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Security, Society, and the State: Vaccination Campaigns in 19th and 20th Century Germany

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Abstract: »*Sicherheit, Gesellschaft und Staat: Impfkampagnen im 19. und 20. Jahrhundert in Deutschland*«. Vaccinations are a dream of planning public health. They promise the eradication of epidemics and pandemics, the decline of infant mortality, and the control of collective health conditions. Vaccination is therefore never just about the health and disease of the individual. Vaccination campaigns always aim to optimize the society as well. The article traces this history of vaccination in the 19th and 20th centuries from the German Empire and the Weimar Republic to the Nazi era to the Federal Republic and the GDR. The history of vaccination is one of fears and hopes. In the fight against smallpox, diphtheria, and polio, against tuberculosis, measles, or influenza, Germans negotiated images of man and models of society, ideas of security and the future. This article therefore focuses on disputes between politicians and entrepreneurs, doctors and scientists, journalists, and parents. From the 19th century to the present day, they argue about the opportunities and risks of the immunized society.

Keywords: Vaccination, prevention, precaution, public health, compulsory vaccination, social states.

1. Introduction: Of Lions and Elephants[1]

On Berlin's Alexanderplatz, an old man stands and scatters a white powder in all directions with an imploring gesture. A wanderer comes along the way and asks with interest, "What are you doing?" "I am scattering powder against lions and elephants." "But there are no lions or elephants here!" "Of course not, I've been scattering for many years…" (Thießen 2017, 353). It is no coincidence that this joke was in a vaccination book of the GDR in 1972. After all, lions and elephants had now actually disappeared from the everyday lives of Europeans: Diphtheria, smallpox, polio, and tuberculosis were now things of the past. They were considered scourges of an unhealthy, gray prehistory.

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[1] All references that were translated for this article can be found in the digital appendix at HSR-Trans 35 (Thießen 2021c) - doi: 10.12759/hsr.trans.35.v01.2021.

With the feeling of security, carelessness spread. Had not lions and elephants finally been defeated? Was there any need for white powder at all now?

Vaccination campaigns are victims of their success. Because prevention prevents and avoids, its successes are difficult to prove. Victories of immunity usually remain invisible. From the 19th century on, physicians and politicians therefore found themselves time and again in the role of the old man on Alexanderplatz. With evocative gestures, they held invisible dangers before the eyes of their fellow citizens. "We of today," warned the West German virologist Hansen in the mid-1950s, "no longer have any real conception of the murderous epidemic campaigns of the past – we at least imagine ourselves to be safe in this respect and easily overlook the fact that the immense danger remained, that what had been achieved must be persistently defended" (Hansen 1954, 432). Security and carelessness were thus always both a great success of the precautionary state as well as its great problem. Whether in the discussion of compulsory smallpox vaccination in the 1870s or in debates of compulsory measles vaccination in 2015, the dispute always revolves around the question of whether the Germans, despite decreasing risks, are sensible, responsible, and forward-looking, i.e., precautionary enough to make immunity their business.

Vaccination programs not only protect individuals, they also aim at herd protection, which has become the guiding concept since the 19th century. Systematic immunization prevents the outbreak of infectious diseases because individuals who are not vaccinated can rely on the protection of the herd. For this reason alone, vaccinations have always been considered a service to the community. Parts of the population, however, have repeatedly withdrawn from this service. Whether out of fear of side effects, disinterest, or negligence, vaccination fatigue is still seen today as a problem on which social conscience, solidarity, and feelings of duty to the state are negotiated. This problem stretches from the debates about compulsory smallpox vaccination in the spring of 1874 to current discussions about compulsory vaccination against COVID-19 (Hansen 1954, 432).2

For this reason, the history of vaccination is the history of modern state building and its aftermath until today. With the introduction of state vaccination programs, politicians, civil servants, and doctors rose to become engineers of the *Volkskörper* (people's body). Since then, they have announced that immunity was a victory in the fight for the common good. With the state and the common good, however, the problems began. On the one hand, vaccinations satisfy safety needs. On the other hand, vaccinations carry risks for every individual. Side effects and vaccine damage raise questions about the relationship between the individual and society: What is more important, the

[2] See Thießen 2021a "Immunity as Relativity: German Vaccination Campaigns and Debates in Times of COVID-19", in this HSR Forum. Available at https://dx.doi.org/10.12759/hsr.46.2021.4.316-338.

protection of society against epidemics or the individual's freedom of choice? And may the state enforce the immunization of the individual in the service of the general public? What is more frightening: Fears of the individual of side effects or fears of society of health risks due to vaccination fatigue?

In my essay I will trace these questions in 19th and 20th century Germany. Germany is a particularly interesting case because during this period, we can look at the development of vaccination in five different political systems: in the German Empire from the 1870s until the end of World War I, in the first democratic republic of Germany, in the Weimar Republic between 1918 and 1933, in Nazi Germany, and after 1945 in the socialist GDR and the Democratic Federal Republic. The political change thus offers new insights into the relationship of security, society, and the state; its negotiations in the past 150 years; and its transformations.

Despite these potentials, there are large gaps in research. This is particularly true of German historiography, which has paid little attention to a history of vaccination. The most important impulses continue to come from Eberhard Wolff's ethnological study of the early 19th century. Using Württemberg as an example, Wolff explores social contexts and conflicts in which vaccinations were communicated and criticized as a modern cultural technique (Wolff 1994, 1998). In addition to Wolff, Ute Frevert, Claudia Huerkamp, Ulrike Lindner, and Winfried Süß, among others, have dealt with vaccinations. Frevert and Huerkamp focus on 19th-century Prussia to trace the interplay between medicalization, state formation, and social inequalities. Following George Sussmann, Huerkamp emphasized the importance of vaccinations as the "first step in the medicalization of the General Public" (Frevert 1984; Huerkamp 1985; Sussman 1977, 575). Winfried Süß and Ulrike Lindner threw the first spotlights on the 20th century. While Süß analyzes vaccination as a kind of tranquilizer and resource conservation during World War II, Lindner focuses on the introduction of polio vaccination in the 1950s (Süß 2003, 213-41; Lindner 2004, 221-82). Lindner's findings on the problems of this introduction raise questions about conflicts between economics, science, and health policy. On the other hand, Lindner, with Stuart Blume, places vaccination programs in the context of the Cold War and thus in their transnational context (Lindner and Blume 2006). Transnational dimensions are also explored by Ernest Hennock's studies on German-English comparison or Jürgen Osterhammel's global history of the 19th century (Hennock 1998; Osterhammel 2009, 268-77).

