Globalizing Socialist Health: Africa, East Germany, and the AIDS Crisis

by

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS ii

ABSTRACT vii

Chapter 1 – Introduction 1

Chapter 2 – Introduction to Part One:
Histories of East German Socialist Health 32

Chapter 3 – Socialist Health and Its Practitioners 36

Chapter 4 – Shifting Internationalisms at the End of the Cold War 72

Chapter 5 – AIDS, Conspiracies, and Commerce 98

Chapter 6 – Introduction to Part Two:
East Germany and the Global Response to AIDS 125

Chapter 7: Sexuality, AIDS Activism, and German-German Politics 129

Chapter 8: Race and the East German HIV Travel Ban 162

Chapter 9: Conclusion 200

BIBLIOGRAPHY 207

ABSTRACT

In 1987, at the height of the AIDS crisis, the United States issued its infamous "HIV travel ban," barring HIV-positive foreigners from entering the country. Later that same year, state-socialist East Germany followed suit and began deporting HIV-positive African students and guest workers. Western scholars, often treating the American case as an outlier, have always explained the East German HIV travel ban in terms of rampant Soviet Bloc authoritarianism – in other words, as just another example of state socialism showing its true (illiberal) colors and receding into isolation behind the "Iron Curtain." This dissertation demonstrates the opposite. I argue that this policy actually grew out of enthusiastic East German efforts to integrate with an emerging Western-led international health consensus on AIDS – a consensus that spoke out against anti-immigrant responses to the epidemic but sometimes carried with it hidden racial hierarchies and normative assumptions about the proper relationship between healthcare and the state. This project is therefore an investigation of (1.) the liberalization and globalization of socialist health systems in the late Cold War era, as well as (2.) the consolidation of a global response to HIV/AIDS that has long privileged white, "First World" lives over the lives of people in and from the Global South.

CHAPTER 1

Introduction

It was never a common practice of East German health officials to seek policy advice from the West. This isn't surprising: as a growing body of scholarship has described, medicine and health comprised a key arena for Cold War competition – an arena for which state socialism considered itself especially well-suited.[1] In March 1987, however, the Health Ministry in East Berlin sent letters (via East German embassies) to its counterparts all over the world, including in China and Western Europe as well as Soviet-aligned countries:

> The Ministry for Health requires immediate information about the AIDS situation. (1.) Have preparations been made to prevent foreigners with AIDS from entering your country? (2.) Have any determinations been made requiring that foreigners who have AIDS . . . be sent back to their home countries once they become sick? (3.) What rules or guidelines are there regarding HIV-infected foreigners who live in your country? We request periodic updates if any new decisions relating to these questions are reached in the future.2

Within 10 days, the Ministry received telegrams from Paris, Copenhagen, Brussels, Stockholm, Belgrade, Prague, Sofia, Beijing, and Vienna. And while countries with tighter HIV

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[1] Some examples include Young-Sun Hong, *Cold War Germany, the Third World, and the Global Humanitarian Regime* (Cambridge: Cambridge University Press, 2015); Erez Manela, "A Pox on Your Narrative: Writing Disease Control into Cold War History," *Diplomatic History* 34, no. 2 (April 1, 2010): 299–323; Dóra Vargha, *Polio across the Iron Curtain: Hungary's Cold War with an Epidemic* (Cambridge and New York: Cambridge University Press, 2018).

[2] Neugebauer, Ministry for Health, to the Ambassadors in Bonn, Paris, London, Rome, Brussels, Bern, Copenhagen, Vienna, and Stockholm (26 March 1987); Neugebauer to the Ambassadors in Moscow, Prague, Warsaw, Budapest, Sofia, Bucharest, Beijing, and Belgrade (26 Mar 1987), German Federal Archives, Berlin (hereafter BArch) DQ1/12723.

travel restrictions tended to cluster in Eastern Europe, the differences between these responses did not divide neatly along Cold War ideological lines. The telegram from Switzerland, for example, most closely resembled that of Yugoslavia: both countries stated categorically that HIV-infected foreigners would be treated just like HIV-infected citizens. Bulgaria joined France in expressing concern about the discriminatory nature of laws directed specifically against HIV-positive individuals (although the former circumvented this problem by invoking an older, more generically worded entry ban on foreigners carrying infectious diseases[3]). Finally, while the two global superpowers did not take part in the GDR's informal survey, any discussion of Cold War ideologies vis-à-vis AIDS policy needs to include the fact that within a few months of this correspondence, the United States and USSR instituted fundamentally identical regulations banning HIV-positive individuals from entering their borders and requiring non-citizens to submit current, certified proof of their serostatus.[4] Infamously, the US did not lift this ban until January 2010.[5]

In the fall of 1987, East German policymakers – primarily Health Ministry officials, with the blessing of the state and the ruling Socialist Unity Party (SED) – followed suit. They

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[3] Telegrams (April 1987), BArch DQ1/12723.

[4] The American HIV travel ban was initiated in regulation form by the US Public Health Service under pressure from the Reagan Administration in May 1987. In June and July 1987, it was enshrined in law by an amendment written by Senator Jesse Helms to legislation expanding public health funding. Viewed as redundant at the time, the Helms Amendment met with little resistance; later, the fact that it was enacted by Congress made the ban more difficult to repeal. The ban went into force on 30 August 1987. Soviet HIV travel restrictions were rolled out the same week, although their precise stipulations and the methods of their enforcement were a little unclear in the beginning, so it would be more accurate to say that the Soviet ban was rolled out unevenly over the period from August 1987 to late 1988. For more on this, see Chapter 8.

[5] In the 22 years it was in force, this policy was an ongoing source of controversy and outrage in the international community of people with AIDS (PWA), caretakers, researchers, medical professionals, and activists; one result was a broad-based boycott of the Sixth International AIDS Conference in 1990 when it was announced that the conference would be held in an American city (San Francisco). See, for example, "International AIDS Society to George Bush," April 3, 1990, San Francisco General Hospital, Ward 84/86 Records, MSS 94-61, Special Collections, UCSF Library, University of California, San Francisco (hereafter UCSF).

imposed mandatory testing for foreigners staying longer than three months[6] and revoked or denied the visa of anyone found to be HIV positive. Health officials also stipulated special measures that applied only to citizens of countries designated as "high-risk" by the WHO, including the suspension of certain privacy precautions when handling blood test results; in Health Ministry correspondence, the adjective "high-risk" was sometimes simply replaced with "African."[7] These regulations, until they were reversed shortly after the fall of the Berlin Wall, resulted in over a hundred deportations, which almost exclusively affected people from sub-Saharan Africa.[8] Furthermore, in the course of implementing the new restrictions the Ministry of Foreign Affairs had to renegotiate or rescind many of the bilateral treaties and initiatives that had allowed citizens of "friendly" developing countries to go to East Germany for work, study, or medical care. These treaties had long been a symbol, however problematic in practice, of the GDR's proletarian-internationalist commitments, not least its stated commitment to socialist solidarity through medical aid and exchange. In contrast with the rhetoric of four decades of East German medical internationalism, banning HIV-positive foreigners represented a pretty dramatic shift.

So why did the GDR take this route? Why not honor the SED's contracts and seize an opportunity to be more egalitarian than the United States? The problem with this question is that most people assume it's not even a question. They assume – this includes some

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[6] By applying this rule only to people staying longer than three months, East German health officials were following an international convention that considers 90 days to be the dividing line between a short-term and a long-term stay. More importantly, however, they were avoiding diplomatic conflict by exempting the many hundreds of West German citizens who passed through checkpoints in the Berlin Wall every day to spend time in East Berlin. West Germany was also on the WHO list of high-risk countries.
[7] Thielmann, Ministerium für Gesundheitswesen, "Syndrom des erworbenen Immundefekts (AIDS) Weisung Nr. 8" (4 Sept 1989), BArch DQ1/26625.
[8] The exact number of deportations is difficult to determine, since deportation orders tended to use euphemistic language and it's not always clear who initiated a foreign citizen's return to their home country.

historians of AIDS in Germany – that the GDR imposed immigration restrictions as a matter of course, because that's (ostensibly) what communist states do: they restrict things, and ignore individual rights. In keeping with this assumption, Western scholars and commentators have always explained the East German HIV travel ban in terms of rampant Soviet Bloc authoritarianism: in other words, as just another example of state socialism showing its true (illiberal) colors and receding into isolation behind the "Iron Curtain."[9]

Yet aspects of this narrative don't add up. First of all, the majority of East German health professionals involved in AIDS care initially went to great lengths to care for HIV-positive African students and guest workers; why the sudden shift? The timing of this shift is also strange: the East German travel ban was drafted and signed into law over the course of 1987, a year that also saw the GDR's health system dramatically expand its AIDS outreach and research programs as well as its participation in the "global AIDS community" of researchers, health officials, and activists.[10] In *Politbüro* discussions about these programs, SED General Secretary Erich Honecker himself was adamant: "We should take part in all the research that we can, irrespective of borders and socioeconomic systems. The Minister [of Health] has complete authority in this. We're talking about an international epidemic. We can't afford to be left behind."[11] With this statement, Honecker reaffirmed his (previously lukewarm) agreement with what a group of East German physicians, scientists, and health officials had

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[9] See for example Henning Tümmers, "'Gib AIDS keine Chance': Eine Präventionsbotschaft in zwei deutschen Staaten," *Zeithistorische Forschungen/Studies in Contemporary History* 10, no. 3 (2013): 491–501; Henning Tümmers, *AIDS: Autopsie einer Bedrohung im geteilten Deutschland* (Göttingen: Wallstein Verlag, 2017); Erhard Geißler, "'Lieber AIDS als gar nichts aus dem Westen!' : wie Partei- und Staatsführung der DDR mit dem AIDS-Problem umgingen," *Zeitschrift des Forschungsverbundes SED-Staat*, no. 22 (2007): 91–116.
[10] For a discussion of the emergence of the global response to AIDS, see Young Soo Kim, "World Health Organization and Early Global Response to HIV/AIDS: Emergence and Development of International Norms," *Journal of International and Area Studies* 22, no. 1 (2015): 19–40.
[11] Cited in Tümmers, *AIDS*, 264.

been saying since 1983: that AIDS was a global challenge that couldn't be ignored, and that it was important for the GDR to join the fight – and to be *seen* joining the fight. This ultimately meant opening East German doors to Western (especially WHO and West German) collaboration and assistance in a variety of new ways, many of them unprecedented.

Even more unprecedented were the scale and ambition of these international efforts to combat AIDS that some in East Germany hoped to join. Jonathan Mann's leadership at the WHO, in particular, was instrumental in the rapid construction of sweeping new global networks of health professionals and patient advocates.[12] With the critical voices of AIDS activists necessitating frequent and sometimes painful adjustments of priorities and institutional structures, this emerging WHO-centered global response to AIDS became, in some places, a crucial source of moral and political capital in the face of conservative opposition to AIDS research, not least in the Reagan-era United States.[13] The idea of global health-professional unity as a bulwark against apathy and ignorance about AIDS has thus proven a powerful force, and largely a force for good.

The appeal of this idea, however, has also masked hidden complexities and unintended consequences. In Uganda, for example, President Yoweri Museveni announced not long after taking power in 1986 that he would welcome Western assistance and guidance in countering Uganda's devastating AIDS epidemic, one of the fastest-growing in the world at the time. This

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[12] Jonathan Mann is a towering and almost universally respected figure in the WHO's early response to AIDS; Harold Jaffe describes his arrival on the scene in 1987 as a watershed moment that brought together what were up to that point disparate attempts to coordinate international research and public health guidelines; Harold Jaffe, interview by author. Phone interview. Ann Arbor, January 29, 2019.

[13] The rhetoric of the Sixth International AIDS Conference in San Francisco (1990) made this clear, with many speakers stressing the contrast between those "gathered here today" and the politicians responsible for delaying or denying funding for AIDS research and prevention. In this case the primary target audience was likely the activists from ACT UP who came to disrupt the proceedings of the conference unless it featured more perspectives from people with AIDS (PWA). See UCSF AR 91-19, Sixth International AIDS Conference.

decision, which was met with widespread praise and pledges of support and remains a celebrated example of international cooperation, probably did save many thousands of lives (although the scale of these successes has been disputed recently). At the same time, American evangelical involvement in these aid efforts helped pave the way for the long-term entanglement in Ugandan domestic politics of the American religious right, which played a sometimes exaggerated but non-negligible role in Uganda's draconian anti-gay legislation in the 2000s.[14] The charismatic iconography of the global response to AIDS – of bringing the world together in a dark hour – seems to have made it all the more difficult to see that Western aid and experts came to Uganda with ideological baggage. In the East German case, the moral-political cachet of reaching across the "Iron Curtain" in the name of AIDS prevention may have obscured hidden complexities of this kind to an even greater degree. After all, in addition to being what might be termed "the year of the HIV travel ban," 1987 was also the year of Reagan's exhortation to Gorbachev to "tear down this wall." The notion of setting politics aside to overcome Cold War divisions, in other words, was a high-value discourse even in the most steadfast of Cold War milieux.

The central argument of this dissertation is that when East German policymakers opted in 1987 to deport rather than care for HIV-positive citizens of African countries, they weren't retreating from the world; rather, this shift came about in the course of enthusiastic efforts to integrate East German AIDS prevention as thoroughly as possible into the emerging (Western-led) global response to AIDS. The reasons for this are multiple and complex. A key part of the equation consists simply in the shifting priorities that were attached to shifting

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[14] See also Chapter 6; see Jan Kuhanen, "The Historiography of HIV and AIDS in Uganda," *History in Africa* 35, no. 1 (January 14, 2009): 301–25.

East German internationalisms: with greater focus on Geneva and Bonn, the early focus on the Global South gradually faded. But the other dynamic at play here is more subtle, and has to do with a fundamental reality of Western-oriented international AIDS prevention models: due in large part to the deeply homophobic reactions of many Western governments to the initial emergence of AIDS, the most progressive conceptions and "best practices" for AIDS prevention hinged invariably on the self-organization of "risk groups." This approach has come under critique lately on account of the fact that when prevention is structured solely around the self-organization of affected groups, the groups with the most political power and access to resources have an advantage; the invisibility of people of color for many years in both AIDS prevention efforts and in AIDS historiography – and the ways in which AIDS activism in the US has often been coded as "white, gay, and middle-class" – is a key example of this.[15] Moreover, where the East German context is concerned, it is significant that the widely recognized ideal response to AIDS was, in the 1980s, increasingly rooted in identity politics and "civil society" – concepts and practices that arguably existed in East Germany but in a very different form than in the West.

There is thus a profoundly consequential sense in which the model of AIDS prevention that Western countries and the WHO offered the GDR was a model created for the wrong context. This, moreover, was true in a much more concrete, demographic sense as well. The

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[15] Important critiques of associations of AIDS and AIDS activism include Cindy Patton, *Last Served? Gendering the HIV Pandemic* (London and Bristol, PA: Taylor & Francis, 1994); Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: Univ. of Chicago Press, 1999); Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present.* (New York: Anchor, 2008); Nishant Shahani, "How to Survive the Whitewashing of AIDS: Global Pasts, Transnational Futures," *QED: A Journal in GLBTQ Worldmaking* 3, no. 1 (April 21, 2016): 1–33; Andrea Milne, "'A Caring Disease': Nursing and Patient Advocacy on the United States' First AIDS Ward, 1983-1995" (University of California, Irvine, 2017).

primacy of LGBTQ self-help organizations in West German AIDS prevention makes sense in a country in which more than 80% of the HIV-positive population (in the mid-1980s) were white German men who identified as gay or bisexual; this was due at least partly to the fact that West Germany had long since begun to deny entry to HIV-positive foreigners, although this was not an explicit policy.[16] By contrast, the East German epidemic was well over 50% non-white, at least at first.[17] The 1987 HIV travel ban, in a sense, functioned as a demographic synchronization of the East and West German AIDS epidemics.

While the East German HIV travel ban ultimately affected far fewer people and lasted a far shorter time than, for example, its American sibling, the conflicts and compromises surrounding its design and implementation make it a very telling episode in the intersecting histories of AIDS and the Cold War. Yet this episode, and many others like it, are largely absent from either of these histories as they've been written in the West. This has to do with a peculiar feature of the stories we tell about AIDS. For good reason, AIDS has long been understood as a mirror held up to the souls of nation-states – a crisis that exposed hypocrisy within the most self-assured democracies, forcing them, often through difficult confrontations with activists, to change and grow.[18] Given the extraordinary achievements

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[16] See Raimund Geene, *AIDS-Politik: ein neues Krankheitsbild zwischen Medizin, Politik und Gesundheitsförderung* (Frankfurt am Main: Mabuse-Verl, 2000); Peter Baldwin, *Disease and Democracy: The Industrialized World Faces AIDS* (Berkeley and New York: University of California Press and Milbank Memorial Fund, 2005).

[17] Just after the Berlin Wall was opened, the official count of confirmed HIV cases included 82 East Germans and 120 foreigners.

[18] See documentaries such as France, David, T. Woody Richman, and Tyler H. Walk. *How to Suvive a Plague.* DVD. Directed by David France. Sundance Selects: 2012; Cotteril, Ali and Jim Hubbard. *United in Anger*. DVD. Directed by Jim Hubbard. The Film Collaborative: 2014, as well as scholarly works such as Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996).

of twentieth-century grassroots AIDS activism, this narrative is a compelling and probably an important one.

Yet as Nishant Shahani has argued, telling the AIDS crisis as a story of liberal democratic self-betterment is not without costs. For Shahani, a key problem consists in the elision of critiques that hold the neoliberal world system as a whole – not just its redeemable blemishes – responsible for much of the suffering AIDS has caused.[19] As I will argue in greater detail below, stories in which AIDS features primarily as a democratic "teachable moment" are problematic for another reason. In three decades of American and European writing about AIDS, the protagonist's role in these narratives is invariably played by a "First World" country. Histories of AIDS that have accrued to the socialist world and the Global South, by contrast, tend to be more two-dimensional, often focusing on some ostensibly fixed trait that has made a particular country either more or less amenable to accepting Western aid.

To be clear: the push for a unified global response to HIV/AIDS, including the redistribution of resources and expertise from wealthy countries to poorer ones, is a crucial red thread in the history of the epidemic, and it should stay that way. My aim is emphatically *not* to question the importance of Western aid and outreach in the ongoing fight against AIDS. More than twenty years since HIV ceased to be a "death sentence" in the West, however, it is possible to ask new and more probing questions about the early history of the AIDS crisis. One unexamined aspect of this early history is the fact that the period in which the global response to AIDS was first assembled – roughly 1987 to 1995[20] – coincides almost perfectly

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[19] Shahani, "How to Survive the Whitewashing of AIDS."

[20] Here I am using the period from the launch of the WHO's Special Programme on AIDS in 1987 until the foundation of UNAIDS in 1995.

with the collapse and rapid liberalization of the Soviet Bloc, a period known for surging Western triumphalism and neoliberal confidence.[21] This is also the period of a paradigm shift in international health cooperation writ large, sometimes described as a shift from "international health" to "global health," the latter centering more on transnational NGOs such as the Bill and Melinda Gates Foundation and less on state-based programs.[22] Digging deeper into lesser-known histories of AIDS from that time is therefore not simply a matter of recovering lost narratives. Rather, these histories provide clues into the conditions under which global health structures that are still in force today were initially formed.

In the case of divided Germany, the Cold War and post-reunification memory politics have made this excavation especially difficult, since Federal German responses to AIDS have frequently defined themselves by their superiority to their East German counterparts.[23] This is unfortunate, since analyzing the relationship between AIDS and immigration has much to contribute to the burgeoning historiography of race and internationalism in the GDR – a body of scholarship that has itself only recently begun to emerge from the constraints of 1990s historiographical priorities.[24] A key ingredient in moving this line of inquiry further will be

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[21] While critics tend to exaggerate the overly simplistic nature of his "End of History" essay, Fukuyama remains a key name associated with this optimism. Stephen Cohen does an excellent job of critiquing post-Soviet liberal triumphalism in the overreach that it inspired on the part of American economic advisors in post-Soviet Russian and Eastern Europe, the results of which included painful periods of austerity and unemployment. See Frances Fukuyama, "The End of History?," *The National Interest*, Summer 1989; Stephen Cohen, *Failed Crusade: America and the Tragedy of Post-Communist Russia* (New York: Norton, 2000).

[22] Ronald Labonté, "From International to Global: Framing Health in the New Millennium," in *Routledge Handbook of Global Public Health* (Routledge Handbooks Online, 2010).

[23] See for example Rainer Herrn, *"Vereinigung ist nicht Vereinheitlichung": Aids-Prävention für schwule Männer in den neuen Ländern* (Berlin: Arbeitsgruppe Public Health, Wissenschaftszentrum Berlin für Sozialforschung, 1999); Tümmers, "'Gib AIDS keine Chance.'"

[24] As I'll discuss further below, because the immediate post-reunification historiography of East Germany was so concerned with articulating the nature and reach into everyday life of East German authoritarianism, there was little attention paid to the history of foreigners or communities of color in the GDR; see Charles S Maier, *Dissolution: The Crisis of Communism and the End of East Germany* (Princeton, NJ: Princeton University Press, 1997); Mary Fulbrook, *Anatomy of a Dictatorship: Inside the GDR, 1949-1989* (New York: Oxford University

to move beyond explaining the behavior of the East German state in terms of simplistic dichotomies: was East Berlin acting pragmatically or ideologically? Did internationalist principles really mean something, or were they just a veil for old-fashioned European imperialism? Even when answers to these questions are something along the lines of "a little bit of both," frameworks of this kind reproduce Cold War definitions of political virtue and vice and keep us from exploring more fundamental questions about the way ideology acts in and through historical subjects. Following theorists who have understood ideology more as a process than a property of societies or individuals, I demonstrate that exploring the minutia of policymaking decisions such as the HIV travel ban can reveal a great deal about East German antiracism and internationalism by looking at when and how these imperatives were eclipsed by others.[25]

East German Responses to AIDS: The Basics

East German doctors began monitoring the global AIDS crisis in 1983, when Niels Sönnichsen, the Director of Dermatology at Charité Hospital in Berlin, formed an "AIDS Advisory Group" and began to accumulate knowledge, attend conferences and seminars in Europe and the US, and form connections with international research networks. Not long after the first cases were reported in 1985 and 1986, the Health Ministry began sending out periodic updates to all health officials, and it set up AIDS Consultation Centers in every

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Press, 1995); Stefan Wolle, *Die heile Welt der Diktatur: Alltag und Herrschaft in der DDR 1971-1989* (Berlin: Ch. Links, 1998); Peter Becker and Alf Lüdtke, *Akten, Eingaben, Schaufenster: Die DDR und ihre Texte: Erkundungen Zu Herrschaft Und Alltag* (Berlin: Akademie Verlag, 1997); Konrad Hugo Jarausch, ed., *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR* (New York: Berghahn Books, 1999); Corey Ross, *The East German Dictatorship: Problems and Perspectives in the Interpretation of the GDR* (London: Arnold, 2002).
[25] See for example Göran Therborn, *The Ideology of Power and the Power of Ideology* (London: NLB, 1980).

district capital for anyone who had questions or wanted to get tested. Testing of all donated blood began in July 1986. From 1987 onward – just as the HIV travel ban was going into effect – there was an ongoing campaign of media outreach, educational publications, public lectures, and activities at schools and local science-promotion societies.[26] Around that time, the *Sächsische Serumwerk* in Dresden began producing the GDR's own HIV test kits.[27] And in the last year of the GDR's existence, the Hygiene Museum in Dresden undertook an intensive partnership with public health institutions in West Germany to produce joint exhibitions and publications and to share ideas and practical knowledge about prevention and education. Over objections from some in the Health Ministry – not everyone wanted the East German health system to be seen so prominently in agreement with its counterpart in the Federal Republic[28] – the Hygiene Museum ultimately adopted "*gib AIDS keine Chance!"* as the official *gesamtdeutsche* AIDS prevention slogan, which can still be seen in German public health literature today.[29]

These efforts were far from perfect. Resources were an issue – condom shortages in particular.[30] When these shortages were especially intense, citizens wrote to the Health Ministry and the SED decrying the absurdity of a state that rigorously educates its population

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[26] See for example AIDS-Beratergruppe des Ministeriums für Gesundheitswesen, "Was bedeutet der Nachweis von Antikörpern gegen LAV/HTLV III? Konsequenzen für: ihre Gesundheit, Ihr Sexualleben, Ihre soziale Kontake" (1986); Niels Sönnichsen, *AIDS: was muss ich wissen? - Wie kann ich mich schützen?* (Berlin: Verl. Volk u. Gesundheit, 1987); see also *AIDS: nach einer wahren Begebenheit* (Dresden: Deutsches Hygiene-Museum, 2015).

[27] "Bericht über die in Sonderforschungsvorhaben 'HIV/AIDS' in Jahre 1988 erreichten Ergebnisse und Fortschritte" (24 Jan 1989), BArch DQ1/12125.

[28] Letter from Scheel to Voß (22 Nov 1988), BArch DQ1/12722.

[29] *AIDS: nach einer wahren Begebenheit* (Dresden: Deutsches Hygiene-Museum, 2015).

[30] Geißler, Erhard. "'Lieber AIDS als gar nichts aus dem Westen!' : wie Partei- und Staatsführung der DDR mit dem AIDS-Problem umgingen." *Zeitschrift des Forschungsverbundes SED-Staat*, no. 22 (2007): 91–116; BArch DQ1/12720 and 12722. Shortages of latex medical gloves were a corollary problem; nurses and lab workers wrote to health officials on multiple occasions complaining that it was impossible to keep up with the country's HIV testing needs without proper protective gear.

about the importance of condoms but is unable to provide them.[31] Also, the SED's tense relationship with the gay community in East Germany made it very difficult to establish the trust necessary for outreach and for facilitating more widespread HIV testing.[32] Yet at least compared with Western expectations, many aspects of the AIDS program seem to have worked pretty well. A 1988 study by the Central Institute for Youth Research reported that just a year after AIDS education had been implemented in schools, a majority of young people associated the term "AIDS" with words and phrases such as "condom" and "safe sex," and had a basic working understanding of both the syndrome and the virus – one respondent in the study even told the researchers that they wished East German news media "would talk as openly about everything as they do about AIDS and football."[33] Another study, conducted shortly after the fall of the SED regime, found that East Germans could more or less hold their own next to citizens of Western countries in their knowledge of AIDS.[34] Finally, the GDR's efforts at AIDS prevention even received positive attention in the West German press on multiple occasions. As early as 1986 the *Frankfurter Allgemeine Zeitung* commented on the "copious preparatory measures" the GDR had put in place.[35] And in December 1989, an article appearing in the West German news magazine *Der Spiegel* declared that:

> in the healing arts, success is quantifiable; where infectious disease is concerned, you only need to count the dead. And no other country has come close to the successes of the GDR in keeping AIDS contained . . . Doped Olympic athletes aside, the German Democratic Republic found in AIDS prevention an

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[31] Letters in BArch DQ1/12720.

[32] See for example Josie McLellan, *Love in the Time of Communism: Intimacy and Sexuality in the GDR* (Cambridge and New York: Cambridge University Press, 2011); see also Barbara Wallbraun's forthcoming documentary *Uferfrauen*, which focuses on *Stasi* infiltration of East German LGBTQ organizations in the 1970s and 1980s.

[33] For more on this study, see Chapter 7. Kurt Starke, Zentralinstitut für Jugendforschung (ZIJ) (Ed.), "AIDS: Assoziationen und Fragen Jugendlicher" (Leipzig, 1988).

[34] Michael Häder, Wolfgang Kiehl, and Ulrich Hinterberger, AIDS im Bewusstsein der Bevölkerung der DDR 1989/90: Ergebnisse einer soziologisch-epidemiologischen Untersuchung (Berlin: AIDS-Zentrum, 1991).

[35] "Erste AIDS-Infektionen in der DDR," FAZ, 12 Sept 1986.

> arena in which – for the first, only, and probably last time in her history – she could truly be the best in the world at something. And no one is going to thank her for it."[36]

This latter prediction turned out to be a prescient one.[37]

To be clear: my purpose here isn't simply to "rescue" East German AIDS programs from the dustbin of history or the condescension of posterity. Given the persistent Cold War prejudices that still seem to attend most scholarly discussions of this topic, however, it's impossible to proceed without first correcting a few myths. For all its faults, the East German response to AIDS was proactive, substantial, and complex. It was a serious policymaking arena in which many different kinds of actors operated and struggled to understand their own beliefs and priorities in the face of a global tragedy. Because these actors related to the state-socialist project in different ways and defined the success or failure of AIDS policy in different terms, tracing the progression of their efforts provides a unique window into interactions between the Cold War and one of the defining global health crises of the neoliberal era. In the next section I'll begin to trace some of the historical and ideological contexts within which East German medical professionals and health officials tried to figure out what a distinctly "socialist" response to the AIDS epidemic might look like.

Creating Socialist AIDS Prevention

Socialist disease control had long been represented as a way of building an alternative, socialist version of modernity that could exist on an equal or superior footing with the

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[36] Hans Halter, "Menetekel an der Mauer," *Der Spiegel*, December 4, 1989.
[37] For examples of 1990s-era evaluations of GDR AIDS prevention by (formerly) West German health professionals, see Rainer Herrn, "Vereinigung ist nicht Vereinheitlichung": Aids-Prävention für schwule Männer in den neuen Ländern (Berlin: Arbeitsgruppe Public Health, Wissenschaftszentrum Berlin für Sozialforschung, 1999).

West.[38] In the GDR's early years, the highest priority was always to eradicate infectious diseases, especially those (tuberculosis, for example) that had run rampant in the infrastructural chaos of the immediate postwar years. Infectious diseases were particularly high-priority in the realm of Cold War politics because most people can intuit what the "epidemiological transition" model of the global burden of disease formally posits – namely, that as a country/society "develops," its primary health concerns tend to shift from communicable diseases (polio, scarlet fever, TB, influenza) to non-communicable diseases or NCDs (diabetes, heart disease). Being on a par with rich capitalist countries therefore meant controlling infectious disease as vigilantly and visibly as possible, and these efforts became a prominent theme in East German propaganda.[39] The GDR's centralized *Poliklinik*-based health system, moreover, may indeed have been comparatively well-equipped for this job because it sought to integrate health care into the workplace and could coordinate consistent, assertive campaigns to distribute vaccines and encourage people to use them. This seems to have contributed in some respects to a culture of preventative health in East Germany that remained in force well into the twenty-first century. Figure 1 (next page) shows data about the percentage of the population who got flu shots in Germany in 2009, and indicates a concentration of vaccination habits in the former East.

So, since the SED emphasized disease control as a field of competition with the West, East German health institutions had a strong impetus to respond early to AIDS. But in the beginning there was mostly inertia. Reporting about AIDS in global news media in the early

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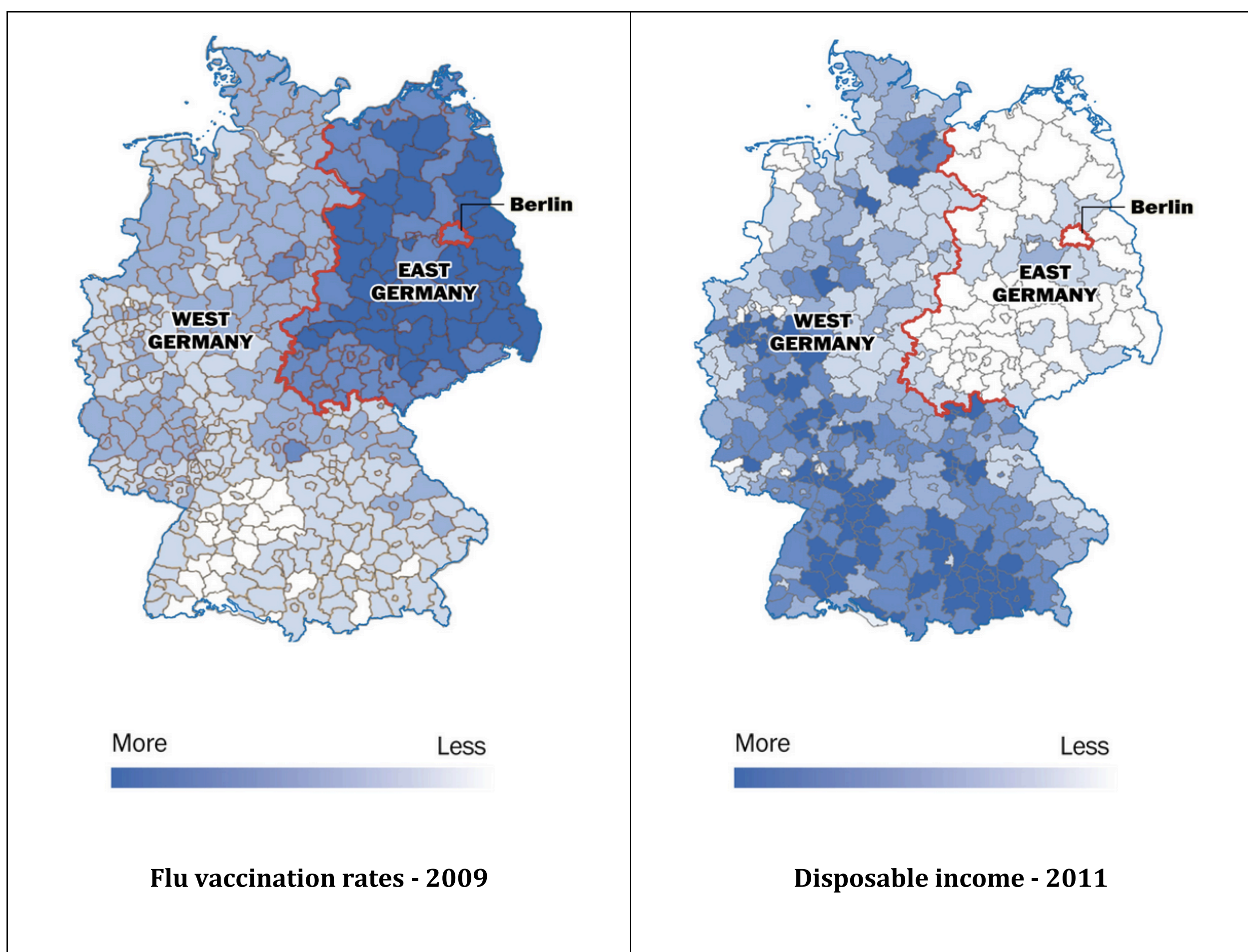
[38] See for example Postcard Collection "Tuberkulose," Archives of the Deutsche Hygiene-Museum Dresden (hereafter DHMD), 7618-7635.
[39] See, for example, Anna-Sabine Ernst's discussion of this in *"Die beste Prophylaxe ist der Sozialismus": Ärzte und medizinische Hochschullehrer in der SBZ/DDR 1945 - 1961*. Berlin: Waxmann, 1997.

1980s focused on the emergence of the epidemic among gay men and intravenous drug users. The East German bureaucracy was rife with homophobia and (as mentioned above) had failed entirely to cultivate good working relationships with LGBTQ organizations, and its official line was that there *was* no intravenous drug use in the GDR. Traditional socialist disease control strategies didn't appear to apply, and anyway, the will to implement them didn't exist – AIDS was officially classed as a problem of capitalism.



Flu vaccination rates - 2009

Disposable income - 2011

Figure 1. Maps showing comparatively high rates of flu vaccination in regions comprising the former GDR, despite higher levels of disposable income (a figure that in many contexts tracks pretty closely to utilization of health services) in the former West Germany.

Source: Noack, Rick. "Germany Reunified 26 Years Ago, but Some Divisions Are Still Strong." *Washington Post Worldviews*, Oct 3, 2016. https://www.washingtonpost.com/news/worldviews/wp/2016/10/03/germany-reunified-26-years-ago-but-some-divisions-are-still-strong/.

The SED did, however, generally encourage participation in international scientific collaboration, and as early as 1983 was willing to support a few doctors and scientists who had begun to read about AIDS in Western journals and discuss it with Western colleagues, and who wanted to attend meetings or conferences about it in Denmark and elsewhere in Europe. It was largely these professionals who supplied the driving force behind the state's response to the epidemic, by lobbying for resources and attention until the reality of the global AIDS crisis became clearer to health officials and SED higher-ups. By 1984 the health ministry's position was that the possibility of AIDS cases in the GDR couldn't be discounted, and by the time the first case did appear in 1986, official "AIDS Updates" stated unequivocally that the only thing standing between the GDR and widespread HIV infection was a three-year head start.

In the mid-to-late 1980s, East German health officials also made a concerted effort to help establish and (the SED hoped) ultimately lead a Warsaw-Pact-based collective effort at AIDS research and prevention. State-socialist countries fighting the epidemic together would mean, according to Soviet and East German representatives, a strong stance against AIDS-related discrimination.[40] It also meant that Warsaw Pact countries would be able to lobby together at the World Health Assembly for funds to be diverted to AIDS prevention and other programs that were "in the interest of health care in socialist countries and our friends in the developing world."[41]

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[40] "Vormerk über eine Information des Leiters der Abteilung Warschauer Vertrag des MID, Gen. Popow, gegenüber Vertretern der Botschaften der Staaten des Warschauer Vertrages am 28.8.1987," BArch DQ117/20.
[41] Gedächtnisnotiz über die Tagung der Vertreter der Ministerien für Gesundheitswesen sozialistischer Länder zur Vorbereitung der 40. Weltgesundheitsversammlung, Mai 1987," BArch DQ117/20.

These were (potentially) meaningful symbolic gestures of socialist solidarity with the "Third World," but there were practical gestures as well. In some instances, for example, local officials and school administrators sent letters up the SED chain of command seeking assurances that foreign students who had tested positive for HIV would be allowed to remain in the country and receive medical care.[42] And overall, correspondence that took place prior to 1987 about foreign students and workers who had tested positive for HIV was concerned mostly with the logistics of providing treatment. When a Zambian student of agricultural sciences at a regional college in Gera tested positive in 1985 for what were then called LAV/HTLV-III antibodies, for example, the Minister for Health filed a report that did not make any mention of (1.) the individual's immigration status, or (2.) any ongoing contact between the Ministry and the Zambian embassy about the student's condition – a prominent theme in later reports of this kind, since it was initially the responsibility of the patient's country of origin to enforce the HIV deportation policy. Instead, the student was referred to the Central AIDS Consultation Center at Charité Hospital in Berlin for further assessment and, potentially, long-term care.[43] Likewise, around the same time, the Health Ministry issued instructions regarding the care of foreign AIDS patients in which the Ministry's (official) priorities included making specialized medical care available as efficiently as possible, guarding patient privacy, and being sensitive to cultural differences. Any decisions about a patient's repatriation, the document stated, would need to be made in consultation

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[42] "Niederschrift über die am 24.11.1987 an der Medizinischen Fachschule Quedlinburg durchgeführte Beratung zur 6-monatigen Weiterbildung 22 mittlerer medizinischer Kader" (11 Dec 1987), BArch DQ1/12723.
[43] Mecklinger, "Betr.: Dringender Verdacht auf eine Infektion an AIDS bei einem in der DDR weilenden Bürger aus der Republik Sambia" (16 Oct 1985), BArch DQ1/12723.

with Health Ministry representatives and with doctors and administrators at the hospital where the patient was being treated.[44]

But then these early indications of an internationalist AIDS response began to fall away, both in discourse and in practice. Pursuant to a new AIDS prevention plan drafted by the Ministry of Health and approved at the highest levels of both the state and the SED in September and October 1987, citizens of foreign countries (with explicit emphasis on Africa) had to be carefully screened and sent back if they turned out to be HIV positive.[45] This policy was implemented somewhat delicately at first, with minimal enforcement provisions and special exceptions for "permanent" foreign residents of the GDR. The authors of the policy, moreover, clearly anticipated criticism from the West, noting that the WHO had come out strongly against HIV travel restrictions earlier that year and that the GDR's non-anonymous mandatory reporting policy (*Meldepflicht*), in force since 1985, had already been a source of international contention (although here they insisted that East German medical professionals had done at least as good a job or better at protecting patient privacy than in any of the non-socialist countries).[46]

From early 1988 on, however, handling of deportation cases was increasingly curt and matter-of-fact.[47] The supply of HIV test kits distributed to the Global South seems to have

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[44] Schneidewind (letter template), "Betr.: Betreuung ausländischer Patienten" (1 Aug 1986), BArch DQ1/13083.
[45] "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR" BArch DC20 I 3/2523, 11.
[46] Ibid., 7.
[47] Heidorn to Außerordentlicher und Bevollmächtiger Botschafter der Volksdemokratischen Republik Äthiopien (22 Dec 1988), BArch DQ1/12723; compare "Ermittlungen" (26 May 1987), BArch DQ1/12723.

tapered off as well.[48] In July 1989, the Foreign Minister argued to the Health Minister that it was not enough to handle "measures against citizens of high-risk countries entering the GDR" solely through "diplomatic activities," but that the Ministry of the Interior and the Ministry of Justice should also be involved. To that end, the East German police force was officially briefed about the issue as well.[49] Even a famous name and powerful family did not guarantee an automatic exception to the deportation rule. When a close relative of Robert Mugabe traveled to the GDR to attend a UNESCO course in Dresden and was found upon arrival to be HIV positive, it took persistent petitioning and a special request from the Minister of Health to Kurt Hager, the so-called "chief ideologue of the SED," before the exception was granted. [50]

East German participation in the global fight against HIV/AIDS was going to shine a light (some hoped) on the socialist approach to health and its inherent capacity for furthering equality and social wellbeing. The international community of health professionals and policymakers centered around the WHO seemed an essential part of realizing this goal. But it's here that the ironies of late socialism become most apparent: international health cooperation was indeed crucial to the successes of the GDR's AIDS program, but those successes undermined the original goal by providing a new and different vision of global health solidarity, and by fostering relationships between physicians and scientists that

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[48] "Vermerk über ein Gespräch mit Dr. Lucia Barquet, WHO-Kader AIDS-Programm und verantwortlicher Mitarbeiter für die HIV-Untersuchungen moçambikanischer Werktätiger, die in die DDR reisen, am 31.10.1988" 8 March 1989, BArch DQ 14889.
[49] "Ermittlungen" (26 May 1987), BArch DQ1/12723; Fischer, Ministerium für Auswärtige Angelegenheiten, to Mecklinger, Ministerium für Gesundheitswesen (31 Jul 1989), BArch DQ1/12723.
[50] Mecklinger to Hager (27 Dec 1988), BArch DQ1/12723.

reached across the "Iron Curtain" and may have loosened whatever was left of a relationship between health professionals and the socialist state.

East German Historiography

I've discussed the historiography of the global AIDS epidemic and its implications for this project. In this section I'll attend to the broader historiography of East Germany, since there are a number of ongoing debates in which the history of HIV/AIDS can make important contributions. Works of historical scholarship on the GDR often begin discussions of their historiographical context with a critique of the so-called "totalitarian model," which dominated scholarly and popular accounts of East Germany during the Cold War and into the liberal-triumphalist 1990s (and to which I've already alluded).[51] This paradigm posits that fear, indoctrination, and coercion were the central facts of life under Soviet-style rule, and has been so extensively denounced in Anglophone scholarship over the last decade or two that an element of caricature has undoubtedly crept in. Nevertheless, it is certainly true that the "totalitarian" paradigm remains prevalent in some scholarly circles,[52] in popular culture, and in popular histories of the East Bloc,[53] and that this kind of thinking obscures a

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[51] See Anson Rabinbach, "Moments of Totalitarianism," *History and Theory* 45, no. 1 (February 1, 2006): 72–100; Armin Mitter and Stefan Wolle, *Untergang Auf Raten: Unbekannte Kapitel Der DDR-Geschichte* (München: Bertelsmann, 1993); Stefan Wolle, *Die Heile Welt Der Diktatur: Alltag Und Herrschaft in Der DDR 1971-1989* (Berlin: Ch. Links, 1998).

[52] One example is Klaus Schroeder, *Der SED-Staat: Geschichte Und Strukturen Der DDR 1949-1990*, 3rd ed. (Köln: Böhlau Verlag, 2013). I want to note here, though, that some scholars have mounted well-reasoned arguments for retaining the term "totalitarian" in scholarly literature – see Peter Grieder, "In Defence of Totalitarianism Theory as a Tool of Historical Scholarship," *Totalitarian Movements & Political Religions* 8, no. 3/4 (September 2007): 563–89. Grieder worries that the desire of left-leaning academics to declare (by rejecting the term "totalitarianism") their moral and political distance from right-wing Cold Warriors and Western triumphalists has eclipsed all discussion about the term's analytical utility.

