for war, but the SED still insisted they take sides. “Not only no war ever again, but also an active statement, war against the war”, demanded the speaker of the associated health care minister.³⁶² However, only one doctor was open towards this. At the end of the discussion they made some specification concerning further development. They would have agreed with the SED that every doctor should take a clear position against the War preparation of West Germany and the enticement of doctors, “therefrom clear consequences must be drawn”.³⁶³ The doctors, who wrote the letter, were supposed to “write their own statement, based on the considerations contained in the proposal of the MfG”, thereafter one of the doctors would participate in the final editing with state officials in the following week.³⁶⁴ As another report on the situation after the erection of the Wall described, physicians “expressed doubts that doctors had been headhunted, these [doctors] had left in their opinion more likely as a result of mistakes, which happened here [in the GDR]”.³⁶⁵ The problem of enticement is difficult to examine, as the difference between job offers and ‘headhunting’ was dependent on the ideological perspective, and the archives in West Germany, such as the secret police archive, are not open for this kind of research yet. However, doctors were exposed to advertisements for jobs, in West German medical journals and were also able to receive radio and television programs, where they could see the better living and working conditions of their West German counterparts, which was one of the reasons, why doctors left the GDR.³⁶⁶ Therefore, in regard to the general ‘ideological ambiguity’ about enticement, the discussion in Saxony and the resulting statement were supposed to counter this issue through publication in the medical journal *humanitas*. This in turn was supposed to form the starting point of a broader discussion with the medical intelligentsia with the help of the doctors of the hospital in Saxony, demanding a

³⁶¹ “die keine Militaristen und Kapitalisten sind”. 20th September 1961: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 616.

³⁶² “Nicht nur nie wieder Krieg, sondern aktive Stellungnahme, Krieg dem Krieg”. Ibid.

³⁶³ “daraus klare Konsequenzen gezogen werden müssen”. Ibid., Bl. 603.

³⁶⁴ “fassen, gestützt auf die im Vorschlag des MfG enthaltenen Gesichtspunkte eine eigene Stellungnahme ab”. Ibid.

³⁶⁵ “werden Zweifel geäußert, dass Ärzte abgeworben sind, diese seien vielmehr ihrer Meinung nach von Fehlern, die hier liegen würden, weggegangen”. 17th August 1961: Bericht aus Potsdam und Dresden: SAPMO-BArch, DY 41/285.

³⁶⁶ See for example: 29th August 1958: BStU, MfS, ZAIG, Nr. 122, Bl. 11. The MfS summarised that the escapes of doctors became supported by “journals from West Germany, in which constantly appear pages and pages of jobs[Fachzeitschriften aus Westdeutschland, in denen laufend seitenlange Stellenangebote erscheinen]”, which must be a reason, as “the majority of doctors immediately after their escape to West Germany received permanent jobs[der größte Teil der Ärzte sofort nach ihrer Flucht in Westdeutschland wieder feste Arbeitsstellen erhielt]”.

clear statement from the others.³⁶⁷ Therefore, the SED discernibly tried to make an example of this singular event in the hospital in Saxony and use it as a source for a larger ideological campaign in order to convince the medical intelligentsia of the ‘rightness’ of the accusation against West Germany as well as the ‘promising’ future in the socialist East German state.

Nonetheless, in a subsequent report it becomes obvious that the doctors in this hospital in Saxony acted obstinately and thus differently than expected by the SED. Two days after the discussion, they had already sent a letter to the Minister of Healthcare and called the relevant department regarding this letter, explaining, “a renewed discussion would be unnecessary”.³⁶⁸ The doctors emphasised in their letter that they refused to use the prepared material of the MfG, which would have infected the atmosphere of the discussion and, in the belief, the minister would prefer to read their own thoughts.³⁶⁹ However, this again was not appreciated by the SED. As the report stressed, this letter missed several important points of the discussion, such as “whether the doctors gave up their belief about the ‘beautiful intellectual community’ between doctors of East and West Germany” and “a statement to the security measures of the government of the 13th of August”.³⁷⁰ Therefore, the letter appeared as inappropriate to GDR officials. The state department concluded that doctors were “still unconvinced of the correctness of the principal aspects elaborated in the discussion” and that the department was willing nevertheless, despite these problems, to publicise an article about the general issue of the enticement of doctors by West Germany.³⁷¹ Further developments could not be found, but it seems to be clear that the SED more than ever tried to enforce a political statement by doctors to take the ‘right side’ after the border was closed.

As much as the SED made efforts to shape the ideological interpretation of the event on the 13th of August 1961, the population had not viewed it as a measure to ensure peace. Especially the separation of families, friends and other relations over the border overnight, led to frustration as well as resignation.³⁷² As Ross (2004) noted, “the SED’s attempt to portray the construction of the Wall as a sign of strength, not of weakness, was understandably perceived as an insult

³⁶⁷ SAPMO-BArch, DY 30/IV 2/19/64, Bl. 603.

³⁶⁸ “sich eine erneute Aussprache erübrige”. Ibid., Bl. 611.

³⁶⁹ Ibid., Bl. 606.

³⁷⁰ “ob die Ärzte ihre Position eine ‘schönen geistigen Gemeinschaft’ zwischen Ärzten Ost- und Westdeutschlands aufgegeben haben [...] die Stellungnahme zu den Sicherungsmaßnahmen der Regierung vom 13. August”. SAPMO-BArch, DY 30/IV 2/19/64, Bl. 606

³⁷¹ “von der Richtigkeit der in der Diskussion erarbeiteten prinzipiellen Gesichtspunkten noch nicht überzeugt sind”. Ibid., Bl. 612.

³⁷² Major, “13. August 1961,” 349-350; Dennis, *Rise and Fall of the GDR*, 94.

to one's intelligence" and was responded to with sharp denunciations.³⁷³ The accusation of being henceforth imprisoned in a "concentration camp [KZ]" can be found in many reports in the East and in the comments of West Berlin politicians who responded in "helpless outrage".³⁷⁴ These reactions seemed to be reasonable given both the desperation and the uncertainty about further developments in the relations between East and West and the resultant personal constraints.

Here analysis represents a significant problem in that mood reports do not show any usable quantitative evaluation. Even when in the literature the consensus was found that the population mostly rejected the Wall, there is no certainty.³⁷⁵ Ross (2004) identifies the problem that there were no broader signs of the population's opinions, because the repression apparatus quashed them.³⁷⁶ This thesis, therefore, is only able to reliably depict the mood within the East German medical intelligentsia about the Wall as a mixture of fear of repression, panic of an incipient war, hope it would be only a temporary measure and understanding, concerning the state's economic predicaments.³⁷⁷ The explanation of Spaar (2000) that the latter would be the reason, why in his opinion the closure of the border would have "received [...] most extensive approval", appears in this context as an untenable and a far too simplified interpretation.³⁷⁸

As a reaction to the mood reports collected on the medical intelligentsia, the SED released on the 14th September 1961 a "Notice for Argumentations Nr. 1 [Argumentationshinweis]" regarding doctors' concerns about the continued validity of the communiqué.³⁷⁹ The SED responded positively and refused any doubts by stating, "the working class especially in recent years [would] have given evidence of their trust towards the intelligentsia".³⁸⁰ Nonetheless, they also noted that the policy towards the intelligentsia "requires a bilateral relationship of trust" and the doctors, who were suspicious of the SED, "should yet ask themselves whether on their side a

³⁷³ Ross, "East Germans and the Berlin Wall," 33.

³⁷⁴ "hilflose Empörung". Henke, "Die Berliner Mauer," 21; Ross, "East Germans and the Berlin Wall," 33; 17th August 1961: Bericht aus Potsdam und Dresden: SAPMO-BArch, DY 41/285.

³⁷⁵ Henke, "Die Berliner Mauer," 17-20; Ross, "East Germans and the Berlin Wall," 33-35; Major, "13. August 1961," 342-343.

³⁷⁶ Ross, "East Germans and the Berlin Wall," 34.

³⁷⁷ Ibid., 34-35.

³⁷⁸ Horst Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV: Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961-1971)* (Berlin: Interessengemeinschaft Medizin und Gesellschaft e.V., 2000), 7.

³⁷⁹ Argumentationshinweis Nr. 1: Sind die Intelligenzpolitik und die Kommuniqué des Politbüros nach dem 13. August 1961 auch weiterhin gültig? SAPMO-BArch, DY 41/343.

³⁸⁰ "die Arbeiterklasse hat gerade in den letzten Jahren den Beweis ihres Vertrauens gegenüber der Intelligenz erbracht". Ibid.

really open-minded, trusting attitude towards the working class and their policies exists”.³⁸¹ Furthermore, the problems in the relationship between the state and the medical intelligentsia were, according to the Notice, an “expression of their own reservations and bourgeois prejudices”.³⁸² In this document, the SED exhibited a sharper tone than in any earlier assessments of their relationship with the medical intelligentsia. After the Wall, the state found itself capable of pursuing an offensive campaign against the ‘stubborn’ attitude of the medical intelligentsia. This becomes more evident in the fact that the criticism of young doctors, who received their tuition from the people’s state, also intensified. The SED claimed, for example, that even these junior physicians, “who partly emerged out of the working class, have obviously adopted petty bourgeois, selfish views about the profession of doctors and are guided primarily by mercantile considerations”.³⁸³ Whether this criticism is justified or not cannot be proven here, but the appearance of such arguments demonstrates that there had been a fundamental turning point regarding the concessions and exceptions previously granted to doctors. In both the population as a whole, as well as the medical intelligentsia in particular, the SED achieved a success, which should not be underestimated, as Ross (2004) identifies, “by depriving ordinary East Germans of the ‘trump card’ of emigration westwards”.³⁸⁴ According to Naser (2000), party functionaries also emphasised, that “since the 13th of August the extortionate moment would be repealed, which some members of the intelligentsia derived for themselves out of the communiqués”.³⁸⁵ The realisation of this new situation coupled with the finality of the Wall found its expression in later assessments of the trade union department, for example in November 1961 in the town of Jena. As the department responsible concludes, doctors would “follow the political events carefully”, but political disinterest would prevail and thus they “have resigned themselves to the measures, without actually understanding their purpose”.³⁸⁶ This seems to have been the starting point of what has been

³⁸¹ “[...]dass diese Politik ein zweiseitiges Vertrauensverhältnis erfordert. Einige Ärzte, die an der Intelligenzpolitik zweifeln, sollten sich doch selbst prüfen, ob von ihrer Seite wirklich eine aufgeschlossene, vertrauensvolle Einstellung zur Arbeiterklasse und ihrer Politik vorhanden ist”. SAPMO-BArch, DY 41/343.

³⁸² “Ausdruck der eigenen Vorbehalte und bürgerlicher Vorurteile”. Ibid.

³⁸³ “Einige junge Ärzte, die zum Teil selbst aus der Arbeiterklasse hervorgegangen sind, haben sich offensichtlich kleinbürgerliche, egoistische Ansichten über den ärztlichen Beruf zu eigen gemacht und lassen sich vorwiegend von merkantilen Gesichtspunkten leiten”. Ibid.

³⁸⁴ Ross, “East Germans and the Berlin Wall,” 41.

³⁸⁵ “[...]seit dem 13. August sei das erpresserische Moment, das einige Angehörigen der Intelligenz aus den Kommuniqués für sich ableiten, weggefallen. Dadurch war [...] vieles leichter geworden, und es könnten jetzt einige Fragen anders gestellt werden”. Naser, *Hausärzte in der DDR*, 306.

³⁸⁶ “verfolgt die politischen Ereignisse aufmerksam”; Haben “sich mit den Maßnahmen abgefunden, ohne ihren eigentlichen Zweck begriffen zu haben”. 27th November 1961: Bericht aus Jena: SAPMO-BArch, DY 53/321, Bd. 1.

labelled 'internal emigration', that is, a withdrawal from public and political life, as well as attempts to come to terms with or accommodate to the new situation.

Indeed, in regard to the huge number of complex problems prior to the erection of the Wall, the statements of Dennis (2000), Staritz (1996) and Ross (2004) to describe "13. August as the real date on which the GDR was founded"³⁸⁷, as the "clandestine day of state foundation"³⁸⁸ and "as a critical turning point [...] [and] the 'secret founding of the GDR'"³⁸⁹ appear traceable. However, even with this acknowledgment, the problems of the East German state did not disappear overnight. As Dennis (2000) identifies, "it was nevertheless both a symptom and a determinant of East German paranoia and ambivalence towards the state and party", by referring to their "friend-foe image of a world in which the imperialists were the implacable foe of socialism".³⁹⁰ On the other side, of course, the GDR prevented itself from a premature end. The not to be underestimated effect on national and foreign affairs as well as the certain relief of the economic problems caused by the massive exodus led the way in the following decades.³⁹¹ The population, as Dennis (2000) noted, now "with little opportunity of leaving, came under greater pressure to adjust and conform, as well as to cooperate and collaborate, with the Ulbricht regime".³⁹² In the end, the Wall has to be viewed as the foundation for 'stabilisation', 'consolidation' or 'normalisation', terms, which were shaped by contemporaries as well as historians about the sixties and seventies. Not least, as Grieder (2002) points out, through these developments "reform became a viable option" for the GDR, economically, politically and ideologically.³⁹³ Therefore, the medical intelligentsia was confronted by silent changes in the years following the erection of the Wall, which moulded their problematic and antagonistic relationship with the state in a new way.

³⁸⁷ Dennis, *Rise and Fall of the GDR*, 101.

³⁸⁸ "heimlichen Gründungstag". Dietrich Staritz, *Geschichte der DDR*, 2nd ed. (Frankfurt/Main: Suhrkamp, 1996), 196.

³⁸⁹ Ross, "East Germans and the Berlin Wall," 26.

³⁹⁰ Dennis, *Rise and Fall of the GDR*, 101.

³⁹¹ Ross, "East Germans and the Berlin Wall," 26; Dennis, *Rise and Fall of the GDR*, 101-102.

³⁹² Dennis, *Rise and Fall of the GDR*, 102.

³⁹³ Peter Grieder, "The leadership of the Socialist Unity Party of Germany under Ulbricht," in *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, ed. Patrick Major at all (Manchester, New York: Manchester Unity Press, 2002), 32.

3.2 The Years after the Wall – the silent Turning Point

“There are times, when everyone feels that history has been made. We live in such a time.”³⁹⁴ This quote is taken from material that formed part of the ideological campaign the SED launched after the closure of the border towards West Germany in order to convince the population of the necessity of the Wall and of the forced development of Socialism. This campaign can be seen as both a reaction to the turmoil and uncertainty evident among the people and the state’s attempt to initiate a new direction in internal affairs. When the SED further stated that “the events have put minds in motion and compelled all to reflect”; a clear announcement had been made to all those who remained ‘ideologically ambiguous’.³⁹⁵ The predictably successful communal elections for the SED in the GDR were held on the 17th of September, the same day as the federal election in West Germany, where the Christian Democratic Union of Germany [CDU – *Christliche Demokratische Union Deutschlands*] was rebuffed, and were considered an endorsement of East German policy, especially the erection of the Wall.³⁹⁶ The accusations against the Western Countries by the Document of the 4th of October 1961, referring to war provocations, came to a head in the warning that “whoever raises arms against the German Peace State, regardless of who it is, will be annihilated”.³⁹⁷ This more aggressive tone seemed to typify the new situation within the GDR, illustrating the turning point of the general policies as well as those towards doctors after the Wall, which will be illuminated in this section.

In the *National Zeitung* of the 15th September 1961, the topic of the medical intelligentsia was addressed by the newly constituted ‘subcommission doctors [*Unterkommission Ärzte*]’ of the Party Committee. In their view, the border closure was a welcome move, because it eliminated

³⁹⁴ “Es gibt Zeiten, in denen jeder spürt, daß Geschichte gemacht wird. In einer solchen Zeit leben wir.” “Was lehren uns die letzten Monate? Wie geht es weiter? Der 13. August und die Lage in Deutschland, 4. Oktober 1961,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VIII* (Berlin: Dietz Verlag, 1962), 455.

³⁹⁵ “Die Ereignisse haben die Gemüter in Bewegung gebracht und zwingen alle zum Nachdenken”. Ibid.

³⁹⁶ Ibid., 460; It was said predictably successful, because in the GDR the election system and the direct surveillance of the thus unfree and not secret ballots prevented a different outcome for the SED and led in the later course of the GDR, as people learnt how to show refusal in ballots and avoid more severe repression, to election fraud. This was proven by people in the election of May 1989 and represented one of the starting points of the broader demonstrations in 1989. See: Patrick Major, “Introduction,” in *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, ed. Patrick Major at all (Manchester, New York: Manchester Unity Press, 2002), 3.

³⁹⁷ “Wer die Waffe gegen den deutschen Friedensstaat erhebt, gleich, wer es ist, wird vernichtet”. “Was lehren uns die letzten Monate?” 457.

the “dangerous pathological focus on West Berlin”.³⁹⁸ They emphasised the need for further discussions with doctors, who remained ‘unclear’, because they “have accepted the fruits of the health policy of our state as a matter of course”, but “with many of their thoughts, feelings and habits they clung on to the questionable ‘old good’”.³⁹⁹ Referring to this attitude and to the Third Reich, they stated that “everyone would have to take a position today; everyone could take a position this time for the right side, without painful detours for himself and his people”.⁴⁰⁰ This demonstrates the SED’s apparent awareness and manipulation of the guilt widely shared for the cruelty of the Nazis at this time: the phenomenon of collective guilt.⁴⁰¹ The resulting ‘guilty conscience’ of doctors accompanied, as mentioned before, with different ways of dealing with personal involvement in the Nazi past, was used by the GDR in order to persuade them to surrender ideologically. In the article, they ensured once again the validity of the policies towards the intelligentsia, but it would be the problematic task of the SED, to convert the “partially encountered passive resistance” by doctors into “a decision for our state”.⁴⁰² Additionally, an interesting metaphor was described, which was used in a contemporary joke, that “doctors had, instead of a rod of Aesculapius, the owl as sign on their car ([which means in Germany, that an area, animal, etc. is] under environmental protection!)”.⁴⁰³ It had become obvious that some doctors would “demand sometimes too much and give too little”, and furthermore showed that the previous measures towards the medical intelligentsia were differently recognised and, indeed, criticised by ordinary people and especially within the party.⁴⁰⁴ At another point, as Naser (2000) quotes, a party official stated in this regard that with the Wall “much became easier, and now a few questions might be asked differently”, but “no ‘hard line’ [would be] carried out, rather it would be a matter of enforcing normal relations and conditions”.⁴⁰⁵ However, as Dennis (2000) recognises, the 13th of August 1961 “was followed by a wave of repression to enforce the East German

³⁹⁸ “die Existenz unserer Nation gefährdenden Krankheitsherdes Westberlin”. “Der Arzt und die Gretchenfrage von heute,” *National-Zeitung*, September 15, 1961.

³⁹⁹ “Als selbstverständlich die Früchte der Gesundheitspolitik unseres Staates hingenommen”; “mit vielen ihrer Gedanken, Gefühle und Gewohnheiten hielten sie aber am fragwürdigen ‘guten Alten’ fest”. Ibid.

⁴⁰⁰ “Jeder müsse heute Partei ergreifen; jeder könne, ohne schmerzliche Umwege für sich und sein Volk diesmal für die richtige Seite Partei nehmen”. Ibid.

⁴⁰¹ The feeling of collective guilt by the German people about the cruelties of the Holocaust, which had taken place in the Third Reich, represented and still represents an important phenomenon in post-war Germany and is one crucial aspect of German historiography. See: Thomas U. Berger, *War, Guilt, and World Politics after World War II* (Cambridge, New York, Melbourne: Cambridge University Press, 2012), 35-82; Konrad Löw, “History, national identity and guilt – collective or individual? Lessons from Germany,” *Quadrant* 23 (2004): 9-15.

⁴⁰² “teilweise anzutreffende passive Resistenz”; “Entscheidung für unseren Staat”. “Der Arzt und die Gretchenfrage von heute”.

⁴⁰³ “Ärzte hätten statt des Äskulapstabes die Eule als Zeichen am Auto (unter Naturschutz!)”. Ibid.

⁴⁰⁴ “Manchmal zuviel fordern und zu wenig geben”. Ibid.

⁴⁰⁵ “Vieles leichter geworden, und es könnten jetzt einige Fragen anders gestellt werden”. Naser, *Hausärzte in der DDR*, 306.

population into accepting the new political realities” and the medical intelligentsia was not excluded from the ensuing ‘silent turning point’.⁴⁰⁶ The West German newspaper *Die Welt* headlined on the 19 October 1961, with a story that stated the “political pressure on doctors of the zone⁴⁰⁷” would increase and the “‘political tightrope’, meaning the previously indulgent treatment of doctors in the zone, has come to an end”.⁴⁰⁸ The change was obviously palpable and will be examined in four important points.

Firstly, in the months directly after the Wall, the SED initiated the so-called ‘Increase of Productivity [*Produktionsaufgebot*]’ as well as a declaration on the ‘Freeing of Interference [*Störfreimachung*]’. The purpose of the *Produktionsaufgebot* was to promote economic efficiency and productivity, however, as Ross (2004) notes, “the announcement of 15 per cent norm increases signalled an all-out attack on industrial indiscipline in the state-run factories”.⁴⁰⁹ Consequently, workers saw themselves remembering the situation in 1953 that, despite not leading to a general strike, increased the number of single strikes.⁴¹⁰ The repression as well the memory of the deployment of tanks on the 17th of July event had the desired preventative effect in the GDR. Additionally, at the same time the SED established ‘Labour Camps’ for ‘labile, unstable elements and idlers’, who were sentenced in show trials, and represented a tangible repression measure for workers.⁴¹¹ As Major (1999) identifies, this was “a social political ‘innovation’, which could only have been introduced in the shadow of the Wall”.⁴¹² Beside this repression and in order to support the economic promotional measures, ‘impulsive’ invocations to increase production were initiated to force state-companies to motivate each other and also took place in the health care system.⁴¹³ The desired effect to the economy, however, could not be fully accomplished, as once again the SED reached the boundaries of their own legitimacy and penetrative opportunities at the grassroots and shop floor-level.⁴¹⁴ The other measure was limited in the same way in its implementation. In order to eliminate ‘ideological ambiguities’ and ‘hostile elements’ to free the economy of ‘inhibiting influences’ and therefore supporting the ‘increase of productivity’, for

⁴⁰⁶ Dennis, *Rise and Fall of the GDR*, 102.

⁴⁰⁷ “Zone” was used by West Germany as a derogatory description of the GDR, which included the repudiation of it as a state, determining the first era of “East policy” of the West German government.

⁴⁰⁸ “Politischer Druck auf Zonen-Ärzte,” *Die Welt*, Oktober 19, 1961.

⁴⁰⁹ Ross, “East Germans and the Berlin Wall,” 36.

⁴¹⁰ *Ibid.*, 37; Major, “13. August 1961,” 344-345.

⁴¹¹ Lindenberger, “Asoziale Lebensweise,” 233-235.

⁴¹² “eine sozialpolitische ‘Innovation’, die nur im Schatten der Mauer eingeführt werden konnte”. Major, “13. August 1961,” 345; Ross, “East Germans and the Berlin Wall,” 35; Dennis, *Rise and Fall of the GDR*, 102.

⁴¹³ For example, on the 1 February 1962 the German Red Cross ambulance in Gera did obligate itself to increase their efficiency to support the GDR. SAPMO-BArch, DY 41/372.

⁴¹⁴ Major, “13. August 1961,” 343-344; Ross, “East Germans and the Berlin Wall,” 37.

example, television and radio receivers of Western programming were targeted by youth brigades of the 'Free German Youth [FDJ – *Freie Deutsche Jugend*]. The so-called 'Action Oxhead', named after the shape of the antennas, as part of *Störfreimachung*, was supposed to overcome the ideological influence of Capitalism and the increasing comparisons with the working and living conditions in West Germany.⁴¹⁵ However, this measure was largely criticised by doctors and recognised as an "encroachment on personal property"⁴¹⁶ and "intervention in individual freedom", which often followed, as Major (1999) quotes, with comparisons with the situation in the Third Reich.⁴¹⁷ Party officials concluded that "the process of *Störfreimachung* has progressed completely insufficiently in the medical area" and, furthermore, there would be "some considerations, which have yet no mass base and are of an administrative nature".⁴¹⁸ The result of the criticism was the SED relinquishing 'Action Oxhead'. This, however, did not mark the end of the ideological campaign, which was launched against any misconceptions.

The second important measure, which affected the medical intelligentsia as much as it did other groups within East German society, was the introduction of 'Compulsory Military Service [*Wehrpflicht*]' for the National People's Army [*Nationale Volksarmee* – NVA] in January 1962. According to Major (1999), the "new, hard internal political line" became obvious with this law, where before the SED found itself in a "fundamental dilemma [...] to have to pursue an unpopular policy with an open border", this problem was solved with the erection of the Wall.⁴¹⁹ The situation prior to the closure was determined by the lack of recruits, because of the exodus to the West and, as Ross (2004) notes, "there were even reports of youth temporarily leaving for the West simply in order to be considered politically unfit for NVA service upon their return".⁴²⁰ The declaration of general conscription after the Wall as a commitment young people of eighteen years of age to the GDR proved to be unpopular with East German youth, but, in the words of Major (1999), this was "an un-dangerous dissent for the SED regime", due to being, as he called it, 'Walled In'.⁴²¹ A rejection of military service was impossible, as they would face impris-

⁴¹⁵ Major, "13. August 1961," 348-349; Ross, "East Germans and the Berlin Wall," 40.

⁴¹⁶ "Übergriff auf persönliches Eigentum". 13th September 1961: Info: SAPMO-BArch, DY 53/321, Bd. 3.

⁴¹⁷ "Eingriff in die persönliche Freiheit". Major, "13. August 1961," 349; Dennis, *Rise and Fall of the GDR*, 102.

⁴¹⁸ "Der Prozeß der Störfreimachung ist auf dem medizinischen Gebiet vollkommen ungenügend vorangeschritten. Es gibt wohl einige Überlegungen, die aber noch keine Massenbasis haben und verwaltungstechnischen Charakter tragen". 10th December 1961: Analyse der Volkswahlen: SAPMO-BArch, DY 53/321, Bd. 3.

⁴¹⁹ "neuen, harten innenpolitischen Linie"; "grundsätzliche Dilemma [...] eine unbeliebte Politik bei offener Grenze betreiben zu müssen". Major, "13. August 1961," 346.

⁴²⁰ Ross, "East Germans and the Berlin Wall," 31.

⁴²¹ "als für das SED Regime ungefährlichen Dissens". Major, "13. August 1961," 347; Major, "Walled In," 17-18.

onment and a deep impact on their career prospect.⁴²² In the health care system, the recognition of the matter was differentiated by individual ideological perception as well as age. One professor, who obviously followed the SED argumentation, wrote in a letter that he was “convinced that the employees in the health care and social system as well as the veterinary system of our republic agree with the law”, and explained it with knowledge “that their work for the preservation of health and life [...] [would be] now protected even more reliably”.⁴²³ His main concerns lay with younger colleagues, because for them “total clarity about this law has yet to be created”.⁴²⁴

Related to the problematic reaction of young medical students to this new law, the report on a debate in a hospital in Berlin on the 29th of January 1962 will now be examined. The report stated that “from the eight young colleagues, with whom we spoke, none were enthusiastic about the introduction of general conscription”.⁴²⁵ The discussion was quite intense and revealed anger and fear, regarding both the Wall and compulsory military service. As one student argued, the SED could introduce this law, “but as a high school graduate and pre-matriculated student would not be in demand for it”, rather “there would be enough other people”.⁴²⁶ In his view, this measure had only been implemented after the War, “because no one could get out to ‘over there [West Germany]’” and he identified the 13th of August as a fundamental turning point for himself and his career.⁴²⁷ A nurse continued the accusations and, as the SED noted, was “arguing quite hostilely”, when she stated:

“We, that means the government of the GDR, were the ones, who conducted the division of Germany, which is proved for example by the erection of the Berlin Wall. At first they said to her, that the building materials for the Wall were more urgently needed for house building, afterwards, the Wall was erected at short notice. Recently scolded about the general conscription in West Germany, now this law is here [GDR] as well. Now we will also have nuclear weapons soon. [...] Moreover, it would not help that we [SED] would talk with colleagues after the

⁴²² Corey Ross, “Protecting the accomplishments of socialism? The (re)militarisation of life in the German Democratic Republic,” in *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, ed. Patrick Major and Jonathan Osmond (Manchester, New York: Manchester Unity Press, 2002), 88.

⁴²³ “überzeugt, daß die Mitarbeiter im Gesundheits- und Sozialwesen sowie im Veterinärwesen unserer Republik dem Gesetz [...] zustimmen”. 31st January 1962: Reaktionen auf Wehrpflicht Einführung: SAPMO-BArch, DY 41/372.

⁴²⁴ “über dieses Gesetz [...] völlige Klarheit zu schaffen ist”. Ibid.

⁴²⁵ “Von den 8 jungen Kolleginnen und Kollegen, mit denen gesprochen wurde, war keine von der Einführung der allgemeinen Wehrpflicht begeistert”. 31st January 1962: Bericht über die Aussprache mit jungen Kolleginnen und Kollegen des Krankenhauses Berlin-Weißensee über das Gesetz zur allgemeinen Wehrpflicht [...] am 29. Januar 1962: SAPMO-BArch, DY 41/372.

⁴²⁶ “aber er als Abiturient und vorimmatrikulierter Student ja dafür nicht in Frage käme [...] [es] wären ja genug andere Menschen da”. Ibid.

⁴²⁷ “weil jetzt niemand mehr nach ‘drüben’ abhauen könnte”. Ibid.

decision of the law in the Peoples' Chamber [Volkskammer] [...]. Previously none of the workers has been asked whether they would be for or against general conscription. In one hour the law has been passed by the Peoples' Chamber and something like this is still allowed to be called Peoples' Chamber."⁴²⁸

This represents a substantial allegation against the SED and proves that the affected students and young employees in the health care system recognised their helpless situation, because there was no choice or possibility of avoiding it anymore, if they wanted to become a doctor. As another young student put it they would have had to go into the army anyway, "if they wanted to make progress in their careers", but now "with the implementation [...] this decision [had] been taken off them".⁴²⁹ When the SED concluded this report about the guided discussion, they stated that these young people "saw it only as a coercive measure, with which they must comply", missing the recognition of the "lawful development of our republic and the role of West German militarists and imperialists".⁴³⁰ The GDR saw the problem therefore only in the putative 'ideological ambiguities' of the young students, which would need to be clarified. An externalisation of the issue, because of the infallibility of the SED's ideology, was once again created and they ended the report with accusations that young students were "very selfish and [...] [are] only led by their own studies and professional development".⁴³¹ The clash of individual interests and societal obligation within the East German state could be identified here. Within this research, an approval of the general conscription could only be found emanating from young party members in the healthcare department of the FDGB. One wrote a letter, in which he declared his task as being "to explain the significance of the general conscription to the young people and their relatives", which "has to be done in the context of political clarification of such fundamental issues as: the role of two German states, the GDR as the only legitimate state, army is not the same as

⁴²⁸ "Wir, das heißt die Regierung der DDR, waren es, die die Spaltung Deutschlands durchgeführt hätten, das beweise zum Beispiel die Errichtung der Mauer in Berlin. Zuerst sei ihr gesagt worden, die Baumittel für die Mauer würden dringender für den Häuserbau benötigt, danach wäre kurzfristig die Mauer errichtet worden. Vor kurzem ist bei uns noch über die allgemeine Wehrpflicht in Westdeutschland geschimpft worden, jetzt ist sie bei uns auch Gesetz. Jetzt würden wir auch bald die Atomwaffen haben. [...] Außerdem würde es nichts nützen, daß wir nach der Beschlußfassung des Gesetzes in der Volkskammer [...] mit den Kollegen sprechen würden. Vorher wäre von den Arbeitern keine gefragt worden, ob er für oder gegen die allgemeine Wehrpflicht wäre. In einer Stunde ist das Gesetz in der Volkskammer gefaßt worden und so etwas nennt sich dann noch Volkskammer". 31st January 1962: SAPMO-BArch, DY 41/372.

⁴²⁹ "wenn sie in ihrem Beruf vorankommen wollten. Durch die Einführung [...] wird ihnen diese Entscheidung abgenommen". Ibid.

⁴³⁰ "Sie sahen es alle nur al seine Zwangsmaßnahme an, der sie sich fügen müssen. [...] die gesetzmäßige Entwicklung unserer Republik und die Rolle der westdeutschen Militaristen und Imperialisten". Ibid.

⁴³¹ "die sehr egoistisch auftreten und nur ihr Studium und ihre berufliche Entwicklung sehen". Ibid.

army and gun is not the same as gun, the perspectives of our socialist development”.⁴³² This ongoing transfer from specific problems to fundamental ideological questions was always to be found in the debates between doctors and the SED. The rejection of single laws by individuals would, in the perspective of the SED, happen due to the fact that they had a false consciousness and political disposition. To summarise with the introduction of general conscription, the ideological aim of the SED, according to Ross (2004), was “to ‘win over’ the hearts and minds of young people [...] [who] were utterly put off by their experience in the NVA”.⁴³³ Furthermore, the result was instead the desperation of young people, who found themselves, as Ross (2004) continues, “blocked from without by the Wall, and blocked from within by a frozen, rigid social structure”, which was shaped by declining career prospects in dependency to party commitments and personal connection rather than to skills and qualification.⁴³⁴

The aforementioned questioning of the validity of the communiqués became strictly refuted by the state, resulting in sharper attacks on doctors’ ideological attitudes, and represents the third aspect of change. With the repression and political measures introduced by the state, doctors became increasingly doubtful about whether the concessions and prospects they had been granted would remain. The analysis of the SED saw this scepticism mainly shaped by the problem that “the content of the Politburo-Communiqués [...] [has been] only related to their [doctors’] personal interests and to material concessions”, which, however, represents only a part of the fear of doctors and was more an ideological accusation.⁴³⁵ The doubts of the medical intelligentsia were more complex, ranging from personal constraints to national and international affairs, where the SED yet gained a ‘free hand’.⁴³⁶ In order to counter this questioning, the head of the department of health policy at the Central Committee of the SED, Dr. Werner Hering, publicised a statement, expressing understanding that the Wall had brought some personal hardships, but emphasised that “not by our [GDR] measures on the 13 August were family ties torn”.⁴³⁷ In

⁴³² “den Jugendlichen und deren Angehörigen die Bedeutung der Einführung der allgemeinen Wehrpflicht zu erläutern. Das muß geschehen[sic] im Zusammenhang mit der Klärung solcher politischer Grundfragen wie: Rolle der beiden deutschen Staaten, die DDR als einzig rechtmäßiger deutscher Staat, die Armee ist nicht gleich Armee und Gewehr ist nicht gleich Gewehr, die Perspektiven unseres sozialistischen Aufbaus”. Meine Meinung zum Wehrpflichtgesetz, Mitglied des Jugendausschuss des Zentralvorstandes der Gewerkschaft Gesundheitswesen: SAPMO-BArch, DY 41/372.

⁴³³ Ross, “East Germans and the Berlin Wall,” 41-42.

⁴³⁴ Ibid., 42.

⁴³⁵ “daß der Inhalt der Politbüro-Kommuniqués nur auf persönliche Interessen und materielle Zugeständnisse bezogen wird“. 10th December 1961: Analyse der Volkswahlen: SAPMO-BArch, DY 53/321, Bd. 3.

⁴³⁶ 16th August 1961: Bericht: SAPMO-BArch, DY 53/321, Bd. 3.

⁴³⁷ “Nicht durch unsere Maßnahmen vom 13. August wurden die Familienbanden zerrissen“. Dr. Hering, Leiter der Abteilung Gesundheitspolitik im ZK der SED, antwortet auf Fragen der Ärzte nach dem Mauerbau: SAPMO-BArch, DY 41/372.

regard to questioning the validity of the communiqués, he refused the implications of these doubts, arguing that the SED had already proven their adherence to their principles in the previous years.⁴³⁸ However, this statement had little foundation, missing the recognition of previous predicaments caused by the exodus, without such concessions as granted in the communiqués not being introduced, which were regardless far from the GDR's own socialist principles. That represented a renewed externalisation of the issues by the SED. In this context, Hering continued his statement by targeting young doctors. He quoted a young man, who said: "What do you want? You are depending on us. We are only interested in medicine and in our own development. With politics, let us alone".⁴³⁹ Even, when young doctors refused to participate in political organisation, Hering seemed to exaggerate this, with the accusation that others would "'criticise' our state, because they had to wait too long for their 'Wartburg' [popular car in East Germany]".⁴⁴⁰ He refused to count them already as members of the intelligentsia, with the remark that "arrogance, pomposity and political immaturity do not befit a young doctor who will live under Socialism-Communism", as if they had a real choice between political systems.⁴⁴¹ This statement makes apparent that he was 'scape-goating'. Their "car ideology" would be in contrast to the image of "a good doctor", who is characterised "by his professional and character quality" and could be taken as an understandable argument by other doctors, especially older ones, causing resentment against the young doctors.⁴⁴² Another group of doctors, as Hering states "fortunately there are only a few", were targeted, who feared a reduction of salary.⁴⁴³ He maintained that "to answer this question again, is actually too stupid"; "everyone who works hard, gets paid according to their individual performance" and he accused some doctors of a lack of work discipline and immoral utilisation of additional benefits, without having done anything.⁴⁴⁴ It is obvious that Hering's statements showed different lines of accusation in a sharp tone and, however, could appear as reasonable arguments for others. Therefore, the aforementioned strategy of the SED becomes exposed once again, in trying to initiate or encourage internal disputes, such as genera-

⁴³⁸ Dr. Hering, Leiter der Abteilung Gesundheitspolitik im ZK der SED, antwortet auf Fragen der Ärzte nach dem Mauerbau: SAPMO-BArch, DY 41/372.

⁴³⁹ „Was wollt Ihr eigentlich? Ihr seid doch auf uns angewiesen. Uns interessiert nur die Medizin und unsere persönliche Entwicklung. Mit der Politik laßt uns in Ruhe“. Ibid.

⁴⁴⁰ "‘kritisieren’ unseren Staat, weil sie zu lange auf ihren ‘Wartburg’ warten müssen". Ibid.

⁴⁴¹ "‘Überheblichkeit, Aufgeblasenheit und politische Unreife passen nicht zu einem jungen Arzt, der im Sozialismus-Kommunismus leben wird“. Ibid.

⁴⁴² "Autoideologie [...] ein guter Arzt [...] durch seine berufliche und charakterliche Qualität“. Ibid.

⁴⁴³ "es sind zum Glück nur einzelne“. Ibid.

⁴⁴⁴ „Diese Frage erneut zu beantworten, ist mir eigentlich zu dumm [...] jeder, der gut arbeitet, entsprechend seiner Leistung bezahlt wird“. Ibid.

tional conflicts or against ‘work-shy elements’, thereby taking the pressure off the state and preempting oppositional movements.⁴⁴⁵

The fourth important change occurred silently and slowly. As the communiqué of December 1960 had determined, in September 1961 the health department of the FDGB was founded by union elections. The main task of the new trade union department for healthcare would be: “to achieve the beautiful and noble humanistic goals of the perspective plan to develop medical science and the healthcare system in the GDR, to perceive the great rights of the employees in the management and control of the healthcare and veterinary systems, and to improve continually their working and living conditions”.⁴⁴⁶ The outcome of this was an increase of members, as doctors tried to gain more influence in shaping the healthcare system, which was celebrated as a success by the SED.⁴⁴⁷ Moreover, there were obvious opportunities to have a voice to some degree, as the “principles for the further development of union life under the medical intelligentsia” in January 1962 determined.⁴⁴⁸ Doctors could cooperate with functionaries regarding the granting of awards, tariff and fee structure, study admission for their children, housing and holiday opportunities as well as improving their cultural life.⁴⁴⁹ That represented comprehensive rights for members of the trade union, but needs further consideration. Because with the communiqué of December 1960 another hope was fanned: a renewed professional medical association. Previously, this kind of an independent representation was continuously rejected and the medical intelligentsia annexed to a trade union for the first time in their history, which doctors responded to with much criticism.⁴⁵⁰ Now, however, the BdÄ was in its initial stages at the time of the erection of the Wall. Just before, the call for foundation was released by well-regarded doctors of the GDR.⁴⁵¹ Nevertheless, not until March 1962, can another related document be found, assuming a deceleration of activity due to the complex situation caused after the 13th August 1961. In this report, the Presidium of the Central Committee of the healthcare trade union department of the FDGB gave its approval to the foundation of the BdÄ, because it

⁴⁴⁵ Augustine, “The Power Question,” 644; See chapter 1.4.