Groundbreaking studies on the history of vaccination have been conducted primarily in the US and Great Britain (Compare the overview of Artenstein 2010 and Colgrove 2006). Three focal points can be singled out from Anglo-American research that give impetus to a German history. First, the history of vaccination is situated in the context of the establishment of modern welfare states. Erwin H. Ackerknecht formulated such connections as early as

1948, still under the impression of the recently ended World War. According to Ackerknecht, authoritarian systems used more restrictive measures to deal with epidemics than liberal systems (Ackerknecht 1948). In the late 1990s, Peter Baldwin pointed to the influence of geographic, economic, and structural factors on preventive measures, which in turn shaped the guidelines of welfare states (Baldwin 1999). In this interpretation, it was not social orders that influenced specific health measures, but the other way around: disease control and prevention shaped social orders (Solomon 2008, 5; MacNalty 1968; Williams 1994). Even if one does not follow this interpretation, the interplay of vaccination programs and social orders remains remarkable: vaccinations are not only a mirror of social orders, but also an attempt to order the social.

Second, the global and colonial historical perspective is stimulating. While Sheldon Watts criticizes British measures of disease control as a means of maintaining colonial power, other studies elaborate interactions and transformations of European concepts of vaccination in the colonies that sensitize to transnational entanglements. Especially since the 1950s, entanglements between Europeans and their (former) colonies as well as between Europeans and the United States gained importance (Watts 1999; Bhattacharya et al. 2005; Fairhead and Leach 2007; Naono 2005; Zimmer 2017). The Smallpox Eradication Programme (SEP) of the World Health Organization (WHO) provides a well-known example of the transnational dimension. In the SEP, even in frosty phases of the Cold War, the opponents USA and USSR came together (Manela 2010). Such findings are of great importance for the present study. Thus, I ask about interactions between the German Reich and its colonies as well as about international cooperation and conflicts since 1945. Moreover, German-German competitions for the healthier society and cooperations in the WHO extend German vaccination history into a global history.

Third, Anglo-American research views vaccination as a history of protest. In fact, opposition to vaccination is as old as vaccination itself. In England and the United States, vaccination opponents organized as a pressure group to influence policy decisions as early as the mid-19th century. In England and Wales, protests led to the abolition of compulsory vaccination as early as 1907 (Walloch 2007; Williamson 2007). Opponents of vaccination had several motives. In addition to religious critics, liberal politicians and reform-oriented physicians mobilized against vaccination and compulsory measures (Porter and Porter 1988; Durbach 2005). Vaccination critics declared immunity to be a political issue that concerned not only medical practitioners but the general population.

In short, the range of Anglo-American research once again underscores the fruitfulness of a social and cultural history approach. However, it also shows that the focus has so far been predominantly on the 18th and 19th centuries, while the 20th century has only been explored in rudimentary form. This observation also speaks for the period under investigation in this contribution:

What could be more obvious than to focus on the "Age of Extremes" and its roots in the 19th century? With this goal and focus, my contribution operates in three fields of research: the history of health, the history of precaution and prevention, and research on security or "securitization" of modern societies.

2. Compulsory Vaccination as State Building: German Empire

2.1 On the Rights and Duties of the State

By the beginning of the 19th century, many Germans had already experienced compulsory vaccination. It was in states such as Bavaria and Hesse where compulsory vaccination was first seen, with other states following suit over the years. With the founding of the German Empire in 1871, compulsory vaccination for the whole of Germany was up for debate for the first time. In the spring of 1874, the deputies of the German Reichstag discussed a "bill on compulsory vaccination," or a "vaccination law" as it was later called, in five sessions.[3] Actually, these sessions were only supposed to deal with organisational questions. The very first session, however, made it clear that these issues raised several problems that touched on the foundations of society. The debate focused on three things: (1) the relationship between the common good and the individual good, and thus personal liberties; (2) the required understanding of the rights and duties of the intervention state; and (3) the "Verwissenschaftlichung des Sozialen" ("scientification of the social"; Raphael 1996) and its shadow sides, more precisely the question of what social role medical practitioners should play in the young nation.

(1) The relationship between the common good and the individual good is an age-old problem in infectious diseases (Winkle 2005). In the Reichstag, this relationship was disputed in two ways: on the one hand, on the basis of possible side effects of vaccinations and, on the other hand, on the basis of the restriction of civil rights. Side effects of vaccinations were already a problem because their extent was difficult to determine, as the member of parliament (MP) August Reichensperger (Centre) pointed out at the beginning of the debate. The MPs lacked any proof of "what harmful effects the vaccination had produced."[4] The lack of such proof increased the controversy surrounding vaccination, as potential dangers of vaccination could be interpreted in different ways. While opponents of vaccination listed deaths and damages after vaccination in numerous petitions to the MPs, the supporters of vaccination

[3] Cf. Reichstagsprotokolle (RTP), 09.03.1874, 268; RTP, 14.03.1874, 336.
[4] RTP, 06.03.1874, 232.

tried to relativise individual cases of confirmed vaccine damage as rare exceptions. For example, the physician and member of parliament Wilhelm Löwe (Progress Party) reassured the Reichstag by saying that transmission of syphilis through vaccination mostly affected sick children, whose chances of survival were slim anyway: "The syphilis involved is in most cases congenital syphilis; the children are usually such wretched worms that very few even live to the vaccine-preventable age, most die early."[5] The rarity of such side effects was also an argument for MP Robert von Puttkamer (Konservative Partei; Conservative Party). In Münster, he said, vaccinations against smallpox had been so successful that potential side effects did not matter.[6]

No more precise evidence was heard from any side in the Reichstag. Rather, the assessment of "vaccination damage" remained a question of worldview. From the point of view of the supporters of compulsory vaccination, the state had the "duty to restrict the freedom of the individual to the extent that the well-recognised interest of the whole required it."[7] Such arguments often stood for a belief in progress that declared vaccination to be a tool of modern state building. National Liberal and Progressive Party MPs felt that the side-effects for the individual were an affordable price to pay when it came to increasing the national "strength of the people."

(2) The second point of contention in the Reichstag was just as fundamental: the debate on compulsory vaccination as a physical intervention. After all, this intervention affected both the personal rights of the individual and his or her parental rights since compulsory vaccinations conferred decision-making power over children on the state. Proponents of the vaccination law therefore also justified the necessity of a booster vaccination at the age of twelve with the supremacy of the state. Although medical experts expressed conflicting ideas about the best age for a second vaccination, organisational reasons argued in favour of school age, as MP Löwe explained in the Reichstag in 1874:

> But we have an interest in vaccinating children at the age when they are still perfectly fit for school, when some recalcitrant father or guardian cannot say: "I would rather take my child out of school altogether, it will soon be finished anyway, it will be confirmed; then the matter is over."[8]

This concept was a clever combination of two coercive measures, as the obligation to re-vaccinate was flanked by compulsory schooling.