[53] See for example the works of Anne Applebaum, *Gulag: A History* (New York: Doubleday, 2003); Anne Applebaum, *Iron Curtain: The Crushing of Eastern Europe 1944 - 56* (London: Allen Lane, 2012).

wide range of everyday experiences under state socialism and delegitimates any connection that former East Germans might sincerely have felt toward the GDR. Despite the best efforts of scholars such as Kate Brown to highlight the structural and experiential commonalities that united modern societies on both sides of the "Iron Curtain," the same old Cold War dichotomies – between capitalism's vibrant individualism and communism's gray conformity; between the "open" liberal mind and its brainwashed, bureaucratized Stalinist counterpart – are in some ways still with us.[54]

To be sure, nearly twenty years of revisionism have brought us a long way. Even some of the earliest efforts to describe the GDR in the 1990s took small steps toward nuancing Cold-War narratives: Jürgen Kocka championed the notion of a "thoroughly ruled" society (*durchherrschte Gesellschaft*), for example, while Konrad Jarausch spoke of a "welfare dictatorship."[55] More robust revisions came from Jeffrey Kopstein, who produced evidence of a distinctly give-and-take relationship between the SED and the GDR's citizens that belied the notion of "total" state control, and also from Alf Lüdtke and Thomas Lindenberger, who imported Lüdtke's concept of *Eigensinn* into East German historical scholarship.[56] In its

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[54] See Kate Brown, *A Biography of No Place: From Ethnic Borderland to Soviet Heartland* (Cambridge, MA: Harvard University Press, 2004); Kate Brown, *Plutopia: Nuclear Families, Atomic Cities, and the Great Soviet and American Plutonium Disasters*, x, 406 p. (Oxford ; New York: Oxford University Press, 2013); Krisztina Fehérváry, *Politics in Color and Concrete: Socialist Materialities and the Middle Class in Hungary* (Bloomington, IN: Indiana University Press, 2013); Jamie Nace Cohen-Cole, *The Open Mind: Cold War Politics and the Sciences of Human Nature*, 2014.

[55] "Durchherrschte Gesellschaft" was originally Lüdtke's term, and is generally viewed as "totalitarianism lite." See Jürgen Kocka, "Eine durchherrschte Gesellschaft," in *Sozialgeschichte der DDR*, ed. Jürgen Kocka and Hartmut Zwahr (Stuttgart: Klett-Cotta, 1994), 547–54; Konrad Jarausch, "Care and Coercion: The GDR as Welfare Dictatorship," in *Dictatorship as Experience: Toward a Socio-Cultural History of the GDR*, ed. Konrad Jarausch (New York and Oxford: Berghahn Books, 1999), 47–69. In a similar move, Mary Fulbrook later tried to replace the notion of a "niche society" with her term, "honeycomb society." Mary Fulbrook, *The People's State: East German Society from Hitler to Honecker* (New Haven, CT: Yale University Press, 2005).

[56] Jeffrey Kopstein, *The Politics of Economic Decline in East Germany, 1945-1989* (Chapel Hill: University of North Carolina Press, 1997); Peter Becker and Alf Lüdtke, *Akten, Eingaben, Schaufenster: Die DDR Und Ihre Texte: Erkundungen Zu Herrschaft Und Alltag* (Berlin: Akademie Verlag, 1997); Thomas Lindenberger, *Volkspolizei:*

original formulation, the notion of *Eigensinn* called attention to quotidian acts of playful or defiant self-assertion through which workers created ad-hoc spaces of autonomy – both from their managers and from each other – which helped get them through the day but could also serve to insulate them from contemporary political exigencies.[57] The point was to blur the line between obedience and resistance (for example, to Nazism) by showing that the world of an industrial workday doesn't necessarily accommodate those kinds of categories. Within the historiography of the GDR, deploying the concept of *Eigensinn* usually means looking for ways in which East Germans (not just workers) pursued their own interests and carved out spaces of meaning and identity within the ideological framework provided by the state. As Lindenberger and others use it, then, *Eigensinn* refers to a form of agency.

So by around the year 2000, a multi-pronged critique of the totalitarian thesis had established that (1.) the relationship between state and society in the GDR was a two-way street, and (2.) that even under the watchful eye of the party-state, East Germans found ways to express and pursue their own desires and interests. Around the same time, the social historians who brought *Eigensinn* to the GDR were also beginning (tentatively) to explore the potential of the linguistic turn to further enrich our answer to the question of what the GDR *was*, if it was not a bleak totalitarian dictatorship.[58] Then, in the first decade of the twenty-first century, a new "wave" of revision emerged in English-language scholarship, led

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Herrschaftspraxis Und Öffentliche Ordnung Im SED-Staat 1952-1968 (Köln: Böhlau, 2003). See also Christoph Klessmann, *The Divided Past: Rewriting Post-War German History* (Oxford and New York: Berg, 2001).

[57] See, for instance, Alf Lüdtke, "Cash, Coffee-Breaks, Horseplay: Eigensinn and Politics among Factory Workers in Germany circa 1900," in *Confrontation, Class Consciousness, and the Labor Process: Studies in Proletarian Class Formation*, ed. Michael P. Hanagan and Charles Stephenson (Westport, CT: Greenwood Press, 1986).

[58] This objective (linguistically turning the history of the GDR) was most thoroughly explored a little bit later in the 2008 conference "What Difference Does the Cultural Turn Make?" at the University of Michigan, but the early efforts I'm referring to are represented in Becker and Lüdtke, *Akten, Eingaben, Schaufenster*, 1997.

by Mary Fulbrook and several of her students. These scholars began to argue that it wasn't enough to demonstrate the less-than-total power of the regime, or even to highlight the ways in which East Germans were able to "be themselves" in the shadow of Soviet and SED power. These lines of inquiry were a good start, but they still produced a framework in which all human action is defined with respect to the state.[59] Fulbrook summarized the case against the totalitarian model and tried to take things a step further when she wrote the following in 2005:

> Most East Germans did not feel that they had spent up to four decades of their lives trembling in 'inner emigration,' or conspiratorially plotting against the regime, or making a pact with the Red Devil for private advancement. For the majority of those who lived under it, the GDR was simply 'normal.'[60]

This is probably one of the most succinct statements of what has come to be called the "normality" or "normalization" paradigm[61] – the idea that after a couple of decades, thanks to economic and political stabilization and the gradual internalization of state-socialist norms by the broader public, life in the GDR settled into a more or less comfortable routine. Just like in the West, this argument holds, the average person on the average day probably didn't give his or her relationship to the state a great deal of thought.[62]

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[59] Mark Allinson took an important step in this direction when he endeavored in 2000 to write the history of the GDR as a "history of stability" rather than one of inevitable decline; see Mark Allinson, *Politics and Popular Opinion in East Germany, 1945-68* (Manchester and New York: Manchester University Press, 2000). A few years later, Jeannette Madarász continued in this vein, exploring the ways in which various groups – youth, women, writers, Christians – had by the 1970s established stable, functional relationships with the East German state that kept everybody more or less satisfied until Gorbachev came to power; Jeannette Z. Madarász, *Conflict and Compromise in East Germany, 1971-1989: A Precarious Stability* (Basingstoke and New York: Palgrave Macmillan, 2003).

[60] Fulbrook, *The People's State*, 2. See also Fulbrook's "normality"-themed edited volume, *Power and Society in the GDR, 1961-1979*.

[61] "Normalization" is a slightly unfortunate term here, since it refers to something very different (and more deliberately state-driven) in the Czechoslovak and Hungarian contexts.

[62] See Eric Huneke's discussion of the "normalization" paradigm in Eric G. Huneke, "Morality, Law, and the Socialist Sexual Self in the German Democratic Republic, 1945-1972" (University of Michigan, 2013); Andrew I. Port, "Introduction: The Banalities of East German Historiography," in *Becoming East German: Socialist*

As a caveat I should note here that it was not simply the case that histories emphasizing negotiation and *Eigensinn* were neatly superseded by the "normalization" thesis. Quite a few scholars have joined the search for East German normalcy and brought the *Eigensinn* framework along with them, which has engendered minor controversies about whether these two concepts are mutually exclusive,[63] as well as about whether or not Lindenberger and his fellow historians of everyday life were deploying the notion of *Eigensinn* correctly in the first place. According to Esther von Richthofen and Andrew Port, for example, the term has been corrupted or flattened to mean something more like "small acts of resistance against the state," and has been applied to so many spheres of activity in the GDR that it now signifies everything and therefore nothing.[64] Moreover, others have questioned whether Fulbrook and her followers go too far in downplaying the presence of the state in everyday life,[65] and whether or not thematizing the "normal" is really the best way to move beyond the power-agency analytical axis.[66]

Studying the history of AIDS in the GDR is useful in this conversation precisely because it is so necessary to focus on the distributed nature of state power: where AIDS policy was concerned, the approval of the party was crucial, but health professionals ultimately led the

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Structures and Sensibilities after Hitler, ed. Mary Fulbrook and Andrew I. Port (New York and Oxford: Berghahn Books, 2013), 1–30.

[63] 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: Berghahn Books, 2009), 1–32.

[64] Esther von Richthofen, *Bringing Culture to the Masses: Control, Compromise and Participation in the GDR* (New York: Berghahn Books, 2009), 8–12; Port, "Introduction: The Banalities of East German Historiography," 6.

[65] Eli Rubin, *Synthetic Socialism: Plastics and Dictatorship in the German Democratic Republic* (Chapel Hill: University of North Carolina Press, 2008).

[66] For example, see Fulbrook, "The Concept of 'Normalisation' and the GDR in Comparative Perspective," 25. For a critique of the "normalization" paradigm along these lines, see Jan Palmowski, *Inventing a Socialist Nation: Heimat and the Politics of Everyday Life in the GDR, 1945-1990* (Cambridge, UK and New York: Cambridge University Press, 2009).

way. Focusing on the power that professionals wielded in East German politics – and on how and why they wielded it – is one way of disaggregating monolithic conceptualizations of "the state." Some professions have been explored in this vein, including engineers, journalists, and *Stasi* agents. Rigorous investigations of the latter have been especially fruitful, since another long-standing misconception about East German state power is that the *Stasi* and the SED were generally of one mind. As it turns out, the actions and discourses of the *Stasi* were often the result of an intensely insular and paranoid professional culture that may at times have been at odds with the attitudes of other branches of the state.[67]

Other emerging lines of inquiry in GDR historiography likewise attempt to "shake up" existing analytical frameworks by looking at new and underexplored areas of East German life, some of which – including histories of race, sexuality, and internationalism – also intersect in very important ways with the story of HIV/AIDS in the 1980s. Internationalism is a particularly central example of this, since the shifting internationalisms and the fluidity of internationalist ideology in the 1980s comprise a central pillar in my argument. Like much of the Anglophone historiography of the Soviet Bloc, scholarship on East German internationalism has long been occupied with trying to ascertain and describe the moral valence – and something like the "sincerity" or authenticity – of internationalist rhetoric and policy. As I will describe in more detail in Chapter 4, a burst of new scholarly attention had greatly expanded this sub-field of East German history in the last decade or so,[68] although

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[67] Andreas Glaeser, *Political Epistemics: The Secret Police, the Opposition, and the End of East German Socialism* (Chicago: University of Chicago Press, 2011); Jens Gieseke, *The History of the Stasi: East Germany's Secret Police, 1945-1990* (New York: Berghahn Books, 2014).
[68] One great example is Sara Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic," in *Comrades of Color: East Germany in the Cold War World* (New York: Berghahn, 2015), 131–56.

difficulties remain in moving past old dichotomies, as well as in getting away from the question of whether or not East German really "meant it" or not when they engaged in internationalist rhetoric and endeavors. Looking at the AIDS crisis in the GDR has a great deal of potential to further these efforts, thanks to the clarity with which one can observe internationalist agents in this case being pulled in multiple directions by overlapping loyalties and affiliations.

A final important area of scholarly inquiry relevant to this dissertation concerns the study of the collapse of the Soviet Bloc and the GDR in particular, especially scholarship that is interested in finding new ways of thinking about why the Soviet Bloc collapsed beyond the proximate causes of popular protest. Scholars are beginning to focus instead on the dramatic global-economic changes that began in the seventies, "after the [postwar] boom."[69] Key in these discussions is the problem of maintaining a cohesive socialist polity in the midst of a globalizing world. With the capitalist Federal Republic right next door, this was especially challenging for the GDR. Throughout the 1980s the imperative to compete with the West on the global market was binding East Germany *to* the West in a variety of ways, including trade ties, loosening travel restrictions, and massive amounts of hard-currency debt. The SED felt threatened by these new entanglements (and by a general spike in Cold War hostility around that time) and ramped up domestic surveillance and international espionage. With respect to German-German politics, this is often described as an era of simultaneous "convergence" and "demarcation." In hindsight, it seems that everything the East German state did to keep

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[69] Anselm Doering-Manteuffel and Lutz Raphael, *Nach dem Boom: Perspektiven auf die Zeitgeschichte seit 1970* (Göttingen: Vandenhoeck & Ruprecht, 2012); Stephen Kotkin, *Armageddon Averted: The Soviet Collapse, 1970-2000*, Updated Edition (New York: Oxford University Press USA, 2008).

the socialist system afloat only made it weaker. In some ways, then, the AIDS epidemic in East Germany appears as a microcosm of the broader challenges of "the global" that state socialism faced in the 1980s, and is therefore a powerful lens through which these challenges can be viewed and better understood.

Chapter Outline

Since my argument centers around the causes and effects of an encounter between the East German health system and the global response to AIDS, this dissertation is divided into two parts that explore each side in this encounter respectively. Part 1 looks at the historical contexts shaping the world in which East German health professionals found themselves in the era of AIDS. Part 2 looks at the emerging liberal model of AIDS prevention that was gaining ground in the late 1980s, in particular the ways in which it emphasized identity politics as the ideal basis for prevention efforts.

PART ONE: Histories of East German Socialist Health

Part One argues that East German health professionals in the 1980s existed at a peculiar moment in the histories of socialist health, socialist medical internationalism, and East German biomedicine. All of these histories help explain their shifts in the direction of the global, Western-led response to AIDS. Chapter 2 is a brief introduction to Part One.

Chapter 3 is concerned with the history of ideas and institutions relating to the intersection of socialism and health. Since the mid-nineteenth century, socialist ideas about health have stressed the social determinants of health and the integration of medicine and politics. Also since the middle of the nineteenth century, the increasing professionalization

of medicine has created tensions between states and communities trying to reconfigure the distribution of health care and the medical professionals whose services are being distributed. The history of these tensions shows that the meaning of socialist health has always been the result of complex negotiations between doctors and collectives. In East Germany these negotiations were especially elaborate, due to the legacies of Nazism and the problems of German division. By the 1980s, with added pressure from budget shortfalls, all of this meant that East German socialist health was a complex discursive space in which medical professionals could move easily between different ideas about what it meant to be East German doctor. Gravitating toward liberal, Western ideas about health – and AIDS prevention – was therefore not a big leap, because these ideas were never very far away.

As I explore in Chapter 4, medical internationalism was an important pillar of East German politics. In the first couple of decades, it was mostly about German-German competition. But the 1970s were the decade of détente, and of a global primary health care movement inspired by China's "barefoot doctors," which culminated in 1978 in the Alma-Ata conference that promised "Health For All By the Year 2000," East German health officials were drawn to the idea of taking part in a new, socialist-led era of international health cooperation. One major result of this was that Soviet Bloc countries intensified their efforts to participate in the WHO. But there was an ironic unintended consequence: the GDR and other Soviet Bloc countries were focusing all their medical internationalist energies on working with the WHO at the same time that a massive neoliberal backlash against Alma-Ata was hollowing the WHO of its ostensibly socialist content. This meant that East German medical professionals in the 1980s in some ways came to understand working with the WHO as a socialist-internationalist endeavor, regardless of the substance of its policies or

programs. This is another reason it wasn't a big leap from the East German Ministry of Health to the global AIDS community.

Chapter 5 explores a story that has dominated the West German and Anglophone historiography of the East German response to AIDS, that of conspiracy theorist Jakob Segal, who lived in the GDR and claimed that HIV had been invented by the CIA. But he was actually a marginal figure; there was actually a strong scientific response and a substantial amount of research in the GDR. But due to the debt crisis there was an increasingly strong imperative (and pressure from the SED) to build East Germany's scientific reputation abroad and to monetize East German AIDS research to earn hard currency, for example by selling East German HIV test kits. This chapter therefore examines an additional factor pushing health professionals toward their Western counterparts and away from collaborative engagement with socialist countries.

PART TWO: "Risk Groups" and the Global AIDS Community

Part Two argues that once East German health officials started moving closer to the Western response to AIDS, there was a shift away from earlier socialist-internationalist imperatives and a further marginalization of HIV-positive African students and workers culminating in the 1987 travel ban. This isn't just because the Western-led response was racist; it was, but then, so was the GDR. Rather, the change in priorities had to do with the fact that responses to AIDS had always been divided along "risk group" lines, with different affected groups often forced to compete with each other for state resources and public sympathy. Models of AIDS prevention have tended to contain subtle risk-group hierarchies, and the Western response at that time was deeply anchored in a vision of LGBTQ civil society that didn't necessarily

correspond with the demographics of the AIDS epidemic in East Germany – that is, until collaboration between East and West Germany on the problem of AIDS prevention became an SED priority in early 1987. When the HIV travel ban was imposed that year, it had the effect of reconfiguring the East German AIDS epidemic to match the West German epidemic. Chapter 6 provides a brief introduction to Part Two.

Both in historical scholarship and popular memory, the East German response to AIDS is considered to have been largely ineffective until experts and activists from West Germany taught the GDR how it was done. Chapter 7 argues that this is problematic on two fronts: first, because there *was* a home-grown activist response in the GDR, and second, because knowledge transfer from the West was tailored to the demographic and cultural conditions of the West German AIDS crisis in ways that likely had unintended consequences.

Having introduced the relevant actors and historical contexts in the previous chapters, Chapter 8 will attempt to reconstruct the experience of the African students and guest workers in the GDR who were subject to the HIV travel ban, placing these experiences in the context of the longer history of race in East Germany. This chapter will conclude my argument that the shifting internationalisms of the final decade of the Cold War each privileged different "risk groups," and that the decentering of Africa in the East German response to AIDS prefigured Western apathy toward AIDS in Africa in the following decades.

CHAPTER 2

Introduction to Part One:

Histories of East German Socialist Health

From Dr. Zhivago to the titular character in the film *Barbara* (2012), which depicts an East Berlin physician in the 1980s who is sent to work in a provincial hospital after attempting to emigrate to the West, medical professionals in state socialism are often portrayed as quiet dissidents waiting for the opportunity to escape. Sometimes there is an element of reproach in these portrayals, for example in the film *Good Bye Lenin!* (2003). The main character Alex is having trouble finding medical care for his mother after the fall of the Berlin Wall and accuses one doctor – who has just secured a job in West Germany – of abandoning GDR just when he and his fellow physicians were so badly needed. The healthcare "brain drain" that accompanied East Germany's collapse is even expressed in the film in deeply emotional, perhaps vaguely Freudian terms. When asked about the whereabouts of his father, Alex replies: "He was a doctor. He escaped to the West. We never saw him again."[1]

[1] The meaning and role of *Good Bye Lenin!* vis-à-vis the early-2000s wave of popular-culture nostalgia for East Germany has been exhaustingly analyzed by scholars; see Jennifer M. Kapczynski, "Negotiating Nostalgia: The GDR Past in Berlin Is in Germany and Good Bye, Lenin!," *The Germanic Review: Literature, Culture, Theory* 82, no. 1 (January 2007): 78–100; Oana Godeanu-Kenworthy, "Deconstructing Ostalgia: The National Past between Commodity and Simulacrum in Wolfgang Becker's Good Bye Lenin! (2003)," *Journal of European Studies* 41, no. 2 (June 2011): 161–77; Paul Cooke, *Representing East Germany Since Unification: From Colonization to Nostalgia* (Oxford: Berg, 2005).

Much more often, though, portrayals of dissident physicians in socialism carry positive connotations. These have been cultivated in particular by former East German medical professionals themselves, who after reunification talked about their experience in terms reminiscent of the notion of "inner emigration," or retreat into their professional and private concerns. In some cases this is attested to in the historical record. However, there exists too much medical-professional rhetoric in support of the SED regime to believe that all East German doctors were crypto-liberals. This isn't to say that we should doubt what individuals remember. Rather, it is merely to note that the German memory politics of the 1990s were so high-stakes and Manichean – with Federal German politicians working to investigate the crimes of the SED regime using the same language as investigations of Nazi war crimes – that the loudest memories from that moment are worth taking with a grain of salt.[2]

Slowly a more nuanced portrait is emerging of health professionals in the GDR is emerging. Many did express distance from the state-socialist project. But many also were fervently committed to a vision of socialist humanism that was compatible with many aspects of the ideological rhetoric the state engaged in. A great many explicitly embraced the role of socialist physician, and moved into an oppositional role after the liberalization and privatization of the East German health system in the early 1990s. There was initially a

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[2] The Enquete Commissions were the institutions created to investigate SED crimes in the 1990s; see their voluminous official report: German Bundestag, ed., *Materialien Der Enquete-Kommission "Aufarbeitung von Geschichte Und Folgen Der SED-Diktatur in Deutschland,"* 1. Aufl (Baden Baden and Frankfurt: Nomos and Suhrkamp, 1995). A good analysis of this the post-reunification memory climate is Barbara Miller, *Narratives of Guilt and Compliance in Unified Germany: Stasi Informers and Their Impact on Society* (London and New York: Routledge, 1999).

limited receptiveness for that kind of thing – at least until public anger over Federal German health reforms elicited fond memories of the GDR's *Poliklinik* system.[3]

The purpose of these three chapters is to explore these complexities in the ways East German health professionals were entangled in multiple, complex ways with the state. They built a sense of themselves that could move in an out of different ideological discourses because there was always something to anchor them, namely the idea of the health professions as a higher calling, or of there being a physician's duty to his or her patients. Some talked specifically about a socialist physician's duty, although "socialist" as a signifier here was flexible; sometimes it signaled a loosely defined political virtue or a broadly construed humanism, and sometimes it was more ideologically precise.

Thus in 1989 a physician's duty to society could be either a reason to stay in the GDR and build a better German socialism, or it could be a reason to go the West Germany, where doctors were (some said) taken more seriously. During the GDR's lifetime, it could be a reason to go to Africa to carry out the work of medical internationalism or a reason to stay home. It could be a reason to seek out professional connections with doctors from poorer countries or it could be a reason to devote all of one's energy to infiltrating the grand institutions of international health cooperation, especially the WHO, with anti-imperialist politics – and along the way, to show the world what East German biomedicine was capable of. It could be a reason to host Marxist study groups or to criticize the government for failing to maintain hospital facilities; to attend meetings of the International Physicians for the

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[3] This was reflected in public commentary and survey data; see Viola Schubert-Lehnhardt, "DDR-Polikliniken Und Medizinische Versorgungszentren – Ein Vergleich Zweier Umfassender Versorgungsformen," in *Die Privatisierung von Krankenhäusern: Ethische Perspektiven*, ed. Heubel, Friedrich, Kettner, Matthias, and Manzeschke, Arne (Hamburg: Springer-Verlag, 2010).

Prevention of Nuclear War (IPPNW) to protest American nuclear aggression or to cultivate intimate relationships with colleagues in the West.

The moral and political dimensions of medical-professional identity were thus a creative field in which this diverse group of people constructed their understandings of the difficult changes that were underway in their world – and of the devastating new epidemic that was changing the world in other ways. That creative field, I will argue, was more in flux in the 1980s than it had been in a long time, for reasons that have to do with tensions inherent in the long history of socialist health, with developments in the way medical internationalism was conceived and practiced after the Alma-Ata Conference in 1978, and with the need for East German health and science to respond to the 1980s Soviet Bloc debt crisis. Thinking about how health professionals moved across this shifting terrain, and how they understood themselves and their role in East Germany and in the world, is key to untangling this history.

CHAPTER 3

Socialist Health and Its Practitioners

On 14 June 1989, ten days after the violent suppression of demonstrators at Tiananmen Square and just under a month prior to Mikhail Gorbachev's stunning renunciation of the Brezhnev Doctrine at a Warsaw Pact summit in Bucharest, a small group of local doctors gathered after work at a meeting hall in Leipzig.[1] The event was called "Health: Our Global Fate Depends On It" and was hosted by the *Sektion Medizin* of the Leipzig chapter of URANIA, an East German society for the popularization of science with institutional roots in both the Weimar-era Left and nineteenth-century German liberalism.[2] Since the organization's founding in the 1950s, URANIA chapters across the country had emerged as semi-grassroots centers of East German secularization and autodidacticism, in some places forming strong connections with like-minded groups in West Germany. They also published a massive popular-scientific literature, which ranged from books about the global politics of nuclear power to *A Hundred Tips for the Insect Lover.*[3]

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[1] URANIA Bezirksvorstand Leipzig, Sektion Medizin, "Referentenberatung der Sektion zum Thema 'Gesundheit als globale Schicksalsfrage' am 14.6.1989," n.d., SSL 22372 fol. 144.
[2] Monica Black, "Witchdoctors Drive Sports Cars, Science Takes the Bus: An Anti-Superstition Alliance Across a Divided Germany," in *Science, Religion, and Communism in Cold War Europe*, ed. Paul Betts and Stephen A. Smith (London: Palgrave Macmillan, 2016), 157–76; Nick Hopwood, "Producing a Socialist Popular Science in the Weimar Republic," *History Workshop Journal*, no. 41 (1996): 117–53; Thomas Schmidt-Lux, "Das helle Licht der Wissenschaft: Die Urania, der organisierte Szientismus und die ostdeutsche Säkularisierung," *Geschichte und Gesellschaft* 34, no. 1 (June 2008): 41–72.
[3] Bernhard Klausnitzer, *Hundert Tips für den Insektenfreund* (Leipzig and Berlin: Urania-Verlag, 1980).

Throughout its existence, and especially in the 1980s, the *Sektion Medizin* of the Leipzig chapter of URANIA had been highly active. Even as budget constraints and medical labor shortages were causing widespread frustration with the East German health system, new waves of innovation in biomedicine and international health promotion made it a demanding – even exciting – time to be a health worker. URANIA members met frequently to talk about the future, both with anticipation and concern. They talked about what role computers might soon play in health care, about genetic engineering and biotechnology, and about the GDR's growing problems with alcoholism and nicotine addiction. They talked about cancer, youth, nuclear war, yoga, sexuality, and love. On multiple occasions, including the meeting of 14 June 1989, they talked about AIDS.[4]

If the upheavals of the day came up in conversation at this event, the record doesn't show it. The two guests of honor, one the highest-ranking health official (*Bezirksarzt*) in the Leipzig region and the other the head of neuroscience at Karl Marx University, discussed a wide range of questions. Some were abstract: was health the responsibility of society or the individual? Others were more immediate and practical: what did medical professionals need to do about the recent decline in food provisioning in the GDR? The featured discussion, however, had to do with the idea that disease was not destiny: according to neuroscience, the headliners argued, human behavior was a codeterminant of infection risk, and HIV/AIDS was a key case in point. Because T-lymphocyte production (the process that HIV disrupts) was influenced by its neurochemical environment, "positive emotions" could impact the course of the epidemic. After all, they noted parenthetically, HIV infection rates in the GDR

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[4] URANIA, "Referentenberatung der Sektion zum Thema: Gesundheit als globale Schicksalsfrage," Sächsisches Staatsarchiv – Leipzig (hereafter SSL) 22372 fol. 144.

remained very low. Thus the question for East German health workers was how to encourage *emotionally effective* health-conscious behavior.[5]

There's something almost quaint, at first glance, about this image of East German doctors gathering together on an unseasonably cold night in June to drink tea and talk about the neurochemistry of socialist happiness – with the Cold War order falling down around them. However, it is easy to forget that with all the uncertainty surrounding AIDS in the 1980s, professionals and nonprofessionals alike all over the world were engaging in conversations very much like this one. AIDS archives are full of letters from physicians, schoolchildren, microbiologists, and housewives who were following the news and wanted to throw in their two cents, despite having no relevant expertise.[6] Just as the economic vicissitudes of Weimar Germany inspired "ordinary" citizens to write to their government with advice about how to stop hyperinflation, AIDS was a participatory crisis, for laypeople and health professionals alike.[7]

The important thing about this scene for my purposes, though, is that these actors were asking critical, searching questions about the meaning of socialist health in the context of a conversation about AIDS. In doing so they were part of a larger conversation about AIDS in the GDR. Some believed that a socialist response to AIDS meant primarily a response that could short-circuit the constant talk of "risk groups" that seemed so reminiscent of the biopolitics of fascism.[8] Others believed that the countering discrimination should be the

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[5] URANIA Bezirksvorstand Leipzig, Sektion Medizin, "Referentenberatung der Sektion zum Thema 'Gesundheit als globale Schicksalsfrage' am 14.6.1989," n.d., SSL 22372 fol. 144.
[6] UCSF AIDS History Project, Volberding and Abrams correspondence.
[7] For analysis of this correspondence, see Mark Loeffler, "Producers and Parasites: The Critique of Finance in Germany and Britain, 1873-1933" (University of Chicago, 2012).
[8] Samuel Mitja Rapoport, ed., *Das Schicksal der Medizin im Faschismus : Auftrag und Verpflichtung zur Bewahrung von Humanismus und Frieden; internationales wissenschaftliches Symposium europäischer Sektionen*

hallmark of socialist AIDS prevention, while still others stressed the virtuous efficiency of a centralized health system or the ability of a socialist state to adapt quickly to emerging scientific and technological needs. Finally, people like those who attended this event in Leipzig seemed to believe that socialist society itself was an important part of AIDS prevention, because it provided the necessary socioeconomic foundation for healthy lives and minds. In this, their stance is reminiscent of one of the East German health system's earliest slogans from the 1950s: "the best prophylaxis is socialism."[9]

Defining the relationship between socialism and health is difficult for several reasons, not least the wide array of overlapping terms that have been used to describe concepts that fall under this rubric.[10] "Social medicine" has different meanings and valences in different historical and political contexts – in Latin America vs. continental Europe, for example. "Socialized" medicine was used with positive connotations by 1930s-era Western observers of the Soviet health system, whereas in American political discourse today it appears mainly as a pejorative.[11] The term "socialist medicine" is commonly used by historians to describe state-socialist healthcare contexts. In this dissertation I've elected to use the deliberately broad term "socialist health" to describe the sprawling complex of ideas, practices, and

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der IPPNW; (November 1988 Erfurt/Weimar - DDR), Nachdr. des Tagungsprotokolls Berlin, Verl. Volk und Gesundheit, 1989 (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000).

[9] See Anna-Sabine Ernst, *"Die beste Prophylaxe ist der Sozialismus": Ärzte und medizinische Hochschullehrer in der SBZ/DDR 1945 - 1961* (Münster, New York, München, and Berlin: Waxmann, 1997).

[10] For a discussion of these difficulties with the terminology of socialist health, see Malcolm Segall, "On the Concept of a Socialist Health System: A Question of Marxist Epistemology," *International Journal of Health Services* 13, no. 2 (April 1983): 221–25.

[11] For example Arthur Newsholme and John Adams Kingsbury, *Red Medicine: Socialized Health in Soviet Russia* (Garden City, NY: Doubleday, 1934); Henry E. Sigerist, *Socialized Medicine in the Soviet Union* (New York: W. W. Norton & Company, 1937).

institutional structures associated with the attempts of (generally self-identified) socialists to theorize and/or implement healthy societies, however these are defined or envisioned.

Because these definitions and visions vary so much, the fundamentals of socialist health are elusive. Yet there is one thing that all the variants have more or less in common: the impulse to integrate (or reintegrate) health and politics, not merely by *recognizing* what we would call the "social determinants of health," but by conceptualizing health and social justice as two sides of the same coin, and the same revolutionary project. URANIA science popularizers in the 1960s, for example, explained that in the world of health there were two meanings of the word "prevention." First, there was "partial" prevention – vaccines, an apple a day, and so on. Second, there was "total" or "comprehensive" (*umfassende*) prevention. The later required fundamental changes in the living and working conditions of an entire society and its power structures in ways that would support the health of the population. Socialism, they said, was a precondition.[12]

With versions of this principle also present in liberal and other discourses of health, ideological dividing lines can be fuzzy. This is why I avoid the term "public health" when referring to state-socialist contexts. While linked historically to Left politics in various ways, the idea of a specifically "public" health implies a cohesive field of activity that requires a special designation because it is different and separate from something else – presumably, "normal" or "private" health. Centralized, all-encompassing health systems such as the one the GDR was trying to build, however, were not meant to be defined by a public-private divide. Whether or not East German health care achieved any of its objectives, the idea was

[12] URANIA, "Informationen: Gesellschaft zur Verbreitung Wissenschaftlicher Kenntnisse, Bezirk Leipzig. Nr. 11, 5/60" (1960), SSL 22372 fol. 144.

that *all* health is public.[13] For example, when several prominent medical professionals created a booklet in 1986 about the workings of capitalist health care, they wrote that public health services (*öffentliche Gesundheitsdienste*) were something all capitalist countries had, and that while these institutions could have emancipatory effects when used democratically to improve workers' health, they just as often served the interests of "conservative forces" by helping to maintain class-based health care. (An example the authors gave was the US, where high numbers of uninsured and a profit-driven medical establishment meant that the system *needed* public health services because they served as the "lowermost safety net" of social welfare).[14] It's also worth noting that the East German Health Ministry used the term "public" (*öffentlich*) as a modifier when categorizing health services in its accounting records only in the first few years of its existence, until around the mid-1950s, and then dropped this umbrella term until the health-system reorganization of 1990.[15]

Theoretical and terminological questions aside, however, historical instantiations of socialist health have something else in common: they require health professionals. And as commonsensical as this may seem, it introduces a stubborn contradiction. As Paul Starr has outlined, the period from around the middle of the nineteenth century onward witnessed not only the birth of socialist health (broadly speaking) but also the increasing specialization and professionalization of medicine.[16] With the medical profession widely associated with

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[13] East German health professionals sometimes echoed the Weimar-era slogan "All Hygiene Is Social!" See Gabriele Moser, *Im Interesse der Volksgesundheit: Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR* (Frankfurt/Main: VAS Vlg f. Akad. Schriften, 2002).

[14] Beilicke, Werner, Horst Spaar, and Brigitte Roland. *Gesundheitssysteme Im Kapitalismus (Vergleiche, Fakten, Bewertungen)*. Berlin: Urania-Verlag, 1986.

[15] BArch Health Ministry accounting and planning collections including DE1/37533, DE1/46906, DE1/61084, DQ1/668, DQ1/6066, DQ1/6255. The term "öffentlicher Gesundheitsdienst" reappears in 1990 in collections such as DQ1/13478 and DQ1/13853.

[16] Paul Starr, *The Social Transformation of American Medicine*, Updated edition (New York: Basic Books, 2017).

the bourgeoisie, and with the idea of integrating health and politics fundamentally at odds with the idea of medicine as an increasingly discrete, autonomous sphere of action, negotiations between socialist systems and their health professionals – including countless health professionals who considered themselves wholly devoted to the cause – have been a hallmark of socialist health.[17] As in the debates at the 1989 URANIA meeting about the relationship between AIDS and socialism, conversations between health professionals, and between health professionals and the state, have long been one of the crucial sites where meanings of socialist health are made.[18]

With an eye to the importance of these conflicts and negotiations, this chapter will explore the long history of socialist health and its practitioners in East Germany. My aim is to investigate how people have understood the meanings and origins of socialist health, while at the same time highlighting the ways in which these meanings have always been refracted into practice through layers of negotiation and creative appropriation on the part of health professionals and representatives of the state. For that reason, this chapter consists of three main parts. First, I'll look at the nineteenth-century intellectual origin stories that later practitioners of socialist health cited – and miscited. Then I'll conduct a broad survey of health professionals and post-1945 states, with an emphasis on East Germany but with attention to developments in the West and the Global South as well. Finally, I'll return to the

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[17] Paul Weindling, "Medicine and Modernization: The Social History of German Health and Medicine," *History of Science* 24, no. 3 (September 1986): 277–301; Michael Ryan, *Doctors and the State in the Soviet Union* (Basingstoke, England: Macmillan, 1990); Anthony Jones, ed., *Professions and the State: Expertise and Autonomy in the Soviet Union and Eastern Europe* (Philadelphia: Temple University Press, 1991); Markus Wahl, "'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" (University of Canterbury, 2013).
[18] Eliot Freidson's concept of professionalism as the "third logic" of governance, in between the market and the state, is apt here: Eliot Freidson, *Professionalism: The Third Logic* (Cambridge: Polity Press, 2004).

GDR to explore briefly the state of the health system in the late 1980s, when AIDS was on the rise and the East German economy was in rapid decline. I'll show that in the East German context, conflicts between health professionals and the state were particularly dramatic due to the proximity of West Germany, where it was relatively easy for an East German doctor to find a job. I'll argue that the concessions the East German state had to make, and the discourses of medical-professional responsibility and German biomedical prestige that it formulated in the process of wrangling its healthcare labor force, made East German medical-professional identity an especially flexible notion by the time HIV/AIDS appeared in the 1980s.

Origins of Socialist Health

The Marxist tradition is firmly rooted in discussions about health, thanks especially to Friedrich Engels and his scathing report on *The Condition of the Working Class in England*, published in 1845. The book is based on a series of articles Engels published in the *Rheinische Zeitung*, where Marx was an editor.[19] He wrote them while in Manchester, where his wealthy family had sent him in the hope that his political fervor would cool, and he would start thinking like a businessman. Instead, Engels conducted an extensive study of the urban misery brought on by industrialization and poverty. In an iconic passage, he refers to the suffering and early death brought on by poor working and living conditions as "social murder," which he characterized as "quite as much a death by violence as that by the sword or bullet."[20]

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[19] Jonathan Sperber, *Karl Marx: A Nineteenth-Century Life* (New York: Liveright Publishing Corporation, 2013).
[20] Friedrich Engels, *The Condition of the Working Class in England* (1845).

Engels argued that “the death of the victim seems a natural one, since the offence is more one of omission than of commission. But murder it remains.” Taking a prosecutorial tone, he set out to prove that:

> Society in England . . . has placed the workers under conditions in which they can neither retain health nor live long; that it undermines the vital force of these workers gradually, little by little, and so hurries them to the grave before their time. I have further to prove that society knows how injurious such conditions are to the health and the life of the workers, and yet does nothing to improve these conditions. That it knows the consequences of its deeds; that its act is, therefore, not mere manslaughter, but murder, I shall have proved, when I cite official documents, reports of Parliament and of the Government, in substantiation of my charge.[21]

In addition to copious statistics and reports by physicians and officials, *The Condition of the Working Class in England* is full of anguished descriptions of the lives of immigrants and industrial workers, of people “penned by the dozens into single rooms” with no ventilation and “supplied with bad, tattered, or rotten clothing, adulterated or indigestible food.” Among the most striking are his portrayals of the effects of the uncertainties of industrial labor and urban poverty on the minds and selves of workers:

> They are exposed to the most exciting changes of mental condition, the most violent vibrations between hope and fear; they are hunted like game, and not permitted to attain peace of mind and quiet enjoyment of life. . . . And if they surmount all this, they fall victims to want of work in a crisis when all the little is taken from them that had hitherto been vouchsafed them.[22]

All of these ill effects, unsurprisingly given that the *Communist Manifesto* was published only a few years later, Engels attributed to the willful negligence of society. Less well-known than the book’s revolutionary message, however, is its trenchant epidemiological insight: Engels even points out the tendency of people moving from the countryside to industrial urban

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[21] Ibid.
[22] Ibid.

centers to suffer from fewer acute infections and more chronic and environmental health conditions, therefore in some ways prefiguring the twentieth-century public health profession's discussions of "epidemiological transition."

The Condition of the Working Class had widespread reverberations.[23] Not least among these was the fact that it was read by Engels's contemporary Rudolf Virchow, often called the "father of social medicine" – although as I will discuss below, this designation is a problematic one for reasons beyond its casual paternalism.[24] Engels and Virchow led remarkably parallel, though in many ways opposite, lives. Both were born in the early 1820s on opposite ends of Prussia – Engels in the region surrounding Cologne and Virchow in a small city near Szczecin in what is now northwestern Poland – and both died within a few years of the turn of the twentieth century. More importantly, within a few years of the publication of *Conditions of the Working Class*, Virchow conducted a study of his own about the link between poverty and health, and his 1848 *Report On the Typhus Epidemic in Upper Silesia* became the second major indictment of that decade of the social conditions that cause disease. While his investigation of the "hunger typhus" outbreak in Upper Silesia was initially commissioned by the Prussian state, Virchow's sharp criticism of Prussian negligence and his declaration that "full and unlimited democracy" was the only meaningful cure for typhus put him on a path to revolutionary liberal politics in 1848-49. In addition to his celebrated work in biomedical research, Virchow remained a prominent liberal thinker and politician for the remainder of the nineteenth century, at one point even drawing the ire of Bismarck

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[23] See discussion in Theodore M. Brown and Elizabeth Fee, "Friedrich Engels: Businessman and Revolutionary," *American Journal of Public Health* 93, no. 8 (August 2003): 1248–49.

[24] See for example Waitzkin, *The Second Sickness*.

to such an extent that the latter challenged him to a duel (although the widely-cited story that Virchow responded by challenging Bismarck to a variant of Russian roulette involving sausages laced with the parasite *Trichinella* is almost definitely apocryphal).[25]

Many accounts of the history of socialism and health assert a straightforwardly fraternal or filial relationship between Engels and Virchow. Many also assert a directly filial relationship between both men, especially Virchow, and later important figures in social medicine such as Salvador Allende.[26] In these accounts, social medicine is more or less synonymous with *socialist* medicine and *socialized* medicine; all exist under a "big tent" that includes anyone who has emphasized the link between socioeconomic factors and disease. Yet the inclusiveness of these overlapping categories obscures a great deal about the differences between Engels and Virchow, particularly with respect to their conceptualization of the sources of social ills – and of the solution to this underlying problem. The differences, moreover, are illustrative of the way meanings of socialist health have evolved since.

In their depictions of human misery, Engels and Virchow operate in a very similar register. As in *The Condition of the Working Class*, Virchow's *Report* focuses on the poverty and unsanitary conditions in which Polish-speaking people in Upper Silesia lived, particularly the moist, hot, dirty houses in which human and animal waste were always close by. Yet their paths diverge in passages such as this one, in which Virchow discusses his views of the character of the people he is studying:

> The Upper Silesian in general does not wash himself at all, but leaves it to celestial providence to free his body occasionally by a heavy shower of rain

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[25] On Virchow's liberal political career, see Ian F McNeely, *"Medicine on a Grand Scale": Rudolf Virchow, Liberalism, and the Public Health* (London: The Wellcome Trust Centre for the History of Medicine, 2002).
[26] Howard Waitzkin, *The Second Sickness: Contradictions of Capitalist Health Care* (Lanham, MD: Rowman & Littlefield, 1983).

> from the crusts of dirt accumulated on it. . . . As great as this squalor is the sloth of the people, their antipathy for mental and physical exertion, their overwhelming penchant for idleness or rather for lying around, which, coupled with a completely canine subservience, is so repulsive to any free man accustomed to work that he feels disgust rather than pity.[27]

Key in Virchow's assessment of the hygienic conditions that produce health and disease is the idea of the Polish national character, even when he describes political circumstances that are beyond their control – notably the serfdom from which the poor in Upper Silesia had only just been emancipated the year before Virchow arrived: "Even though German diligence may perhaps be rare among the Poles, it should nevertheless not be forgotten under what conditions, under how long and heavy a pressure, this unhappy people has groaned."[28] This brand of liberal German nationalism – one that recognized, through the use of Old Testament imagery, the plight of Polish-speaking former serfs while simultaneously affirming German superiority in a hierarchy of nations – pervaded Virchow's model of social injustice.