⁴⁴⁶ “die schönen und edlen humanistischen Ziele des Perspektivenplanes zur Entwicklung der medizinischen Wissenschaft und des Gesundheitswesens in der DDR [...] zu erreichen, die großen Rechte der Mitarbeiter bei der Leitung und Lenkung des Gesundheits- und Veterinärwesens wahrzunehmen und ihre Arbeits- und Lebensbedingungen weiter zu verbessern“. 18th August 1961: Beschlußentwurf der Zentraldelegiertenkonferenz der Gewerkschaft Gesundheitswesen, Beschlußfassung am 2. September 1961: SAPMO-BArch, DY 41/372.

⁴⁴⁷ Ernst, “*Die beste Prophylaxe ist der Sozialismus*“, 85.

⁴⁴⁸ 25th January 1962: Grundsätze zur weiteren Entfaltung des Gewerkschaftslebens unter der medizinischen Intelligenz: SAPMO-BArch, DY 41/372.

⁴⁴⁹ Ibid.

⁴⁵⁰ See Chapter 2.4; Ernst, “*Die beste Prophylaxe ist der Sozialismus*“, 53.

⁴⁵¹ Aufruf zur Gründung eines Bundes Deutscher Ärzte, Zahnärzte und Apotheker: SAPMO-BArch, DY 30/ VI 2/19/23, Bl. 126-127.

would “create an opportunity, to win even more members of the medical intelligentsia for socio-political work and active participation in the realisation of our socialistic health policies to strengthen our Workers’ and Peasants’ Power”.⁴⁵² Therefore, they recommended the initiation of discussions with the medical intelligentsia about the association, which took place in the following months. Simultaneously, the debates on the 17th and 19th July 1962 in different hospitals will be examined.

Both debates reportedly saw approval by the majority of doctors of the foundation of such an association. Concerns were addressed that “between the trade union and the association a clear distinction [...] [would be] necessary” and the latter would only be rational if it were to gain rights like those of former medical associations.⁴⁵³ But this was unlikely, as they were dismantled after the war, because, in the view of the socialist principles, of their connections with Capitalism. On the other hand, as one doctor indicated, the BdÄ would “not have enough authority [...] [without] making membership an obligation”, because the association would be “only then really able to speak on behalf of the doctors, when the majority of all doctors is really represented within”.⁴⁵⁴ This was an interesting prospect for the SED, as this could be easily transferred to the health department of the trade union. However, what the trade union could not fulfil at this point was the claim for a professional jurisdiction, which former medical associations had as one of their main responsibilities. As one doctor put it, the BdÄ needed to gain “respect [...], in both professional and moral terms” and, therefore, it would be necessary to clarify, “if the association can also make binding decisions in disputes [...] or whether it can act only in an advisory role and be a discussion club?”.⁴⁵⁵ The aim of the doctors was to give the association the renewed right to act as their lobby, which could “only be the association”.⁴⁵⁶ Accordingly, doctors expressed their desire to join the BdÄ rather than to participate in the FDGB, thereby

⁴⁵² “eine Möglichkeit geschaffen wird, noch mehr Angehörige der medizinischen Intelligenz für die gesellschafts-politische Arbeit und für die aktive Teilnahme an der Verwirklichung unserer sozialistischen Gesundheitspolitik zur Festigung unserer Arbeiter-und-Bauern-Macht zu gewinnen“. 21st March 1962: Diskussion und Stellungnahme zum Bund Deutscher Ärzte, Zahnärzte und Apotheker: SAPMO-BArch, DY 41/372.

⁴⁵³ “Zwischen Gewerkschaft und Bund ist eine klare Abgrenzung notwendig”. 19th July 1962: Zwischenbericht über bisher geführte Diskussion: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 111; “Delineation of the areas of interests between trade union, association and other professional groups[Abgrenzung der Interessensgebiete von Gewerkschaft, Bund und anderen Fachgruppen]” and “thereby other institutions are relieved [damit die anderen Institutionen entlastet werden]”. 17th July 1962: Protokoll der Besprechung zur Gründung des Bundes Deutscher Ärzte, Zahnärzte und Apotheker am 12. Juli 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 195.

⁴⁵⁴ “nicht genügend Autorität [...] [ohne] die Mitgliedschaft zur Pflicht zu machen. [...] nur dann wirklich im Namen der Ärzte sprechen könne, wenn die Mehrzahl alle Ärzte wirklich darin vertreten ist”. 19th July 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 111-112.

⁴⁵⁵ “Respekt [...], sowohl in fachlicher als auch moralischer Hinsicht. [...] ob der Bund auch verbindliche Entscheidungen in Streitfragen [...] treffen kann, oder ob er nur beratend wirken darf und ein Diskutierclub sei?”. Ibid.

⁴⁵⁶ “dies kann nur der Bund sein”. Ibid., Bl. 111.

“demanding securities, that those, who leave [...] the trade union, do not have personal disadvantages”.⁴⁵⁷ This would represent a total defeat of SED’s political penetration, if a somewhat independent lobby would have been created, that, however, under this system was inconceivably as well as plainly unrealistic. Indicative of the aforementioned problematic generational relations within the medical intelligentsia, not least encouraged by the SED, young doctors feared “that presumably again the management bodies will only be represented by elderly doctors and that their interests will be taken too little into account”.⁴⁵⁸ Despite this concern, the main advantage of the BdÄ, as a district medical officer emphasised, would be to unite different groups of the medical intelligentsia, because “until now, we still do not have an organisation, which would be able to band doctors together in a unified body”.⁴⁵⁹ In contrast to this approval and further consideration of duties of the BdÄ, some doctors refused this kind of representation. Arguments were expressed, that “the tasks, which the association are supposed to take over, could be fulfilled by the trade union”⁴⁶⁰ and, therefore, it would “not make much sense, to establish two organisations”.⁴⁶¹ One chief doctor and member of a district professional group stated, that “establishment of such an association is obsolete”, because “after the 13.8.1961, the situation changed completely for us”.⁴⁶² In his view, the association would be unnecessary, and more important was “the fact that all doctors organise themselves in the trade union and that the trade union improves to pursue our interests”.⁴⁶³ These views were made by members of the medical intelligentsia sympathetic to the party and show the direction which further discussions would take. Consequently, another chief doctor argued that “in Capitalism this lobby in the form of an association was necessary” but “under socialistic conditions the establishment of the association I

⁴⁵⁷ One doctor would “consider it as best, [...] when all doctors join the association and abandon the trade union [halt es für das Beste, [...] wenn alle Ärzte dem Bund beitreten und die Gewerkschaft verlassen]”; “forderten Sicherheiten, daß diejenigen, die [...] die Gewerkschaft verlassen, keine persönlichen Nachteile haben”. 19th July 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 112.

⁴⁵⁸ “daß in den Leitungsgremien wahrscheinlich wieder nur ältere Ärzte vertreten sein werden und ihre Interessen zu wenig berücksichtigt werden”. Ibid.

⁴⁵⁹ To this time, different groups of the medical intelligentsia and medical disciplines belonged to different departments within the trade union. “Bis heute haben wir noch keine Organisation, die in der Lage wäre, die Ärzte zu einem einheitlichen Ganzen zusammenzuschließen”. 17th July 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 195-196.

⁴⁶⁰ “Die Aufgaben, die der Bund übernehmen soll, könnte auch die Gewerkschaft übernehmen”. 19th July 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 112.

⁴⁶¹ “Es habe wenig Sinn, zwei Organisationen zu schaffen”. Ibid., Bl. 113.

⁴⁶² “Schaffung eines solchen Bundes ist überholt. [...] nach dem 13.8.1961 hat sich die Lage bei uns vollkommen verändert”. Ibid., Bl. 113.

⁴⁶³ “die Tatsache, daß alle Ärzte sich gewerkschaftlich organisieren und daß die Gewerkschaften besser auch unsere Interessen wahrnehmen”. Ibid.

deem as inexpedient”.⁴⁶⁴ Regarding this, a SED member stated that he would “personally agree with the representation by the FDGB, why something new again?”⁴⁶⁵

Consequently, this shows that these two debates were already divided into two parties. On the one hand, there were doctors who hoped for rather than expected a dilation of their political independency, representation and rights, and therefore, demanded an obligated membership and considered abandoning the FDGB. On the other hand, the SED, who understood the new leverage that they possessed because of the Wall, were unable to accept such a new lobby from their own standpoint of securing the legitimacy of their vanguard status in the state as well as in society. The association became, according to Naser (2000) “for the SED not politically opportune anymore, and the existing power relations did not allow a founding based on their own initiative”.⁴⁶⁶ Another problem was considered in one debate, “that the program would be too diverse and the association would want too much, which could be realised only after a long time”.⁴⁶⁷ This represented a fundamental issue, a result of hopes, expectations as well as the desire to free up boundaries, set by political and ideological commitments and limitations, which culminated in one measure: the foundation of the BdÄ. That was both an unrealistic hope as well as problematic for the SED, as they could not simply declare the repeal of the measure. It needed to be a silent and slow process. The next stage of this change was a letter from a former proponent for the foundation of the BdÄ and director of the department for dermatology and polyclinic at the Charité in Berlin, Professor Karl Linser on the 16th August 1962. He would have “only with a heavy heart [...] agreed at this time to take the initiative” and would have shared the same concerns as other sceptical doctors, but he thought, he would “be perhaps able with skilled staff to bring a fruitful organisation to life”.⁴⁶⁸ Linser also recognised, that “since the 13th of August 1961 the situation had changed”, but would “consider the association still as a positive element”.⁴⁶⁹ According to him, the situation within the medical intelligentsia was fifty-fifty regarding

⁴⁶⁴ “Im Kapitalismus war eine Interessensvertretung in Form eines Bundes notwendig. Unter sozialistischen Verhältnissen erachte ich die Bildung des Bundes für unzumutbar”. 19th July 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 113.

⁴⁶⁵ “Ich persönlich bin mit der Vertretung durch den FDGB einverstanden, warum wieder etwas Neues“. Ibid.

⁴⁶⁶ “für die SED politisch nicht mehr opportun, und eine Gründung aus Eigeninitiative ließen die bestehenden Machtverhältnisse nicht zu“. Naser, *Hausärzte in der DDR*, 310.

⁴⁶⁷ “daß das Programm zu vielseitig sei und sich der Bund zu viel vornehme, was erst in einer langen Zeit realisiert werden könnte“. 17th July 1962: SAPMO-BArch, DY 30/ VI 2/19/23, Bl. 196.

⁴⁶⁸ “Nur schweren Herzens [...] seinerzeit bewegen lassen, [...] die Initiative zu ergreifen“. 16th August 1962: Brief von Prof. Karl Linser: SAPMO-BArch, DY 30/ VI 2/19/23, Bl. 197.

⁴⁶⁹ “Nun haben sich seit dem 13. August 1961 die Verhältnisse geändert [...] halte [...] den Bund nach wie vor für ein Positivum“. Ibid.

whether the BdÄ should be established and recommended to follow the further developments carefully as well as that the results should be discussed in a central organ.⁴⁷⁰

This did not happen in the SED Politburo until the 3rd of December 1962. In this document, the decision announced in the communiqué of 20th December 1960 was repealed. In their substantiation the SED argued that their initial approval of the association would be based on the assumption “that a large part of the medical intelligentsia would stay away from the trade union or only formally belong to it”.⁴⁷¹ But now, as this document continued, “with the more detailed and specific orientation of the regional and district leaders of the party to work with the medical intelligentsia, and especially after the establishment of the anti-fascist protective wall, the situation has changed, because many members of the medical intelligentsia were aware that the workers’-and-peasants’-power embodies the future of the nation”.⁴⁷² Furthermore, the fact, according to the SED, was that by the end of 1961 75 per cent of the medical intelligentsia were already organised in the trade union.⁴⁷³ A statistical proof of this cannot be provided in this thesis, but, as mentioned, the reason for this was more likely to be found in the hope of greater influence in decision making by doctors than in political and ideological commitment to the GDR. The Politburo suggested, all disciplines and medical areas in the department healthcare trade union should be united to “create a better opportunity for amplification of the mass-political work by the trade union”, which was one of the key demands of doctors for the BdÄ.⁴⁷⁴ Accordingly, national medical professional groups would have to be established, demarcated from the earlier forms of pan-German representations, which would “fulfil a part of the planned tasks of the association”.⁴⁷⁵ In their summary, the discussions showed, “that this association will not find a mass base” and some doctors would have changed their opinions, “because the doctor association cannot fulfil the desired functions as the [former] medical associations”.⁴⁷⁶ This could prove the thesis that some doctor’s expectations were too high, because they forgot the limitations, set by the SED, or overlooked the changed situation after the Wall, continuing to believe that they

⁴⁷⁰ 17th July 1962: SAPMO-BArch, DY 30/ VI 2/19/23, Bl. 197.

⁴⁷¹ “daß ein großer Teil der medizinischen Intelligenz der Gewerkschaft fernblieb oder ihr nur formal angehöre“. 3rd December 1962: Entwurf der Vorlage für das Politbüro: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 200.

⁴⁷² “Mit der gründlicheren und konkreteren Orientierung der Bezirks-und Kreisleitungen der Partei auf die Arbeit mit der medizinischen Intelligenz und vor allem nach der Errichtung des antifaschistischen Schutzwalles hat sich diese Situation verändert, weil vielen Angehörigen der med. Intelligenz bewußt wurde, daß die Arbeiter-und-Bauern-Macht die Zukunft der Nation verkörpert“. Ibid., Bl. 200.

⁴⁷³ Ibid.

⁴⁷⁴ “eine weitere bessere Möglichkeit der Verstärkung der massenpolitischen Arbeit durch die Gewerkschaft geschaffen“. Ibid., Bl. 201.

⁴⁷⁵ “die einen Teil der vorgesehenen Aufgaben des Bundes [...] übernommen haben“. Ibid.

⁴⁷⁶ “daß dieser Bund keine Massenbasis finden wird. [...] weil der Ärztebund nicht die ihnen vorschwebenden Funktionen einer Ärztekammer erfüllen kann“. Ibid.

had a special position within GDR society. The document of the Politburo ended with some suggestions, for implementing the hitherto missing jurisdiction of the medical profession in the trade union and, thereby, had accomplished the distribution of the intended tasks of the BdÄ.⁴⁷⁷

In this context, an interesting parallel arises with the case of the “Committee for Promotion of the Intelligentsia”. Already in July 1962, the Council of Ministers in the GDR had decided to disband this institution, but did not inform the offices affected by this decision until the end of September. Their tasks, dealing with submissions from the intelligentsia regarding housing, holiday, salary issues, procurement of cars, study affairs etc., and their employees had already partly been distributed among different institutions.⁴⁷⁸ These employees had no knowledge of this decision before the discussion of the 12th of October 1962. In the log of the meeting, the head of the former committee stated that “here some important questions will be discussed, which are not very suitable to announce in written form”.⁴⁷⁹ He explained the annulment; it would not be that the policy towards the intelligentsia was no longer necessary, rather the “support and security of material needs of the intelligentsia” would be “obsolete to 95 per cent by the normalisation of our lives”.⁴⁸⁰ It may be concluded that also here the Wall had a direct influence, whereby the intelligentsia lost its special status and treatment in this respect. New tasks would have arisen, but not enough to sustain this separate committee, continued the protocol. The director emphasised, in regard to announcing this decision to the intelligentsia, it would need to be “in an appropriate form” or otherwise it could “easily cause mistaken reactions”.⁴⁸¹ In the following discussion, one professor is mainly worried, concerning the situation of the medical intelligentsia:

“However, I think now about the large group of doctors, which is an important issue. To whom should they turn to? Should they go to Sefrin [Minister of Healthcare at this time] each time? Will they find there a forum for their worries and tribulations? It is a tremendous number, who often caused us much worry and effort, who received many privileges.”⁴⁸²

⁴⁷⁷ 3rd December 1962: SAPMO-BArch, DY 30/VI 2/19/23, Bl. 202-203.

⁴⁷⁸ 10th October 1962: Förderausschuss Intelligenz: SAPMO-BArch, DC 3/69.

⁴⁷⁹ “Es sollen hier einige wichtige Fragen besprochen werden, die wenig geeignet sind, sie schriftlich bekannt zu geben”. 12th October 1962: Protokoll: SAPMO-BArch, DC 3/69.

⁴⁸⁰ “Sicherung und Förderung der materiellen Bedürfnisse der Intelligenz[...]. Das ist zu 95% durch die Normalisierung unseres Lebens überholt”. Ibid.

⁴⁸¹ “in geeigneter Form [...] leicht falsche Reaktionen hervorrufen. As he explained, it would be important, that “one should not put at a next meeting as a point on the agenda ‘Dissolution of the Committee for Promotion of the Intelligentsia’[Dabei sollte man nicht bei einer nächsten Versammlung als einen Punkt auf die Tagesordnung setzen ‘Auflösung des Förderausschusses’]”. Ibid.

⁴⁸² “Ich denke jetzt aber an die große Gruppe der Ärzte, das ist ein wichtiges Problem. Wo sollen sie sich hinwenden? Sollen sie jedesmal zu Sefrin gehen? Finden sie dort eine Stelle für ihre Sorgen und Kümernisse? Es ist

This statement seems to suggest that doctors were the biggest ‘trouble-makers’ within the intelligentsia. The director responded to the professor’s concerns, however, by stating that “there exists no doctors’ organisation outside of the trade union” and clarified, they would “belong nowhere else”.⁴⁸³ Therefore, the trade union would need to attract more members to fulfil their task, supporting and caring about the concerns of the medical intelligentsia.⁴⁸⁴ It becomes obvious that the BdÄ already at this time had no future. In order to classify these events properly, both had, as Ernst (1997) notes, “in light of the Wall no chance of implementation anymore”.⁴⁸⁵ Rieger (1976), an author affiliated with the SED, described this phenomenon as the necessary end of the “politics of the relative economic and social privileges of doctors in the GDR”⁴⁸⁶ with the aim, as Ernst (1997) identifies, “to attenuate the expectation kindled by themselves [SED] again, and to channel the mobilised forces”.⁴⁸⁷ Alliance efforts would have been proven successful and, therefore, the SED, according to Jentzsch (1987), “pushed back efforts for medical professional organisations of the old type, and overcame them largely later” by the ‘new and right consciousness’ of larger parts of the medical intelligentsia.⁴⁸⁸ Nevertheless, doctors interpreted this differently. In retrospect, Spaar (1998) asserts, “their absence [would have] loomed as a democratic deficit, which could be compensated neither by the trade union nor by the medical and scientific societies”.⁴⁸⁹ Accordingly, the 13th of August 1961 was both a caesura and an enforced return to socialist principles by the SED, and was thus far from either a continuous policy towards the medical intelligentsia or a proof of an established socialistic alliance.

As this section illustrated, the years after the Wall represented a silent and slow process of change in different directions of the GDR’s policies. In addition to the previously discussed aspects, as Naser (2000) points out, private practitioners became also “ideologically to a structural political ‘alienated object’ again”, which meant that rules against the establishment of new clinics were prohibitively restrictive, thereby continuing the successful curtailing of the private medi-

eine ungeheure Zahl, die uns oft Sorge und Müh gemacht haben, die viel Privilegien bekommen haben”. 12th October 1962: SAPMO-BArch, DC 3/69.

⁴⁸³ “Es gibt keine Ärzteorganisation außerhalb der Gewerkschaft [...] die nirgend woanders hingehört”. Ibid.

⁴⁸⁴ Ibid.

⁴⁸⁵ “in Anbetracht der Mauer keine Durchsetzungschancen mehr”. Ernst, *Die beste Prophylaxe ist der Sozialismus*, 88.

⁴⁸⁶ “Politik der relativen ökonomischen und sozialen Privilegierung der Ärzte der DDR”. Rieger, “Über die soziale Qualität von Arzt-Patienten-Beziehungen,” 54.

⁴⁸⁷ “die von ihr selbst geweckten Erwartungen wieder zu dämpfen und mobilisierte Kräfte zu kanalisieren”. Ernst, *Die beste Prophylaxe ist der Sozialismus*, 87.

⁴⁸⁸ “Bestrebungen nach ärztlichen Standesorganisationen alten Typs zurückgedrängt und später weitestgehend überwunden”. Jentzsch, *Bewährtes Bündnis*, 137.

⁴⁸⁹ “sich ihre Fehlen als ein Demokratiedefizit abzeichnet, das weder von der Gewerkschaft noch durch die medizinisch-wissenschaftlichen Gesellschaften kompensiert werden konnte”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III*, 92.

cal sector.⁴⁹⁰ Ideologically and politically, the GDR was now, with its ‘antifascistic rampart’, in a new and much stronger position, when dealing with those doctors, who continued to act stubbornly. In the following years of the sixties, the healthcare system and the relationship between doctors and the SED, shaped by the introduction of Ulbricht’s ‘New Economic System’, experienced renewed challenges because of both internal and external developments, despite the fact that a massive exodus to the West could not take place any longer.

3.3 The ‘New Economic System’, the FDGB and the medical Intelligentsia

After the 13th of August 1961, the SED believed that its legitimacy within the medical intelligentsia would strengthen progressively. In this regard one SED report commented, “Now greater peace will occur and a healthy atmosphere of open, comradesly cooperation between the members of the medical intelligentsia can develop faster.”⁴⁹¹ After the short-term changes, Ulbricht’s regime was eager to foster the relationship with doctors further in order to convince them of the necessity of and gain their support for the upcoming reforms of the GDR economic system. Nevertheless, even when reports in 1963 proclaimed that “since the 13.8.61 a gradually perceptible change [could be] observed” and the participation, mainly in the FDGB increased, doctors still demonstrated the kinds of resistance discussed above.⁴⁹² Inhibiting factors were preventing the medical intelligentsia from more involvement, such as remaining sectarianism and ideological problems.⁴⁹³ A good example of this can be found in the trade union elections at a polyclinic in Magdeburg in mid-1963. The elections in May were conducted without notification of the district management or even the central board of the FDGB, leading to an ‘improper election’. Even, as the report emphasised, with the involvement of more than 90 per cent of the medical intelligentsia, the organisers were criticised for having ‘intentionally’ carried out this trade union election very quickly and, therefore, as the report suggested, a repeat seemed to be necessary.⁴⁹⁴ As a subsequent report in June pointed out, the union election had “not complied with

⁴⁹⁰ “ideologisch wieder zu einem strukturpolitischen ‘Fremdkörper’ geworden”. Naser, *Hausärzte in der DDR*, 311.

⁴⁹¹ “Jetzt wird größere Ruhe eintreten und sich eine gesunde Atmosphäre offener, kameradschaftlicher Zusammenarbeit zwischen den Angehörigen der medizinischen Intelligenz schneller entwickeln können“. Argumentationshinweis Nr. 1: SAPMO-BArch, DY 41/343.

⁴⁹² “seit dem 13.8. 61 ein allmählicher spürbarer Wandel zu beobachten“. 22nd May 1963: Bericht über die Situation der medizinischen Intelligenz: SAPMO-BArch, DY 41/361.

⁴⁹³ Ibid.

⁴⁹⁴ 3rd May 1962: Bericht über Einsatz in Magdeburg Pawlow Poliklinik: SAPMO-BArch, DY 41/361.

the expected content”.⁴⁹⁵ This event demonstrated that successful politicisation would be a lengthy process and brought to light the deficiencies in the SED’s ideological work, because in meetings conducted by local functionaries, doctors were seldom present.⁴⁹⁶ Only in this single case is it obvious that the expected change of consciousness had not yet occurred. In this regard, the SED asserted in July 1963 that it would “be necessary to make a persistent and patient effort, in order to verify the accuracy of building socialism”.⁴⁹⁷ In this document, which was supposed to shape the further cooperation with the medical intelligentsia, the political vanguard assessed, that there “partly prevails a biological-idealistic way of looking at people, with which the whole complexity of building socialism, particularly in the GDR of course cannot be perceived”.⁴⁹⁸ This issue, in the opinion of the SED, was accompanied with “phenomena [...] such as the risk of West German militarism, becoming trivialised” and, therefrom, the wrong understanding of the ‘national question’ would be derived.⁴⁹⁹ Critically they noted, “claims on scientific thinking – such as are common in this field – [would] become partly not applied to the penetration of social problems, while on the other hand certain one-sided thinking habits [would] become absolutes”.⁵⁰⁰ Certain frustration amongst the members of the SED became ascertainable and especially in this phase of the GDR, with the problematic East-West relations. As asserted in a later document, doctors remained highly sceptical “against the finding that the GDR is ahead of West Germany by an entire historical epoch”, based on “shortcomings in daily life, which occur here and there”.⁵⁰¹ There are two important aspects of these arguments. Firstly, as Ross (2000) considers, political positions within the population did not change rapidly, but rather were found to be “*extending and modifying*” existing arrangements with the GDR regime, resulting, as he called it, in a “resigned pragmatism”, which did, however, include some “grumbling”.⁵⁰² Secondly, the

⁴⁹⁵ “entsprachen nicht dem erwartenden Inhalt”. 18th June 1963: Bericht über Gewerkschaftswahlen in Magdeburg: SAPMO-BArch, DY 41/361.

⁴⁹⁶ Ibid.

⁴⁹⁷ “ist es notwendig, eine beharrliche und geduldige Arbeit zu leisten, um sie von der Richtigkeit des sozialistischen Aufbaus zu überzeugen”. 25th July 1963: Einschätzung unserer Arbeit mit der medizinischen Intelligenz und der Tätigkeit der Fachgruppen mit entsprechenden Schlußfolgerungen: SAPMO-BArch, DY 41/370.

⁴⁹⁸ “Es herrscht zum Teil eine biologisch-idealistische Betrachtungsweise des Menschen vor, mit der die ganze Kompliziertheit des sozialistischen Aufbaus besonders in der DDR natürlich nicht erfaßt werden kann“. Ibid.

⁴⁹⁹ “Erscheinungen, [...], wie die Gefahr des westdeutschen Militarismus, werden verniedlicht“. Ibid.

⁵⁰⁰ “Forderungen an das wissenschaftliche Denken – wie sie im Fachgebiet üblich sind – werden auf die Durchdringung gesellschaftlicher Probleme zum Teil nicht angewandt, während andererseits gewisse einseitige Denkgewohnheiten verabsolutiert werden“. Ibid.

⁵⁰¹ “gegenüber der Feststellung [...], daß die DDR eine ganze geschichtliche Epoche Westdeutschlands voraus ist. Man führt dabei Mängel des alltäglichen Lebens an, die hier und da auftreten“. 31st October 1963: Zusammenfassung der Erfahrungen aus der Wahlbewegung entsprechend der Diskussion auf der Sitzung des Arbeitsausschusses: SAPMO-BArch, DY 41/372.

⁵⁰² Corey Ross, *Constructing Socialism at the Grass-Roots. The Transformation of East Germany, 1945-65* (Hampshire, New York: Palgrave, 2000), 184.

economic problems had not yet been entirely remedied just because of a Wall. When the SED in 1963 argued, that from the medical intelligentsia “unreasonable demands for increased investment were proposed that [would] dispense with any foundation after careful consideration and improved organisation of work”, apparently, a renewed attack on inefficient use of economic sources would follow.⁵⁰³ This section will consider, therefore, the impact of the economic reforms of the development of both, the healthcare system in general and the medical intelligentsia in particular.

No later than the VI Party Conference of the SED in 1963, the NÖS was initiated. Spaar (2000) calls Ulbricht the “most important initiator” of this economic reform, which, for Kopstein (1997), is surprising, considering Ulbricht’s Stalinist views in the fifties.⁵⁰⁴ Ulbricht’s reasons for implementing these reforms are to be found in his experience before the Wall was built that “the only long-run solution to the German question lay in making the GDR an attractive place to live”, even with the remaining effect of the Western counterpart.⁵⁰⁵ In order to reach this aim, Ulbricht opened up the leading economic planning circles to the so-called technocrats, experts with professional skills rather than ideological commitments.⁵⁰⁶ Also in the healthcare system, this new course was applied, when in 1965 the healthcare department of the FDGB suggested that the composition of the district boards in the GDR, establish the ratio of political and technical leaders at 22 to 15.⁵⁰⁷ One could identify for this time certain signs of a rising technocracy. Indeed, as Kopstein (1997) notes, Ulbricht was conscious of the necessity of economic reform and, therefore, he “needed new faces with fresher ideas and less power”.⁵⁰⁸ On the other hand, according to Caldwell (2008), “the rule of the written, of the complex, planned rational, captivated the technical intelligentsia”⁵⁰⁹, and Socialism, as King and Szelényi (2004) note, and its “rational order” was a paradise for technocrats, even when they were neither communists nor so-

⁵⁰³ “unbillige Forderungen nach Erhöhung der Investitionen gestellt, die bei genauer Überlegung und verbesserter Organisation der Arbeit der Grundlagen entbehren“. 31st October 1963: Zusammenfassung der Erfahrungen aus der Wahlbewegung: SAPMO-BArch, DY 41/372.

⁵⁰⁴ “wichtigster Initiator”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 8; Jeffrey Kopstein, *The Politics of Economic Decline in East Germany, 1945-1989* (Chapel Hill, London: The University of North Carolina Press, 1997), 45.

⁵⁰⁵ Kopstein, *The Politics of Economic Decline in East Germany*, 48.

⁵⁰⁶ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 9; Fulbrook, *The People’s State*, 185; Fulbrook, *Anatomy of a Dictatorship*, 80.

⁵⁰⁷ 14th August 1965: Maßnahmen zur weiteren Entwicklung der Leitungstätigkeit der Gewerkschaft Gesundheitswesen: SAPMO-BArch, DY 41/371.

⁵⁰⁸ Kopstein, *The Politics of Economic Decline in East Germany*, 48; Baylis, *Technical Intelligentsia and the East German Elite*, 262-264; Torpey, *Intellectuals, Socialism, and Dissent*, 57.

⁵⁰⁹ “Die Herrschaft des Schriftlichen, der komplexen, planenden Vernunft, fesselte die technische Intelligenzija“. Peter C. Caldwell, “Plan als Legitimationsmittel, Planung als Problem: Die DDR als Beispiel staatssozialistischer Modernität“, *Geschichte und Gesellschaft* 3 (2008): 366.

cialists.⁵¹⁰ These new ‘reformers’ were not to the liking of Honecker and his group of ‘hardliners’. Especially, the “partial decentralisation of power”, according to Spaar (2000), into working groups for varying tasks and different areas of the economy had been perennially criticised by Honecker and others, regarding the possibility of relaxing SED rule.⁵¹¹ Another important reform was the introduction of more flexibility for enterprises and “the use of profit as a primary production indicator for evaluating enterprise performance”.⁵¹² However, as Kopstein (1997) emphasises, because not all prices were liberalised by flexibility and market value, the bureaucratic apparatus had grown rather than been reduced.⁵¹³ The change in the wage system and benefits for industrial workers, led, according to Ross (2000), to an actual increase of production, but not simultaneously, as mentioned, to the hoped for increase in ‘socialist consciousness’.⁵¹⁴ Spaar (2000), as a former GDR functionary, identifies, in the VI Party Conference of 1963 that the SED would have “conceded a higher social status for the health care and social system” within “the period of comprehensive building of Socialism”, with the aim of an “uniform system of planning and management of medical science”.⁵¹⁵ At the grass-roots of the healthcare system, the NÖS was carried out mainly by the healthcare department of the FDGB in order to reach higher quality and efficiency through, according to the former union functionaries Döring, Staudenmeir and Rimkeit (2000), the intensification of “benchmarking, the movement of comparison [*Vergleichsbewegung*] and later socialist competition [*sozialistischer Wettbewerb*], the development of socialist collectives and communities, the innovation movement [*Neuererbewegung*] and the Fair of the Masters of Tomorrow [*Messe der Meister von Morgen*”].⁵¹⁶ Nevertheless, the implementation of these measures was not entirely welcomed within the medical intelligentsia. As a document from the

⁵¹⁰ King and Szelényi, *Theories of the New Class*, 73-75.

⁵¹¹ “teilweisen Dezentralisierung der Macht”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 10 and 9; Kopstein, *The Politics of Economic Decline in East Germany*, 48-49.

⁵¹² Kopstein, *The Politics of Economic Decline in East Germany*, 49.

⁵¹³ Ibid., 49-50; Grieder, “The leadership of the SED under Ulbricht,” 28; Jeanette Madarász, “Economic Politics and Company Culture: The Problem of Routinisation,” in *Power and Society in the GDR 1961-1979. The ‘Normalisation of Rule’?*, ed. Mary Fulbrook (New York, Oxford: Berghahn Books, 2009), 55-56; Ross, *Constructing Socialism at the Grass-Roots*, 185.

⁵¹⁴ According to Ross (2000), “it was still hard to find many workers genuinely willing to carry SED banners on the first of May [Labour Day in Germany]” (188). Ross, *Constructing Socialism at the Grass-Roots*, 187-188.

⁵¹⁵ “dem Gesundheitswesen und Sozialwesen einen höheren gesellschaftlichen Stellenwert einräumte”(40); “Periode des umfassenden Aufbaus des Sozialismus”(42); “Aufbau des einheitlichen Systems der Planung und Leitung der medizinischen Wissenschaft”(43). Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 40-43.

⁵¹⁶ “Leistungsvergleiche, die Vergleichsbewegung und später der sozialistische Wettbewerb, die Entwicklung sozialistischer Kollektive und Gemeinschaften, die Neuererbewegung und die Messe der Meister von Morgen”. Martin Döring, Horst Staudenmeir, Konstantin Rimkeit, “Gewerkschaftliche Interessenvertretung,” in *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV. Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961 – 1971)*, ed. Horst Spaar (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000), 242.

healthcare department of the union in October 1963 recognised, the “tasks [would be] real and achievable, but, therefore, it must be clarified for all present employees about the socialist perspective, on the role of the health care system as a component of our economy”.⁵¹⁷ In order to reach this, “a shrewd and differentiated political-ideological work” would be necessary to establish “truly socialist relations”, which would be “incompatible with misconceived collegiality, with retreat from the conflict in the evaluation of the performance of the individual and the collective”.⁵¹⁸ Doctors on the other hand were sceptical towards the outcomes of the VI Party Conference, questioning in a Seminar in late 1963, if “the socialist conditions of production have won”, “why then [is there] still dictatorship of the proletariat [...], which is precluding democracy”, attacking the SED’s proclaimed established ‘socialist democracy’.⁵¹⁹ Regarding the restricted travel opportunities to West Germany and the demand to participate in medical conferences there, one doctor made a “pointed remark”: “Why are you so afraid that we will not return? We elected the candidates of the National Front with over 99 per cent, and thus expressed our trust in the state”.⁵²⁰ This obviously satirical criticism of election fraud in the GDR was only one example of how the medical intelligentsia knew to challenge the dominant ideology and provoke the claims of the SED, causing despair among local party functionaries. Additionally, it seems to be a defence of their status, consistently preventing political influence. In regard to the FDGB measures relating to the NÖS, doctors had concerns, “that one would have to firstly standardise people in order to standardise the medical profession”⁵²¹ and criticising, “what exactly [would be] new in the movement of comparison? [...] Must one make out of comparisons immediately a movement?”⁵²² Even with these critiques, that economic proportions could not simply be transferred onto the health care system, the trade union increased membership within the medical intelli-

⁵¹⁷ “Aufgaben real und erfüllbar [...], daß aber dazu bei allen Mitarbeitern Klarheit über die sozialistische Perspektive, über die Rolle des Gesundheitswesens im Rahmen unserer Volkswirtschaft vorhanden sein muß”. 11th October 1963: Konzeption zur Auswertung der 2. Zentraldelegiertenkonferenz: SAPMO-BArch, DY 41/361.

⁵¹⁸ “kluge und differenzierte politisch-ideologische Arbeit”; “echte sozialistische Beziehungen”; “unvereinbar mit falsch verstandener Kollegialität, mit Zurückweichen vor der Auseinandersetzung bei der Bewertung der Leistungen des Einzelnen und des Kollektivs”. Ibid.

⁵¹⁹ “die sozialistischen Produktionsverhältnisse haben gesiegt. Warum dann noch Diktatur des Proletariats? [...] die der Demokratie entgegensteht”. October/November 1963: Seminar: SAPMO-BArch, DY 41/361.

⁵²⁰ “spitze Bemerkung [...] Warum habt ihr solche Angst, daß wir nicht wiederkommen? Wir haben mit über 99 Prozent die Kandidaten der Nationalen Front gewählt und haben damit unser Vertrauen zum Staat zum Ausdruck gebracht”. Ibid.

⁵²¹ “daß man erst die Menschen normen müsse, um die ärztliche Tätigkeit normen zu können”. SAPMO-BArch, DY 41/318.

⁵²² “Was ist eigentlich das Neue in der Vergleichsbewegung? [...] Muß man aus den Vergleichen gleich eine Bewegung machen?”. October/November 1963: Seminar: SAPMO-BArch, DY 41/361.

gentsia.⁵²³ The reason lay not least in the fact that the FDGB was almost the only form of representation for doctors and their concerns, but unlike with industrial workers this did not have the effect of increasing socialist commitment. The 15th anniversary of the GDR in 1964 proved this assumption anew; doctors shrugged off the obligations in honour of this event as just an intensification of the movement of comparison under a new headline.⁵²⁴ The SED evaluated the efforts of this anniversary, that especially, “there, where the ideological work was not the focus of union activity” would remain “obstacles to the development of the initiative of the employee”.⁵²⁵ They criticised local functionaries that their ideological work would be “often [...] left to chance or [would be] presented as agitational introduction or as contribution to the discussion, detached from the discussed issues”, evidencing the reluctance of low-rank party and union members to confront provocative elements within the medical intelligentsia.⁵²⁶ Nevertheless, it could also be viewed as evidence that doctors entered the party organisation in order to keep the political penetration of their community low by being in charge in this area or, indeed, that they used it to advance in their career, without being a true proponent of Socialism. On the other hand, as shown, the implementation of the measures and initiatives were accompanied by a large effort against a growing bureaucratic apparatus. When this bureaucracy and the upper echelons of the GDR were criticised by local-level functionaries, even in cases where their duties were impossible to fulfil, because of the local circumstances, the SED opposed this criticism. For example, in the report of a district executive, it was in their view obvious that he would have made “no indication of measures he has taken on his own, thus such violation of the principles of democratic centralism no longer continue to occur”.⁵²⁷ That to change the shortcomings in initiatives and fulfilments of economic plans was practically impossible by local functionaries, led to further grumbling and frustration. Nevertheless, in further reports, the trade union department of healthcare in the FDGB relied on mass initiatives, in which “the conformity of social and per-

⁵²³ In Frankfurt the membership of the FDGB increased according to this report from November 1961 with 21 to 48 in February 1964 of a total of around 60 doctors. 15th July 1964: Bericht Frankfurt/Oder: SAPMO-BArch, DY 41/362.

⁵²⁴ SAPMO-BArch, DY 41/362.

⁵²⁵ “Dort, wo die ideologische Arbeit nicht im Mittelpunkt der Gewerkschaftsarbeit steht [...] Hemmnisse in der Entwicklung in der Initiative der Mitarbeiter”. 18th August 1964: Einschätzung des Verlaufs der Ergebnisse der Plandiskussion 1965 sowie der Rechenschaftslegung zum Plan der Einrichtung 1964 im untrennbaren Zusammenhang mit der Entwicklung einer breiten Initiative unter den Mitarbeitern des Gesundheitswesens zu Ehren des 15. Jahrestages der DDR: SAPMO-BArch, DY 41/370.

⁵²⁶ “oft [...] dem Zufall überlassen oder [...] als agitatorischer Vorspann bzw. als Diskussionsbetrag losgelöst von der Problematik dargelegt”. Ibid.

⁵²⁷ “geht jedoch nicht hervor, welche Maßnahmen er von sich aus eingeleitet hat, damit solche Verstöße gegen die Prinzipien des demokratischen Zentralismus künftig nicht mehr vorkommen”. 13th November 1964: Entwurf. Informationsbericht über den Zeitraum Oktober 1964: SAPMO-BArch, DY 41/370.

sonal interests” would become recognisable for doctors and would be “the main thrust of our development”.⁵²⁸ “The requirement of the Central Committee [was] here that doctors are at the forefront of the movement of comparison”, which with the ideological support was “just starting now to gradually outgrow individualism” as well as “have to take the great responsibility to guide and to educate people with socialist conceptions of life and work at the same time”.⁵²⁹ This educational task, accompanied with the aim of creating a ‘socialist doctor’, was a constant claim of the SED.⁵³⁰ Weil (2007) concludes in this regard, that “the desired uniform ‘socialistic medical profession’ or the typical GDR-doctor, however, has never existed” and this argument can only be confirmed in this thesis.⁵³¹ Already the continuous attempts to teach the medical intelligentsia their responsibilities in Socialism and to influence patients in the ‘right direction’, proves that these ideological ambitions were never fulfilled in the GDR.