The state's claim to educate provoked reactions in the Centre and among Social Democrats, who "joined hands fraternally" in the fight against the vaccination law (Marcus 1874, 355), as a Frankfurt doctor mocked. In fact, both parties used their criticism for fundamental disputes about the tasks of the

[5] RTP, 18.02.1874, 105.
[6] Cf. RTP, 14.03.1874, 344.
[7] Reichensperger quoted Löwe's statements in this speech; RTP, 06.03.1874, 232.
[8] RTP, 18.02.1874, 104.

state. Matthias Merkle (Centre), for example, emphatically got to the heart of the constitutional problem by stating "Gentlemen, a truly liberal spirit is judging here for freedom, personal freedom and family freedom! Gentlemen, I am a rejected opponent of the omnipotence of the state, and this is unmistakably evident in the present law."[9] Merkle's party colleague, August Reichensperger (Centre), was more specific. He described the consequences of the vaccination law using an everyday example: "Just imagine the scene that will be played out when a few gendarmes bring in an unfortunate non-vaccinated person and he has to be operated on by a surgeon with the assistance of the armed forces!"[10] It is true that even many advocates of vaccination felt that compulsory vaccination of adults was going too far. With children and adolescents, however, the supremacy of the state seemed appropriate to them. Reichensperger also had a vivid example ready for this idea, which he presented to the MPs in the Reichstag:

> Prison sentences are threatened! Gentlemen, I think that in the German Empire we would already have more than sufficient opportunity to be imprisoned; (laughter) but to send a mother, who is convinced that vaccination is harmful, to prison for this reason – such a measure in a cultural state, in which we nevertheless believe we preferably find ourselves – (unrest), that, gentlemen, does not indeed correspond to what I associate with the concept of a cultural state.[11]

Reichensperger thus elevated the vaccination question to a test of parliamentary legitimacy. Accordingly, he clearly formulated his fear that the introduction of the Reich Vaccination Law would "do little to fortify the confidence which the public should place in the sense of freedom of this high House."[12]

Different answers to the vaccination question thus corresponded not only to different concepts of health, but also to different concepts of society. On the one hand, there were supporters of the vaccination law who saw compulsory vaccination as a legitimate means of the modern interventionist state. For critics of compulsory vaccination, on the other hand, the rejection of compulsory measures was both a question of proportionality and a question of the Germans' maturity. In their view, the improvement of health conditions was not a matter for the experts alone and could hardly be promoted by police force. Rather, what was needed was the enlightenment of the individual, who was entitled to his or her own judgement, as Reichensperger demanded: "Don't just let science talk about it, let the people talk about it too, enlighten the people!"[13]

This social concept met with a mixed response in the Reichstag. While large parts of the Centre and the SPD (Social Democratic Party) agreed with

[9] RTP, 14.03.1874, 337.
[10] RTP, 09.03.1874, 256-257.
[11] RTP, 09.03.1874, 234.
[12] RTP, 14.03.1874, 343.
[13] RTP, 06.03.1874, 234.

Reichensperger's demand, other deputies simply rejected such objections. The response to Reichensperger by the progressive August Zinn was probably a provocation for the Catholic Centre. Zinn linked his support for compulsory vaccination with the demand for non-denominational schools: "We must make schools non-denominational – (unrest in the Centre) You can only teach these questions to a population that has been prepared in school to observe and judge, and that is currently happening in our country only in a very inadequate way. We cannot wait for the result out of pure respect for personal freedom."[14] For Zinn, compulsory vaccination was thus a timely response to a contemporary problem: medical ignorance among the population. If the acceptance of preventive measures became an indicator of the population's "state of culture," the vaccination issue revealed the cultural backwardness of the Germans. Petitions to the Reichstag critical of vaccination[15] therefore gave Zinn and other progressives cause for critical diagnoses of the times. While the Centre and the Social Democrats[16] saw the petitions against compulsory vaccination as an "expression of the will of the people," for the Progressive Party they marked a backwardness of "national development" and thus a need for state action, which compulsory vaccination satisfied.

Although many social democrats opposed compulsory vaccination as much as the Centre, they brought other concepts of society into the debates. They were less concerned with enlightenment, maturity, or the restriction of personal liberties. Rather, Otto Reimers, a member of parliament, admitted the SPD's preference for compulsory measures by saying that "such a restriction of individual liberty amounts to promoting the welfare of the people as a whole." Reimers personally, however, found the social inequality manifested in compulsory vaccination problematic. While the "owning classes"[17] could comply with compulsory vaccination in private vaccinations, the "working classes" (ibid., 108) had to make do with free but unhygienic mass vaccinations. Compulsory vaccination would therefore fuel the class struggle, which would be fought with particular ferocity in the vaccination rooms:

> Gentlemen, what I find particularly disconcerting in our bill is the preferential treatment of the so-called better society, the owning class; they do not need to visit the vaccination rooms smelling of pus and matter. They can be vaccinated by their doctor. In return, they are not exposed to the danger of finding themselves there among the rabble. Gentlemen, but how will it be done in those great vaccination halls? There the vaccinations will be carried out in a factory and perhaps the child of the worker, the child of the people, will be used for experiments. (ibid., 108f.)

[14] RTP, 18.02.1874, 110.
[15] Cf. inter alia the collection of anti-vaccination petitions in: BAB, R 86/1205; R 86/4677.
[16] RTP, 06.03.1874, 228.
[17] RTP, 18.02.1874, 107.

For the social democrats, the vaccination question was obviously best linked to the "social question." Reimers saw a frightening example in the smallpox situation in Silesia, where smallpox outbreaks had occurred despite the introduction of compulsory vaccination. In this respect, compulsory vaccination distracted from the real problems:

> Give the Silesian weaver more smallpox lymph and it will do him no good, but give him butter and bread and not just potatoes to eat, then the smallpox epidemics in Silesia will no longer have such power, give him a proper home and proper food. In this, gentlemen, the means of eliminating this epidemic is certainly found.[18]

In short, social democrats used the vaccination issue for their socio-political profiling. They criticised vaccination as a fig leaf with which the state wanted to conceal its social failures. Their concept of health corresponded to their concept of society and vice versa: it was the oppressed working classes who mutated into laboratory animals in vaccination halls and suffered social inequality in mass vaccinations.