Historian Paul Weindling has criticized hagiographical treatments of Virchow among historians of medicine and in the medical profession, partly on the basis of the physician's apparent chauvinism in passages of this kind.[29] Virchow's defenders have argued that his attitudes toward Polish people were typical of his day and should, given his crucial and foundational work in developing the field of social medicine, be regarded as an aberration.[30] This is an unfortunate response, since it assumes that the only purpose in discussing Virchow's xenophobic statements is in calculating the balance of his moral or political virtue

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[27] Rudolf Virchow, "Report on the Typhus Epidemic in Upper Silesia: Chapters 1 and 2," *Social Medicine* 1, no. 1 (January 2, 2006): 14.
[28] Ibid., 15.
[29] Karl Figlio and Paul Weindling, "Was Social Medicine Revolutionary? Rudolf Virchow and the Revolutions of 1848," *The Society for the Social History of Medicine Bulletin* 34 (June 1984): 10–18.
[30] G. A. Silver, "Virchow, the Heroic Model in Medicine: Health Policy by Accolade," *American Journal of Public Health* 77, no. 1 (January 1987): 86.

(which is irrelevant to my purposes here anyway). This deeply romantic and nation-centered framing of the social determinants of health in one of the founding texts of social medicine, however, reveal an understanding of nineteenth-century Europe's "social question" in which the poor were unhygienic and subject to disease because they lacked the individualistic will to self-fulfillment that could lead them to improve the conditions of their existence. The state was at fault for not providing stop-gap measures in exceptional circumstances and for not educating the Polish-speaking people of Upper Silesia so that they could acclimate to their freedom, but the tandem liberation of nations and individuals ultimately the only solution:

> When this nation, downtrodden and subjugated for centuries, or rather since the beginning of its emergence in history, at last saw the dawning of its personal liberty, could one expect such a people to greet this day as would a strong man who, being imprisoned by an inimical power, and in full consciousness of his liberty, sees the doors of his prison burst open? . . . No one was there to act as their friend, their teacher, or their guardian and to support, instruct, guide them in their first steps on the new road, no one to show them the significance of liberty and independence, no one to teach them that wealth and education are the daughters of work and the mother of well-being.[31]

When Waitzkin and others represent Engels and Virchow as twin pillars of socialist health in its foundational moment, then, it obscures radical differences in the way each thinker understood the roots of social causes of disease: Engels pointed to capitalist greed and negligence, while Virchow implicated benighted traditions and habits left behind by old power structures that impeded the exercise of personal liberty. They also had very different ideas about the role of the collective in promoting health: while proletarian revolution already lurked in Engels's writing, Virchow painted the role of the state as a "tutelary" one that could help individuals stand up on their own and as a nation.[32] What is perhaps most

[31] Rudolf Virchow, "Report on the Typhus Epidemic in Upper Silesia: Chapters 1 and 2," 18.
[32] Ibid., 19.

remarkable about Virchow has been his versatility: in incorporating him into the broader socialist pantheon, Waitzkin emphasizes Virchow's revolutionary credentials[33] – this despite the fact that Virchow is not known to have participated more than a few weeks in the worker uprising in Berlin in 1848. As Jessica Reinisch has written about (more on this below), some in the GDR likewise exaggerated these credentials to suit their purposes.[34] In fact, Virchow quickly migrated to the liberal revolution and voted against the formation of worker health facilities in the interest of protecting physician autonomy.[35] (Again, it was at this point in the middle of the nineteenth century that, as Paul Starr has discussed in the American context, the medical profession first set out on its modern course of professionalization and increased professional autonomy.)[36] The revolutionary Virchow, then, may be one of the first instances of the fraught, complex relationship between the Left and the medical profession.

From the middle of the century onward, concerns proliferated in Europe about the relationship between health, medicine, and the "social question" of industrial mass poverty. With the growth of mass politics, diseases such as cholera – and the social conditions that enabled their rapid and deadly spread – increasingly exerted force on the shape of political structures and institutions. In these dynamics, some historians have suggested, we can sometimes observe the broader political transformations of the nineteenth century unfolding at an accelerated pace. Richard Evans's *Death in Hamburg*, for example, explores the politics and ramifications of that city's response to the cholera epidemic of 1892, which

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[33] Waitzkin, *The Second Sickness*, 38.
[34] Jessica Reinisch, *The Perils of Peace: The Public Health Crisis in Occupied Germany* (Oxford: Oxford University Press, 2013).
[35] Figlio and Weindling, "Was Social Medicine Revolutionary?"; cited in Silver, "Virchow, the Heroic Model in Medicine."
[36] Starr, *The Social Transformation of American Medicine*.

killed more than half of the nearly 17,000 people it infected and which marked, according to Evans, "the victory of Prussianism over liberalism, the triumph of state intervention over *laissez-faire*."[37] The backdrop to these changes is that throughout the nineteenth century, Hamburg's ruling bourgeois-liberal merchant elite had held on to as much autonomy from the Prussian state(s) as possible. Hamburg was a Hanseatic commercial hub, and its "hegemonic ideology" was one of minimal state intervention – the "night-watchman state." In reality this kind of liberalism meant that conditions in the slums were getting progressively worse, and the city's infrastructure was unprepared for cholera in 1892 – thus Evans's declaration that "liberalism died of cholera" in Hamburg. Interestingly, he notes that this is likely what inclined city administrators toward holding onto the miasma theory of disease, even though Robert Koch's discovery of the cholera bacillus was gaining widespread acceptance. This was because Koch's model of disease pointed to a contaminated water supply as the culprit (which it was) and meant that the city had been negligent and would need to undertake massive sanitation and public health efforts.[38] Cholera in Hamburg, like typhus in Upper Silesia and Manchester, serves as another example in which epidemic disease forced new lines of thinking – and may have terminated old ones – about the social

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[37] Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (Oxford and New York: Oxford University Press, 1987), viii.

[38] In her 2003 book *Provincial Modernity*, Jennifer Jenkins takes issue with the premise that Hamburg liberalism died of cholera – or that it died at all in the *fin-de-siècle* period – based counterexamples she has found among various of the city's "cultural politicians." Evans, however, makes no claims about the death of liberalism writ large. The "liberalism" that cholera helped transform in the 1890s was a very particular constellation of political values, attitudes toward the state, economic priorities, and municipal-administrative practices – a constellation that was far from typical but belonged nonetheless to a genus of urban government that was disappearing all over Europe; see Jennifer Jenkins, *Provincial Modernity: Local Culture & Liberal Politics in Fin-de-Siècle Hamburg* (Ithaca: Cornell Univ. Press, 2003). Brian Ladd describes these and related developments more broadly in his 1990 book *Urban Planning and Civic Order in Germany*, which studies the emergence of urban planning both as a profession and a bourgeois *desideratum*; Brian Ladd, *Urban Planning and Civic Order in Germany, 1860-1914*, Harvard Historical Studies (Cambridge, MA: Harvard Univ. Press, 1990).

determinants of health and the role of the state in promoting health. In the next section, I'll look at conflicts between states and health professionals in the Cold War era, using the nineteenth-century history of socialist health that I've discussed so far both as a provisional conceptual framework and as a point of comparison with the intellectual "origin stories" that Cold War-era practitioners subscribed to.

Health Professionals and Postwar States

After WWII, occupying armies in Germany struggled to contain massive public health crises, with disease rife in the cities and sanitation infrastructure devastated by the war.[39] The Second World War helped spur massive changes in health systems all over the world, and not only because of the phenomenal need to care for millions of casualties and displaced persons. As in WWI, the sweeping calls to arms that had gone out all over the world were answered, resulting in a massive mobilization of people.[40] Already wondering what to do with the millions of soldiers who would require state intervention for medical care and pensions, plans were developing at the height of the war that would play a decisive role in the shape of health care structures. In the US, wartime state interventionism had an ironic impact of militating against future interventions in the field of health care financing, since wartime wage controls spurred the expansion of massive private health insurance schemes

[39] The best account of this is Reinisch, *The Perils of Peace*.
[40] On the role of wartime experience in shaping new conceptions of citizenship (and the services that citizenship conferred the right to), see Ute Daniel, *The War from within: German Working-Class Women in the First World War* (Oxford and New York: Berg, 1997); Belinda Davis, *Home Fires Burning: Food, Politics, and Everyday Life in World War I Berlin* (Chapel Hill: University of North Carolina Press, 2000); Maureen Healy, *Vienna and the Fall of the Habsburg Empire: Total War and Everyday Life in World War I* (Cambridge and New York: Cambridge University Press, 2004).

so that firms could use them as perks in a highly competitive labor market; the strength of private health insurance market remains a determining factor in health reform.[41] In the UK, in contrast, the Beveridge Report of 1942 laid the foundations for an expanded welfare state. At the same time, left-leaning health professionals and politicians including in the Labor Party and the Socialist Medical Association were working on a scheme for a National Health Service that could address new exigencies and also continue a trajectory that had begun in the 1910s, especially with the national insurance scheme introduced in 1911.[42]

The histories of these developments in both countries are sometimes clouded by assertions (or implications) of inevitability. True, the idea that there was a near-universal acknowledgement after the war of the need for greater social welfare provision – and for a more proactive, interventionist state in general – has much to support it. The Beveridge Report was widely circulated and immensely popular.[43] As Paul Addison wrote in 1977,

> In World War II the prevailing assumption was that the war was being fought for the benefit of the common people, and that it was the duty of the upper classes to throw in their lot with those lower down the social scale. Whenever there was a military setback, or a crisis in war production, resentment would break out against the 'vested interests,' people who were alleged to be clinging to their privileges at the expense of the common good.[44]

A key concept in explaining how the welfare state became thinkable, then, is momentum: in Britain, at least, an egalitarian energy arose out of the collective experience of the war, which

[41] Daniel M. Fox, *Health Policies, Health Politics: The British and American Experience, 1911-1965* (Princeton: Princeton University Press, 1986).
[42] Society of Medical Officers of Health, "The White Paper on a National Health Service" (London, 29 Sept 1944), UK National Archives (hereafter UKNA) MH80/32.
[43] See Rodney Lowe, *The Welfare State in Britain since 1945* (Basingstoke, UK and New York: Palgrave Macmillan, 2005), 130–34.
[44] Paul Addison, *The Road to 1945: British Politics and the Second World War* (London: Cape, 1975), 131. Cited in Matt Beech, "The British Welfare State and Its Discontents," in *The Withering of the Welfare State: Regression*, ed. James Connelly and Jack Hayward (Basingstoke, UK: Palgrave Macmillan, 2012), 89.

predated any explicit formulation of what came to be called “the welfare state” and which made a radical rethinking of the relationship between the individual and the state seem inevitable. As David Kynaston writes, “over the next 18 months or so [after V-E Day], the concept began to be accepted that the British people, in return for all their sufferings in a noble cause, deserved a new start after the war.”[45]

There are aspects to this view of the postwar years, however, that are worth nuancing. Kynaston notes, for example, that the reformist energies and ambitions of the postwar moment are sometimes overstated. Mass Observation diarists noticed that ordinary people were not always aware of or interested in the politics of the emerging welfare state; they overheard few conversations about the national health service (NHS) during its planning stages, for example, and in a 1944 Gallup poll only 55% approved of the idea. Here Kynaston cites Orwell, who wrote that “everyone wants, above all things, a rest.”[46] Secondly, it should be noted, as Derek Fraser does in *The Evolution of the British Welfare State,* that the institutions we associate with the welfare state (unemployment protection, health care, education, housing assistance, social security) were not invented whole cloth in response to wartime experiences and exigencies, but have long roots in the nineteenth century.

The British Medical Association, in fights that would be echoed in the United States in the 1960s in the battles over Medicare and Medicaid, had very strong objections to the NHS. Some responses were vitriolic, as doctors feared that the state would try to intervene in their medical decision-making and their business. Even before the White Paper was published, anxieties pervaded the correspondence pages of the British Medical Journal. One physician

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[45] David Kynaston, *Austerity Britain, 1945-51* (New York: Walker & Co., 2008), 21.
[46] Ibid., 44–45.

wondered "whether one can trust the spoken or written word of any living politician. We have been used as bait for political blackmail before." In what could be described as prefiguring some of the conflicts between national and professional loyalties that occurred in East Germany in the 1980s, the writer then went on to say that medical professionals should band together, not just in England but across the British Empire.[47]

In the intense debates over the structure and financial workings of the proposed NHS, a key issue was the proposal to consolidate outpatient care in so-called "health centers," an idea that had been floating around in Left health-professional circles since the 1930s.[48] Aneurin Bevan, famously an astute negotiator, played general practitioners and specialists off of one another to solve the problem, but in the course of negotiations, the health center idea had to be dropped.[49] (Lately it has come up again in the UK as a policy proposal, and historians such as Virginia Berridge have been quick to point out that the health centres idea is nothing new.[50])

The concept and relative merits of the health center or "policlinic" might seem like a dry institutional-structural question, and for the most part it is. What constitutes a policlinic, however, is worth examining, because the ambiguities and flexibilities within the idea of the polyclinic illustrate the ad hoc and negotiated nature of socialist health that I am describing in this chapter, as well as the ways in which these meanings have been pieced together in the course of negotiations over medical professional identity and autonomy. Not long after they

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[47] Richard H. Moore, "Trust the Politician?," *Supplement to the British Medical Journal,* 5 June 1943, 70.
[48] Esyllt Jones, "Nothing Too Good for the People: Local Labour and London's Interwar Health Centre Movement," *Social History of Medicine* 25, no. 1 (February 1, 2012): 84–102; John Stewart, *The Battle for Health: A Political History of the Socialist Medical Association, 1930-51* (Aldershot, Hants and Brookfield, VT: Ashgate Pub, 1999).
[49] Fox, *Health Policies, Health Politics*.
[50] Virginia Berridge, "An Historical Perspective," *London Journal of Primary Care* 1, no. 1 (2008): 35–37.

were dropped from the NHS plan, policlinics were adopted as a central feature of the East German health system. As Jessica Reinisch has described, cobbling together a health system in East Germany required compromises between the former Communist Party of Germany (KPD), of whom many had spent the war in exile in the Soviet Union, and the Social Democratic Party (SPD), and health professionals without political affiliation, who constituted a vast majority and many of whom had been heavily sympathetic to – if not outright active in – Nazism.[51] The Central Health Administration set up by the Soviets was given a fair amount of free rein and was staffed initially by SPD members who had been active in Weimar-era health reform and social hygiene movements, who tried to corral recalcitrant colleagues by bringing back Weimar-era institutions as a form of compromise.[52] (This is why the GDR was one of the only socialist states with a centralized health system but a traditional German "sickness fund" health insurance scheme.[53]) Among other things they advocated for were the importance of social hygiene,[54] and policlinics. The latter were supposed to be a bastion of continuity. As a leading East German professor of social hygiene Kurt Winter later put it:

> We in Germany could base our efforts on a quite impressive tradition of ambulatory treatment. Leading German social hygienists such as Grotjahn, Gottstein, and Lennhof had for decades insisted that the scientific and technical development in medicine urgently demanded the creation

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[51] This was largely a matter of subtraction, since after the loss through death or exile of so many of their Jewish and/or Leftist colleagues, what remained was the right wing of the profession.
[52] Reinisch, *The Perils of Peace*, 95–148.
[53] Michael Charles Kaser, *Health Care in the Soviet Union and Eastern Europe* (Boulder, CO: Westview Press, 1976), 4.
[54] The term "social hygiene" here is used in the European sense, referring broadly to the theory and discipline of community-level and national-level health promotion incorporating insights about social factors affecting health, in contrast with the (related but distinct) Progressive-era American social hygiene movement, which was concerned especially with sexual morality and the prevention of veneral disease.

> of polyclinics. In 1923 and 1924 the Berlin health insurance funds had created over 40 insured health centres which worked excellently.[55]

Many have pointed to developments like these as evidence of straightforward and overarching continuities between Weimar-era health and health in the GDR, which in some ways they are.[56] But this is also misleading, for reasons that require a quick look at the history of policlinics, and the word "policlinic" itself – which is usually spelled "polyclinic" in English. Is it true that early East German health officials were resurrecting Weimar when they made policlinics a central feature of the new health system? That would suggest that Weimar-era "policlinics" were the same kinds of institutions that were established later in the GDR. But the history of policlinics is a convoluted one, and the word has different meanings in different contexts. It's often assumed that the etymology of the word comes from the Greek *poly*, meaning multiple – multiple clinics under one roof. However, the "poli" comes from *polis*, meaning city. In cities with a medical school, patients might come from all over the place to see specialists, but the "policlinic" attached to the school was the place where local residents could be treated for free in exchange for allowing their treatment to be part of the school's educational offerings. These were often facilities that specialized in a specific condition; there was no assumption initially that multiple kinds of physicians would be contracted in a single place, which became the essence of the term later on. The cost-free aspect of these clinics was becoming more programmatic around the turn of the twentieth century, however, as it found kinship with the milieu of social reform that was gaining

[55] Cited in Reinisch, *The Perils of Peace*, 137.
[56] Moser, *Im Interesse der Volksgesundheit...*; Susan Gross Solomon, Lion Murard, and Patrick Zylberman, eds., *Shifting Boundaries of Public Health: Europe in the Twentieth Century* (Rochester, NY: University of Rochester Press, 2008).

traction in Germany. But the fundamental idea of a "policlinic" was still that people without means could be seen in exchange for participating in medical education.

In the early twenties, there occurred a series of conflicts over the state of the medical profession (part of a so-called "crisis of medicine"), and a large contingent of doctors in Berlin went on strike against the sickness funds.[57] It was in response to this that the sickness funds, largely run by social democrats, launched a lot of new outpatient health facilities or *ambulatoria* and hired their own doctors instead of continuing to negotiate with private doctors. This went on for several years, and the *ambulatoria* became a fixture over the course of the 1920s and stayed in existence even after the sickness funds came to terms with the physicians they had formerly employed a few years later.[58] However, although these were clearly the institutions that Kurt Winter was referring in the passage quoted above, they were not called "policlinics" at the time and they were generally smaller outpatient facilities.[59]

The term, then, had multiple and shifting meanings in the 1920s. Where it achieved a more fixed meaning that would later be closely associated with socialist health due to their centrality in the East German health system, however, was not in Weimar-era Germany but in the early Soviet Union.[60] If the Bolsheviks were borrowing from a (flexible) German term in doing so, this was par for the course: as Susan Gross Solomon has described in detail, the

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[57] Carsten Timmermann, "Weimar Medical Culture: Doctors, Healers, and the Crisis of Medicine in Interwar Germany, 1918 - 1933" (University of Manchester, 1999).
[58] Bernd Köppl and Susanne Müller, *Von der Poliklinik zum Medizinischen Versorgungszentrum* (Berlin: BMVZ, 2011).
[59] There were some facilities that were called policlinics, for example in Vienna and also the Berlin Policlinic which was a free psychiatric center with a clear program of existing to provide psychoanalysis to the poor.
[60] Kaser, *Health Care in the Soviet Union and Eastern Europe*; Susan Gross Solomon and John F. Hutchinson, eds., *Health and Society in Revolutionary Russia* (Bloomington: Indiana University Press, 1990).

veneer of prestige that German medicine conferred was used in many ways by Soviet officials setting up the new health system, especially in their efforts to negotiate with medical professionals.[61] For example, it was thought that social hygiene should be a leading discipline and a major part of the medical education establishment in the new Russia, partly because it was regarded as a way to lend experimental institutions a sense of being rooted in a respectable tradition: the tradition of Virchow and Koch. Social hygiene was a *lingua franca*, but in some cases more of a pidgin: as Solomon has discovered, departments of social hygiene outside of the capital sometimes existed only on paper, or were staffed nominally by people who were already engaged full-time in another department.[62]

A similar scenario emerged in the GDR. While formerly social democratic proponents of social hygiene occupied the majority of seats in the Central Health Administration, the majority of physicians identified themselves as *parteilos* or without any party affiliation, which in some cases likely indicated prior right-wing, even NSDAP, attachments. Perhaps making virtue out of necessity, a professional and institutional culture extolling the "apolitical" doctor gained ground, as Reinisch has described. This served two purposes: as cover for those with politically suspect histories and as an ideological foundation from which to protect the autonomy of physicians. As the Cold War began ramping up just as the initial postwar health crises finally began to dissipate, the SED became increasingly concerned that high demand for their services had allowed doctors to carve out a separate estate within the ostensible universalism of East German socialism. Combined with their likewise growing

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[61] Susan Gross Solomon, "The Limits of Government Patronage of Sciences: Social Hygiene and the Soviet State, 1920–1930," *Social History of Medicine* 3, no. 3 (1990): 405–35; Solomon and Hutchinson, *Health and Society in Revolutionary Russia*.
[62] Solomon, "The Limits of Government Patronage of Sciences."

concern over the increasing numbers of doctors who were emigrating West, this anxiety led the SED to set out on an aggressive campaign to bring the "medical intelligentsia" into the socialist fold.

This campaign, which intensified also in the wake of the 1953 uprising, was conducted primarily through endless meetings and conversations with doctors thought to be less than enthusiastic about their role in state socialism. Copious reports were created that attested to the mood and political opinions of the medical profession: those who believed that "their colleagues in West Germany didn't suffer under the same difficult material conditions" as doctors in the GDR,[63] or who constantly "looking for faults" in the actions of the state, were unhappy with their salaries, or were not interested in joining the SED or the FDGB.[64] Emigration was the primary problem, and doctors were not afraid to flaunt this leverage. One small-town doctor told party organizers, "even if I got paid half in the BRD what I do here, at least I could take that money and go spend it in Italy or something. That's what keeps this cycle going. Somebody leaves and then we all get a postcard from Florence or Paris."[65] Local-level SED bureaucrats looked in particular for evidence that refractory segments of the medical intelligentsia had broader subversive intentions beyond non-participation and emigration: some claimed that non-socialist doctors were opposed to female factory work, and that they used religion as a cover for their subversion

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[63] SED Bezirksleitung Leipzig, "Protokoll der Bezirksvorstandssitzung am 26.10.1953 in Kr. Anstalten Dösen" (n.d.), SSL 21123 IV/2/19/700.
[64] SED Bezirksleitung Leipzig, "Erfahrungen und erste Einschätzungen der Entwicklung in der medizinischen Intelligenz in dem Quartal seit Erscheinen des Kommuniques des Politbüros vom 16.9.1958" (12 Jan 1959) SSL 21123 IV/2/19/700.
[65] SED Bezirksleitung Leipzig, "Bericht über die Lage der med. Intelligenz. Abt. Gesundheits-u.Soz.-Wesen. Kreisarzt Leipzig" (21 Nov 1959), SSL 21123 IV/2/19/700.

(*Feindarbeit*).[66] Uncertainties about what might lurk beneath the "apolitical" veneer of any individual doctor manifested themselves in frequent allusion to the sub-group of physicians SED officials seemed to fear most: "the silent ones," who expressed neither opposition to nor sympathy for the regime, but merely sat in meetings and said nothing.[67]

The specter of the silent doctor drives home how powerless the SED appears to have felt vis-à-vis the medical profession. The assumption was that coercive actions or even domineering attitudes could easily backfire. Attempts to win the loyalty of doctors using honey rather than vinegar border sometimes on the comical, as for example when one official noted that maybe it would be possible to approach female doctors first – since they seemed more likely to actually show up when invited to meetings and work functions – and hope that they would then exert a positive influence on their male colleagues.[68]

The urgency with which the SED viewed this problem escalated over the course of the 1950s alongside reports of rising numbers of emigres and a looming healthcare labor shortage. In 1958, a "Communique" sent out to all medical professionals offered concessions including an increase in physician wages and expanded travel opportunities, and became the basis for a new round of extensive talks and debates throughout the health sector. Many doctors and nurses seem to have taken the Communique as a gesture of good faith and a starting point for a longer-term conversation, but grievances among medical professionals

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[66] SED Bezirksleitung Leipzig, "Beratung der Abteilung Sozial- und Gesundheitswesen des Zentralkomitees am 7.3.1957" (13 March 1957), SSL 21123 IV/2/19/700e.

[67] SED Bezirksleitung Leipzig, "Erfahrungen und erste Einschätzungen der Entwicklung in der medizinischen Intelligenz in dem Quartal seit Erscheinen des Kommuniques des Politbüros vom 16.9.1958" (12 Jan 1959) SSL 21123 IV/2/19/700.

[68] SED Bezirksleitung Leipzig, "Erfahrungen und erste Einschätzungen der Entwicklung in der medizinischen Intelligenz in dem Quartal seit Erscheinen des Kommuniques des Politbüros vom 16.9.1958" (12 Jan 1959) SSL 21123 IV/2/19/700.

ran deep, and the new conciliatory measures didn't stem the tide of complaints – or the tide of westward emigration. Their SED interlocutors expressed frustration both privately and publicly: doctors had claimed that their unhappiness stemmed from concrete issues such as salaries and housing, but in reality – so SED functionaries told each other – they were simply unable to overcome the loss of their bourgeois status.[69]

For their part, many physicians and nurses used the occasion of debates about the Communique to mold their claims into the evolving language of East German socialist health. Concerns over delays in hospital renovations in Leipzig, for example, were expressed less in terms of opposition to the SED state or the socialist project and more in terms of local-level failures to uphold standards set elsewhere in the country. "Socialism has passed [our hospital] by," one physician complained.[70] In doing so, they were taking the hand that had been extended by General Secretary Ulbricht when he ordered SED officials to engage in self-criticism and ask themselves what "soulless, bureaucratic" attitudes on their own part could have engendered such distrust of the party among the medical intelligentsia.[71]

These inroads, however, weren't enough. Discussions of this kind continued all the way into August of 1961, during which time the GDR continued to hemorrhage health professionals and other skilled workers. This only stopped with the construction of the Berlin Wall on the night of 13 August – euphemistically referred to in these reports as "the measures." Negotiations between medical professionals and the SED didn't stop overnight.

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[69] SED Bezirksleitung Leipzig, "Bericht über die Lage der med. Intelligenz. Abt. Gesundheits-u.Soz.-Wesen. Kreisarzt Leipzig" (21 Nov 1959), SSL 21123 IV/2/19/700.
[70] SED Bezirksleitung Leipzig, "Bericht über den Stand der Durchführung des Kommuniques des Politbüros des ZK der SED vom 20.12.1960 über Massnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz. Rat des Bezirkes Leipzig, Abt. Gesundheits-u.Soz.-Wesen" (30 June 1961), SSL 21123 IV/2/19/700.
[71] Ibid., 8.

Emergency listening sessions had to be scheduled in the weeks after the Wall's construction so that representatives of the SED could answer urgent questions from doctors about why the Wall had been constructed and what it would mean for the health workers – but they changed markedly now that more coercive measures were on the table (though it seems these were rarely used). With a renewed focus on one-on-one meetings as a way to, it was hoped, bring East German doctors toward the light of the socialist project, anxieties on the part of the state appeared to calm – although "the silent ones" still haunt the pages of these reports.

On the whole, however, it appears that many physicians gradually made peace with the new reality – or at least found creative ways to express their discontent. In one widely discussed event in Leipzig in 1962, for example – just after the closing of German-German borders – a somewhat refractory local doctor named Althammer was granted permission to give a keynote address about Robert Koch to an audience of his peers in honor of the district's official "Day of Health." Althammer submitted a copy of his talk for advance approval, which was granted. But on the day of the event, he abandoned his script and gave a completely different speech that left SED officials reeling – and scurrying to conduct meetings and write reports – for weeks.[72]

In what appears to be a tone of faux naiveté, Althammer extolled Robert Koch and all his accomplishments, dropping unsubtle hints about Koch's freedom of movement and its role in his development:

> The young Robert Koch was able to leave his home in Hannover unimpeded and move to the free city of Hamburg to further his education. He didn't belong

[72] Information über Vorkommnisse anläßlich der Feier zum 'Tag des Gesundheitwesen' im Bezirkskrankenhaus St. Georg am 8.12.1962. Leipzig, den 18 Dezember 1962. IV/2/19/700 1952-62.

> to the King of Hannover, but rather to the world. . . . Near the end of his life he wanted to conduct a systematic study of malaria, so he went to New Guinea, which was then a protectorate of the German Reich. In those days in New Guinea, every village was separated from neighboring villages by a high fence. Everyone just lived their own lives, and no one could move from one village to another. Those who had the audacity to try could expect at the very least to be arrested or assaulted, if not turned into tasty sausages and eaten. So Koch left and returned to live out his last few years being honored by his Fatherland.[73]

According to several worried reports, this speech was met with a thunderous applause by Althammer's colleagues.

Physicians who were not entirely on board with the SED regime, in other words, sometimes turned to the heroes of German medicine and tried to weaponize them against the regime and the Berlin Wall, or at least to use them as coded expressions of professional solidarity. Interestingly, the state answered back not only with concern and coercion but also with stories about Rudolf Virchow, a more appropriate (slightly more socialist) German hero of medicine. One SED report writer in the Althammer case, for example, made a point to criticize the doctor's neglect of less rosy aspects of Koch's life story, specifically his disputes with Virchow (presumably they were not referring to Virchow's losing battle against bacteriology). Similarly, a 1968 medical school textbook tried to shift the spotlight to a figure more amenable to the left: the origins of a German state-run health system were not to be found in Bismarck's era but rather in the ideas supported by Rudolf Virchow in the era of the 1848 Revolutions.[74]

Over the course of the 1960s, the diminishing of hostilities between these two camps made it possible for new discursive structures to evolve that were meant to create new ties

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[73] Ibid.
[74] Kaser, *Health Care in the Soviet Union and Eastern Europe*, 147.

between medical professionals and the state. Combined with generational turnover, they seemed to work. SED reports noted contentedly when younger doctors told them that they found the debates over the right to going into private practice tiresome, since young doctors weren't interested in that kind of thing anyway.[75] A key strategy was to focus on international politics rather than East German health politics, especially after the Cuban Missile Crisis and the escalation of the Vietnam War. As I'll discuss below, those who were lukewarm on socialism could find their way into the fold via human rights, and via the idea the physicians had a special responsibility to speak out against nuclear war.

In the US, major changes in the relationship between doctors and the state were happening as well. Anticommunism had largely suppressed the expansion of social medicine as a discipline in the 1940s and 1950s, but the welfare state was expanding, given the promises made to a generation of soldiers. Nonetheless, attempts to reconfigure the American health system so as to include more provision of care for the poor were stymied until the 1960s. A key turning point was Kenneth Arrow's landmark paper "Uncertainty and the Welfare Economics of Medical Care," which provided the theoretical underpinnings of a vision of American capitalism that could include social insurance for the poor and elderly.[76] Arrow argued that the market for health care was unlike other markets, due in part to the problem of supplier-induced demand: since physicians are responsible for deciding whether a given procedure is necessary or not, they exercised an unusual degree of control over the

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[75] See for example reports in SSL 21123 fol. IV/E/2/19/522.
[76] Kenneth J. Arrow, "Uncertainty and the Welfare Economics of Medical Care," *The American Economic Review* 53, no. 5 (January 12, 1963): 941–73.

market and impeded the normal equalization of prices. Yet even though Talcott Parsons had reassured the American Medical Association in 1958 that "public and private interests were increasingly in harmony," their reaction loudly echoed that of the BMA two decades earlier.[77] The pitch made to American physicians was that there had been an explosion of scientific progress in previous decades, on account of which doctors were able to prolong lives to a much greater degree and new institutional structures would be needed in order to disseminate this benefit to a greater and greater number of people; in this way, the advocates of Medicare and Medicaid were calling on some of the same muscular, modernist imagery and tropes as state-socialist countries did as they assembled their postwar health systems.[78] At any rate, Medicare and Medicaid were enacted in 1965 and were game-changing, both in their reconfiguration of the American welfare state and in the medical cost inflation that followed. (This provoked some animosity: senators in hearings about rising medical costs in 1969 criticized "ruthless providers of health services" for the rising prices.[79])

In the Global South, as well, new health systems were being erected in decolonizing states, and medicine had figured strongly in the symbolic logic of anticolonial struggles. (A *Lancet* writer recently declared that "the person who wrote the first manifesto for global health was Frantz Fanon," although "global health" is defined here as any kind of humanistic

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[77] Fox, *Health Policies, Health Politics*, 199.
[78] For discussion of modernist Cold War commonalities of this kind, see Kate Brown, *Plutopia: Nuclear Families, Atomic Cities, and the Great Soviet and American Plutonium Disasters* (Oxford and New York: Oxford University Press, 2013).
[79] Cited in Michael L Millenson, *Demanding Medical Excellence: Doctors and Accountability in the Information Age* (Chicago: Univ. of Chicago Press, 1997), 164.

international cooperation.[80]) As in the "First" and "Second" worlds, conflicts between health professionals and states were common. Physician strikes in Zimbabwe in the 1980s and 1990s, for example, were part of a tragic reversal in that country's celebrated healthcare modernization drive in Robert Mugabe's first decade in power, as many doctors who were unsatisfied with the state's accommodation of their demands later emigrated to nearby countries such as Botswana and South Africa, resulting in serious healthcare labor shortages like those seen in the GDR.[81]

One of the most groundbreaking emerging health systems was in China, where sweeping disease control campaigns had been a key aspect of the establishment of the Maoist state from the very beginning (with approximately 45% of the population vaccinated against smallpox in 1949-51 and a reported 90% reduction in the incidence of smallpox in 1951 compared with 1950).[82] The "Great Patriotic Health Movement" in 1952 kickstarted a new regime of sanitation and pest control, relying in part on the idea that an American germ warfare campaign was imminent. The national slogan was "killing one housefly is equivalent to destroying one American imperialist."[83] With medical training programs for rural health workers beginning in the 1950s, the "barefoot doctor" program was launched in earnest with a speech by Mao in 1965. In the 1970s, barefoot doctors served ninety percent of rural

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[80] Richard Horton, "Offline: Frantz Fanon and the Origins of Global Health," *The Lancet* 392, no. 10149 (September 2018): 720.
[81] Dorothy Mutizwa-Mangiza, *Doctors and the State: The Struggle for Professional Control in Zimbabwe* (Aldershot: Ashgate, 1999), 2–4.
[82] Liping Bu, *Public Health and the Modernization of China, 1865-2015* (London and New York: Routledge/Taylor & Francis Group, 2017), 225.
[83] Ibid., 232; Miriam Gross, *Farewell to the God of Plague: Chairman Mao's Campaign to Deworm China* (Oakland: University of California Press, 2016).

China.[84] Professional conflicts in this context took a particular form due to tensions between practitioners of traditional Chinese medicine and practitioners of Western medicine, and phenomenal efforts were undertaken in order to reconcile the two disciplines.[85]

Socialist Health at the End of the Cold War

Moving into the late 1970s and 1980s in East Germany, it appeared to SED and Health Ministry officials the "political-ideological situation [had] stabilized." The most important element of the SED's working relationship with medical professionals at this point seems to be the idea of the socialist world as fighting for peace in the face of capitalist nuclear aggression.[86] This means the International Physicians for the Prevention of Nuclear War (IPPNW) was absolutely crucial, since opposition to nuclear war was both an ostensible pillar of East German ideology and fit with a more broadly defined humanism that could appeal to anyone who was less interested in the specifics of socialist rhetoric.

As the GDR's budget problems escalated over the course of the decade, however, shortages and failings in the health system grew. When production delays in Bulgaria caused a shortage of intraocular lenses for cataract surgery, rumors circulated that the Health

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[84] Chunjuan Nancy Wei, "Barefoot Doctors: The Legacy of Mao's Healthcare," in *Mr. Science and Chairman Mao's Cultural Revolution: Science and Technology in Modern China*, ed. Chunjuan Nancy Wei and Darryl E. Brock (New York: Lexington Books, 2012).

[85] Lawton R. Burns and Yanzhong Huang, "History of China's Healthcare System," in *China's Healthcare System and Reform* (Cambridge and New York: Cambridge University Press, 2017), 31–74; Joel Andreas, *Rise of the Red Engineers: The Cultural Revolution and the Origins of China's New Class* (Stanford: Stanford University Press, 2009); Xiaoping Fang, *Barefoot Doctors and Western Medicine in China* (Rochester, NY: University of Rochester Press, 2012); Victor W. Sidel, "The Barefoot Doctors of the People's Republic of China," *New England Journal of Medicine* 286, no. 24 (June 15, 1972): 1292–1300.

[86] Abteilung Gesundheitspolitik des ZK der SED, "Bericht über den Einsatz einer Arbeitsgruppe der Abt. Gesundheitspolitik und der Abt. Wissenschaften des ZK der SED zum Studium Erfahrungen in der Parteiarbeit im Gesundheitswesen des Bezirks Leipzig" (Berlin, 28 July 1983), SSL 21123 fol. IV/E/2/19/522.

Ministry was rationing the lenses and refusing them to older people. (SED officials worried about reports that doctors were telling their patients to obtain lenses via relatives in the West.) A severe nursing shortage was another cause for concern, as were reports of longer and longer wait times for operations.[87]

As of 1986, things seemed to be getting worse. As in the 1950s, there were major personnel shortages. Party and Health Ministry functionaries continually stressed the importance of the relationship between doctors, nurses, the SED, and socialism writ large. They worked hard to theorize and conceptualize the problem: "A person only goes to the doctor when he feels bad. Doctors are seeing only the negative aspects of life coming across their desk every day."[88] Doctors were thus vital in mitigating people's negative emotions about the state, which made their ideological attitudes doubly important. This same document also spends a great deal of time on the importance of the IPPNW as an ideological bridge between non-SED doctors and the state. "We need to be making arguments on the basis of international politics, not just on the basis of health politics." They stressed the importance of recruiting doctors into the IPPNW, and emphasized that they need to fill out the membership declarations individually, not collectively, to make sure that everyone gave the process some thought. There was also some enthusiastic gatekeeping: "Only doctors and dentists should join! No students! No psychologists either!"[89] It is noteworthy here that reports from the late 1980s are distinguishable from documents from the late 1950s only by

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[87] Bezirksverwaltung für Staatsicherheit Leipzig, "Einige Aspekte zur Lage im Bereich Medizin der KMU" (Leipzig, 2 August 1988), SSL 21123 fol. 434; Arbeiter- und Bauern-Inspektion der DDR, Bezirk Leipzig, "Periodische Information Nr. 6/88 über Kontrollergebnisse des Bezirkskomitees der Arbeiter- und Bauern-Inspektion und der im Bezirkskomitee vertretenen Kontrollorgane," Leipzig, 23 March 1988, SSL 20301 fol. 404.

[88] Abt. Gesundheitspolitik ZK, "Erfahrungsaustausch" (Leipzig, 22-23 September 1986), SSL 21123 fol. 434, 1.

[89] Ibid., 2-3.

the stock on which they were printed and how faded the type is; the anxious language is strikingly similar.[90]

As more and more people left in 1989, the crisis in the health system grew. By January 1990, over a thousand people employed in the greater Leipzig health system had left, including 230 doctors and dentists and around 500 nurses, plus another 280 or so administrators and laboratory technicians. Medical students and *Bausoldaten* (conscripts allowed to replace military service with civilian public service) had been elevated to fill the gaps, but it wasn't enough.[91] Reflecting the broader range of reactions to the 1989 crisis seen in the GDR as a whole, some took this as a moment for renewal, calling for dialogue and forming pro-democracy "round tables" in individual hospitals and policlinics in November of 1989, which ultimately banded together to advocate (successfully) a health-sector-wide round table similar to the ones famously underway in Leipzig and elsewhere, modeled on those that had taken place the previous year in Poland.[92] Some doctors and nurses took part in demonstrations and strikes, or at least in the many discussion groups and other new for a that were emerging at that time.[93]

Grievances ran deep once again, however, and the state-in-transition's overarching priority became retaining medical professionals. The most pressing grievance was housing,

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[90] For more on the IPPNW, see Sidney Alexander, "The Origins of Physicians for Social Responsibility (PSR) and International Physicians for the Prevention of Nuclear War (IPPNW)," *Social Medicine* 7, no. 3 (2013): 120–26; Paul Rubinson, "The Global Effects of Nuclear Winter: Science and Antinuclear Protest in the United States and the Soviet Union during the 1980s," *Cold War History* 14, no. 1 (January 2, 2014): 47–69.
[91] Runder Tisch Gesundheits- und Sozialwesen des RdB Leipzig, "Lageeinschätzung für die Tagung des "Runden Tisches"am 2.1.1990" (n.d), SSL 22291 Runder Tisch Leipzig fol. 13.
[92] Dr. med. Jürgen Zimmermann im Auftrag des Runden Tisches des BKH für Psychiatrie Leipzig to the Round Table of the Region and the City of Leipzig (n.d.), SSL 22291 Runder Tisch Leipzig fol. 13.
[93] "Aufruf des Bezirksvorstandes Leipzig der Gesellschaft für Allgemeinmedizin" (8 Nov 1989), SSL 22291 Runder Tisch Leipzig fol. 14.

which had been a problem for many years. The sheer number of doctors and dentists who approached health officials to talk about the problems they'd had finding adequate housing for themselves and their families, as well as the elaborate ways in which they explained how unacceptable this was, suggests that by 1989 the housing shortage had become more than just an annoyance. It also suggests that the political changes occurring around them had prompted many physicians to reconsider their role in the East German polity. Knowing that it would be relatively easy for them to relocate to West Germany, some physicians expressed strong feelings of offense at the way they'd been treated.[94] Some appeared to suddenly recall the hierarchy among the medical professions, complaining that it was unacceptable that nurses were sometimes being given housing before doctors[95] (here there are parallels to the re-emergence of aristocratic class identity that Longina Jakubowska has described in Poland around the same time).[96] Many made connections between the housing problem and the way the SED had, in their view, diminished their social status, which they saw as the reason East German patients had so little respect for their expertise.[97] Others simply said, essentially, that they had been very supportive of all the goals of socialist health, but if socialism didn't appreciate them they would find a socioeconomic system that did.

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[94] See for example letters such as Robert-Koch-Klinik to Rat des Stadtbezirkes West – Rat für Wohnungspolitik und Wohnungswirtschaft (18 Dec 1989) as well as various loose, undated meeting notes in SSL 22291 Runder Tisch Leipzig fol. 13 and 14.

[95] See meeting notes and correspondence between Leipzig health officials during the post-SED transition and Dr. Martina Zabdeh (most dated December 1989); see also Martina Zabdeh to the ZK der SED (23 Oct 1989), SSL 22291 Runder Tisch Leipzig fol. 13.

[96] Longina Jakubowska, *Patrons of History: Nobility, Capital and Political Transitions in Poland* (Farnham, Surrey and Burlington, VT: Ashgate, 2012).

[97] Direktor Prof. Dr. sc. med. P. Schwartze, Carl-Ludwig-Institut für Psysiolgie, Karl-Marx-Universität, to the Minister für Gesundheits- und Sozialwesen der DDR Prof. Dr. Thielmann (19 Dec 1989), SSL 22291 Runder Tisch Leipzig fol. 14; Dr. med Wolfgang Springer, "Unschönes Hin und Her um ein Stasi-Haus im Leipziger Lerchenrain," *Leipziger Volkszeitung* (26 Jan 1990); G. Otto to Bezirksarzt Enderlein Leipzig (25 Jan 1990) and Familie Hartung to Enderlein (2 Dec 1989), SSL Runder Tisch Leipzig fol. 13.

When East German health professionals confronted HIV/AIDS in the 1980s, the social and political backdrop to this confrontation was already a complicated one, even before any cases of HIV were confirmed in the country. Many health professionals appear to have been committed socialists – to whatever extent these commitments can be discerned from the archival record. Yet they also felt clear affinities to their professional peers, both at home and abroad. Niels Sönnichsen, head of the Health Ministry's "AIDS Advisory Group," writes in his memoir of the sense of responsibility he felt in the face of the epidemic, of the way West German doctors seemed to look down on their East German colleagues – which he strongly disliked – but also allowed him to sneak blood samples into their laboratories before the GDR acquired any of its own equipment for HIV testing.[98] In archival documents, Sönnichsen appears comfortable and thoughtful in his use of the political discourse of state socialism, yet in 1989-90 he transitions smoothly into the language of liberal health systems, emphasizing always the sense of purpose he derived from carrying East Germany's response to AIDS into the new era. In the uncertainties of the East German 1980s, health professionals could draw on – or choose to ignore – the long, convoluted history of socialist health and a wide array of discursive ingredients in assembling a sense of who they were and what it meant to be a doctor in socialism – and in understanding and making decisions about the AIDS epidemic.

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[98] Niels Sönnichsen, *Mein Leben für die Charite gegen Aids zwischen Ost und West* (Berlin: Das Neue Berlin, 2000).