The year 1964, however, brought more external changes, which also influenced the internal affairs of the SED. As one doctor put it: “At Stalin’s death, I was relieved; the notice of Khrushchev shocked me”.⁵³² With the change in the SU from Khrushchev to Brezhnev, the power relations within the SED started slowly to favour the conservatives and this had an influence in all areas of the NÖS. The party secretariat, of which Honecker was a member, once again took over competencies from the established working groups of technocrats.⁵³³ The medical intelligentsia were mostly surprised and sceptical about the reasons for this change in the SU as well as concerned about further developments.⁵³⁴ The official explanation of poor health was not believed by them, because “it came to us all too abruptly” and Khrushchev’s “son in law, the chief editor [of *Izvestia*] was superseded too”.⁵³⁵ Furthermore, they noted that “even Khrush-

⁵²⁸ “Die Übereinstimmung der gesellschaftlichen und persönlichen Interessen ist die wichtigste Triebkraft für unsere Entwicklung”. Thesen für die Lektion ‘Die Aufgaben des Gewerkschaftswesens bei der Entwicklung der Vergleichsbewegung, der sozialistischen Gemeinschaftsarbeit und des Neuererwesens zur Erhöhung von Qualität und Wissenschaftlichkeit in der Arbeit zur Erfüllung der medizinischen Aufgaben des Volkswirtschaftsplanes’: SAPMO-BArch, DY 41/370.

⁵²⁹ “Die Forderung des Zentralvorstandes geht dahin, daß die Ärzte an der Spitze der Vergleichsbewegung stehen. [...] beginnen jetzt erst Schritt für Schritt dem Individualismus [...] zu entwachsen und müssen aber gleichzeitig die große Verantwortung übernehmen, Menschen mit sozialistischen Lebens- und Arbeitsauffassungen zu leiten und zu erziehen”. 15th December 1964: Einschätzung der Arbeit der Kollegen der Abteilung medizinische Intelligenz und der Bereichskommission Gesundheitsschutz in den Betrieben bei der Lösung der Aufgaben in ihren Bereichen, besonders der politisch-ideologischen Arbeit in Verbindung mit der Weiterführung der Vergleichsbewegung und dem Abschluß der Pläne der Einrichtungen: SAPMO-BArch, DY 41/370.

⁵³⁰ See: Rieger, “Über die soziale Qualität von Arzt-Patienten-Beziehungen,” 88.

⁵³¹ “Die angestrebte einheitliche ‘sozialistische Ärzteschaft’ bzw. den typischen DDR-Arzt hat es jedoch nie gegeben”. Weil, *Zielgruppe Ärzteschaft*, 16.

⁵³² “Beim Tode Stalins war ich erleichtert, die Mitteilung über Chruschtschow hat mich bestürzt”. 16th October 1964: Situationsbericht über die Plenartagung des ZK der KPdSU: SAPMO-BArch, DY 41/362.

⁵³³ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 10.

⁵³⁴ 16th October 1964: SAPMO-BArch, DY 41/362.

⁵³⁵ “Es kam uns allen zu plötzlich [...] sein Schwiegersohn der Chefredakteur wurde ja auch abgelöst”. Ibid.

chev's images were already removed in the SU" and "there has been no honourable farewell, as one would do it at least with a sick statesman".⁵³⁶ It became obvious and was asserted by SED departments "that many of the colleagues formed their opinions by receiving Western television and radio stations"⁵³⁷, not least because the GDR "news, as always, came very delayed into action and the initial report would be issued only in a very short form".⁵³⁸ Once again, the specific situation of the GDR in the neighbourhood of another German state, as a constant challenge towards SED's rule, becomes clear. Therefore, when in the same year as Brezhnev gained power, the SED allowed that pensioners would be eligible to visit relatives in West Germany, a doctor said "that this [would be] typical for this state (referring to the GDR), the pensioners have done their duty, now that they cost the government somewhat, they can indeed go to West Germany and stay over there".⁵³⁹ The demand for participation in Western medical conferences remained unfulfilled for doctors, who were not considered as 'travel cadre [*Reisekader*]', which required that the individual possess a 'politically ideologically reliable' profile.⁵⁴⁰

For the year 1965, the SED summarised the planning conferences that "a large group of members of the medical intelligentsia took part in [...], were vividly and positively in the controversy and partly submitted very constructive proposals" for further initiatives.⁵⁴¹ In this context it should be mentioned that the introduction to these reports always emphasised positive trends, which were then undermined in the further course of these internal documents. In this evaluation in 1965, for example, criticism was made that there would be "no significant rise in the qualitative and quantitative development [of the mass initiatives] due to on-going insufficient knowledge of their new content and the lack of systematic persuasion among the medical intelligentsia about their responsibility as leaders of collectives for content determination of the

⁵³⁶ "sogar Chruschtschow-Bilder wurden ja bereits in der SU entfernt[...] Es hat keine ehrenvolle Verabschiedung gegeben, wie man das mindestens mit einem kranken Staatsmann machen müßte". 16th October 1964: SAPMO-BArch, DY 41/362.

⁵³⁷ "daß ein großer Teil der Kollegen die Meinungsbildung von westlichen Fernseh- und Rundfunkstationen erhält". 13th November 1964: SAPMO-BArch, DY 41/370.

⁵³⁸ "daß wie immer unser Nachrichtendienst sehr verspätet in Aktion tritt und die Erstmeldung in recht kurzer Form abgegeben werden". 16th October 1964: SAPMO-BArch, DY 41/362.

⁵³⁹ "Das sieht diesem Staat ähnlich (gemeint ist die DDR), die Rentner haben ihre Schuldigkeit getan, jetzt, wo sie dem Staat etwas kosten, können sie ja nach Westdeutschland fahren und drüben bleiben". 13th November 1964: SAPMO-BArch, DY 41/370.

⁵⁴⁰ See for example, according to Augustine (2007), the case of the technical intelligentsia at the company of Zeiss, where "only [...] those with spotless political records" could travel to the West, causing an inhibiting effect in general research work by the lack of knowledge exchange. Augustine, *Red Prometheus*, 333.

⁵⁴¹ "daß ein großer Kreis der Angehörigen der medizinischen Intelligenz [...] teilnahmen, sich lebhaft und positive an den Meinungsstreit beteiligten und zum Teil sehr konstruktive Vorschläge [...] unterbreiteten". 9th October 1965: Bericht des Präsidiums an die 7. Zentralvorstandssitzung der Gewerkschaft Gesundheitswesen: SAPMO-BArch, DY 41/371.

movement of comparison, in order to fulfil the medical-professional tasks”.⁵⁴² This description of the situation within the medical profession represents a strong contradiction of the former argument. Another report renewed the assumption of local level resistance by members out of the SED’s own ranks, an administrative manager in a hospital said that “one just has to understand, that since the 13th of August 1961, much has become different for the healthcare system, such as the willingness to fund it”.⁵⁴³ The report answered with a condemnation of this view and emphasised that “the 13th of August 1961 secured peace” and the “consummate stable economic development” of the GDR and would “not have happened to the detriment of the health care system, or even at its expense”.⁵⁴⁴ The report concludes: “Said in one sentence, we became healthier.”⁵⁴⁵ The perpetual retrospective view and struggle for authority of interpretation of the events around the 13th of August became apparent. The SED had “to make clear that the party of the working class is the leading force” and the carrier of development through “purposive leadership”.⁵⁴⁶ However, even though, as Fulbrook (2009) identifies, a ‘normalisation’ of daily life occurred, in comparison with the situation before 1961, economic growth remained behind the expected and planned development, causing renewed shortages in equipment, building inputs and funds for the health care system.⁵⁴⁷ By the end of 1964, one doctor in a planning discussion argued: “We have already planned many times, but we never fully [handwritten underlined] reached our goal”.⁵⁴⁸ This represented a problem, which led to an increased dismantling of the NÖS by internal and external pressures in the second half of the sixties.⁵⁴⁹

⁵⁴² “es aber keinen wesentlichen Aufschwung in ihrer qualitativen und quantitativen Entwicklung gibt aufgrund einer noch unzureichenden Kenntnis ihres neuen Inhaltes und der mangelnden systematischen Überzeugungsarbeit unter den Angehörigen der medizinischen Intelligenz, über ihre Verantwortung als Leiter von Kollektiven, für die inhaltliche Gestaltung der Vergleichsbewegung zur Erfüllung der medizinisch-fachlichen Aufgaben”. 9th October 1965: SAPMO-BArch, DY 41/371.

⁵⁴³ “Man muß eben verstehen, daß seit dem 13. August 1961 für das Gesundheitswesen vieles anders geworden sei, so auch die Bereitschaft von Mitteln”. 17th September 1964: Auszüge aus dem Bericht des Präsidiums an die 3. Zentralvorstandssitzung: SAPMO-BArch, DY 41/373.

⁵⁴⁴ “Der 13. August 1961 sicherte den Frieden [...] vollziehende stabile Wirtschaftsentwicklung [...] Das geschah keinesfalls zum Nachteil des Gesundheitswesens oder gar auf seine Kosten”. Ibid.

⁵⁴⁵ “Wir sind, in einem Satz gesagt, gesünder geworden”. Ibid.

⁵⁴⁶ “deutlich zu machen, daß die Partei der Arbeiterklasse die führende Kraft [...] ist [...] zielbewußte Führung”. 29th October 1965: Beschluß der 7. Zentralvorstandssitzung: SAPMO-BArch, DY 41/362.

⁵⁴⁷ Fulbrook, “The Concept of ‘Normalisation’,” 23.

⁵⁴⁸ “Wir haben schon oft geplant, aber niemals haben wir voll [handschriftlich unterstrichen] unser Ziel erreicht”. 20th December 1964: Informationsbericht November 1964: SAPMO-BArch, DY 41/373.

⁵⁴⁹ Augustine, “The Power Question,” 639; Fulbrook, *The People’s State*, 185.

3.4 The Reforms Cancelled: The medical Intelligentsia on the Eve of Ulbricht's End

In the winter 1964/65, a doctor tried “to ascribe the increase of colds to the lack of fruit, especially citrus fruits” available in the GDR and because of this statement was reportedly criticised by another doctor.⁵⁵⁰ The other responded, “what had he done to educate people about a healthy diet with proper use of the rich vegetable offerings?” and this remark was emphasised in the report of a SED official with a handwritten marginal note that said ‘correct’.⁵⁵¹ But as the official document of the VII Party Conference in 1967 noted, both vegetables and fruit were subject to a permanent shortage due to growing demand in the preceding years.⁵⁵² The NÖS had, had some success, but was inhibited at two levels. The external problems were shaped by the change of leadership in the SU as well as their economic crises in 1963. Due to their own problems, the SU cut their exports, especially oil. The GDR was, because of the lack of domestic resources, highly dependent on this export, leading to unfulfilled economic plans.⁵⁵³ On the other hand, Brezhnev had already criticised Ulbricht's reform in 1964, showing the hardliners in the party that the GDR was alone in their reform efforts.⁵⁵⁴ In addition to this external influence, the GDR's economic reform was also suffering internal problems. According to Kopstein (1997), “the amount of request for capital investments in 1965 exceeded by three times the existing material and financial capacity of the economy”.⁵⁵⁵ This predicament was not least encouraged by high subsidies, which went to “unprofitable, but politically prestigious” objects, accompanied with a contradictory enforcing of measures.⁵⁵⁶ For example, the reform of the price system, firstly for industrial and later for consumer prices, would require closing unprofitable enterprises, where wages were too high relative to profit, causing unemployment. Subsequently, the concerns recognised in the population linked with the SED's fears of an upheaval like that of 1953 and resulted in the cancellation of the price reform.⁵⁵⁷ Therefore, as Spaar (2000) points out, the

⁵⁵⁰ “das Ansteigen der Erkältungskrankheiten auf den Mangel an Obst, besonders an Südfrüchten, zurückzuführen“. 15th January 1965: Informationsbericht über den Monat Dezember: SAPMO-BArch DY 41/373.

⁵⁵¹ “andere Ärztin antwortete [‘richtig’, handschriftlich vermerkt], was er getan habe, um die Menschen zu einer gesunden Ernährungsweise bei richtiger Nutzung des reichhaltigen Gemüseangebots zu erziehen“. Ibid.

⁵⁵² *Protokoll der Verhandlungen des VII. Parteitag der Sozialistischen Einheitspartei Deutschlands. Band VI – Beschlüsse und Dokumente* (Berlin: Dietz Verlag, 1967), 120.

⁵⁵³ Kopstein, *The Politics of Economic Decline in East Germany*, 57; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 11.

⁵⁵⁴ Kopstein, *The Politics of Economic Decline in East Germany*, 51.

⁵⁵⁵ Ibid., 58.

⁵⁵⁶ Ibid., 58 and 63.

⁵⁵⁷ Ibid., 61-62; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 11.

NÖS lost “one of the most important pillars of economic reform”.⁵⁵⁸ The whole complex of inconsistency, the identified “limits of technocratic reform” and the unpredictable consequences led to a feeling of being “out of control” among members of the SED.⁵⁵⁹ The following amplified internal struggle was the result of both the denial of ‘decentralisation’ of power as well, as Kopstein (1997) notes, “because regulating a reforming economy was so much more complicated and difficult than administrating a purely Stalinist economy”.⁵⁶⁰ When, according to Caldwell (2008), “the plan in state socialism was supposed to replace God” then any softening of the plan structure was accompanied with a loss of power by the party and, therefore, was unacceptable for the SED and especially for their conservatives.⁵⁶¹ On the other hand, as “the plan was actually neither norm nor reality and, however, was adopted as law”⁵⁶², planners with the certain lack of comprehensive knowledge “had to grab in the toolkit of state socialist experience for measures such as productivity campaigns, brigade work and a premium system”.⁵⁶³ A dilemma, captured between the struggle for legitimacy and the rising economic problems, prevented the NÖS from making further progress. Therefore, a technocracy could not be established, because of internal opposition, regarding ideological problems and the receding authority of the party.⁵⁶⁴ Subsequently, the looming end of the economic reform and Ulbricht’s reign also had its influence in the healthcare system and on doctors, who challenged the relationship between the SED and the medical intelligentsia in a new way.

A doctor stated about the problems of the economic planning and programs of the SED that these were “a mixture of big words, theories of unscientific belief and rosy exaggerated formulations of desire”.⁵⁶⁵ Consequently, the reports of the Stasi and of the Ministry for Healthcare about the ideological and political situation within the medical intelligentsia in the mid-sixties were proving continually problematic for the SED. The contradictory character of these documents remained with an enthusiastic and positive introduction about political developments among doctors; however, as already recognised, they were plagued by problems, which were giv-

⁵⁵⁸ “einer der wichtigsten Stützpfiler des wirtschaftlichen Reformkonzeptes”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 12.

⁵⁵⁹ Kopstein, *The Politics of Economic Decline in East Germany*, 63 and 64.

⁵⁶⁰ Ibid., 52 and 53-54.

⁵⁶¹ “Der Plan im Staatssozialismus sollte Gott ersetzen”. Caldwell, “Plan als Legitimationsmittel, Planung als Problem,” 372.

⁵⁶² “Eigentlich war der Plan weder Norm noch Wirklichkeit und wurde doch als Gesetz verabschiedet”. Ibid., 366.

⁵⁶³ “die aus dem Werkzeugsatz staatsozialistischer Erfahrungen nach Maßnahmen wie Produktivitätskampagnen, Brigadearbeit und Prämien greifen mussten”. Ibid., 362.

⁵⁶⁴ Kopstein, *The Politics of Economic Decline in East Germany*, 55-56.

⁵⁶⁵ “ein Gemisch von großen Worten, Thesen unwissenschaftlicher Gläubigkeit und rosig überzogener Wunschformulierungen”. 30th November 1964: Analyse über die Lage im Gesundheitswesen: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 26.

ing a different impression of the situation. The “insufficient enforcement of the directive for the national economic plan” would be a result of “the out-dated mind-set of some doctors”⁵⁶⁶, who would just “want to live in the day and want to know nothing about politics”.⁵⁶⁷ In order to act against these phenomena, one report suggested, “to revise communiqués as to the question of the medical intelligentsia and the role of healthcare”, because it would “no longer correspond to the current state of social development”, referring to private practitioners.⁵⁶⁸ As illustrated in the previous chapters, this suggestion was already realised in the subsequent years after the Berlin Wall. However, doctors could defend their position in the state, regarding salary and political commitment, which becomes apparent in the reported “political insouciance”.⁵⁶⁹ Besides, that apparently “healthcare [would be] still the 5th wheel on the car”, regarding its position in the economic plans, the report from July 1966 can be understood as representing the reluctance of the medical intelligentsia.⁵⁷⁰ Doctors argued against political and ideological seminars and discussions that “if there is nothing [in the documents] about healthcare, we do not need to read it at all” and “if there is something important, we will come together soon enough”.⁵⁷¹ As a Stasi report for a region addressed anew, the SED was limited in their political influence by its own members, because “the party organisation [in this district would] not take the initiative of political leadership” and “leading comrades [would] concern themselves only with general problems and pursue no political-ideological influence”.⁵⁷² Beside the continuing externalisation of on-going issues by leading state departments, low-rank officials of the SED showed a resignation in both directions, towards the demands of the state as well as towards the political-ideological penetration in the local community.⁵⁷³ Another large problem for the GDR, which appears in these reports by the Stasi and for the Ministry of Healthcare, was the continued “Western orientation” of the medical

⁵⁶⁶ “mangelhafte Durchsetzung der Direktive zum Volkswirtschaftsplan [...] der überholten Denkweise mancher Ärzte”. 4th October 1965: Karl-Marx Stadt: SAPMO-BArch, DQ 1/2491.

⁵⁶⁷ “in den Tag hineinleben wollen und von Politik nichts wissen wollen”. 22nd September 1965: Erfurt: SAPMO-BArch, DQ 1/2491.

⁵⁶⁸ “Kommunikés zu Fragen der medizinischen Intelligenz und der Aufgaben des Gesundheitswesens zu überarbeiten, da sie unseres Erachtens nicht mehr dem heutigen Stand der gesellschaftlichen Entwicklung entsprechen”. Ibid.

⁵⁶⁹ “politische Sorglosigkeit”. 14th September 1965: Dresden: SAPMO-BArch, DQ 1/2491.

⁵⁷⁰ “Gesundheitswesen ist nach wie vor das 5. Rad am Wagen”. July 1966: Ideologische Einschätzung Leipzig: SAPMO-BArch, DQ 1/2492.

⁵⁷¹ “Wenn nichts vom Gesundheitswesen drinsteht, brauchen wir es gar nicht zu lesen [...] Wenn es etwas Wichtiges gibt, dann kommen wir schon zusammen”. Ibid.

⁵⁷² “die Parteioorganisation nicht die Initiative der politischen Führung übernimmt. Die leitenden genossen beschäftigen sich nur mit allgemeinen Problemen und nehmen keinen politisch-ideologischen Einfluß”. 30th November 1964: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 5-6.

⁵⁷³ See here George Last (2009), who examines this reluctance by local SED cadres in the area of agriculture. George Last, “Rural Functionaries and the Transmission of Agricultural Policy: The Case of *Bezirk* Erfurt from the 1960s to the 1970s,” in *Power and Society in the GDR 1961-1979. The ‘Normalisation of Rule’?*, ed. Mary Fulbrook (New York, Oxford: Berghahn Books, 2009), 82; Fulbrook, “The Concept of ‘Normalisation’,” 24-25.

intelligentsia.⁵⁷⁴ The “aggressiveness of Imperialism”⁵⁷⁵ was still not fully recognised, as doctors refused arguments about the threat of war, suspecting that the SED was exaggerating and asking cynically “why do we [GDR] not start with disarmament and set an example?”.⁵⁷⁶ Doctors still refused to condemn West Germany and their colleagues in order to maintain connections, as well as claiming to depend on West Germany’s research progress for their practice.⁵⁷⁷ Therefore, as the Stasi for a specific district further evaluated, “the majority of the medical intelligentsia [would] disagree with the measures of the 13th of August 1961”⁵⁷⁸, not least because “the vast majority [...] still belong to medical societies, which are based in West Germany”.⁵⁷⁹ This extraordinary West link, in this regard, was a hallmark of the medical intelligentsia and their special circumstances of the GDR. Subsequently in the view of the SED, doctors have been “wanderers between two worlds”, critical in political, ideological and economic manners, which led some of them to the decision to find other ways of leaving the GDR.⁵⁸⁰ With the erection of the Wall, the exodus out of the ranks of the medical intelligentsia did not completely stop, but instead emerged in new forms. The term ‘trafficking [*Schleusung*]’ could now be found in the Stasi reports and started to become an increasing problem for the SED, although never on the scale seen before the Wall.⁵⁸¹ Because this issue in the sixties was still in its initial stage, the following chapter will examine its development in the seventies. However, to illustrate the clash of ideology and the different perception towards West Germany once again, the medical intelligentsia would try, according to the Stasi report, to reach “objectivity” by “listening to and watching the West radio and TV stations and reading West German newspapers and journals”.⁵⁸² This was a fallacy, as the Western press was correspondingly shaped by certain intentions, for example the non-recognition of the GDR as a legal state. However, the reports on political or economic problems in the Eastern bloc were, as mentioned, quicker and more comprehensively done by the Western

⁵⁷⁴ “Westorientierung”. 4th October 1965: SAPMO-BArch, DQ 1/2491.

⁵⁷⁵ “Aggressivität des Imperialismus”. 14th September 1965: Frankfurt/Oder: SAPMO-BArch, DQ 1/2491.

⁵⁷⁶ “Wird schon nicht so schlimm sein, übertreibt ihr da nicht? [...] Warum fangen wir nicht mit der Abrüstung an und geben dafür ein Beispiel?”. July 1966: SAPMO-BArch, DQ 1/2492.

⁵⁷⁷ The Stasi report notes that doctors would try “to resume again or expand the contacts to their colleagues to West Germany” [die Kontakte zu ihren Berufskollegen nach Westdeutschland wieder aufzunehmen bzw. zu erweitern]. 30th November 1964: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 7-8.

⁵⁷⁸ “der größte Teil der medizinischen Intelligenz mit dem Maßnahmen vom 13. August 1961 nicht einverstanden”. Ibid., Bl. 7.

⁵⁷⁹ “Die überwiegende Mehrzahl [...] gehört noch medizinischen Gesellschaften an, die in Westdeutschland ihren Sitz haben”. Ibid., Bl. 11.

⁵⁸⁰ “Wanderer zwischen zwei Welten”. Ibid., Bl. 9.

⁵⁸¹ According to the Stasi report of Karl-Marx Stadt [now Chemnitz], eleven doctors planned to leave the GDR in 1962, 18 in 1963 and in the first half of 1964 already 12. From this attempts, one was successful in 1962, six in 1963 and already 3 in the first half of 1964. Ibid., Bl. 12.

⁵⁸² “Objektivität [...] im Hören und Sehen westlicher Rundfunk- und Fernsehstationen und im Lesen westdeutscher Zeitungen und Zeitschriften”. Ibid., Bl. 7.

news than by news services in the East, which the latter tried to depict as well-functioning and fundamentally better under Socialism.

Another issue undermining the healthcare system in the second half of the sixties represented an internal exodus: the departure of staff from hospitals and state clinics. Even when this fluctuation mainly involved nurses, rather than the medical intelligentsia, it illustrated an important insight. As the statement of the presidium of the healthcare department of the FDGB at the end of 1965 described, nurses intended, because of underpayment, to establish a separate association for themselves and their interests. The presidium did “point out this issue a priori and with emphasis, in order to avoid a similar situation as it was years ago with the idea of creating a medical association” and, therefore, the representation could only be by the FDGB.⁵⁸³ This interesting parallel to the demand by the medical intelligentsia for a BdÄ shows that ambitions for independent professional associations had no political base. Furthermore, when the SED made this concession in December 1960, with the erection of the Wall it was immediately clear that this had no chance of realisation anymore and the only remaining question for the SED was how to repeal it without causing too much turmoil. In the case of the nurses, the SED had the same problem as with the medical intelligentsia regarding increasing comparisons with West Germany, encouraged by unqualified local cadres, featuring “in discussions mostly in the defensive and answer questions, petitions and demands”.⁵⁸⁴ But more than these ideological educational problems, the functionality of the health care system was endangered by the lower working and living conditions relative to other areas, which would not only be a problem “for nurses, but also for many other groups of employees”.⁵⁸⁵ Therefore, the presidium concludes, “if [the GDR did not] achieve something in these areas soon, we will lose more employees, since in addition to improving its financial situation in the industry in the near future, further benefits are expected, which could increase fluctuations for us [in healthcare]”.⁵⁸⁶ To counteract this phenomenon, it would “be necessary, as unreal as it may seem, that even in healthcare ways of reducing the

⁵⁸³ “Auf dieses Problem [...] von vornherein und mit Nachdruck hinweisen, um nicht in eine ähnliche Lage zu geraten, wie sie vor Jahren mit dem Gedanken der Schaffung eines Ärztesbundes entstand”. 7th November 1965: Stellungnahme des Präsidiums des Zentralvorstandes der Gewerkschaft Gesundheitswesen zu den Schwesternproblemen: SAPMO-BArch, DY 41/371.

⁵⁸⁴ “bei diesen Diskussionen zumeist in der Defensive und beantworteten Fragen, Eingaben und Forderungen”. Ibid.

⁵⁸⁵ “für die Schwestern, sondern zugleich für viele andere Beschäftigungsgruppen”. Ibid.

⁵⁸⁶ “Wenn wir auf diesen Gebieten nicht bald etwas erreiche, werden uns weitere Arbeitskräfte verlorengehen, da neben der finanziellen Besserstellung in der Industrie in nächster Zeit noch weitere Vergünstigungen zu erwarten sind, die die Fluktuation bei uns verstärken könnten”. Ibid.

working hours and also the introduction of the five-day week” would need to be sought.⁵⁸⁷ In April 1966 with a nursing conference in Dresden, the SED introduced a new benefit system for nurses.⁵⁸⁸ The fluctuation of middle medical personnel represented a complex issue, which definitely was not specific to Socialism, but was afflicting the already burdened healthcare system in a new way.

Nevertheless, these reports of criticism, problems and concerns emanating from doctors did not lead to greater dedication of the SED towards the healthcare system. Spaar (2000) identifies that in the VII Party Conference in 1967, beside a general report, “not in any of the presentations, [...] was a position taken towards healthcare or further orientation given”.⁵⁸⁹ This lack of interest in the medical area was surprising considering that healthcare represented “the biggest cost” to the social insurance system of the GDR.⁵⁹⁰ Only in the discussion after the presentations, was the problem of a larger emphasis on the production of pharmaceutical products argued in order to become more independent.⁵⁹¹ However, this found no approval, which, according to Spaar (2000), “led constantly to supply shortages for pharmaceuticals in the GDR’s healthcare in the later years and certainly [would be] also, for the structural policy in the economy, a serious mistake”.⁵⁹² In the end, according to Spaar (2000), this conference concluded that the healthcare system would need to “gradually pass over from the aggregate to the performance related grant funding and enforce the principles of scientific rigor in unity with economic thought and action”.⁵⁹³ This represented only a renewed proclamation in the direction of the movement of comparison and other forms of socialist competition. A district report for the presidium of the department of healthcare by the FDGB evaluated the reaction towards the VII Party Conference of the SED. There were practically only affirmative opinions, which seemed to be blurred with the previously mentioned lack of direct measures to change the situation within

⁵⁸⁷ “erforderlich, so unreal wie es erscheinen mag, auch im Gesundheitswesen nach Wegen der Verkürzung der Arbeitszeit und auch der Einführung der 5-Tage-Woche zu suchen”. 7th November 1965: SAPMO-BArch, DY 41/371.

⁵⁸⁸ *Protokoll der Verhandlungen des VII. Parteitages der SED*, 132; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 46-47.

⁵⁸⁹ “in keinem der Referate, [...] zum Gesundheitswesen Stellung genommen bzw. eine weiterführende Orientierung gegeben”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 47; *Protokoll der Verhandlungen des VII. Parteitages der SED*, 129-133

⁵⁹⁰ “größter Kostenverursacher”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 47.

⁵⁹¹ *Ibid.*, 48.

⁵⁹² “führte in den späteren Jahren im DDR Gesundheitswesen immer wieder zu Versorgungsschwierigkeiten bei Arzneimitteln und war zweifellos auch für die Strukturpolitik in der Wirtschaft ein schwerer Fehler”. *Ibid.*

⁵⁹³ “schrittweise von der brutto- zur leistungsbezogenen Zuschussfinanzierung überzugehen und die Prinzipien der Wissenschaftlichkeit in Einheit mit ökonomischen Denken und Handeln durchzusetzen.” *Ibid.*

the healthcare system.⁵⁹⁴ However, one chief doctor showed a ‘negative opinion’, stating that West Germany would not be a foreign country, the GDR would enforce the demarcation between these countries and the assumption of existing nuclear weapons on the West German side would only be SED propaganda. He gained support from another doctor, who seconded this argument and made the criticism “that an ox would better understand one’s personal issues than ‘those up there’”.⁵⁹⁵ In an appendix to this report, these single cases led to an actual disciplinary dispute. The chief doctor referred in his defence to the fact that he had only tried to provoke an interesting discussion. Other personnel of the hospital lent support and tried to protect him in this regard; pointing out, that his skills were widely recognised.⁵⁹⁶ However, as the report of the conclusion of this case continued, one member of the SED testified that he “always argues like this and constantly provokes officials, in particular”.⁵⁹⁷ Furthermore, it was “also known that he [would be] very rough in dealing with patients and also with staff, shouts at colleagues and basically tolerates only his own opinion”.⁵⁹⁸ Interestingly, because of this statement by one SED member, the chief doctor lost his position as a consequence of this disciplinary procedure. The case of the other doctor, who had previously supported him, and “who also appeared provocative in the first meeting”, it was “decided to reset him for at least one year from his recognition as medical specialist and also to transfer him to another district”, as well as “the hitherto practised sports medical activity is [to be] taken from him immediately”.⁵⁹⁹ Both decisions clearly had dramatic effects on the careers of these doctors. This exemplifies how far the SED was willing and able to go in seeking to enforce their leading political and ideological position within the medical institutions. Such authority was only possible in the ‘shadow of the Wall’.

According to Spaar (2000), already by 1971 fifty per cent of the total 27,925 doctors in the GDR had received their university degree after 1961.⁶⁰⁰ Not only does he recognise that this represented “a significant structural change within the medical profession”⁶⁰¹, but also Ross (2000) and Fulbrook (2005) point out, a younger generation of medical professionals was emerg-

⁵⁹⁴ April 1967: Informationsbericht Zentralvorstand, Reaktionen auf den VII. Parteitag der SED, Cottbus: SAPMO-BArch, DY 41/363.

⁵⁹⁵ “daß man eher bei einem Ochsen Verständnis für persönliche Fragen fände, als bei ‘denen da oben’”. Ibid.

⁵⁹⁶ Anhang: Zusammenfassung Fall Dr. [...]: SAPMO-BArch, DY 41/363.

⁵⁹⁷ “immer so diskutiere und ständig, besonders Funktionäre provoziert”. Ibid.

⁵⁹⁸ “Er ist außerdem dafür bekannt, daß er beim Umgang mit Patienten und auch mit dem Personal sehr grob ist, die Kollegen anschreit und im Wesentlichen nur seine Meinung gelten läßt”. Ibid..

⁵⁹⁹ “der in der ersten Versammlung ebenfalls provokatorisch auftrat, wurde entschieden ihn mindestens für ein Jahr von der Facharztanerkennung zurückzustellen und ihn außerdem in einen anderen Kreis zu versetzen. Die bisher ausgeübte sportärztliche Tätigkeit wird ihm ab sofort entzogen”. Ibid.

⁶⁰⁰ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 52.

⁶⁰¹ “einem erheblichen Strukturwandel innerhalb der Ärzteschaft”. Ibid.

ing, which had been “almost entirely socialized under the GDR”.⁶⁰² Thus, the SED was aware and wanted, as already identified, to reduce the influence of older generations towards the young and to educate the new generation in a more socialistic way. The ‘youth communiqué’ in September 1963 can be seen in this manner, even if it had already been repealed by 1965 because of ‘non-acceptable’ forms of Western influence and appearances.⁶⁰³ On the other hand, the SED were permanently reforming medical studies to further their purposes. In the reform paper of Jena in 1965, they declared “that the political-ideological, higher educational and methodical issues have to receive more attention than before”.⁶⁰⁴ A majority of students would recognise the SED policies as ‘right’, but, contradictorily, there was still “wrong behaviour of the students”, who were “expressing concerns and showing confusion, which are due to their insufficient knowledge of the policies of party and government”.⁶⁰⁵ As the document concluded, “despite concrete achievements in academic reform, the separation of the professional content from political and ideological substance, of his political-educational tasks [would] generally not [have been] overcome”.⁶⁰⁶ This appeared, not as Spaar (2000) states, that “the study of medicine could be linked conceptually with the needs of society”⁶⁰⁷, but rather represents an indication, as Fulbrook (2005) points out, that the older generation of lecturers at universities as well as other students from a middle-class background were preventing a profound transformation of the medical intelligentsia.⁶⁰⁸ The SED hoped to change the structural formation of the social group of doctors by encouraging students from workers’ and peasants’ families to study medicine.⁶⁰⁹ Nevertheless, until the end of the sixties, these desired changes failed to appear, due to the continuing influence of the bourgeoisie milieu, to which these students became introduced.⁶¹⁰ Additionally, as Ross (2000) identifies, despite all efforts of the SED, the young remained fascinated

⁶⁰² Ross, *Constructing Socialism at the Grass-Roots*, 194; Fulbrook, *The People’s State*, 205-206.

⁶⁰³ “Der Jugend Vertrauen und Verantwortung. Kommuniqué des Politbüros des Zentralkomitees, 17. September 1963,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band IX* (Berlin: Dietz Verlag, 1965), 679-706; Especially Honecker, as Fulbrook (2005) identifies, was always against the opening of youth subcultures and was, therefore, one of the initiators, which “determined to provoke an incident that could then be used to justify the policy changes that had already been decided on” (131). Fulbrook, *The People’s State*, 130-131.

⁶⁰⁴ “daß den politisch-ideologischen, hochschulzieherischen und methodischen Fragen mehr Aufmerksamkeit als bisher geschenkt werden muß”. January 1965: Jena: SAPMO-BArch, DQ 1/1876.

⁶⁰⁵ “falsche Verhaltensweisen der Studenten, werden Bedenken geäußert und treten Unklarheiten auf, die in der ungenügenden Kenntnis der Politik von Partei und Regierung begründet sind”. Ibid.

⁶⁰⁶ “Trotz konkreter Erfolge in der Studienreform [würde] die Trennung des fachlichen Inhalts vom politisch-ideologischen Wesensgehalt, von seiner politisch-erzieherischen Aufgabenstellung im Allgemeinen nicht überwunden”. Ibid.

⁶⁰⁷ “konnte das Medizinstudium konzeptionell mit den gesellschaftlichen Erfordernissen in Übereinstimmung gebracht werden”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 45.

⁶⁰⁸ Fulbrook, *The People’s State*, 205.

⁶⁰⁹ Ibid.

⁶¹⁰ Ibid.

by Western culture, even when they were socialised in the GDR under the conditions of being ‘Walled in’.⁶¹¹ The influence over the border remained as well as the fact, as King and Szelényi (2004) note, that reformers and opposition “often came from cadre families”, to the chagrin of the SED.⁶¹²

The “year of turnaround” came with the Prague Spring in 1968.⁶¹³ The economic reform of the NÖS was reconsidered and Ulbricht now declared the aim of ‘Overtaking without Catching Up [Überholen ohne Einzuholen]’, meaning that the GDR wanted to overtake West Germany in some areas of industry, rather than for the whole economy.⁶¹⁴ However, with the military intervention in the Czech Republic, the beginning of the end of any reforms and of Ulbricht became obvious.⁶¹⁵ New economic problems in the GDR at the end of the sixties, caused by a harsh winter in 1969/70, led Ulbricht to openly criticise the SU for hindering exports as well as to show interest in improving trade with the West.⁶¹⁶ He proclaimed the introduction of extensive reform, believing that the SU should follow the example of the GDR.⁶¹⁷ Indeed, this led to a conflict both externally and internally. With the preparation for the VIII Party Conference, personal conflicts were raised once again and the end of the NÖS was decided in December 1970.⁶¹⁸ For the health care system, Spaar (2000) concludes, that “the increasingly unrealistic implementation of the NÖS” had, had an “impact, especially in the growing deficits of materiel-technical protection of medical care”.⁶¹⁹ This led to “criticism among doctors and nurses, but also by the affected patients” and was also caused by underpayment in comparison to the average salary in the area of industry.⁶²⁰ David and Matthias (2000), also former GDR functionaries, point out, that “all of these concepts corresponded to the euphoria of the time and the social system, that everything could be planned, managed, organised and coordinated, and statutes, agreements and establishments of commissions would solve the problems”.⁶²¹ Nevertheless, even when “existing prob-

⁶¹¹ Ross, *Constructing Socialism at the Grass-Roots*, 195.

⁶¹² King and Szelényi, *Theories of the New Class*, 92.

⁶¹³ Ibid., 100; Grieder, “The leadership of the SED under Ulbricht,” 31.

⁶¹⁴ Kopstein, *The Politics of Economic Decline in East Germany*, 65-67.

⁶¹⁵ Grieder, “The leadership of the SED under Ulbricht,” 30-31; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 25.

⁶¹⁶ Kopstein, *The Politics of Economic Decline in East Germany*, 69.

⁶¹⁷ Ibid.

⁶¹⁸ Ibid., 66; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 29-32 and 53; Stelkens, “Machtwechsel in Ost-Berlin,” 505.

⁶¹⁹ “die zunehmend lebensfremde Durchsetzung des NÖS[...] vor allem in wachsenden Defiziten der materiell-technischen Absicherung der medizinischen Betreuung auswirkte“. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 54.

⁶²⁰ “Kritik bei den Ärzten und Schwestern, aber auch bei den betroffenen Patienten”. Ibid.

⁶²¹ “entsprachen alle diese Konzeptionen der Euphorie der Zeit und Gesellschaftsordnung, dass alles planbar, leitbar, organisierbar und koordinierbar sei, und Statuten, Vereinbarungen und Kommissionsbildungen, Probleme

lems have been solved [...] also new ones have been created”, caused by the fact, in their view, that “the basic contradiction remained [...] that ideology cannot replace long-term financial resources”.⁶²² This issue would remain in the seventies and correspondingly increased the deficits. The Ulbricht era had ended already with a letter from 13 members of the Politburo to Brezhnev in January 1971, stating Ulbricht was responsible for the economic problems, because his ideas and views were too far from reality.⁶²³ His official resignation on the 3rd May 1971 caused by external and internal opposition to his personality represented the end of any ambitions in the direction of a technocracy.⁶²⁴ As Stelkens (1997) points out satirically, “at the end of his life, Ulbricht experienced the dense control system, which he himself had created, on his own self”.⁶²⁵ Erich Honecker, who now took over, spied on Ulbricht and kept him under tight control, because he was afraid that Ulbricht might talk about his deposition and try to take vengeance.⁶²⁶ With Honecker, a new era of policies arose and had an impact on the healthcare system and on the relationship between the medical intelligentsia and the SED. We might conclude, as Ross (2000) does, about the decade of the sixties that “the Wall may indeed have *enhanced* the regime’s stability and ability to control matters at the grass-roots, but its power to do so was still limited in many of the same ways as before”.⁶²⁷ The SED, it appears, had reached a permanent ceiling in their relationship with the medical intelligentsia. At first, they had to repeal concessions, which were very popular with doctors and contributed to criticism towards the consistency of government policies. Accordingly, the reason for change towards the medical intelligentsia was to be found mostly in the fact that many of these grants were not compatible with socialist principles and that they were indeed only approved because of the predicaments before the erection of the Wall. Secondly, the increasing membership of party organisations, such as the FDGB, led not to the desired increase in a ‘socialist consciousness’. It was rather an opportunity used by the medi-

lösen könnten”. Hans David and Hans-Jürgen Matthies, “Medizinische Wissenschaft und Forschung, Förderung der medizinischen Intelligenz,” in *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV: Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961 – 1971)*, ed. Horst Spaar (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000), 78.

⁶²² “wurden [...] bestehende Probleme gelöst, aber dafür gleichzeitig neue geschaffen. Der Grundwiderspruch, dass Ideologie langfristig nicht finanzielle Mittel ersetzt, blieb bestehen.” Ibid., 78-79.

⁶²³ Stelkens, “Machtwechsel in Ost-Berlin,” 507-509.