(3) For most other MPs, such arguments went too far. Social democrats had to listen to repeated heckling and occasionally drown out unrest in the Reichstag with loud voices. Such reactions were the result of a third relationship that broke open on the vaccination issue: the relationship between medicine and society.

Already in the second Reichstag session on the Vaccination Act at the beginning of March 1874, MPs had complained about the political agitation against science. Otto Elben (National Liberal Party) asked the Social Democrat deputies to "return from the field of agitation to a purely objective, sober assessment." For with vaccination, "only the results of science are decisive" (ibid., 230). MP Zinn took the same line with his complaint against the Social Democrats and the Centre Party that "the vaccination question, a purely medical question, has been mixed with religious and later with socialist elements. One has, of course, thereby quite decidedly damaged the knowledge of the truth." This criticism of political instrumentalisation did not come out of the blue. Zinn worked as a doctor and was convinced of the medical monopoly on interpretation: "Gentlemen, the question of the value or unvalue of vaccination can only be decided before the court of medical science" (ibid., 235)[19] Such objections were probably not only aimed at objectifying the debate, but also at maintaining the power of interpretation (Weidner 2012, 267).

Nevertheless, it would be too simplistic to reduce the conflict over the vaccination law to an antagonism between medical professionals and lay people. After all, the scientification of the social also corresponded to party-political interests. For example, the Vaccination Act satisfied needs for optimising the

[18] RTP, 06.03.1874, 229.

[19] Here also all the above unsubstantiated quotations.

labour and economic power of Germans. The fact that MPs from the Progressive Party and the National Liberal Party were able to distance themselves from the Centre and the Social Democrats with such demands increased the attractiveness of the Vaccination Act even more. In the debate, "medicine" thus advanced to become a fixed star of modernity that set the socio-political course. Confrontations between medical rationality on the one hand and emotions on the other can therefore be understood as an attempt by medical practitioners to assert interpretive sovereignty over "public health" and society.

In fact, physicians such as MPs Zinn and Löwe associated their medical expertise with a claim to social interpretation. Löwe, for example, supported his demand for compulsory vaccination with the economic and social benefits of vaccination, but not with medical ones:

> It is therefore a question of preserving an incalculable number of manpower and working days, which help the individual to enjoy life more and are of the highest value to society as well as to the state for its further development. For the state has the duty to restrict the freedom of the individual to the extent that the well-recognised interest of the whole demands it.[20]

Members of parliament, such as the Social Democrat Reimers, mobilised against such claims of interpretation Reimers in particular fundamentally questioned medical authority for social issues and caused hilarity in the Reichstag with an ironic remark: "Because, gentlemen, that the doctorate does not protect against stupidity, I think you will all be convinced of that."[21]

In short, the debate on compulsory vaccination has always been about the social role of medicine and the right of non-medical people to have a say in health policy issues. For this reason, it was not only the SPD and the Centre that spoke out as critics. Carl Heine from the Progressive Party, for example, warned against the excesses of a science that "must defend its truth through criminal laws."[22] In contrast, Bernhard Abeken, a member of parliament from the National Liberals, spoke out in favour of the vaccination law. However, he was concerned about the political involvement of doctors, since "science should set the example of tolerance above all else."[23] Abeken found the debate on compulsory vaccination worrying because the medical profession's claim to interpretation was comparable to ecclesiastical dogmas: "Science used to protest against coercive means in all fields; it appealed to conviction, while the Church resorted to such coercive means. Shall science now set such an example to the Church?"[24]

[20] RTP, 18.02.1874, 104.
[21] Ibid.
[22] RTP, 14.03.1874, 337.
[23] Ibid.
[24] RTP, 09.03.1874, 257.

In essence, then, the debate on the Vaccination Act reveals two positions on the scientification of the social since the 1870s (Weingart 1983; Raphael 1996). On the one hand, medical practitioners used the debate on the Vaccination Act to establish themselves as social engineers for the betterment of society. Critics of compulsory vaccination, on the other hand, wanted to give all members of parliament a say in health policy. The fact that such criticism was voiced primarily by the Social Democrats and the Centre Party explains the result of the vote at the end of the debate. A majority of the MPs voted in favour of the Imperial Vaccination Act, which came into force on 8 April 1874. Henceforth, smallpox vaccination was compulsory for all one-year-olds and revaccination or booster vaccination for all twelve-year-olds.

2.2 Statistics as a Weapon

Despite the law, the vaccination issue did not come to rest in the Reichstag. Since the 1880s, numerous petitions against the Vaccination Act reached parliament. These petitions also resulted from the hesitant implementation of the law. Not only did it take until the 1890s before a nationwide supply of state-tested vaccines against smallpox was ready. The Kaiserliches Gesundheitsamt (KGA, Imperial Health Office), which had been set up to review the vaccination law, also had a hard time with this task. While research on the tuberculosis, cholera, diphtheria, and typhoid pathogens and corresponding "defence measures" produced initial success (Hüntelmann 2008, 193), experimental proof for smallpox vaccination was lacking.

As a substitute for experimental results, the health department regularly presented statistics[25] to prove the success of the vaccination law.[26] In addition, statistics served as an argument for educating Germans. Thus, representatives of the health department saw figures on "vaccination gaps" as evidence of "inertia and carelessness"[27] in the population, which made compulsory measures even more necessary. Criticism of compulsory vaccination was therefore to be understood as criticism of the state system, even as unreliable political sentiment, as MP and doctor Julius Möller (Progress Party) claimed in a debate in the Reichstag in 1883: "Anyone who does not profess to belong to the sect of anarchists will have to admit that in an orderly state system certain restrictions on personal freedom are unavoidable."[28]

The critics of compulsory vaccination also liked to refer to statistics. They also voiced justified objections. Even from the "German Reich Party," which was loyal to the government, Gustav Reiniger spoke out with Montesquieu's dictum that there is "no crueller tyranny than that which is exercised under

[26] Cf. RTP, File No. 541 (1891), 2869-2879.
[27] RTP, 06.06.1883, 2863. Cf. BAB, R 86/1203, offprint from Dr. Wiener. 1881. Impfsyphilis. In Deutsche Medizinische Wochenschrift 52, o.S.
[28] RTP, 06.06.1883, 2863.

the protection of the law and under the banner of justice." The MP thus warned against vaccinations, which "bring infirmity and death to many families" (ibid., 2869). Reiniger also put the vaccination statistics up for discussion with a drastic demand: "Should we then show the children who have been vaccinated to cripples or the corpses of the sacrificed children in the flesh? Please make an effort to come to the table of the house and look at the photographs" (ibid., 2867).