CHAPTER 4

Shifting Internationalisms at the End of the Cold War

Despite common perceptions of the WHO as a more or less stable, boring presence in the background of postwar history – this is itself probably a Cold War construction – the politics of world health underwent a radical shift just before the emergence of the AIDS epidemic. This shift was many years in the making, but its clearest signal occurred at the WHO/UNICEF International Conference on Primary Health Care held at Alma-Ata, Kazakhstan in September 1978. The Conference, and the resulting Alma-Ata Declaration, proclaimed a demotion of the aggressive, "vertical" interventions – that is, interventions that focus on a single disease or health issue – that had dominated the WHO agenda in the initial postwar decades, due not least to the fact that the USSR and its Eastern European satellites withdrew from active membership almost immediately after the organization was founded and did not return until the mid-to-late 1950s (the GDR did not join as a full member until 1973, as I'll discuss below). Instead, the writers of the Alma-Ata Declaration championed "horizontal" approaches to health that emphasized prevention, primary care, and attention to the socioeconomic determinants of health, a focus encapsulated in the motto "Health For All By the Year 2000."[1] Inspired in part by China's "barefoot doctors" and hosted in a Soviet Republic, Alma-Ata was

[1] See Javed Siddiqi, *World Health and World Politics: The World Health Organization and the UN System* (London: Hurst, 1995).

an extraordinary coup for the socialist and non-aligned worlds. Spearheaded by the widely respected Danish head of the WHO, Halfdan Mahler, and attended by delegations from 134 countries, the conference also signified a broader Western acceptance of ideas previously condemned by liberals for their association with "socialized medicine."

In the era of détente and *Ostpolitik* and an expanding primary health care movement, East German involvement in the WHO not only expanded, but came to be more positively defined in terms of the (real or potential) harmony between the WHO's goals and the goals of socialist health, which was itself a concept in flux even if the Alma-Ata conference gave it a strong appearance of stability. More than simply a rhetorical shift, however, this trajectory had far-reaching consequences both in the ways in which international health was imagined as a field of socialist action *and* in concrete policy changes. East German socialist internationalism in the realm of health was drawn deeper and deeper over the course of the 1980s into a shaky equivalence with the WHO itself: participating in this institution was increasingly treated as a way of "doing" socialist internationalism, not least because American reactions to the Alma-Ata program – which included what was essentially a counter-conference sponsored by the Rockefeller Foundation[2] – had cast a shadow of threat over these socialist gains almost immediately. Financial exigencies were likely also a factor: given that defaulting on the WHO membership contributions was, in public relations terms, not feasible, it made sense to maximize those expenditures by shifting some elements of the GDR's bilateral initiatives with socialist and non-aligned countries onto WHO organizational structures. It was in this context that East German responses to HIV/AIDS, and the tensions

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[2] Marcos Cueto, "The ORIGINS of Primary Health Care and SELECTIVE Primary Health Care," *American Journal of Public Health* 94, no. 11 (November 2004): 1864–74.

within them, emerged; this is why I characterize the watershed of Alma-Ata and its mantra of "Health For All By the Year 2000" as having played an ironically enabling role in the decline of socialist medical internationalism. Moreover, evidence from the end of the 1980s suggests that the idea of "Health For All By the Year 2000" was itself mutating to accommodate the WHO's new, liberalizing agenda.

In this chapter I'll try to demonstrate this trajectory of East Germany's relationship with the WHO, proceeding in three parts. First, I'll provide an overview of the historiography of East German socialist internationalism, with an emphasis on health and disease control. Second, I'll describe the way internationalist activities and institutions worked, looking at some of the major players: the Dresden Hygiene Museum, the Free German Trade Union Federation, and the Ministries for Health and Foreign Affairs. Finally, I'll construct a narrative of East Germany in the WHO beginning with German-German disputes over the GDR's membership application in the late 1960s and early 1970s.

Histories of Internationalism

There are three overlapping bodies of literature to which I hope this chapter will contribute. The first is the recent explosion of historical scholarship on socialist internationalism and twentieth-century internationalisms writ large.[3] Scholars working in this vein have laid

[3] See Katrina M Hagen, "Internationalism in Cold War Germany" (University of Washington, 2008); Talbot C. Imlay, "Exploring What Might Have Been: Parallel History, International History, and Post-War Socialist Internationalism," *The International History Review* 31, no. 3 (September 1, 2009): 521–57; Anne-Emanuelle Birn and Theodore M. Brown, eds., *Comrades in Health: U.S. Health Internationalists, Abroad and at Home* (New Brunswick, NJ: Rutgers University Press, 2013); Patryk Babiracki and Austin Jersild, eds., *Socialist Internationalism in the Cold War* (Cham, Switzerland: Springer International Publishing, 2016); Sunil S. Amrith, "Internationalising Health in the Twentieth Century," in *Internationalisms: A Twentieth-Century History*, ed. Glenda Sluga and Patricia Clavin (Cambridge and New York: Cambridge University Press, 2017), 245–64.

down some of the fundamental insights that underwrite this project, among them the persistence of multiple, mutually interacting Cold War internationalisms, as well as – and this is true especially with respect to state-socialist engagement with the world – the futility of trying to distinguish "pragmatic" from "ideological" motivations.

The second body of literature is more specifically concerned with the Cold War politics of health, especially with regard to disease control and the interplay of competitive and cooperative impulses between the East and West blocs. One crucial book is Young-Sun Hong's *Cold War Germany, the Third World, and the Global Humanitarian Regime*, which looks at the ways in which Cold War competition (and especially German-German competition) for Third-World hearts and minds in the 1950s and 1960s gave rise to what Hong calls "the global humanitarian regime," which she characterizes as essentially a neocolonial enterprise. Despite the rhetoric of human rights and equality in both East and West, Hong has found that this regime was rooted in notions of "civilizational difference" that recycled many of the old tropes of European empire and carried them "across the 1945 divide." Hong emphasizes the role of health in this global humanitarian regime by tracing its "biopolitical underpinnings," that is, the "chain of metaphorical linkages [that] equated poverty with disease, underdevelopment, race, and communism." This "biopolitical coupling," she argues, "led the West to view both poverty and the humanitarian crises in the global South that followed in the wake of national liberation conflicts primarily as security problems."[4] In chronological terms, this chapter picks up where Hong's study leaves off: around 1970, when *Ostpolitik* and

[4] Hong, *Cold War Germany, the Third World, and the Global Humanitarian Regime*, 13–14.

détente shifted German-German prerogatives and alleviated somewhat the competitive anxieties that played such a strong role in the initial postwar decades.

Another important pillar of this literature consists of histories of the relationship between disease control and the Cold War. In her article "Between East and West," Dora Vargha tells the story of the Salk polio vaccine and its successor, the Sabin polio vaccine, the former developed in the US and the latter – though Sabin was an American – developed in the Soviet Union in a massive effort that involved trials in several East Bloc countries. The site of her analysis is Hungary, where there was a massive polio outbreak in 1957, immediately following the crushed 1956 uprising. Vargha shows that dire necessity paved the way for surprising levels of collaboration across the Iron Curtain, even as polio was also a site for intense superpower competition.[5]

Similarly, Erez Manela's 2010 article "A Pox On Your Narrative: Writing Disease Control Into Cold War History" looks at the WHO's Smallpox Eradication Program (SEP). The Soviet Union proposed eradicating smallpox as soon as they came back into the WHO fold in 1956, since SEP was a sort of disease eradication initiative that could demonstrate Soviet accomplishments in the best light: the Soviets had just more or less eradicated it on their own territory and were in a position to mass produce the vaccine and donate it to the global effort. (The US wanted to eradicate malaria instead, but this proved difficult and they eventually had to give up and settle for malaria control.) "The campaign, in fact, presents a striking example of a Cold War paradox, as growing superpower interest in the third world, interest that was born of Cold War competition, helped produced what was arguably the

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[5] Dora Vargha, "Between East and West: Polio Vaccination across the Iron Curtain in Cold War Hungary," *Bulletin of the History of Medicine* 88, no. 2 (2014): 319–42.

single most successful instance of superpower collaboration in Cold War history."[6] Together, these works have highlighted the highly political origins of Cold War international health programs that have often been portrayed as obvious or inevitable courses of action.[7] They also highlight the seemingly erratic and paradoxical push and pull of Cold War "competitive" and "collaborative" impulses in the field of health promotion and research.

Regarding the scholarship on East German internationalism more broadly, a good place to begin is Gareth Winrow's 1990 book *The Foreign Policy of the GDR in Africa* provides an overview of its subject matter from the early 1950s. Written, interestingly, just as the SED state was collapsing in the late 1980s, the book makes an argument that is less novel today than it was at the time of writing. "It is the contention of this book," Winrow writes, "that there is an East German foreign policy in Africa worthy of serious analysis, and which is not merely an appendage of Soviet activities on that continent."[8] His major innovation was to argue that the GDR should be thought of not as wholly subordinate to Moscow but as a Soviet "affiliate" that remained strongly aligned but nonetheless pursued its own goals and sought to build its own prestige, especially later in the Gorbachev era, when the Soviet Union eased away from many of its previous foreign policy imperatives and sought a new relationship with the West.[9]

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[6] Erez Manela, "A Pox on Your Narrative: Writing Disease Control into Cold War History," *Diplomatic History* 34, no. 2 (April 1, 2010): 301.
[7] Take for example the popular account of smallpox eradication, Richard Preston's *The Demon in the Freezer.*
[8] Gareth M. Winrow, *The Foreign Policy of the GDR in Africa* (Cambridge and New York: Cambridge University Press, 1990).
[9] Winrow also discusses this in Gareth M. Winrow, "The GDR in Africa: A Gradual Disengagement?," *Africa Spectrum* 24, no. 3 (1989): 303–14.

In loosening Cold War notions of East Berlin as a Soviet vassal that could not exercise any sort of will or agenda of its own, Winrow was in many ways a progressive voice at the time. He was still, however, typical of much of the scholarship that had come before him and much that would follow, in the sense that his account of GDR foreign policy assumed absolute realism – even cynicism – on the part of state-socialist governments, treating East German and Soviet internationalist rhetoric as propaganda and nothing more. This assumption that socialist state actors could not possibly have believed their own stated ideals has since been strongly problematized by scholars in the 1990s and 2000s, who applied the insights of the linguistic turn to the study of state socialism by pointing out the ways in which subjects wove ideology into their lives and selves even at the same time that they also reaped material and psychic rewards from professing that ideology.[10] Nonetheless, analyses of East German foreign policy that do not permit political beliefs to play a causal role remain common. A recent article in *German History* by Sebastian Gehrig, for instance, treats the East German adoption of the "language of rights" over the course of the Cold War era as a strategy employed solely for the purposes of German-German competition, and presumes that East German actors could have no other reason to oppose South African apartheid except as an opportunity to spread "propaganda" pertaining to its quest for international recognition and sovereignty. In scholarship of this kind, the word "ideology" tends to stand in for the desire for communist world power. Tellingly, West German commercial ventures in South Africa are termed "non-ideological" in Gehrig's analysis, despite the fact that the choice of whether

[10] The most innovative of these have tended to be about Stalinism in the Soviet Union, notably Stephen Kotkin, *Magnetic Mountain: Stalinism as a Civilization* (Berkeley: University of California Press, 1995); Jochen Hellbeck, *Revolution on My Mind: Writing a Diary Under Stalin* (Cambridge, MA: Harvard University Press, 2006).

to do business with the apartheid regime was ultimately one of the most morally freighted choices many states and individuals faced as the twentieth century progressed.[11]

From the late 1990s and especially the 2000s, however, another strand of scholarship has developed – one that takes seriously both East Germany's realist aims on the world stage and considers the role of socialist ideology as potentially a real motivator of human action. This development has opened up a host of new questions about the role of the Global South in the socialist imagination, and about socialist aid and socialist globalization, and whether either of these truly meant to be, or maybe even managed to be, a viable alternative to their Western counterparts, or whether the Soviet Bloc's internationalist gestures merely fed into the transnational integration that was happening everywhere else in the world.[12]

Even with all these new lines of inquiry, however, histories of state-socialist interventions in the developing world exhibit a fundamental pattern and often hit the same conceptual roadblock. In exploring the actions discourses of various socialist states, scholars inevitably encounter evidence both for the realist interpretation and for an interpretation in which socialist ideology, in particular the rhetoric of socialist brotherhood and antiracism, appears to have actually "meant something" to the individuals who professed this belief. Scholars have done an excellent job of explicating these conflicting signs as evidence of the

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[11] Sebastian Gehrig, "Reaching Out to the Third World: East Germany's Anti-Apartheid and Socialist Human Rights Campaign," *German History* 36, no. 4 (November 14, 2018): 574–97.

[12] These questions have been pursued especially in the UK, as part of multi-university projects such as "Socialism Goes Global" and "The Reluctant Internationalists." See Paul Betts, "Socialism, Social Rights, and Human Rights: The Case of East Germany," *Humanity: An International Journal of Human Rights, Humanitarianism, and Development* 3, no. 3 (2012): 407–26; James Mark and Péter Apor, "Socialism Goes Global: Decolonization and the Making of a New Culture of Internationalism in Socialist Hungary, 1956–1989," *The Journal of Modern History* 87, no. 4 (December 2015): 852–91.

ambivalences and ambiguities of these encounters.[13] Yet it is difficult to move beyond a basic fact: there is evidence both that internationalism meant something and that it didn't.

So what next? Some have tried to theorize this problem, for example Quinn Slobodian in his edited volume *Comrades of Color: East Germany in the Cold War World*. This volume does an excellent job of tracing the ways in which people of color have largely been excluded from East German historiography so far. In his own introductory contribution, Slobodian offers up the notion of "socialist chromatism" as a way of conceptualizing East German attitudes toward the Third World in a way that is meant to distinguish a Western from an Eastern worldview. But "socialist chromatism" has gained little traction as a concept, likely because it is not clear exactly what the term is meant to communicate vis-à-vis the meaning or efficacy of state socialism's antiracist rhetoric.[14]

It is for these reasons that it is necessary to look for a more complex and nuanced approach to ideology, one that can disaggregate the state and notice that policymakers in socialist countries were real, often inconsistent people with complex ways of adjudicating conflicts between different ideological imperatives. The takeaway here seems to be that we are analytically better off the more we regard ideology not as something that a person or polity either possesses or doesn't possess, but rather as a multiplicity of narratives, premises, and images of political virtue from which an actor can try to assemble self-justification, each of which can ebb and flow depending on a wide variety of other factors.

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[13] See for exmaple Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic."

[14] Quinn Slobodian, ed., *Comrades of Color: East Germany in the Cold War World* (New York: Berghahn Books, 2015).

Institutional Players

Internationalist programs in the GDR took a variety of forms and operated through a variety of institutions, with the common thread being the language of East German healthcare as a symbol of socialist brotherhood. Documents from 1981, for example, speak of ambitious plans for new bilateral research initiatives in tropical medicine between the GDR and "developing countries, especially socialist-oriented countries in Africa and Asia." The goal of these programs would be to "guard against threats to health by inviting citizens of these young nation-states to the GDR in increasing numbers for work and education. Needless to say, they will receive highly qualified medical care."[15]

One key institution was the German Hygiene Museum in Dresden (DHMD), founded in 1911 in the heyday of the social hygiene movement.[16] The DHMD, rebuilt quickly after the bombing of Dresden in 1945, became a high-volume industrial producer of health education props, displays, and models. Its trademark was a durable, life-sized, see-through human figurine called Transparent Man, in which all the major organs could be illuminated by pressing buttons on a panel at the model's base. These – along with Transparent Women and Cows – were shipped all over the world as official East German state gifts to socialist and non-aligned countries as demonstrations of East Germany's internationalist goodwill and scientific sophistication.

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[15] "Entwurf: Orientierung Tropenmedizin" (Oct 1981), BArch DQ1/13489.

[16] The Museum was the site of major international hygiene exhibitions in 1911 and 1930, the former of which was attended by several people who would later be part of the establishment of the Soviet health system. Klaus Vogel, ed., *Das Deutsche Hygiene-Museum Dresden: 1911-1990* (Dresden: Michel Sandstein, 2003), 143.

The museum was involved in development aid and had partnerships with similar institutions in decolonizing nations, the first such relationship launched with China in 1953. Another major aspect of their foreign aid and trade efforts involved the development of a special wax that could be used to make educational models that was more resilient at high temperatures so that it could be sent to Africa. In 1961, the museum fully funded a museum in Cairo and sent models to Cuba. It also had relationships with Ghana (1960-82), Guinea (1960-62), Cambodia (1964-84), Mali (1962-68), Zanzibar (1968), Somalia (1978), and Tanzania (1970). The 1960s were a heyday for this kind of connection between the DHMD and the outside world; later the emphasis would be on finding ways to monetize internationalist relationships of this kind in order to earn hard currency, as I'll discuss in Chapter 5.[17]

The Free German Trade Union Federation (FDGB) was also deeply connected to peer institutions around the world, especially in the Soviet Bloc and to some extent in West Germany. The FDGB, while not always associated with health services, played a crucial role in East German medical internationalism, since it oversaw much of the treatment of foreign citizens in East German hospitals and was responsible for the medical care of foreign workers. The FDGB is worth looking at solely for the extraordinary glimpse this institution can give us into the way people around the world saw the East German health system, and

[17] Ibid., 129.

how East German functionaries understood their mission and the role of socialist health in the world.[18]

In 1972, as the fight over East German membership in the WHO was still raging, the FDGB was involved with requests for medical care from doctors and patients all over the world, many of which were forwarded back and forth between the FDGB and the Health Ministry as officials assessed the feasibility and political implications of each case. A large part of these efforts was involved in providing support to liberation fighters in the decolonizing world. In practical terms, this meant the GDR was outfitting a lot of wounded soldiers and civilians with prosthetics. There is communication in the 1972 file, for example, about two prosthetic legs (below the knee) for a Zanzibari man who spent two months in a small city near Weimar to be fitted with them and to recover.[19] In some cases plastic or reconstructive surgery was provided for people who had been badly disfigured, such as an Iraqi treated for facial scarring that prevented him from opening his mouth all the way (possibly incurred during fighting with Iraqi Kurds; Iraq had just concluded a friendship treaty with the Soviet Union).[20]

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[18] Mathieu Denis, "Reading East German Bureaucrats: The Rhetoric of the GDR Trade Union Reports," *Social History* 37, no. 2 (May 1, 2012): 142–65; Peter C. Caldwell, *Dictatorship, State Planning, and Social Theory in the German Democratic Republic* (Cambridge and New York: Cambridge University Press, 2003); Thomas Schaufuss, *Die Politische Rolle Des FDGB-Feriendienstes in Der DDR: Sozialtourismus Im SED-Staat* (Berlin: Duncker & Humblot, 2011); Heinz Deutschland, ed., *Geschichte des Freien Deutschen Gewerkschaftsbundes* (Berlin: Tribüne, 1982).

[19] Rudolf-Elle-Krankenhaus, "Ärztliche Bescheinigung" (12 Jan 1972), BArch DQ1/3922.George W Triplett, "Africana: Zanzibar: The Politics of Revolutionary Inequality," *The Journal of Modern African Studies* 9, no. 4 (December 1971): 612–17; Garth A. Myers, "Making the Socialist City of Zanzibar," *Geographical Review* 84, no. 4 (October 1994): 451; Ulrich van der Heyden, *Kalter Krieg in Ostafrika: die Beziehungen der DDR zu Sansibar und Tansania* (Berlin: Lit, 2009).

[20] Klinik für plastische und wiederherstellende Kiefer- und Gesichtschirurgie Thallwitz, "Pat. Ali Ismail Hassan aus Bagdad/Irak" (9 Oct 1972), BArch DQ1/3922.

A major country of interest was Guinea-Bissau, later associated with HIV-2. During the conflict that also saw a great deal of medical aid from Cuba, people went to the GDR for leg prostheses, including an eleven-year-old girl with a double leg amputation, treatment for gunshot wounds, as well as more mundane treatments such as hernia surgery. In this case other institutions were involved, such as the *Afro-Asiastisches Solidaritätskomitee der DDR*. Most cases involved trauma from military conflict; the exception was the eight-year-old daughter of the Deputy General of the PAIGC who had contracted encephalitis from an immunization.[21]

Requests for help, however, were certainly not limited to socialist countries or countries in the midst of anticolonial struggles. This particular moment in the 1970s, in fact, was a highly significant one for the politics of abortion in the West. East Germany had just legalized abortion up to 12 weeks (a year prior to Roe v. Wade), and although West Germany followed suit in 1974, this was quickly struck down in the constitutional courts the following year.[22] All of this meant that East Germany had a very high-profile progressive abortion rights regime in place in 1972, and people from a variety of Western countries wrote asking for help.

> Dear Sirs,
> I have recently read in our newspapers that it's possible in the GDR to get an abortion within the first three months. I am asking for your help. My wife is six weeks pregnant. We already have two children. My wife will not be able to cope psychologically with a third pregnancy, and on top of that she has liver disease. I'm sure you know that it's very difficult to get an abortion in Western

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[21] J. König, Sektionleiter, Afro-Asiastisches Solidaritätskomitee to Dr. Rayner (18 Nov 1971), BArch DQ1/3922.
[22] Donna. Harsch, *German Social Democracy and the Rise of Nazism* (Chapel Hill, NC: University of North Carolina Press, 1993); Robert G Moeller, *Protecting Motherhood: Women and the Family in the Politics of Postwar West Germany* (Berkeley: University of California Press, 1993).

> Europe, except in England (and there's no way we can manage that). I'm asking you, please give my wife an abortion.[23]

This was from a German couple living in the Netherlands. Others wrote from Switzerland and West Germany. All were told that unfortunately, the procedure available through the new law in the GDR was only for East German citizens.

Finally, some requests that found their way to the East German health system in the 1970s without the help of official bilateral channels, and these offer a fascinating window into the imaginary – and limitations – of the medical internationalism of the GDR. In May 1972, a man from the small city of Ramtha in northern Jordan (about the size of Billings, Montana), near the Syrian border, sent a letter in directly to the Minister of Health:

> Those without hope must rely on those who are kind. I have been married for nine years, but without any children. My wish is to be a father. My sperm do not move ("Meine Samen haben keine Bewegung") and the count is 40 million/cm^3. All the medical treatments I have undergone, here and in the surrounding region, have come to nothing. I have no more money. I can come to you, if you will help me. I beg you to help me.[24]

It is difficult to say why this person, in a small Jordanian city, would think of the East German health system to cure his sterility. The Ministry's consulting sexual health specialist wrote back about six weeks later.

> Thank you very much for your letter, which was forwarded to me by the Office of the Minister. Around the world, even today 20% of all married couples are normally sterile. Even with just the limited amount of information you've provided (40 million per mL and limited arousability), conception may be possible with or without treatment assuming that your partner is fertile and not suffering from any obstructions of the Fallopian tubes or has any immunological conditions resulting in infertility. That's why it's hard to know if treatment would even be recommended for you; it's also possible that the

[23] Friedhelm G. to the Verwaltungsdirektion des Krankenhaus Friedrichshain (6 Jan 1972), BArch DQ1/3922.
[24] Tarif G. to Minister für Gesundheitswesen (13 May 1972), BArch DQ1/3922.

> Anreglichkeitseinschränkung of your sperm is just a side effect of some other treatment you've had, for example with male hormones (testosterone).[25]

The man from Ramtha wrote back a month later:

> I was so happy and grateful to receive your letter of 28 June 1972 . . . Many sincere thanks for your advice. I would like for me and my wife to be treated by you urgently. For I have been married for eight years and do not want to live without hope. Please, tell me how we can be treated by you. Should I write to President Ulbricht?!!
>
> Time grows short; life grows short. It would make me very happy to hear from you soon.[26]

Two months later, an official at the Ministry wrote saying that unfortunately it was currently only possible for foreigners to be treated in the GDR if there was a bilateral health treaty between the two countries and if the cost arrangements were made by an agreement between the respective health ministries.[27]

Contact of this kind from a private citizen, however, was not the norm. The mainstay of the GDR's internationalist activities consisted in painstakingly negotiated bilateral agreements. Records from a 1986 agreement with Mozambique speak to the ways in which non-aligned countries balanced multiple entanglements in the "global Cold War" and took advantage of competition between the East and West blocs. The 1986 discussions, which concerned expanded medical assistance between Mozambique and the GDR, apparently grew out of a conversation between a Mozambican official and a Swiss health official "on the sidelines" of a WHO summit in Geneva (since socialist medical internationalism, as I argue in

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[25] Dr. Elste to Tarif G. (28 June 1972), BArch DQ1/3922.
[26] Tarif G. to Dr. Elste (30 July 1972), BArch DQ1/3922.
[27] Dr. Rayner to Tarif G. (29 Sept 1972), BArch DQ1/3922.

this chapter, was increasingly conceived of as a niche within the WHO).[28] These discussions seemed to follow a ritualistic pattern, starting with high global politics and then drifting progressively into the problems and minutia of trying to maintain a presence in developing and conflict-ridden area. The conversation began with mutual affirmation of the importance of socialist solidarity in the face of capitalist nuclear aggression. The GDR was also thanked for its assistance so far, and for everything it did in pursuit of world peace. Unfortunately, however – and the clear implication is that Mozambique was considering expanding its relationship with Western donors – it was day-to-day life and not world peace that stood "at the very forefront" of the concerns of both the FRELIMO party and the government. "For a citizen of the People's Republic of Mozambique, peace means not having to be afraid of bandits, being able to live quietly, and satisfy his hunger."[29] It was hoped that everyone could be understanding about this.

East German officials indeed went ahead with dispatching many new medical professionals, specialists in particular, to Mozambique – or trying to, at least. But as of 1987, difficulties in filling East German positions were apparent: only 42% of the doctors they had planned to send were in place, and these satisfied only 4 out of the 16 desired medical specializations.[30] Also, the allotted weeks of medical care in the DDR (100 weeks per year) was effective form of Zusammenarbeit going forward; these had been completely used up in 1986, meaning that it was apparently easiest just to bring people to East Germany.[31] Ongoing

[28] Botschaft der DDR in der VRM, "Vermerk über ein Gespräch mit dem Leiter der Abteilung Internationale Beziehungen des Ministeriums für Gesundheitswesen der VRM, Jorge Fernando Tomo, am 10 Sept 1986" (Maputo, 11 Sept 1986), Archives of the Foreign Office (hereafter AAPA) ZR 2348 89, 2.
[29] Ibid., 3.
[30] Botschaft der DDR in der VR Mocambique, "Zur Zusammenarbeit DDR-VRM auf dem Gebiet des Gesundheits- und Sozialwesens" (Maputo, 20 Feb 1987), AAPA ZR 2348 89, 2.
[31] Ibid., 4.

problems with finding East German specialists to go to Mozambique and to keep them there (since attrition was very high) meant that East German officials kept an anxious eye on the movements of doctors. They talked at length in reports about exactly which Western doctors were operating in Mozambique and what their relationships with the local population were like (keeping tabs, for example, on a French MSF doctor was married to a Mozambican, as they had both left their rural posts together and moved to the city).[32]

East Germany and the WHO: From German-German Rivalry to Global Health

My point of departure for this section is a series of heated debates surrounding the GDR's entry into WHO membership. When objections from Bonn (with support from the United States) once again resulted in a deferral of the GDR's application in May 1972, the SED's official organ *Neues Deutschland* was full of vitriol, featuring front-page interviews with East German scientists and health officials about West Germany's "arbitrary" and "antihumanitarian" act. "Of one thing I'm certain," wrote a prominent biologist. "We will continue our progress in the realms of health care and medical research in spite of this shameful resolution out of Geneva. At least in moral terms, we've long since been recognized as a state with an exemplary health system."[33] Bonn, it was implied, was trying to suppress this fact through a series of cheap procedural tricks.

Not long afterward, an international public relations campaign was launched. A book entitled *Bonn's Politics of Extortion Will Fail: The Government of the Federal Republic*

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[32] Ibid.
[33] *Neues Deutschland*, "Helle Empörung über den Willkurakt der Brandt-Regierung," 21 May 1972.

of Germany has again prevented the DDR's rightful membership in the World Health Organization (WHO) appeared in Swedish.

> This anachronistic act of the Government of the Federal Republic is in total opposition not only to the positive recent trends toward detente and cooperation in Europe but also to this humanitarian world organization's ability to fulfill its duties for the benefit of all people. . . . Here we publish official statements and views of the German Democratic Republic as well as a documentary of West German interference over the last four years to prevent the GDR's membership in the WHO.[34]

As in the *Neues Deutschland* articles, this book stressed several themes: the West Germans were enemies of peace and cooperation, incapable of the "realistic politics" they espoused. For all the talk of Brandt's *Ostpolitik,* he and his regime were engaging in "acts of Cold War" at the expense of "universal and equal cooperation toward the humanitarian goal of protecting the health of people and nations."[35]

Another article declared that "Krankheiten und Seuchen machen vor Grenzen nicht halt. Spezielle Blutkonserven, Organe, seltene Testreagenzien und Referenzproben von Bakterien und Viren müssen unter allen Ländern ausgetauscht werden, wer davon die auf einem bestimmten Territorium lebenden Menschen auszuklammern wünscht, macht deutlich, daß für ihn das Gesundheitswesen auch ein politisches Druckmittel ist. Das ist mit wahrer ärztlicher Gesinnung unvereinbar." Failing to cooperate, in other words, was petty, and indicated that the FRG didn't understand what was at stake.[36]

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[34] *Bonns utpressningspolitik kommer att misslyckas. Forbundsrepubliken Tysklands regering har på nytt forhindrat DDR:s likaberättigade medlemskap i Världshälsoorganisationen (WHO).* Dresden: Verlag Zeit im Bild, 1972.

[35] "Brandt gegen Aufnahme der DDR in die WHO," *Neues Deutschland,* 21 May 1972, 2; "Realistische politik, nicht nur schöne Worte!" *Neues Deutschland,* 21 May 1972.

[36] *Neues Deutschland*, 25 April 1970

Even when not covering the drama in Geneva, *Neues Deutschland* often mined the WHO's layperson-oriented magazine *World Health* for material about health issues elsewhere in the world. In February 1970, for example, the newspaper relayed a report from *World Health* about the re-emergence of yellow fever in several Latin American countries that had previously managed to eradicate the disease in urban areas. The article's language was confined mostly to sober epidemiological statements until the very end, when it was noted that yellow fever was already spreading through large parts of the southern United States. "As the WHO magazine reports, the eradication of yellow fever in cities is not a scientific or technological problem, but rather a financial and organizational one. The report did not give any specifics about the costs. For every day of war in Vietnam, the USA spends millions of dollars."[37] The WHO was mentioned in *Neues Deutschland* every two to four months until the period 1970-73, when it jumped up to roughly one mention every three to four days. And not all of these were about the application process. Many articles simply reported on new studies or new findings that had appeared in WHO publications such as *World Health* or the *WHO Chronicle* and barely alluded to Cold War politics at all; such "technical" articles outnumbered the total number of WHO-related articles prior to 1970. Moreover, the WHO was clearly becoming a household name: reporting simply referred to the organization by name without the addition of explanatory statements such as "the WHO, a UN organization that deals with health."

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[37] Thanks to the battle over East German membership, the WHO was clearly becoming a household name around this time: reporting simply referred to the organisation by name without the addition of explanatory statements such as "the WHO, a UN organization that deals with health." See "In fünf Ländern Gelbfieber," *Neues Deutschland,* 14 Feb 1970, 10.

A transitional document in the shift I'm describing is a booklet published in 1975 by the science-literacy organization URANIA called *The Meaning of the WHO and the GDR's Membership in the WHO.* One significant thing about this document is that it was published in the year when the WHO's motto was "getting rid of smallpox once and for all." The booklet stressed the contributions of the USSR in this campaign from the beginning, noting that the Soviets had provided the larger part of the vaccines. It also talked about the history of the GDR's involvement in the WHO, explaining that although the first membership application was submitted in 1968, the NATO countries, especially the FRG, used a legal technicality that had nothing to do with the function of the WHO to delay the GDR's acceptance as a full member until May 8, 1973, at which point the "years of discrimination against the GDR" were over. This was a victory for cooperation between socialist countries and "the majority of Arab, African, Asian, and Latin American countries" spearheaded by a "peace offensive" on the part of the Soviet Union.

> The primary meaning of the GDR's admission to the WHO lies in the changing balance of power in this important United Nations special organization to the benefit of the forces of peace and humanism. Consequently the socialism's global offensive against imperialism can be more effectively supported in the field of health care, too.
>
> For the GDR there are now much greater possibilities for more effective health-political and medical-scientific collaboration with the young nation states of Africa, Asia, and Latin America even within the WHO. Conversely, the GDR is now in a situation where it can fully utilize the decades-long experience of the WHO in the areas of organizing healthcare and medical science for the general improvement of the health of the GDR's population in accordance with the resolutions of the 8th party congress.[38]

[38] Heiner Apel, *Die Bedeutung der WHO und der Mitgliedschaft der DDR in der WHO* (URANIA Verlag, 1975).

In this spirit, the GDR was an enthusiastic participant at the Alma-Ata conference in 1978. Representatives of the German Hygiene Museum in Dresden prepared an exhibit about the East German health system, going through several drafts and translations:

> Under Article 35 of the Constitution of the German Democratic Republic, every citizen of the GDR has the right to have his health and working capacity protected. Implementation of this basic right is a task before all society, with the health service bearing a special responsibility.
>
> Underlying principles:
> -state control
> -all services free of charge
> -universal accessibility and right to choose a doctor
> -provision in case of childbirth, disease, disablement and retirement
> -active participation of the people in health care
>
> Disease prevention is a great humanitarian objective of socialist society. Sick people receive all the medical assistance they need. Outpatient and inpatient services have been integrated in the interest of coordinated prophylaxis, diagnosis, treatment and aftercare.[39]

The delegates themselves spoke far more on the floor of the conference than their West German counterparts.[40] At the end of the week, the conference had formulated a Declaration that East German health professionals and officials would cite over and over in the course of the next decade.

> The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.
>
> The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is

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[39] "Gestaltungsbuch – Gemeinsame Ausstellung der sozialistischen Länder zur WHO-Konferenz Alma-Ata" (1978), HSAD 13658 fol. Au39, 25. Translated by DHMD.
[40] "34th WHA Committee B Provisional Summary Record" (21 May 1981), IRIS Online Archive of the WHO.

> politically, socially, and economically unacceptable and therefore of common concern to all countries.[41]

Changes were, of course, not instantaneous. In 1980, a *Stasi* agent filed a lengthy report based on conversations with a "reliable" IM who apparently held a position of responsibility at the Ministry of Health.[42] The source was concerned by the fact that although several positions at WHO headquarters in Geneva were available for East German health professionals to fill, only one East German was stationed there – and he was due to conclude his five-year term and return home to the GDR later that year. Officials in both the WHO and the GDR were not the problem; there was enthusiasm on both sides for greater GDR involvement in the organization, and Director-General Mahler had even visited East Berlin in 1979, at which point he had been promised a list of qualified cadres by the next World Health Assembly, which never materialized. The Ministries responsible – Health and Education – had not been able to come up with any names. Some officials said that it was difficult to find cadres for the WHO because they were so desperately needed at home. But another problem was that a lot of the medical scientists in the GDR who possessed the "political and professional qualifications" to represent the GDR at the WHO weren't interested in doing so because it might hinder their own professional advancement.

This, the source felt, spoke to a lack of "ideological clarity." East Germany spent a lot of money every year sending East German doctors to study in the West, which was partly justified since it was important for advancing East German science. Yet the GDR also paid 2.8

[41] Declaration of Alma-Ata, 1978.

[42] See "Über die gegenwärtige Situation der Wahrnehmung von Arbeitsmöglichketien durch medizinische Wissenschaftler der DDR in der Weltgesundheitsorganisation (29 May 1980)," Federal Office for the *Stasi* Archives (hereafter BStU) MfS HA XX AKG Nr5995.

million dollars in membership dues every year to the WHO. The WHO was increasing the site of some of the most important medical research, yet being part of this wasn't doing the GDR any good so long as it was underrepresented. The value of this expertise, according to the source, could render much of the expenditures on foreign study in capitalist countries superfluous.[43]

The GDR's collaboration with the WHO increased steadily during the 1980s, including the addition of new WHO Collaborating Centers and the GDR serving as host for conferences and summer schools for epidemiological training. At planning meetings, high-level East German representatives (often the Minister of Health, Ludwig Mecklinger, himself) communicated a wide array of suggestions and requests. They were prepared to host WHO Fellows from all WHO regions, they said. Experts from the GDR in the field of "workers' health" declared themselves willing to come to EURO *at any time* [emphasis in original] to serve as consultants and advisers as soon as a formal invitation is extended. They wanted to let the WHO know that the GDR had designed a special and very successful model of diabetes care, which they were excited to share, along with their accomplishments in extending comprehensive primary health care to East Germans in rural areas. They also had two cancer specialists who wanted to go on a "study tour" of western Europe to catch up on all the latest advancements.

Some of the WHO representatives mentioned at one of these meetings that maybe it was better simply to create informal collaboration agreements (as Bulgaria had done) instead of going to the cost and trouble of a formal Memorandum of Understanding, but

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[43] Apel, *Die Bedeutung der WHO*, 43.

Health Minister Mecklinger insisted that the relationship be as formally enshrined as possible. Among other things, this Memorandum contained some of the first indications of the GDR's willingness to conduct its socialist-internationalist agenda *through* the WHO. As part of the agreement, the latter "undertook to identify institutions in developing countries which could be put into association with counterpart institutions in the GDR in the interests of stimulating greater bilateral cooperation between them."[44]

East German participation in the annual World Health Assemblies offers further evidence that over the course of the 1980s, the GDR's involvement in the WHO came to revolve more around participating in the organization and not in its utility as a platform for Cold War political gestures. For example, from 1978 they would officially protest the inclusion of a doctor from West Berlin on the West German delegation, citing the Four Powers Agreement about Berlin from the early 1970s. The USSR and other socialist countries would invariably officially back this request, the FRG and the US and all the western allies would officially protest, and the motion would eventually be dismissed. But in 1985 this stopped, even though the West Berlin doctor remained a part of the delegation.[45]

Also telling is the makeup of the groups that jointly sponsored resolutions at the World Health Assemblies. In the beginning these tended to be segregated very obviously along Cold War lines, but toward the end of the 1980s (especially where AIDS was concerned) these rules started to break down and many new trans-bloc alliances were formed. A typical list of countries co-signing a resolution with the GDR in 1979, for example,

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[44] "Framework for the cooperation (21 Sept 1985)," World Health Organization Archives in Geneva (hereafter WHO) C 17 372 5 DDR.
[45] See World Health Assembly agendas on IRIS, 1974-1985.

included Bulgaria, Czechoslovakia, Hungary, Poland, the USSR, and Vietnam. By the late 1980s there were no typical lists: the GDR co-sponsored resolutions with the United States, France, Sweden, Great Britain, Belgium, Cyprus, Tunisia, Greece, and West Germany, among many others.[46]

Another body of evidence comes in the form of COMECON-wide Socialist Health Ministers' Conferences, which had been a tradition since 1965. In the 1980s, discussion among representatives of socialist health systems was increasingly preoccupied with reaffirming the mantra of "Health For All By the Year 2000" maintaining control of the WHO and keeping socialist priorities at the forefront. At a 1987 meeting it was emphasized that delegates also discussed the need to work together at the WHA to assign budget priority to projects that were important to socialist countries and their friends in the developing world.

> The more coordination between the delegations of the socialist countries appear at the WHA and the more we work together with other delegations, especially developing countries, the better the results. Proof of this can be seen in an array of resolutions passed at the last WHA despite resistance from the USA . . . American efforts to alter WHO procedural rules were deferred indefinitely thanks to the efforts of the socialist countries. . . . Coordination between socialist countries will become even more meaningful as the increasingly apparent efforts of American imperialism and its NATO allies to apply financial pressure to the WHO and to depoliticize it.[47]

Whereas in the 1960s and 1970s the GDR accused the West of politicizing health, in 1987 they were concerned that the West would try to "depoliticize" health.

The GDR gained a great deal from its growing relationship with the WHO in the 1980s, and it is clear that WHO officials put considerable effort into nurturing this relationship in order

[46] See voting reports on World Health Assembly 42 (1989), IRIS 10665/171217.
[47] Apel, *Die Bedeutung der WHO.*

to promote dialogue across the "Iron Curtain." One official visited the German Hygiene Museum and was effusive afterward with her praise, asking for photographs so that she could "publicize, to regions throughout the world, the excellence of the Museum as an example of what can be done as a very positive step to promotion of better health."[48] Another WHO official, interestingly, made a different request after visiting the museum: having been shown the DHMD's exhibition on international health (mostly dedicated to the WHO), he asked that the part of the exhibition devoted to the eradication of smallpox be made bigger and brought to the forefront.[49] Coming from a WHO representative, this is unsurprising; smallpox eradication was indeed an extraordinary achievement. There is nonetheless a hint of irony in this request (which was fulfilled) that speaks to the trends I've been describing: Alma-Ata was a symbol of socialist health in its emphasis on horizontal over vertical interventions – primary care over disease eradication. Through this symbol, though, East German health officials moved closer and closer to the institution itself, ultimately joining in the foregrounding of the most ambitious vertical intervention in its history.

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[48] Ann Kern, Director of Division of Public Information and Education for Health, World Health Organization, to Dr. E. Hagemoser, Facharzt für Sozialhygiene, Stellvertreter d. Generaldirektors, DHMD (3 June 1988), HSAD 13658 fol. Au295.
[49] V. Krannich, "Bericht über den Aufenthalt von Mr. Tibor Farkas, WHO-HQ, Media-Service, vom 12.04 bis 15.04.1988 im DHM in der DDR" (Dresden, 20 April 1988), HSAD 13658 fol. Au295, 1.

CHAPTER 5

AIDS, Conspiracies, and Commerce

For the first few years of the epidemic, AIDS was viewed in the socialist and non-aligned worlds as essentially a Western problem.[1] After all, its initial epicenters, New York and San Francisco, were two of the richest cities in the world. By the middle of the 1980s, however, two things were becoming clear. First, HIV/AIDS was as devastating on the African continent as it was in America and Western Europe, if not more so. Second, compelling research indicated that the virus responsible for AIDS – it went by multiple names until "HIV" was settled on in 1986 – had in fact originated in sub-Saharan Africa, apparently via "jumps" from non-human primates to humans sometime in the twentieth century.[2]

Today this is conventional wisdom. Thirty years ago it was an emerging and unstable biomedical consensus, which many in Africa perceived as a shifting of blame from the "First World" onto the "Third." Commentators saw in AIDS research the new face of Western imperialism – not necessarily in the *content* of the "out of Africa" theory of HIV, but in the wave of racist vilification that accompanied it.[3] It was around the same time, for example,

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[1] Henning Tümmers, "'Gib AIDS keine Chance': Eine Präventionsbotschaft in zwei deutschen Staaten," Zeithistorische Forschungen/Studies in Contemporary History 10, no. 3 (2013): 491–501.

[2] David Quammen, *The Chimp and the River: How AIDS Emerged from an African Forest* (New York: W. W. Norton & Company, 2015).

[3] At a 1987 National AIDS Conference in Nigeria, for example, a high-ranking Nigerian politician characterized the theory that HIV originated in Africa as "reminiscent of a colonial mentality which capitalizes on our weakness and underdevelopment to unjustifiably attribute everything that is bad and negative to the so-called dark continent"; see James Brooke, "In Cradle of AIDS Theory, a Defensive Africa Sees a Disguise for Racism," *The New York Times*, November 19, 1987. See also Nicoli Nattrass, *The AIDS Conspiracy: Science Fights Back*

that one of the leading physician-researchers at the first dedicated AIDS ward in the world, at San Francisco General Hospital, could be overheard in departmental meetings making jokes about HIV being the result of African men having sex with monkeys.[4] Similarly, leading global health professionals giving testimony at the Presidential Commission on the Human Immunodeficiency Virus Epidemic in 1988 were called out by ACT UP activists in the audience for talking at length about the need to bring a "blood buddy" along when doing field work in Ethiopia, so as never to have to take chances with "that dangerous Ethiopian blood."[5] The American response to AIDS in the 1980s had, needless to say, very serious problems, and Africa served increasingly as its foil.