⁶²⁴ “Kommuniqué der 16. Tagung des Zentralkomitees, 3. Mai 1971,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band XIII* (Berlin: Dietz-Verlag, 1974), 156-157; Stelkens, “Machtwechsel in Ost-Berlin,” 503; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV*, 34-35.

⁶²⁵ “An seinem Lebensende erfuhr Ulbricht das dichte Kontrollsystem, das er selbst mit geschaffen hatte, am eigenen Leibe”. Stelkens, “Machtwechsel in Ost-Berlin,” 505.

⁶²⁶ Ibid., 530-531.

⁶²⁷ Ross, *Constructing Socialism at the Grass-Roots*, 183; Madarász, “Economic Politics and Company Culture,” 74-75.

cal intelligentsia to secure career prospects and reduce political pressure, because they were now in charge at the local levels. Therefore, the decisions, which were made at the highest levels of state, did not get through in the same way to the local level as anticipated. On the one hand, the decisions were increasingly far from the reality of the everyday life of doctors. On the other, local functionaries showed an increasing reluctance and resignation in the implementation of state directives. In ideological ways, the situation seemed to remain the same as before the Wall. The generational change could not have the transformational effect within the medical intelligentsia that the SED desired, because of older generations and 'bourgeois milieus' at the universities and hospitals. Therefore, the ideological disposition, the attitude of being 'apolitical' was still present, and the majority of doctors were just refusing to comment or participate in any political-ideological discussions, even when they were organised in the FDGB. The SED recognised this problem, but with the on-going transfer from specific problems to fundamental ideological questions, doctors seemed to retreat internally even more. Not least, a new form of rejection of the entire socialist system emerged, the so-called 'trafficking' of doctors over the border to West Germany, which increased markedly in the seventies. Subsequently, a 'socialistic alliance' could not be established, even behind the Wall. The situation within the medical intelligentsia changed slightly, in that Honecker found himself dealing with doctors in the following decade.

4. Part II: 1971-1981:

The Medical Elite in the First Decade of Honecker

4.1 Honecker's social political Program and the Healthcare System

After Ulbricht's fall in May 1971, the SED, now under the leadership of Erich Honecker, launched a new approach to GDR society. The VIII Party Congress of the SED in mid-June 1971 was viewed as the official end of Ulbricht's economic reform of the sixties.⁶²⁸ Retrospectively named at the XI Party Conference in 1976, the new orientation of the SED was called the 'Unity of Economic and Social Policy' and represented a decisive point in the GDR's social history.⁶²⁹ The watershed character of the VIII Party Congress of the SED in 1971, contrasting with the era of Ulbricht has often been emphasised in the historical literature. Historians and sociologists describing the first decade under Honecker, have, using here the words of Torpey (1995), characterised this period as "a chastened 'really existing socialism'", which "would seek to raise the standard of living of the East German citizenry in exchange for their loyalty – or at least their passivity – toward the socialist system and its principle force, the SED".⁶³⁰ Now the GDR, according to King and Szelényi (2004), "was a paternalistic system that guaranteed security of tenure for its staff"⁶³¹ and, as Pollack (1998) considers this phenomenon, would have partly replaced the previous dominant apparatus of 'compulsion and repression' with social political measures.⁶³²

For healthcare, the party conference made more general provisions for the next five-year plan from 1971 to 1975. The documents refer to an increase in the quality of healthcare, the renovation and modernisation of its institutions, such as new hospitals, polyclinics and other treatment centres, the expansion of diagnostic equipment in order to reduce average waiting times for patients and to achieve a more rational use of resources.⁶³³ As mentioned before, the planned

⁶²⁸ Horst Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V: Das Gesundheitswesen der DDR in der Periode der weiteren Gestaltung der entwickelten sozialistischen Gesellschaft und unter dem Kurs der Einheit von Wirtschafts- und Sozialpolitik (1971-1981). Teil A* (Berlin: Interessensgemeinschaft Medizin und Gesellschaft e.V., 2002), 6.

⁶²⁹ "Programm der Sozialistischen Einheitspartei, Beschluß des IX. Parteitages vom 22. Mai 1976," in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI* (Berlin: Dietz Verlag, 1980), 41; Kopstein, *The Politics of Economic Decline in East Germany*, 73-74 and 81; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 7.

⁶³⁰ Torpey, *Intellectuals, Socialism, and Dissent*, 65; Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 118; Augustine, "The Power Question," 640.

⁶³¹ King and Szelényi, *Theories of the New Class*, 106.

⁶³² Pollack, "Die konstitutive Widersprüchlichkeit der DDR," 119 Footnote 27. See also: Kopstein, *The Politics of Economic Decline in East Germany*, 81.

⁶³³ "Direktive des VIII. Parteitages der Sozialistischen Einheitspartei Deutschlands zum Fünfjahrplan für die Entwicklung der Volkswirtschaft der Deutschen Demokratischen Republik 1971 bis 1975," in *Dokumente der Sozialis-*

directives, even when passed as law, gave no guarantee of their fulfilment, but, as Fulbrook (2009) points out, led to “widespread expectations for continued improvements in the foreseeable future”, which was indeed the aim of Honecker’s social political program.⁶³⁴ However, this new phase would have according to Spaar (2002) “prepared in the longer term under the influence of external and internal conditions the downfall of the GDR” and thus needs a broader consideration in its particular impact on the healthcare system and the medical intelligentsia.⁶³⁵ This chapter will analyse this phenomenon vicariously by considering the situation of doctors in the region of Karl-Marx-Stadt⁶³⁶ and in the capital of the GDR, Berlin. This analysis will be framed by the Stasi documents about discussions of MfS officials or other high-rank functionaries with the Healthcare Minister Dr. Ludwig Mecklinger, who took over this position from Max Sefrin at the end of 1971, and was the first doctor to hold this position.⁶³⁷

The situation in terms of healthcare in Karl-Marx-Stadt at the beginning of the seventies could be described as dramatic. A Stasi report from 1974 pointed out that in this region one doctor had to treat 800 patients, in comparison to Berlin where the ratio was only 200 to 250 citizens per doctor.⁶³⁸ Indeed, nationally, this city was the lowest ranking locality for healthcare provision. The results of this disparity were “unreasonably long waiting times” and “deficient treatment” for patients, leading to dissatisfaction, frustration and criticism.⁶³⁹ The Stasi reports from 1971 and 1972 attributed this situation specifically to an insufficient implementation of their policies by local state organs. These officials would try to emphasise “objective difficulties”, which limited improvements.⁶⁴⁰ But according to the Stasi, the reason could be found in “the subjective conditioned indifference as well as personal enrichment” and only “in exceptional cases in objective difficulties”.⁶⁴¹ Indeed, in this region, the SED was inhibited in regards to implementing its healthcare policy by low party membership. As the report from 1972 stated, only 29.5 per cent of

tischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XII (Berlin: Dietz Verlag, 1974), 252.

⁶³⁴ Fulbrook, “The Concept of ‘Normalisation’,” 18.

⁶³⁵ “längerfristig unter dem Einfluss äußerer und innerer politischer Bedingungen den Untergang der DDR vorbereitete”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 6.

⁶³⁶ Karl-Marx-Stadt lies in the state Saxony of Germany and was before and after the GDR named Chemnitz.

⁶³⁷ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 25; BStU, MfS, HA XX, 527.

⁶³⁸ 24th May 1974: Entsprechend Ihres Auftrages übersende ich Ihnen eine Information über die Lage im Gesundheitswesen von Karl-Marx-Stadt; an 1. Sekretär der SED Stadt-Leitung: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 32.

⁶³⁹ “unzumutbar lange Wartezeiten” und “mangelhafte Behandlung”. 18th August 1971: Bericht über einige Erscheinungen im Gesundheitswesen des Bezirkes Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 28.

⁶⁴⁰ “objektive Schwierigkeiten”. 13th June 1972: Einschätzung der Lage im Bereich Gesundheitswesen. BStU, MfS, BV Karl-Marx-Stadt, XX, 2381, Bl. 20.

⁶⁴¹ “der subjektiv bedingten Gleichgültigkeit und persönlichen Bereicherung und in Ausnahmefällen in objektiven Schwierigkeiten“. 18th August 1971: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 28.

the overall leading cadres in healthcare in Karl-Marx-Stadt were members of the SED and only 38.8 per cent had a working class origin.⁶⁴² In the hospitals and polyclinics, the situation seemed to be worse, as the SED membership of the medical directors was in both only around 20 per cent.⁶⁴³ Therefore, the lack of improvement in healthcare was, according to the Stasi, based on the “insufficient enforcement of the leading role of the working class”.⁶⁴⁴ The limited penetration of socialist ideology becomes obvious in a statement by a doctor from the region of Karl-Marx-Stadt in September 1973. He and a part of the medical intelligentsia would deny Socialism as a system and only follow the Hippocratic Oath and the bible.⁶⁴⁵ This doctor was critical not only of the fact that career prospects were dependant, on a commitment to Socialism and the SED, but also of the austerity measures in the GDR, which sometimes forced doctors to break their oath.⁶⁴⁶ In particular, he stated, “the equipment in medical jobs, medical devices and laboratory diagnostics in many hospitals are appalling and have been so for years”.⁶⁴⁷ For him, the reasons for these predicaments lay “not only in territorial features, but rather in the massive infiltration of Marxist ideology in healthcare, because it was here, and especially with the medical intelligentsia that a part of the ideological class struggle” had taken place.⁶⁴⁸

The Stasi report about the situation in Berlin in October 1973 bore some similarities to this critique, stating that a part of the medical intelligentsia denied the leading role of the working class, and criticised the loss of their status and the lack of validity on the communiqué on doctors, issued thirteen years before in 1960. The Stasi evaluation in this regard was quite significant, stating that these doctors would “not recognise here that the enforcement of the leading role of the working class represents a part and not the task of the alliance policy”.⁶⁴⁹ Therefore, the Stasi identified three categories of attitudes within the medical intelligentsia, but without any possibility of statistical coverage. As already shown, one group completely denied the leading role of the working class and would have argued instead that the intelligentsia should hold the leading role, “because they were indeed based on their training and their knowledge, the smarter and more

⁶⁴² 13th June 1972: BStU, MfS, BV Karl-Marx-Stadt, XX, 2381, Bl. 19.

⁶⁴³ Ibid.

⁶⁴⁴ “ungenügende Durchsetzung der führenden Rolle der Arbeiterklasse”. Ibid.

⁶⁴⁵ 6th September 1973: Abschrift einer persönlichen Niederschrift des Beschuldigten Dr. [...]: BStU, MfS, BV Karl-Marx-Stadt, AKG, 487, Bd. 2, Bl. 357.

⁶⁴⁶ Ibid., Bl. 358.

⁶⁴⁷ “die Ausstattung mit ärztlichen Arbeitsplätzen, medizinischen Geräten und Labordiagnostiken in vielen Krankenhäusern erschreckend und das schon jahrelang”. Ibid.

⁶⁴⁸ “nicht nur in territorialen Besonderheiten, sondern in der massiven Infiltration der marxistischen Ideologie in das Gesundheitswesen, weil sich hier und vor allem mit der medizinischen Intelligenz ein Teil des ideologischen Klassenkampfes abspielt”. Ibid.

⁶⁴⁹ 26th October 1973: Analyse der politisch-operativen Lage im Bereich des Gesundheitswesens der Hauptstadt der DDR, Berlin: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 160.

superior stratum”.⁶⁵⁰ The second group were against political influence in healthcare and concerned about a loss of prestige after the VIII Party Conference, referring for example to the renewed wave of nationalisation of the remaining partially private companies in the GDR in 1972, expecting similar measures in the healthcare system.⁶⁵¹ They also demanded continuously “secured study opportunities for their children, housing according to their wishes and similar benefits”.⁶⁵² Thirdly, a part of the medical intelligentsia found their fulfilment in the healthcare system of the GDR, but got the impression that their work was unappreciated, resulting in dissatisfaction and high demands.⁶⁵³ That such distinctive lines between these groups can be drawn seems questionable, not least, because beside ideological concerns, these reactions were also based on the problems in the everyday life of doctors, which united all three groups.

Indeed, as the reports clearly illustrated, the main problem, which led to “a strong physical and psychical overload of almost all employees”, was the scarcity of personnel, doctors and nurses, which had already become a significant issue in the previous decade.⁶⁵⁴ This meant not only that one doctor had to treat increasing numbers of patients, but also that in addition to his main work odd jobs were added. The report on Berlin in 1973 described such jobs “like getting bed sheets, X-ray films and other work material” as well as doctors “having to do extensive paperwork or take care of painting, building maintenance, gardening etc.”.⁶⁵⁵ This of course led to the reduction of working time for patients and with the high number of patients per doctor, the stress and work overload meant longer waiting times for patients. Subsequently, another result was the poor sanitary situation of many hospitals, where, as one report stated, “bed sheets were not changed for up to 8 weeks”, because of the lack of personnel.⁶⁵⁶ It was a downward spiral ending in frustration, anger and resignation from the medical intelligentsia, other employees and patients.

A further problem represented was the condition of the hospitals themselves. In both Karl-Marx-Stadt and Berlin only the few newest health institutions would meet the requirements

⁶⁵⁰ “denn sie sei ja auf Grund ihrer Ausbildung und ihres Wissens die klügere und überlegenere Schicht”. 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 165.

⁶⁵¹ 13th June 1972: BStU, MfS, BV Karl-Marx-Stadt, XX, 2381, Bl. 22; Kopstein, *The Politics of Economic Decline in East Germany*, 77-78; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 9.

⁶⁵² “gesicherte Studienplätze für ihre Kinder, Wohnraum nach ihren Wünschen und ähnliche Vergünstigungen”. 13th June 1972: BStU, MfS, BV Karl-Marx-Stadt, XX, 2381, Bl. 22

⁶⁵³ 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 165.

⁶⁵⁴ “eine starke physische und psychische Überbelastung fast aller Beschäftigten”. Ibid.

⁶⁵⁵ “wie Bettwäsche, Röntgenbilder u.a. Arbeitsmaterialien besorgen”; “umfangreiche Schreibarbeiten erledigen oder sich um Malerarbeiten, Gebäudeinstandhaltung, Gartenarbeiten u.a.m. kümmern”. Ibid., Bl. 166.

⁶⁵⁶ “Bettwäsche bis zu 8 Wochen nicht gewechselt wird”. 18th August 1971: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 33.

of a modern hospital, the vast majority, however, were old and had many structural problems.⁶⁵⁷ Financial sources were often insufficient or even cut back so that the doctors and nurses also often had to work within construction sites or face delays in renovating. For example, one hospital in Berlin suffered storm damage in November 1972; however, by October 1973 this had still not been repaired, causing further damage to the building as well as to newly reconstructed rooms.⁶⁵⁸ Additionally, and in particular for Karl-Marx-Stadt, there was another problem, that of the supply of pharmaceuticals and medical equipment. In 1971, there were 29 medicines of medium importance unavailable or of only limited availability and scarcities of X-ray films, breast pumps, thermometers and syringes, which were all critical basic materials for hospitals.⁶⁵⁹

It was in this context that Honecker's SED launched its social political program. In April 1972, the first general decision was adopted in order to increase pensions, provide support for working mothers and young marriages as well as to reduce the rent of new apartments in the popular 'prefabricated buildings' [*Neubaumwohnungen in den Plattenbauten*], which led to actual improvements of the working and living conditions of the people in general in the short term.⁶⁶⁰ Healthcare was also addressed in this year, as abortion became legalised in March, which eliminated illegal abortion and the cases of mortality that had resulted from 'backyard abortions'.⁶⁶¹ The decision was strongly connected with the changed, politicised role of women in the GDR.⁶⁶² Another important stage of enforcing socialist principles represented the push back of the phenomenon of private treatments for cash in the same year. In June 1972, the FDGB made the suggestion to change this step by step until 1975, but "these measures, considering their political impact, are to be prepared and implemented carefully in unity of targeted political and ideological work, legal regulations and secure the growing quality of the medical work with the state health institutions".⁶⁶³ The Stasi report of Karl-Marx-Stadt from 1971 considered private treatment a problem, referring to private patients receiving direct admission to the hospitals, in contrast to 'ordinary' patients. Doctors would agree to treat private patients, because of the possibility of

⁶⁵⁷ 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 169.

⁶⁵⁸ Ibid.; See also: Allinson states that "roof repairs were a general concern, and waiting times up to two years were not unusual". Mark Allinson, "1977: The GDR's Most Normal Year?," in *Power and Society in the GDR 1961-1979*, ed. Mary Fulbrook (New York, Oxford: Berghahn Books, 2009), 264.

⁶⁵⁹ 18th August 1971: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 36-37.

⁶⁶⁰ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 10.

⁶⁶¹ Ibid., 10 and 26-27.

⁶⁶² An important insight has been given by Donna Harsch, "Society, the State, and Abortion in East Germany, 1950-1972," *The American Historical Review* 1 (1997): 53-84.

⁶⁶³ "Diese Maßnahmen sind in Anbetracht ihrer politischen Auswirkung sorgfältig vorzubereiten und in Einheit von gezielter politisch-ideologischer Arbeit, gesetzlicher Regelungen und der Sicherung der wachsenden Qualität der medizinischen Arbeit der staatlichen Gesundheitseinrichtungen durchzuführen". SAPMO-BArch, DY 34/15315.

higher income and the lower tax rates of ten per cent, making private treatments particularly attractive. However, the problem was that doctors used the state institutions as well as the funding for private patients, to the detriment of others.⁶⁶⁴ Therefore, in the case of Karl-Marx-Stadt, already by June 1972 private treatments and payments were prohibited.⁶⁶⁵ But this alone could not change the situation in this region, as the report continued, as it would be “significant, [that] the ‘discussion material’ published by the health department of the council of the city [...] contained almost only findings on deficiencies and shortcomings in the healthcare of the city”.⁶⁶⁶

In June 1973, the SED considered a new comprehensive measure, dedicated to the healthcare system and their employees, in order to improve their work and living conditions. The problems of personnel scarcity and the continuing fluctuations in other areas were recognised and were to be countered with increases and improvement of the award system.⁶⁶⁷ It was especially problematic that “the efforts of many doctors and employees of healthcare for a rapid implementation of new scientific knowledge could – especially due to the material and technical supply situation – not be fulfilled in its entirety”.⁶⁶⁸ Compared with the circumstances described in Berlin and Karl-Marx-Stadt, this analysis appears rather euphemistic. Nevertheless, when this came to an official decision on the 25th September 1973, it appeared as one of the most significant measures in regard to the healthcare system of the GDR in the seventies. In this document, the SED praised the work of doctors and nurses and decided to support the development of better healthcare in different areas. Key objectives were the reduction of waiting times, increased numbers of doctors and specialists, new buildings for hospitals and outpatient treatment and in modernising and expanding already existing institutions and their facilities.⁶⁶⁹ Secondly, the decision placed emphasis on the improvement of healthcare in Berlin and the necessity of both finishing construction and initiating the building of new hospitals as well as increasing the number

⁶⁶⁴ 18th August 1971: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 33.

⁶⁶⁵ 13th June 1972: BStU, MfS, BV Karl-Marx-Stadt, XX, 2381, Bl. 19.

⁶⁶⁶ “Bezeichnenderweise sind in dem von der Fachabteilung Gesundheitswesens des Rates der Stadt Karl-Marx-Stadt herausgegebenen ‘Diskussionsmaterial’ [...] fast nur Feststellungen über Mängel und Mißstände im Gesundheitswesen der Stadt vorhanden”. Ibid., Bl. 20.

⁶⁶⁷ 12th June 1973: Vormaterialien zum Beschluß vom 25.9.1973 zur Verbesserung der Betreuung der Bevölkerung und der Arbeits- und Lebensbedingungen der Mitarbeiter des Gesundheits- und Sozialwesens: SAPMO-BArch, DQ 1/10757.

⁶⁶⁸ “Das Bestreben vieler Ärzte und Mitarbeiter des Gesundheitswesens nach rascher Umsetzung neuer wissenschaftlicher Erkenntnisse konnte - besonders aufgrund der materiell-technischen Versorgungssituation - nicht im vollen Umfang entsprochen werden”. 12th June 1973: SAPMO-BArch, DQ 1/10757.

⁶⁶⁹ “Gemeinsamer Beschluß des Politbüros des Zentralkomitees der SED, des Ministerrates der DDR und des Bundesvorstandes des FDGB über weitere Maßnahmen zur Durchführung des sozialpolitischen Programms des VIII. Parteitagés der SED, 25. September 1973,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band XIV* (Berlin: Dietz Verlag, 1977), 404-406.

of personnel in order to reach a proportion of one doctor to 500-520 citizens in all regions by 1980.⁶⁷⁰ For the workplace, they declared expanded health protection, especially for workers with mental or physical disabilities, who should be more integrated and the expansion of special work places enforced. Furthermore, health insurance coverage was increased, for example, wheelchair use was fully covered from July 1973 onward, which also served to increase the expenses for general insurance, in contrast to the stable rates for employees.⁶⁷¹ In part four of this document, the medical intelligentsia was directly addressed, with the establishment of new awards and an annual surcharge depending on work years from two to ten years, with a maximum of 450 to 750 Mark introduced. This and the ‘Medal for Faithful Service [*Medaille für treue Dienste*]’ in bronze, silver or gold for ten, twenty or thirty years, was to be awarded annually on the symbolic day of healthcare on the eleventh of December.⁶⁷² A further decision was that the award fund as well as a new cultural and social fund for every state employee would have to be established. Doctors with ten or more years of work in healthcare institutions would receive higher pensions and in general, they were supposed to be released largely from paperwork and administrative tasks.⁶⁷³

This represented a big social political ‘parcel’ for the medical intelligentsia. As Spaar (2002) points out, nurses and other mid-level health personnel were mainly left out of this decision, because it would have been not fiscally possible to grant a similar increase in their salaries at this time. On the other hand, as he continues, was the suggestion of a step-by-step and economically more bearable implementation denied in order to reach a positive political effect with the medical intelligentsia.⁶⁷⁴ Accordingly, on the 27th of September 1973, the minister of the MfS, Erich Mielke, released a ‘confidential classified document [*Vertrauliche Verschlussache -VVS*]’ to every district administration of the Stasi in order to request an analysis of the reaction to the measure of the 25th of September by answering a nine page long question sheet. The local administrations were supposed to submit their results by the end of October to the ‘Central Evaluation and Information Group [*Zentrale Auswertungs- und Informationsgruppe – ZAIG*]’ of the MfS.⁶⁷⁵ A further document of the ministry for healthcare redefined the decisions in October 1973 and concluded that “everybody [would] feel how pleasant the policies of party and government are,

⁶⁷⁰ “Gemeinsamer Beschluß, 25. September 1973,” 406-408.

⁶⁷¹ Ibid., 408-409; See also Chapter 1.3: The additional cost incurred had to be carried by the state budget because the SED held health insurance premiums to 1950s levels to ensure ‘social peace’.

⁶⁷² “Gemeinsamer Beschluß, 25. September 1973,” 410.

⁶⁷³ Ibid., 410-411.

⁶⁷⁴ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 29.

⁶⁷⁵ 27th Sept. 1973: Aufklärung und Analyse der politisch operative Lage im Bereich des Gesundheitswesens der DDR: BStU, MfS, BdL-Dok, Nr. 4668, Bl. 1-11.

since the VIII Party Congress impacts the lives of people in their everyday life”.⁶⁷⁶ And also Spaar (2002) argues similarly, stating that these measures would have been especially welcomed by the medical intelligentsia, with the majority having the impression “that the healthcare system is from now on no longer the fifth wheel on the wagon”.⁶⁷⁷ Consequently, in Spaar’s (2002) opinion, these policies led to the most successful decade for healthcare in the GDR.⁶⁷⁸ These generally positive evaluations will be considered in the context of a series of Stasi reports from Berlin and Karl-Marx-Stadt.

In Berlin, according to the Stasi report at the end of October, the measures of the 25th of September 1973 had been “generally welcomed” by the medical intelligentsia, even though some doctors would have considered them as long overdue.⁶⁷⁹ The reaction itemised in the different situations in Berlin’s hospitals showed that in one hospital, where a ‘comprehensive’ discussion took place, for the first time a generally positive reaction was recorded. The employees also discussed improvements in their particular hospital to counter their bad reputation with citizens.⁶⁸⁰ However, other hospitals did not show such a ‘progressive’ response. In one hospital, “station by station personnel meetings were held, in which doctors, nurses and technical personnel have been prompted to welcome the measures”.⁶⁸¹ In the opinion of the Stasi, this kind of insufficient evaluation of the measures would lead to undesirable ‘negative’ reactions, especially as this particular meeting was held “during the working time in which little time is allowed for discussions”, and thereby no opinions were given.⁶⁸² In another Berlin hospital, a medical state official called on the morning of the day when the measure had just been published, asking “where the obligations of the employees remain”, leaving no time for comprehensive discussions.⁶⁸³ The SED apparently failed again to win with political measures the more comprehensive support of the medical intelligentsia due to both the reluctance of doctors as well as the inappropriate actions of the local officials.

In Karl-Marx-Stadt, as a Stasi report in May 1974 noted, the social political measures and income increases had, in the view of doctors, “come much too late and were also not compre-

⁶⁷⁶ “Jeder spürt, wie wohltuend sich die Politik der Partei und Regierung seit dem VIII. Parteitag auf das Leben der Menschen im Alltag auswirkt”. 5th October 1973: SAPMO-BArch, DQ 1/10757.

⁶⁷⁷ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 30.

⁶⁷⁸ *Ibid.*, 36.

⁶⁷⁹ “insgesamt begrüßt”. 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 160-161.

⁶⁸⁰ *Ibid.*, Bl. 161.

⁶⁸¹ “So fanden stationsweise Belegschaftsversammlungen statt, in denen die Ärzte, Schwestern und das technische Personal aufgefordert wurden, die Maßnahmen zu begrüßen”. *Ibid.*

⁶⁸² “während der Arbeitszeit [...], die wenig Zeit für Diskussionen zuließ”. *Ibid.*

⁶⁸³ “wo die Verpflichtungen der Mitarbeiter bleiben”. *Ibid.*

hensive”.⁶⁸⁴ In particular, here, doctors and other healthcare employees were confronted with a remaining scarcity of personnel and increasing dilapidation of the building structures of their institutions, which often were described as “unworthy”, and had a general limiting impact on medical service.⁶⁸⁵ In this regard the Stasi report concluded, Karl-Marx-Stadt had an “urgent need for reconstruction” and “in almost all the hospitals of the city, worthy preservations and new building measures [would be] required so that the clinic operation can be continuously maintained”.⁶⁸⁶ Furthermore, “due to the shortage of labour, patients would often be used to do work, such as to clean the rooms, to prepare the meals, for patient transport within the hospital, etc.” and represented further issues, which led to protests and criticisms from leading doctors in this area.⁶⁸⁷

“Our state does not have to wonder, if the employees run away from the healthcare system”, was a typical statement of doctors, referring to the differences in income between different areas.⁶⁸⁸ The report of the Stasi pointed out in this regard that “an untrained crane driver would earn monthly 1,200 Mark and a doctor with professional training between 900 to 1,000 Mark without taxes in a month”; a fact that had often been criticised.⁶⁸⁹ The medical intelligentsia argued that the financial situation had not changed over the years, in contrast to other areas; rather a reduction of income due to the decrease of work places had been the case.⁶⁹⁰ Doctors in Berlin viewed their situation similarly. A street cleaner had a monthly income of 1000 Mark in Berlin, similar to that of a surgeon, however, with not as much responsibility.⁶⁹¹ Additionally, income differentiation within the healthcare system existed, where doctors in medical academies earned more, adding distortions to other areas as well.⁶⁹² To these effects, which worsened the scarcity of personnel, bureaucratic measures were now added. As in Karl-Marx-Stadt, where it was noted that sufficient numbers of doctors were trained, but there were not enough positions available

⁶⁸⁴ “viel zu spät kämen und auch nicht umfassen wären”. 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 25.

⁶⁸⁵ “unwürdig”. 21st May 1974: Information zu Problemen und Diskussionen im Bereich des Gesundheitswesens – Zuarbeit zur Analyse über das Gesundheitswesen: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 38.

⁶⁸⁶ “dringend rekonstruktionsbedürftig”; “In fast allen Kliniken der Stadt machen sich Werterhaltungen und Neubaumaßnahmen erforderlich, um den Klinikbetrieb aufrecht erhalten zu können”. 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 32.

⁶⁸⁷ “Auf Grund des Arbeitskräftemangels müßten die Patienten oft mit zur Arbeit herangezogen werden, wie zur Säuberung der Räume, zur Vorbereitung der Mahlzeiten, zum Krankentransport innerhalb der Klinik usw.” Ibid.

⁶⁸⁸ “Unser Staat braucht sich nicht zu wundern, wenn die Arbeitskräfte aus dem Gesundheitswesen weglaufen”. 21st May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 38.

⁶⁸⁹ “Ein ungelernter Kranautofahrer verdiene 1.200 Mark monatlich und ein Arzt mit Fachausbildung zwischen 900 bis 1,100 Mark Brutto im Monat”. Ibid., Bl. 39.

⁶⁹⁰ Ibid.

⁶⁹¹ 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 169.

⁶⁹² Ibid., Bl. 170.

and planned, this seemed to contradict the perpetual scarcity.⁶⁹³ On the other hand, regional departments were often unable to provide new doctors with housing. As Fulbrook (2009) identifies, the improvements in the seventies were “continually hampered by problems with adequate provision of housing” and represented accordingly a predicament for the healthcare system as well.⁶⁹⁴

In November 1974, the MfS gave a nationwide assessment and reviewed the measures of the 25th of September 1973, where the aforementioned aspects were set in context. By ideological perspective, doctors remained differentiated, by the evaluation of the Stasi, in their attitude and opinions. The desired generational change was continuously effected by the large ‘negative influence’ of the older generation towards the younger with mostly ‘progressive attitudes’.⁶⁹⁵ This, accompanied with an emphasis on professional work, would lead to a broader denial of societal, political and ideological work and the reason for an extended ‘hostile influence’ from the West.⁶⁹⁶ As the report continued, this phenomenon would, as also elaborated in this thesis, be supported by persons in leading medical positions, who were elected because of their skills rather than because of their ideological consciousness. This resulted in the disregard of political ideological work as well as the extension of connections to the West. On the other hand, according to this Stasi report, “where political and professionally qualified cadres were newly installed, a relatively fast improvement of the political ideological general situation and a reduction in the activity of negative influences” would occur.⁶⁹⁷ In general, however, the party organisation was too poor in the healthcare institutions to have the desired influence. For example, in the region of Potsdam the general party membership of healthcare employees was only four per cent, and amongst doctors only one per cent.⁶⁹⁸ The problem lay, according to the Stasi, at the universities, where students were insufficiently convinced of Socialism, because their lecturers emphasised the shortcomings of the healthcare system rather than the advantages in contrast with Capitalism.⁶⁹⁹ Therefore, the analysis of the Stasi showed that doctors, who acted ‘negatively and with hostility’, should not have even been permitted to study medicine, because it had been known before they began to study that they denied the legitimacy of GDR system. The Stasi suggested countering

⁶⁹³ 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 32.

⁶⁹⁴ Fulbrook, “The Concept of ‘Normalisation’,” 18.

⁶⁹⁵ November 1974: Analyse zur politisch-operativen Lage im Bereich des Gesundheitswesens der DDR: BStU, MfS, HA XX, 11663, Bl. 133.

⁶⁹⁶ *Ibid.*, 134.

⁶⁹⁷ “wo politisch und fachlich qualifizierte Leiter neu eingesetzt wurden, eine relative schnelle Verbesserung der politisch-ideologischen Gesamtsituation und eine Reduzierung des Wirkens negativer Einflüsse”. *Ibid.*, 135.

⁶⁹⁸ *Ibid.*, Bl. 135-136.

⁶⁹⁹ *Ibid.*, Bl. 136.

this problem by changing the criteria for study in medicine, so that more than just grades would be considered.⁷⁰⁰

On the other hand, as the report from November 1974 continued, other significant shortcomings and issues had a considerable impact on the attitude of the medical intelligentsia. The biggest problem in this regard was the understaffing of the healthcare institutes. This document in particular pointed out the situation of Karl-Marx-Stadt, referring to a central decision that 360 doctors would be directed to this region in order to ease problems.⁷⁰¹ However, the scarcity and fluctuation of nurses continued as well, worsening the situation for all healthcare employees. Reasons for this were to be found in the housing problem, higher salaries in other areas and the three-shift system of the hospitals. The report considered, that “for example in the direct production of VEB Carl Zeiss Jena [famous optics manufacturer] more surgery nurses [worked] than in the regional hospital of Gera”.⁷⁰² The Stasi criticised the central coordination and state officials of the healthcare system, who would often stand idly by rather than fix these problems. However, as aforementioned, especially with the housing problem, local state officials’ hands were bound by limited resources in their region, and had no chance of improving the situation according to the state directives from above. In addition to this general issue, “delays of new buildings or renovations of hospitals and medical institutions”, even those in urgent need, persisted due to the lack of building means, thereby the problematic conditions of many hospitals would have to remain.⁷⁰³ “According to existing assessments, the substantive preconditions [were] currently not present so that the decision of 25th of September 1973 could take full effect” concluded the Stasi report.⁷⁰⁴ It appears once again that the approaches of the policies were very demanding and ambitious. However, they were continually hampered or remained unattainable due to the structural problems of the planned economy. This becomes clearer throughout the further analyses of the Stasi, stating that “according to assessments by leading officials of the responsible ministries, the demand for medical and laboratory articles have for years been covered neither quantitatively nor qualitatively”, leading to a persistently substandard level of medicine.⁷⁰⁵

⁷⁰⁰ November 1974: BStU, MfS, HA XX, 11663, Bl. 136-137.

⁷⁰¹ Ibid., Bl. 138.

⁷⁰² “So arbeiten z.B. in der unmittelbaren Produktion des VEB Carl Zeiss Jena mehr Operationsschwestern als im Bezirkskrankenhaus Gera tätig sind”. Ibid., Bl. 139.

⁷⁰³ “Terminverzögerungen bei Neubauten und Rekonstruktionen von Krankenhäusern und medizinischen Einrichtungen”. Ibid., Bl. 140-141.

⁷⁰⁴ “Nach vorliegenden Einschätzungen sind gegenwärtig nicht die materiellen Voraussetzungen vorhanden, um den Beschluß vom 25. 9. 1973 voll wirksam werden zu lassen”. Ibid., Bl. 141.

⁷⁰⁵ “Nach Einschätzungen leitender Mitarbeiter der zuständigen Ministerien wird der Bedarf an medizin- und labor-technischen Erzeugnissen seit Jahren weder quantitativ noch qualitativ gedeckt”. Ibid., Bl. 142.

For example, procurements of new machines, according to the Stasi, would be based on economical consideration rather than on their practical use. In one case, a new machine for a company to produce surgical gloves proved to be a failure, because the gloves were unusable in practice. The result was a scarcity of gloves, leading immediately to imports from the West to fulfil urgent demands and economic misallocations of resources for the GDR.⁷⁰⁶ Furthermore, as the preceding report of 1973 stated, the backlog of pharmaceutical supply reached 2.7 Million Mark by the end of July 1973. Bottlenecks in the supply chain compounded procurement problems. In another example, one pharmaceutical company had produced a medical salve, but another company failed to supply the tubes needed for distribution, which led to the result that this product was unsalable.⁷⁰⁷ For 1974, some improvements could be observed; however, the backlog of pharmaceutical supply also reached 2.8 Million Mark by August 1974, which, according to the Stasi, led to an unfulfilled stabilisation in this regard.⁷⁰⁸ Another problem was the shortage of prescription spectacles. However, the SED decided to make bifocal glasses fully covered by social and health insurance. This led to a broader demand, which could not be fulfilled, because, as the Stasi elaborated, firstly, one company delivered incorrectly measured lenses for special frames and secondly, a new trend had emerged, which resulted in an increasing backlog.⁷⁰⁹ Therefore, the Stasi questioned the social political measures, not least by concluding that, accompanied with further problems and delays of realisation, the five-year directives of the VIII Party Conference would lead to economic damage of over 200 Million Mark per year.⁷¹⁰ This in itself presents a devastating indictment of the situation of the healthcare system in the GDR at this time, in strong contrast to the findings of former GDR functionary Spaar (2002), describing them as the most successful years.⁷¹¹

Before the end of the first five-year plan of the seventies, in April 1974, the SED decided to increase the salary for nurses by up to 70 Mark per month from the tenth year of service on.

⁷⁰⁶ November 1974: BStU, MfS, HA XX, 11663, Bl. 142.

⁷⁰⁷ Oktober 1973: Materialzusammenstellung zu politisch-operativen Problemen in Objekten des Gesundheitswesens im Sicherungsbereich der HA XX sowie Hinweise zur allgemeinen Situation im Gesundheitswesen: BStU, MfS, HA XX, 11663, Bl. 31; See also: Francesca Weil, “Menschlich - okay. Man hat ja dann auch vielfach einstimmig gemeckert.’ Zum Betriebsalltag in der DDR am Beispiel des Leipziger Arzneimittelwerkes,” in *Leipzigs Wirtschaft in Vergangenheit und Gegenwart. Akteure, Handlungsspielräume, Wirkungen (1400-2011)*, ed. Susanne Schötz (Leipzig: Leipziger Universitätsverlag, 2012), 402: Weil (2012) shows the problematic situation for a pharmaceutical company in Leipzig, identifying the impacts and contrary developments of the planned economy in regard to the production of drugs.

⁷⁰⁸ November 1974: BStU, MfS, HA XX, 11663, Bl. 143.

⁷⁰⁹ Ibid.

⁷¹⁰ Ibid., Bl. 144.

⁷¹¹ Spaar (2002) elaborated that the healthcare system would have made improvements everywhere, but not every aim could be reached. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 36.

This was supposed to make the profession of nursing more attractive in order to curtail turnover from the medical area to industry and became valid in April 1975.⁷¹² In the subsequent Stasi reports on Karl-Marx-Stadt, the measure was ‘generally welcomed’; however, it led also to “heated discussions”.⁷¹³ The reason for this is to be found, according to the documents, in the lack of preparations to make clear, that this salary increase would be subject to tax and insurance deductions, which left from the 70 Mark increase, in effect, only around 20 to 30 Mark.⁷¹⁴ Therefore, the increase was hardly palpable and led in one polyclinic to cuts in other areas for austerity reasons.⁷¹⁵ The frustration of nurses augmented rather than shrunk in this regard, while younger nurses, who had not been working for ten years, began protesting, initiating in some cases passive resistance in the form of rejecting odd jobs.⁷¹⁶ The SED failed again to initiate a fundamental change in the situation and therefore the loss of bed capacity in hospitals increased due to the lack of personnel.⁷¹⁷ Additionally, the medical intelligentsia, according to the Stasi reports, also once again criticised their salary structure, arguing it had not changed in years, in comparison to the continuous income increases in industry.⁷¹⁸

By the end of the first half of the seventies, a contradiction between the claims and ambitions of the VIII Party Conference with the subsequent social political measures of the SED and the reality of the everyday life of doctors remained.⁷¹⁹ Scarcities of personnel, problems in the condition of hospitals, backlogs in pharmaceutical and medical equipment enlarged over the years and had a stultifying effect on the attitudes and moods of the medical intelligentsia. Even steps taken to ease predicaments, here in the case of the measure to direct 360 doctors to Karl-Marx-Stadt, failed due to the problems of housing, working conditions, state and local mismanagement and salary differentials within the healthcare system as well as in comparison to other

⁷¹² “Gemeinsamer Beschluß des Politbüros des Zentralkomitees der SED, des Ministerrates der DDR und des Bundesvorstandes des FDGB über weitere Maßnahmen zur Durchführung des sozialpolitischen Programms des VIII. Parteitages der SED, 29. April 1974,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band XV* (Berlin: Dietz Verlag, 1978), 64.

⁷¹³ “heftige Diskussionen”. 23rd April 1975: Information entsprechend DA 6/67: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 130; 6th May 1975: Information über einige Probleme im Zusammenhang mit lohnpolitischen Maßnahmen und Investitionen im Bereich des Gesundheitswesens des Bezirkes Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 126.

⁷¹⁴ 23rd April 1975: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 130.

⁷¹⁵ For example, the award fund was in one polyclinic reduced from an average of 150 to 175 Mark down to 100 Mark as well as the cleaning surcharge for cleaning means fell away and would have been covered by the nurses own money. 28th April 1975: Bericht über durchgeführte Überprüfungen im Bereich Gesundheitswesens des Bezirkes Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 136.

⁷¹⁶ *Ibid.*; 6th May 1975: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 126.

⁷¹⁷ 28th April 1975: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 138.

⁷¹⁸ *Ibid.*, 139; 6th May 1975: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 126.