Although the emotional tone had changed little since the debate on the "Imperial Vaccination Law," a new development can be traced back to the 1880s. Ten years after the proclamation of the Vaccination Law, a twofold containment of the debate became noticeable: a parliamentary one and a bureaucratic one. The latter was reflected in networking between the Imperial Health Office and vaccination centres, so that more medical officials became involved in the debate. Closely connected to this was a parliamentary institutionalisation and thus a containment, indeed a depoliticisation of the vaccination issue. In the Reichstag, the Vaccination Act was henceforth rarely debated in parliament, but increasingly in commissions. In the eyes of the vaccination critics, the work of the commissions was an attempt to shut down the debate. "The vaccination question," the newspaper *Der Impfgegner* consequently noted in frustration in the mid-1880s, "does not come before the plenum."[29]

An important role was played by a "Vaccination Commission" of the Reichstag, which came to a conclusion in November 1884.[30] This vaccination commission had been repeatedly called for by vaccination critics since the passing of the Vaccination Act in order to enable a debate on new medical findings. Among the 18 members of the commission were Robert Koch, Karl Köhler, the president of the KGA, representatives of various ministries, and three "opponents of compulsory vaccination."[31] One of the opponents, doctor Heinrich W. Böing,[32] thanked the Commission members in one of the Commission meetings for their "great patience."[33] Böing not only had a lot to say in the commission, he also liked to cross swords with the most prominent member, Robert Koch. In essence, this duel was about two things: the reliability of statistics and the usefulness of personal experience for health policy decisions.

Time and again, the commission members exchanged personal experiences that were difficult to verify. One example was provided by the medical officer Hermann Eulenberg with his story from India:

[29] BAB, R 86/1203, extract from *Der Impfgegner*, Die neuesten Nachrichten über den Stand der Impffrage im Reichstage, 01.06.1883, 75.

[30] Cf. the collection on the "Kommission zur Beratung der Impffrage" in BAB, R 86/1208.

[31] Böing in the Vaccination Commission, RTP, file no. 287 (1884), 1296. In addition to himself, this also meant the doctors Weber from Cologne and Betz from Heilbronn.

[32] Heinrich W. Böing is not to be confused with W. Böing, a KGA employee.

[33] RTP, File No. 287 (1884), 1431.

> When the English tried to introduce vaccination there, they met with the greatest resistance from the inhabitants, because they believed that the Europeans only wanted to bring about their downfall through vaccination. In the end, they agreed that they would at least give their daughters up to vaccination. (Laughter.) When an epidemic broke out a few months later, all the sons died and the daughters remained alive. In view of this event, even the limited Indians had to convince themselves of the power of the fact. They decided to have only the sons vaccinated in future, but not the daughters. (Hilarity; ibid., 1305).

Even if not all the speeches caused such hilarity, Eulenberg offers a typical example of contemporary argumentation. The enclosed nature of the experimental space (the Indian village) and the two comparative variables (the group of daughters and that of sons) were part of a plausibilisation strategy by which an anecdote became a health policy argument. It was stories like this that led critics of compulsory vaccination like Böing to raise a fundamental objection: "Because to the simple assertion 'I have experienced this,' everyone else can say: I have experienced the opposite." Robert Koch did not accept this objection: "If, as here, a number of doctors who are in practice and have themselves treated a lot of smallpox patients refer to their experience, then that does have a certain significance." The fact that Koch's contribution earned applause was not only due to the large proportion of doctors on the commission. Koch's authority also left its mark on the proceedings. Repeated tributes to the "outstandingly involved Privy Councillor Koch" reflect the scope of his aura: although Koch's arguments in favour of smallpox vaccination certainly met with resistance, his dictum was the deciding factor in many votes (ibid., 1296).

In addition to personal experience, the usefulness of statistics was always up for debate. Due to the lack of experimental evidence, numerous statistics were presented by proponents and opponents of compulsory vaccination,[34] leading Robert Koch to trying to stem the flood of figures at the end of the commission meetings: "It is in our mutual interest that we do not deal with statistics which can be interpreted in one direction or another, but only allow statistics which, like mortality statistics, permit a single interpretation. For if smallpox mortality in Germany remains so low [...], then [...] we have no reason at all to shake and stir the vaccination law" (ibid., 1426). This was, after all, a concrete result of the commission presented to the Reichstag at the end of 1884: While the vaccination law was not "shaken," all members of the commission advocated the development of reliable statistics on smallpox cases (ibid., 1249).

These results can be used to summarise the development of the vaccination debate from the 1880s onwards. On the one hand, the political debate received a professionalisation boost through commissions. Here, the focus was

[34] Cf. inter alia RTP, File No. 287 (1884), 1299-1301.

less on personal rights and politics, but rather on statistics or medical procedures. Incidentally, all successor commissions remained true to this focus until the 1920s.[35] On the other hand, the work of the commissions entailed depoliticisation. Legal and social issues were rarely a topic for the doctors as members of the commissions. Thus, although the debate on compulsory vaccination continued within the framework of the Reichstag, it was virtually outsourced from parliament in the 1880s and 1890s.

A depoliticisation is also indicated by later discussions in the Reichstag, in which the political waves once again ran high. In 1896, compulsory vaccination was debated several times at the request of the SPD and the German Reform Party. Remarkably, the critics of compulsory vaccination now distinguished very precisely between a scientific and a social vaccination issue. As a representative of the Reform Party, the MP and vaccination opponent Paul Förster (on Förster, cf. Nebe et al., forthcoming) emphasised "that there is not a scientific question to be discussed today [...] about the nature of vaccination itself."[36] Förster and his fellow campaigners were explicitly concerned with the social dimension. Not vaccination per se, but the obligation to vaccinate had become "an oppressive constraint on conscience [...] and a source of justified discontent." Förster's separation between science and politics followed the strategy of immunising his proposal against objections from medical experts. Above all, however, he was concerned with fundamental political issues: "In addition to religious and political freedom, we also demand freedom of disposal over one's own body." The Social Democrat Hermann Reißhaus also made it clear in his speech that he did not want to "go into the medical side of the vaccination question [...] as a layman." He took the floor "exclusively to express the mood of that part of the population which is hostile to the law." In this way, he also claimed a position as spokesperson, which was supposed to protect him against objections from doctors, in order to raise political issues such as the "opposition to the vaccination law [...] in the life of the people."[37]