This meant that scientists and health professionals from socialist and non-aligned countries walked a delicate line. Was it more important to stand in socialist-internationalist solidarity by voicing skepticism about "First World" science? Or would their national or professional interests – and maybe even the interests of global socialism – be better served by taking as active a role as possible in the trans-Bloc networks of biomedical professionals who were promoting this new "origin story" about the AIDS crisis? Was it the ideological content of socialist science that mattered most, or merely its strength and prestige? Or was the science itself all that mattered? The efforts of East German scientists and health officials

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(New York: Columbia University Press, 2012); Nicoli Nattrass, "Understanding the Origins and Prevalence of AIDS Conspiracy Beliefs in the United States and South Africa: AIDS Conspiracy Beliefs in the US and South Africa," *Sociology of Health & Illness* 35, no. 1 (January 2013): 113–29. For a discussion of the interplay of racism and AIDS science with respect to Haiti, see Paul Farmer, *Aids and Accusation: Haiti and the Geography of Blame* (Berkeley: University of California Press, 2006).

[4] Letters between Paul Volberding, and Alan Garnet and Tom Horan, Black and White Men Together - San Francisco (Aug-Sept 1985), University of California, San Francisco, AIDS History Project Archive, San Francisco, col. Ward 86 fol. Letters to PV Sept-Oct 1985.

[5] "President's Commission on the HIV Epidemic, Unedited Transcripts" (April 1988), National Archives and Records Administration (hereafter NARA).

to balance cooperation with self-preservation, and to reconcile the ideological and geopolitical divisions of the Cold War with the ethos of scientific universalism to which many of them said they adhered, are remarkable and complex. These efforts speak to the unique exigencies and confusion of the AIDS epidemic, which brought more uncertainty to already uncertain times.

Yet the German and Anglophone historiography of East-South encounters in the context of HIV/AIDS has never taken an interest in these actors. Instead, both scholarly and journalistic accounts have focused overwhelmingly on a single person: a retired East German microbiologist named Jakob Segal. More specifically, they have focused on endorsing a highly dubious narrative about this person's role in an alleged KGB-*Stasi* disinformation campaign. Analyzing the meaning and implications of this narrative will require some additional background information. To begin with: Jakob Segal was one of many people in the 1980s who claimed (and many still claim) that the HIV did not emerge in Africa, but was actually a biological weapon manufactured by the CIA at a lab in Fort Detrick, Maryland. His personal papers suggest that Segal believed this claim whole-heartedly, and he devoted the last ten years of his life to trying to convince the world of its veracity.[6] In this aim he had some success, at least in West Germany, where he became a darling of Greens and Maoists; the Marxist-Leninist Party of Germany (MLPD) still distributes his literature. Furthermore, Segal and his work have at various times received positive or neutral coverage in newspapers all over the world.

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[6] Erhard Geissler and Robert Hunt Sprinkle, "Disinformation Squared: Was the HIV-from-Fort-Detrick Myth a Stasi Success?," *Politics and the Life Sciences* 32, no. 2 (October 2013): 2–99.

The basic elements of this story are not in doubt. The dominant popular and scholarly narrative about Segal, however, is much more complicated. According to this narrative, the East German scientist was never acting alone, but was instead either an agent or a pawn in a sprawling Soviet-Bloc conspiracy – allegedly called "Operation Infektion" – the purpose of which was to discredit the United States in the eyes of the Global South by spreading the rumor that HIV was "made in the USA."[7] Most versions of this story attribute enormous efficacy to this plot: as one recent *Guardian* blog post put it, "Soviet AIDS propaganda cost countless lives."[8] To be clear, there is some shaky evidence that the *Stasi* may have considered or even tried to spread disinformation about AIDS. All available evidence, however, indicates that if they tried at all, they didn't try very hard. Tracing back through labyrinthine footnotes reveals that most versions of this story are founded entirely upon a few lines from a memoir written in the 1990s by two former *Stasi* agents who were not involved with the alleged campaign but had merely heard about it around the office. As Andreas Glaeser and others have discussed, the memory politics of the 1990s necessitate a great deal of caution when treating East German "ego-documents" in general, let alone apologia written by former *Stasi* agents.[9] The bulk of the scholarly literature concerning this subject, moreover, has been produced by researchers affiliated either with the US

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[7] Boghardt, "Operation INFEKTION"; Douglas Selvage, "Memetic Engineering: Conspiracies, Viruses and Historical Agency," openDemocracy, October 22, 2015, https://www.opendemocracy.net/conspiracy/suspect-science/ douglas-selvage/memetic-engineering-conspiracies-viruses-and-historical-agency; Douglas Selvage and Christopher Nehring, "Die AIDS-Verschwörung: Das Ministerium für Staatssicherheit und die AIDS-Desinformationskampagne des KGB," *BF Informiert (BStU)* 33 (2014).

[8] David Robert Grimes, "Russian Fake News is Not New: Soviet AIDS Propaganda Cost Countless Lives" (14 June 2017), *The Guardian – Science*, https://www.theguardian.com/science/blog/2017/ jun/14/russian-fake-news-is-not-new-soviet-aids-propaganda-cost-countless-lives, accessed 2 July 2017.

[9] Andreas Glaeser, *Divided in Unity: Identity, Germany, and the Berlin Police* (Chicago: U of Chicago Press, 2000); Barbara Miller, *Narratives of Guilt and Compliance in Unified Germany: Stasi Informers and Their Impact on Society* (London and New York: Routledge, 1999).

Department of Defense or with the *Stasi* Records Agency (BStU), the German federal agency responsible for maintaining the files left behind by the *Stasi* and using them to conduct research into the crimes of the East German regime. It would be reasonable to say that these scholars operate under institutional-cultural conditions that reward conclusions in which Soviet or East German misdeeds feature prominently.[10]

Why does this matter? To start with, while the writing of history always, of course, seeks to fill gaps and correct problematic tendencies in existing literature, the existing literature I have described so far is less a point of departure than a brick wall: it looms so large that everything else is obscured. The idea that Soviet and Soviet-aligned intelligence agencies caused "countless" deaths by fooling people in Africa (and in some iterations, African Americans as well) into avoiding evidence-based treatments for AIDS has been reproduced over and over in the last three decades by apparently well-meaning journalists and bloggers, most of whom strip away the contradictions and uncertainties that are at least somewhat detectable in the scholarly accounts mentioned above. The "Operation Infektion" story, in other words, has enjoyed wide circulation in its most simplified forms. This is unfortunate, because the story contains a wide array of Cold War and orientalist clichés. First, it reduces all of Soviet Bloc science to something akin to Lysenkoism. As I'll discuss in more detail later in this chapter, East German and other Eastern European scientists played an important role in AIDS research, and their work cannot be dismissed as "propaganda."[11] Secondly and more importantly, this story casts people in sub-Saharan Africa as naïve

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[10] Douglas Selvage is a researcher at the BStU; Thomas Boghardt has worked at the US Army Center for Military History.
[11] See for example Renilde Loeckx, *Cold War Triangle: How Scientists in East and West Tamed HIV* (Leuven, Belgium: Leuven University Press, 2017).

"dupes" who allowed the Soviet Bloc to dictate their understanding of science and their responses to epidemic disease.

My purpose in this chapter is twofold. First, I'll examine "Operation Infektion" in greater detail and present arguments against both the claim itself and the disparaging constructions of Eastern European and African science contained within it. In doing so, I'll argue that the ongoing popularity of this claim speaks to a self-exonerative impulse on the part of the West. Few could deny that AIDS in Africa has been a colossal moral and political failure on the part of wealthy industrialized countries over the last thirty years, and the "Operation Infektion" story seeks to transfer some of that failure onto defunct Cold War enemies. This is a troubling development, and should, I argue, be considered a corollary to what Nishant Shahani and others have described as the "whitewashing of AIDS."[12]

My second aim is to describe and analyze what I consider to be the "real" story that has been obscured by cloak-and-dagger conspiracy narratives and Cold War triumphalism. Vis-à-vis the AIDS crisis, there were *many* points of contact between biomedical research networks in the GDR and in sub-Saharan Africa. These encounters were fraught at times, because they were structured by several (sometimes contradictory) factors: an explicit ethos

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[12] Shahani critiques recent portrayals of the early years of the AIDS crisis in feature films and documentaries, notably the 2012 documentary *How to Survive a Plague*, which chronicles the highly successful efforts of the activist group ACT UP to compel the FDA to accelerate drug approval procedures for AIDS drugs. Shahani argues that these celebratory portrayals focus almost exclusively on middle-class white male protagonists and have foregrounded the least controversial of ACT UP's objectives – getting "drugs into bodies" – while omitting those activists who pushed for a more sweeping protest against the poverty, racism, and neoliberal political cultures that had, in their view, put so many underprivileged people in the path of the AIDS epidemic to begin with. By obscuring the politics of HIV/AIDS by invoking orientalist and anti-communist conspiracy theories, I argue, proponents of the "Operation Infektion" story are taking a similar step; see Nishant Shahani, "How to Survive the Whitewashing of AIDS: Global Pasts, Transnational Futures," *QED: A Journal in GLBTQ Worldmaking* 3, no. 1 (April 21, 2016): 1–33. For further discussion of race and HIV/AIDS in America, see Cathy J. Cohen, *The Boundaries of Blackness*; Cindy Patton, *Sex & Germs: The Politics of AIDS* (Montréal and New York: Black Rose Books, 1986); Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990).

of egalitarian collegiality, for example, contrasted with unspoken hierarchies that placed "Third World" science far beneath that of industrialized countries. The GDR's stated commitment to solidarity with the socialist and non-aligned worlds inclined East German doctors and scientists toward, for instance, seeking out conversations with African colleagues at international AIDS conferences and foregrounding the escalating African epidemic in Health Ministry correspondence and in presentations to SED leaders. But there was a countervailing force: namely, the imperative for East German scientists and health professionals to integrate as thoroughly as possible with Western professional networks, both for their own advancement and as part of the drive to improve the GDR's standing in global markets and help it out of its suffocating hard-currency debts. I will therefore spend the second half of this chapter looking at a trend toward the monetization of East German internationalism in the late 1980s, in particular through the planned development and sale of necessities such as HIV test kits and anatomical models for education.[13]

Dialogue between African and East German scientists with respect to AIDS underwent a brief flowering – or at least a moment of potential – between roughly 1984 and 1987, but this potential was quickly eclipsed by the desire to partake in the global AIDS community on an equal footing with the West. This was a time when patterns of interaction between rich and poor countries concerning the AIDS crisis were first being negotiated. "Conspiracy theories" aside, it is clear that these early negotiations had demonstrable long-term consequences, for instance in shaping the modes of interaction according to which sub-

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[13] On the pressures faced by the GDR in the 1980s, see Jeffrey Kopstein, *The Politics of Economic Decline in East Germany, 1945-1989* (Chapel Hill: University of North Carolina Press, 1997); Mark Landsman, *Dictatorship and Demand: The Politics of Consumerism in East Germany* (Cambridge, MA: Harvard University Press, 2005).

Saharan African countries affected by the AIDS crisis sought out partners in the industrialized world as the epidemic wore on. Critiques of the neoliberal global response to AIDS in the 1990s need to begin not in the post-Cold War era but here, at the moment when serious alternatives to that response were being foreclosed.

Origin Stories and "Conspiracy Theories"

Scholarly and popular writers alike have paid considerable attention to "alternative" forms of knowledge about HIV/AIDS, including folk etiologies, theories about government complicity, and non-evidence-based treatments, in addition to general feelings of mistrust toward state and biomedical authorities on the part of many communities that have been affected by the epidemic. Sometimes these discussions seem more voyeuristic than analytical, for instance when commentators express shock at the tragic irrationality of AIDS victims and their families without giving much thought to the emotional, historical, socioeconomic, or political conditions in which knowledge about AIDS is formed.[14] Discussions of alternative AIDS knowledge that focus on unusual or "outlandish" beliefs in LGBTQ communities, for instance, frequently neglect to mention the rich literature that has accumulated following Steven Epstein's landmark 1996 study of the remaking of boundaries between expert and lay biomedical knowledge in the context of 1980s AIDS activism.[15] Likewise, discussions of alternative AIDS knowledge and "conspiracy theories" among African Americans often mention only in passing the fraught history of American public

[14] See for example Seth C. Kalichman, *Denying AIDS: Conspiracy Theories, Pseudoscience, and Human Tragedy* (New York: Copernicus, 2009).
[15] Epstein, *Impure Science*.

health institutions as instruments of segregation and abuse in communities of color, notably the infamous Tuskegee Syphilis Study, implying instead that skepticism vis-à-vis officially sanctioned biomedical knowledge must simply be the result of ignorance.[16] These accounts typically cite the most dramatic survey data available – generally based on randomized phone surveys – about the prevalence of "AIDS conspiracy beliefs," without considering the very opaque relationship between "beliefs" and "answers to questions in random cold-call surveys."[17]

Fortunately, several more nuanced approaches to this subject have also accumulated in recent years. Physician-anthropologist Paul Farmer was a leading voice in this regard, arguing in his study of AIDS-related beliefs in Haiti that a "hermeneutic of generosity" was a basic requirement for any scholar trying to analyze a person's understanding of their own sickness, and that the subjects of this kind of analysis should be treated as "experts in a moral reading of the ills that afflict them."[18] Other scholars have analyzed the ways in which people all over the world have found ways to integrate their experiences of the epidemic into their

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[16] On the Tuskegee Study and its legacies, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (Toronto and New York: Free Press, 1993); Susan Reverby, ed., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, Studies in Social Medicine (Chapel Hill, NC: University of North Carolina Press, 2000); Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2009). For additional treatment of the politics of race and health in America, see for example Jonathan Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009); Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis ; London: University of Minnesota Press, 2011); Laurie B. Green, John Raymond Mckiernan-González, and Martin Anthony Summers, eds., *Precarious Prescriptions: Contested Histories of Race and Health in North America* (Minneapolis: University of Minnesota Press, 2014).

[17] One of the most commonly cited surveys, for example, appears to regard respondents' answers to their survey questions as an uncomplicated reflection of deeply held beliefs, and also to regard statements such as "HIV treatments are being withheld from the poor" as self-evidently false despite the fact that the survey was conducted at a time when battles over the prohibitively high cost of many AIDS drugs were especially heated and prominent in the public sphere. M. Bogart and Sheryl Thorburn, "Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans?" *Journal of Acquired Immune Deficiency Syndromes* 38, no. 2 (February 1, 2005): 213-8.

[18] Paul Farmer, *Aids and Accusation: Haiti and the Geography of Blame* (Berkeley: Univ of California Press, 2006): 235.

own cultural contexts, and how they've responded to reticence on the part of authorities. They have studied how knowledge about HIV/AIDS travels, and the very real harm that can occur in an information vacuum, for instance in Mbeki's South Africa.[19] Above all, these scholars have criticized the unfortunate construction of these "alternative" knowledge systems as merely irrational. For instance, Joy Wang has explored the ways in which AIDS skepticism in South Africa has mingled with postcolonial criticism such that it is clearly necessary to understand AIDS "denialism" in Africa not just "sympathetically" but by placing it within the broader context of colonialism.[20] Still others, finally, have written about the extraordinarily difficult task of foregrounding these critiques *while also* remaining conscious of the fact that HIV infection is a material reality that responds to education, medication, and health care. This problem is reminiscent of Bruno Latour's discussion of the difficulty scholars in the humanities face when attempting both to critique the production of scientific certainty and also to invoke it in debates about, for instance, climate change.[21]

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[19] Thabo Mbeki, successor of Nelson Mandela as President of South Africa from 1999 to 2008, expressed skepticism about the viral etiology of AIDS and enacted policies making antiviral drugs difficult to acquire. A 2008 Harvard study estimated that these policies resulted in a third of a million deaths; see Pride Chigwedere et al., "Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa:," *JAIDS Journal of Acquired Immune Deficiency Syndromes* 49, no. 4 (December 2008): 410–15; Kiran van Rijn, "The Politics of Uncertainty: The AIDS Debate, Thabo Mbeki and the South African Government Response," *Social History of Medicine* 19, no. 3 (December 1, 2006): 521–38; Nattrass, *The AIDS Conspiracy*. For further discussions of conflicts over "alternative" AIDS knowledge in South Africa, see Adam Ashforth, *Witchcraft, Violence, and Democracy in South Africa* (Chicago: University of Chicago Press, 2005); Nicoli Nattrass, "Understanding the Origins and Prevalence of AIDS Conspiracy Beliefs in the United States and South Africa: AIDS Conspiracy Beliefs in the US and South Africa," *Sociology of Health and Illness* 35, no. 1 (January 2013): 113–29; Alexander Rödlach, *Witches, Westerners, and HIV: AIDS and Cultures of Blame in Africa* (Walnut Creek, CA: Left Coast Press, 2006).

[20] See for example Joy Wang, "AIDS Denialism and 'The Humanisation of the African,'" *Race & Class* 49, no. 3 (January 2008): 1–18.

[21] See Robert Kowalenko, "Thabo Mbeki, Postmodernism, and the Consequences," *South African Journal of Philosophy* 34, no. 4 (October 2, 2015): 441–61; Bruno Latour, "Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern," *Critical Inquiry* 30, no. 2 (January 1, 2004): 225–48.

These are not easy concerns to balance, nor should they be. What, then, should we make of ostensibly "rational" Western writers and readers who, even almost three decades after the end of the Cold War, seem so eager to see communist ghosts behind the persistence of misinformation about AIDS? Here it is worth discussing the "Operation Infektion" thesis in somewhat greater detail. Following KGB orders, so the story goes, *Stasi* agents manipulated Jakob Segal into forming the conclusions about HIV for which he later became famous, probably by having one of his colleagues or friends casually present Segal with "evidence" that the AIDS crisis was the CIA's handiwork. Having planted the idea in the biologist's mind, they conducted an intensive but discreet campaign of support for his activities that involved everything from visits to Segal's home posing as menacing CIA agents in order to stiffen his resolve, secret deposits of funding for sympathetic West German TV documentaries, and the manipulation of various Western literary figures – notably Stefan Heym and popular novelist Johannes Mario Simmel – into making statements in their work that appeared to support Segal and his writings.[22]

There are a few critical voices in this conversation; two of them, Erhard Geissler and Robert Sprinkle, recently published a 70-page article that painstakingly debunks many of the details of the "Operation Infektion" thesis, which they have dubbed "disinformation squared." These two scholars examined Segal's papers and the relevant *Stasi* files in depth, concluding that although a few conversations about AIDS between *Stasi* and Bulgarian secret police agents do seem to have taken place, there is no indication that these conversations

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[22] See Thomas Boghardt, "Operation INFEKTION: Soviet Bloc Intelligence and Its AIDS Disinformation Campaign," *Studies in Intelligence* 53, no. 4 (December 2009): 1–24; Douglas Selvage and Christopher Nehring, "Die AIDS-Verschwörung: Das Ministerium für Staatssicherheit und die AIDS-Desinformationskampagne des KGB," *BF Informiert (BStU)* 33 (2014).

went anywhere and there is otherwise little or no trace of a conspiracy. Yet as Geissler and Sprinkle argue, "the Stasi were prone to interpretive error and self-aggrandizement."[23] To make too much of their meager efforts is to allow the *Stasi* to keep doing what it did best: inspiring people to vastly overestimate its capacity and reach.

Furthermore, the archives of the East German Health Ministry contain copious evidence that pretty much everybody in the GDR – doctors, scientists, health officials, party functionaries – thought of Segal as a crackpot and a flake, if they thought of him at all. Prominent East German AIDS researcher Niels Sönnichsen once allowed Segal to address his colloquium at Charité Hospital in Berlin: in his formal report on the event to the Minister for Health, Sönnichsen said that Segal's assertions were met with universal denunciation from the crowd of approximately 30 physicians and scientists. Sönnichsen reported that the crowd had enumerated several specific biomedical objections. For instance, the said argued that retroviruses were especially ill-suited for biological warfare; that the genetic similarity between the Visna virus and HIV – Segal's ostensible "evidence" of foul play – was not remotely extensive enough to serve as proof for genetic engineering. (Apparently the two viruses are approximately 50% similar but the similarities are distributed across the entire genome, not concentrated as one would expect to find in the case of genetic manipulation.) In the final analysis, the colloquium attendees reportedly said, American aggression shouldn't be underestimated, but a claim like Segal's required extraordinary evidence, which

[23] Geissler and Sprinkle, "Disinformation Squared," 2.

he did not have. Taking him seriously could only have negative effects for socialist states and for any efforts at securing peace and nuclear disarmament.[24]

Another telling piece of evidence of Segal's relative obscurity within the GDR is a 1987 Health Ministry memo that described and translated an article written by Segal about his HIV origin story that had been published in the Moscow News. The article had apparently taken a roundabout route to East Berlin: it was listed in the memo header as a "translation of the English translation of a Russian translation of the German original." Whoever received the memo seems to have been surprised by Segal's allegations. He or she drew a large question mark next to Segal's name and wrote in the margins that "We're not aware of this article. Be careful: it has provoked hostility between the USA and the Soviet Union!"[25]

Again, there is *some* evidence that the *Stasi* may have wanted or even tried to facilitate disinformation about HIV to discredit the West. But the fact that Jakob Segal achieved some level of prominence doesn't mean Soviet-Bloc intelligence was behind it. A lot of people with strange ideas about AIDS were finding various ways into the spotlight in the 1980s, not least among them a British physician named John Seale who claimed that HIV was a *Soviet* bioweapon.[26] Seale's claims – along with his bitter homophobia – arguably accrued even greater public validation than Segal ever did. In 1986 he was invited to give testimony before the California legislature while it was deliberating the infamous HIV quarantine proposition put forward by Lyndon LaRouche and his bizarrely named organization, the Prevent AIDS

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[24] "Bericht über ein Colloquium in der Hautklinik der Charité am 21.11.1986" (23 Nov 1986), BArch DQ1/12727.

[25] "Hypothese - Wo stammt AIDS her?: Übersetzung der englischen Übersetzung einer russischen Übersetzung des deutschen Originals, Moscow News Nr. 17, 1987, Seite 10 Wissenschaft" (August 1987), BArch DQ117/20.

[26] J.R Seale and Z.A Medvedev, "Origin and Transmission of AIDS. Multi-Use Hypodermics and the Threat to the Soviet Union: Discussion Paper," *Journal of the Royal Society of Medicine* 80, no. 5 (1987): 301–4.

Now Initiative Committee ("PANIC").[27] Beneath this more prominent tier there are, of course, countless unsubstantiated theories attributing AIDS to everything from vitamin deficiency to Agent Orange to a hypothesized ancient Egyptian microbe released accidentally during the American tour of the *Treasures of Tutankhamen* exhibition in the late 1970s.[28] As I noted in Chapter 3, HIV/AIDS was a participatory crisis: in the archives of San Francisco General Hospital's AIDS ward alone there are hundreds of letters from people all over the world who wrote to share their ideas about where AIDS came from and how to fight it.[29]

So why the ongoing fixation with alleged East-Bloc conspiracies to spread conspiracy theories? As I mentioned above, considerable resources – including state resources both in Germany and the United States – have been brought to bear in investigating the minutia of the Segal-*Stasi* thesis. Justifications for these expenditures invariably rest on the assertion that, as one *Guardian* journalist put it, "Soviet AIDS propaganda cost countless lives" by replacing people's faith in science and medicine with lies and propaganda, particularly in Africa. I want to be clear: non-evidence-based "alternative theories" about AIDS *are* very often insidious and deadly. No responsible postcolonial critique of Western biomedical discourse can afford to lose sight of the very real human cost of misinformation about HIV/AIDS. But in broadly attributing the presence of these "alternative theories" on the African continent to the machinations of the Soviet Bloc, these scholars and journalists take a big step outside the bounds of available evidence. For example, many writers have cited

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[27] "Interim Hearing on Prop 64" (29 Sept 1986), California Legislature Assembly Committee on Elections and Reapportionment, Wellcome Foundation Archives MS8877.
[28] UCSF Ward 86, folders "Letters to PV," "Crank Letters."
[29] Ibid.; Seth C. Kalichman, Lisa Eaton, and Chauncey Cherry, "'There Is No Proof That HIV Causes AIDS': AIDS Denialism Beliefs among People Living with HIV/AIDS," *Journal of Behavioral Medicine* 33, no. 6 (December 2010): 432–40.

South African president Thabo Mbeki's belief that AIDS is not caused by a virus at all, but by environmental and other factors – a belief that undoubtedly did translate into many thousands of preventable deaths, since it was enshrined in public health policy – as indicative of the tragic reach and longevity of the *Stasi* disinformation campaign. But this reasoning does not hold: Mbeki's disavowal of HIV as the cause of AIDS is very unlikely to be a derivative of the Fort Detrick thesis, since the two claims are mutually exclusive. What is more, Mbeki's views – and his domestic health policy – concerning HIV/AIDS constituted an explicit embrace of the ideas of the *American* biologist Peter Duesberg.[30] Proponents of the "Operation Infektion" thesis conflate similarity (sometimes very marginal similarity) with filiation, with the result that any "conspiracy theory" anywhere must be an echo of Soviet propaganda.

The most important point, however, is this: yes, Jakob Segal got plenty of attention in a variety of African public spheres, just as he did in Europe. But that attention was only one part of a much larger conversation about the emerging science of the origins of HIV – and about the hateful implications that seemed to attend that emerging science. It was already the case around this time that images of African men as a new kind of sexual predator – a seducer and killer of naïve white women – were proliferating rapidly, built as they were on a deep well of Anglo-American discourses about the dangers and "otherness" of black

[30] See Nattrass, *The AIDS Conspiracy*. As another example, Thomas Boghardt cites a Nigerian newspaper article from 1988 that had, he said, taken Segal's 1986 pamphlet and "varied" it to claim that AIDS was spread through contaminated polio vaccines that had been distributed by American doctors a few decades before. This theory, however, was documented in the United States as early as 1987. Technically it *could* be a "daughter theory" of the Fort Detrick thesis, but the timing would be a stretch; Thomas Boghardt, "Operation INFEKTION."

sexuality.[31] Witness, for example, the opening lines of a 1989 article about AIDS in the GDR that appeared in the West German news magazine *Der Spiegel*:

> She was 18 and she loved him. His dark skin, his frizzy hair, how joyfully he danced – to think that there were men like this, in the middle of the GDR! The African had slept with her twice. Then he flew south, forever. He was her very first boyfriend, yet he'd been here only as a guest. . . . Now her AIDS test is positive.[32]

This phenomenon – of which the above passage is a relatively mild example – was of course not limited to the West. As Sara Pugach has described, African and Afro-German sexuality had been the objects of exoticization and mistrust in East Germany long before the fear and fearmongering associated with AIDS made matters worse by conflating black masculinity with disease, sexual transgression, and death.[33] In a 1988 survey of East German students conducted by the widely respected social scientist Kurt Starke, xenophobic associations with the epidemic were clearly beginning to take hold: when asked where HIV came from, for example, one respondent simply said that "it comes from the blacks."[34]

Furthermore, as one commentator in the news magazine *West Africa* noted, even those European writers who seemed to be taking an interest in the AIDS epidemic in Africa

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[31] See Sanyu A. Mojola, *Love, Money, and HIV: Becoming a Modern African Woman in the Age of AIDS* (Oakland, California: University of California Press, 2014).
[32] Hans Halter, "Menetekel an der Mauer," *Der Spiegel*, Dec 4, 1989: 258.
[33] Sara Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic," in Quinn Slobodian, ed., *Comrades of Color: East Germany in the Cold War World* (New York: Berghahn, 2015): 131–56.
[34] Published in May 1988, Starke's study was based on a survey conducted earlier that year at a college in Bogensee, north of Berlin. Starke asked 190 students, all of whom were close to 23 years old, to write down the words and thoughts that came to their minds when they heard the word "AIDS." The first five most frequent categories were: "disease," "condoms," "sexual intercourse," "death," and "homosexuality." The eighth most frequent category was "foreign," and included variants such as "foreigners," "Americans," "Africans," "non-socialist economic area," "imperialism," and "it comes from the blacks." Only one person wrote something that might have been derived from Jakob Segal's theory: "comes from the Pentagon." Kurt Starke, "AIDS: Assoziationen und Fragen Jugendlicher," Zentralinstitut für Jugendforschung (Leipzig, 1988).

had begun to talk about African sexual cultures with the exoticizing tone and diction of a nature documentary, as in this quote from an article published in the London edition of the *Guardian* in 1987: "The best time to observe the Nairobi hooker is at dusk when the tropical sun dips beneath the Rift Valley and silhouettes the thorn trees against the African skyline. It is then that the hooker preens itself and emerges to stalk its prey." By "prey" the *Guardian* author explicitly meant "white men." The *West Africa* writer went on to say that any useful information about AIDS that might have been contained in this article was "trapped and distorted within its framework in which Africa is the creator/donor, and Europeans the recipients/victims of the AIDS virus . . . This is classic role reversal and agent transference."[35]

Clearly, then, there were good reasons to be skeptical – especially at first, when the science of HIV was still new. But that skepticism took many forms, and these forms speak to the difficult paths that many medical researchers and health professionals had to tread in the face of what appeared to be heavily freighted scientific conclusions. The editor of the journal of the Ghanaian Medical Students Association, for example, wrote an editorial in June 1986 that followed a fairly typical pattern: he described in detail the evidence for the African origins of HIV but concluded with, firstly, a recent article from the *Lancet* suggesting that it was *also* possible that the virus had emerged in South America, and secondly, a plea that the focus remain not on the question of origins but on the difficult epidemiological tasks ahead.[36] Other medical professionals who commented publicly on this issue noted that when another sexually transmitted disease – syphilis – had first begun to spread, "people tended to blame

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[35] Peter Murtagh, "AIDS in Africa: PETER MURTAGH Begins His Three-Part Report with a Visit to the Happy Hookers of Downtown Nairobi," *The Guardian*, February 3, 1987. Quoted in "Matchet's Diary: Counting Mixed Blessings" *West Africa*, Feb 9, 1987.

[36] Achkar, J., "AIDS: Origin in Africa?"*The Medic* (June 1986).

it on neighboring countries, especially their enemies."[37] Interestingly, East German AIDS researcher Niels Sönnichsen employed nearly identical arguments in the health-educational materials he authored. Sönnichsen, who had made it clear in comments to colleagues at the Health Ministry (cited above) that he was entirely convinced by the growing international consensus regarding the origins of HIV, wrote gingerly in his more public-facing works that although most signs pointed to an emergence of the virus in twentieth-century sub-Saharan Africa, scientists were still considering *many* hypotheses, and it was worth withholding judgement for the time being. After all, he continued, medical personnel at Sönnichen's own Charité Hospital in Berlin had, around the turn of the century, referred to syphilis as "the French disease" or "the Polish disease." Sönnichsen went on to say that this, however, likely had more to do with prejudice than science.[38]

These calls to suspend virological politics and focus on more urgent concerns were common. But others took the opportunity to bring politics to the fore. One Nigerian doctor, for example, used the controversy to criticize African governments for what he saw as a lack of transparency or "cloak of secrecy" surrounding "a sexually transmitted disease *every* case of which should be reported to the WHO." So long as AIDS prevalence data wasn't being freely shared, he argued, it would be easy for the West to blame Africa for the intractability of the epidemic. He also wrote that the battles over HIV research meant that "much more research needs to be done on AIDS in Africa, by African health workers."[39] In these examples and many

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[37] Oluremi Olufunke Jewoola Kolawole, "They call it the 'Slim' disease" (1986), Hoover Institution Archives, African Subject Collection, fol. AIDS Clippings 1986.
[38] Niels Sönnichsen, *AIDS: was muss ich wissen? - Wie kann ich mich schützen?* (Berlin: Verlag Volk und Gesundheit, 1987), 8-9. Referring to syphilis as "the French disease" dates back to Naples in the sixteenth century; French speakers have countered by calling it "the Neapolitan disease." See John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, Conn: Praeger, 2008).
[39] Kolawole, "They call it the 'Slim' disease."

others, uncertainties about the origins of HIV were not merely instances of the blind repetition of misinformation, East German or otherwise. Rather, these uncertainties were often evidence-based, and – most importantly – they served as a vehicle for advocacy.

Given the diversity and complexity of these responses to the origins controversy, Segal and his Fort Detrick thesis are clearly not the most salient aspect of this history. I am aware of a certain irony: in arguing that scholars and journalists should spend less time discussing Jakob Segal, I have spent a lot of time discussing Jakob Segal. Yet as I've tried to demonstrate, this entire line of inquiry is shrouded in a very tendentious historiography, and it is important to understand why. As I'll explore in the next section, East German scientists and physicians were involved in a wide range of projects related to the origins and global prevention of HIV/AIDS, and their encounters with the problem and the science of AIDS in Africa took a variety of forms. What the history of GDR AIDS research most clearly reveals is not a nefarious campaign to transfer "alternative" knowledge to the Global South, but rather a subtle transformation over the course of the 1980s in the place of Africa in the eyes of East German researchers, from socialist-internationalist partner to "high-risk" continent and potential market.

East German Science and AIDS in Africa

In the beginning, the East German scientific response to AIDS was driven almost entirely by scientists and medical professionals themselves, particularly Niels Sönnichsen of Charité Dermatology – "Herr Professor AIDS," as he came to be called – and Sieghard Dittmann of the

Central Institute for Hygiene, Microbiology, and Epidemiology (ZIHME), who would later gain recognition as the unofficial face of Eastern European AIDS prevention at the June 1990 International AIDS Conference in San Francisco.[40] As Sönnichsen describes in his memoir, "prudish" SED authorities were uninterested at first in a disease that Western media painted as a "gay plague" that only affected people living "in the fast lane" of American urban life.[41] Lobbying directed at the Minister for Health by Sönnichsen and others soon changed their minds, although there are multiple accounts of what ultimately provided the political will behind the 1983 formation of an AIDS Advisory Group within the Ministry. Sönnichsen describes a ploy he undertook – with the help of a sympathetic *Wochenpost* reporter and her well-connected husband – to be interviewed about the need for an East German response to AIDS and then arrange for a proof copy of the interview to be left on Erich Honecker's desk. According to Sönnichsen, the "green light" for his Advisory Group arrived shortly thereafter; it should be noted, however, that these efforts coincided with new urgency in the form of the sudden appearance in a Leipzig hospital of a West German man with advanced AIDS who had become sick with toxoplasmosis while visiting from Frankfurt, as well as reports of two cases of AIDS in Czechoslovakia.[42] Whether or not approval came from the very top of the SED hierarchy, the AIDS Advisory Group met for the first time in 1983, and shortly thereafter the Health Ministry declared in a memo to all senior and regional health officials that "the chance that individual cases of AIDS might appear even in the GDR cannot be discounted."[43]

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[40] Dittman might not have been involved until 1984, in which case use Baehr or Rosenthal. See UCSF AIDS History Project, Sixth International AIDS Conference.
[41] Sönnichsen, *Mein Leben für die Charité*, 9.
[42] Geißler, "Lieber AIDS als gar nichts aus dem Westen!"
[43] Mecklinger, "Syndrom" (16 Nov 1983), BArch DQ1/12718.

In addition to educating fellow doctors and advocating for the public dissemination of information about AIDS, the Advisory Group rapidly sought connections with the "global AIDS community." Already in 1983, Dittmann was corresponding with the National Institutes of Health in the US for access to their massive bibliography of journal citations relating to the epidemic, and that same year he traveled to Denmark as the first East German delegate at a major international AIDS workshop. It was around this time that reports of significant numbers of AIDS cases in Africa were just beginning to emerge, a fact that appears in Dittmann's report on the workshop as only one of many interesting new turns that the epidemic appeared to be taking. Since the vast majority of cases reported by the WHO were among gay and bisexual men in American and Western European cities, Dittmann assured the Health Minister – in a statement reflecting a typically Soviet-Bloc brand of homophobia that cast same-sex sexuality as an offshoot of bourgeois decadence – that differences in "underlying social conditions" would prevent AIDS from posing a widespread problem for public health (*Volksgesundheit*) in the state-socialist world. Nonetheless, he concluded, the introduction (*Einschleppung*) of the virus by travelers from outside the Bloc was highly likely. (In order to prepare for this, Dittmann wrote, he had procured a West German book that contained detailed information about connections between the "homosexual scene" in West Berlin and the East German capital.) A key objective, then, was for the GDR and its fellow state-socialist European countries to stick together and establish coordinated prevention and reporting measures so as to make the most of their ostensible natural advantage.[44]

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[44] Dittmann, "Bericht über die Teilnahme an der Beratung AIDS in Europa-Status quo 1983 Hojbroj b. Aarhus, Dänemark 19-20 Oktober 1983" (Berlin, 22 Oct 1983), BArch DQ1/12718.

Within the following year, the fact of a sprawling AIDS epidemic in Africa was becoming widely known. When Minister for Health Mecklinger circulated a report to members of the ZK in December 1984, he mentioned this emerging picture, but still declined to include people from Africa on the official list of "risk groups."[45] When he sent an even more detailed, more urgently worded report the committee the following year explaining that the number of AIDS cases in Europe had doubled since 1983 and recommending that the GDR intensify its prevention efforts by establishing regional AIDS Consultation Centers, publishing articles about the epidemic in East German scientific journals and popular magazines, and increasing the frequency of official "AIDS Instructions" (*AIDS-Weisungen*) sent to all East German health professionals – all of these measures were put into place that year – he stated unambiguously that European infections could all be traced either to American or to African sources, and noted many of the key differences between the epidemiology of AIDS in Africa compared to the US and Western Europe (notably the centrality of heterosexual transmission). Nonetheless, no mention was made in this document of using immigration restrictions as a mode of AIDS prevention, and African origins were again not listed as a risk factor.[46] The focus instead was on the Ministry's plans for raising public awareness[47] about the epidemic and the logistical problems associated

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[45] Mecklinger, "AIDS-Problematik, weltweit" (7 Dec 1984), BArch DQ1/12718.

[46] Ludwig Mecklinger, "Betr.: Information zur Kranheit AIDS (Syndrom des erworbenen Immundefekts)" (6 Sept 1985), BArch DQ1/12718.

[47] Much has been made of a single sentence from this document in which Mecklinger stated that "distributing [information about AIDS] to the daily papers" was not considered a suitable measure at that time. While this line is usually quoted by itself as evidence that the Ministry of Health refused to educate the public about the dangers of AIDS, the entire paragraph reads: "[We recommend] publishing informative articles in magazines and illustrated periodicals such as the *Wochenpost, Deine Gesundheit,* or *Für Dich,* or health-related TV programs such as *Visite* or doing interviews on radio programs. Distributing [information] to the daily papers (*eine Streuung durch die Tagespresse*) would not be suitable (*zweckmäßig*)." An article in the *Wochenpost* featuring a lengthy interview with Niels Sönnichsen appeared shortly thereafter, followed by *Deine Gesundheit.* Ibid.

with establishing cell lines for use in research on HIV (then called LAV/HTLV-III). East German AIDS researchers were especially interested in developing the GDR's own reliable antibody test, since testing for the virus at that time required expensive equipment and supplies from the West as well as the hard currency required to import them.

At the same time that East German AIDS researchers were expanding their professional networks around the world, the imperatives of socialist science within this field were shifting. Whereas initially it seemed that doing socialist AIDS science meant establishing coordinated surveillance systems within the East Bloc so as to take collective advantage of state socialism's supposed natural advantage in HIV prevention, the emergence of a massive Central African epidemic made it clear once and for all that the virus did not have a predilection for capitalist contexts, and that serving as representatives of the GDR inside the growing global response to AIDS was more important than battening socialist hatches. Sönnichsen, Dittmann, and their colleagues in the Advisory Group presented their research at more and more international conferences on both sides of the "Iron Curtain," including at the first International AIDS Conference in Atlanta in 1985, where Sönnichsen presented a paper before commencing a tour of the East Coast to give talks and meet with colleagues at Johns Hopkins and NYU.[48] In his report on this and subsequent International AIDS Conferences in 1986 and 1987, Sönnichsen remained focused on acquiring new insights and resources for combatting the AIDS crisis, but politics remained continually in view, even beyond the standard "ideological" language that reports of this kind required. At the 1987 conference in Paris, for example, Sönnichsen paid considerable attention to

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[48] Sönnichsen, "Bericht: AIDS Conference Atlanta," BArch DQ1/12718.

concerns reported by African delegates, in particular their objection to an idea being put forward by the Soviet Union (and supported by some East German officials) involving the establishment of an internationally recognized HIV certificate, as well as their requests for financial aid for their HIV prevention programs and their concerns about the unavailability of affordable antibody test kits.[49]

One of the most telling reports, however, is likely the one Sönnichsen produced following his participation in an International Conference on AIDS in Africa in Brussels in November 1985. While stressing the usefulness of the meeting for broadening his own understanding of the most up-to-date research, Sönnichsen also foregrounded "repeated" conversations he had had with several African colleagues who said they were "disappointed that the conference had been able to give them no real answers as to how to stem the spread of AIDS in their own countries" and that they were equally disappointed that the conference had no ideas about how to provide them with easy and cheap methods for [HIV] testing." He then discussed being accosted by representatives of a West German pharmaceutical firm (and maker of HIV test kits) who said wanted to hold "seminars" – and presumably product demonstrations – in the GDR at the Health Ministry's earliest convenience, a suggestion Sönnichsen says he "received without comment."[50]

Engineering and producing cheap HIV test kits was emerged as a key issue in the Cold War politics of AIDS, with the high cost of American test kits frequently appearing as a call to socialist action. Intra-Bloc meetings of AIDS researchers stressed this as well, even undertaking a joint evaluation of prototypes that had been prepared up to that point by

[49] Sönnichsen, "Bericht – Paris," BArch DQ1/12718.
[50] Sönnichsen, "Bericht AIDS-in-Afrika Brussels" (25 Nov 1986), BArch DQ1/12718.

several socialist countries in order to determine which seemed the most viable candidate for mass production and deployment in the Global South – a contest the GDR appears to have won thanks to its long-running HIV test kit project at the VEB Sächsische Serumwerk in Dresden.[51]

Given the GDR's dire need for hard currency, however, the significance of test kit production was subject to drift, and it is around this issue that shifts began to emerge in the place of Africa in the discourse of East German AIDS science. At one meeting of state-socialist health ministers in Moscow in 1987, delegates again stressed the importance of producing test kits within the East Bloc, although here the language of socialist-internationalist commitments to developing countries was less prominently on display. Instead, delegates described this project as part of a COMECON biotechnology initiative, with heavy emphasis on the need for test kits to be "market-ready" within the following months.[52] Alongside this new commercial focus was seemingly a new confidence on the part of East German scientists in wielding the language of global health: "Given the global character of the AIDS problem, the need for cooperation . . . among COMECON members was emphasized by all present." Interestingly, the issue of Jakob Segal's theory was raised at this meeting but then immediately dismissed: "A question raised by the Secretary for Health of Bulgaria concerned the idea that AIDS was developed in an American laboratory. The [Soviet] leader of the workshop immediately responded with the following clear answer: no Soviet scientist had

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[51] "Bericht über die Arbeitstagung der Vertreter der Ministerien für Gesundheitswesen der RGW-Länder zum Problem AIDS, Moskau, 21./22.4.1987" (Berlin, 27 April 1987), BArch DQ1/13082.
[52] Ibid.

made any such claim publicly (in newspapers or the like). This he seemed to consider a sufficient answer, and nothing more was said on the matter."[53]

In the final two years of the GDR's life, the focus on AIDS research as a possible source of hard currency increased. After garnering praise from the WHO for its mobile AIDS exhibits, for example, representatives of the German Hygiene Museum's international commercial division briefly investigated the GDR's prospects for breaking into the global market for AIDS education materials; they were disappointed to learn that several of their would-be competitors were NGOs and were already giving their products away for free. There are hints that Hygiene Museum officials were taking great care to approach these potential markets as delicately as possible. In letter to a WHO representative, DHMD Director Neumann wrote: "As you know, we opened an exhibition on AIDS in our institution on the occasion of the First World AIDS Day on 1st December 1988. This extra part of our exhibition has been met with great interest. Possibly it would be suitable for other places and countries, too." Earlier drafts, however, contain considerably more detail about the museum's desire to rent out the displays it had produced as a traveling exhibition, but these were repeatedly crossed out.[54]

Accompanying the waning interest in a socialist-internationalist politics of AIDS was a simultaneously increasing participation in the language of *global* cooperation in fighting the epidemic. When Dittmann and Mecklinger attended the landmark London AIDS Summit in 1988, the former's statement to the assembled delegations from roughly 90 health

[53] Ibid., 5.
[54] OMR Prof. Dr. sc. med. Neumann to Mr. Tibor Farkas, WHO Headquarters - Public Relations (10 Feb 1989), HSAD 13658 fol. Au295.

ministries from around the world was a telling amalgam of the rhetoric of state socialism and of the global AIDS community, which had developed a distinctive language of its own:

> The GDR highly appreciates the role and responsibility of the World Health Organization in the global strategy for AIDS prevention and control. My country is ready to contribute to global control through an aggressive national programme.
>
> Mister Chairman! Dear Colleagues! In these days where the hope is growing that we are a little bit closer to a peaceful world, the chances and possibilities for a fruitful cooperation between countries are growing, too. Let us use the chances in our common fight against AIDS.[55]

As East German scientists became more and more fluent in this language, however, early efforts to keep advocacy for the Global South at the center of medical-professional culture. In 1988, the number of East German doctors and medical researchers attending conferences abroad, including non-socialist countries, reached its highest since the construction of the Berlin Wall, despite tightening budget constraints and an SED leadership increasingly reluctant to approve foreign travel.[56] Given the timing of the East German HIV entry ban, there is thus an inverse relationship between the amount of resources the GDR spent on cultivating trans-Bloc scientific and medical partnerships and the amount of resources it spent on the African AIDS epidemic.