⁷¹⁹ 11th July 1975: Information zur Lage im Gesundheitswesen: BStU, MfS, BV Karl-Marx-Stadt, AKG, 492, Bd. 2, Bl. 543.

economic areas of the GDR.⁷²⁰ The next five-year plan would need to devote more financial resources to healthcare in order to reach a more comprehensive improvement of the working and living conditions of the medical intelligentsia. However, this seems to have been unrealisable due to the economic situation, effected by the internal problems of the economic planning and the external problems of trade with socialist and capitalist states in the background of the global economic crises of the seventies.⁷²¹

4.2 Against 'Backwardness': The Second Half of the Seventies

According to Spaar (2002), "In contrast to the economic and raw material crises in the capitalist countries, there were in the GDR hardly any unemployed people, also stable prices for basic foodstuffs and the average monthly income rose from 755 Mark (1970) to 889 Mark (1975)".⁷²² This euphemistic evaluation, overlooking the economic issues elaborated above, was shared by Erich Honecker at the IX Party Conference of the SED, for the first time held in the newly erected 'Palace of the Republic [*Palast der Republik*]', in May 1976.⁷²³ Indeed, as Kopstein (1997) identifies, "Honecker settled into a politically pleasing conservative socialism" and his social political measures of the first half of the seventies brought an increase in living standards for ordinary East Germans.⁷²⁴ However, the international crises of raw materials, leading to record prices for these commodities, also had a commensurate impact on the GDR's economy. In contrast to this development, the XI Party Conference and its subsequent measures at the end of May favoured further subsidies and social policies, launching a "massive housing program"⁷²⁵ to counter the remaining scarcities of apartments as well as the increase of wages, especially for in-

⁷²⁰ Not one doctor would have arrived in Karl-Marx-Stadt yet. 11th July 1975: BStU, MfS, BV Karl-Marx-Stadt, AKG, 492, Bd. 2, Bl. 544.

⁷²¹ Kopstein illustrates the impact of the twin oil crises on the import and export balances for the GDR in the seventies, where the imbalances accordingly exponential increased. Kopstein, *The Politics of Economic Decline in East Germany*, 84-85.

⁷²² "Im Unterschied zur Wirtschafts- und Rohstoffkrise in den kapitalistischen Ländern gab es in der DDR kaum Arbeitslose, dazu stabile Preise für Grundnahrungsmittel und das monatliche Durchschnittseinkommen stieg von 755 Mark (1970) auf 889 Mark (1975)"; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 38.

⁷²³ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 13.

⁷²⁴ Kopstein, *The Politics of Economic Decline in East Germany*, 74 and 81-82; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 14.

⁷²⁵ Kopstein, *The Politics of Economic Decline in East Germany*, 81 and 181-186; "Direktive des IX. Parteitages der SED zum Fünfjahrplan für die Entwicklung der Volkswirtschaft der DDR in den Jahren 1976-1980, Beschluß des IX. Parteitages vom 22. Mai 1976," in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI* (Berlin: Dietz Verlag, 1980), 188.

dustrial workers, pensions and the reduction of the average working hours for all workers to a forty-hour week for the same remuneration.⁷²⁶ According to Allinson (2012), the problem was “the overriding imperative was to secure urgently needed economic growth to counteract the damaging impact of rising costs for fuel and raw materials imports”, and this should have been countered by an increase in productivity, initiated by the social political measures of the SED.⁷²⁷ The “belief in the ability and willingness of the working class to take responsibility for the economic growth and productivity increases”, however, were not and also could not, as Allinson (2012) illustrates, be fulfilled, resulting in the fact that “the economy stagnated and the social welfare measures were financed by increasing foreign debt”.⁷²⁸ Warnings, as the head of the state planning commission Gerhard Schürer gave already in 1972, “that the GDR simply could not afford a welfare program”, arguing that this would cause an “increasing indebtedness to the West and a ballooning domestic monetary overhang, as well as declining rates of capital accumulation”, were ignored by Honecker and other high ranking officials.⁷²⁹ Accordingly, the social political measures have to be considered more in their political ideological impact to secure the support of the masses than in their economic sense. Indeed, as Allinson (2012) pointed out, in this regard the GDR was not unique, as every political system is “attempting to achieve economic prosperity and political popularity”.⁷³⁰ Nevertheless, the result in the case of the GDR was that, behind the obvious and palpable increase in living standards, there was a direct connection to hidden exponential increases in debts, whereby the economy became progressively indebted, affecting retroactively the everyday-life of ordinary East Germans and inexorably leading to the collapse of the GDR.⁷³¹

It seems to be indicative, that the IX Party Conference of the SED did not directly mention the healthcare system in its evaluation chapter concerning the results of the preceding five-year plan.⁷³² Nevertheless, the party conference gave some directives for the following five years. Beside the initiation of further modernisations of old health institutions and the building of new

⁷²⁶ “Gemeinsamer Beschluß des Zentralkomitees der SED, des Bundesvorstandes des FDBG und des Ministerrates der DDR über die weitere planmäßige Verbesserung der Arbeits- und Lebensbedingungen der Werktätigen im Zeitraum 1976-1980, Beschluß vom 27. Mai 1976,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI* (Berlin: Dietz Verlag, 1980), 257-263; Mark Allinson, “More from Less: Ideological Gambling with the Unity of Economic and Social Policy in Honecker’s GDR,” *Central Europe History* 45 (2012): 104-105.

⁷²⁷ Allinson, “More from Less,” 103.

⁷²⁸ *Ibid.*, 104.

⁷²⁹ Kopstein, *The Politics of Economic Decline in East Germany*, 81-82.

⁷³⁰ Allinson, “More from Less,” 126.

⁷³¹ *Ibid.*; Kopstein, *The Politics of Economic Decline in East Germany*, 84-87; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 16-17.

⁷³² “Direktive des IX. Parteitag der SED vom 22. Mai 1976,” 112-119.

hospitals, with the emphasis on the prestige object of the Charité Hospital in Berlin, the aim was once again to recruit more doctors and to improve overall healthcare outputs.⁷³³ Indirectly, the medical intelligentsia was also subject to a reduction in working hours, the increase of pensions as well as housing programs. However, particular improvements in the scarcity of housing could not be achieved in the short term. In general, as Allinson (2009) points out, people, whose poor living conditions had not changed since the war, “were increasingly unwilling to wait patiently and, taking the party’s promises at face value, measured the GDR’s effectiveness against the progress made towards solving the housing crises”.⁷³⁴ The result was the extensive number of submissions to state organs, complaining mainly about their housing issues.⁷³⁵ Similar to this general assessment was the situation in Karl-Marx-Stadt, as the Stasi report in November 1976 stated: The long waiting times for housing remained.⁷³⁶ The result was, according to the report that, for example, one doctor would have to live in a toilet foyer for a longer time.⁷³⁷ Another one, who wanted a better apartment, because his current one was in an inadequate condition, received the answer from state officials, that “elsewhere doctors must dwell in basement apartments”.⁷³⁸ After this treatment by state departments, the doctor in question left the GDR, further worsening the personnel situation in this region.⁷³⁹ In this regard, also Allinson (2009) identifies, “the lack of suitable – or in some cases, any – available accommodation made it practically impossible for key workers to be reassigned to areas where they were needed” and the response of doctors was often to leave for the West.⁷⁴⁰ But not only did the living conditions for the medical intelligentsia remain unchanged, working conditions also stayed the same. As an unofficial member of the Stasi in Karl-Marx-Stadt reported in November 1976, the condition of one hospital was especially bad. Firstly, the elevator was broken, which meant the need for stretcher-bearers was unavoidable, but the promise that conscripts would help, was not fulfilled. Therefore, doctors and nurses were obliged to carry their patients to different areas of the hospital.⁷⁴¹ The second issue was the antiquated heating system from 1912, which had already been criticised in preceding Stasi reports

⁷³³ “Direktive des IX. Parteitag der SED vom 22. Mai 1976,” 123 and 196-197; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 39.

⁷³⁴ Allinson, “1977,” 261.

⁷³⁵ *Ibid.*, 261-262.

⁷³⁶ 3rd November 1976: Einschätzung der politisch-operativen Lage im Sicherungsbereich Medizin im Bezirk Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, XX, 2235, Bl. 16.

⁷³⁷ *Ibid.*

⁷³⁸ “Woanders müssen Ärzte in Kellerwohnungen hausen”. *Ibid.*

⁷³⁹ *Ibid.*

⁷⁴⁰ Allinson, “1977,” 262.

⁷⁴¹ 24th November 1976: Bericht über die Situation im Klinikum [...]: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493 Bd. 2, Bl. 320.

since 1974.⁷⁴² Emergency repairs would be necessary again in the spring of 1977, with the cost of 100,000 Mark, because in case of failure, the hospital might need to be closed; however, the chief doctor of the clinic already had been informed, there would be no money available for it in the next year.⁷⁴³ Thirdly, as the *IM* continued, the petrol ration of the hospital had already been exceeded for 1976, meaning that hospital cars could not be driven until the beginning of 1977.⁷⁴⁴ The procurement of blood and urgently needed medicaments would have to be done by foot, but the inquiry into private car use in life-threatening situations was approved, even with concerns over legality from responsible officials.⁷⁴⁵ The fourth problem was of managerial origin. The hospital management “had planned an average sick leave of 40 per cent for the year 1976, which could not ‘be fulfilled’”, which was highlighted in the report of the *IM* with two exclamation marks.⁷⁴⁶ This indeed represented an exaggerated estimation and subsequently, income and surcharge issues for the hospital employees would have occurred, because the fund for this had been exceeded through erroneous planning.⁷⁴⁷ Fifthly, the financial resources for preservation and renovation of the hospital provided by the state would be inadequate and far too low in contrast to the financial sources for new buildings.⁷⁴⁸ This emphasis on new buildings regarding financial as well as building resources is also recognised by Allinson (2009) and “effectively stored up more problems for the future by delaying repairs and maintenance”.⁷⁴⁹ The last point, which the unofficial member of the Stasi pointed out, was bed capacity. Despite one fully occupied hospital, another one only used approximately two-thirds of its bed capacity. However, the exchange or transfer of patients between these hospitals was prevented by the “refusal of senior doctors and the on-duty doctors”, who lacked a legitimate reason for denying this.⁷⁵⁰ As a Stasi report over the under-utilised hospital in October 1976 assessed, the sanitary and working conditions for the employees were not appropriate, which could have been one of the reasons why

⁷⁴² 24th November 1976: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 321; See also: 28th April 1975: Bericht über durchgeführte Überprüfungen im Bereich Gesundheitswesens des Bezirkes Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, AKG, 491, Bd. 1, Bl. 134; 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 32; 21st May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 38.

⁷⁴³ 24th November 1976: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 321.

⁷⁴⁴ Ibid.

⁷⁴⁵ The approval for using private cars was given by the economical director of the hospital “at his own risk, though he is afraid” [auf eigene Verantwortung, obwohl er Angst hat]. Ibid.

⁷⁴⁶ “für das Jahr 1976 einen durchschnittlichen Krankenstand von 40 % eingeplant hatte, der nicht ‘erfüllt werden konnte’”. Ibid.

⁷⁴⁷ Ibid.; 3rd November 1976: BStU, MfS, BV Karl-Marx-Stadt, XX, 2235, Bl. 16.

⁷⁴⁸ 24th November 1976: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 321.

⁷⁴⁹ Allinson, “1977,” 264.

⁷⁵⁰ “Weigerung der Oberärzte bzw. der diensthabenden Ärzte”. 24th November 1976: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 321.

more admissions for this hospital were refused.⁷⁵¹ In general, however, these issues with hospitals led to further frustration and also protest. In one hospital, a nurse protested with a poster, which stated: “We urge dignified conditions in healthcare”.⁷⁵² The reaction of the SED towards this protest was typical, as already elaborated in other examples, in stating that the problem was with the nurse herself, “who always has been ‘like this’ and also suppressed comrades”.⁷⁵³ It was concluded that the plan to promote her as a ward nurse would be repealed as well as that the general personnel situation in this hospital should be varied.⁷⁵⁴ On the other hand, doctors criticised the state officials, that these problems “often are known by state organs for a long time, but no change took place”.⁷⁵⁵ An MfS officer, who talked during his treatment with a cardio specialist, reported that this doctor was mostly bitter about the bureaucratic inertia, inhibiting his work. For example, the approval and salary for overtime work required four signatures, which took a lot of time and, furthermore, some nurses were still waiting for their payment for work performed two months prior.⁷⁵⁶ The doctor concluded his criticism that it was not until something happened that the state officials started to talk with them, “while previously none have cared”, referring to the protest of the aforementioned nurse.⁷⁵⁷ In summary, the IX Party Conference, the social political measures and the five-year plan for 1976 to 1980 could not provide a short term improvement in the healthcare system of the GDR. Doctors faced increasing daily issues of scarcity in personnel and material as well as in their general living and working conditions, and a change was not expected in the foreseeable future.

In September 1977, the Healthcare Minister Ludwig Mecklinger requested a dialog with the MfS in order to inform the Stasi about an evaluation that “some very serious problems” existed in the healthcare system.⁷⁵⁸ The state was under pressure to react promptly. Mecklinger argued here for “compelling essential change of the wage structure, especially for nurses, in order

⁷⁵¹ 15th October 1976: Informationen zu Problemen des Gesundheitswesens: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 318.

⁷⁵² “Wir fordern menschenwürdige Zustände im Gesundheitswesen”. 3rd November 1976: BStU, MfS, BV Karl-Marx-Stadt, XX, 2235, Bl. 16.

⁷⁵³ “die schon immer ‘so’ gewesen sei und auch Genossen unterdrücke”. 24th November 1976: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 320.

⁷⁵⁴ Ibid.

⁷⁵⁵ “oftmals seit längerer Zeit den zuständigen staatlichen Organen bekannt sind, aber keine Veränderung erfolge”. 3rd November 1976: BStU, MfS, BV Karl-Marx-Stadt, XX, 2235, Bl. 16.

⁷⁵⁶ 25th November 1976: Information: BStU, MfS, BV Karl-Marx-Stadt, AKG, 493, Bd. 2, Bl. 315-316.

⁷⁵⁷ “während sich vorher keiner um sie gekümmert habe”. At the end of the report, the MfS officer thanked this doctor and the prospect of a renewed conversation was given, referring to the fact that the MfS would be interested in such problems and would help to eliminate issues. This could be a possible sign for a recruiting of an unofficial member for the Stasi. Ibid., Bl. 317.

⁷⁵⁸ “Einige sehr ernste Probleme”. 19th September 1977: Bericht über ein Gespräch mit dem Minister für Gesundheitswesen, Genossen Prof. Mecklinger, am 15.09.1977, von 16.00 bis 18.20 Uhr: BStU, MfS, HA XX, 527, Bl. 204.

to prevent a further loss of personnel to other, better paid, jobs”.⁷⁵⁹ This presented a predicament, which “is in some areas the matter of maintaining the ability of the hospitals to operate”.⁷⁶⁰ Mecklinger requested the support of the MfS in this regard, and emphasised possible improvements, outside of wage increases, such as extending the fund for cultural and social events as well as holidays and the reformation of the awards system.⁷⁶¹ The aim would be “to achieve a reevaluation of the work of healthcare employees”.⁷⁶² The minister announced that he would inform the high ranking officials of the SED in the following days, which he apparently did.⁷⁶³ Subsequently, a note from November 1977 documented that “in the Politburo the opinion existed that, some measures for wage policies within healthcare need to be carried out immediately, if the situation was judged to be so serious by the comrades responsible for healthcare”.⁷⁶⁴ Already by the end of November, the SED approved a plan for the further shaping of the healthcare system up until 1980, where they according to Spaar (2002) for the first time pushed the economic calculation of patients into the background.⁷⁶⁵ The emphasis would be now to secure the quality of healthcare and to retain or recruit enough nurses and doctors until 1980 in order to ease the scarcity of personnel as well as the current work overload, in this area.⁷⁶⁶ However, the SED also favoured renewed enforcement of the study of Marxism-Leninism for medical students, aiming to finally overcome the remaining bourgeois influence over young students, and, therefore, represented another attempt at an ideological offensive against the persistent disregard for ideology within educational institutions for medicine.⁷⁶⁷ Despite these general objectives for the future of the healthcare system, the so-called and approved ‘15th Addendum to the Frame Collective Agreement’ increased the gross income for nurses up to 150 Mark and for doctors up to 200 Mark, although this was limited to specific areas of medicine.⁷⁶⁸ This measure became valid in May 1978

⁷⁵⁹ “die zwingend notwendige Veränderung des Lohngefüges, besonders bei Krankenschwestern, um ein weiteres Abwandern in andere besser bezahlte Tätigkeiten zu verhindern”. 19th September 1977; BStU, MfS, HA, XX, 527, Bl. 204.

⁷⁶⁰ “Es geht in einigen Bereichen um die Aufrechterhaltung der Arbeitsfähigkeit der Krankenhäuser”. Ibid.

⁷⁶¹ Ibid., Bl. 204-205.

⁷⁶² “eine Aufwertung der Tätigkeit der Beschäftigten im Gesundheitswesen zu erreichen”. Ibid., Bl. 205.

⁷⁶³ Ibid.

⁷⁶⁴ “Im Politbüro habe die Auffassung bestanden, daß unverzüglich einige lohnpolitische Maßnahmen im Gesundheitswesen durchgeführt werden müssen, wenn von den verantwortlichen Genossen im Gesundheitswesen die Lage so ernst beurteilt wird”. 14th November 1977: Vermerk: BStU, MfS, HA XX, 527, Bl. 197.

⁷⁶⁵ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 40.

⁷⁶⁶ Ibid., 40-42.

⁷⁶⁷ Ibid., 41.

⁷⁶⁸ Ibid., 42; 5th April 1978: Information über Reaktionen von Mitarbeitern des Gesundheitswesens zum 15. Nachtrag zum Rahmenkollektivvertrag für die Beschäftigten des staatlichen Gesundheitswesens: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 20-21.

and was intended to enhance the living and working conditions of the medical intelligentsia in the short term.

That the increase did not meet the expectations of healthcare employees is demonstrated by the statement of a nurse, who said, “Do you expect for the 30 Marks, after these deductions, that we should probably also say ‘thank you’ now?”⁷⁶⁹ Despite a report from April 1978 about Karl-Marx-Stadt that said the measure had been welcomed, deficient knowledge about the content led to discussions and cynical reactions.⁷⁷⁰ One doctor said that doctors, who escaped to West Germany, would come back now, because of this decision.⁷⁷¹ Another one announced he would write a letter to his sister in Munich to tell her that he would not come anymore, because his “perseverance had paid off”.⁷⁷² That these statements were of a contemptuous nature, rather than an approval of the measure was also recognised by the MfS. The reason for these criticisms were based on the issues, as Spaar (2002) identifies, that the previous persistently criticised salary structure for doctors did not change, as well as the income differences in comparison to the earnings of industry workers remained too high.⁷⁷³ Nevertheless, the SED also had to face criticism from areas, such as the outpatient sector as well as the internist clinics of hospitals, which were not entitled to the increase of income. It would not fit the claims of the IX Party Conference and was inequitable, as these areas would have the same hard work to perform as well as the same issues as other medical facilities.⁷⁷⁴ Therefore, the suggestion existed that the predicament regarding the scarcity of personnel had increased for these areas.⁷⁷⁵ One doctor and a nurse “condemned a ‘division’” of the healthcare system with this decision.⁷⁷⁶ They stated that “it would be obvious, [...], that the superordinate organs would not know the base”.⁷⁷⁷ This whole complex also led to proclamations of passive resistance and resulted in one case of a protest letter from a hospital to the Healthcare Minister, stating that this would be against the determinations of the XI Party Conference and would worsen the personnel problems in non-entitled areas.

⁷⁶⁹ “Da sollen wir für die 30 M bei diesen Abzügen wohl auch noch ‘Danke’ sagen?”. 5th April 1978: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 21.

⁷⁷⁰ Ibid., Bl. 20-21.

⁷⁷¹ Ibid., Bl. 21.

⁷⁷² “Ausharren hat sich gelohnt”. Ibid.

⁷⁷³ According to Spaar, the salary structure for doctors had not changed since 1959 and the annual income difference between industry workers and healthcare employees increased “to more than 2,500 Mark” auf mehr als 2 500 Mark]. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 42.

⁷⁷⁴ 5th April 1978: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 21-22.

⁷⁷⁵ Ibid., Bl. 22.

⁷⁷⁶ “verurteilten eine ‘Teilung’”; Ibid.

⁷⁷⁷ “Es sei ersichtlich, [...], daß die übergeordneten Organe die Basis nicht kennen würden“; Ibid.

as.⁷⁷⁸ In the eyes of the MfS, the criticisms were based on jealousy between the different areas and they expected both an amplification of these discussions and a corresponding migration out of non-entitled areas.⁷⁷⁹ This all would be the result of inadequate information: “When it was made clear which areas would now be improved financially and in the foreseeable future followed by the remaining areas, these phenomena would be absent”.⁷⁸⁰ However, the Stasi’s assessment did not take into consideration the reasons for fluctuations of healthcare personnel illustrated above, showing that the SED again failed to reach the desired positive ideological development of the medical intelligentsia. Indeed, the subsequent reports illustrated an acceleration of discussions, criticism and also protest actions.⁷⁸¹ Therefore, this measure “encountered a broad opposition” and letters to state departments increased; in one case with a hundred signatures of nurses and some doctors.⁷⁸²

The state organs on the other hand reacted towards these actions with exasperation, in the case of the hundred signatures, they criticised and threatened the signatories with dire consequences.⁷⁸³ Furthermore, the MfS evaluated that state officials continuously failed to explain and inform healthcare employees in order to reach clarity amongst them. In contrast to this suggestion, they instead relied on bureaucratic measures against these problems. For example, the MfS criticised the state departments of Karl-Marx-Stadt, which, to counter these negative discussions, initiated “administrative measures [...] that no personnel is allowed to leave the internal clinic and no new personnel could start in a surgical clinic”, which was “absolutely not enough for this [situation].”⁷⁸⁴ It was apparently a capitulation on the part of those local officials, showing once again their desperation through the increasing confrontation of unsolvable economic and social issues in their area of responsibility towards the end of the seventies.⁷⁸⁵ On the other side, as another Stasi report from Karl-Marx-Stadt at the end of April assessed, “a large part of the medical

⁷⁷⁸ 5th April 1978: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 22.

⁷⁷⁹ Ibid., Bl. 22-23.

⁷⁸⁰ “Wenn klar herausgestellt würde, welche Bereiche jetzt finanziell verbessert und in absehbarer Zeit die übrigen Bereiche nachgezogen würden, gäbe es diese Erscheinungen nicht”. Ibid.

⁷⁸¹ 11th April 1978: Ergänzung zur Information über Reaktionen von Mitarbeitern des Gesundheitswesens zum 15. Nachtrag zum Rahmenkollektivvertrag für die Beschäftigten des staatlichen Gesundheitswesens: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 25.

⁷⁸² “stoßen [...] auf breiten Widerspruch”. Ibid., Bl. 26.

⁷⁸³ Ibid.

⁷⁸⁴ “administrative Maßnahmen [...], daß keine[sic] Personal die Innere Klinik verlassen und kein neues Personal auf die Chirurgie anfangen dürfe, reichen dazu absolut nicht aus”. Ibid.

⁷⁸⁵ Fulbrook, “The Concept of ‘Normalisation’,” 25; Weil, “‘Menschlich - okay,’” 399 and 405.

intelligentsia [...] [was] politically disinterested and socially inactive”.⁷⁸⁶ The reason for this could be found, for example, in the experience of the medical intelligentsia, that state officials decided measures without consulting leading doctors, which led to harsh criticism and, according to the MfS, to transfers of local problems to the whole healthcare system of the GDR. However, after these first reactions, there was further despair from these doctors, because, in their opinion, criticism or resistance would only affect their own career opportunities.⁷⁸⁷ Therefore, according to the Stasi report in October 1978, the offence listed at §106 of the GDR criminal code, concerning ‘subversive agitation [*staatsfeindliche Hetze*]’, was not predominant amongst doctors, “especially as the medical intelligentsia is too careful, to act openly in this respect”.⁷⁸⁸ Consequently, it is important to note that even with the continuing problems of housing, work overload, scarcity of personnel as well as the overall conditions of the healthcare institutions, the medical intelligentsia mostly adjusted themselves to this situation or reacted passively. However, the sporadic outbreaks of, in the words of the MfS, “harsh criticism, which are transferred to the political conditions of our state”, showed that the medical intelligentsia was indeed able to articulate their anger and more importantly, were heard by state organs.⁷⁸⁹ But even with the acknowledgment of the criticisms emanating out of the healthcare system, the state failed to sufficiently address their claims, because of both the limited economic and financial resources and the emphasis on the working class in the industrial sector and socialist principles.

In December 1978, Honecker had to admit the economic problems accompanying the plans. These were especially palpable for the population in the winter of 1978/1979, when, because of the extreme weather conditions, shortages of resources such as coal led to the problematic supply of heat and energy.⁷⁹⁰ For the healthcare system, the situation did not change in 1979. The reports of the Stasi for Karl-Marx-Stadt showed that the same problems as experienced in the previous year remained, notably even described in practically the same words.⁷⁹¹ Therefore, at the end of November the MfS concluded: “Although the healthcare of the district and the city of Karl-Marx-Stadt is very bad, this condition is tolerated by the leading state bodies, where this

⁷⁸⁶ “ein großer Teil der medizinischen Intelligenz [...] politisch desinteressiert und gesellschaftlich inaktiv ist”. 24th April 1978: Informationsbedarf des Leiters der BV gemäß GVS 653/77. Politisch-operative Lage im Gesundheitswesen und unter der medizinischen Intelligenz: BStU, MfS, BV Karl-Marx-Stadt, XX, 2432, Bl. 2-3.

⁷⁸⁷ Ibid., Bl. 4.

⁷⁸⁸ “da insbesondere die medizinische Intelligenz zu vorsichtig ist, offen diesbezüglich aufzutreten”. 25th October 1978: Einschätzung der politisch-operativen Lage im Sicherungsbereich Medizin im Bezirk Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, XX, 2738, Bl. 38.

⁷⁸⁹ “heftige Kritik, die auf die politischen Verhältnisse in unserem Staat übertragen werden”; Ibid.

⁷⁹⁰ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 20-21.

⁷⁹¹ 16th October 1979: Einschätzung der politisch-operativen Lage im Sicherungsbereich Medizin im Bezirk Karl-Marx-Stadt: BStU, MfS, BV Karl-Marx-Stadt, XX, 2738, Bl. 44-45.

misery was known”.⁷⁹² To summarise this section, the second five-year plan of the seventies could, as expected, not provide the desired change of the conditions for the medical intelligentsia, thereby leading to a widening rift between doctors and the SED. An interesting aspect became more important in regard to influence in healthcare: the church.⁷⁹³ This phenomenon was accompanied with the problem for the SED that the church, according to the general MfS report over healthcare in 1974, started to establish ‘Home and Academic Circles [*Haus- und Akademikerkreise*]’. These were mostly attended by the medical intelligentsia and offered a forum, where ‘forbidden’ Western literature “was discussed and disseminated, or Marxism-Leninism is ‘refuted’”.⁷⁹⁴ This silent dissidence appears as evidence for the enlargement of the opposition movement mainly out of church circles in the eighties, showing their starting point already in the beginning of the seventies. Also Spaar (2002) identifies that “no later than 1979, in the GDR it came to a strengthening of repressive measures, in consideration of the mounting opposition, which extended into the ranks of the SED”.⁷⁹⁵ Accordingly, there were some ‘criminal offences’, in reference to the criminal code of the GDR, out of the ranks of the medical intelligentsia, illustrating thereby their disapproval with the conditions under Socialism. However, the biggest problem for the SED in this regard was the ‘unlawful escape’ to West Germany of a remarkable number of doctors, making it necessary that the following section be dedicated to this phenomenon.

⁷⁹² “Obwohl die medizinische Versorgung des Bezirkes und der Stadt Karl-Marx-Stadt äußerst schlecht ist, wird von den leitenden staatlichen Organen, denen diese Misere bekannt sei, dieser Zustand geduldet”. 30th November 1979: Information: BStU, MfS, BV Karl-Marx-Stadt, XX, 2325, Bl. 77.

⁷⁹³ 16th October 1979: BStU, MfS, BV Karl-Marx-Stadt, XX, 2738, Bl. 47.

⁷⁹⁴ “diskutiert und verbreitet wurden oder der Marxismus-Leninismus widerlegt wird”. November 1974: BStU, MfS, HA XX, 11663, Bl. 131.

⁷⁹⁵ “Spätestens 1979 kam es in der DDR angesichts der wachsenden Opposition, die bis in die Reihen der SED reichte, zur Verstärkung repressiver Maßnahmen”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 19.

4.3 'Border crossings' of the medical Intelligentsia in the GDR

“These are all facts in the opinion of unofficial as well as official sources, which lead to dissatisfaction and displeasure of the personnel, and do not exclude the possibility that, therefore, it comes to cases such as unlawful leaving of the GDR among medical personnel”.⁷⁹⁶ As the Stasi report over the situation in Berlin noted in 1973, the situation of the healthcare system and their employees was not only met with criticism, but also with the decision to leave the GDR. Furthermore, the medical intelligentsia was one of the main groups which demanded the service of, as the MfS called it, ‘human trafficking gangs [*Menschenhändlerbanden*]’, operating from West Germany.⁷⁹⁷ The preceding sections excluded external influences on the GDR, in particular on the situation of doctors, and will now be set in context of the phenomenon of so-called ‘voting with their feet’.

The work of Marion Detjen (2005) is dedicated to the whole complex of ‘escape helpers’ and ‘organisations’ after the erection of the Wall, showing that especially immediately after the closure of the border the number of people, which helped East Germans to leave the GDR, had already peaked.⁷⁹⁸ However, the professionalisation of ‘escape help’ started in the year after the Wall as well, mainly with student groups, where ‘traffickers’ “were partly unpaid working idealists”.⁷⁹⁹ While at the beginning these groups were tolerated and supported by the West German government, the move towards a policy of an inter-German conciliation under Chancellor Willy Brandt at the end of the sixties saw the increasingly commercial and professional ‘escape helper organisations’ lose official support.⁸⁰⁰ Prior to this change, financial resources were partially obtained by publishing the stories and pictures of escapees, but, as Detjen (2005) points out, the organisations began to realise that the MfS was able to get information about their identities and methods in the same way. Consequently, it became a ‘silent business’ and a shift towards funding

⁷⁹⁶ “Das alles sind nach Meinung inoffizieller wie auch offizieller Quellen Fakten, die zur Unzufriedenheit und Unlust des Personals führen und auch nicht ausschließen, daß es auch deswegen zu Fällen wie ungesetzliches Verlassen der DDR aus dem medizinischen Personal kommt”. 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 172.

⁷⁹⁷ 3rd March 1977: Jahresanalyse der HA und der Linie XX für das Jahr 1976: BStU, MfS, HA XX/ AKG, 6029, Bl. 131-132; Marion Detjen, *Ein Loch in der Mauer. Die Geschichte der Fluchthilfe im geteilten Deutschland 1961-1989* (München: Siedler-Verlag, 2005), 270.

⁷⁹⁸ In the days and month after the Wall, the escape help, according to Detjen, was often spontaneous and voluntarily. Detjen, *Ein Loch in der Mauer*, 84-94.

⁷⁹⁹ “waren zum Teil unentgeltlich arbeitende Idealisten”. Ibid., 254.

⁸⁰⁰ According to Detjen, the financial support by the West German government was stopped already in the mid-sixties. Ibid., 252

by charging fees from the refugees took place.⁸⁰¹ The MfS did not dedicate its reports and analysis to this phenomenon until 1972. However, according to Detjen (2005) “these numbers [...] need to be treated with care and are probably set too low”.⁸⁰²

In order to counteract this new form of escape, the GDR introduced paragraphs 213 and 105 into the new criminal code from 1968 onwards, whereby ‘illegal escape’ and its preparation or attempt as well as ‘subversive human trafficking’ were punishable by law.⁸⁰³ However, when in 1972 the ‘Transit Agreement’ was signed, easing the traffic and travel between West Germany and West Berlin through the GDR, and in 1973 the ‘Basic Treaty’ between the GDR and West

⁸⁰¹ At the beginning, the fees would be between 3,000 and 5,000 DM, but increased to 10,000 to 15,000 DM by the end of the sixties, continuing with exceptions at this level through the seventies. Detjen, *Ein Loch in der Mauer*, 257-258.

⁸⁰² “diese Zahlen sind jedoch mit Vorsicht zu behandeln und wahrscheinlich zu niedrig angesetzt“. Ibid., 249.

⁸⁰³ See: “Strafgesetzbuch der Deutschen Demokratischen Republik vom 12. Januar 1968,” accessed January 22, 2013, <http://www.verfassungen.de/de/ddr/strafgesetzbuch68.htm>; § 105. Staatsfeindlicher Menschenhandel. “Who firstly, with the purpose of damaging the German Democratic Republic; secondly associated with organisations, institutions, groups or persons, engages in a fight against the German Democratic Republic, or, with businesses or their representatives, to entice citizens of the German Democratic Republic to procrastinate, to be trafficked outside their national territorial regions or states or to prevent their return, will be punished with imprisonment not under two years.” [Wer es 1. mit dem Ziel, die Deutsche Demokratische Republik zu schädigen; 2. in Zusammenhang mit Organisationen, Einrichtungen, Gruppen oder Personen, die einen Kampf gegen die Deutsche Demokratische Republik führen, oder, mit Wirtschaftsunternehmen oder deren Vertretern unternimmt, Bürger der Deutschen Demokratischen Republik in außerhalb ihres Staatsgebietes liegende Gebiete oder Staaten abzuwerben, zu verschleppen, auszuschleusen oder deren Rückkehr zu verhindern, wird mit Freiheitsstrafe nicht unter zwei Jahren bestraft.]; § 213. Ungesetzlicher Grenzübertritt. “(1) Any person who unlawfully enters the territory of the German Democratic Republic or illegally stays, does not comply with the legal requirements or restrictions imposed on entry and exit, travel routes and time limits or residence, or who by false information about himself or another wheedles a permission to enter or leave the German Democratic Republic or leaves without government approval the territory of the German Democratic Republic or does not return in this, shall be punished with imprisonment up to two years or sentenced on probation, a fine or public rebuke. (2) In severe cases, the offender shall be imposed with imprisonment from one year up to five years. A serious case is particularly, if firstly the deed is done by damage to border fortifications or in carrying appropriate tools or equipment or in carrying of weapons or the use of dangerous means or methods; secondly the deed is done by misuse or falsification of passports and border crossing documents, by usage of such false documents or in taking advantage of a hiding place; thirdly the act is committed by a group; fourthly, the offender has repeatedly committed the crime or tried in the border area, or is already convicted of an illegal border crossing. (3) Preparation and attempt is punishable.” [(1) Wer widerrechtlich in das Gebiet der Deutschen Demokratischen Republik eindringt oder sich darin widerrechtlich aufhält, die gesetzlichen Bestimmungen oder auferlegte Beschränkungen über Ein- und Ausreise, Reisewege und Fristen oder den Aufenthalt nicht einhält oder wer durch falsche Angaben für sich oder einen anderen eine Genehmigung zum Betreten oder Verlassen der Deutschen Demokratischen Republik erschleicht oder ohne staatliche Genehmigung das Gebiet der Deutschen Demokratischen Republik verläßt oder in dieses nicht zurückkehrt, wird mit Freiheitsstrafe bis zu zwei Jahren oder mit Verurteilung auf Bewährung, Geldstrafe oder öffentlichem Tadel bestraft. (2) In schweren Fällen wird der Täter mit Freiheitsstrafe von einem Jahr bis zu fünf Jahren bestraft. Ein schwerer Fall liegt insbesondere vor, wenn 1. die Tat durch Beschädigung von Grenzsicherungsanlagen oder Mitführen dazu geeigneter Werkzeuge oder Geräte oder Mitführen von Waffen oder durch die Anwendung gefährlicher Mittel oder Methoden durchgeführt wird; 2. die Tat durch Mißbrauch oder Fälschung von Ausweisen oder Grenzübertrittsdokumenten, durch Anwendung falscher derartiger Dokumente oder unter Ausnutzung eines Verstecks erfolgt; 3. die Tat von einer Gruppe begangen wird; 4. der Täter mehrfach die Tat begangen oder im Grenzgebiet versucht hat oder wegen ungesetzlichen Grenzübertritts bereits bestraft ist. (3) Vorbereitung und Versuch sind strafbar.]

Germany was realised, the number of illegal escapes increased.⁸⁰⁴ The reaction of the SED, particularly in the case of the medical intelligentsia, was an increase in both punishments and ideological campaigns. According to an internal document detailing a debate between the MfS and the Healthcare Minister Mecklinger in 1972, the ‘illegal emigration’ of a doctor was supposed to be responded to with the “withdrawal of approbation [licence to practice medicine], doctorate and specialisation”.⁸⁰⁵ In the case of the ‘Basic Treaty’, Honecker emphasised the ‘demarcation policy’ with the West, though finding himself in the dilemma, as Spaar (2002) notes, between demarcation as political alternative and economic dependency to West Germany.⁸⁰⁶ Therefore, measures were decided in the same meeting between MfS and Mecklinger as above, such as the relieving and transfer of an employee of the MfG, because of too many trips to ‘non-socialist countries’, which were in the opinion of the functionaries inappropriate.⁸⁰⁷ On the other hand, as mentioned, the ideological offensive was expanded in order to prevent further loss of personnel, especially in a healthcare system already beset with internal problems.

As an example, the public meeting in a hospital of Berlin on the 6th of September 1973 will be examined. Prior to this meeting, to which 110 selected healthcare employees from different hospitals and clinics in Berlin were invited, the state organs together with the MfS planned the course of this event in detail.⁸⁰⁸ They determined not only who was supposed to speak and what the content of his contribution should be, they also determined if they were supposed to speak on their own initiative or on request.⁸⁰⁹ Additionally, these contributors were either *IM*'s or ‘victims’ of ‘human trafficking gangs’, who were supposed to outline their experiences and the criminal character of these organisations as well as an “unreserved revelation of support for the activities of the MfS”.⁸¹⁰ On the 6th of September 1973, the meeting was opened by the Healthcare Minister Mecklinger, emphasising the crucial significance of the work of all healthcare

⁸⁰⁴ Detjen, *Ein Loch in der Mauer*, 267-269; Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 8.

⁸⁰⁵ “Aberkennung der Approbation, der Promotion und des Facharztes”. 7th September 1972: Vermerk über eine Aussprache mit Prof. Dr. Mecklinger am 14.8.1972: BStU, MfS, HA XX, 527, Bl. 258.

⁸⁰⁶ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 13.

⁸⁰⁷ 7th September 1972: BStU, MfS, HA XX, 527, Bl. 258-259.

⁸⁰⁸ 22nd August 1973: Konzeption zur Durchführung einer öffentlichen Versammlung im Städtischen Krankenhaus Berlin-Friedrichshain: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 326-334; 4th September 1973: Festlegungsprotokoll einer Beratung beim Leiter der Abteilung Gesundheitspolitik am 4.9.1973. Thema: Inhaltliche und organisatorische Vorbereitung eines Forums des Ministers für Gesundheitswesen zu aktuellen Fragen der Gesundheitspolitik im Zusammenhang mit den gegnerischen Angriffen auf die Gesundheitspolitik von Partei und Regierung: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 308-310.

⁸⁰⁹ 22nd August 1973: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 329-334.

⁸¹⁰ “rückhaltlosen Offenbarung zur Unterstützung der Tätigkeit des MfS”. Ibid., Bl. 329 and Bl. 333-334.

employees of the GDR.⁸¹¹ More important, however, was the appearance of the general prosecutor of Berlin. According to the subsequent report of the Stasi, he spoke about “the focused approach of human trafficking organisations to entice and traffic the doctors of the hospital”, thereby showing their “applied unscrupulous methods (promises, deception, overpowering, creating unrest and uncertainty, involvement in criminal activities, fear psychosis, threats, extortion, etc.)” as well as their “trafficking methods (without regard of life and health) and the self-serving criminal goals and motives of the trafficker organisations”.⁸¹² As planned, this statement by the general prosecutor was followed by doctors reaffirming his arguments.⁸¹³ Afterwards, the letter of a former GDR doctor, who had come to regret his decision to leave for the West and now had problems living in a capitalist society, had “a lasting emotional effect”.⁸¹⁴ At the conclusion of this meeting, the need to “strengthen the trust in the security organs and to support them”⁸¹⁵ was emphasised and stress was put on “the possibility of granting immunity in the present willingness to make amends and comprehensive, truthful statements”.⁸¹⁶ In this regard, Healthcare Minister Mecklinger “appealed [...] to the honour and ethical obligation of the doctor, which *inter alia* also meant not to give oneself into the hands of such felonious, criminal, work-shy elements, drug addicts and drug dealers, and not place oneself on the same undignified level with them”.⁸¹⁷ Additionally, he ensured a continuous improvement of work and living conditions, which has to be seen in context with the social political measure of the 25th September 1973 for the healthcare system.⁸¹⁸ In the reactions of the medical intelligentsia, this meeting was, according to the evaluation of the Stasi, a success for the SED.⁸¹⁹ However; a large number remained sceptic

⁸¹¹ 11th September 1973: Information über eine am 6. September 1973 mit ausgewählten Personenkreis im Städtischen Krankenhaus Berlin-Friedrichshain durchgeführte Versammlung: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 293.