Distinctions between a political and a medical debate can ultimately be understood as an attempt by MPs to regain a say. At the same time, they were an expression of a "polarisation of political semantics" (Weidner 2012, 259) that was by now palpable in the Reichstag. Defenders of compulsory vaccination such as the national liberal Ernst Kruse, Paul Langerhans (Progress Party), or Karl Heinrich von Boetticher (German Reich Party) refuted all accusations against the vaccination law with scientific verve in the mid-1890s. They had probably already internalised a medicalisation of the political to such an extent that political questions had no relevance for them at all. At least they could be sure of the legitimising power of medicine: none of the motions

[35] A larger vaccination commission was established in the Reichstag in 1898, for example.
[36] All quotes from Förster's RTP, 12.03.1896, 1395, 1405.
[37] Both quotes from Reißhaus in RTP, 12.03.1896, 1405, 1407.

against the vaccination law found a majority in the Reichstag; "scientific" objections always outweighed political ones.[38]

This only changed again before the First World War, when the social dimension of vaccination was suddenly discussed again in several Reichstag sessions. A new wave of petitions against the vaccination law provided the impetus for this discussion.[39] Newspapers observed a "flood of petitions to the Reichstag" as well as discussions that had "assumed ever more violent forms" and had "put ever larger circles of our people in disquiet."[40] "The vaccination question," the *Deutsche Tageszeitung* summed up its report on the Reichstag debates of 1914, was "one of the most sensitive questions of its kind."[41] A great deal of unease was also evident in the contributions of the deputies in the Reichstag. The decades-long outsourcing of the vaccination question to commissions now even appeared as a disenfranchisement of the parties. Martin Kirchner, a member of several commissions, had to put up with particularly sharp interjections, for example from Wilhelm Bock (SPD): "Kirchner says that compulsory vaccination is a question of science. According to this, we in the Reichstag, 99 per cent of whom are laymen, have nothing to say about this question; we may lack scientific knowledge, but we have experienced the disadvantages that arise from this law and this procedure."[42] Bock thus called for political solutions to medical measures because they had far-reaching social consequences. That such concerns struck a nerve was signalled both by the "continuing unrest" during Bock's contribution and by rebuttals such as that of the German conservative Wilhelm Krahmer, who wanted to maintain the medical power of interpretation: Vaccination was "not a political question, but first and foremost a medical question" (ibid., 8302). Incidentally, very similar arguments against criticism from the Reichstag were also heard at the 1913 Ärztetag (Physician's Board): "Yes, I am really sorry," declared the Berlin doctor Davidson, "that the members of the Reichstag allow themselves to be judged on things they do not even know. (Shouts: Very true!)."[43]

In such debates, the vaccination question became a probe with which politicians and publicists explored the status quo of political culture. Some celebrated a discussion of the vaccination question as evidence of democratisation and participation of the population. Defenders of compulsory vaccination criticised the debate as an example of "massification" that spoke of a general decline in values. Readers of the *Frankfurter Zeitung* were informed in 1914 that

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[38] Cf. the contributions and vote in RTP, 08.05.1896, 2203-2218.

[39] Cf. approx. 40 articles on the "Vaccination Question in the Reichstag" in spring 1914 in BAB, R 1501/11512.

[40] BAB, R 86/4638, Allgemeiner Beobachter, 01.01.1914; Frankfurter Zeitung, 29.04.1914; Die Welt am Montag, 04.05.1914.

[41] BAB, R 1501/11512, Deutsche Tageszeitung, Die Impffrage im Reichstag, 29.04.1914.

[42] RTP, 28.04.1914, 8290.

[43] BAB, R 1501/11126, 39th Deutscher Aerztetag in Elberfeld, 04./05.07.1913, 31.

"The vaccination question is a typical example of how, in a time when everything is dissolving into party politics, an unscrupulous agitation that counts on the ignorance and lack of judgement of the masses can also shake the conviction of an otherwise so proud representative body of the people, such as the German Reichstag, in its respect for science."[44] Because of such fears, several members of the Reichstag also resisted politicising the vaccination issue. Otto Fischbeck, parliamentary group leader of the Progressive People's Party and later Prussian Minister of Trade, warned urgently against "this whole question [...] being dealt with from a party point of view."[45]

What explains this big fuss about a health measure that had already been established for 40 years at that point? What exactly were the debates about? In essence, the disputes revolved around two demands: the introduction of a "conscience clause" that would leave the decision to vaccinate up to the parents, and the introduction of a compensation obligation in the case of "vaccination damage."[46] Both demands had been heard earlier. Since the 1910s, however, they have met with greater resonance due to three political developments.

A first development was the change in the balance of power in the Reichstag. The contributions by Bock and Fischbeck exemplify the popularisation of the vaccination debate. Medical councillor Otto Rapmund even branded it as populism and a reflection of political aberrations: "In addition to this, since the new elections in 1912, we have a new and differently composed Reichstag, that previously binding commitments were demanded from the election candidates with regard to their standpoint on the vaccination question, although this is a purely scientific question, which has nothing to do with the political standpoint, nor with the political elections" (Rapmund 1914, 373). Otto Fischbeck presented similar cases: "I can really only regret that the elections are made dependent by these people on how someone takes a stand on the vaccination question."[47]

So, had the vaccination issue degenerated into an election campaign ploy to create sentiment and win votes? The German Medical Congress in 1913 had already spoken with concern of the "disgrace" that "members of the Reichstag had committed themselves to their electorate to vote against the vaccination law merely in order to win votes."[48] That the election campaign seized on vaccination was indeed a novelty. Admittedly, the Social Democrats and the Centre had already fought over the vaccination issue with political motives in 1874. The popularisation of the vaccination issue since the 1910s, however, went a big step further. This mobilisation was promoted by the commitment

[44] BAB, R 1501/11512, Frankfurter Zeitung, 29.04.1914.
[45] RTP, 28.04.1914, 8303.
[46] Cf. the press articles in BAB, R 1501/11512.
[47] RTP, 28.04.1914, 8303.
[48] BAB, R 1501/11126, 39th German Aerztetag in Elberfeld, 04./05.07.1913, 32.

of anti-vaccination associations that sprang up like mushrooms. Books by prominent vaccination opponents such as Wegner's *Impffriedhof* (Vaccination Graveyard) or Molenaar's *Impfschutz und Impfgefahren* (Vaccination Protection and Vaccination Dangers) gave rise to discussion, as did the magazine *Der Impfgegner*,[49] especially since they explicitly attacked the members of parliament: "It is truly a bleak thought how the present representatives of the people watch the reprehensible, disgraceful game in composure, letting themselves and the people have it all." (Wegener 1912, III). For many MPs, such publications stood as proof of a movement "among the people" that could be translated into votes. The fact that critics of the vaccination law, such as the Social Democrat Friedrich Bock, pointed to "300,000 organised opponents of vaccination" and "millions" of supporters fits into this picture.[50] But even less sceptical social democrats and supporters of vaccination such as Eduard Bernstein pointed out that the "unbearable pressure" of compulsory vaccination was felt "in large circles of the people."[51]