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[55] Dittmann, "Kurzbericht über die Teilnahme am Welttreffen der Minister für Gesundheitswesen zu Programmen der AIDS-Verhütung, London, 26.-28.1.1988," BArch DQ1/12718.

[56] Those numbers were: 1611 physicians and scientists attending conferences in non-socialist countries and 1770 in socialist countries; "Jahresanalyse 1988: Teilnahme von Wissenschaftlern der DDR an medizinisch-wissenschaftlichen Veranstaltungen im Ausland" (22 March 1989), BArch DQ1/12125.

CHAPTER 6

Introduction to Part Two:

East Germany and the Global Response to AIDS

I've argued so far that East German health professionals involved in the response to AIDS were drawn for a variety of reasons to the global, Western-led response to the epidemic, and that in the process, the virtues of socialist health and the virtues of international health cooperation writ large seemed, at times, to merge. I've also outlined many of the perks that membership in the global AIDS community conferred to East German scientists and health professionals, and through them, to the East German state. But why does that matter? Aside from diluting the attention paid to Africa and the socialist world, how could this be a bad thing? And how is it connected to the immigration restrictions of 1987?

There are a number of answers to this question. As I discussed in Chapter 5, evidence of racial and geopolitical hierarchies within Western-centered institutions appeared from early on – although East German internationalism was far from innocent of these sentiments, as I'll explore in Chapter 8. There are important critiques of the neoliberalization of AIDS prevention and its consequences for drug accessibility in the Global South, a trend to which the disappearance of socialist alternatives likely contributed.[1] There is, however, another

[1] The debate in these two articles is a good summary of this critique: Lisa Ann Richey and Stefano Ponte, "Better (Red)™ than Dead? Celebrities, Consumption and International Aid," *Third World Quarterly* 29, no. 4 (June

answer to this question that, I argue, played a more subtle – but perhaps more direct – role in shaping the East German response to AIDS, and it concerns the ways in which the liberal Western model of AIDS prevention in the 1980s was structured around identity-based groups and identity politics.

This, of course, makes a great deal of sense, given the profound marginalization and hate that people affected by HIV/AIDS encountered when it appeared – and still encounter, although fortunately a lot of (uneven) progress has been made since then. The homophobia apparent in conversations about AIDS in the US and elsewhere in the 1980s was venomous, if not outright violent. It's worth dwelling for a moment on how little sympathy was apparent in the responses of the Reagan administration. When asked at a White House press briefing what the administration was going to do about the emerging AIDS problem, White House Press Secretary Larry Speakes fumbled with a few homophobic jokes and then brushed the subject aside: "I don't have it. Do you? [Transcript indicates laughter.] How do you know? [Laughter] . . . The President doesn't have gay plague, is that what you're saying or what?"[2] In the face of this opposition, LGBTQ AIDS activists mounted a historic public awareness and advocacy campaign, and it is partly a side effect of their achievements that HIV/AIDS and AIDS activism acquired its connotations of whiteness. Educational pamphlets created by AIDS activists of color in the 1980s often had titles such as "Black People Get AIDS Too" or "You Don't Have To Be Gay and White To Get AIDS," suggesting a strong feeling of disconnect between organizations such as ACT UP and communities of color.[3]

2008): 711–29; Jeremy Youde, "Ethical Consumerism or Reified Neoliberalism? Product (RED) and Private Funding for Public Goods," *New Political Science* 31, no. 2 (June 2009): 201–20.

[2] The White House, Office of the Press Secretary, "Press Briefing by Larry Speakes" (October 15, 1982).

[3] See Chapter 5. See also UCSF AIDS History Project, MARC and TWAATF folders.

In fact, not only were people of color deeply involved in activism, but the problems of race, gender, sexuality, class were discussed with great concern in many contexts. For example, the famous Shanti Project in San Francisco – which organized hospice care for people dying of AIDS and played a major role in AIDS advocacy and politics in general – was informed in the mid-1980s that it had a serious race problem, and that people of color felt alienated within an activist culture that seemed to have no concept of the problems that many lower-income and non-white people with AIDS and their families faced. What followed was a sweeping and often painful integration effort in which activist leaders worked hard to come to terms with the fact that there could be unjust power differentials even within a space of such profound powerlessness, stigma, and death. White activists and activists of color held meetings, cried together, and tried to overcome cultural and socioeconomic difference, even inventing "Jeopardy"-style games designed to help activists of different sexual orientations and from different backgrounds become more comfortable around each other.

There is a risk here of overstating how successful or meaningful these efforts were; certainly not everyone was satisfied with the results. My point, however, is that AIDS activists in the 1980s understood well the complexities of identity and AIDS.[4] This was true in East Germany as well: archival records indicate that LGBTQ leaders such as Rainer Herrn were among the first to lobby for removal of the HIV immigration ban as soon as the SED fell.[5] Despite this, AIDS among Africans has now fallen away from queer histories of AIDS in the GDR, just as discussions of queer AIDS activism are entirely absent from the few scholarly accounts of the deportation of HIV-positive Africans from East Germany. These two chapters

[4] UCSF AIDS History Project Archives, Film Archive and MARC.
[5] See correspondence in BArch DQ1/26625.

are an attempt to understand the consequences of this bifurcation, by exploring the histories of race and sexuality in East Germany and by tracing the tangled networks of scientists, activists, politicians, and health professionals that stretched across the "Iron Curtain" in the name of AIDS prevention.

CHAPTER 7

Sexuality, AIDS Activism, and German-German Politics

In 1999, the Public Health Working Group in Berlin published a report on the integration and reconciliation of East and West German AIDS prevention programs over the prior decade. This report was written primarily by actors formerly positioned within the West German health system: their characterizations of the integration process fall pretty squarely within the dominant narrative of German-German AIDS politics that I have discussed – i.e., the narrative in which there wasn't so much an "integration" as there was a unidirectional process wherein Federal German institutions were forced to absorb the wreckage of East German infrastructure and pump it with cash and proper leadership.[1] The gist of this report was that the East German AIDS program had serious deficits, not merely for reasons of financial or institutional capacity, but in the fundamental idea that governed it: the GDR's AIDS model, this paper asserted, was deficient because it failed to adequately target and work with "high-risk" groups – and in this case they specifically meant men who have sex with men (MSM). Rather than working closely with the gay community in the GDR and

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[1] It's striking how quickly that narrative set in once reunification appeared inevitable. Right up through early 1990, there were a number of thriving German-German projects aimed at coordinating AIDS-related programs. But the prospect of German unity had a weirdly rigidifying effect: excitement about trans-Bloc cooperation fell away and was replaced almost instantly with the imperative that the GDR simply conform to West German policies. This was true to such an extent that the Federal Archives contain early drafts of West German policy memos in which directives to broaden and nurture existing projects and lines of communication with GDR health officials are literally crossed out in pen and replaced with handwritten corrections stressing the need to demand the GDR's wholesale adoption of the Federal AIDS-prevention model. BArch DQ1/26625.

forging alliances to promote AIDS awareness, this paper claimed, East German health officials clung to a somewhat prudish universal message that promoted stable, monogamous relationships as the only truly safe sexuality, and that didn't bother to tailor outreach efforts to vulnerable populations.[2]

From this report, in other words, there emerges an implicit definition of socialist health as a paradigm handicapped by an inflexible, naïve universalism: to be sure, socialist health systems had more coercive power at their disposal, which was useful for enforcing mandatory testing and mass vaccination. But in a new era of neoliberalism and AIDS, when "behavior" and "risk" were key determinants of health, socialist health – the 1999 report suggests – foundered on its own monolithic state apparatus because it refused to acknowledge or cooperate with "civil society," and because it didn't understand diversity.

How can these claims be evaluated? Did East German AIDS outreach strategy really eschew contact with "high-risk" groups and broadcast a monogamy-only message on all frequencies? Broadly speaking, that doesn't seem to be the case, and the perceived difference probably has more to do with timing than with fundamentally different approaches to health education. As I've discussed, GDR began its major push to promote AIDS awareness in 1987. There were pamphlets and a small book called *AIDS: What do I need to know and how do I protect myself?* which sold out almost immediately, plus public lectures and events in schools and exhibitions at the German Hygiene Museum in Dresden. And it is certainly true that in the beginning, the emphasis in East German AIDS literature was more on monogamy and less

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[2] Rainer Herrn, *"Vereinigung ist nicht Vereinheitlichung": Aids-Prävention für schwule Männer in den neuen Ländern* (Berlin: Arbeitsgruppe Public Health, Wissenschaftszentrum Berlin für Sozialforschung, 1999).

on, for example, condom use.[3] But the same was also true of West German AIDS literature in the mid-to-late 1980s. One 1987 pamphlet produced by the state of Baden-Württemberg in West Germany, for instance, asked readers the question "Who has nothing to fear from AIDS?" The answer came in the form of an image: a white male hand holding a white female hand (the latter wearing a wedding band), accompanied by a paragraph of text about "true faithfulness" to one's partner.[4] There were also posters released around the same time that said "Taking a break from fidelity is the END of safety."[5]

To whatever extent the GDR pursued a one-size-fits-all approach to AIDS prevention, moreover, it was at least partly intentional. After all, physicians and commentators on both sides of the Berlin Wall had pointed out that the entire concept of "risk groups" was reminiscent of the Nazi penchant for categorizing people on the basis of their viability, and was therefore a less-than-ideal framework for talking about groups of people who were in many cases already the subject of discrimination.[6] This critique existed mostly in academic contexts, but East German health officials sometimes showed a similar level of discomfort with HIV risk classifications. Until the professional language surrounding East German AIDS prevention was standardized in the late 1980s, there was some disagreement about whether gay men should be considered an HIV risk group, or whether "promiscuous people" covered

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[3] Niels Sönnichsen, *AIDS: was muss ich wissen? - Wie kann ich mich schützen?* (Berlin: Verl. Volk u. Gesundheit, 1987).

[4] Landesarbeitsgemeinschaft für Gesundheitserziehung Baden-Württemberg, *Gib AIDS keine Chance: Wie man sich vor AIDS schützt und ohne Angst davor lebt*, December 1987, DHMD Archives.

[5] Deutsches Hygiene-Museum AIDS poster collection.

[6] Samuel Mitja Rapoport, ed., Das Schicksal der Medizin im Faschismus : Auftrag und Verpflichtung zur Bewahrung von Humanismus und Frieden; internationales wissenschaftliches Symposium europäischer Sektionen der IPPNW; (November 1988 Erfurt/Weimar - DDR), Nachdr. des Tagungsprotokolls Berlin, Verl. Volk und Gesundheit, 1989 (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000).

the proper bases among *both* heterosexual and LGBTQ East Germans.[7] When the German Hygiene Museum of Dresden (DHMD) submitted the accompanying materials for its 1987 AIDS Exhibition to the Health Ministry for comment, Hygiene Director Theodor suggested that "male homosexuals with many sexual partners" be removed from the list of at-risk populations, since "this target group has reacted very sensibly."[8] As I'll discuss below, Theodor also expressed concern over "semi-official" methods of reaching out to risk groups, preferring to maintain a centralized prevention infrastructure and avoid informal relationships between state and non-state actors.[9]

Despite all of these ambiguities, the idea that the GDR had very little to offer in terms of AIDS prevention until the Federal Republic offered its assistance – very little, that is, with the exception of outdated and authoritarian epidemic control methods – is an overwhelmingly dominant narrative, both in scholarship and in popular knowledge. East German difficulties in this regard, moreover, are often represented as stemming from a fundamental misunderstanding of the importance of identity politics in AIDS prevention.

To reiterate: very little about the East German response to AIDS was ideal. But as I've argued, this response was not nearly so benighted as it is often portrayed. To understand the persistence of this narrative, it is necessary to understand both histories of sexuality in divided Germany and also the way that AIDS came to feature in German-German politics in the late 1980s. In this chapter I'll give an overview of these contexts and argue for a

[7] Ullmann, Bezirkshygieniker Erfurt, to Dittmann, ZIHME (10 April 1987), BArch DQ1/12720.
[8] Theodor to Deputy General Director Hegemoser, DHMD (7 Dec 1987), BArch DQ1/12718.
[9] E. Günther, Direktor der Hautklinik, Klinik und Poliklinik für Hautkrankhaiten, Friedrich-Schiller-Universität Jena, to N. Sönnichsen (April 1986); Theodor to Günther (21 May 1986), Günther to Theodor (5 June 1986); BArch DQ1/12722.

reinterpretation of the way AIDS was politicized in divided Germany. The importance of this reinterpretation lies, firstly, in the fact that narratives in which West German assistance was paramount have obscured the "home-grown" AIDS activism that existed in the GDR, which is why I'll also describe the diverse ways in which GDR citizens, many of them part of a nascent East German gay rights movement, interacted with the state to advocate for AIDS awareness and treatment. Along the way I'll also discuss the copious support that West German activists and health workers did indeed dispatch to East Germany, with an eye both to the successes and limitations of these exchanges as well as to the ways in which this support may have been inflected by West German aims and assumptions about AIDS.

Histories of Sexuality

The historiography of sex and sexuality in the GDR and the broader Soviet Bloc has been a crucial way of expanding the range of questions scholars ask about the complex relationships between socialist states and their citizens. Josie McLellan, for example, has explored these relationships in ways that move behind compliance-resistance binaries; her work on nudism in the GDR highlights the ways in which small challenges to state authority (for example, by ignoring bans on nude swimming) belied notions of absolute state control while also not necessarily representing broadly "resistant" attitudes toward the SED or state socialism in general, as well as the ways in which the mutual co-opting of state and subcultures such as nudism complicates the idea of East German society's withdrawal in "niches."[10] Other concerns in this field of inquiry include the role and meanings of sex and sexuality under and

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[10] Josie McLellan, "State Socialist Bodies: East German Nudism from Ban to Boom," *The Journal of Modern History* 79, no. 1 (March 1, 2007): 48–79.

after Nazism (and in post-1945 memory politics),[11] as well as whether East Germany experienced a full-fledged sexual revolution, as Josie McLellan claims, or something more akin to an "evolution," as Dagmar Herzog claims.[12]

An interesting question that comes up repeatedly both in historical scholarship and in popular representations of life in the East Bloc concerns the claim that, according to those who experienced the 1989-91 transition, "women had better sex under communism."[13] This is an enticing claim, and reasonable in the sense that wider access to reproductive health in a more secular polity would plausibly reduce anxieties over unwanted pregnancies.[14] Some skepticism is necessary, though, since the idea seems to originate from Dorothee Wierling's oral history collection *Born In Year One*, in which all the interviewees were born in 1949, the year of the GDR's founding. This means that participants were around age 50 when they were interviewed by Wierling in the late 1990s, and were remembering sexual encounters they'd had two or more decades prior, which makes it likely that an element of nostalgia is at work.[15] Kurt Starke, an East German sex researcher I'll discuss in greater detail below, has also expressed skepticism about this idea, based on the many hundreds of interviews he conducted both in the GDR and in post-reunification Germany.[16]

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[11] Moeller, *Protecting Motherhood: Women and the Family in the Politics of Postwar West Germany*; Jennifer V. Evans, *Life among the Ruins: Cityscape and Sexuality in Cold War Berlin* (Basingstoke and New York: Palgrave Macmillan, 2011); Atina Grossman, *Jews, Germans, and Allies: Close Encounters in Occupied Germany* (Princeton, NJ: Princeton University Press, 2007).
[12] Josie McLellan, *Love in the Time of Communism: Intimacy and Sexuality in the GDR* (Cambridge and New York: Cambridge University Press, 2011).
[13] Kristen R. Ghodsee, "Why Women Had Better Sex under Communism," *The New York Times*, August 12, 2017.
[14] Donna Harsch, "Society, the State, and Abortion in East Germany, 1950-1972," *The American Historical Review* 102, no. 1 (1997): 53–84.
[15] Dorothee Wierling, *Geboren im Jahr Eins: der Jahrgang 1949 in der DDR: Versuch einer Kollektivbiographie* (Berlin: Ch. Links, 2002).
[16] Frank Hörügel, "Kurt Starke aus Zeuckritz gilt als Sex-Papst des Ostens – und findet das albern," *Leipziger Volkszeitung*, July 11, 2017.

Perhaps even more so than the historiography concerning sex and sexuality writ large, new and contentious questions are emerging in scholarship about LGBTQ history in the GDR,[17] and in the East Bloc more broadly.[18] McLellan has laid considerable groundwork in describing the SED's fraught relationship with LGBTQ East Germans, which was troubled less by programmatic homophobia – after all, in 1950 it was the GDR and not the FRG that was first to decriminalize homosexuality by repealing the Nazi-era statute §175 – and more by anxieties about *any* self-organization of East German citizens with ties to the West.[19] Given that SED policymakers at least *wanted* East Germany to be the more sexually emancipated Germany, then, difficult questions arise as to how successful they were in this. Samuel Huneke's forthcoming dissertation, for example, argues that the GDR ultimately became one of the most progressive states in Europe vis-à-vis LGBTQ rights by the end of the 1980s, although this question is a complex one considering the need to reconcile legislative

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[17] Eric G. Huneke, "Morality, Law, and the Socialist Sexual Self in the German Democratic Republic, 1945-1972" (University of Michigan, 2013); McLellan, *Love in the Time of Communism*; Kyle Frackman, "Persistent Ambivalence: Theorizing Queer East German Studies," *Journal of Homosexuality* 66, no. 5 (April 16, 2019): 669–89; Jennifer V. Evans, "Decriminalization, Seduction, and 'Unnatural Desire' in East Germany," *Feminist Studies* 36, no. 3 (Fall 2010): 553–77.

[18] Scholarly literature on LGBTQ life and activism in the East Bloc is still relatively thin compared with in the West, but some good examples include Anita Kurimay and Judit Takács, "Emergence of the Hungarian Homosexual Movement in Late Refrigerator Socialism," *Sexualities* 20, no. 5–6 (September 2017): 585–603; Saskia Poldervaart, "Theories About Sex and Sexuality in Utopian Socialism," *Journal of Homosexuality* 29, no. 2–3 (November 27, 1995): 41–68; Alexander Kondakov, "Rethinking the Sexual Citizenship from Queer and Post-Soviet Perspectives: Queer Urban Spaces and the Right to the Socialist City," *Sexualities* 22, no. 3 (March 2019): 401–17; Sherry Wolf, *Sexuality and Socialism: History, Politics, and Theory of LGTB Liberation* (Chicago: Haymarket Books, 2009); C. Chimisso, "Fleeing Dictatorship: Socialism, Sexuality and the History of Science in the Life of Aldo Mieli," *History Workshop Journal* 72, no. 1 (October 1, 2011): 30–51; Judit Takács, Roman Kuhar, and Tamás P. Tóth, "'Unnatural Fornication' Cases Under State-Socialism: A Hungarian–Slovenian Comparative Social-Historical Approach," *Journal of Homosexuality* 64, no. 14 (December 6, 2017): 1943–60; Judit Takács, "Disciplining Gender and (Homo)Sexuality in State-Socialist Hungary in the 1970s," *European Review of History: Revue Européenne d'histoire* 22, no. 1 (January 2, 2015): 161–75.

[19] McLellan, *Love in the Time of Communism*.

recognition of LGBTQ rights with the high levels of *Stasi* surveillance and the general lack of trust between many gay East Germans and the state.[20]

LGBTQ Organizing in the GDR

In 1972, three years after the Stonewall Riots in New York City helped launch a new era of visibility and activism for LGBTQ communities in the US and Western Europe, members of Homosexual Action West Berlin (HAW) visited East Berlin and met with East German activists. This was one of the first in a growing series of contacts that was inspired in part by the release of the historic West German gay coming-of-age film *It's Not the Homosexual That's Perverse, It's the Society In Which He Lives.*[21] Activists remember this film as a decisive and galvanizing cultural moment that paved the way for the founding in 1973 of the Homosexual Interest Group Berlin (HIB), which consisted of around ten men and women who met weekly in private homes in Prenzlauer Berg and hosted larger biweekly events that attracted an average of twenty to thirty people. They began advocating for recognition of the East German gay community, mostly by corresponding with media, government and SED officials, and institutions such as URANIA, which collaborated with them to hold a public discussion about homosexuality at the City Library of Berlin.[22]

A major watershed was the World Festival of Youth and Students, an East Bloc ritual since 1947 that attracted young Leftists from all over the world and was hosted in 1973 by

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[20] Samuel Huneke, "Homosexuality and the State in Cold War Germany," forthcoming.
[21] For a discussion of LGBTQ film in East Germany, see Kyle Frackman, "The East German Film 'Coming Out' (1989) As Melancholic Reflection and Hopeful Projection," *German Life and Letters* 71, no. 4 (October 2018): 452–72.
[22] Jens Dobler, ed., *Verzaubert in Nord-Ost: die Geschichte der Berliner Lesben und Schwulen in Prenzlauer Berg, Pankow und Weißensee* (Berlin: Bruno Gmünder Verlag and Sonntags-Club e.V., 2009), 178–79.

East Berlin. Activists who attended the sprawling festival remember a mood of excitement and camaraderie, where “you could talk to people from other countries who were just like you” and which the *Stasi* had apparently decided to “photograph but tolerate.”[23] British activist Peter Tatchell of the London Gay Liberation Front attended, bringing with him pamphlets in English and German to distribute. Tatchell describes being stopped and harassed by West German border agents in Hamburg but waved through cheerfully by East German guards at Checkpoint Charlie – German-language “Gay Liberation Front” pamphlets and all, which, due to a translation error, actually read “*Armed* Gay Liberation Front” – only to spend much of the festival fighting off interference and threats of violence from the *Stasi* and the East German police. A major point Tatchell has made in his descriptions of this event is that the British and West German Left were highly antagonistic to the idea of promoting gay liberation in the GDR, and to any criticism of socialist states. With support from East German activists he ultimately was able to give a speech, displaying a banner, and then briefly lead a march that was broken up by police. Tatchell has referred to this as “the first gay protest in a communist country,” which might be more or less accurate. The key here is that Left internationalism in the 1970s was deeply homophobic.[24] (East German participants, it’s also worth noting, remember the first gay rights banner displayed at the festival as one someone in their party made that said “We Homosexuals of the Capital Greet

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[23] Ibid., 179.
[24] See Tatchell books and blog post https://www.petertatchellfoundation.org/queer-comrades-east-berlin; see also Dobler, *Verzaubert*, and the documentary *Out in East Berlin* (2013).

the Participants of the Tenth World Festival of Youth and Students and We Stand For Socialism in the GDR," and therefore a more indigenous protest.[25])

In the wake of the state's relatively passive response to gay rights agitation at the 1973 festival, the HIB pursued an increasingly "official" presence. It was around this time that a major shift in East German cultural politics was underway, with the expulsion and revocation of citizenship of dissident singer-songwriter Wolf Biermann in 1976, the same year that the HIB applied for – and were denied registration as a legitimate group with the city of Berlin. Alongside the conservative turn the SED's tolerance for opposition in the wake of the Biermann affair, meetings and events were increasingly denied approval by the authorities, including a massive national meeting of East German lesbians that was ordered to shut down by the police in 1978. After some back-and-forth with the Council of Ministers of the GDR, who claimed to be sympathetic but clearly had no intention of accommodating the organization anytime in the immediate future, the HIB dissolved in 1980.

From that point on, much of the LGBTQ activism that took place in the GDR did so under the same auspices that hosted a nascent environmental movement and various other pockets of East German oppositional politics, due to its semi-autonomy thanks to a special arrangement with the state: the Protestant Church.[26] Discussion-based events such as one in Leipzig called "Can We Talk About This? Homosexuality as a Question of Theology and Community" began to emerge in multiple cities around 1982, followed by organizations such as the Homosexuality Working Group (*Arbeitskreis Homosexualität*) that were attached to

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[25] See *Out in East Berlin*; Ursula Sillge, *Un-Sichtbare Frauen: Lesben und ihre Emanzipation in der DDR* (Berlin: LinksDruck Verlag, 1991).
[26] Julia E Ault, "Defending God's Creation? The Environment in State, Church and Society in the German Democratic Republic, 1975–1989," *German History* 37, no. 2 (April 22, 2019): 205–26.

churches or Protestant student groups.[27] These developments weren't without friction: there were conflicts within religious communities over whether it was proper for a church to support gay rights, as well as battles over whether LGBTQ pastors should be ordained.[28] The *Stasi*, moreover, was deeply concerned, and deployed a sizable surveillance campaign that involved sending gay and lesbian informants to establish sexual contact with key activists in order to keep tabs on the movement; the reports they are full of prurient remarks and intimate details of these encounters, a fact which belies the uptight, moralistic exterior of the common image of the *Stasi*.[29] Church-sponsored gay rights organizations, however, only continued to grow throughout the 1980s.

In 1986 a secular alternative base of operations emerged in the form of the deliberately innocuously named Sunday Club (*Sonntags-Club*), which soon became a central part of self-help efforts surrounding HIV/AIDS. Its founders included lesbian activist Uschi Sillge and former members of the Homosexual Interest Group Berlin. Unlike church-based activists, the Sunday Club took up the 1970s tradition of appealing for official recognition from the state, and although a workable relationship was established between the Club and Sönnichen's network at Charité Hospital and the Health Ministry, the SED remained resistant. One example from 1988 illustrates the ways in which social conservatism on the part of minor officials and local-level authorities may have played as big a role in suppressing LGBTQ activism as the central state apparatus and its anxieties about civil society. The Sunday Club was attempting to get permission to hold an event from the SED neighborhood

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[27] In this case, the Protestant Student Community (*Evangelische Studentengemeinde* or ESG) of Leipzig.
[28] Dobler, *Verzaubert*, 201.
[29] See Barbara Wallbraun's forthcoming documentary *Uferfrauen.*

leadership (*Kreisleitung*) in Prenzlauer Berg. A low-level SED official remembers that while she could see no legal reason to deny the application, her boss said that there was enough "weird" and "contrarian" activity going on in their district and that "the homosexuals could go somewhere else." The official recalls suspecting that his decision was based more on personal prejudice than anything else.[30] This distinction between different levels and branches of the government has appeared with particularly with respect to the implementation of AIDS policy: one activist remembers thinking that "both states – East and West Germany" had reacted fairly reasonably, but that local police were obsessed with the idea of gay men spreading AIDS.[31]

The emergence of AIDS seems to have galvanized the movement further, as it likely did all over the world.[32] An event hosted by youth leaders at the Academy for Continuing Medical Education (*Akademie für Ärztliche Fortbildung*, AÄF) in June 1987 brought together church-based LGBTQ organizations, the Sunday Club, and physicians and health officials to talk about the role of non-state organizations in socialism. It was called "Can They Do That? Self-Help Groups and Health in Socialism." Gay activists listened to the confusion expressed by some in the medical community about whether it was all right for independent groups to take over some of the functions of the health system and concluded that anyone associated with the centralized health system would be afraid of anything not controlled by the state.[33]

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[30] Dobler, *Verzaubert*, 239.
[31] Dobler, *Verzaubert*, 257.
[32] This may have been especially true in the East Bloc, where gay rights movements were not as visible in the 1970s and therefore the ways in which AIDS forced LGBTQ issues into the public sphere engendered a more dramatic shift in the 1980s. A new book has made this argument with respect to Poland; see Lukasz Szulc, *Transnational Homosexuals in Communist Poland: Cross-Border Flows in Gay and Lesbian Magazines* (New York: Palgrave Macmillan, 2019).
[33] Dobler, *Verzaubert,* 266.

The consensus was that the GDR would only pursue archaic, authoritarian modes of disease control. Sönnichsen's book *AIDS – Was muss ich wissen?* is often raised as an example of this, given its emphasis on "lasting partnerships." This was "the quintessence of state AIDS education."[34]

A Central AIDS Working Group was founded in Erfurt in 1987 as an offshoot of a church-based discussion series that had been operating there since 1982. They formulated strategies and outreach materials partly on the basis of literature created by West German AIDS organizations. The idea was to form a prevention strategy that "accepted the way gay men live" and was not rooted in "morality" or naïve expectations of youth abstinence.[35] The sentiment that "the gaps between the Sönnichsen brochure and real life were wide" inspired some to begin producing their own materials with assistance from the church.[36] These activities soon led to the creation of the *AIDS Info-Sheet*, a brief series of informational publications stamped with the words "for internal church use only" to get around the problem of state approval.

Throughout 1988 there were a string of new events and organizations. Event titles included "Protection from AIDS – Faithfulness and/or Condoms?," "We for Us – Women and AIDS: What's It Got to Do With Lesbians?," and "Fun With Safer Sex," among others. Also in 1988, the Homosexual Self-Help Working Group created the AIDS Working Group, "based on

[34] Ibid., 267-8.
[35] Dobler, *Verzaubert*, 268.
[36] I once asked documentary filmmaker Barbara Wallbraun why LGBTQ activists in East Germany had allied themselves with the church; she replied something along the lines of, "they were the only ones with a Xerox machine."

the idea that through the principle of 'gays helping gays' we can find our own way to respond to AIDS."[37]

Representatives of the police force went to a talk held by members of the AIDS Advisory Group and the Sunday Club in May 1988, although the message they took away from this meeting probably did not exactly correspond with the intentions of the conveners. "The session made it clear that people with homosexual tendencies are not discriminated against and have a strong position in society."[38] In January 1989 a call went out from Rainer Herrn to assemble an East German self-help group.[39]

Alongside education and advocacy, activists also devoted considerable intellectual energy to analyzing the specific problems of AIDS prevention in the GDR.[40] A self-published book called *The Case of AIDS* – part of an occasional series of texts produced within an student organization affiliated with the church – discusses a disease that posed a threat "to the realm of sexuality, which many have viewed as a realm of refuge and freedom from the ubiquitous threats of everyday life." The author, Ehrhart Neubert, continues:

> We in the GDR import many things from the West: high-value technology, consumer goods, and the many highly sought-after symbols of Western living. And now it was clear to everyone that we have also imported AIDS. The documents says that AIDS is a disease, but it's not just a disease. People from the man in the Berlin S-Bahn to discussion circles in Weimar are talking about it. And when people talk about AIDS, they're also talking about homosexuals, sexual promiscuity, drug addicts, about foreigners, Africa, monkeys, about kisses in films, about movie stars and dropouts, about loyalty in marriage, about the morning *toilette* and the evening communal cup. We know about

[37] Dobler, *Verzaubert,* 269.
[38] Präsidium der Volkspolizei Berlin, "Information" (6 May 1988), SMu DDR fol. 6.
[39] Rainer Herrn, "Aufruf zur Bildung einer AIDS-Selbst-Hilfe Organisation" (13 Jan 1989), SMu AIDS-Hilfe DDR fol. 1.
[40] Ehrhart Neubert, *Fallbeispiel AIDS: eine sozialkritische Untersuchung*, beiträge 15 (Berlin: Theologische Studienabteilung beim Bund der Evangelischen Kirchen in der DDR, 1987).

> blood and sperm and viruses and the immune system. We hear rumors about people who've fallen ill in Leipzig. After barely a few weeks of AIDS education, some are already annoyed, and some are afraid."[41]

Neubert noted that there had considerable discussion among his fellow activists lately, and it had been decided that the Division of Theological Study should be a place for people to talk about AIDS; they were met with some resistance, but apparently only due to limited resources. Neubert lists the publications about AIDS that had been available in the DDR thus far, and his frustration with the lack of clear information is clear. He also discusses great concern among the gay community that AIDS would contribute to greater stigma, citing anecdotes about the new problems that gay activist circles operating within churches were already encountering: in one instance in Thüringen, for example, parishioners at a church were starting to raise objections to a church-sponsored LGBTQ discussion group. When the pastor of the church suggested that one of the people who were concerned should simply go and talk to the members of the activist group, the parishioner replied, "I don't want to get AIDS!"[42]

Finally, it is significant that Neubert also crafted a subtle critique of the East German health system's AIDS prevention on the basis of the health system's own stated ideals, writing that "the GDR has so far not developed a conceptualization of AIDS based in social medicine. That in itself is very strange, since social medicine (social hygiene) is a highly developed scientific discipline in the GDR and is said to be rooted in Marxist ideology." This, he argued, was necessary given the ways in which AIDS was being politicized in the West, for

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[41] Neubert, Fallbeispiel AIDS, 2.
[42] Ibid., 10.

example with the claim on West Berlin radio that AIDS patients and HIV-positive people were being kept in total isolation in the GDR.[43]

AIDS Activism, East German Style

AIDS activism in the US and other Western countries in the 1980s and 1990s was famously ostentatious: after years of the AIDS epidemic being ignored by the political establishment, the activists who formed ACT UP and other groups created novel ways of communicating the threat of AIDS to the public that were increasingly impossible to ignore, from occupying government buildings to throwing the ashes of dead friends and lovers over the White House fence and onto the President's lawn.[44]

Given the prominence of these images in the history and popular memory of global AIDS activism, what took place in East Germany appears comparatively tame. Yet East Germany was a challenging space for advocacy of any kind, and it is worth the closer look that is required in order to see the extent and subtle character of AIDS activism in the GDR. Young people were among the first to actively press for more access to better information about AIDS. In March 1986, the Director of the Kulturpalast Dresden wrote to Health Minister Mecklinger reporting that he had asked younger visitors for help deciding on a theme for their upcoming educational summer youth event, and the answers had overwhelmingly favored a program that would teach people about "this new disease called AIDS." He requested the support and participation of AIDS experts. Mecklinger wrote back

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[43] Ibid., 12.
[44] For more on the modes and tactics of the most prominent AIDS activist groups, see Epstein, *Impure Science*; Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight against AIDS* (Chicago: University of Chicago Press, 2009).

that he would have to think about it, since the Ministry was still a bit hesitant about launching a major AIDS education campaign in the GDR.[45] It is interesting that these calls for broader outreach – which may have come in part from the Kulturpalast Director himself – originated in Dresden, which for topographical reasons was famously unable to receive West German television signals (hence the greater Dresden region's nickname, "Valley of the Clueless"). This is further evidence that conversations about AIDS in the GDR were fairly widespread by this time, and not just limited to those who saw news reports about AIDS in the Western media.

Many more examples of East German AIDS activism can be found in *Eingaben*, or letters of grievance to the state – one of the ways that East German citizens communicated with their government.[46] In the era of East German nostalgia, this practice has been rendered in popular books and films as a "cute" and ineffectual ritual of political pseudo-participation; characters in the films *Good Bye Lenin!* and *Sonnenallee*, for example, write *Eingaben* to various state entities in order to blow off steam, and little else appears to result from them. This, however, masks the care that many East German citizens devoted to this activity, as well as the effort that some officials devoted to answering letters and using them as a source of information about the public's opinions, priorities, and concerns. *Eingaben* about AIDS were sent to a wide range of institutions and generally made their way to top officials at the Health Ministry.[47] This is not to say that *Eingaben* represented a democratic institution; they

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[45] No one followed up until November of the following year, when Dr. Theodor wrote to say that fortunately a far-reaching AIDS education campaign had been launched in September (a fact of which the Kulturpalast Director was undoubtedly aware). Werner Matschke, Director, Kulturpalast Dresden, to Mecklinger (25 March 1986); Mecklinger to Matschke (21 April 1986); Theodor to Matschke (6 Nov 1987), BArch DQ1/12720.

[46] Becker and Lüdtke, *Akten, Eingaben, Schaufenster*, 1997; Felix Mühlberg, *Bürger, Bitten und Behörden: Geschichte der Eingabe in der DDR* (Berlin: K. Dietz, 2004).

[47] See wide range of correspondence in BArch DQ1/12720.

were, however, taken seriously by a lot of people occupying a variety of positions vis-à-vis the state.

Eingaben related to AIDS represent a wide variety of topics and strategies. There are letters on file, for example, containing mock-ups of brochures that the letter writer thought health officials should produce and distribute at gay bars and clubs.[48] Some letter writers identified themselves pointedly as long-term, monogamous same-sex couples and pushed for a greater degree of openness and public outreach from the state about the AIDS epidemic, especially in the years prior to the Health Ministry's expanded educational programming in late 1987. One couple wrote the following in January of 1986:

> First there was the article in the *Wochenpost* by Prof. Sönnichsen, about which we homosexuals had to smile. Why, you ask? Because *none* of us believe that there is still no AIDS in the GDR or in the rest of the socialist world. How could that be possible? The two of us are not afraid; we've been living together for *16 years.* But we think it's about time the *entire* population of the GDR was educated about AIDS. Don't wait until it's too late.[49]

Theodor wrote back, telling the couple that there were not yet any *confirmed* AIDS cases in the GDR, and referring them somewhat curtly to a dermatological clinic if they had further questions.[50]

Other letters focused on East Germany's chronic shortage of condoms. One person wrote in the summer of 1987:

> In the press I hear again and again about using condoms to protect ourselves from [HIV] infection. With great regret I must inform you, esteemed Professor, of a situation that was not the case even in April 1945 in a collapsing, fascist Germany but which is now a tragic reality. There are NO condoms anywhere in Leipzig!

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[48] See various letters in BArch DQ1/12720.
[49] Horst E. and Gerd M. to Haupthygieniker Theodor (29 Jan 1986), BArch DQ1/12720.
[50] Haupthygieniker Theodor to Horst E. and Gerd M. (4 Feb 1986), BArch DQ1/12720.

> The great American communist and filmmaker Arthur Miller (husband of Marilyn Monroe) once said that "a communist fucks, eats, drinks, and shits just like anyone else." But this is apparently a much more dangerous business for a GDR communist than for his American comrade, since here you can't buy any rubbers anywhere. . . . The GDR always wants to change the world and make it a better place, but not even being able to buy condoms? That's a sad sign of impotence.[51]

This letter is a cutting indictment of a problem that was an ongoing concern for the Health Ministry, since the worldwide shortage of latex resulting from the AIDS epidemic had hit Soviet Bloc countries – who struggled already with their lack of hard currency – particularly hard. Hygiene Director Theodor answered with perfunctory assurances that a massive acceleration in condom production was scheduled to take place that year and that health officials and the chemical industry were working together to address this problem swiftly.[52] But the report issued just weeks before – the document that became the basis for the GDR's comprehensive new AIDS policy – contains clear indication that health officials were anxious to alleviate the shortage.[53] This was also because shortages of latex exam gloves for handling HIV-infected blood was a major source of discontent from the doctors who worked with East German AIDS patients, as well as from workers at the VEB Sächsische Serumwerke, which was the factory tasked with developing East German HIV test kits.

In his 2016 master's thesis, Adrian Lehne catalogued and analyzed 66 individual *Eingaben* related to HIV/AIDS and discovered a variety of patterns over time.[54] In 1985 and 1986, many of the letters simply asked for information and demanded that the state respond

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[51] Friedrich-Wilhelm K. to Haupthygieniker Theodor (26 July 1987), BArch DQ1/12720
[52] Haupthygieniker Theodor to Friedrich-Wilhelm K. (2 Sept 1987), BArch DQ1/12720.
[53] "Information über den Stand."
[54] Adrian Lehne, "'Eine solche Krankheit macht doch nicht an der Grenze halt': HIV/AIDS in der DDR" (Freie Universität Berlin, 2016).

to the threat. Many had heard about HIV/AIDS from the Western media, since West German TV signals could be reached in most parts of the country. Some had particular concerns, for example about a blood transfusion they had received or a sexual encounter they had had abroad, or about occupational risks: were podiatrists at risk? As in the letter cited above, many people were skeptical about the state's claim that there were no cases in the GDR, given how quickly the virus was apparently spreading in the West. Others couched their concerns in ideologically appropriate language, noting that "the imperialist media" were reporting on a disease called AIDS, but that as an SED comrade, the writer of the letter needed to get the facts from a socialist source. Above all, idea that AIDS was "not going to stop at the border" was a common refrain.[55]

From early 1987, letters referred more anxiously and with greater specificity to the need for information, especially for young people. People shared ideas: soldiers should only be given leave, one person suggested in June of 1987, if they had a condom with them. Moreover, condoms should be sold in women's bathrooms as well as men's bathrooms (the writer in this case gave a male name, so it's unclear whether they had up-to-date information about whether condoms were available in women's bathrooms). Others asked questions such as: why didn't dentists always wear exam gloves? Did eye doctors understand the threat of AIDS? Could mosquito bites transmit the virus? Significantly, fears were also arising about the "risk groups" associated with AIDS. A diabetic who had to get his blood drawn every three months commented that the lab technician appeared to use the same needle every time, which was dangerous for both of them, since surely African students sometimes go their

[55] Ibid., 83–84.

blood drawn as well? Vitriolic homophobia also appears in these letters, with one woman speculating that AIDS only became a problem after the repeal of §175. "Can AIDS be considered nature's §175?"[56]

In the final few years of the GDR, during which time the immigration ban was in place, the array of letters included both a great deal of advocacy – some suggested that condoms should be free, especially for young people; another person noted a discrepancy between the availability of condoms in Prenzlauer Berg, where the intelligentsia lived, compared with elsewhere in Berlin – as well as a steady flow of xenophobic and homophobic comments. Interestingly, the opening of the border in November 1989 prompted at least a few people to associate their newfound mobility with the increased threat of AIDS.[57] What is certain, though, is that there was a continual flow of communication about the AIDS crisis between the state and East German citizens, just as there was everywhere else.

Kurt Starke was the director of the Central Institute for Youth Research (*Zentralinstitut für Jugendforschung*, ZfJ) from 1972 to 1990, and was a leading researcher on youth, sex, and relationships, with extensive connections to international research communities. Dubbed the "sex pope of the East," he remained a prominent researcher well after German reunification, and wrote one of the first major histories of LGBTQ life in the GDR.[58] Starke and the ZfJ conducted a study in March 1988 to find out what young people knew and thought about AIDS. Starke was allowed to visit a lecture at the Bogensee Youth

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[56] Note that only person asked about the theory promoted by Jakob Segal, discussed in Chapter 5, that the Pentagon had manufactured AIDS by splicing together different viruses. This person, however, cited a variant of the theory in which the Pentagon used viruses of African origin, which contradicts Segal's thesis. Ibid., 86.
[57] Ibid., 89.
[58] Starke, *Schwuler Osten.*

College (*Jugendhochschule*), a vocational school in the northern suburbs of Berlin, and lead all 190 students through a written and oral survey exercise. Participants were around 23 years old and described by Starke as "highly communicative." While it was difficult to know what hidden variables might shape the information he received from this particular group, Starke noted, the results were more or less comparable to a similar study conducted in Dresden the following month. When asked to freely associate and write down all the words or phrases that came to their minds that were related to the topic of AIDS, the students provided a total of 1105 responses. Topping the list were the following terms: disease, condoms, sexual intercourse, death, homosexuals, weak immune system, danger, foreign, and fear. Roughly half of all respondents mentioned condoms. When they talked about what places outside the GDR they associated with AIDS, 15 mentioned Africa and 12 mentioned the US; other people and places that were mentioned included Western Europeans, Westerners, people from the non-socialist world, capitalism, imperialism, the Pentagon, San Francisco, Los Angeles, developing countries, "it comes from blacks," and "Bahnhof Zoo."[59] A few students knew very specific terms, such as "T-cells" or "Rock Hudson." Many also mentioned the importance of tolerance for HIV-positive people and the isolation that resulted from testing positive.