⁸¹² “Das zielgerichtete Vorgehen der Menschenhändlerorganisationen zur Abwerbung und Ausschleusung von Ärzten des Krankenhauses”; “angewandten skrupellosen Methoden (Versprechungen, Täuschung, Überumpelung, Erzeugen von Unruhe und Unsicherheit, Verwicklung in strafbare Handlungen, Angstpsychose, Drohung, Erpressung usw.)”; “Schleusungsmethoden (ohne Rücksicht auf Leben und Gesundheit) sowie die von den Menschenhändlerorganisationen eigennützigen verbrecherischen Ziele und Motive”. *Ibid.*, Bl. 295.

⁸¹³ *Ibid.*, Bl. 295-299.

⁸¹⁴ “eine nachhaltige emotionelle Wirkung”. *Ibid.*, Bl. 295.

⁸¹⁵ “das Vertrauen zu den Sicherheitsorganen zu stärken und sie zu unterstützen”. *Ibid.*, Bl. 299.

⁸¹⁶ “die Möglichkeit der Gewährung von Straffreiheit bei vorliegender Bereitschaft zur Wiedergutmachung und umfassenden, wahrheitsgemäßen Aussagen”. Information: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 317.

⁸¹⁷ “appellierte an die Ehre und ethische Verpflichtung des Arztes, was u.a. auch bedeutete, sich nicht in die Hände derartiger verbrecherischer, krimineller, arbeitsscheuer Elemente, Rauschgiftsüchtiger und Rauschgifthändler zu begeben und sich nicht würdelos mit ihnen auf eine Stufe zu stellen”. 11th September 1973: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 300.

⁸¹⁸ *Ibid.*; See also 4.1.

⁸¹⁹ 13th September 1973: Probleme und negative Erscheinungen aus dem Krankenhaus Friedrichshain und anderen medizinischen Einrichtungen in Auswertung der am 6. September 1973 durchgeführten öffentlichen Versammlung im Krankenhaus Friedrichshain über Angriffe westdeutscher und Westberliner Menschenhändlerorganisationen gegen das GW: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 303.

tical towards the arguments formulated in this meeting. Incredulity was expressed about the fact “that doctors let themselves ‘buy’ from an 18-year-old [trafficker]” as well as “the willingness among doctors must have been present otherwise they would not respond to the offer”.⁸²⁰ Further confusion was aroused about one doctor, who contributed to the meeting, as to whether he was willing to involve the MfS or had been caught as well as why he was still employed.⁸²¹ Behind this argument was the assumption of the supposed usage of *IM*'s and victims in this meeting. Indeed, as identified by Detjen (2005), in the show trial of ‘traffickers’ almost held simultaneously in October and November 1973, the MfS was eager to show comprehensive evidence of the ‘criminal activities’ of the ‘human trafficking gangs’, therefore, using already imprisoned and traffickers consciously misinformed by the MfS, victims and witnesses, in order to secure the international condemnation of these organisations and the prosecution of them in West Germany.⁸²²

In the same way at the hospital meeting, the MfS and the state were eager to use the elaborated facts in order to depict the ‘escape helpers’ in the worst possible light and, thereby, to illustrate their work as an ‘ignoble’ act, dooming doctors who had already used this method to illegally leave the GDR. However, in spite of the ideological purpose of such arguments, the accusation that drug addicts were also involved as ‘traffickers’ cannot be completely ignored. As Detjen (2002) points out, some ‘escape organisations’ used the so-called ‘tour of sacrifice [*Opfertour*]’, meaning that a person from West Germany travelled to the GDR, handed over his travel documents and passport to the willing escaper and remained in the GDR, where he generally was imprisoned later on.⁸²³ The persons, who were keen to do this, were “mostly homeless and unemployed young men in acute need of money”, and their involvement in the drug scene cannot be excluded.⁸²⁴ In general the fact that ‘escape organisations’ became more commercially than politically motivated as well as their likely involvement in the underground economy led West German state organs to prosecute them and after the seventies saw the ‘escape helper organisations’ lose significance.⁸²⁵

⁸²⁰ “daß sich Ärzte von einem 18jährigen 'einkaufen' lassen”; “müsse bei den Ärzten eine Bereitschaft vorhanden gewesen sein sonst wären sie nicht auf die Angebote [...] eingegangen”. 13th September 1973: BStU, MfS, HA XX, 7203, Bd. 2, Bl. 305 and Bl. 306.

⁸²¹ Ibid., Bl. 304.

⁸²² Detjen, *Ein Loch in der Mauer*, 317-319 and 325.

⁸²³ Detjen points out that the ‘escape organisations’ backed themselves up legally by letting the ‘victims’ sign a declaration, referring to their knowledge about the procedure. Ibid., 262.

⁸²⁴ “meist wohnungs- und arbeitslose junge Männer in akuter Geldnot”. Ibid.

⁸²⁵ Ibid., 281-283.

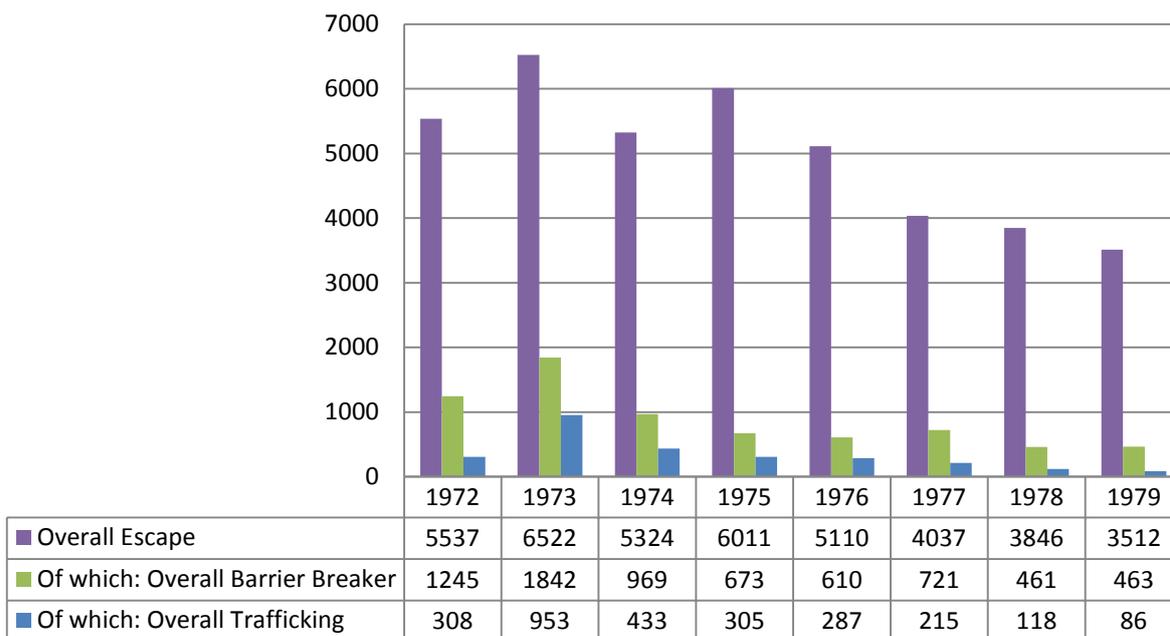


Figure 2: Successful Escapes from the GDR, itemised in Barrier Breakers and Trafficking between 1972 and 1979. [Data used from: Detjen, *Ein Loch in der Mauer*, 440-441, Tabelle 2]

Nevertheless, in order to demonstrate specifically that the medical intelligentsia represented the major clientele of the ‘escape helpers’, the overall escape movement out of the GDR will be considered in brief. In the years from 1972 to 1976 as shown in Figure 2, the total number of escapees was, according to the analysis of Detjen (2002), between 5,000 and 6,000 people each year, with the one exception with around 6,500 people in 1973.⁸²⁶ After 1976, the number of people who were leaving to West Germany plummeted to 4,000 and declined in the following year.⁸²⁷ These developments can be explained firstly through the rapprochement of the two German states and the ease on the restriction of travel, giving more leeway for escape by using the transit routes between West Berlin and West Germany.⁸²⁸

Additionally, the other main method after 1964 was seeking asylum in Western countries during holidays in the other socialist states, because their borders were not as secure as in the GDR, or by using their flight routes for passport exchange, also organised by ‘escape helpers’.⁸²⁹ Secondly, however, through improved security and the deadly character of the inner-German border ‘death zone [*Todesstreifen*]’, after the peak in 1973, a significant decrease of so-called ‘barri-

⁸²⁶ Detjen, *Ein Loch in der Mauer*, 440-441, Tabelle 2.

⁸²⁷ Ibid.

⁸²⁸ Ibid., 267-274; November 1974: BStU, MfS, HA XX, 11663, Bl. 112.

⁸²⁹ Detjen, *Ein Loch in der Mauer*, 261 and 274.

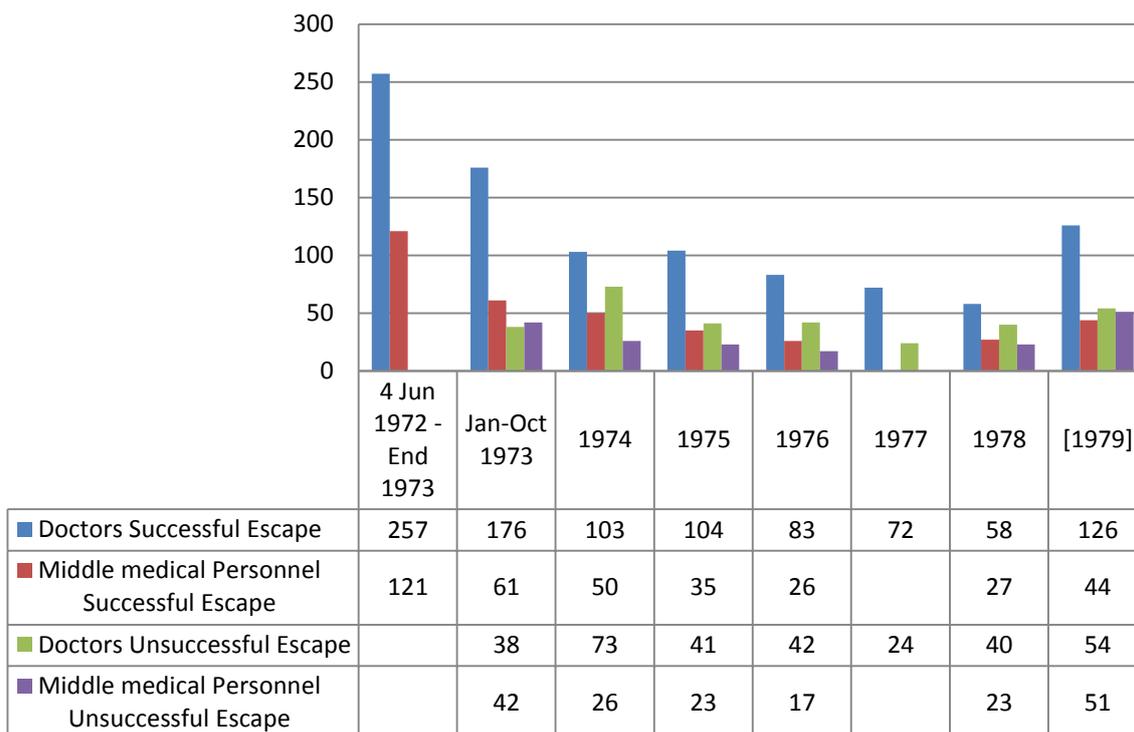


Figure 3: Successful and unsuccessful [incl. planned and attempted] Escapes of Doctors and middle medical Personnel to West Germany in Comparison from 1972 to 1979. [Data collected from: BStU, MfS HA XX 11663, 43; BStU, MfS HA XX 2100, 31; BStU, MfS HA XX 2102, 6-7, 11, 71-72, 82, 128-129, 162-164. Numbers of doctors includes dentists; empty fields in the chart represent the fact that no data could be found; the numbers of 1979 are not clear, as the document has no date and is only showing the numbers from January to August. However, it appears in the order of the MfS folder as the analysis of the escape numbers in 1979; BStU, MfS HA XX 2102, 162-164.]

er breakers' from over 1,000 to under 500 per year was recorded.⁸³⁰ This and the competence of the MfS in exposing the methods of the escapees caused the reduction of the overall number of 'illegal escapes'. Consequently, by the end of the seventies, a shift towards people who remained during Western travels and did not return to the GDR took place, which with the increasing opportunities to travel to West Germany appeared as a safer way to escape.⁸³¹ In case of the escape method of 'trafficking', it continuously represented five per cent of the overall refugee numbers until the mid-seventies, with the exception of 1973, and experienced a significant reduction through the problems outlined before at the end of the seventies.

As the MfS analyses of the 'illegal escape' of doctors continuously emphasised, the main method of the medical intelligentsia was to use the help of the 'escape helper organisations' to

⁸³⁰ Detjen, *Ein Loch in der Mauer*, 269.

⁸³¹ *Ibid.*, 284 and 323.

cross the border.⁸³² Therefore, as in Figure 3 shown, the numbers of successful border crossings represent at least two thirds of the escape by ‘trafficking’. For example, in 1978 from 58 doctors who illegally left the GDR, four crossed the border by themselves, ten remained during Western travels, for three the method was unknown and 41 doctors used the help of ‘escape organisations’, representing a proportion of 70 per cent.⁸³³ Accordingly, in comparison to Figure 2 of the total loss of the GDR, this means that from 1974 to 1976, firstly, between 1.5 and 2.0 per cent of the overall escape number and, secondly, between 15 and 25 per cent, in 1978 even 35 per cent, of the entire trafficking number was performed by the medical intelligentsia. Furthermore, Figure 3 shows that doctors in the area of medicine alone represented the main focus of leaving for the West and in comparison to the middle medical personnel also had a lower rate of being caught by the MfS. In the overall perspective, with the exception of 1979, in the analysis of the escape movement by doctors it becomes apparent, that it also experienced a continuous reduction as recognised in Figure 2.

To emphasise the predicament, which these numbers represented for the SED, the analysis of the ‘Head Department Twenty [HA XX – *Hauptabteilung XX*]’ of the MfS from 1977, will be examined. The HA XX was responsible for observing, securing and analysing ideological issues in the areas of medicine, culture, education, post, church, party organisations and the general state apparatus. For the year 1976 the HA XX concluded, that “as in previous years, members of the medical intelligentsia constitute the most significant political-operative group of trafficked persons and candidates for trafficking”.⁸³⁴ Itemised to the different security areas of this department, the proportions were as follows:

⁸³² See: 5th September 1973: Einschätzung zu Problemen des staatsfeindlichen Menschenhandels im Bereich der medizinischen Intelligenz: BStU, MfS, HA XX, 2100, Bl. 8; November 1974: BStU, MfS, HA XX, 11663, Bl. 109; 11th April 1979: Einschätzung zur politisch-operativen Situation und zur Wirksamkeit der politisch-operativen Arbeit im Sicherheitsbereich Medizin: BStU, MfS, HA XX, 2102, Bl. 128 and Bl. 130: 74 per cent of doctors left the GDR with the help of ‘escape organisations’.

⁸³³ According to the MfS analysis, from the 41 doctors using the trafficking method, they were sure about 23 and had hints of 18. 23rd January 1979: Ungesetzliches Verlassen der DDR durch Personen aus dem medizinischen Bereich im Jahre 1978: BStU, MfS, HA XX, 2102, Bl. 87.

⁸³⁴ “Wie in den Vorjahren bilden Angehörige der medizinischen Intelligenz die politisch-operativ bedeutsamste Gruppe der ausgeschleusten Personen und Schleusungskandidaten”. 3rd March 1977: Jahresanalyse der HA und der Linie XX für das Jahr 1976: BStU, MfS, HA XX/ AKG, 6029, Bl. 107.

	Successful		Unsuccessful	
	1975	1976	1975	1976
Doctors and Medical Scientists	122	82	42	43
Other medical Personnel	51	40	35	51
Education	22	2	8	0
Culture	27	11	12	2
State Apparatus	6	1	1	0

Figure 4: The overall Number of successful and unsuccessful Escapes out of the different Security Areas of the HA XX of the MfS in 1975 and 1976. [Data collected from: BStU, MfS HA XX/ AKG 6029, 131]

In Figure 4 it becomes clear, as the HA XX pointed out, “that the security area of medicine continues to constitute the offense-specific focus in the area of responsibility of the line XX, especially as the proportion of attempted and successful illegal border crossings of people from the security area of medicine is still too high and constitutes 76 per cent of all offenses of the entire area of responsibility of the line XX”.⁸³⁵ Additionally, a further problem for the GDR was the loss of doctors in leading positions and the age structure of these escaped doctors. For the year 1976, for example, the majority were between 31 and 45 years and only in the first half of 1975, from the 58 doctors who escaped, 93 per cent were between 25 and 40, whereby 50 per cent were between the age of 31 and 35.⁸³⁶ This meant most doctors leaving for West Germany, after they completed their specialist training. In light of this, a commission of the healthcare ministry assessed the consequences of these movements for the GDR economy. They calculated that the ‘material damage’ to the GDR’s economy of losing one doctor or dentist was circa 150,000 Mark just in terms of his education and for the training of a nurse, costing 30,000 Mark.⁸³⁷ However, this sum was only one facet of the projected loss. As the report continued, “much higher is the not exactly measurable, but valuable material damage caused by the loss of one doctor in healthcare policy and economic terms (not meaning the political-ideological and moral damage!)”.⁸³⁸ Through a yearly loss of circa 2,000 working hours and the estimation of 25

⁸³⁵ “dass der Sicherungsbereich Medizin weiterhin den deliktsspezifischen Schwerpunkt im Verantwortungsbereich der Linie XX darstellt, zumal der Anteil versuchter und gelungener ungesetzlicher Grenzübertritte von Personen aus dem Sicherungsbereich Medizin nach wie vor zu hoch ist und 76 % aller Delikte des gesamten Verantwortungsbereiches der Linie XX ausmacht”. 3rd March 1977: BStU, MfS, HA XX/ AKG, 6029, Bl. 132.

⁸³⁶ Ibid., Bl. 85; 1st September 1975: Information über die im 1. Halbjahr 1975 erfolgten gelungenen und verhinderten ungesetzlichen Grenzübertritte durch Mitarbeiter des Gesundheitswesens sowie des Bereichs Medizin des Hoch- und Fachschulwesens der DDR: BStU, MfS, HA XX, 2100, Bl. 82.

⁸³⁷ Auszug aus dem Gutachten einer Kommission leitender Mitarbeiter des Min. f. Gesundheitswesens über Folgen und Auswirkungen der organisierten Ausschleusung von Ärzten, Zahnärzten und Krankenschwestern durch die Beschuldigten [...] und [...]: BStU, MfS, HA XX, 2100, Bl. 89.

⁸³⁸ “Wesentlich höher ist der nicht exakt messbare, wohl aber schätzbare materielle Schaden durch Ausfall eines Arztes in gesundheitspolitischer und volkswirtschaftlicher Hinsicht (nicht gemeint ist der politisch-ideologische und moralische Schaden!)”. Ibid.

more years of work, by the average age of 34 years of service from the trafficked doctors, they calculated damage of one million Mark per doctor for the GDR.⁸³⁹ This represented a serious difficulty, which only increased the problems of the healthcare system. Therefore, after showing what part the medical intelligentsia played in the escape movement and which problems this caused for the SED, it is now important to analyse the reasons why doctors decided to leave for West Germany and why they did so mainly through ‘escape helper organisations’.

One explanation for this was the deteriorating situation, outlined above, in the living and working conditions for the medical intelligentsia during the seventies. While this represented only one reason, it was a key one, why the medical intelligentsia remained problematic in ideological matters for the SED. On the other hand, in the process of rapprochement between both German states, doctors had no sympathy for the emphasised demarcation policy of Honecker.⁸⁴⁰ In Karl-Marx-Stadt in 1974, for example, the MfS drew conclusions about a political ideological education meeting about the ‘Basic Treaty’: “Characteristic of the attendance was that most of the doctors gave the impression of being asleep. Nobody contributed to the discussion. The meeting had to be cancelled”.⁸⁴¹ Therefore, the MfS report about Berlin hospitals from 1973 pointed out, that “the relation between GDR and West Germany plays generally in its variety a large role in the healthcare system”.⁸⁴² Indeed, the problem for the SED was that, for example for Karl-Marx-Stadt in 1978, 60 to 70 per cent of the medical intelligentsia had connections in the West, which increased after the new policies in inter-German relations.⁸⁴³ This led to comparisons with West German living and working standards. In this regard, the MfS assessed that the motives and problems here were “reservations about our socialist development and affirmation of the western lifestyle”, “tendencies of indifference towards shortcomings and deficiencies in the work area, political indifference, lack of social activities, [and] an unsatisfactory political and ideological education work by leaders of collectives”, as well as the “increase in bourgeois attitudes and behaviour among members of the medical intelligentsia, such as increased consumerism, [...] critical ideological statements on development problems of our society with doubts

⁸³⁹ BStU, MfS, HA XX, 2100, Bl. 89.

⁸⁴⁰ 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 162.

⁸⁴¹ “Kennzeichnend für die anwesenden Ärzte war, dass der größte Teil der Ärzte den Eindruck hinterließ, als würde geschlafen. Zur Diskussion meldete sich keiner. Die Versammlung musste abgebrochen werden”. 21st May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2565, Bl. 43.

⁸⁴² “Das Verhältnis DDR-BRD spielt insgesamt in seiner Vielfalt im Gesundheitswesen eine große Rolle”. 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 162.

⁸⁴³ 24th April 1978: BStU, MfS, BV Karl-Marx-Stadt, XX, 2432, Bl. 2.

about the 'truth content' of the information of our publication organs".⁸⁴⁴ The latter was the perennial problem of the ever present Western counterpart and was exacerbated by the home antennas of ordinary East Germans which could receive Western programming, resulting in parts of the medical intelligentsia informing themselves from these sources.⁸⁴⁵ Additionally, doctors would emphasise the higher development of medical standards in West Germany, which were 10 to 20 years ahead of the GDR equivalent.⁸⁴⁶ Therefore, one doctor who wanted to move to West Germany, said to his colleagues, that "he could 'good and gladly renounce the values created in the GDR'".⁸⁴⁷ This expanded orientation of doctors to the West shows that the SED failed to win over this part of the medical intelligentsia and caused a great potential for discord, leading overloaded and disenchanted doctors to 'vote with their feet'. The remaining members of the medical intelligentsia also tended to express their understanding of the decision of their peers to escape to the West and did condemn 'illegal escape' in the manner that the SED desired them to. To the anger of the SED, this step also tended to be described as a 'change of place' or 'job change', rather than being viewed as a 'breach of the obligation of a doctor towards his or her patients in the GDR'.⁸⁴⁸ The failure of the ideological offensives by the SED also becomes obvious in the analysis of applications for relocation to the West. In 1976, for example, 1700 GDR citizens in the security area of the HA XX submitted a relocation application, of which 700 were from the field of medicine.⁸⁴⁹ However, as Detjen (2005) points out, the GDR was hardly going to allow their medical and technical elite to leave legally, because of their crucial role and the

⁸⁴⁴ "Vorbehalte gegenüber unserer sozialistischen Entwicklung und Bejahung der westlichen Lebensweise"; "Tendenzen der Gleichgültigkeit gegenüber Mängel und Unzulänglichkeiten im Arbeitsbereich, politisches Desinteresse, mangelnde gesellschaftliche Aktivitäten, eine nicht befriedigende politisch-ideologische Erziehungsarbeit durch Leiter von Kollektiven"; "Zunahme bürgerlicher Denk- und Verhaltensweisen bei Angehörigen der medizinischen Intelligenz, wie verstärktes Konsumdenken,[...] kritische ideologische Äußerungen zu Entwicklungsproblemen unserer Gesellschaft mit Zweifel am 'Wahrheitsgehalt' von Informationen unserer Publikationsorgane". 4th October 1978: Informationsbedarf des Leiters der BV gemäß GVS 653/77. Politisch-operative Lage im Gesundheitswesen und unter der medizinischen Intelligenz: BStU, MfS, BV Karl-Marx-Stadt, XX, 2432, Bl. 108.

⁸⁴⁵ 24th April 1978: BStU, MfS, BV Karl-Marx-Stadt, XX, 2432, Bl. 3.

⁸⁴⁶ See: 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 26; 3rd November 1976: BStU, MfS, BV Karl-Marx-Stadt, XX, 2235, Bl. 16; 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 95.

⁸⁴⁷ "Er könne 'gut und gerne auf die in der DDR geschaffenen Werte verzichten'". 2nd October 1975: Analyse der politisch-operativen Lage im Sicherungsbereich Medizin: BStU, MfS, BV Karl-Marx-Stadt, XX, 2432, Bl. 95.

⁸⁴⁸ 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 165; 24th May 1974: BStU, MfS, BV Karl-Marx-Stadt, XX, 2667, Bl. 26; 2nd February 1976: Jahresanalyse der Hauptabteilung und der Linie XX für das Jahr 1975: BStU, MfS, HA XX/ AKG, 6029, Bl. 51.

⁸⁴⁹ In comparison: Church: 200; Post: 140 and Culture: 90. 3rd March 1977: BStU, MfS, HA XX/ AKG, 6029, Bl. 134-135.

problem of the resultant economic damage, which was one reason why they were ‘forced’ to use ‘escape helpers’.⁸⁵⁰

Nevertheless, another reason aligned with the extensive West connections of the medical intelligentsia needs to be addressed. After the Helsinki Act of 1975, the international acknowledgement of the GDR was expanded, but also led to contradictions, referring to more international contacts and humanitarian obligations, to the actual policies of the GDR.⁸⁵¹ Subsequently, travel from West to East Germany increased as did the contacts between doctors and medical organisations as well as ‘escape helper organisations’.⁸⁵² The MfS report from 1976 points out, that “still, and increasingly the Leipzig fairs are highlights of the hostile contact policy, whereby it has to be emphasised the extensive and targeted collection of addresses, the issue of so-called doctors packs of pharmaceuticals to GDR doctors with a request for the illegal testing of these drugs, and targeted individual talks out of the increasing medical staff of the [pharmacy] corporation stands with specially invited medical scientists of the GDR”.⁸⁵³ Even, that the accusation can be viewed as ideologically influenced, this statement shows different insights into the problems aroused by the contacts with the West for the GDR. According to the MfS, Western pharmaceutical corporations would increasingly distribute pharmaceuticals for ‘illegal tests’, with requests to send the results back to them.⁸⁵⁴ This and the issue of comprehensive pamphlets, literature and invitations to conferences in the West, with the prospect of the pharmaceutical companies’ paying for flights, accommodation, etc., was a thorn in the SED’s side.⁸⁵⁵ The GDR saw in this a threat, as the MfS report from 1979 identified, because corporations would consciously seek the contact of “those groups of people in the security area of medicine, from their knowledge, reputation or influence they hope to get economic advantages”, thereby offering them positions in West Germany.⁸⁵⁶ Additionally, they would also have the aim “to expand their influence on the market of the GDR” by distributing their pharmaceuticals to the detriment of drugs from the

⁸⁵⁰ For example in 1974, according to Detjen, a total of 7,928 applications for relocation were approved, however, as the MfS report shows, only 62 doctors were allowed to legally leave the GDR in this year. Detjen, *Ein Loch in der Mauer*, 275-276 and 440-441, Table 2; BStU, MfS, HA XX, 2100, Bl. 44-45.

⁸⁵¹ Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 12-13.

⁸⁵² *Ibid.*, 13.

⁸⁵³ “Nach wie vor und in zunehmenden Maße stellen die Leipziger Messen Höhepunkte der feindlichen Kontaktpolitik dar, wobei die umfangreiche und gezielte Adressensammlung, die Ausgabe von sogenannten Ärztepackungen mit Pharmaka an DDR-Ärzte mit der Bitte der illegalen Testung der Medikamente und gezielte individuelle Gespräche des immer mehr aus Medizinern bestehenden Personals der Konzernstände mit speziell eingeladenen medizinischen Wissenschaftlern der DDR hervorzuheben sind”. 2nd February 1976: BStU, MfS, HA XX/ AKG, 6029, Bl. 50.

⁸⁵⁴ November 1974: BStU, MfS, HA XX, 11663, Bl. 119.

⁸⁵⁵ *Ibid.*, Bl. 117-119; 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 101-102.

⁸⁵⁶ “solche Personenkreise im Sicherungsbereich Medizin, von deren Wissen, Ansehen oder Einfluss sie sich ökonomische Vorteile erhoffen”. 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 98.

GDR and other socialist countries.⁸⁵⁷ How far these accusations were shaped by ideology and if the commercial interest of the pharmacy corporations went so far, cannot be fully proven here. However, the effect these connections, established at Leipzig fairs, had, become obvious in this aspect that, to the resentment of the SED, there were “some examples, where leading functionaries reject a VS-commitment [meaning, to break up all connections to the West, because one would be a bearer of state secrets], because they do not want to break up their West contacts”.⁸⁵⁸ Especially to the problem of medical scientists or doctors disclosing results and secrets of their medical research in the GDR to Western ‘colleagues’, the SED reacted sensitively to every ‘violation’, because in their view this could only represent a setback in the struggle between Capitalism and Socialism.⁸⁵⁹ Nevertheless, these were not the only problems, which these comprehensive connections of the medical intelligentsia were offered from over the border. As Detjen (2002) identifies in her work, in particular Kay Mierendorff⁸⁶⁰, who continuously appeared in the MfS reports as the head of one of the main ‘human trafficking gangs’ for the medical intelligentsia, used the Leipzig fairs to get in contact with doctors who wanted to leave the GDR.⁸⁶¹ The MfS recognised that some of the ‘human trafficking gangs’ specialised in doctors and dentists as clients, because they would be reliable customers, referring to their expected high income in West Germany.⁸⁶² Also Detjen (2002) shows this interrelation as well as the targeted use of so-called ‘reverse links’ in order to find potential customers.⁸⁶³ Therefore, trafficked doctors gave to the ‘escape helpers’ hints and contact details about relatives, former students, colleagues and friends, who were also willing to leave the GDR. The MfS was aware of this and emphasised in its reports continuously the need for exploring quickly the circle of friends and colleagues, after the

⁸⁵⁷ “ihren Einfluß auf den Absatzmarkt der DDR zu erweitern”. 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 100.

⁸⁵⁸ “eine Reihe von Beispielen, wo leitende Funktionäre eine VS-Verpflichtung ablehnen, weil sie ihre Westkontakte nicht abbrechen wollen”. 26th October 1973: BStU, MfS, HA XX, 7203, Bd. 1, Bl. 162.

⁸⁵⁹ See: 10th April 1980: Information über den Verdacht der Offenbarung laufender Forschungsergebnisse durch Prof. [...] Medizinische Akademie Dresden, gegenüber BRD-Wissenschaftlern: BStU, MfS, BV Dresden, AKG, PI 62/80, Bl. 1-2.

⁸⁶⁰ The organisation around the brothers Kay and Oliver Mierendorff was established at the beginning of the seventies and concentrated their ‘escape helping’ on the method of the abuse of the transit routes between West Berlin and West Germany. However, Oliver Mierendorff was caught by the MfS and imprisoned, whereby the Stasi successful misinformed both, fomenting mistrust between these brothers. When Kay Mierendorff had a success, Oliver received punishments. Because of the threat of MfS infiltration, Kay Mierendorff moved to a rural Bavarian village in 1978, because the dialect would make it more possible to recognise Stasi members. However, in February 1982, Kay Mierendorff received a letter bomb from the MfS, which he survived, although he was injured. Kay suggested that his brother Oliver might have been involved, that he was seeking revenge. Until the end of the GDR, Kay and Oliver Mierendorff did not know how much success the MfS had, in antagonising them to each other. See: Detjen, *Ein Loch in der Mauer*, 259, 272-273, 276-277, 325 and 329.

⁸⁶¹ Ibid., 276.

⁸⁶² 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 90-91.

⁸⁶³ Detjen, *Ein Loch in der Mauer*, 275.

trafficking of one doctor, in order to prevent further illegal escapes.⁸⁶⁴ They concluded furthermore, “that constantly a part of the trafficked doctors out of enmity to the GDR integrated into human trafficking gangs”, helping and supporting them in finding new customers.⁸⁶⁵ On the other hand, according to the Stasi report, some former GDR doctors would establish groups in West Germany with the aim of helping more doctors escape.⁸⁶⁶ An interesting aspect in his regard was that escaped doctors, according to the MfS reports, often were given generous credits as ‘start support’ and almost immediately offers of employment.⁸⁶⁷ This could show a partial cooperation of the medical organisations of West Germany with the ‘escape helpers’. The contradiction of arguments in this regard lies in the different perspectives towards this issue. On the one side, the MfS saw a conscious initiation of ideological ambiguities and enticement of doctors to West Germany in order to weaken the GDR. On the other side, the medical organisations of West Germany, which felt obligated to help and support East German doctors, who were willing to leave the GDR on their own. This research cannot provide a full clarification of this issue, however, it seeks to show that the problem of the escape of doctors remained a constant threat to the GDR.

After the Wall, a new way to cross the border emerged, which was also used by doctors in order to ‘vote with their feet’. Doctors were showing on the one side their ideological disposition, disapproving the socialist ideology and the leading role of the SED, and on the other, the expectation of better career prospects, liberties, medical research opportunities and not least a better income in West Germany. However, the decision to leave the GDR was also based on personal circumstances⁸⁶⁸ as well as the problematic work and living conditions in the GDR. Consequently, the use of ‘escape helper organisations’ as the main method of the medical intelligentsia to cross the border appears to be based on a variety of reasons. Firstly, the medical intelligentsia was one of the groups in society, who could afford such sums of around 10,000 to 15,000 West Mark, which the ‘escape helper organisations’ charged their ‘customers’.⁸⁶⁹ Secondly, the ‘escape helper organisations’ specialised, because of the latter point, towards high income

⁸⁶⁴ 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 92.

⁸⁶⁵ “daß sich ständig ein Teil der ausgeschleusten Ärzte aus Feindschaft zur DDR in Menschenhändlerbanden integrierte”. Ibid., Bl. 91.

⁸⁶⁶ For example, the ‘Chemnitzer Kreis’, consisted with former doctors from Karl-Marx-Stadt. Ibid., Bl. 92.

⁸⁶⁷ They would have received offers such as a credit of 25,000 West Mark and the provision of rooms to work in as a ‘private practitioner’. November 1974: BStU, MfS, HA XX, 11663, Bl. 114.

⁸⁶⁸ See, for example, the case of a doctor in Karl-Marx-Stadt, who was forced out of his position, without any clear reason, despite ideological dispositions, deciding in the end to leave for the West, which was, in contrast to the problematic personnel situation in healthcare of Karl-Marx-Stadt, ‘heartily welcomed’ by local state functionaries. BStU, MfS, BV Karl-Marx-Stadt, AKG, 492, Bd. 1, Bl. 1-19 and Bl. 61-66.

⁸⁶⁹ Detjen, *Ein Loch in der Mauer*, 257-258.

groups and were seeking potential customers, using Western relatives and ‘reverse links’ to find doctors, willing to leave the GDR.⁸⁷⁰ Thirdly, there is some evidence that medical organisations also partly cooperated with these ‘escape helpers’ in order to help doctors, who, for example, accepted the offer of a new job and were willing to turn their back on the GDR, to cross the border to West Germany. However, the last point especially could not be comprehensively elaborated, due to the lack of supporting archive material from the Western part of Germany, such as from the security service *BND* and medical organisations, in order to provide an analysis of the ‘enticement’ of the East German intelligentsia from both sides of the inter-German border. Nevertheless, it is apparent that the SED was conscious of this whole issue of further loss from the ranks of the medical intelligentsia, therefore, as Detjen (2002) points out, “the ‘doctors’ escape’ was seen with great concern and was continuously at the centre of their complaints against the Federal Republic, especially in the meetings of the ‘Transit Commission’”.⁸⁷¹ In this regard, the ideological offensives and campaigns of the SED did not show the desired effect, as neither were doctors stopping their use of ‘human trafficking gangs’ nor was there any noticeable decrease in overall escape attempts. This proves the further disintegration of the relationship between the state and the medical intelligentsia as well as the increased divergence between the claims of the GDR and the everyday experiences of doctors at the end of the seventies.

4.4 The SED and the medical Intelligentsia: Caught between Claim and Reality

In reaching the end of the seventies and the start of a new decade, in which a broader and more organised opposition was emerging in the GDR, it is necessary to look at the medical intelligentsia and their relationship to the SED from different perspectives.⁸⁷² It is the aim to provide evidence that the SED was caught in the contradiction between claim and reality, the situation ‘on site’ in the healthcare system and the desires from above, the public expressions and the internal discussions. In the final years of the seventies it became clear that the GDR faced an increasing economic crisis and indebtedness, which led, according to Kopstein (1997), to “the

⁸⁷⁰ Detjen, *Ein Loch in der Mauer*, 275.

⁸⁷¹ “wurde die ‘Ärzte-Flucht’ mit großer Sorge gesehen und stand immer wieder in Mittelpunkt ihrer Klagen gegenüber der Bundesrepublik, vor allem in den Sitzungen der Transitkommission”. Ibid., 276.

⁸⁷² Fulbrook, “The Concept of ‘Normalisation’,” 25-26.

first panicky meetings” of high ranking officials.⁸⁷³ More importantly in this regard is that these predicaments also became palpable at the local levels and for the ordinary East German people.⁸⁷⁴ Consequently, as Pollack (1998) identifies, “the exchange relationship between political conformity and economic supply disintegrated” and was one of the reasons which caused the “erosion of GDR society”.⁸⁷⁵ For the healthcare system, Spaar (2002) also considers that “thus [referring to economic decline and debts], the most successful period in the history of the health and social system in the GDR ended in stagnation”.⁸⁷⁶ Despite the fact, as aforementioned, that Spaar’s (2002) argument that these were the regime’s most successful years could not be verified in this thesis, it is apparent, that he also addressed the economic problems, showing their impact on the healthcare system. Therefore, this section will provide an analysis of the different perceptions of the medical intelligentsia and state officials of the economic and ideological problems of the healthcare system in the transition from the seventies to the eighties.

In the overall report of the MfS at the beginning of 1979, the specific problems of the medical intelligentsia in their working and living conditions became clearly detailed. They stated that the remaining work overload “owing to the scarcity of personnel is mostly tightly connected with the concrete housing situation and salary” and, therefore, the previously assessed fluctuation to industry would also continue.⁸⁷⁷ The projected situation GDR-wide was that there would be an overall lack of 40,000 to 50,000 workers in the healthcare institutions, including 15,000 to 20,000 nurses alone.⁸⁷⁸ This led to the appearance, that, for example, in one hospital in Magdeburg, they would have to start to wake patients at one in the night in some stations so that the only nurse on duty was able to wash and take care of them all.⁸⁷⁹ Furthermore, “in many districts in clinics and hospitals, stations or parts of them were completely closed because of staff shortages” with the result that “currently, at least 4,000 beds have been decommissioned in these facilities because of lack of nurses”.⁸⁸⁰ Consequently, as the MfS report concluded, that “in this con-

⁸⁷³ Kopstein, *The Politics of Economic Decline in East Germany*, 89; Pollack, “Die konstitutive Widersprüchlichkeit der DDR,” 118.

⁸⁷⁴ Kopstein, *The Politics of Economic Decline in East Germany*, 89-90.

⁸⁷⁵ “Das Austauschverhältnis von politischer Anpassung und wirtschaftlicher Versorgung löste sich auf”; “Erosion der DDR-Gesellschaft”. Pollack, “Die konstitutive Widersprüchlichkeit der DDR,” 118.

⁸⁷⁶ “Somit endete die erfolgreichste Periode der Geschichte des Gesundheits- und Sozialwesens der DDR in Stagnation”. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V*, 45.

⁸⁷⁷ “infolge fehlender Arbeitskräfte ist meist eng mit der konkreten Wohnraumsituation und der Bezahlung verknüpft”. 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 112.

⁸⁷⁸ Ibid.

⁸⁷⁹ Ibid.