In this respect, Otto Rapmund's observation of the Reichstag debate went to the heart of the problem. In his opinion, "even among those who were in favour of vaccination, the sentiment prevailed too much that something had to be done to eliminate the anxiety of the population as far as possible" (Rapmund 1914, 377f.). Advocates of compulsory vaccination, such as Hinrich Hormann of the Free Democrats, urged the Reichstag to "do justice to the movement that is now sweeping through the German people."[52] This argument was all the more convincing because the voter potential was literally in front of everyone in the Reichstag with more than 100,000 signatures in the petitions against compulsory vaccination. The fact that the SPD had been the strongest faction since the 1912 Reichstag elections seemed to be further proof that needs of the "general people" translated into votes, as the newspaper *Der Tag* observed:

> Scruples and doubts of the masses, even towards charitable state institutions, must not be dismissed with a rough wave of the hand in the days of universal and equal suffrage, freedom of the press and the people's assembly.[53]

The Berliner *Ärzte-Zeitung* took a similar view of this connection. "During no legislative period have the opponents of vaccination so assailed the Reichstag, probably because it is precisely from *this* Reichstag that they hope it will be particularly inclined to their wishes."[54]

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[49] Cf. RTP, 28.04.1914, 8298, 8304-8306, 8308 and 8310.
[50] RTP, 28.04.1914, 8297.
[51] RTP, 29.04.1914, 8340.
[52] RTP, 01.02.1911, 4344.
[53] BAB, R 1501/11512, clipping from Der Tag [Richard Nordhausen], Kein Zeitverderb, 02.05.1914.
[54] BAB, R 86/4674, clipping from Berliner Ärzte-Zeitung, 20.04.1912, emphasis in original.

The second development was a broadening of the international perspective. Whereas in earlier Reichstag sessions references to other states had served at best as a statistical comparative foil, voices were now raised that referred to health policy initiatives of other states. England in particular was the focus of attention in the Reichstag.[55] After all, compulsory vaccination had been restricted there since the turn of the century. The *Vaccination Acts* of 1898 and 1907 established a conscience clause, which critics also demanded for Germany.[56] Not coincidentally, an intensive exchange developed between the Foreign Office and the Imperial Health Office about English vaccination laws and smallpox epidemics since the turn of the century. [57] In particular, individual outbreaks of smallpox in England served as a template for advocates of compulsory vaccination.[58] This also applied vice versa, as English authorities also used German legislation and English epidemics as arguments against liberalisation efforts in England.[59] Since the turn of the century, there has also been an international exchange between English and German opponents of vaccination, who exchanged views in the "Anti-Vaccination League" and at congresses.[60] In view of such exchange relationships, one of the most committed advocates of compulsory vaccination, Martin Kirchner, even spoke of England as the "Eldorado of vaccination opponents."[61] In fact, opponents of compulsory vaccination, such as the Reichstag member Maximilian Pfeiffer (Centre), stylised England as a model for the high "views on personal freedom." According to them, the English conscience clause was not a medical question, but a principle of modern societies. One should therefore "also be so modern in the Reich"[62] and give up compulsion.

Thirdly, since the turn of the century, vaccination had become a permanent occupation for German courts. The vaccination law itself was to blame. Since its implementation was regulated by the Länder, there was a wave of lawsuits against compulsory measures and against the punishment of vaccination refusers. While the proportionality of compulsory vaccination had been an issue from the beginning, the question of legality was now added. Many courts

[55] Cf. the disputes in the Petitions Commission of the Reichstag in 1910 in BAB, R 86/4674, "Bericht der Kommission für die Petitionen" im Reichstag, 1909/10.

[56] Even earlier amendments to the English compulsory vaccination had been closely observed by German physicians. In 1880, German doctors branded English exemptions as "mutilation of the law" which amounted to "the practical abolition of compulsory vaccination" (Herxheimer 1880 766). Cf. in the same volume two further reports on the abolition of compulsory vaccination in England as well as WC, PP/JRH/A/268, 269 and 270; SA/BMA/F.58, F.60; SA/SMO/R/27/1-10; NA, HO 45/10358/152844; HO 45/10368/157384; MH 48/502.

[57] Cf. inter alia BAB R 1501/11568, letter of the AA, 21.09.1893; letter German Embassy London, 20.09.1907; letter of the Local Government Board to the German Consul, 12.06.1896.

[58] Cf. BAB R 1501/11568, copy of the letter from the British Consul General to the Reich Chancellor, 15.08.1898; *Abel*, Ueber den Stand.

[59] Cf. e.g. reports in WC, SA/SMO/J.3/7.

[60] Cf. NA, HO 256/240; MH 55/409.

[61] RTP, 28.04.1914, 8307.

[62] RTP, 30.01.1911, 4276.

declared the use of physical force to be a legitimate measure. However, several dissenting court decisions indicated that the legality of compulsory vaccinations was by no means conclusively clarified.[63]

In short, the repoliticisation of the vaccination issue was also a consequence of its juridification. As early as 1903, the jurist Melchior Stenglein had seen in the relaxation of compulsory vaccination an attempt to "put the state in the unworthy position of tolerating disobedience" (Stenglein 1903, 339). Most jurists agreed with this point of view and elevated compulsory vaccination to the basis of state order. According to Walter, compulsory vaccination was therefore not a "paternalism of the people, but rather a prerequisite, without whose existence the existence of the state lacks any firm foundation (Heun 1911, 74). In the context of the Reichstag debate of 1914, Hans Dütschke formulated this connection even more sharply: "The coexistence of the state's comrades must be secured by a certain degree of coercion" (Dütschke 1914, 10). Only Hermann Kastner interpreted the vaccination law more liberally. He considered compulsion to be out of date, so that compulsory vaccination should at most be flanked by fines (Kastner 1908, 49-50).