Looking at the complete individual responses, some people were quite well-informed, for example the person who wrote "immune deficiency disease, first appeared in America, origins in Africa, generally fatal, course of the disease difficult to control, no known treatment, GDR strong participation in international research, sex education especially for

[59] Starke, *AIDS*, 5.

young people, new understanding for homosexuals." Another put simply "fear, death, life without love, prejudice." Starke noted in particular, though, that people frequently didn't just write down simple words or phrases, they often supplied entire theories or says, like "sex is prettier than AIDS" or "*bumsen ohne Gummi tut nur ein Dummi*" – a rhyming slogan that translates to "banging without a rubber is for idiots."[60] Starke was optimistic about the way the students talked about the threat of the *fear* of AIDS as a serious problem, despite generally having little to fear themselves (compared with young people in the West).[61]

One cause for concern, Starke reported, were statements from young people suggesting that they did not feel much urgency about protecting themselves from AIDS. One person said:

> I have other problems, like my job and renovating my apartment and fixing my motorcycle. I don't have AIDS and neither does my girlfriend, so what do I have to be afraid of? I'm not really thinking about seeing other girls right now, but even if I was, what are the odds I would end up with one of the virus carriers? And I would use Mondos anyway, to protect against pregnancy. But I think it's great and everything that there's AIDS education and that the GDR is taking part in researching and eventually overcoming AIDS.[62]

Others thought the emphasis on AIDS was disproportionate, and worried about hidden political motivations:

> I'm sick of all this about AIDS. Over there [in West Germany] they act like AIDS is the only thing going on. What about cancer, car accidents, hunger, wars, weapons, chemical spills, and all that other stuff? Of course I'm sorry for the people that have AIDS and I want everything possible to be done for them, and I don't want the virus to spread over here. But we gotta stay calm, and not let these AIDS terrorists manipulate us.[63]

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[60] Starke, *AIDS*, 11.
[61] Ibid., 13.
[62] Ibid., 23.
[63] Ibid.

There *were* rumors of actual "AIDS terrorists" who spread HIV on purpose, but the term "AIDS terrorists" here seems to refer to AIDS-related fearmongering.[64] Starke, for his part, used interview excerpts like these to drive home his point warn East German authorities against complacency. "There is little risk that our country will repeat the mistakes of the USA and portray AIDS as a 'gay plague,' but more public education is needed," especially about the experiences of LGBTQ East Germans.[65]

Armed with these data and anecdotes, Starke and his colleagues began work on new literature to distribute to the younger generation. The result was a booklet called *Let's Talk About AIDS*, which concluded editing in 1989. The booklet began with a series of quotes from teenaged and twenty-something interviewees, curated to showcase the wisdom of East German youth and encourage broader participation in AIDS prevention.

> I took part in this event at a youth club that was about homosexuality, and there were even homosexuals who spoke at it. I thought it was good. I think there's way too much mistrust; we're not hicks (*wir sind doch nicht Assis*), and we know how to interact with each other, whether gay or straight.[66]

In these prefatory excerpts and throughout the document, Starke sought a level of frankness about sexuality that was largely unprecedented in East German AIDS literature, as in this example, which is one out of several gay voices that he featured in the text: "I'm homosexual and this is how I see it: unprotected anal sex with someone who is HIV-positive is extremely dangerous, even more dangerous than vaginal intercourse or licking. So you gotta be sure your partner is clean or use protection or avoid anal contact."[67]

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[64] See a variety of *Stasi* reports in BStU MfS ZAIG 14572.
[65] Starke, *AIDS,* 16.
[66] Laßt uns über AIDS sprechen.
[67] Ibid., no page number.

The booklet's main message was that AIDS *was* frightening, but that being proactive and informed was the key to survival – both for individuals and for society. Above all, Starke's approach was a sex-positive one with deeply political undertones. "It goes without saying, he wrote, "that the best way to avoid getting infected is not to have sex – just like the best way to avoid getting poisoned is not to eat." But again, awareness was key:

> There are groups and societal forces in the world that want to take advantage of the fear and uncertainty caused by AIDS. Reactionary guardians of an old social order use the modes by which AIDS happens to be transmitted as an opportunity to argue against sex, lust, love, human intimacy, and humanity writ large, all in the name of morality. In doing so, they abuse concepts like faithfulness, marriage, and stabile partnerships. This isn't really about AIDS, it's about controlling and oppressing people and advocating conservative lifestyles.[68]

It is difficult to say who exactly Starke had in mind when he wrote these words, but it's worth noting that his professional network stretched all across both the West and the East Blocs.

Dialogue between the LGBTQ community and anyone seen as representing the East German state could be tense and problematic. It is important, though, that connections between health professionals and LGBTQ East Germans very much existed; in fact, many health professionals seemed to consider advocating for HIV-positive patients to be a key aspect of their responsibility. In April 1986, the director of the Regional AIDS Consultation Center at Erfurt wrote to Niels Sönnichsen with ideas about distributing literature about AIDS to LGBTQ discussion groups, which Sönnichsen, apparently intrigued, forwarded to his boss. The latter responded saying that he preferred this sort of outreach happen through (meaning at) the Consultation Centers and not via informal contacts, since "a semi-official

[68] Ibid., no page number.

kind of cooperation" was not desirable. However, he said, he ultimately couldn't object. Dr. Günther replied:

> I am astounded that you would say to me, the director of a Regional [AIDS] Consultation Center, that you would "not prevent me" from distributing pamphlets to interested parties. I was under the impression that this was my job. Unlike the other directors of Regional Consultation Centers, I have made contact with the Homosexual Working Group and have used these contacts to distribute information, which is undoubtedly necessary for preventing an epidemic. . . . Among the homosexuals there is an aversion to cooperating [with the state on AIDS prevention], which is apparent in a widespread refusal to get tested. This refusal can be traced partly to the recommendations of [West German] AIDS-Hilfe – they have created a pamphlet along these lines for their gays, which is known here in some circles.
>
> Since there is no semi-official basis for cooperation, nor should there be, I am certain that you will take personal responsibility for distributing information to homosexual circles in the GDR.[69]

In some ways the tone of this letter is reminiscent of contacts between gay activists and AIDS researchers in the US and elsewhere in the 1980s: well-meaning but sometimes uneasy alliances, with doctors and health officials clearly having attempted to fast-track overcoming their own homophobia.[70]

Niels Sönnichsen was working on plans in August 1988 to outfit ambulances as mobile consultation and anonymous testing centers, which, he thought, could be parked in the evenings near gay bars. "We have learned that homosexuals are increasingly shying away from consultation and especially testing. That's why we need to find new opportunities for this that don't require people to come to a facility."[71] Sönnichsen's associate Ina Hermann

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[69] E. Günther, Direktor der Hautklinik, Klinik und Poliklinik für Hautkrankhaiten, Friedrich-Schiller-Universität Jena, to N. Sönnichsen (April 1986); Theodor to Günther (21 May 1986), Günther to Theodor (5 June 1986); BArch DQ1/12722.
[70] See for example UCSF Ward 86 correspondence folders.
[71] Sönnichsen to Schönfelder, Deputy Minister for Health (4 Aug 1988), BArch DQ1/12727.

led a therapy group for HIV-positive people from 1988 at Charité Hospital out of department, which attracted up to 20 people.[72] Word is said to have gotten around that Ina Hermann's apartment in Prenzlauer Berg was a sort of informal consultation center, and apparently people would show up drunk late at night to talk about their concerns about getting infected. Finally, Renate Baumgarten, who led the Prenzlauer Berg AIDS clinic, continued with this work after reunification, and when she retired in 2002 the Sunday Club (the organization is still in operation in Berlin today) threw her a farewell party.[73]

These connections are important because they indicate the extent and diversity of the networks that formed around AIDS prevention. Throughout 1988 there was correspondence back and forth between nascent East German groups and the more established organizations in the West. This wasn't limited to exchange within the LGBTQ communities; in many cases, East German doctors wrote to AIDS organizations in the West to ask for pamphlets and comic books about "safer sex" they could give to their gay patients – indicating that the impulse toward greater Western influence in the GDR came from both sides.[74] Correspondence of this kind soon became a major artery of East-West exchange. Ian Schäfer at Deutsche AIDS-Hilfe had already been corresponding in 1987 with key figures at the DHMD, and had developed a friendly rapport, saying "it's so important to hear other points of view" and generally including a supply of brochures along with his letters.[75] Schäfer also corresponded throughout 1988 with Theodor and Pöhle at the Health Ministry, often encouraging East

[72] The writer says this means the state's prevalence numbers were wrong, although based on my sources there does not appear to be a discrepancy. Dobler, *Verzaubert*, 270.
[73] Ibid., 270-71.
[74] See multiple letters in SMu AIDS-Hilfe DDR fol. 59, for example Jürgen Großer, Charité Hospital, to Deutsche AIDS-Hilfe.
[75] See for example Ian Schäfer, Deutsche AIDS-Hilfe, to Jochen Neumann, DHMD (22 Oct 1987), and Ian Schäfer, Deutsche AIDS-Hilfe, to Dieter Buß, DHMD (24 Nov 1987), SMu AIDS-Hilfe DDR fol. 59.

German doctors and health officials to consider modes of responding to AIDS that were more centered around a non-state organizational infrastructure rather than the current model which kept the East German state at its center.[76] Plenty of groundwork, then, was already laid by the time the first official "East-West Meetup" of AIDS self-help groups was held on 25 November 1989, just over two weeks after the opening of the Berlin Wall.[77] There was even a point in early 1989 when representatives of Deutsche AIDS-Hilfe contacted the BZGh in Cologne to see if the West German authorities objected to them printing up materials that said "AIDS-Hilfe DDR" on them (which the West German Ministry objected to, on the grounds of diplomatic complexity).[78]

AIDS in German-German Politics

The reason all of these conversations and connections are important has to do, again, with the current state of scholarship on AIDS in the Cold War Germanies. In his recent monograph on this subject – *AIDS: Autopsie of a Threat in Divided Germany*, the only major scholarly monograph on the subject thus far – Hennig Tümmers deploys the GDR essentially as a foil, in a narrative that sees West Germany confronting illiberal elements within its own ranks, engaging them in democratic debate, and ultimately defeating them. The West German state was indeed a model of liberal public health in many respects. This assessment, however, relies on a systematic bracketing off of one of the most widely condemned illiberal AIDS

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[76] See Ian Schäfer, Deutsche AIDS-Hilfe, to Theodor and Pöhle, MfG, and Großer, Charité Hospital HU (22 March 1988); Theodor to Schäfer (13 April 1988 and 19 April 1988), and additional correspondence in SMu AIDS-Hilfe DDR fol. 59.
[77] See Klaus Tillmann to the AIDS Selbsthilfegruppen West Berlin (4 Dec 1989), SMu AIDS-Hilfe DDR fol. 2.
[78] Deutsche AIDS-Hilfe, "Aktennotiz: Gespräch mit Frau Dr. Hartung, BZGh, am 14.02.1989" (14 Feb 1989), SMu AIDS-Hilfe DDR fol. 59.

prevention regimes of the 1980s: Bavaria, West Germany's largest and most populous state, which in 1987 implemented a notoriously harsh slate of AIDS prevention that gave authorities the right to demand an HIV test of anyone "suspected" of being HIV positive, and which also included mandatory testing for foreigners from designated high-risk countries.[79] Tümmers goes so far as to blame the GDR for the Bavarian response, claiming that because the architects of Bavarian AIDS policy visited the GDR in 1988 and told East German health officials that they had been "observing East German measures against AIDS since 1985 and [were] very impressed," this meant that the Bavarians had actually gotten the idea for an illiberal response to AIDS from the East Germans.[80]

This is an empirically indefensible premise, yet it has already become conventional wisdom among the few historians who are working in this area. In order to understand this claim it's necessary to understand how cataclysmic the Bavarian AIDS policies were at the time. A cliché that is common among scholars of this subject that when it comes to Federal German responses to AIDS, there are two categories: Bavaria and everyone else.[81] The 1987 policies fomented a veritable LGBTQ exodus, with "refugees" from Munich making new homes for themselves in neighboring states.[82] It's also telling that at a panel on AIDS and human rights at the 1987 US President's Commission on the HIV Epidemic, expert testimony on places in the world where there was a risk of serious human rights abuses in connection with HIV/AIDS mentioned only two places by name: Iraq and Bavaria. (The part about

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[79] For a discussion of the Bavarian AIDS policies see Tümmers, *AIDS*.
[80] Tümmers, *AIDS*.
[81] Thanks to Adrian Lehne for our conversation about this.
[82] Geene, *AIDS-Politik*.

Bavaria is only in the unofficial transcript; it was removed for the publication of the final version.[83])

To say that this policy was inspired by East Germany's *Meldepflicht* therefore requires a stretch of the imagination, since it went far beyond East German measures. Moreover, the primary architect of this policy was right-wing Christian Social Union (CSU) politician Peter Gauweiler, whose legislative record indicates that he did not need the GDR to inspire him to enact authoritarian measures out of fear of AIDS. The key to this relationship, rather, lies not in some sort of essential ideological commonality between Bavaria and the GDR but rather in its utility for each party – Bavarian politicians and East German health officials – in their own internal conflicts in their respective countries. By reaching out to East Germany at a time when the German-German relationship was sensitive but increasingly complex, Gauweiler was establishing a new political-discursive base from which to engage in conflicts over his AIDS policies in the *Bundestag* (Parliament). More liberal German states opposed Bavarian mandatory testing in the name of privacy and civil liberties; Bavaria's countermove was to assert a realism that superseded decades-old Cold War divisions.

Clues about this are available thanks to the fact that the *Stasi* kept a close watch on the GDR-Bavaria meetings, which, according to participants, were unprecedented in recent German-German politics. The *Stasi* reported that the meeting with Peter Gauweiler was "almost friendly" with a "politeness that well exceeded that required by protocol." Gauweiler talked about how combatting AIDS was an important humanitarian issue, and that the meetings were important for German-German rapprochement. Judging from these

[83] President's Commission on the HIV Epidemic, "Draft (Unedited) Transcripts," April 1988, NARA Reagan Commission Transcripts, fol. 1e.

documents, Health Minister Mecklinger and his colleagues had been shrewd in their choice of partners. (This makes sense, considering that Health Ministry officials were carefully tracking the politics of AIDS in West Germany day by day; their files are full of news clippings about it.[84]) A representative of the German federal government who attended some of these meetings even said explicitly that he wanted to make sure the GDR wasn't meeting *only* with the Bavarians.[85] As soon as they agreed to a relationship with Bavaria, similar opportunities came forward from other West German states. There was PR value to be had on both sides of this arrangement: in a February 1988 op-ed, Gauweiler wrote that "containing the global plague of AIDS isn't a question of worldview, it's a question of biology. . . . Bavaria and the GDR clearly agree that AIDS can't be defeated just with pamphlets and rhetorical pronouncements."[86] It's unclear what East German Health Ministry officials thought personally about working with conservative West German politicians, but the benefits this deal conferred to them were considerable, including the political capital derived from spearheading a new form of engagement with West Germany as well as material resources and expert assistance with AIDS research.

So what effect, ultimately, did all of this advocacy and pressure – from both sides of the Berlin Wall, and from a variety of parties on each side – have on attitudes about sexuality and AIDS prevention in the GDR? One clear point of contrast can be found by comparing two different exhibitions at the Dresden Hygiene Museum, one in the early 1980s and one in the late 1980s.

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[84] See clippings collections in BArch DQ1/12718-12728 and 13080.
[85] "Information: Vereinbarung zwischen der DDR und Bayern über die Zusammenarbeit bei der Bekämpfung von AIDS" (24 Feb 1988), BStU MfS ZAIG,14572, 20-21.
[86] Peter Gauweiler, B*ayernkurier*, 6/13 Feb 1988, 2.

The text accompanying a 1983-86 exhibition on sexuality at the DHMD had this to say about homosexuality:

> Homosexuals desire persons of the same sex. Homosexuality is rare, mostly innate and not pathological. Same-sex relationships are not punishable by law in the GDR as long they are not between an adult and a minor. They are tolerated and are no longer the target of ridicule or a cause for outrage. Homosexuals are neither subject to discrimination nor do they face personal and work-related disadvantages.[87]

The DHMD's later AIDS exhibition, launched on the occasion of the first World AIDS Day in December 1988, proclaimed that

> AIDS is not a [merely] a problem of others; heterosexuals are affected as well. Sex and eroticism are an expression and a source of lust for life and *joie de vivre.* This ought to remain the case even despite AIDS. What is needed is not fear from each other, but openness and clarity in all questions having to do with love, partnership, and sexuality. That's what this exhibition wants to make a contribution towards."[88]

The text at this exhibit also said that "absolute fidelity to your partner is the surest way to stay safe. But those who are single and looking for a partner often don't sleep with the same person every time. They don't have to forego "physical love" because they feared AIDS. Safer sex is the answer."[89]

The text at the AIDS exhibition is far from perfect. Like many public health officials in the US during this time, the authors appear to rely on the fact of heterosexual vulnerability to HIV/AIDS – on the threat to what was commonly called "the general population" – to stoke interest and concern about the epidemic, rather than promoting a message of concern for everyone who was affected. Yet considering the 1983-86 excerpt's blunt, scientistic language

[87] "Gestaltungsbuch zur ständigen Ausstellung des DHMD: Gesund Leben : Zwischenmenschliche Beziehungen und Gesundheit / Persönliche Hygiene" n.d. (Exhibition on display 1983-1986), HSAD 13658 fol. Au124, 39.
[88] "AIDS-Ausstellung DHM 1988-1989" (Dresden, 21 Mar 1989), HSAD 13658 fol. Au57.1, 1-3.
[89] "Gestaltungsbuch AIDS Austellung" (n.d.), HSAD 13658 fol. Au140.

and its focus on the GDR's (alleged) achievements in overcoming homophobia, this is a clear improvement, and an indication not only of the existence of East German LGBTQ and AIDS activism, but also of the tenacity and energy of a broad and diverse network with connections across both Germanies and around the world. As I'll explore in the next chapter, however, networks and energies of this kind may have played a more complex role in the way the AIDS epidemic played out than immediately meets the eye.

CHAPTER 8

Race and the East German HIV Travel Ban

We know very little about the African students and guest workers who tested positive for HIV while living in East Germany. This is not to say that information about them can't be found in the archival record: the GDR, infamously, kept voluminous documentation, and its concerns about HIV-positive foreigners living within its borders in the late 1980s produced a flurry of memoranda and correspondence. We know, for example, that in East Germany between 1986 and 1990 there were around 200 confirmed cases of HIV in citizens of African countries. Out of the dozen or so who got sick with AIDS during their stay, many died in East German hospitals.[1] We know that news of their deaths was urgently communicated to the highest levels of the government and the Socialist Unity Party (SED).[2] We know their symptoms and the treatments that were pursued; we know how cooperative they were – in the eyes of their doctors, at least – and we know how many people they may have had sex with before being diagnosed.[3]

[1] Michael Häder, Wolfgang Kiehl, and Ulrich Hinterberger, *AIDS im Bewusstsein der Bevölkerung der DDR 1989/90: Ergebnisse einer soziologisch-epidemiologischen Untersuchung* (Berlin: AIDS-Zentrum, 1991), 51–53.
[2] This includes key figures such as Kurt Hager and Willi Stoff; see for instance BArch DQ 1/12718.
[3] See medical record collections in BArch DQ 1/12728, BArch DQ 1/12718, BArch DQ 1/12723, among others.

What it was *like* to be person from the Global South dying of AIDS in East Germany is harder to say.[4] Documents relating to end-of-life care are especially lacking in personal or emotional detail; we don't know, for example, what sorts of things AIDS patients talked about in their final few days, or whether people they knew were with them when they died.[5] The archives do contain plenty of hints about more general aspects of living with HIV/AIDS in East Germany. In the 1980s, foreign workers and students were increasingly isolated from their East German colleagues in separate work collectives or housing facilities, in large part for fear of the political influence they might exert.[6] The specter of AIDS seems to have made this isolation worse: when several Zambian students tested positive for HIV in 1987, for example, school officials reported that the student body's reaction had at first been a somber one but showed increasing signs of unease and even "unrest" at the prospect of HIV in the community. At best, people were "keeping their distance."[7] Despite this, and even after the GDR made it clear in late 1987 that foreigners with HIV were no longer wanted, many tried hard to stay. Some lobbied the Health Ministry with the help of East German coworkers and

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[4] In the summer of 2020 I'll begin conducting oral history interviews with some of the East German medical professionals who took part in caring for AIDS patients, which may shed more light on this question. Interviewing former guest workers and students who may remember hearing about HIV/AIDS cases among their friends or colleagues is another possible avenue, although the logistics are much more complicated. Tracking down African HIV/AIDS patients themselves would be a violation of their privacy; it is also unlikely, given the timing, that many of these people survived until effective antiretrovirals became available in the late 1990s.
[5] See for example L. Mecklinger, "Todesfall eines Bürgers aus der vereinigten Republik Tansanias," 31 Dec 1987, BArch DQ 1/12718.
[6] This was especially the case after the GDR canceled a bilateral work exchange treaty with Algeria in 1979 due to unrest on the part of the Algerian guest workers; see for example SED Bezirksleitung Leipzig, Teilbereich Wirtschaft, "Berichte und Informationen über den Einsatz ausländischer Arbeitskräfte, Bd. 1," Sächsische Staatsarchiv Leipzig (hereafter SSL) 21123 IV/C/2/6/507. Sara Pugach has discussed this development as well; see Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic."
[7] See correspondence between Health Ministry and school authorities in BArch DQ1/12723.

managers, seemingly crafting their arguments so as to appeal to the spirit of socialist internationalism that had ostensibly brought them there.[8]

Like many communities around the world affected by HIV/AIDS, foreigners living in the GDR probably had a limited window into the politics of AIDS and immigration that shaped their care. What is clear, however, is that the relationships, conversations, and subtle negotiations between the state, the party, doctors, health officials, and citizens of "high-risk" African countries were varied and complex. The state was not a monolith, and HIV-positive foreigners were anything but passive. HIV-related immigration policy, for example, was drafted in the beginning by the Health Ministry but with the increasing involvement of the Foreign Ministry and the SED Politbüro; these parties sometimes worked in concert but sometimes clashed, and seropositive African students and workers appear at times to have approached the Health Ministry in the hope that it would speak to the SED or the Foreign Ministry on their behalf. The Health Ministry was torn between those in its ranks who assumed that the proper East German course of action would be to guarantee medical care to HIV-positive non-citizens and those who were increasingly nervous about rising prevalence numbers both in the GDR and around the world; some officials simply didn't know what to do, and said as much. Some who advocated "hard-line" policies did so unapologetically and with little regard for those who would be deported, while others went to great lengths to distance themselves personally from more restrictive immigration policies, or to claim that the exceptional nature of the AIDS epidemic gave the GDR no other

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[8] Helmut Theodor, "Protokoll über einen operativen Einsatz (Theodor, Pöhle) am 16.2.1988 in Quedlinburg zur Problematik der Feststellung von HIV-Trägern unter in der DDR weilenden Bürgern aus Uganda" (23 Feb 1988), BArch DQ 1/13082.

choice. Unsurprisingly, evidence of Eurocentric paternalism abounds in these conversations, although these sentiments track in counterintuitive ways with the policy positions being advocated.

For their part, many of the people who were told to leave the country after a positive HIV test simply ignored the order at first, likely aware that deportation was supposed to be handled via "diplomatic methods" – that is, polite requests would be made to the embassy of a person's country of origin to arrange their return home, as the SED didn't want to be seen deporting citizens of socialist and non-aligned allies.[9] An uneasy back-and-forth between the Ministry for Foreign Affairs, African embassies, and HIV-positive students and guest workers continued, with health officials and doctors playing occasional intermediary roles, until finally the Minister for Foreign Affairs prevailed and enforcement of the HIV travel ban was placed under the jurisdiction of the police.[10] There were some exceptions for very important people – a close relative of Robert Mugabe who came to East Berlin for a UNESCO course, for example[11] – but by 1989, the fight against AIDS in East Germany was concerned almost exclusively with East Germans.

I've demonstrated throughout this project that in the GDR there was a small but vocal group of health professionals who had decided by 1983 that it was important for the GDR to show that it could be "good at AIDS." Being "good at AIDS," however, was an ambiguous goal. As the travel ban itself illustrates, "good" could be defined in terms of prevention outcomes

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[9] "Beschluß des Politbüros des ZK der SED vom 1. September 1987" and the "Beschluß des Ministerrates 40/11/87 vom 10. September 1987" that enshrined it in law. These official legislative documents can be found in BArch DC 20-I/3/2523.
[10] "Ermittlungen" (26 May 1987), BArch DQ1/12723; Fischer, Ministerium für Auswärtige Angelegenheiten, to Mecklinger, Ministerium für Gesundheitswesen (31 Jul 1989), BArch DQ1/12723.
[11] Mecklinger to Hager (27 Dec 1988), BArch DQ1/12723.

or in terms of adherence to egalitarian principles, and these were increasingly seen as mutually exclusive. East German doctors and health officials sometimes appeared to oscillate between the two. In an address given at a District Council Health Committee meeting in Leipzig, for example, a ranking SED official spoke of AIDS as a great social and scientific challenge that required constant vigilance in order to prevent xenophobic reactions to the epidemic. The East German prevention program, he said, was equal or superior to those in capitalist countries. Yet despite these advances, "the many foreigners living long-term in the GDR, especially those from African countries," constituted an "as-yet unresolved problem." And due to the inconsistent availability and poor quality of East German condoms – young people hated GDR-made condoms because they "smelled gross," according to a frank report by the Ministry of Health[12] – educating people about safe sexual behavior was paramount, "especially in a city like Leipzig, where so many foreigners are present."[13] The implication seems to be that in the absence of a reliable supply of condoms, "safe sex" meant "sex with other Germans."

In the preceding chapters, I have examined the many overlapping historical contexts that contributed to East German HIV-related immigration policy. My aim now is to explore one of the most important factors in this story, and in the history of the AIDS crisis writ large: that is, the role of race. To do this, I'll follow a three-part process. First, I'll look at the history of race in divided Germany, especially scholarship on the relationships between foreigners

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[12] "Information über den Stand," 9.

[13] SED Regional Central Committee, Leipzig, "Zur weiteren Verwirklichung der Beschlüsse des Politbüros des Zentralkomitees der Sozialistischen Einheitspartei Deutschlands im Bezirk Leipzig auf dem Gebiet der Gesundheits- und Sozialpolitik in Auswertung des XI. Parteitages (Referat für die Arbeitsberatung am 26.11.1987), SSL 21123/1090.

living in the GDR, the state, and East Germans. Second, I'll describe the global political and legal contexts for the 1987 travel ban(s), including the state of current scholarship on explaining differences in AIDS policy between countries. Third, I'll examine the process by which the travel ban policy was designed and enacted at an extremely fine-grained level, including internal correspondence about differences between multiple drafts. In doing this I'll try to reconstruct the decision-making universe in which East German bureaucrats and medical professionals were operating.

In the course of all their drafting, re-drafting, deliberation, and hand-wringing, one overarching concern is apparent on the part of these policymakers: above all, health officials were worried about how the GDR would appear in the eyes of the international community, because they wanted to be a part of that community. The World Health Organization (WHO) and key Western partners, West Germany in particular, were a constant topic of internal conversation, and over the course of the period in which these conversations were taking place, the GDR was integrating itself more and more closely with Western institutions and public health paradigms. This makes the tightening of immigration controls even more mysterious: why would East Germany, in the process of pointedly entangling itself with an emerging liberal AIDS prevention consensus, take its immigration policy in such an apparently illiberal direction?

As I have argued, the political valences we attach to various AIDS prevention policies are not as clear-cut as they are often represented. By the time the East German travel ban went into effect, the WHO had clearly denounced immigration restrictions as a method for preventing HIV. But Western countries had also signaled their tolerance for such policies. Global opposition to the American travel ban came to a head in 1990 when it posed problems

for HIV-positive people wanting to attend the Sixth International AIDS Conference in San Francisco. Reactions were especially fierce when a European scientist and activist was arrested in Minnesota after disclosing his serostatus to customs officials.[14] Yet once allowances were made for scientists and activists, this opposition became largely symbolic, and the American HIV travel stayed in place until 2010. The West German state, moreover, had likewise already deported people with HIV.

Histories of Race in the Cold War Germanies

The historiography of race in the postwar Germanies has naturally been especially concerned with sorting through meanings and practices of race in the aftermath of Nazism and in the demographic upheaval of the Second World War and the immediate postwar years.[15] There was obviously a strong imperative on the part of Germans in both East and West to publicly distance themselves from Nazi racism, but efforts to do so often called attention to the ways in which old attitudes about race were still very much alive. Several important studies have highlighted the imperfect German embrace of anti-racism in the postwar years, especially the ways in which African Americans and African American culture

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[14] See, for example, "International AIDS Society to George Bush" (April 3, 1990), San Francisco General Hospital, Ward 84/86 Records, MSS 94-61, Special Collections, UCSF Library and Center for Knowledge Management, University of California, San Francisco.

[15] See for example Rita Chin et al., eds., *After the Nazi Racial State: Difference and Democracy in Germany and Europe* (Ann Arbor: University of Michigan Press, 2009); Frank Biess, *Homecomings: Returning POWs and the Legacies of Defeat in Postwar Germany* (Princeton and Oxford: Princeton University Press, 2006); Grossman, *Jews, Germans, and Allies*. These discussions form part of a broader scholarly interest in the various "returns to normalcy" that people sought after the (problematically) so-called "Zero Hour" of 1945. This literature, I believe, has played a strong role in shaping the German-German politics and memory of AIDS, since as I've discussed, evaluations of East and West German AIDS programs have been radically shaped by attempts to fit them into pre-existing narratives of the virtuous "recivilization" of (West) Germans via liberal democracy. See especially Konrad Hugo Jarausch, *After Hitler: Recivilizing Germans, 1945-1995* (Oxford: Oxford University Press, 2006).

became a sort of pawn in West German efforts to gain acceptance as a legitimate liberal democracy that rejected its Nazi past. A study by Kira Thurman looks at the minor controversy that surrounded the Bayreuth Festival's invitation of an African-American soprano to perform in Wagner's Ring Cycle in 1961. The opera house director, a descendant of Wagner whose mother had been a prominent Nazi, invited her there to make Wagner's music safe for liberals to enjoy by dissociating it with racist nationalism; the public protest that ensued suggested how tenuous German claims to have moved beyond racial thinking really were.[16] With regard to the immediate postwar period, Uta Poiger has argued that talking about American culture in general in West Germany was an exercise in self-definition, but often a contradictory one – for example, celebrating jazz music to a limited extent as a way of proclaiming a German rejection of American racism might be accompanied by the language of "degeneracy" to describe the kinds of jazz that were deemed less acceptable.[17] Heide Fehrenbach, finally, writes about Afro-German children born during the American occupation, whose wellbeing assumed enormous symbolic significance in the context of the Federal Republic's bid for democratic legitimacy (and yet, as Fehrenbach shows, were still a source of unease for many in the Federal Republic who had difficulty accepting them as German).[18] Fehrenbach and others describe a rapid shift in German understandings of "race" after 1945: Jewishness was downgraded from a racial to an ethnic descriptor, while the American model of race as a black-white binary was rapidly adopted in German discourse,

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[16] Kira Thurman, "Black Venus, White Bayreuth: The Depoliticization of Wagner in Postwar West Germany," *German Studies Review* 35, no. 3 (October 2012): 607–26.
[17] Uta G. Poiger, *Jazz, Rock, and Rebels: Cold War Politics and American Culture in a Divided Germany* (Berkeley: University of California Press, 2000).
[18] Heide Fehrenbach, *Race after Hitler: Black Occupation Children in Postwar Germany and America* (Princeton, NJ: Princeton University Press, 2005).

allowing West Germans to perform liberal, antiracist convictions without ever having to confront the legacy of Nazi anti-Semitism.[19]

In the last decade or so, this body of literature has increasingly been enriched by a new focus on the histories and experiences of German communities of color themselves, without such an emphasis on the attitudes of white West Germans.[20] A major source for these new histories is the flowering of Afro-German memoirs that have come out recently.[21] Many of these, in turn, trace their literary roots and inspiration to the Afro-German movement that was based in West Berlin in the 1980s, a key pillar of which was a "surge in autobiographical work" by black German women.[22] This movement had strong connections to West German LGBTQ politics thanks partly to the presence of Audre Lorde, who lived and wrote in West Berlin from 1984 to 1992.[23]

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[19] Introduction, Rita Chin et al., eds., *After the Nazi Racial State: Difference and Democracy in Germany and Europe* (Ann Arbor: University of Michigan Press, 2009); Fehrenbach, *Race after Hitler*.

[20] Prominent examples from the last decade or so alone include Annette Mbombi, *Schwarze Deutsche und ihre sozialen Identitäten: eine empirische Studie zur Lebensrealität von Afrodeutschen und deren Bedeutung für die Entwicklung einer schwarzen und einer deutschen Identität* (Göttingen: Cuvillier, 2011); Oumar Diallo and Joachim Zeller, eds., *Black Berlin: die deutsche Metropole und ihre afrikanische Diaspora in Geschichte und Gegenwart* (Berlin: Metropol, 2013); Robbie Aitken and Eve Rosenhaft, *Black Germany: The Making and Unmaking of a Diaspora Community, 1884–1960* (Cambridge: Cambridge University Press, 2013); Julia Roos, "An Afro-German Microhistory: Gender, Religion, and the Challenges of Diasporic Dwelling," Central European History, June 2016; Theresa Schenker and Robert Munro, "'But You Are Not German': Afro-German Culture and Literature in the German Language Classroom," *Die Unterrichtspraxis/Teaching German* 49, no. 2 (September 2016): 172–85. Many of these drew on a groundbreaking earlier edited collection, Patricia M. Mazón and Reinhild Steingröver, eds., *Not so Plain as Black and White: Afro-German Culture and History, 1890-2000* (Rochester, NY: University of Rochester Press, 2005).

[21] May Ayim, *Grenzenlos und unverschämt* (Berlin: Orlanda, 1997); Hans J. Massaquoi, *Destined to Witness: Growing up Black in Nazi Germany* (New York: W. Morrow, 1999); Chima Oji, *Unter die Deutschen gefallen: Erfahrungen eines Afrikaners* (München: Ullstein, 2001); Hans J. Massaquoi, *Hänschen klein, ging allein ... mein Weg in die Neue Welt* (Frankfurt am Main: Scherz, 2004); Gert Schramm, *Wer hat Angst vorm schwarzen Mann: mein Leben in Deutschland* (Berlin: Aufbau, 2011).

[22] Leroy Hopkins, "Writing Diasporic Identity: Afro-German Literature since 1985," in *Not So Plain as Black and White: Afro-German Culture and History, 1890-2000*, ed. Patricia M. Mazón and Reinhild Steingröver (Rochester, NY: University of Rochester Press, 2005), 184. The central to come out of this movement is likely May Opitz, Katharina Oguntoye, and Dagmar Schultz, eds., *Showing Our Colors: Afro-German Women Speak Out* (Amherst: University of Massachusetts Press, 1991); see also Peggy Piesche, ed., *Euer Schweigen schützt Euch nicht: Audre Lorde und die Schwarze Frauenbewegung in Deutschland* (Berlin: Orlanda, 2012).

[23] See the documentary by Dagmar Schulz, *Audre Lorde – The Berlin Years* (2012).

Scholarship on the experiences of people of color in East Germany, by contrast, has only very recently begun to proliferate. Just like in West Germany, there was a significant (albeit small) Afro-German population in the East. Memoirs concerning the Afro-German experience in the GDR provide an important perspective on the nature and limits of East German internationalism. While some express a strong sense of affinity with the socialist project, they also describe the day-to-day racism that people of African descent encountered, particularly in small towns.[24] Manuela Ritz, who grew up in the 1980s in East Germany, describes her disenchantment with socialist-internationalist rhetoric. Having spent her early childhood in the 1970s in an orphanage with several other biracial children of the same age, who, like her, had been abandoned by East German mothers, Ritz writes that she often jokes about how this situation arose: "There must have been a socialist youth festival in town that year or something."[25]

In addition to the scholarship on German-born GDR citizens of color, there is also an emerging literature on foreign students in the GDR. In her book chapter "African Students and the Politics of Race and Gender in the German Democratic Republic," Sara Pugach describes the wide variety of contradictory encounters between East Germans and African students. East German anxiety about African sexuality is a recurring theme that Pugach traces back to the era of German colonialism. "The idea of the lascivious African man and his counterpart, the promiscuous German woman, so prominent in imperial Germany, continued especially to shape perceptions of African-German interactions in the GDR."[26]

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[24] Stefanie-Lahya Aukongo, *Kalungas Kind: wie die DDR mein Leben rettete* (Rheda-Wiedenbrück: RM-Buch-und-Medien-Vertrieb, 2010); Schramm, *Wer hat Angst vorm schwarzen Mann*.
[25] ManuEla Ritz, *Die Farbe meiner Haut: die Antirassismustrainerin erzählt* (Freiburg: Herder, 2009).
[26] Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic," 132.

Despite various attempts on the part of some East German managers and local administrators to keep foreign and East German student populations separate, Pugach has found that interracial relationships were relatively common. Sometimes these found support from GDR officials, as in a case she cites in which a Zambian diplomat in Moscow met with his East German counterparts to ask for help in preventing a marriage between an East German and a Zambian citizen living in the GDR. "The response of his East German counterparts," she writes, "was swift, decisive, and unequivocal: the GDR would not prevent foreigners from marrying its citizens, nor would it attach any race-based conditions to such marriages."[27]

Perhaps more telling, however, are the experiences of prejudice that "undercut the GDR's claims to defend international solidarity and racial equality against Western imperialism."[28] In addition to overt displays of bigotry, the admixture of these prejudices with the official rhetoric of antiracism produced convoluted reasoning on the part of some East Germans. One restaurant manager complained after an altercation that the African students in his town were rowdy, and that this was harming the community by confirming their ignorant, racist assumptions. This in turn was harmful to the country and to socialism, since if prejudice were encouraged in this way – here he continued to maintain that East German racism against African students was the fault of the African students themselves – it "would not serve the continuous struggle of honest socialists the world over for the abolition of racial antagonism."[29] Episodes like this were fortunately not the norm, and many foreign

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[27] Ibid., 131
[28] Ibid., 132.
[29] Ibid., 137.

students reported positive experiences in the GDR. It is clear, however, that from the perspective of the people it was supposed to benefit, East German internationalism was a mixed bag.

Another important group, and the group the features most prominently in the history of HIV/AIDS, were the short-term foreign workers who came to the GDR via bilateral work agreements, including many from Africa, has lately been expanding, although this literature is still fairly cursory. Mike Dennis's work on Vietnamese and Mozambican guest workers in the 1980s is an important contribution. Dennis writes that foreign workers "were by no means passive subjects of surveillance and an elaborate state bureaucracy but were able, albeit to a limited extent, to assert some basic demands and to create their own social and ethnic networks."[30] Due to the GDR's economic problems in the 1980s, there was a sharp increase in guest worker contracts due to efforts to ramp up manufacturing and expand into new markets such as computers and electronics. This was the source of new levels of anxiety for the already-anxious *Stasi* agents who were charged keeping tabs on foreigner workers. Particularly when there was unrest among foreign work collectives, *Stasi* chatter increased concerning the possibility that the GDR's enemies would use these workers to infiltrate East German society and spread false ideologies; they were especially worried that foreign workers would bring Maoism.[31]

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[30] Mike Dennis and Norman Laporte, *State and Minorities in Communist East Germany* (New York: Berghahn Books, 2011), 87–88.

[31] Ibid., 98. For analysis of the international reach and German-German politics of Maoism in the 1970s, see David Spreen's 2019 dissertation "Dear Comrade Mugabe: Decolonization and Radical Protest in Divided Germany, 1960-1980."

Dennis also provides a window into the everyday lives of foreign workers, citing a variety of sources that speak to the ways in which workers made East Germany their home despite the wide variation in how welcoming their host communities were. Foreign workers were often housed in large housing blocks or in worker dormitories or hostels, which in East Germany were (and remain) famously drab and uniform. According to Dennis, residents appropriated and rearranged these spaces to accommodate not only cultural preferences but also a wide range of entrepreneurial endeavors, such as buying and reselling bulk goods and prepared food (this practice among Vietnamese workers formed the basis after 1989 for many of the thriving Vietnamese restaurants that common in Leipzig and elsewhere in the former GDR today). In some places there were also massive smuggling operations conducted out of hostels and warehouses. In 1987, Dennis writes, police broke up a Mozambican smuggling ring that had been importing and selling computers and other electronics. At the time they were caught, they had merchandise on hand worth an estimated 2.6 million East German marks, or around $400,000 in 1989 US dollars.[32]

Further insight about the lives of foreign workers can be gleaned from archival records relating to the institution that was in many cases responsible for their health and well-being while they lived in the GDR was the Free German Trade Union Association (*Freie Deutsche Gewerkschaftsbund*, FDGB).[33] In the 1970s, when the number of countries with work contract agreements with the GDR began to expand, FDGB functionaries were also

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[32] Dennis, *State and Minorities*, 104. I've estimated the USD value based on an average black-market currency exchange rate in the late 1980s of 4 East German marks to 1 DM, and on a recorded historical DM-USD exchange rate of 1.74; see Harold Marcuse's website: Harold Marcuse, "Historical Dollars-to-Marks Currency Conversion Page," http://marcuse.faculty.history.ucsb.edu/projects/currency.htm, accessed 10 April 2019.
[33] Renate Hürtgen, *Zwischen Disziplinierung und Partizipation: Vertrauensleute des FDGB im DDR-Betrieb* (Köln: Böhlau, 2005); Schaufuss, *Die Politische Rolle Des FDGB-Feriendienstes in Der DDR*.

charged with helping foreign workers integrate into East German communities (although there were limitations) and overseeing basic needs including medical care. Their record in this regard is complicated: as Hong and others have described, concern often mixed with condescension as East German prejudices came to the fore. When a contingent of Algerian workers came to Leipzig in 1974, for example, union officials wrote pages of comments about how thin they were, and how poor their health was – and how much time they spent drinking and getting into fights. When the same Algerian workers complained to the FDGB about the ill effects they suffered from dust and fumes in the factories, little or nothing appears to have come of their grievances. If anything, it was certain mid-level factory managers who reportedly did the work of welcoming foreign labor into East German society when they sometimes brought Algerian workers home with them on the weekends to spend time with their families. Regardless, the benefits of FDGB membership appear to have been such that 90% of foreign workers enrolled as members in some collectives.[34]

In the 1980s, this role remained relatively consistent. Bilateral work agreements now focused on Vietnamese, Cuban, and Mozambican workers, as well as small numbers of people from an assortment of other countries. In the 1980s, the pressures of budget cuts and decreased satisfaction with food and medical provisioning was clearly apparent, and both foreign workers and East Germans began leaving the FDGB to express their dissatisfaction; reports from this time create an impression of union leaders trying to hold back a mass exodus. The significance of this development was compounded by the fact that much of the medical internationalism conducted through the FDGB and related entities had been funded

[34] FDGB-Bezirksvorstand Leipzig, Abt. Org/Kader, "Vorschläge für einen gemeinsamen Arbeitsplan zur Arbeit mit den ungarischen Werktätigen" (Leipzig, 19 Mar 1974), SSL 21123 fol. IV/C/2/6/507.

through *Solidaritätsbeiträge* or "solidarity contributions": payments made by rank-and-file FDGB. This meant that when FDGB membership and participation became a site of protest, for example when a group of East German workers stopped paying their *Solidaritätsbeiträge* to protest the fact that authorities had done something – the details are unclear – that made it more difficult for them to access West German TV channels, budgets for solidarity projects were further reduced.[35] Aside from these new concerns, FDGB officials were similarly concerned as in the 1970s with the number of foreign workers getting into fights – although they seemed to express a more generalized anxiety about drinking and fighting among Cuban and Algerian workers compared with their Polish and Hungarian colleagues.

One pattern in particular stands out in all of these documents, which has to do with the way workplace "incidents" were categorized and recorded by FDGB functionaries. Broadly defined, many incidents are attested to in 1980s-era FDGB records. In 1981, for example, a group of 35 people refused to work a night shift to protest the bad food in the cafeteria. (The local hygiene inspector looked into it and concluded that there was nothing wrong with the quality of the food – although the same report contains several additional reports of mass food poisoning.[36]) In 1982, a group of 15 Mozambican workers caused concern by deciding to leave the FDGB, although reasons are apparently unclear to FDGB officials; these seem to have been the same 15 who had gone on strike the year before due to a problem with the payment of their salaries.[37] A record from 1983 indicates that 50

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[35] FDGB KVS Döbeln, "Analyse über besondere Vorkommnisse im Jahre 1987" (8 Feb 1988), SSL 22191 FDGB Liquidation, 1300/502.
[36] FDGB KVS Leipzig-Südwest, "Jahresanalyse über besondere Vorkommnisse" (3 Feb 1982), SSL 22191 FDGB Liquidation, 1300/502.
[37] FDGB VS Geithain, "Analyse über besondere Vorkommnisse im 1. Halbjahr 1982" (30 July 1982), SSL 22191 FDGB Liquidation, 1300/502.