⁸⁸⁰ “In zahlreichen Bezirken in Kliniken und Krankenhäusern wurden Stationen oder Teile davon wegen Personal-mangel gänzlich geschlossen. Gegenwärtig sind mindestens 4 000 Betten in diesen Einrichtungen wegen Schwes-ternmangel stillgelegt”. Ibid.

text, the question must be raised about the usefulness of new hospital buildings”, referring to the fact, that they could not be properly used due to the shortages of personnel.⁸⁸¹ It becomes apparent that even at the end of this decade under the social political measures initiated by Honecker, the desired change of the problematic work and living situation for doctors and nurses did not occur. More than this, as the report alarmingly noted, “in the wide extent attention is drawn to the fact, that for doctors and nurses the limit of physical and mental performance capacity is reached or exceeded and that, inevitably, the scope and quality of medical care is adversely affected”.⁸⁸² The result was, as already noted here, increased frustration amongst the medical intelligentsia with the SED, because of the predicaments caused by the inconsistency of SED policies towards the healthcare system and their personnel.

“There is a perception that leading comrades of the party and state compare the situation in the health sector with the situation of the government hospital, which is equipped with extensive Western medical technology and doctors earning twice as much, but have to perform far fewer services”.⁸⁸³ A survey of doctors in Berlin in preparation for a conference of Berlin district delegates at the beginning of 1979, from which this statement originated, showed “many problems and criticisms” in the capital of the GDR.⁸⁸⁴ The contrast between the ‘ordinary’ hospital and the clinic for high-ranking state officials in terms of their equipment, salary and working hours, led to incomprehension and accusations. The ‘normal’ doctors, as shown, were confronted with continual scarcities in their every-day routine, hearing the criticism and claims of the SED leading party members, treated in their own hospital of the highest standard. In the ‘ordinary’ hospital, the Stasi report noted the supply and provision of high potency pharmaceuticals and modern medical equipment were continually lacking, constraining the desired increase of the quality of healthcare. “In this context, incomprehension has been expressed that, in lieu of essential medicines, jeans are imported”.⁸⁸⁵

⁸⁸¹ “In diesem Zusammenhang muß die Frage nach dem Nutzen von Krankenhaus-Neubauten aufgeworfen werden”. 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 112.

⁸⁸² “Im breiten Maße wird darauf aufmerksam gemacht, dass bei Ärzten und Schwestern die Grenze des physischen und psychischen Leistungsvermögens erreicht bzw. überschritten ist und dadurch zwangsläufig Umfang und Qualität der medizinischen Betreuung nachteilig beeinflusst werden”. Ibid.

⁸⁸³ “Es besteht der Eindruck, daß leitende Genossen der Partei- und Staatsführung die Lage im Gesundheitswesen mit der Situation des Regierungskrankenhauses vergleichen, welches mit umfangreicher westlicher Medizintechnik ausgerüstet ist und dessen Ärzte das Doppelte verdienen, aber bedeutend weniger Leistungen vollbringen müssen”. 26th January 1979: Information: BStU, MfS, HA XX, 527, Bl. 171.

⁸⁸⁴ “zahlreiche Probleme und kritische Einwände”. Ibid.

⁸⁸⁵ “In diesem Zusammenhang wurde Unverständnis darüber geäußert, dass an Stelle wichtiger Arzneimittel Jeans importiert werden”. Ibid., Bl. 172.

Even if the validity of this particular criticism cannot be proven here, it disclosed an interesting aspect of these years. Jeans, as the symbol of Capitalism in the perspective of the SED and the symbol of dissidence within youth culture, were long prohibited by GDR organs.⁸⁸⁶ As the demand rose and the fashion became more common, the GDR, according to Fulbrook (2005), changed their mind ideologically in this regard, stating in 1979 “that the length of hair and the tightness of trousers are not sufficient indicators of political attitude and societal involvement”.⁸⁸⁷ However, this has also to be seen in the context, as Kopstein (1997) argues, of the general course under Honecker, “to import large quantities of Western goods to satisfy consumer demand, [as] part of the now explicit social contract”.⁸⁸⁸ Therefore, the SED imported due to the limited financial means rather general goods for ordinary East Germans, in order to maintain ‘social peace’, than to fulfil specialised demand, which would not have had the same general political effect. In the survey of doctors in Berlin in 1979, this aspect became more evident, when criticism was expressed that “the medical scientists of the GDR were able in the same way as their counterparts in West Germany to achieve excellence”, “however, they often lack the access to essential requirements, such as literature, chemicals, equipment etc., to reach such achievements”.⁸⁸⁹ Consequently, the increasing debts of the GDR had here palpable consequences. These economic problems meant that the state was not able to provide a base for improvements in the healthcare system, leading to stagnation and even a decline in the medical area. These conditions, which inhibit reform, were amplified, firstly, through the continual fluctuation of personnel, but also, secondly, through the expansive bureaucracy of the GDR. Doctors saw themselves confronted with an increasing bureaucratisation, with the result, in their assessment, that “it seriously hampered the work of doctors and medical researchers”.⁸⁹⁰ At the end of the seventies, after comprehensive social political measures, which, however, were unbearable for the economy⁸⁹¹, this survey represented a devastating indictment for the SED. The reaction of the state was, according to the MfS report, that Honecker decided immediate measures, without even informing the rest of his government, such as releasing material reserves of surgery gloves, etc. to the health institutions of Berlin and providing 43 Million Valutamark [West German Mark for

⁸⁸⁶ Fulbrook, *The People's State*, 70-71.

⁸⁸⁷ *Ibid.*, 71.

⁸⁸⁸ Kopstein, *The Politics of Economic Decline in East Germany*, 84.

⁸⁸⁹ “Die medizinischen Wissenschaftler der DDR seien in gleicher Weise wie ihre Kollegen in der BRD zur Erzielung von Spitzenleistungen fähig”; “Ihnen fehlen jedoch oft wesentliche Voraussetzungen, wie z.B. Literatur, Chemikalien, Geräte u.a., um solche Leistungen zu erreichen”. 26th January 1979: BStU, MfS, HA XX, 527, Bl. 172.

⁸⁹⁰ “Sie behindert ernsthaft die Arbeit der Ärzte und medizinischen Wissenschaftler”. *Ibid.*

⁸⁹¹ Pollack, “Die konstitutive Widersprüchlichkeit der DDR,” 119.

trade purposes] to import pharmaceuticals.⁸⁹² Subsequently, it is apparent that the SED failed to act and rather was now only capable of reacting to predicaments, thereby also losing on the ideological credibility amongst the medical intelligentsia.

In a meeting of the MfS with the Healthcare Minister Mecklinger, Honecker and other state officials in February 1979, the ideological situation of the medical intelligentsia was addressed. They assessed “that especially young doctors take a wait-and-see political attitude and not take an emphatic position in favour of the socialist state”, thereby showing that, as at the end of the sixties, the generational change towards a more ‘ideologically reliable medical profession’, which had overcome the old bourgeois milieu, had still not been accomplished as the SED desired.⁸⁹³ The other problem, as considered in section three of this chapter, ‘unlawful escape’ was an open wound. In this meeting, the state officials were concerned about this phenomenon, which was tightly linked to the ideological conditions of the hospitals. For example, Honecker mentioned a report of a comrade from the Charité, the prestige hospital of the GDR, whereby “the political situation of the healthcare system had become clear to him again”.⁸⁹⁴ In this report, “this comrade would have received in a political dispute no support from anyone of the attending doctors and nurses”, which would be for Honecker incomprehensible.⁸⁹⁵ He argued “that in particular the employees of the Charité would have to feel the welfare of the party and the state through the large structural changes that led to an effective improvement of their working and living conditions and will do so further”.⁸⁹⁶ Indeed, as shown in the XI Party Conference in 1976, the Charité was prioritised in the modernisation and expansion plans of the healthcare institutions, leading to other projects in other towns having to be delayed.⁸⁹⁷ However, even with this improvement, the ideological situation did not change in this hospital, due to the shortages of supply. Therefore, Honecker declared now the emphasis of the material provision for the healthcare system. “In case that, through the government or individual ministers, the legitimate demands of the healthcare system were not fulfilled, he expects such information to [be given to]

⁸⁹² 26th January 1979: BStU, MfS, HA XX, 527, Bl.172-173.

⁸⁹³ “dass insbesondere junge Ärzte eine abwartende politische Haltung einnehmen und sich nicht entschieden für den sozialistischen Staat einsetzen”. 20th February 1979: Information: BStU, MfS, HA XX, 527, Bl. 164.

⁸⁹⁴ “sei ihm die politische Situation im GW erneut deutlich geworden”. Ibid.

⁸⁹⁵ “habe diese Genossin in einer politischen Auseinandersetzung von keinem der anwesenden Ärzte und keiner Krankenschwester Unterstützung erhalten”. Ibid.

⁸⁹⁶ “dass doch gerade die Mitarbeiter der Charité die Fürsorge der Partei und des Staates spüren müssten durch die großzügigen baulichen Veränderungen, die zur einer wirksamen Verbesserung ihrer Arbeits- und Lebensbedingungen geführt haben und weiter führen werden”. Ibid.

⁸⁹⁷ Wiebke shows in this regard on the example of a new construction of a hospital in Halle that the financial means of the responsible ministry had been used up to 80 per cent for the construction of the Charité since the decision in 1975, to the detriment of other building projects. Wiebke Janssen, “Medizinische Hochschulbauten als Prestigeobjekt der SED - das Klinikum Halle-Kröllwitz,” *Deutschland Archiv* 4 (2012): 703-712.

the party leadership”.⁸⁹⁸ Honecker showed thereby a growing impatience with the problematic ideological situation amongst the medical intelligentsia, criticising the responsible officials sharply. In this context, “comrade Mecklinger expressed that the repeated criticism of the General Secretary about the political and ideological situation in healthcare and the resulting incidents of illegal border crossings by doctors, burdened him heavily”.⁸⁹⁹ Subsequently, he requested another meeting with the MfS in order to discuss the ideological situation and to draw conclusions.⁹⁰⁰ It appears that for Mecklinger the collaboration with the MfS was vital, bidding continuously for their support. This assertion became more evident, as in 1984, Mecklinger received from the MfS on his 65th birthday the ‘Combat Medal for Merits for People and Fatherland in Gold [*Kampforden für Verdienste um Volk und Vaterland in Gold*]’, which was “intended to honour the unconditional support of the concerns and responsibilities of the MfS by the Minister of Health”.⁹⁰¹ However, these economic and ideological problems, which Mecklinger tried to counter with the support of the MfS, were more general, as Augustine (2011) points out, because, “under Honecker, the SED became more rigid, isolated and unresponsive to the desire for change in GDR society”, thereby losing their connection to the day-to-day reality of the medical intelligentsia as well as to other important social groups.⁹⁰²

A comparison can usefully be made between the medical intelligentsia and technocrats in the GDR. According to Augustine’s (2007) analysis, “the Honecker-era did not see the triumph of the socialist engineer, though most Nazi-era professionals had retired by then”.⁹⁰³ This ideological matter offers some interesting similarities, but also differences between these particular social groups. Augustine (2007) identifies that “under SED rule, the socialist engineer was expected to be the agent of technological progress as well as an active member of the socialist community, starting on the factory level”, which was similar to the claims made on the ‘socialist doctor’. The GDR author Rieger (1976) shows that the doctor in a socialist system was supposed

⁸⁹⁸ “Sollte durch die Regierung oder einzelner Minister die berechtigten Forderungen des Gesundheitswesens nicht nachgekommen werden, erwartet er eine Information an die Parteiführung”. 20th February 1979: BStU, MfS, HA XX, 527, Bl. 165.

⁸⁹⁹ “Genosse Mecklinger brachte zum Ausdruck, dass die wiederholte Kritik des Generalsekretärs an der politisch-ideologischen Situation im Gesundheitswesen und den daraus resultierenden Vorkommnissen ungesetzlicher Grenzübertritte von Ärzten ihn sehr stark belastet”. Ibid.

⁹⁰⁰ Ibid.

⁹⁰¹ “soll die bedingungslose Unterstützung der Anliegen und Aufgaben des MfS durch den Minister für Gesundheitswesen gewürdigt werden”. 17th August 1984: BStU, MfS, HA XX, 527, Bl. 88.

⁹⁰² Augustine, “The Power Question,” 640.

⁹⁰³ Augustine, *Red Prometheus*, 261.

to act as the “unity of health politician, health educator and socialist citizen”.⁹⁰⁴ Through him, as another GDR scientist Kober (1983) considered, might the “realisation of a general societal concern [...] experience an effective support” and thus influence the socialist consciousness and self-development of its patients.⁹⁰⁵ However, this claim was correspondingly limited to that of a ‘socialist engineer’, if not more. Augustine (2007) considers five reasons why the ‘socialist engineer’ did not emerge, which will be examined alongside the claim to have created a ‘socialist doctor’. Firstly, she addresses the “growing individualism in East German society”, which prevented a unity of the engineering profession.⁹⁰⁶ In the case of the medical intelligentsia, the analyses illustrated in strong contrast to the technocrats a unity and solidarity amongst the medical intelligentsia, offering the opportunity to prevent ideological conditioning by the SED. However, within this social group a partial growing individualism was evident that tightly connected with the increase of frustrations in the workplace. This led to the phenomena, as the Stasi reports highlighted, that doctors refused to give admission to patients from other, overcrowded hospitals, even when they still had bed capacity. The second reason for Augustine (2007) “was the loss of prestige and autonomy among engineers and industrial scientists” after the highpoint of technological and technocratic visions under Ulbricht, because of both the policy changes under Honecker and also the problem that “engineering had become a mass profession”.⁹⁰⁷ Doctors also experienced a fundamental turning point after the Wall, suffering a loss of their status in society. For example, the salary structure of the medical intelligentsia had not changed since the end of the fifties, in contrast to the continuous income increases in the industrial sector, and was henceforth a perennial criticism of the doctors towards the SED’s policies. However, it has to be considered that, firstly, the medical profession did not become a mass profession, as proven through the problematic shortage of labour in this area, and, secondly, the medical intelligentsia, because of the highly important nature of the healthcare system, still held high prestige in the state, which appears to be one reason why doctors were able to transcend their total ‘ideological annexation’ by Socialism. For engineers the third aspect represented, according to Augustine (2007), “the opening of the engineering profession to women”, which induced “the breaking of the masculine

⁹⁰⁴ “Einheit als Gesundheitspolitiker, Gesundheitserzieher und sozialistischer Staatsbürger”. Rieger, “Über die soziale Qualität von Arzt-Patienten-Beziehungen,” 88.

⁹⁰⁵ “gesamtgesellschaftlich zu verwirklichendes Anliegen [...] eine wirkungsvolle Unterstützung erfahren”. Reiner Kober, “Der soziale Einfluß des Arztes als Beitrag zur Persönlichkeitsentwicklung und Gestaltung der Lebensweise seiner Patienten im Sozialismus” (PhD diss., University of Berlin, 1983), 22.

⁹⁰⁶ Augustine, *Red Prometheus*, 261.

⁹⁰⁷ *Ibid.*

domination” in this area.⁹⁰⁸ The research could not provide statistical evidence of a similar ‘break’ in the medical profession as there was a general high percentage of women.⁹⁰⁹ Nevertheless, the leading positions in healthcare appeared to still be dominated by men, with exceptions at the local governmental level.⁹¹⁰ The fourth reason for the non-existent ‘socialist engineer’, as Augustine (2007) identifies, was the “neglect of large swaths of industry” in favour of high-tech, which “contributed to deprofessionalization of engineers and dequalification of engineering work”.⁹¹¹ This represented a partial distinction to the medical profession, as in this regard doctors were confronted with different influences. On the one hand, their professional work was continuously hampered by the shortage of personnel, material and pharmaceuticals as well as appropriate hospital facilities and housing for their families, which can be described in general as the problematic working and living conditions. On the other hand, the SED also emphasised here a few prestige projects, such as the Charité and other medical academies, concentrating the financial and material resources on these new projects to the detriment of the others in regard to work conditions, medical equipment and also income. This complex led more or less to de-qualification, through the limited professional work opportunities in the particular hospital, but furthermore caused fluctuation from low to higher paid positions within the medical sector, worsening thereby the overall situation of doctors in ‘rural’ or ‘ordinary’ hospitals. Under Honecker, as Augustine (2007) emphasises, the last reason represented “the growing dominance of the SED over industrial engineering and science”, where career prospects were highly dependent on party commitment.⁹¹² Not surprisingly, according to her analysis, 71.4 per cent of the engineers in managerial positions were members of the SED.⁹¹³ Political commitment for doctors was also of importance, if they sought to obtain higher positions. In general, however, the party membership amongst the medical intelligentsia was 16 per cent, which represented a relatively low political organisation in contrast to other areas.⁹¹⁴ The problem for engineers in this regard, as Augustine

⁹⁰⁸ Augustine describes that this “could hardly have been more dramatic”, raising the proportion from 7.5 in 1964 to 31.1 per cent in 1981 and much more in specialised areas, for example textile industry. Augustine, *Red Prometheus*, 261.

⁹⁰⁹ See the student numbers in the seventies, where, for example in 1978, from 8870, 5366 meaning 60 per cent had been women. Spaar, ed., *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil V, Teil B*, 164.

⁹¹⁰ Especially, in the position of the district medical officer it was not unusual to find a woman in this role, even in 1961. See: 20th September 1961: Bericht über die Ärzteausprache im Krankenhaus Neustadt/Sa.: SAPMO-BArch, DY 30/IV 2/19/64, Bl. 600.

⁹¹¹ Augustine, *Red Prometheus*, 262.

⁹¹² *Ibid.*, 262-263.

⁹¹³ *Ibid.*, 263, Table 7.1.

⁹¹⁴ Weil, *Zielgruppe Ärzteschaft*, 46; Fulbrooks (2005) gives an average membership in the population of 20 per cent, however could this differ between 10 to 25 per cent, depending on district, social group, size of enterprise, etc. Fulbrook, *The People's State*, 4 and 224.

(2007) concludes, was “technical specialists advanced their professional ambitions by proving themselves more conformist and more loyal to the SED than their rivals”.⁹¹⁵ Thereby, “technological advance was redefined as loyalty to the SED” and now “competition to innovate was replaced by competition to be most politically correct”.⁹¹⁶ This kind of struggle amongst engineers for their career prospects could not be found in a corresponding manner for the medical intelligentsia. Of course, also here local opposition in obtaining leading positions took place, however, these represented anecdotal cases, conducted mainly from above against disliked or non-party members in key positions of hospitals, especially in the era of Honecker, as far as this could be generalised.⁹¹⁷ Instead, as suggested in the beginning, this group had a social bond, offering solidarity and had reached an ‘internal unity’ that prevailed as the salient feature in the medical intelligentsia, persistently and ‘stubbornly’ opposing political penetration and commitment continuously through the decades.⁹¹⁸ Therefore, it can be concluded that the generational change and the policies of the SED, accompanied with the examined and compared five reasons given by Augustine (2007), also in this perspective failed to initiate the shift to the ‘socialist doctor’.⁹¹⁹

Another aspect invites comparison between the technical and the medical intelligentsia: their ‘apolitical attitude’. In the case of engineers, Augustine (2007) considers, that “the ideology of the ‘apolitical engineer’ and ‘apolitical scientist,’ coupled with strong nationalist sentiment, promoted the belief in a deep divide between state and scientific and engineering communities” and emerged primarily during the Third Reich.⁹²⁰ Thereby, the problem was that “experts tried to ignore the uses to which their work was put”.⁹²¹ In the GDR, engineers showed this attitude and belief “well into the 1950s”.⁹²² In contrast, doctors were still recalling their ‘apolitical’ position in the society at the end of the seventies. The criticism of political influences, dependencies and commitment was reoccurring feature of MfS reports. As examined before, the derivation of this attitude could not be comprehensively found in this thesis, but it seems to have different initial influences, referring to socialisation, opposition to Socialism and the problematic memories as well as involvement in the Third Reich. In general, this was only one reaction of doctors to the political conditions in the GDR. Augustine (2007) identifies that “careerism, ‘apolitical’ enthusi-

⁹¹⁵ Augustine, *Red Prometheus*, 349.

⁹¹⁶ *Ibid.*

⁹¹⁷ See, for example, the already mentioned case of a doctor: BStU, MfS, BV Karl-Marx-Stadt, AKG, 492, Bd. 1, Bl. 1-19 and Bl. 61-66.

⁹¹⁸ Bauerkämper, “Kaderdiktatur und Kadergesellschaft,” 47-49.

⁹¹⁹ Weil, *Zielgruppe Ärzteschaft*, 15-16.

⁹²⁰ Augustine, *Red Prometheus*, 348-349.

⁹²¹ *Ibid.*, 349.

⁹²² *Ibid.*

asm for technology, and withdrawal into the private realm were three of the strategies” of engineers, responding to the ideological penetration, which can also be confirmed for the medical intelligentsia, even, as shown before, when careerism did not play such an important role amongst doctors as within the technical intelligentsia.⁹²³ The main strategy of the medical intelligentsia appeared as the compilation of resignation, adaption, avoidance of ‘open confrontations’ with the SED and the retreat in private and unofficial networks, such as the ‘academic circles’ of the church, where they often showed their frustration with the shortcomings of the political system.⁹²⁴

The collaboration with the MfS as *IM* existed amongst the technical and the medical intelligentsia. Both experienced an expanding and strengthening of the surveillance system under Honecker.⁹²⁵ The proportion of doctors working as *IM* was three to five per cent, which was a higher proportion than in the overall population, and, according to Weil (2008), demonstrates their importance for the SED, rather than the “ideological susceptibility” of the medical intelligentsia.⁹²⁶ In her analysis of 493 *IM*’s, she identified three motives for doctors to collaborate with the MfS. The first and main motive was approval of Socialism and the belief that they were obligated, to support the Stasi in the interest of their hospital and healthcare.⁹²⁷ However, this was also connected with the second motive, consisting of “personal and career interests as well as fear and uncertainty”.⁹²⁸ The latter applied to the methods of the MfS of initiating fear, extortion and blackmail in order to convince a member of the medical intelligentsia to collaborate. Often this involved doctors, who were caught attempting of illegal emigration or other offenses, and was used as both a form of “atonement” and a means of avoiding imprisonment.⁹²⁹ These ‘criminal’ doctors were, according to Weil (2008), especially important for the Stasi, as they generally stood for “political disloyalty” and thereby could easily infiltrate ““negative groups of people””.⁹³⁰ The last motive for collaborating with the MfS represented the “every-day denunciations”, which took place here as well, and, as Weil (2008) examines, their reports were affected by antipathy and sympathy towards the colleagues of the *IM*.⁹³¹ The issue here was, as she identifies, that these collaborators could not assess what impact or consequences their reports about others had on

⁹²³ Augustine, *Red Prometheus*, 263.

⁹²⁴ November 1974: BStU, MfS, HA XX, 11663, Bl. 131.

⁹²⁵ Augustine, *Red Prometheus*, 347; Weil, *Zielgruppe Ärzteschaft*, 281.

⁹²⁶ “ideologische Anfälligkeit”. Weil, *Zielgruppe Ärzteschaft*, 281.

⁹²⁷ *Ibid.*, 287-288.

⁹²⁸ “persönliche und berufliche Interessen, aber auch Angst und Unsicherheit”. *Ibid.*, 287.

⁹²⁹ “Wiedergutmachung”. *Ibid.*, 287-288.

⁹³⁰ “politisch illoyale”; “negativen Personenkreisen”. *Ibid.*, 289.

⁹³¹ “Alltagsdenunziationen”. *Ibid.*, 287.

them, because they were hardly informed by their Stasi officers about further procedure. Subsequently, according to Weil (2008), some stated that they told the Stasi “only banalities and trivialities or publicly known” information, thereby questionably underestimating their role in this ‘game’.⁹³² Nevertheless, on the other hand, as Augustine (2007) shows, “paradoxically, it was the Stasi informants themselves who at times addressed the big, thorny issues”, thereby “they were not expressing the opinion of the Stasi, but were speaking out as engineers, industrial scientists, and managers”.⁹³³ The same was true for the medical intelligentsia, as examined in the reports about the deficits and shortcomings in the healthcare system. Consequently, according to Weil (2008), it can be asserted, “that a large part of the *IM* doctors succumbed to the belief that they had forwarded their criticism to an influential and far-reaching influence-exerting institution”.⁹³⁴ However, the MfS was hardly capable of fulfilling these expectations, resulting in some doctors being “disappointed and eventually no longer willing to unofficially cooperate”.⁹³⁵ The MfS was incapable of effecting changes or addressing opportunities for solving the predicaments and rather pointed to the responsibility of the local officials for the problematic situation and the inappropriately developed “unofficial base”, meaning that the particular district was lacking on a proper number of *IM*s.⁹³⁶ These one-sided accusations of the MfS resulted in further frustrations on the grass-root level of GDR society.

After the X Party Conference of the SED in 1981, Healthcare Minister Ludwig Mecklinger held an important speech about “the political mission of the healthcare system” at the conference of the medical district officers in the GDR.⁹³⁷ He admitted, “complicated and often contradictory processes in shaping the internal and external conditions for the continuation of the policy of the SED aimed at the welfare of the people in the health and social system meant that responsibilities and tasks constantly become more challenging and certainly not smaller”.⁹³⁸ Subsequently, as the struggle between Capitalism and Socialism became more aggressive, the employees in the healthcare system had to give more “of political alertness, of persuasion, of

⁹³² “nur Banalitäten bzw. Belanglosigkeiten oder öffentlich Bekanntes”. Weil, *Zielgruppe Ärzteschaft*, 291.

⁹³³ Augustine, *Red Prometheus*, 347.

⁹³⁴ “dass ein Großteil der *IM*-Ärzte den Glauben erlag, ihre Kritik an eine einflussreiche und auch weitreichenden Einfluss nehmende Institution weitergeleitet zu haben”. Weil, *Zielgruppe Ärzteschaft*, 292.

⁹³⁵ “war enttäuscht und schließlich nicht mehr zur inoffiziellen Zusammenarbeit bereit”. *Ibid.*

⁹³⁶ “inoffizielle Basis”. *Ibid.*, 293.

⁹³⁷ Ludwig Mecklinger, “Der politische Auftrag des Gesundheitswesens. Aus der Rede des Ministers für Gesundheitswesen, OMR Prof. Dr. sc. med. Ludwig Mecklinger, auf der Kreisärztekonzferenz,” *humanitas* 24 (1981): 1.

⁹³⁸ “Komplizierte und vielfach widersprüchliche Prozesse bei der Gestaltung der inneren und äußeren Bedingungen für die Fortführung der auf das Wohl der Menschen gerichteten Politik der SED lassen auch im Gesundheits- und Sozialwesen Verantwortung und Aufgaben ständig anspruchsvoller und gewiß nicht kleiner werden”. *Ibid.*

high standards of our work”.⁹³⁹ Already these statements showed again, how deeply politically and ideologically connected the claims of the SED on the medical intelligentsia were. Mecklinger stated that the X Party Conference would continue the course of the ‘unity of economic and social policy’ and set also important aims for the development of the healthcare system. Therefore, he emphasised, that “the achievements of the health and social system strongly influences the image of Socialism for the citizens”.⁹⁴⁰ In this regard, the Healthcare Minister criticised the quality differences between comparable health institutions in different districts and argued that this was not based on ‘objective reasons’ rather on ‘subjective’ ones as “the disregard of the political mission of our work” accompanied with the “ideology of the ‘self-evidence’ of our achievements”, meaning that doctors were taking benefits for granted.⁹⁴¹ Mecklinger’s analysis appears in comparison to the preceding explorations in this thesis as highly ideological. He misjudged the problematic financial and material situations in individual areas of the GDR, caused through the SED’s disproportionate provisions to certain privileged districts, such as Berlin. However, Mecklinger depicted again the aforementioned claim of a ‘socialist personality’ or in this case the ‘socialist doctor’, whose job was to inform himself about the policies of the party, world politics and other developments, thereby drawing “, accordingly, a variety of specific personal conclusions for their own work”.⁹⁴² This typical response to the big contemporary questions by the SED, the demand for conscientious support for the state, government and their policies through the work of the doctors, shows in the same way the crucial legitimatising role of the medical intelligentsia. It was at least one significant sentence of Mecklinger, which gave the evidence for this assumption, as he stated that “in encounter with the health and social system, Socialism has for the citizen name, face and address”.⁹⁴³ Ordinary East Germans could experience the benefits of the socialist system, in particular, through the provision of free healthcare and, therefore, the SED was dependent on the achievements of the medical intelligentsia; however, the SED only saw itself as capable of appealing to the improvement of doctors’ political consciousness.

At the end of August 1981, Mecklinger informed the MfS about a debate between himself, Honecker and other high ranking officials of the GDR about another wage policy meas-

⁹³⁹ “an politischer Wachsamkeit, an Überzeugungskraft, an hohen Ansprüchen an unsere Arbeit”. Mecklinger, “Der politische Auftrag des Gesundheitswesens,” 1.

⁹⁴⁰ “Die Leistungen des Gesundheits- und Sozialwesens beeinflussen in starkem Masse das Sozialismusbild des Bürgers”. Ibid.

⁹⁴¹ “auf die Verkenennung des politischen Auftrages unserer Arbeit”; “ Ideologie der ‘Selbstverständlichkeit’ unserer Errungenschaften”. Ibid.

⁹⁴² “dementsprechend vielfältige konkrete persönliche Schlußfolgerungen für die eigene Arbeit”. Ibid.

⁹⁴³ “In der Begegnung mit dem Gesundheits- und Sozialwesen hat für den Bürger der Sozialismus Name, Gesicht und Adresse”. Ibid.

ure.⁹⁴⁴ Mecklinger and also the head of the health policy department at the Central Committee, Werner Hering, had to face harsh criticism in this gathering. The latter provided no statement, as intended, “to the ideological conclusions” of this measure and Mecklinger gave only a “one-sided view” of this issue, missing the purpose of improving the ideological situation in the healthcare system.⁹⁴⁵ Honecker became impatient and apparently frustrated about this situation, criticising the lack of plans by the responsible minister and officials. He stated that “in healthcare exists a political instability, and there are signs of softening as in no other area of society”, for example in comparison to the technical intelligentsia.⁹⁴⁶ He resented in particular the number of illegal escapes, which was also higher than everywhere else. “It is inexplicable [for Honecker], what doctors expect in West Germany, in a country, where currently first rank welfare cuts take place for the sake of armament”, in this way these escaped doctors “also commit unconscionable betrayal of their patients” in the GDR.⁹⁴⁷ Subsequently, Honecker declared, “it would be better, if some doctors were sent to work in the coal mines than to politically confuse everything regarding healthcare”.⁹⁴⁸ This statement illustrates clearly the loss of patience Honecker had regarding the persistent ideological issues with the medical intelligentsia, in contrast to their legitimate role in the state, and lends evidence that the desired ‘socialist alliance’ was non-existent, even in 1981.

Honecker attributed these continuous predicaments to the “insufficient political work, for which the health policy department is responsible”, which “had never informed the party leadership about the actual situation in the healthcare system”.⁹⁴⁹ He continued that “the party leadership have received meaningful information only from comrade Mielke”, the head of the MfS apparatus.⁹⁵⁰ An internal struggle of responsibility for the problematic situation becomes apparent in the argumentation of the report, seeking consciously for a ‘scapegoat’. Honecker obviously found his target, as with recognisable frustration he argued that “in templates, the health policy department had concentrated on professional issues, which no one understands anyway,

⁹⁴⁴ 31st August 1981: Gespräch mit Minister Mecklinger: BStU, MfS, HA XX, 527, Bl. 139.

⁹⁴⁵ “zu den ideologischen Konsequenzen”; “einseitige Betrachtung”. Ibid.

⁹⁴⁶ “Im Gesundheitswesen besteht eine politisch instabile Situation und es gibt Erscheinungen der Aufweichung wie in keinem anderen gesellschaftlichen Bereich”. Ibid.

⁹⁴⁷ “Es sei unerklärlich, was die Ärzte in der BRD erwarten, in einem Staat, wo gegenwärtig ein Sozialabbau ersten Ranges im Interesse der Hochrüstung erfolgt”; “Außerdem begehen [...] gewissenlosen Verrat an ihren Patienten”. Ibid., Bl. 140.

⁹⁴⁸ “Es wäre besser, einige Ärzte würden in die Kohle zum Arbeiten geschickt, als im Gesundheitswesen politisch alles durcheinander zu bringen”. Ibid.

⁹⁴⁹ “ungenügenden politischen Arbeit, für die die Abteilung Gesundheitspolitik die Verantwortung trägt”; “hat die Parteiführung nie über die tatsächliche Lage im Gesundheitswesen informiert”. Ibid.

⁹⁵⁰ “Aussagefähige Informationen habe die Parteiführung nur vom Genossen Mielke erhalten”. Ibid.

and had failed to derive the ideological consequences”.⁹⁵¹ Werner Hering, who was attacked with this argument, “attempted to take the word, to refer to an existing [ideological] argumentation for the template”, “however, he was rejected by comrade Honecker, who explained that they only could speak about this, what is known in the Secretariat”.⁹⁵² Additionally, as “comrade Mecklinger emphasised, [...] comrade Hering was very depressed after the debate in the Secretariat of the Central Committee and expects his dismissal”.⁹⁵³ Indeed, as the subsequent MfS report shows, he was replaced by Karl Seidel as the head of the health policy department of the Central Committee.⁹⁵⁴ In this regard, Werner Hering represented the SED’s ‘scapegoat’ for the problematic situation amongst doctors. However, as this chapter should have shown, the predicaments of the everyday life of doctors had hardly any ideological rationale, and were rather to be found instead in the increasing shortcomings of the economy in the seventies. The social political measures under Honecker provided for ordinary East Germans a decade of ‘normalisation’, but also accelerated the indebtedness of the GDR, affecting from the second half of the seventies the local levels and in particular the situation in the healthcare system to an increasing extent. As both documents, the speech of Mecklinger and the debate about wage policy measures, illustrated, the expanding distance of the state officials to the grass-root level. The SED was caught between the crucial legitimising role of the medical intelligentsia accompanied with their health services and the ideological situation, the fact that they ‘voted with their feet’ and the regional problematic quality of healthcare. In the examined reports, the answers for these issues were predominantly to be found in the insufficient ideological work of the local officials and leaders in hospital. As shown though, the hands of the local functionaries were bound in financial and material ways, facing criticism of their local communities and from the departments above, which led to frustration, eventually resignation and surrender. The medical intelligentsia was in this process on the forefront, showing their disapproval with their work and living conditions by harsh criticism, passive resistance, inputs, applications for relocations and illegal escapes, by using mainly ‘escape helper organisations’ from West Germany. The latter did so often because of personal motives, but also consumerism did play an important role, as the prospect of income as a doctor in West

⁹⁵¹ “In Vorlagen habe sich die Abteilung Gesundheitspolitik mit fachlichen Problemen beschäftigt, von denen man sowieso nichts versteht und habe es versäumt, die ideologischen Konsequenzen abzuleiten”. 31st August 1981: BStU, MfS, HA XX, 527, Bl. 140.

⁹⁵² “versuchte das Wort zu nehmen, um auf eine vorhandene Argumentation zur Vorlage zu verweisen”; “Er wurde jedoch vom Genossen Honecker zurückgewiesen, der erklärte, daß nur darüber gesprochen werden könne, was im Sekretariat bekannt ist”. Ibid.

⁹⁵³ “Genosse Mecklinger betonte, daß Genosse Hering nach der Beratung im Sekretariat des ZK sehr depressiv war und mit seiner Ablösung rechnet”. Ibid.

⁹⁵⁴ See: 14th December 1982: Gespräch mit MfG Minister Mecklinger: BStU, MfS, HA XX, 527, Bl. 125-128.

Germany was highly lucrative compared to the GDR salaries. However, the medical intelligentsia, when they were not actively approving the socialist system, also resigned and retreated into private spheres and unofficial networks, as they faced increasing repression and surveillance through the MfS under Honecker. It is apparent, that by the end of the two examined decades a process was in full swing, which led to the oppositional movements of the eighties. Doctors participated in these unofficial church and academic circles, showing interest in the 'forbidden West literature' and a forum, where they could let out their frustration and resentments about Socialism. In conclusion, the alliance policies of the SED failed and over the course of the two decades it appears, as if the relationship between the state and the medical intelligentsia became more strained than it was before the erection of the Wall. Also here again, the policies of the SED remained inconsistent, showing preferences to different areas, like industry or Berlin, and losing in this way any trust obtained by doctors. On the other hand, doctors also were aware that they had points of certain leverage, showing growing individualism and demanding more than the GDR was able to provide. Consequently, both SED and the medical intelligentsia seem to have been caught between claim and reality.

5. Conclusion

The director of a clinic in the medical academy in Erfurt stated in an internal discussion with colleagues in 1979, “Socialism as practiced with us is inhuman and has no permanent prospect of success and acceptance by the population”.⁹⁵⁵ This statement represented a devastating indictment of the situation in the healthcare system as well as in the whole GDR at the end of the seventies and can be viewed as farsighted in terms of the near end of the socialist system. This thesis had the aim of showing the complexity and contemptuous nature of the relationship between the SED and the medical intelligentsia, therefore, some aspects of this relationship need to be clarified and emphasised.

Firstly, as the statement above illustrates, parts of the medical intelligentsia remained highly sceptical of the socialist development, referring to the every-day problems at their workplace. However, because such a criticism in the ‘public sphere’ could affect their career prospect and lead to punishments like withdrawals of specialist licences, doctors seemed to develop a strategy to avoid open confrontations. On the one hand, they tried to establish informal networks and joined church circles; they were highly interested in forbidden Western literature and thereby exchanging ideas with like-minded people. In the public sphere on the other hand, as the analysed reports illustrated over the course of the years, the medical intelligentsia increasingly countered SED officials with cynical statements and even dark humour in debates. They accomplished in this manner the balancing act of literally approving the state policies, but in the same way showing their disrespect and hidden criticism of the conditions, without the ability of prosecution by the state.

Secondly, local officials, faced this kind of intelligent criticism and the continuous critique on their work from higher state departments, but were incapable of changing the situation due to the lack of resources, and showed increasing desperation with their measures, resignation and finally capitulation. This phenomenon seemed to expose the contradiction between the claim of the state and the reality even more for ordinary people on the local levels and opened up opportunities for emerging oppositional movements especially in the eighties. In particular in the healthcare system, where a continuous worsening of the working and living conditions took

⁹⁵⁵ “Der Sozialismus, wie er bei uns praktiziert wird, ist menschenverachtend und hat auf die Dauer keine Aussicht auf Erfolg und Billigung durch die Bevölkerung”. 23rd January 1979: BStU, MfS, HA XX, 2102, Bl. 107.

place, the SED had no chance of success establishing an ideologically reliable situation amongst these employees.

Nevertheless, even by taking into account the economic predicaments and issues over the two decades, some of the problems in the relationship between state and doctors were 'home made'. Similar to the policies of Lenin, the GDR sought to win over the intelligentsia by initially granting high incomes and other privileges, which, however, were supposed to be overcome progressively in the long term. Therefore, the SED saw itself capable of enforcing socialist principles especially after the erection of the Wall. The aim was now to breach the former bourgeoisie privileges and attitudes by lowering the position of the medical intelligentsia in society. One of the aspects was to freeze the income of doctors on a certain level, aligned to an increase of the salary of other areas in the economy, pre-eminently that of industry. The ideologically motivated approach of 'equality' though led not to the desired effect of establishing 'equal partners' in society. The opposite was the case, as the medical intelligentsia, confronted with these policies, felt forced into forming an even stronger social bond against this political and ideological penetration. On the other side, doctors and the healthcare system were crucial for the legitimacy of the GDR and, furthermore, the SED was incapable of replacing the ordinaries in the short term, as a result of the necessity of vast professional skill obtained over years of study, thereby averting a deeply decisive point in the ideological composition of the medical intelligentsia. These features led to the result that through solidarity, based on the common sceptical attitude towards the state and Socialism, doctors were able to resist and prevent influences and changes made by the SED.

The fourth aspect is related to the previous point, as the reluctant replacement of the older generations of doctors caused that their memories, experiences and socialisation were influencing the healthcare system, their attitudes towards the state as well as the younger generations. The impact of this problem could not be fully explored in this thesis, but it seems to be clear that also here an inhibiting factor occurred, which made the medical intelligentsia so resistant and united. Especially the situation in the universities in the sixties and seventies would have a high potential for further research to analyse these assumptions more comprehensively and to explain, how the ordinaries and lecturers, even for the SED problematic ideological opinions and influences, could defend themselves and retain their positions.

Another feature, which this thesis was unable to discuss, was the desired change in the 'doctor-patient relation' aligned to socialist principles. However, also here again, the claim could be viewed similarly to that of the 'socialist doctor' and appears as not accomplished in reality, but offers further questions to research.