Mozambican workers went on strike to protest their work and training assignments, which, upon arrival in the GDR, were different from what they were promised.[38] Throughout the decade there were many additional reports of fights, as well as accidents, complaints, salmonella, people leaving the FDGB because they were joining the church,[39] the suicide of a Cuban worker, and an increasing number of swastika sightings. All of these were documented in great detail. Yet on the cover pages that provided a quantitative summaries of each report broken down by category, the "Number of Incidents Involving Worker Unrest" was almost always zero, because the people filling out the reports listed foreign worker strikes and protest activities as a subcategory of "Incidents Involving Foreign Workers," which was buried deep in each document and not part of the official summary. A factory site, then, could be buzzing with unrest, but it would only register officially as such if East Germans and not foreign workers were the ones who were dissatisfied. In a way, there is a striking parallel here with the Health Ministry's use of immigration restrictions in its AIDS policy. Socialist internationalism in both cases seems to mean *something*; details recorded about the efforts of the FDGB to help foreign workers acclimate, while often highlighting the tone-deafness or prejudices of the functionaries involved, are nonetheless too voluminous to think that these efforts were merely for show. When foreign workers became inconvenient, however – by threatening to disrupt a clean work-incident record, or by raising HIV incidence and prevalence rates that the SED and Health Ministry officials were proud they had kept so low – some policymakers found ways of categorizing the problem out of existence.

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[38] FDGB, "Analyse über besondere Vorkommnisse" (26 Jan 1983), SSL 22191 FDGB Liquidation, 1300/502.
[39] I am not sure what prevented someone from being a member of both the FDGB and the church.

The Year of the Travel Ban

As I have discussed, the year 1987 was a watershed moment in the history of the global AIDS epidemic. In the time since AIDS was first recognized in 1981, awareness had slowing been growing among health professionals and vulnerable populations. In 1985, the sudden death of Hollywood icon Rock Hudson, the availability of the first commercial HIV tests, and the inaugural International AIDS Conference had signaled a new degree of broad public and state engagement in the United States and around the world, even if the Reagan administration was still disinclined to talk about the crisis. But despite rising prevalence numbers among multiple demographics on all continents, many still considered AIDS a "gay disease," and attention remained focused on the US. Harold Jaffe, a leading figure in the CDC's earliest efforts to investigate and mitigate the spread of AIDS, remembers that in those early years, many foreign physicians and public health officials spoke of AIDS as little more than a medical curiosity, since the epidemic was considered an "American problem."[40]

But it was around this time that several things started happening. First, AZT became the first FDA-approved AIDS drug on the market, where it sold at astronomical prices. This helped launch a new phase of AIDS activism that was more visible than anything that came before it. The most famous activist group, the AIDS Coalition to Unleash Power or ACT UP, was formed in 1987. ACT UP activists literally scaled the walls of the FDA to push for expedited drug approval processes, which they won. This take-no-prisoners approach to advocacy was game-changing, as Steven Epstein and others have argued.[41] At the very least,

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[40] Jaffe, Harold. Interview by author. Phone interview. Ann Arbor, January 29, 2019.
[41] Epstein, *Impure Science*; Gould, *Moving Politics*.

it forced a new degree of recognition from the American government, with the world paying close attention.[42]

Around the same time, it was becoming clear that AIDS was not just an American problem, but that it was also decimating the African continent – and that Sub-Saharan Africa might even be the site of the most devastating epidemic of all.[43] In the United States there had already been an association between AIDS an foreigners, due to the presence of Haitians among the so-called "4H" club of demographic groups to which the AIDS epidemic was popularly believed to be limited when it first emerged: "homosexuals, heroin addicts, Haitians, and hemophiliacs." There were even "theories" in wide circulation in the early 1980s, even among the public health community, which held that HIV had originated in the context of blood-drinking Haitian voodoo rituals.[44] Somewhat ironically, broader communities of immigrants from the Global South may have been shielded from the worst of AIDS-related xenophobia during the early-to-mid 1980s due to the aggressiveness with which so many people wanted to continue to believe that AIDS affected only gay men. But news of AIDS in Africa re-opened the door for widespread racist scapegoating – to whatever extent it had ever been closed.

The third simultaneous development around this time was that a global response to AIDS was finally coming together. Following years of inconsistent coordination between national AIDS prevention and research programs, the WHO launched the Global Programme

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[42] President Reagan mentioned AIDS in a public speech for the first time in 1987, six years after the beginning of the crisis, and in that year his administration also launched the President's Commission on the HIV Epidemic, also known as the Watkins Commission, which held hearings in late 1987 and the first half of 1988.
[43] John Iliffe, *The African AIDS Epidemic: A History* (Athens, OH: Ohio University Press, 2006).
[44] See discussion of Western assumptions about Haitian responsibility for HIV/AIDS, Farmer, *Aids and Accusation*.

on AIDS (GPA) under the leadership of Jonathan Mann, and undertook a massive initiative to streamline epidemiological surveillance, communication, and the sharing of knowledge and resources between countries and regions. The result was a wave of new AIDS prevention and testing programs all over the world.[45] The GDR's launch of its new public education campaign about AIDS in 1987, though in its planning stage since late 1986, should be considered part of this wave, as contact with the WHO was instrumental in its execution.

All of these developments together meant that 1987 was both a moment of rising anxieties about AIDS – it should be noted here that prevalence numbers were rising very rapidly as well – and also a moment of political truth, when the AIDS epidemic was constantly in the news and on the minds of states and publics everywhere. In the anti-immigrant reaction that was the dark side of this new prominence, the US led the way in many respects. The WHO came out against HIV testing at the border in May 1987, but by this time political gears were already in motion. Evangelical Christian leaders, most famously Jerry Falwell had been arguing for years that AIDS was divine punishment for homosexuality; somewhat counterintuitively, the extreme Right's position on this matter also favored stricter border controls. In June 1987, the Reagan administration put pressure on the Public Health Service to add HIV/AIDS to its official list of infectious disease that excluded non-citizens from entering the country. When right-wing senator Jesse Helms added an amendment to an unrelated bill that also had the purpose of adding HIV/AIDS to that list, the apparent redundancy of the amendment allowed it to pass with little comment; the travel ban was thus enshrined in law rather than merely in regulation, which was part of the reason it lasted

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[45] Siddiqi, *World Health and World Politics*; Kim, "World Health Organization and Early Global Response to HIV/AIDS."

until 2010, long after the rest of the industrialized world had abandoned HIV-related immigration restrictions of this kind. The Public Health Service put the new rule into effect on 31 August 1987.[46] That same week, the Soviet Union and the GDR enacted similar restrictions. Given the timing of the East Bloc immigration controls, some have interpreted this as superpower tit-for-tat, with the GDR simply following Moscow's line.[47] As I will show, however, this assumption is inaccurate, and the reality is more complicated.

Explaining HIV-Related Immigration Policy

Scholarship that seeks to explain differences in AIDS policy around the world has something in common with the scholarship on state-socialist internationalism that I look at in Chapter 3. In many ways, both bodies of literature stand at the same methodological impasse. Both have sought to explain relationships between a polity and its "others" by treating all available evidence – international and domestic policy outcomes, state discourse, cultural representations – as clues pointing to some fundamental cultural or ideological characteristic. Both have been stymied by the apparent inconsistencies with which this fundamental characteristic has expressed itself. The policy-making process I explore in this chapter demonstrates that in both cases, it is necessary to open the "black box" and think

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[46] See discussion of this in Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009).

[47] The assumption that East German policy in 1987 would – or even could – come straight from Moscow is a common Cold War myth, and in this case ignores the changes in intra-Bloc politics that had begun to take place since Gorbachev came to power in 1985. East Germany, by this time, was becoming wary of Soviet reformism, and had closer ties to the international health community anyway due to the availability of German-German scientific collaboration and the proximity of East German universities to Western European ones. As I'll argue in this chapter, East German health policy in the late 1980s was more likely to go through Geneva than Moscow.

about ideology not as something that inheres in a state, but as something that is available to policymakers alongside other alternative narratives of self-justification.

If there's one thing scholars of AIDS policy can agree on, it's that there is a huge amount of variation in the ways in which countries and communities around the world have responded to the epidemic, and that this variation eludes straightforward explanation.[48] In the 1980s and 1990s, before highly active antiretroviral therapy (HAART) was widely available, prevalence and mortality rates associated with HIV/AIDS were increasing every year at dramatic and sometimes exponential rates, and analysis of the differences between national responses to the crisis took place largely within the context of global campaigns to bring developing countries in line with levels of surveillance and education that existed in the West. The focus was less on *why* certain governments responded in certain ways and more on how they might be persuaded to change; scholarship was likewise focused on activism and its efficacy. The early 2000s, however, witnessed a surge in scholarly efforts to better understand the chaotic global policy landscape that had been forming over the previous two decades.

At first – perhaps as a transitional phase – this scholarly endeavor appeared fixated on explaining not a specific policy outcome on its own terms, but rather, on explaining the extent to which developing countries did or did not accept aid and expertise from the West. Two cases that received a great deal of attention, for example, were Uganda and South Africa. Uganda's President Museveni famously welcomed Western money and Western AIDS prevention advisors into his country in 1987, a move which turned the tide of a devastating

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[48] This is a key premise of Baldwin, *Disease and Democracy*.

HIV/AIDS epidemic in Uganda and turned it into one of the few "success stories" of AIDS in Africa. South Africa under Mandela's successor Thabo Mbeki is often treated as Uganda's opposite: Mbeki scorned mainstream Western science and adopted an "AIDS denialist" position, claiming that HIV was not that cause of AIDS and that Western pharmaceutical companies were perpetuating the epidemic by giving people toxic medications such as AZT. His government's unwillingness to distribute ARVs has been estimated to have caused 300,000 preventable deaths. This framework in which national responses are evaluated on the basis of their cooperativeness with Western countries and with the WHO, however, has significant costs.[49] In the case of Uganda, structuring policy analysis along these lines obscures the fact that Western money came with ideological strings attached: it was largely through these campaigns that American evangelical groups came to exert their infamously strong influence on Ugandan policy, including a move toward increasingly harsh anti-gay policies culminating in the imposition of the death penalty for same-sex sexual activity in 2009.[50] In the case of South Africa, the overwhelming focus on explaining Mbeki's intransigence (and a frequent parallel emphasis on South African superstition) vis-à-vis Western aid and science obscures the long history of colonial science and the West's support for the apartheid regime in shaping this policy.[51]

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[49] For an example of a comparison that attributes differences in HIV prevention success explicitly to "relatively static features of socio-political environments," see Justin O Parkhurst and Louisiana Lush, "The Political Environment of HIV: Lessons from a Comparison of Uganda and South Africa," *Social Science & Medicine* 59, no. 9 (November 2004): 1913–24.

[50] Kuhanen, "The Historiography of HIV and AIDS in Uganda."

[51] Nicoli Nattrass, *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* (Scottsville, South Africa: University of KwaZulu-Natal Press, 2007); Nattrass, *The AIDS Conspiracy*; van Rijn, "The Politics of Uncertainty"; Joy Wang, "AIDS Denialism and 'The Humanisation of the African,'" *Race & Class* 49, no. 3 (January 2008): 1–18; Robert Kowalenko, "Thabo Mbeki, Postmodernism, and the Consequences," *South African Journal of Philosophy* 34, no. 4 (October 2, 2015): 441–61.

This vein of scholarship, with its focus on acceptance or nonacceptance of Western aid, never really disappeared. However, several new and more historically nuanced strands of scholarship emerged in the 2000s as well. Perhaps the most important work here is historian Peter Baldwin's 2005 monograph *Disease and Democracy: The Industrialized World Faces AIDS*. Baldwin took as his point of departure the "surprisingly and counterintuitively different" responses seen across the Western world: some of the most restrictive policies, for example, emerged in countries that otherwise associate themselves with protecting civil liberties.[52] This book's most important contribution is its emphasis on the role of history, especially the way that each state has addressed disease control and venereal disease in the past. In the case of West Germany, Baldwin argues, the memory of Nazism also likely influenced Bonn's resistance to any sort of mandatory reporting laws, which many other Western European countries embraced.

Aside from Baldwin and a few other exceptions, however, the historical discipline's overarching focus on tracing and explaining the efficacy of AIDS activism against the state rather than on explaining the actions of the state itself has left this task largely to the social sciences. These have produced an extraordinary variety of analyses in this regard, which have moved continually in the direction of more and more complex explanatory models, and away from simplistic definitions of "success" in terms of acquiescence to Western-supplied paradigms. For example, a 2014 study problematized overly simplistic narratives in which greater and lesser degrees of Muslim religiosity and conservatism made the difference between Middle Eastern countries with harsher and more liberal forms of HIV

[52] Baldwin, *Disease and Democracy*, 3.

criminalization. The study found instead that, while a state's religious characteristics were extraordinarily important, they only made sense as explanatory factors when combined with other variables, notably the features of the epidemic itself within a country's borders.[53] Similarly, a more recent study looked at mandatory HIV testing imposed on foreign English teachers, noting that xenophobia alone could not explain the variability in testing requirements from profession to profession, but that the state's particularly fraught relationship with foreign English teachers had also contributed to the longevity of the policy even after others like it had been rescinded.[54] Studies of this kind adopt a quantitative and social-scientific empirical approach that some historians have found problematic in its own right, but they develop sophisticated and historically nuanced pictures of national variation that go a long way toward correcting earlier problems.

Taken together, the scholarship that has developed over the past few decades in order to better understand the emergence and variability of HIV-related travel restrictions has come to some important conclusions, in particular the imperative to avoid monocausal explanations, to look at the different parties acting within a country, to be sensitive to a country's history, and to analyze non-Western societies on their own terms rather than merely lauding or condemning their degree of cooperation with the Western-led global AIDS response. Due to the legacies of German-German memory politics, this insight is especially necessary when looking at the East German case, since as I have emphasized, the idea of East

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[53] Abigail Krusemark and Erik Cleven, "Sex and Drugs (But Not Rock and Roll): The Variation in HIV-Related Restrictions on the Entry, Stay, and Residence of Seropositive Foreigners in the Middle East and North Africa," *Risk, Hazards & Crisis in Public Policy* 5, no. 3 (September 1, 2014): 279–94.

[54] Benjamin K. Wagner and Matthew Vanvolkenburg, "HIV/AIDS Tests as a Proxy for Racial Discrimination? A Preliminary Investigation of South Korea`s Policy of Mandatory In-Country HIV/AIDS Tests for its Foreign English Teachers," *Journal of Korean Law* 11, no. 2 (2012): 179.

German backwardness remains a tenet of faith in nearly all German histories of the AIDS, a fact which continues to irritate those who were associated with the East German AIDS prevention effort.[55]

How, then, to proceed in looking at the East German case? First, I want to deal with some of the overly simplistic explanations that tend to emerge when discussing this question. Some of the most common explanations of this kind have to do with the financial exigencies of the 1980s or the epidemiological exigencies of HIV/AIDS itself. Was the East German state simply too broke to care for its African HIV/AIDS patients? It is certainly true that East Germany was under extraordinary financial pressure in the 1980s; this is therefore an entirely plausible factor, even though it was never explicitly mentioned in discussions about the travel ban. Yet as I have argued, one of the most striking features of the East German response to AIDS was the willingness of SED and state authorities to devote resources to being thoroughly visible and comprehensive in their response to AIDS. It was never a foregone conclusion how exactly these resources would be spent. The precise metrics by which a strong East German presence in the international health community were in a profound state of flux at that time. Spending in *some* areas of medical internationalism was declining, but in other areas it was increasing. Our hindsight into the sorry state of GDR finances should also not unduly affect our understanding of 1980s-era East German policymaking. Many felt the strain of Western debt, but what appeared to be a brief economic turnaround in 1985 inspired renewed confidence in the future.[56] The East German medical

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[55] Personal communication with Sylke Schäfer, 12 April 2016.
[56] Gareth Winrow discusses the relative uptick in the East German economy from 1985 onward in an article he was writing over the course of 1989, a useful reminder of the aspects of 1980s East German history that were lost to teological thinking as soon as the state collapsed; see Winrow, "The GDR in Africa."

and scientific establishment was also planning for a new surge of research into biotechnology and an overhaul of its system for addressing chronic health problems such as alcoholism and diabetes. Cracks were appearing, especially when medical professionals began to emigrate West in large numbers in 1988-89, but no one talked like citizens of a country on the brink of collapse.

What then of the severity of the epidemic itself? East Germany was indeed seeing rising HIV and AIDS prevalence numbers, especially among Africans. Were they simply obliged to stem the tide of African students and guest workers as an act of self-preservation? Or perhaps more importantly, did they *believe* there was no other way? This is another factor that undoubtedly played a role. The AIDS epidemic was a terrifying specter; as avid monitors of global news reports and epidemiological surveillance via the WHO, East German health officials knew this. As I discussed above, 1987 in particular was a moment of escalating panic around the world. In the United States, nightly news reports featured footage of emotionally charged PTA meetings at which parents literally screamed that they would never allow someone like HIV-positive adolescent boy Ryan White to come near their children. The house of a family with three HIV-positive children was also burned down in Florida. In France and West Germany, scandals over contaminated blood products dominated the headlines. In the heat of that moment, would it not make sense for the East German Health Ministry to clamp down in whatever way possible?

Here, as well, the answer is “yes” – but this alone is not enough to explain the policy that was ultimately enacted. East Germany had relatively low infection rates overall. And while the document the Health Ministry produced claimed that unnamed “experts” believed that the greatest threat to the GDR was posed by foreigners from high-risk countries, this

assertion stood in tension with the epidemiological data presented elsewhere in the document itself. According to the Ministry's own numbers, only one East German had been infected via sexual contact with someone from an ‘endemic country,” which appears to be a euphemism for “Africa.” How could people from sub-Saharan Africa pose the highest threat in qualitative terms and the lowest threat in quantitative terms?

The answer to this question undoubtedly has to do with the most important consideration of all: race and racism. As I will describe in detail in the following section, the presence of this anxiety is unmistakable in these documents. Yet it is not enough to say that East German racism or racist provincialism simply won out. After all, what explains the fact that the opposite policy that had been in place in the beginning, or that the GDR had allowed foreigners with active tuberculosis to stay in the country for treatment, which arguably posed a far greater threat to East Germans?[57] How is it possible to describe the ways in which racial prejudice and won out over the imperatives of socialist internationalism without assuming that this outcome was always in the cards?

Eight Months in 1987: Drafting the Policy on HIV-Positive Foreigners

The pivotal legislative moment in the East German response to AIDS came in September 1987. For the better part of that year, the Health Ministry had been preparing a document called “Information on the State of AIDS Prevention in the GDR,” which went through dozens of drafts and incorporated feedback from a wide array of other Ministries and state entities.[58]

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[57] See reports on incidence of TB among foreign workers and students in BArch DQ 1/13489.
[58] The final version of this document was completed in late August 1987 (precise date unclear) and included as an attachment in both the “Beschluß des Politbüros des ZK der SED vom 1. September 1987” and the “Beschluß

It contained a briefing on the global AIDS epidemic and a set of recommendations aimed at bringing the GDR into a new era of proactive prevention and research. The Politbüro and the Council of Ministries discussed and approved the recommendations on 1 Sept 1987 and 10 Sept 1987, respectively, ordering that a concrete plan for implementation be drafted by the following month – which it was, although typically for the East German bureaucracy, the interministerial editing process lasted for several additional months, and an official version wasn't finalized until March 1988.[59]

The resolution's approval set in motion a wide range of new initiatives, including an expansion of East German educational efforts vis-a-vis HIV/AIDS, both in schools and in the information it made available to the public in the form of publications in newspapers, magazines, television, and radio programs. It also established a Standing AIDS Advisory Group to coordinate these efforts, and pledged resources to new research and development initiatives. And of course, it established HIV-related restrictions on immigration. Foreigners from high-risk countries (according to WHO definitions) who wanted to stay longer that three months had to submit proof of their seronegative status. Foreigners from high-risk countries already residing in the GDR should seek out an HIV test, and if they tested positive, steps should be taken through their embassies to arrange their return to their home countries.

Paging through the multiple drafts and partial drafts of this document that were filed, forwarded, annotated, and discussed over the approximately eight months prior to the

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des Ministerrates 40/11/87 vom 10. September 1987" that enshrined it in law. These official legislative documents can be found in BArch DC 20-I/3/2523.

[59] MfGe, "Maßnahmeplan zur Verwirklichung des komplexen Programs zur Verhütung und Bekämpfung von AIDS in der DDR" (28 Mar 1988), BArch DQ 1/12726.

resolution being accepted, it is clear that creating this rule was a contested process – one in which the divisions that emerged reflected broader debates and tensions, both within socialist health and within the global response to AIDS as a whole. Drafts from March and April differed widely from each other and from the version that was approved in September, especially in the language they used to describe necessary procedures for testing foreign workers for HIV. Some said that an understanding should be reached with the countries from which many foreign workers came, making it clear that only people free of serious infectious diseases should be sent to the GDR. Others suggested that foreigners from high-risk countries (again, according to WHO designations) "should be offered the opportunity to be tested" as soon as possible upon arrival; various commentators struck out the phrase "offered the opportunity to" so that the document merely stipulated that foreigners be tested (albeit without specifying how and when) as soon as they arrived. The key difference between these versions and the final draft, however, was contained in the instructions for what to do when a citizen of a foreign country tested positive. The March-April documents clearly stated that if someone tested positive, "a decision should be reached with the bilateral treaty partner about the necessity of a return home." In certain special cases, based on WHO guidelines, additional measures might need to be taken to ensure that the person would not spread the disease. The important thing, however, was that "treatment and care are guaranteed." This phrase was entirely absent from the draft that was eventually adopted by the Politbüro, as was any discussion of a bilateral decision-making process involving the person's home country.[60]

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[60] See collection of drafts of "Information über den Stand" in BArch DQ1/13083.

In addition to the drafts and commentary, various officials from the Health Ministry and other Ministries weighed in via letters and position papers. In March 1987, Health Ministry official Helmut Theodor wrote a "Position Paper on Testing Foreign Citizens for HIV." It was important, he said, for foreigners who came to the GDR for work or study be free of HIV, but he seemed to struggle with the logistics and the politics. Perhaps the testing could be part of their placement examination? Another idea was that the East German doctors who examine candidates in their home countries could also be equipped with testing facilities; this would cost around $7000 to $10,000 and would require the Health Ministry to station a lab technician at each foreign facility.

Those citizens of African, North American, and South American countries who already resided in the GDR, Theodor continued, should be tested systematically for HIV in "the context of occupational medicine (*Arbeitsmedizin*)" under the pretext of a new campaign to determine the blood type of all foreign workers so that emergency medical ID cards could be made for them to carry. As far as what to do with people who tested positive, Theodor wasn't sure. Newly arrived foreigners should be sent back to their countries of origin. But in the case of those who had been in the country a long time, "decisions [would] have to be made."[61]

This document highlights the existence of multiple paradigms within the East German health system on the question of HIV and foreign students and workers, and appears in some respects as a transitional phase between these multiples paradigms: as I have described, it was assumed in the first few years of AIDS in the GDR that people who got sick with this strange new disease would have to receive medical care in East German hospitals, regardless

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[61] Helmut Theodor, "Positionspapier," BArch DQ 1/13083-2.

of where they came from. The same people who arranged this care, however, had seemingly no qualms about testing foreign workers and students without their knowledge or consent. Niels Sönnichsen, the head of the AIDS Advisory Group, made this recommendation as early as September 1986.[62] Condemnation of this type of policy from the international community (expressed in the form of WHO-recommended best practices and not directed specifically against the GDR) as well as a scandal about surreptitious HIV testing in Bavaria, however, militated against continuing this practice, and the final version of the new AIDS program approved in September 1987 stated that this kind of testing had been discontinued and would not be pursued in the future.[63]

Some of the pressure toward travel restrictions for HIV-positive foreigners came from provincial medical facilities and communities, who at times reacted with alarm and even at reports of HIV among African neighbors and colleagues. As I mentioned above, one doctor wrote to Health Minister Ludwig Mecklinger with great concern in June 1987, saying that the positive HIV test of a Zambian student had caused "unrest" among East Germans in the area, and that he was worried about whether enough care was being taken to protect East German citizens from the risk of HIV infection from foreigners. Mecklinger responded that this was indeed an area of uncertainty, in policy terms, but that he hoped a clear answer would be available soon. When the Minister later approached the SED about this issue the following month, he distanced himself and the Health Ministry as a whole from the idea of a travel ban while at the same time half-heartedly endorsing it, saying that he was getting pressure from the provinces and other government agencies to make a concrete decision

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[62] Sönnichsen to Mecklinger (Sept 1986), BArch DQ 1/12720.
[63] "Information über den Stand."

about whether people with HIV should be allowed in the country. Without making an explicit recommendation, he attached a paragraph that the Ministry for Foreign Affairs had "already approved"; this was the language banning HIV-positive foreigners from staying in the country that ultimately made it into the final, approved version of the new AIDS policy.

At this and several other moments in this process, it was the Foreign Ministry that seems to have pushed for more restrictive policies. Mecklinger's language about the pressure he was under, however, is somewhat deceptive. First of all, while it is impossible to know what documents may have been misplaced or thrown away, the East German bureaucracy was fairly good at maintaining its files, which makes it noteworthy that there was only *one* piece of correspondence among these records that appeared to be pushing for tighter immigration restrictions – that being the letter cited above about the HIV-positive Zambian students who were allegedly making their neighbors uneasy. More importantly, AIDS policy in East Germany had essentially been a Health Ministry project from the very beginning. Health officials had always exercised considerable freedom in shaping it, and both state and party leadership had explicitly recognized the Health Ministry as the leading authority on how the East German response to AIDS should progress.

Probing deeper into the priorities and objectives of health officials is therefore a key part of this picture, and for this reason it is necessary to return to the document in which the HIV immigration was laid out. "Information on the State of AIDS Prevention" was a complex document that, again, hinted at tensions within the Health Ministry and the broader bureaucracy regarding East German priorities.[64] On the one hand, health officials in the GDR

[64] "Information über den Stand."

expressed – as did health officials everywhere – deep concerns about the rapid and uncertain trajectory of the AIDS epidemic. The authors of the document cited dozens of WHO statistics and projections, observing that Africa was emerging as one of the most heavily affected regions in the world and that the number of confirmed AIDS cases in Europe had more than doubled in the previous eight months (December 1986 to August 1987) alone.[65] Although only 70 "antibody carriers" had been confirmed at that point, including 25 East Germans and 45 foreigners, "Information on the State of AIDS Prevention" asserted that the actual figure was probably around 300 HIV-positive individuals, of whom 150 would likely get sick in the next three to five years and 30-50 would die.[66]

Yet in addition to these concerns about the very real threat that AIDS might pose in the GDR, the authors of this document also betrayed a laser-like focus on the international community and its response to the epidemic, especially in the West. There are a few references to what was being done in socialist countries, including a COMECON-wide effort that the GDR hoped to lead, but which ultimately did not come to fruition. The WHO and "international cooperation," on the other hand, are referenced throughout, as are deep concerns about potential Western disapproval with respect to various East German policies. In discussing the GDR's mandatory reporting policy regarding all cases of HIV infection, AIDS, and AIDS-related deaths, health officials discussed in detail the fact that there were a variety of international stances on this matter and that many capitalist countries were opposed to mandatory reporting. However, they argued, HIV/AIDS reporting in the GDR was carried out under the strictest level of confidentiality and formed the basis for a system of AIDS

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[65] Ibid., 4.
[66] Ibid., 5-6.

surveillance that "corresponded to or even exceeded" the efficacy of AIDS surveillance in developed capitalist countries.[67] In other words, despite being an internal state document that contained several highly critical assessments of the GDR's prevention efforts up to that point, "Information on the State of AIDS Prevention" was filled with talking points and apologia for use in trans-Bloc conversations about AIDS prevention.

In the legal language of the HIV immigration ban section itself, the notion of the WHO as *the* primary source of legitimacy in matters of health was likewise on display. Ministry bureaucrats had circulated multiple news reports in May 1987 that the WHO had come out against "HIV testing at the border." Since the United States enacted its HIV travel ban only a month later, this recommendation clearly did not carry the moral weight of international consensus behind it. However, in singling out individuals from "high-risk countries" for the new mandatory testing policy, the Ministry made sure to append the phrase "according to the WHO" wherever possible, thereby couching its potentially unpopular policy choices in a framework supplied by the emerging Western epidemiological consensus. In fact, references to the WHO and its recommendations and reports are woven throughout the 1987 document. Even statistics about AIDS cases in the Soviet Union and other socialist countries came straight from Geneva rather than Moscow.

It was clearly a matter of great importance to the actors involved in East German AIDS prevention that these efforts afford them and their health system an opportunity to be exemplary on a global stage. This is evident from the GDR's earliest involvement in regional

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[67] Ibid., 8.

HIV/AIDS surveillance and information sharing. In May 1986, the Prorector of the Humboldt University Medical School wrote a letter to an acquaintance, the Deputy Minister for Health:

> I've been reading the WHO Weekly Report . . . and I still don't see the GDR's name on the list [of countries submitting HIV prevalence reports]. You know why I'm writing. We have to find a way to make sure the GDR shows up in the next quarterly report . . . It would also look good politically if we could issue a statement to be printed at the end of one of the weekly reports - as many other countries have already done – stating that the GDR is now taking part in the collection of AIDS data.[68]

With some exceptions, these lobbying efforts were highly successful; as I've mentioned, Honecker himself agreed that in AIDS prevention, "we can't afford to be left behind."[69]

If East German health officials were keen to impress and network with their international colleagues, however, it was their relationship with West Germany that stood out as the most valued and influential. At precisely the time when internal negotiations over HIV immigration rules were moving into high gear – March and April 1987 – negotiations were also underway to establish scientific and public health collaborations between the GDR and the governments of several West German states, including Saarland and Bavaria. The politics of the Bavarian project are especially relevant here: as I have discussed, Bavaria's extraordinary harsh proposed measures against HIV-positive individuals, including a new policy under discussion that required proof of seronegative status from visitors just like the policy that East Germany would soon put in place, were already infamous around the world. Part of the impetus behind the East German collaboration likely consisted in the desire on the part of Munich to acquire political capital for use in their battles over AIDS policy in Bonn.

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[68] Prorector (Bereich Medizin), Humboldt-Universität zu Berlin, to Rudi Müller, Stellvertreter d. Ministers, Ministerium für Gesundheitswesen (15 May 1986), BArch DQ 117/20.
[69] Cited in Tümmers, *AIDS*, 264.

GDR health officials were – if a little put off by right-wing Bavarian politician Peter Gauweiler's manner when he met with them in person – happy to benefit from the resources and prestige. For this reason, several high-ranking officials and physicians involved in East German AIDS prevention efforts visited Munich during the time that the HIV travel ban was being drafted. Probably due in part to these new connections, care was taken throughout the policymaking process not to do anything that might disrupt German-German relations.

East German health officials clearly had a number of things on their minds when drafting the HIV immigration policy. It is difficult to assess any single overarching reason, and as I have argued, this is as it should be: policymaking in this regard had a great deal more to do with contingent factors and with contemporaneous trends in the broader international community. Xenophobic fear of germ-bearing foreigners clearly lurked within this policy throughout its entire lifespan, as did the notion of the AIDS crisis as an exceptional moment. But it is a feature of the somewhat slanted character of the histories of AIDS produced in the West that so few commentators have noticed the extent to which East German officials acted at all times with a close eye on the rest of the world, especially those wealthy industrialized nations most involved in the global response to AIDS, notably the United States, the UK, France, Denmark, and West Germany. If the GDR deviated from what they defined as "best practices," it did so with their implicit blessing – at least at the time.

In discussions of the Cold War it can be difficult not to slip into the habit of treating socialist states like cohesive units: we talk about what the GDR did, or what Moscow wanted or feared. This is sometimes a harmless shortcut, but it is also a telling reflection of the "bipolar world order" that lingers in the narratives we tell about this period. As I have argued, a unique

iteration of this problem can be found in conversations about the history of HIV/AIDS. With so much at stake – significantly, right at the moment of liberalism's triumph – these conversations are riddled with Cold War residues that make it difficult to evaluate how far we've really come in the fight against HIV/AIDS, and why so many have died. Western commentators, when they have noticed East German AIDS prevention at all, tend to assume that the wide array of actors involved in this effort – doctors, nurses, health officials, party leaders, local administrators, activists, and patients – all somehow worked in concert and wanted the same thing. It is clear, however, that these actors wanted *many* things and pulled in many different directions, and also that successes and failures in AIDS prevention were never written into any country's ideological DNA.

New research on the AIDS crisis in China also supports the imperative to look more closely at forces shaping AIDS policy *within* and not just between states. Sociologist Yan Long's work on transnational AIDS interventions in China in the late 1990s through the 2000s, particularly the ways in which the Chinese state has leveraged its accommodation of global AIDS foundations and (especially LGBTQ) organizations in order to crack down on the grassroots activism of people with AIDS who do not already have as established a place in the history and iconography of the "global response to AIDS" – peasant farmers infected through contaminated transfusions, for example.[70] As in the history of AIDS in divided Germany, many have celebrated the successes of liberal pressure from abroad in encouraging the Chinese state to engage in better and more tolerant outreach vis-à-vis its citizens, and for good reason. Long, however, shows that public accommodation of some risk

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[70] Yan Long, "Constructing Political Actorhood: The Emergence and Transformation of AIDS Advocacy in China, 1989-2012" (University of Michigan, 2013), U-M Catalog Search.

groups and not others may have given the state the maneuvering room it needed to double down on its suppression of HIV-positive peasant farmer activists. This suggests the necessity of analyzing a state's relationship with HIV/AIDS risk groups not as *separate* state-group relationships – even if there appears to be little or no intersectional overlap between the various groups – but rather as a complex system in which shifts in one relationship can strongly impact other relationships, as can the influence of international actors.

CHAPTER 9

Conclusion

"Conservatism, Cold War, and computers" – this, according to the History Channel, was the essence of the 1980s.[1] In American pop culture, at least, the 1980s are often portrayed as a time of political rigidity, with all the creative, experimental energy of the 1960s and 1970s diverted away from art and mass politics and into Silicon Valley and Wall Street. But we forget that the 1980s were also a moment of groundbreaking popular protest: as I've discussed, AIDS activists took LGBTQ politics to unprecedented levels of global visibility, and they engineered novel, forceful ways of communicating the urgency and stakes of the AIDS epidemic to the public. The history and legacies of this movement have been widely studied and documented, and yet they are probably just beginning to be understood, considering the copious new source material and critical interpretive angles that have emerged in the last decade or so alone.[2]

In particular, the benefits of nearly four decades of hindsight and scholarship allow us more and more to investigate not only what happened and how it looked and felt, but also how the politics of the early AIDS crisis was shaped by the unique historical moment at which

[1] "Conservatism, Cold War, and computers," https://www.history.com/topics/1980s, accessed 10 April 2019.
[2] Archives dedicated to the history of AIDS such as the AIDS History Project at UCSF also seem to be undergoing a consolidation and mass digitization process, probably due in part to the fact that people involved in AIDS activism in the 1980s are nearing retirement age, which has prompted new interest in conducting and preserving oral histories and personal papers relating to the early AIDS crisis.

the human immunodeficiency virus first emerged in American cities. Doubtlessly things would have gone very differently had it not been for the energy and bold new claims on public space and discourse made by the gay rights movement of the 1970s, which laid so much of the groundwork for 1980s AIDS activism. Harder to discern, however, are the lasting ways in which this movement's antagonists, American evangelicals in particular, succeeded in framing the ideological terms of debates about AIDS prevention and care – as well as the extent to which their ability to do so can be traced to the Cold War context in which these debates began. Jerry Falwell, as I've noted, famously declared that AIDS was God's punishment for homosexuality. Less well-known is the fact that Falwell made this declaration on the heels of his fiery campaign against nuclear disarmament, in which he warned of a communist takeover of the United States if peace advocates ever got their way. In Falwell's language and imagery, communism and homosexuality sometimes merged into a single, amorphous threat to God-fearing Americans, as when he invoked the specter of a militant "homosexual revolution."[3] Bolstered by the anticommunism of the Reagan era and enmeshing it skillfully with their social conservatism, radical figures like Falwell exacerbated homophobic stigma and apathy regarding the AIDS crisis, and in some cases even argued outright for aggressive measures such as quarantine and universal testing. The political norms that emerged among global networks of AIDS advocates – the emphasis on patient self-organization and the absolute primacy of protecting civil liberties and privacy – are unsurprising given this harsh climate.

[3] Jerry Falwell, "[Letter from Jerry Falwell on keeping Old Time Gospel Hour on air]" (August 13, 1981), The Portal to Texas History, accessed 29 July 2019, https://texashistory.unt.edu/ark:/67531/metadc177440/

With the story of HIV/AIDS in Western liberal democracies looming so large in the broader historiography of the AIDS epidemic, however, these priorities often appear not only as unsurprising but as inevitable or self-evident, and it is here that the utility of analyzing AIDS in state-socialist contexts becomes most clear. Looking at the way East German leaders and health officials seemed to oscillate between liberal and socialist imperatives, and the ways in which they were buffeted by – or learned to navigate – the Cold War politics of the global response to AIDS, is important first and foremost simply because it shows that the Cold War was a context that mattered, and that it shaped conversations about what constitutes a politically virtuous response to AIDS. When we talk about the German-German politics of AIDS, the GDR's mandatory reporting policy or *Meldepflicht* – and the importance of its defeat – always takes center stage. But taking seriously the internal conflicts over East German AIDS policy raises new questions: how, for example, did it come to be a given that mandatory reporting constitutes a greater infringement of democratic principles than deporting HIV-positive immigrants? Bringing the state-socialist world into the picture helps illustrate the diverse range of assumptions and possibilities that were present in the early days of the AIDS epidemic but that have tended, in the post-Cold War era, to slide out of view.

All of these dynamics have to do especially with the fact that the 1980s were in many ways a *surge* in Cold War hostilities. But as we now know and few at the time suspected, this decade was, of course, also the last decade of the Cold War, which raises additional questions. Because 1989-91 is treated as one of the major caesurae in twentieth-century history, the early AIDS epidemic and the late Cold War tend to be viewed as the beginning of a new era and the end of an old one, and therefore as mutually exclusive. Yet the simultaneity of these two developments, first of all, is striking: in the same week in September 1989 when AIDS

activists brought trading to a halt at the New York Stock Exchange by chaining themselves to a balcony to protest the price of AZT, pro-democracy marchers in Leipzig (chanting "we're staying here!") undertook one of the most visible public demonstrations in East Germany since 1953, prompting a flurry of calls for dialogue that kept escalating all the way until the collapse of the SED. These phenomena are not as causally unrelated as they seem: as I've discussed, the new global connections proliferating at breakneck speed since the early 1970s are crucial explanatory factors both in the spread of HIV and in the hollowing out of Soviet Bloc economies. For this reason, counterfactual musings about how the AIDS epidemic could have gone differently were it not for the disappearance of state-socialist alternatives might be of limited utility.

Yet even if it can be said that the global AIDS epidemic and the collapse of the Soviet Bloc were outgrowths of the same broader underlying transformations, causal interplay between these two phenomena may still have affected millions of lives. This is especially true due to intricacies of timing. I have placed the key liberalizing shift in East German AIDS policy at around 1987, partly for reasons of convenience, since this was the year of the most obvious and concrete policy change: the East German HIV travel ban. But of course, the shift did not happen overnight. Indeed, there were voices all the way into late 1989 who stressed that what the world needed was a distinctly socialist response to AIDS – among them the URANIA members in Leipzig that I described at the beginning of this dissertation. These voices, and the institutions that could conceivably have brought them to the fore, more or less disappeared along with their countries of origin, and were gone completely by the time the USSR fell apart in 1991. The West had won the Cold War. In doing so it also won back control of international health cooperation – which in the neoliberal era was increasingly discussed

in terms of "global health" and featured a new cast of multinational characters – after the brief period of apparent socialist dominance following the Alma-Ata Declaration.

Four years after the Soviet Union ceased to exist, in 1995, another development took place that can likewise only be understood in the context of post-Cold War liberal triumphalism: the World Trade Organization enacted the so-called TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement, a major multilateral treaty on intellectual property protection that included muscular provisions to discourage the manufacture of "generic" pharmaceuticals. These were used especially against India, which had developed a thriving generic drug industry in the 1960s as part of its push for economic independence from the West, a pillar of Jawaharlal Nehru's program of non-alignment.[4] In a consequential twist, it was only a few months after the TRIPS Agreement went into force in 1995 that the FDA approved the first of a new class of life-saving antiretroviral AIDS drugs, which quickly turned AIDS from a terminal to a chronic illness for anyone who could afford them. AIDS mortality in the West fell almost immediately by 90%, while the agonizingly slow rollout of these drugs to the Global South engendered a bitter and protracted struggle, with clashes throughout the 2000s regarding the enforcement of pharmaceutical patents against Indian and other producers of low-cost AIDS drugs.[5]

So what if the East Bloc had held out a little longer? Could lives have been saved through the hypothetical opposition of socialist states to intellectual property regimes such as TRIPS? A key finding of this dissertation is that the liberalization of the East German health

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[4] See Shahani's description of this history in Nishant Shahani, "How to Survive the Whitewashing of AIDS: Global Pasts, Transnational Futures," *QED: A Journal in GLBTQ Worldmaking* 3, no. 1 (April 21, 2016): 1–33.
[5] Ibid.

sector preceded the collapse of East German state socialism by a comfortable margin; the mere existence of an East German state is therefore obviously not enough to guarantee anything in this regard. Likewise, given the inconsistent and shifting nature of socialist internationalism in the 1980s that I've emphasized, it would be naïve to assume that extending the life of the bipolar Cold War order would necessarily have mitigated the devastating effects of AIDS in Africa to any significant degree. Again, however, it may be the timing that matters – which is to say, the almost bizarrely neat overlap between the period of the heaviest AIDS deaths in the Global South and the period in which Western-led global institutions appeared the most fiercely committed to pharmaceutical patent protection. The peak global AIDS mortality rate of two million people per year was reached in 2004.[6] Without attributing too much heroism or capacity to socialist states, the sheer lethality of the AIDS epidemic means that if a countervailing force in the form of the East Bloc could have weakened the TRIPS regime or hastened its mitigation by as little as a month or a week, the impact could have been considerable.

In the end – and East Germany's end came far sooner than anyone thought – the GDR was never a major flashpoint in global AIDS epidemic. In terms of sheer numbers, it was almost negligible. By the time the Berlin Wall fell, there had been a dozen or so deaths and a few hundred infections, including both East Germans and foreigners. This death toll has been exceeded, sometimes doubled or tripled, every single hour in South Africa alone since 1998.[7]

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[6] Max Roser and Hannah Ritche, Data set: "Our World in Data: AIDS," https://ourworldindata.org/hiv-aids, accessed 3 November 2018.
[7] Ibid.

But as I've argued, the East German case is important: not just because the people involved have mostly been left out of the history of AIDS, but also because of what this case can tell us about the way histories of the AIDS crisis still hinge on a repertoire of monocausal explanations and straightforward heroes, victims, and villains.

The East German actors involved in creating AIDS policy were prescient about some things and not about others. They were sensitive to the experiences and suffering of people with HIV/AIDS and yet also acted out of prejudice and professional or national self-interest, sometimes all at the same time. Above all, they were not trying to hide behind walls. Quite the opposite: representing the Soviet Bloc in the global AIDS community was an intimate dance that often fostered lasting interpersonal connections, which is one of many reasons why global cooperation to combat HIV/AIDS – while radically important, it goes without saying – carries with it a harmonizing logic that cannot always discern between the vastly diverse epidemiological contexts in which the AIDS crisis has unfolded. East German conventional wisdom in the late 1980s held that not even the Berlin Wall could stop AIDS. For better or worse, and everything in between, neither could it stop global health.

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