In order to conclude this topic, a consideration of the medical intelligentsia with the help of the scheme of the ‘Cross of Stability’⁹⁵⁶, developed in the introductory chapter, is beneficial. As the purpose of this analysis scheme was to use the ‘Cross of Stability’ to depict both the external involvement and ‘playing by the rules’ as well as internal denial and establishment of informal structures. Through the findings of this thesis, it can be identified that doctors could be found mostly in the intersection of the axes, arranging and adapting towards the system. The evidence for this lies in the high percentage of membership in the FDGB amongst doctors as the external involvement area, but on the internal side, as shown, academic and church circles as well as in general informal networks played also an important role for the medical intelligentsia: a platform where they showed their frustration and even denial of Socialism. Therefore, doctors were aware and did consciously secure their career prospect by showing the minimal expected participation in the mass organisation of the GDR. However, it has to be emphasised that there were indeed also members of the medical intelligentsia, who actively participated and were convinced of Socialism and on the other hand, for some the extreme opposite was the case. The aim was to show that there is not a simple answer as to why doctors were so resistant, and therefore represented the most problematic social group for the SED. It is rather a variety of complex reasons, conditions and pre-conditions, which seemed to allow the medical intelligentsia to act and remain in this way. The question, however, if doctors were also able to influence the measures of the SED through their important role in society, could not be answered in this research. Nevertheless, there has been some evidence that especially in the case of being ‘apolitical’, the medical intelligentsia knew in the same way as the SED to use this for its own purpose.

This thesis had the objective of contributing to the discussion of both the claim and limitations of ideology on the grass-root levels in authoritarian societies as well as the particular situation of the medical intelligentsia and their relationship with the SED between 1961 and 1981. After the historical approach before the end of the GDR, as Ross (2002) identifies, that “East Germany was still a place in which, as the joke went, Germans managed to make even socialism work”, the historiography in the nineties and partly until now showed a problematic, politically motivated discussion about the socialist past.⁹⁵⁷ The developments, however, illustrate that as time has continued, new approaches and insights in the every-day life of the GDR have emerged, which have emancipated the historiography from condemnatory tune of some early works and opened up new analytical ways and methods to look at GDR history. The recent study of *IM*'s of

⁹⁵⁶ See Chapter 1.4, 37.

⁹⁵⁷ Ross, *The East German Dictatorship*, 14.

the MfS, for example, elaborated that the number suggested since the first studies in the nineties were far too high, showing interpretation and double counting, as the MfS files did not, and were not capable of providing an unambiguously overall total number of their *IM* body. Therefore, the author Ilko-Sascha Kowalczyk emphasises that the high number was helpful, firstly to show and highlight the evil character of the Stasi as well as secondly to provide a common ground of condemnation of the GDR as totalitarian system.⁹⁵⁸ This aspect and other recent politically motivated measures against the remembrance of the GDR proves that the historiography and the public perception on this topic remains problematic and the ‘coming to terms’ with this part of German history will take more time.

⁹⁵⁸ Ilko-Sascha Kowalczyk, *Stasi konkret: Überwachung und Repression in der DDR* (München: C.H. Beck, 2013).

Bibliography

Primary Sources

Unpublished:

Bundesbeauftragter für die Unterlagen des Staatsicherheitsdienstes der ehemaligen DDR:

BStU, MfS, BDL-Dok, Nr. 4668.

BStU, MfS, BV Dresden, AKG, PI 62/80.

BStU, MfS, BV Karl-Marx-Stadt, AKG, 487; 491; 492; 493.

BStU, MfS, BV Karl-Marx-Stadt, XX, 2235; 2325; 2381; 2432; 2565; 2667; 2738.

BStU, MfS, HA XX, 527; 2100; 2102; 7203; 11663.

BStU, MfS, HA XX/ AKG, 6029.

BStU, MfS, ZAIG, Nr. 122.

Stiftung Archiv der Parteien und Massenorganisationen der DDR im Bundesarchiv:

Committee for Promotion of the Intelligentsia [*Förderausschuss Intelligenz*]:

SAPMO-BArch, DC 3/ 30; 69.

Ministry for Healthcare [*Ministerium für Gesundheitswesen*]:

SAPMO-BArch, DQ 1/ 1876; 2491; 1492; 5101; 5228; 10757.

Healthcare Policy Department at the Central Committee of the SED [*Abteilung Gesundheitspolitik im Zentralkomitee der SED*]:

SAPMO-BArch, DY 30/J IV 2/2/780.

SAPMO-BArch, DY 30/IV 2/19/ 23; 64.

FDGB/ Commission for the Intelligentsia [*Intelligenzkommission*]:

SAPMO-BArch, DY 34/ 15315; 21501.

FDGB/ Trade Union Department for Healthcare System [*Gewerkschaft Gesundheitswesen*]:

SAPMO-BArch, DY 41/ 285; 318; 343; 361; 362; 363; 370; 371; 372; 373.

FDGB/ Trade Union Department for Science [*Gewerkschaft Wissenschaft*]:

SAPMO-BArch, DY 53/ 321.

Published:

“Anordnung über die Niederlassung der Ärzte vom 23. Februar 1949.” In *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, edited by Gerhard Naser, 334-337. Bergatreue: Eppe, 2000.

“Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen und Verbesserung der ärztlichen Beurteilung der Arbeitsfähigkeit vom 3. Juni 1953.” In *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II: Das Gesundheitswesens zwischen Gründung der DDR und erster Gesellschaftskrise (1949-1953)*, edited by Horst Spaar, 111-112. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996.

“Auszug aus der Verordnung der DWK über die Erhaltung und die Entwicklung der deutschen Wissenschaft und Kultur, die weitere Verbesserung der Lage der Intelligenz und die Erhöhung ihrer Rolle in der Produktion und im öffentlichen Leben vom 31. März 1949.” In *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil I: Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone (1945-1949)*, edited by Horst Spaar, 74-79. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996.

Bericht des Zentralkomitees an den V. Parteitag der Sozialistischen Einheitspartei Deutschlands. 2nd edition, Berlin 1958.

- “Direktive für den zweiten Fünfjahrplan zur Entwicklung der Volkswirtschaft in der DDR 1956 bis 1960, 30. März 1956.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band VII*. 790-872. Berlin: Dietz Verlag, 1961.
- “Direktive des IX. Parteitages der SED zum Fünfjahrplan für die Entwicklung der Volkswirtschaft der DDR in den Jahren 1976-1980, Beschluß des IX. Parteitages vom 22. Mai 1976.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI*. 111-253. Berlin: Dietz Verlag, 1980.
- “Erste Durchführungsbestimmung zur Anordnung über die Niederlassung der Ärzte vom 1. Juni 1949.” In *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, edited by Gerhard Naser, 337-340. Bergatreue: Eppe, 2000.
- “Falsches Verhalten von SED-Mitgliedern zur wissenschaftlichen Intelligenz in Zwickau, 10. Dezember 1951.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III*. 666-668. Berlin: Dietz Verlag, 1952.
- “Gemeinsamer Beschluß des Politbüros des Zentralkomitees der SED, des Ministerrates der DDR und des Bundesvorstandes des FDGB über weitere Maßnahmen zur Durchführung des sozialpolitischen Programms des VIII. Parteitages der SED, 25. September 1973.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band XIV*. 403-411. Berlin: Dietz Verlag, 1977.
- “Gemeinsamer Beschluß des Politbüros des Zentralkomitees der SED, des Ministerrates der DDR und des Bundesvorstandes des FDGB über weitere Maßnahmen zur Durchführung des sozialpolitischen Programms des VIII. Parteitages der SED, 29. April 1974.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band XV*. 59-64. Berlin: Dietz Verlag, 1978.
- “Gemeinsamer Beschluß des Zentralkomitees der SED, des Bundesvorstandes des FDBG und des Ministerrates der DDR über die weitere planmäßige Verbesserung der Arbeits- und Lebensbedingungen der Werktätigen im Zeitraum 1976-1980, Beschluß vom 27. Mai 1976.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zent-*

ralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI. 257-263. Berlin: Dietz Verlag, 1980.

“Gesundheitspolitische Richtlinien. 31. März 1947.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band I.* 171-175. 3rd ed., Berlin: Dietz Verlag, 1952.

“Kommuniqué des Politbüros des Zentralkomitees über Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz, 16. Dezember 1960.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band VIII.* 303-306. Berlin: Dietz Verlag, 1962.

“Maßnahmen zur breiten Entfaltung der Demokratie in der DDR.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band VII.* 874-882. Berlin: Dietz Verlag, 1961.

“Programm der Sozialistischen Einheitspartei Deutschlands 1963.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band IX.* 171-274. Berlin: Dietz Verlag, 1965.

“Programm der Sozialistischen Einheitspartei, Beschluß des IX. Parteitages vom 22. Mai 1976.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seine Sekretariats. Band XVI.* 30-81. Berlin: Dietz Verlag, 1980.

Protokoll der Verhandlungen des VI. Parteitages der SED, 15. -21. Januar 1963, Bd. 4. Berlin: Dietz Verlag, 1963.

Sorgenicht, Klaus, Weichelt, Wolfgang, Riemann, Tord and Semler, Hans-Joachim, ed. *Verfassung der Deutschen Demokratischen Republik. Dokumente. Kommentar, Band 2.* Berlin: Staatsverlag der Deutschen Demokratischen Republik, 1969.

“Strafgesetzbuch der Deutschen Demokratischen Republik vom 12. Januar 1968.” Accessed August 30, 2012. <http://www.verfassungen.de/de/ddr/strafgesetzbuch68.htm>.

“Über die Notwendigkeit der Förderung der Intelligenz, 27. November 1951.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III.* 658-662. Berlin: Dietz Verlag, 1952.

- “Über die Verbesserung der Lage der Intelligenz, 25. April 1951.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band III*. 479-481. Berlin: Dietz Verlag, 1952.
- “Verordnung über die Altersversorgung der Intelligenz an wissenschaftlichen, künstlerischen, pädagogischen und medizinischen Einrichtungen der DDR vom 12. Juli 1951.” In *Für ein gesundes Volk. Ein Abriss über die Gesundheitspolitik der DDR*, edited by Otto Rühle, 112-116. Berlin: Verlag der Nation, 1952.
- “Verordnung über den Abschluss von Einzelverträgen mit Angehörigen der Intelligenz, die in wissenschaftlichen, medizinischen, pädagogischen und künstlerischen Einrichtungen der DDR tätig sind vom 12. Juli 1951.” In *Für ein gesundes Volk. Ein Abriss über die Gesundheitspolitik der DDR*, edited by Otto Rühle, 117-119. Berlin: Verlag der Nation, 1952.
- “Vertrag zur Regelung der ärztlichen Versorgung durch niedergelassene Ärzte in der Deutschen Demokratischen Republik vom 5. Januar 1955.” In *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?*, edited by Gerhard Naser. 341-352. Bergatreue: Eppe, 2000.
- “Was lehren uns die letzten Monate? Wie gehts es weiter? Der 13. August und die Lage in Deutschland, 4. Oktober 1961.” In *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band VIII*. 455-468. Berlin: Dietz Verlag, 1962.
- “Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz, 16. September 1958,” in *Dokumente der Sozialistischen Einheitspartei Deutschlands. Beschlüsse und Erklärungen des Zentralkomitees sowie seines Politbüros und seines Sekretariats, Band VII*. 348-352. Berlin: Dietz Verlag, 1961.

Articles from Newspapers and Journals:

- “Äskulap tanzte im Rathaus.” *Neues Deutschland*, January 10, 1961.
- “Berufsvertretung der Ärzte im FDGB?” *Nationalzeitung*, December 16, 1956.
- Beyer, Alfred. “Auszeichnung verdienter Ärzte des Volkes.” *DDG* 8 (1950): 227.
- “Der Aderlaß.” *Der Spiegel* 39 (1958): 26-28.

- “Der Arzt und die Gretchenfrage von heute.” *National-Zeitung*, September 15, 1961.
- “Der humanistische Sinn ärztlicher Arbeit. Dr. Futtig antwortet auf “Morgen”-Umfrage.” *Der Morgen*, March 19, 1961.
- “Ein Walzer eröffnete den Ball.” *Neues Deutschland*, January 9, 1962.
- Gelbke, K. “Ein Diskussionsbeitrag zu den Fragen der Anordnung über die Organisation und Aufgaben der Ärzteberatungskommissionen und Verbesserung der ärztlichen Beurteilung der Arbeitsfähigkeit vom 3. Juni 1953.” *DDG* 47 (1953): 1447-1449.
- “Genese schneller, Genosse.” *Der Spiegel* 20 (1953): 30-31.
- “Gleichberechtigung, nicht Privilegien.” *Der Morgen*, June 17, 1949.
- Grohs, Robert and Lämmel, Rolf. “Zu den Prinzipien des sozialistischen Gesundheitsschutzes.” *ZfäF* 24 (1986): 1047-1050.
- Hoffmann. “Über Beginn und Ende der Arbeitsunfähigkeit.” *DDG* 32 (1954): 982-984.
- Keck, Alfred. “Die Stellung des Gesundheitswesens in der gesellschaftlichen Reproduktion.” *ZfäF* 13 (1986): 555-558.
- Mecklinger, Ludwig. “Der politische Auftrag des Gesundheitswesens. Aus der Rede des Ministers für Gesundheitswesen, OMR Prof. Dr.sc.med. Ludwig Mecklinger, auf der Kreisärztekonzferenz.” *Humanitas* 24 (1981): 1 and 3.
- “Neue Geselligkeit beim Berliner Ärzteball,” *Der Morgen* January 10, 1961.
- “Schlange zu Gast beim Bären - Impressionen vom Berliner Ärzteball.” *Der Morgen*, January 9, 1962.
- “Was Ärzte auf den Herzen haben,” *Nationalzeitung*, January 27, 1961.
- Weber, R. ”Zur Frage der Bildung von Ärzte-Beratungs-Kommissionen.” *DDG* 24 (1953): 711-715.
- Zaregorodzew, G. “Soziale Probleme der Medizin.” *ZfäF* 21 (1961): 1217-1219.
- Zipprich, Walter. “Wie beurteilen wir die Arbeit einer Ärzteberatungskommission (ÄBK)?” *DDG* 23 (1955): 812-813.

Books:

Academy of Sciences of the GDR. *Science and Technology Policy and the Organization of Research in the GDR*. Berlin: Akademie-Verlag Berlin, 1985.

Deutsche Demokratische Republik. Handbuch. Leipzig: VEB Verlag Enzyklopädie, 1979.

Hümmler, Heinz, Leonhardt, Rolf and Stöckigt, Rolf, ed. *Bündnispolitik im Sozialismus*. Berlin: Dietz, 1981.

Jentzsch, Horst, ed. *Bewährtes Bündnis. Arbeiterklasse und medizinische Intelligenz auf dem Weg zum Sozialismus*. Berlin: VEB Verlag Volk und Gesundheit, 1987.

Kober, Reiner. "Der soziale Einfluß des Arztes als Beitrag zur Persönlichkeitsentwicklung und Gestaltung der Lebensweise seiner Patienten im Sozialismus." PhD diss., University of Berlin, 1983.

Kring, Dieter. "Zum Kampf der SED-Bezirksorganisation Dresden zur Verwirklichung der marxistisch-leninistischen Bündnispolitik der Arbeiterklasse mit der wissenschaftlich-technischen Intelligenz in den Jahren des ersten Fünfjahresplanes der DDR (1950-1955)." PhD. diss., Technical University Dresden, 1972.

Lenin, Vladimir Ilyich. *Selected Works in three Volumes*. 2nd vol., 3rd ed. Moscow: Progress Publishers, 1970.

Lenin, Vladimir Ilyich. *Selected Works in three Volumes*. 3rd vol., 3rd ed. Moscow: Progress Publishers, 1971.

Liebknecht, Kurt, Weinberger, Herbert and Winter, Kurt, ed. *Bau von Ambulatorien und Polikliniken. 1. Mitteilung*. Berlin: Arbeitsgemeinschaft Medizinischer Verlag, 1949.

Mette, Alexander, Misgeld, Gerhard and Winter, Kurt, ed. *Der Arzt in der sozialistischen Gesellschaft*, Berlin: Akademie-Verlag, 1958.

Muderack, Marianne. "Sozialistische Moral und ärztliches Ethos." In *Arzt und Gesellschaft*, edited by Winter, Kurt, 91-98. Jena: Fischer, VEB, 1970.

Preller, Karin. "Die Zusammenarbeit der befreundeten Parteien – eine wesentliche Seite der Bündnispolitik zur Annäherung der Klassen und Schichten in der DDR." PhD diss., Akademie für Staats- und Rechtswissenschaft der DDR Potsdam, 1981.

- Reichert, Sonja. "Zu einigen Problemen der Bündnispolitik der revolutionären Arbeiterklasse mit der medizinischen Intelligenz unter Führung der SED in den Jahren 1956-1963." PhD diss., Technical University Dresden, 1972.
- Rieger, Heinz. "Über die soziale Qualität von Arzt-Patienten-Beziehungen im revolutionären Übergang von der antagonistischen Klassengesellschaft zum entwickelten Sozialismus (bezogen auf die Entwicklung in der Deutschen Demokratischen Republik)." PhD diss., Technical University Dresden, 1976.
- Schneider, Wolfgang, Fieber, Hans-Joachim and Hentschel Klaus. *Zur Entwicklung der Klassen und Schichten in der DDR*. Berlin: Dietz Verlag, 1977.
- Schütz, Gertrud, Böhme, Waltraud, Donimik, Siegried and Fischer, Andrée, ed. *Kleines Politisches Wörterbuch. Neuauflage 1988*. 7th ed., Berlin: Dietz Verlag, 1988.
- Winter, Kurt, ed. *Deine Gesundheit, unser Staat*. Berlin: Verlag Volk und Gesundheit, 1969.
- Winter, Kurt, ed. *Arzt und Gesellschaft*. Jena: Fischer, VEB, 1970. [Zeitschrift für ärztliche Fortbildung, Beiheft 1]
- Winter, Kurt. *Lehrbuch der Sozialhygiene*. 2nd ed., Berlin: Verlag Volk und Gesundheit, 1980.

Secondary Sources

- Ahonen, Pertti. "The Berlin Wall and the Battle for Legitimacy in Divided Germany." *German Politics and Society* 99 (2011): 40-56.
- Allinson, Mark. "1977: The GDR's Most Normal Year?." In *Power and Society in the GDR 1961-1979*, edited by Mary Fulbrook, 253-277. New York, Oxford: Berghan Books, 2009.
- Allinson, Mark. "More from Less: Ideological Gambling with the Unity of Economic and Social Policy in Honecker's GDR." *Central Europe History* 45 (2012): 102-127.
- Arendt, Hannah. *The Origins of Totalitarianism*. London: Allen and Unwin, 1967.
- "Ärzte, Apotheker, Krankenhäuser: Zehntausende Betrugsfälle im Gesundheitswesen." *Der Spiegel*, January 18, 2013. Accessed February 12, 2013.
- <http://www.spiegel.de/wirtschaft/soziales/krankenkassen-53-000-betrugsfaelle-im-gesundheitssystem-a-878278.html>.

- Augustine, Dolores L. "The Power Question in GDR History." *German Studies Review* 3 (2011): 633-652.
- Augustine, Dolores L. *Red Prometheus. Engineering and Dictatorship in East Germany, 1945-1990*. Cambridge, Massachusetts, London: The MIT Press, 2007.
- Bauerkämper, Arnd. "Kaderdiktatur und Kadergesellschaft. Politische Herrschaft, Milieubindungen und Wertetraditionalismus im Elitenwechsel in der SBZ/DDR von 1945 bis zu den sechziger Jahren." In *Eliten im Sozialismus. Beiträge zur Sozialgeschichte der DDR*, edited by Peter Hübner, 37-66. Köln, Weimar, Wien: Böhlau, 1999.
- Baylis, Thomas A. *The Technical Intelligentsia and the East German Elite. Legitimacy and Social Change in Mature Communism*. Berkeley, Los Angeles, London: University of California Press, 1974.
- Beattie, Andrew H. *Playing Politics with History. The Bundestag Inquiries into East Germany*. New York; Oxford: Berghahn Books, 2008.
- Ballwieser, Dennis. "Pfusch-Debatte bei Illner: Die Allmacht der Chefärzte." *Der Spiegel*, January 25, 2013. Accessed February 12, 2013.
<http://www.spiegel.de/gesundheit/diagnose/maybrit-illner-talk-ueber-behandlungsfehler-unkultur-der-medizin-a-879519.html>.
- Berger, Thomas U. *War, Guilt, and World Politics after World War II*. Cambridge, New York, Melbourne: Cambridge University Press, 2012.
- Bessel, Richard, and Ralph Jessen, ed. *Die Grenzen der Diktatur. Staat und Gesellschaft in der DDR*. Göttingen: Vandenhoeck & Ruprecht Unipress, 1996.
- Bialas, Wolfgang. "Ostdeutsche Intellektuelle und der gesellschaftliche Umbruch der DDR." *Geschichte und Gesellschaft* 2 (2007): 289-308.
- Brock, Angela. "Producing the 'Socialist Personality'? Socialisation, Education, and the Emergence of New Patterns of Behaviour." In *Power and Society in the GDR 1961-1979*, edited by Mary Fulbrook, 220-252. New York, Oxford: Berghahn Books, 2009.
- Bromke, Adam and, Teresa Rakowska-Harmstone. *The Communist States in Disarray, 1965-1971*. Minneapolis: University of Minnesota Press, 1972.
- Caldwell, Peter C. "Plan als Legitimationsmittel, Planung als Problem: Die DDR als Beispiel staatssozialistischer Modernität." *Geschichte und Gesellschaft* 3 (2008): 360-374.
- Camic, Charles, Philip S. Gorski, and David M. Trubek, ed. *Max Weber's 'Economy and Society'. A critical companion*. Stanford: Stanford University Press, 2005.

- Childs, David, and Richard Popplewell. *The Stasi. The East German Intelligence and Security Service*. London: Macmillan Press, 1999.
- Crew, David F., ed. *Consuming Germany in the Cold War*. Oxford, New York: Berg, 2003.
- David, Hans and Hans-Jürgen Matthies. “Medizinische Wissenschaft und Forschung, Förderung der medizinischen Intelligenz.” In *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV: Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961 – 1971)*, edited by Horst Spaar, 65-88. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000.
- Dennis, Mike. *German Democratic Republic. Politics, Economics and Society*. London, New York: Pinter Publishers, 1988.
- Dennis, Mike. *The Rise and Fall of the German Democratic Republic, 1945-1989*. Harlow: Longman, 2000.
- Detjen, Marion. *Ein Loch in der Mauer. Die Geschichte der Fluchthilfe im geteilten Deutschland 1961-1989*. München: Siedler-Verlag, 2005.
- Elkeles, Thomas, Jens-Uwe Niehoff, and Rolf Rosenbrock, ed. *Prävention und Prophylaxe. Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949-1990*. Berlin: Edition Sigma, 1991.
- Eppelmann, Rainer, Horst Möller, and Günther Nocke, ed. *Lexikon des DDR-Sozialismus. Das Staats und Gesellschaftssystem der Deutschen Demokratischen Republik*. Paderborn, München, Wien: Schöningh, 1996.
- Erbe, Günter. *Arbeiterklasse und Intelligenz in der DDR. Soziale Annäherung von Produktionsarbeiterschaft und wissenschaftlich-technischer Intelligenz im Industriebetrieb?* Opladen: Westdeutscher Verlag, 1982.
- “Ermittlungen der Ärztekammern: Fast tausend Korruptionsverfahren gegen Mediziner eingeleitet.” *Der Spiegel*, January 13, 2013. Accessed February 12, 2013.
<http://www.spiegel.de/wissenschaft/medizin/korruption-aerztekammern-haben-fast-1000-verfahren-eingeleitet-a-877205.html>.
- Ernst, Anna-Sabine. “Von der bürgerlichen zur sozialistischen Profession? Ärzte in der DDR, 1945-1961.” In *Die Grenzen der Diktatur. Staat und Gesellschaft in der DDR*, edited by Richard Bessel and Ralph Jessen, 25-48. Göttingen: Vandenhoeck & Ruprecht, 1996.

- Ernst, Anna-Sabine. *“Die beste Prophylaxe ist der Sozialismus”. Ärzte und medizinische Hochschullehrer in der SBZ/ DDR 1945-1961.* Münster: Waxmann, 1997. [Internationale Hochschulschriften, Bd. 210]
- Fulbrook, Mary. *The Divided Nation: a History of Germany, 1918-1990.* New York: Oxford University Press, 1992.
- Fulbrook, Mary. *Anatomy of a Dictatorship: inside the GDR, 1949-1989.* Oxford, New York: Oxford University Press, 1995.
- Fulbrook, Mary. “Rethorising 'State' and 'Society' in the German Democratic Republic.” In *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, edited by Patrick Major and Jonathan Osmond, 280-298. Manchester, New York: Manchester Unity Press, 2002.
- Fulbrook, Mary, ed. *Power and Society in the GDR 1961-1979. The 'Normalisation of Rule'?*. New York, Oxford: Berghahn Books, 2009.
- Fulbrook, Mary. “The Concept of ‘Normalisation’ and the GDR in Comparative Perspective.” In *Power and Society in the GDR 1961-1979. The 'Normalisation of Rule'?*, edited by Mary Fulbrook, 1-30. New York, Oxford: Berghahn Books, 2009.
- Fowkes, Ben. *Eastern Europe 1945-1969 : from Stalinism to Stagnation.* Harlow, New York: Longman, 2000.
- Goffman, Erving. *Behavior in Public Places. Notes on the Social Organization of Gatherings.* London: The Free Press of Glencoe, 1963.
- Gouldner, Alvin W. *The Future of Intellectuals and the Rise of a New Class: a Frame of Reference, Theses, Conjectures, Arguments, and an historical Perspective on the Role of Intellectuals and Intelligentsia in the International Class Contest of the Modern Era.* New York: Seabury Press, 1979.
- Grieder, Peter. *The East German leadership 1946-1973. Conflict and Crises.* Manchester; New York: Manchester University Press, 1999.
- Grieder, Peter. “The leadership of the Socialist Unity Party of Germany under Ulbricht,” in *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, edited by Patrick Major and Jonathan Osmond, 22-40. Manchester, New York: Manchester Unity Press, 2002.

- Harmsen, Hans, ed. *Der Perspektivenplan zur Entwicklung der medizinischen Wissenschaft und des Gesundheitswesens in Mittelddeutschland und in Ost-Berlin (1959/60)*. Hamburg: Akademie für Staatsmedizin in Hamburg, 1962.
- Harsch, Donna: "Society, the State, and Abortion in East Germany, 1950-1972." *The American Historical Review* 1 (1997): 53-84.
- Henke, Klaus-Dietmar, ed. *Die Mauer. Errichtung, Überwindung, Erinnerung*. München: Deutscher Taschenbuch Verlag, 2011.
- Henke, Klaus-Dietmar. "Die Berliner Mauer." In *Die Mauer. Errichtung, Überwindung, Erinnerung*, edited by Klaus-Dietmar Henke, 11-31. München: Deutscher Taschenbuch Verlag, 2011.
- Heydemeyer, Helge. *Flucht und Zuwanderung aus der SBZ/DDR 1945/1949-1961. Die Flüchtlingspolitik der BRD bis zum Bau der Berliner Mauer*. Düsseldorf: Droste, 1994. [Beiträge zur Geschichte des Parlamentarismus und der politischen Parteien, Band 100]
- Hockerst, Hans-Günther, ed. *Drei Wege deutscher Sozialstaatlichkeit. NS-Diktatur, Bundesrepublik und DDR im Vergleich*. München: Oldenbourg, 1998. [Schriftenreihe der Vierteljahreshefte für Zeitgeschichte, Band 76]
- Hübner, Peter, ed. *Eliten im Sozialismus. Beiträge zur Sozialgeschichte der DDR*. Köln, Weimar, Wien: Böhlau, 1999. [Zeithistorische Studien, Band 15; Herrschaftsstrukturen und Erfahrungsdimension der DDR-Geschichte, Band 4]
- Huyoff, Horst. "Gesundheitsschutz in der Arbeitsumwelt der Deutschen Demokratischen Republik." In *Prävention und Prophylaxe. Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949-1990*, edited by Thomas Elkeles, Jens-Uwe Niehoff and Rolf Rosenbrock, 227-242. Berlin: Edition Sigma, 1991.
- Janssen, Wiebke. "Medizinische Hochschulbauten als Prestigeobjekt der SED - das Klinikum Halle-Kröllwitz." *Deutschland Archiv* 4 (2012): 703-712.
- Jessen, Ralph. "Die Gesellschaft im Staatssozialismus. Probleme einer Sozialgeschichte der DDR." *Geschichte und Gesellschaft* 1 (1995): 96-110.
- Jütte, Robert, ed. *Geschichte der deutschen Ärzteschaft*. Köln: Deutscher Ärzte-Verlag, 1997.
- Kaelble, Hartmut, Jürgen Kocka, and Hartmut Zwahr, ed. *Sozialgeschichte der DDR*. Stuttgart: Klett-Cotta, 1994.
- King, Lawrence P. and Ivan Szelenyi. *Theories of the New Class: Intellectuals and Power*. Minneapolis: University of Minnesota Press, 2004.

- Kleßmann, Christoph. "Relikte des Bildungsbürgertums in der DDR." In *Sozialgeschichte der DDR*, edited by Hartmut Kaelble, Jürgen Kocka, and Hartmut Zwahr, 254-270. Stuttgart: Klett-Cotta, 1994.
- Kocka, Jürgen. "Eine durchherrschte Gesellschaft." In *Sozialgeschichte der DDR*, edited by Hartmut Kaelble, Jürgen Kocka, and Hartmut Zwahr, 547-553. Stuttgart: Klett-Cotta, 1994.
- Kohli, Martin. "Die DDR als Arbeitsgesellschaft? Arbeit, Lebenslauf und soziale Differenzierung." In *Sozialgeschichte der DDR*, Hartmut Kaelble, Jürgen Kocka, and Hartmut Zwahr, 31-61. Stuttgart: Klett-Cotta, 1994.
- Kopstein, Jeffrey. *The Politics of Economic Decline in East Germany, 1945-1989*. Chapel Hill: University of North Carolina Press, 1997.
- Korbanka, Christian. *Das Gesundheitswesen der DDR. Darstellung und Effizienzanalyse*. Köln: Müller Botermann, 1990. [Volkswirtschaftliche Schriftenreihe, Band 7]
- Kowalczyk, Ilko-Sascha. *Stasi konkret: Überwachung und Repression in der DDR*. München: C.H. Beck, 2013.
- Krüger, Anne. Review of *Playing Politics with History. The Bundestag Inquiries into East Germany*, by Andrew H. Beattie. *H-Soz-u-Kult*, Mai 28, 2009. Accessed March 4, 2013. <http://hsozkult.geschichte.hu-berlin.de/rezensionen/2009-2-148>.
- Last, George. "Rural Functionaries and the Transmission of Agricultural Policy: The Case of *Bezirk* Erfurt from the 1960s to the 1970s." In *Power and Society in the GDR 1961-1979. The Normalisation of Rule?*, edited by Mary Fulbrook, 76-101. New York, Oxford: Berghahn Books, 2009.
- Lindenberger, Thomas. "'Asoziale Lebensweise.' Herrschaftslegitimierung, Sozialdisziplinierung und die Konstruktion eines 'negativen Milieus' in der SED Diktatur." *Geschichte und Gesellschaft* 2 (2005): 227-254.
- Löw, Konrad. "History, national identity and guilt – collective or individual? Lessons from Germany." *Quadrant* 23 (2004): 9-15
- Madarász, Jeanette. "Economic Politics and Company Culture: The Problem of Routinisation." In *Power and Society in the GDR 1961-1979. The Normalisation of Rule?*, edited by Mary Fulbrook, 52-75. New York, Oxford: Berghahn Books, 2009.

- Madarász, Jeannette Z. *Working in East Germany: Normality in a Socialist Dictatorship, 1961-79*. Houndsmills, Basingstoke, Hampshire, New York: Palgrave Macmillan, 2006.
- Major, Patrick. "Vor und nach dem 13. August 1961: Reaktionen der DDR-Bevölkerung auf den Bau der Berliner Mauer." *Archiv für Sozialgeschichte* 39 (1999): 325-354.
- Major, Patrick, and Jonathan Osmond, ed. *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*. Manchester, New York: Manchester Unity Press, 2002.
- Major, Patrick. "Introduction." In *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, edited by Patrick Major and Jonathan Osmond, 1-19. Manchester, New York: Manchester Unity Press, 2002.
- Major, Patrick. "Walled In. Ordinary East Germans' Responses to 13 August 1961." *German Politics and Society* 99 (2011): 8-22.
- Meck, Sabine, and Dieter Voigt. "Intelligenz." In *Lexikon des DDR-Sozialismus. Das Staats und Gesellschaftssystem der Deutschen Demokratischen Republik*, edited by Rainer Eppelmann, Horst Möller, and Günther Nooke, 309-310. Paderborn, München, Wien: Schöningh, 1996.
- Müller, Klaus -Dieter. "Ärzte zwischen Widerstand und Anpassung in der SBZ/DDR – Teil 1." *Deutsche Studien* 120 (1993): 336-348.
- Müller, Klaus -Dieter. *Zwischen Hippokrates und Lenin: Gespräche mit ost- und westdeutschen Ärzten über ihre Zeit in der SBZ und DDR*. Köln: Deutscher Ärzte-Verlag, 1994. [Arzt und Politik in SBZ und DDR, Band 1]
- Müller, Klaus -Dieter. "Die Ärzteschaft im staatlichen Gesundheitswesen der SBZ und DDR 1945-1989." In *Geschichte der deutschen Ärzteschaft* edited by Robert Jütte, 243-273. Köln: Deutscher Ärzte-Verlag, 1997.
- Naser, Gerhard. *Hausärzte in der DDR. Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?* Bergatreue: Eppe, 2000.
- Niehoff, Jens-Uwe, and Ralf Raigo Schrader. "Gesundheitsleitbilder- Absichten und Realitäten in der Deutschen Demokratischen Republik." In *Prävention und Prophylaxe. Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949-1990* edited by Thomas Elkeles, Jens-Uwe Niehoff and Rolf Rosenbrock, 51-74. Berlin: Edition Sigma, 1991.
- Pollack, Detlef. "Die konstitutive Widersprüchlichkeit der DDR. Oder: War die DDR-Gesellschaft homogen?" *Geschichte und Gesellschaft* 1 (1998): 110-131.

- Port, Andrew I. *Conflict and Stability in the German Democratic Republic*. Cambridge, New York, Melbourne: Cambridge University Press, 2007.
- Rohland, Lothar, and Winfried Rietford, ed. *Das Gesundheitswesen der DDR – zwischen Konzept und Realität. Wissenschaftliche Arbeitstagung der Interessengemeinschaft Medizin und Gesellschaft e.V., Berlin, den 26.11.1994*. Berlin: Trafo-Verlag Weist, 1995.
- Ross, Corey. *Constructing Socialism at the Grass-Roots. The Transformation of East Germany, 1945-65*. Hampshire, New York: Palgrave, 2000.
- Ross, Corey. *The East German Dictatorship. Problems and Perspectives in the Interpretation of the GDR*. London, New York: Arnold, Oxford University Press, 2002.
- Ross, Corey. “Protecting the accomplishments of socialism? The (re)militarisation of life in the German Democratic Republic.” In *The Workers' and Peasants' State. Communism and Society in East Germany under Ulbricht 1945-1971*, edited by Patrick Major and Jonathan Osmond, 78-93. Manchester, New York: Manchester Unity Press, 2002.
- Ross Corey. “East Germans and the Berlin Wall: popular Opinion and Social Change before and after the Border Closure of August 1961.” *Journal of Contemporary History* 1 (2004): 25-43.
- Rubin, Eli. Review of *Power and Society in the GDR, 1961-1979: The 'Normalisation of Rule'?*, by Mary Fulbrook, ed. *Central European History* 1 (2011): 191-193.
- Sadri, Ahmad. *Max Weber's Sociology of Intellectuals*. New York: Oxford University Press, 1992.
- Scharf, Bradley. “German Unity and Health Care Reform.” In *Health Care Systems in Transition. An International Perspective*. Edited by Francis D. Powell and Albert F. Wessen, 101-112. Thousand Oaks, London, New Dehli: Sage Publications, 1999.
- Seifert, Ulrike. *Gesundheit staatlich verordnet: Das Arzt-Patienten-Verhältnis im Spiegel sozialistischen Zivilrecht Denkens in der DDR*. Berlin: BWV, Berliner Wissenschafts-Verlag, 2009.
- Sobell, Vlad. “Czechoslovakia: The Legacy of Normalization.” *Eastern Europe Politics and Societies* 1 (1987): 35-68.
- Spaar, Horst. “Der Einfluß personeller Verluste, insbesondere von Ärzten, auf die Gesundheitspolitik der SED und die Entwicklung des Gesundheitswesens.” In *Das Gesundheitswesen der DDR – zwischen Konzept und Realität. Wissenschaftliche Arbeitstagung der Interessengemeinschaft Medizin und Gesellschaft e.V., Berlin den 26.11.1994*, edited by Lothar Rohland and Winfried Rietford, 6-28. Berlin: Trafo-Verlag Weist, 1995.

- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil I: Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone (1945-1949)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996.
- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil II: Das Gesundheitswesen zwischen Gründung der DDR und erster Gesellschaftskrise (1949-1953)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996.
- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil III: Das Gesundheitswesen der DDR zwischen neuem Kurs und Schließung der Staatsgrenze (1953-1961)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1998.
- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil IV: Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961 – 1971)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000.
- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil V: Das Gesundheitswesen der DDR in der Periode der weiteren Gestaltung der entwickelten sozialistischen Gesellschaft und unter dem Kurs der Einheit von Wirtschafts- und Sozialpolitik (1971 – 1981)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2002.
- Spaar, Horst, ed. *Dokumentation zur Geschichte des Gesundheitswesens der DDR. Teil VI: Das Gesundheitswesen der DDR in der Periode wachsender äußerer und innerer Widersprüche, zunehmender Stagnation und Systemkrise bis zur Auflösung der bestehenden sozialistischen Ordnung (1981 – 1989)*. Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2003.
- Stelkens, Jochen. "Machtwechsel in Ost-Berlin. Der Sturz Walter Ulbrichts 1971." *Vierteljahrshefte für Zeitgeschichte* 4 (1997): 503-533.
- Stokes, Raymond G. *Constructing Socialism: Technology and Change in East Germany 1945-1990*. Baltimore: John Hopkins University Press, 2000.
- Süß, Sonja. *Politisch mißbraucht? Psychiatrie und Staatssicherheit in der DDR*. 2nd ed., Berlin: Links, 1999. [Analysen und Dokumente, Wissenschaftliche Reihe des Bundesbeauftragten für die Unterlagen des Staatssicherheitsdienstes der ehemaligen Deutschen Demokratischen Republik, Band 14]
- Süß, Winfried. "Gesundheitspolitik." In *Drei Wege deutscher Sozialstaatlichkeit. NS-Diktatur, Bundesrepublik und DDR im Vergleich* edited by Hockerts, Hans-Günther, 55-100. München: Oldenbourg, 1998.

- Szelényi, Ivan. "The Intelligentsia in the Class Structure of State-Socialist Societies." *American Journal of Sociology* 88 (1982): S287-S326.
- Torpey, John C. *Intellectuals, Socialism, and Dissent. The East German Opposition and its Legacy*. 2nd ed., Minneapolis, London: University of Minnesota Press, 1999.
- Weber, Max. *Economy and Society; And Outline of Interpretive Sociology*, edited by Guenther Roth and Claus Wittich. New York: Bedminster Press, 1968.
- Weil, Francesca. *Zielgruppe Ärzteschaft. Ärzte als inoffizielle Mitarbeiter des Ministeriums für Staatssicherheit*. Göttingen: Vandenhoeck & Ruprecht Unipress, 2008. [Berichte und Studien Nr. 54, Hannah-Arendt-Institut für Totalitarismusforschung e.V.]
- Weil, Francesca. "‘Menschlich - okay. Man hat ja dann auch vielfach einstimmig gemeckert.’ Zum Betriebsalltag in der DDR am Beispiel des Leipziger Arzneimittelwerkes." In *Leipzigs Wirtschaft in Vergangenheit und Gegenwart. Akteure, Handlungsspielräume, Wirkungen (1400-2011)*, edited by Susanne Schötz, 393-416. Leipzig: Leipziger Universitätsverlag, 2012.
- Ziegler, Ulrike. *Die Migrationspolitik der DDR zwischen Restriktion und Anwerbung*. Bielefeld: GRIN Verlag, 2011.