Against this backdrop of juridification, internationalisation, and mobilisation in the election campaign, the conscience clause and the obligation to compensate have been considered a contemporary answer to the vaccination question since the turn of the century – and not only among members of parliament of the SPD and the Centre, but also in parties such as the Economic Association, the Progress Party, and the National Liberals.[64] The supporters of compulsory vaccination, on the other hand, stylised the conscience clause as a danger to state authority. For example, the MP and lawyer Julius Götting (National Liberals) made it clear in the Reichstag in 1914 that he rejected the conscience clause in order "not to give way to the agitated opinion among the people, but to stick to the proven protection of our Reich."[65] This motive fed the insistence of many supporters of compulsory vaccination. They saw any yielding to critics of compulsory vaccination as a capitulation of the state's regulatory power. For MPs like Götting, it was clear that the "existence of the state" was at stake with compulsory vaccination: "This is the first perforation, the first shaking of the solid bulwark."[66] Some physicians like Kirchner also derived the primacy of the state over individual interests from everyday experience:

> As a doctor, I take no pleasure in forcing parents to have their children vaccinated; but if, exceptionally, the implementation of the law is not possible

[63] Cf.e.g. the collection of numerous judgements in StAHH, 331-1 I/1362.
[64] Cf. RTP, 29.04.1914, 8340; RTP, 03.05.1911, 6317; RTP, 28.04.1914, 8315; RTP, 29.04.1914, 8340.
[65] All quotations from RTP, 28.04.1914, 8315.
[66] RTP, 28.04.1914, 8315, Herv. in original.

> in any other way, I must put my medical feelings aside for the good of the fatherland and the general public.[67]

In such demands, the enforcement of compulsory vaccination thus mutated into proof that the state was defending its claim to power over the "body of the people."

In short, compulsory vaccination since the 1910s has once again raised fundamental questions. And as before, proponents and opponents of compulsory vaccination were never only concerned with vaccination, but always also with the principles of society and the tasks of the welfare state. However, since the 1910s, the legalisation of the right to self-determination gained weight, and maturity and personal responsibility were now a more important issue than before. This is also shown by the voting results in the Reichstag a few months before the outbreak of the First World War. At the end of April 1914, a motion by the Centre calling for the convening of a commission to decide on compulsory vaccination and for greater participation by opponents of vaccination was rejected.[68] However, the rejection came with the closest possible result: the 119 supporters of the motion were opposed by exactly 119 negative votes.

Ultimately, therefore, the Reichstag deputies remained divided into two camps, as the renewed flare-up of debates in the 1920s was to show. Nevertheless, demands for personal rights and self-determination were from then on no longer minority positions.

3. Struggle for Conscience: Weimar Republic

In terms of health policy, the transition from the Empire to the Weimar Republic was smooth. Not only did all institutions remain in place and all actors remain in office (Hüntelmann 2008, 289; Moser 2002, 75) but, in practice, everything remained the same. It is true that the Reichsinnenministerium (RMI, Ministry of the Interior) had recommended restraint in the use of physical force to enforce compulsory vaccination since the First World War. Since compulsory vaccination "represents an encroachment on the personal freedom of the individual," which "causes discontent and disgruntlement and tends to increase the number of opponents of vaccination considerably," compulsory vaccination was not to be rigidly implemented.[69] In the end, however, compulsory vaccination was not shaken even in the first German democracy. Rather, even after 1919, compulsory vaccination was an expression

[67] RTP, 29.04.1914, 8344.
[68] RTP, 29.04.1914, 8346.
[69] StAHH, 331-1 I/1334 vol. 1, circular letter to federal governments, 24.07.1917; BAB, R 86/4696, letter Staatssekretär an KGA, 24.07.1917.

of the "authoritarian tendency" that Andreas Wirsching noted for state institutions during the Weimar Republic (Wirsching 2008, 24). At first glance, the continuity of compulsory vaccination is hardly surprising. For one thing, compulsory vaccination had proven its effectiveness. The decline in smallpox, even in the exceptional situation of the World War, once again spoke in favour of maintaining existing measures. On the other hand, the governments since 1918/19 had shown little will to shape many policy areas, which was also reflected in the continuity of health policy.

3.1 Conscience Clause and Democracy

The continuity of compulsory vaccination after 1918 nevertheless raises fundamental questions. Did the Weimar Republic not declare fundamental rights to be a very high good? (Köster 2003). Such questions were also asked by the Germans, as demonstrated by letters to the Reich Ministry of the Interior and the Reich Health Office. For example, a father from Vechta was dismayed that compulsory vaccination was still allowed to break the "resistance of individuals to the common good." Referring to the constitution, he demanded the abolition of compulsory vaccination: "I refer to the new Reich Constitution, § 135 of which reads as follows: 'All inhabitants of the Reich enjoy full freedom of faith and conscience' and to §§ 114, 115, and 118, in which personal, physical freedom is guaranteed."[70] Such private initiatives were flanked by petitions, publications, and lectures by organised opponents of vaccination. "Thirteen months have passed," complained the "Reichsverband zur Bekämpfung der Impfung" (Reich Association to Combat Vaccination) in a petition to the Reichstag at the end of 1919, "since the establishment of a German republic which promised the German people freedom of conscience in every respect." The Reichsverband therefore once again called for an end to compulsory vaccination and threatened "that a deep ill-feeling would pass through our supporters, which could prove fatal to the present government in the event of a new election to the Reichstag."[71] Even the magazine *Der Impfgegner* spoke of a constitutional conflict. Compulsory vaccination was "a violation of fundamental rights, especially the right of self-determination over one's own body." In an article dedicated to the Reichstag, *Der Impfgegner* even put the problem in poem form: "We vaccinate because it is a state requirement; / We vaccinate dozens to death; / The parents cry, rave, rant - / But do nothing - we vaccinate!"[72]

Here, in the Reichstag, the SPD also raised the issue. The Social Democratic MP Alfred Grotjahn even stylised the "vaccination issue" as a test case for the new democratic beginning since 1918:

[70] BAB, R 86/4697, letter from a father from Visbek (Vechta) to RMI, 30.06.1923.
[71] BAB, R 86/4679, Petition Dt. Reichsverband z. Bekämpfung d. Impfung, 23.11.1919.
[72] AHL, NSA/1884, Der Impfgegner, To all readers of the Impfgegner, January 1921.

> For there is no doubt that hundreds of thousands of our fellow citizens are suffering severe moral hardship as a result of this compulsory vaccination, moral hardship which the authoritarian state could perhaps easily put up with, but which must be taken into account in the people's state. Finally, we want to introduce liability for proven vaccination damage in a reform of the vaccination law. In any case, it was something that only the authoritarian state could allow itself, namely that it introduced compulsory vaccination, but rejected the liability of the state for the allegedly few vaccination damages.[73]

So, the conscience clause and compensation were still up for discussion, and for Grotjahn and his comrades, they stood for the democratic self-image of the Weimar Republic.

Whether the voter potential of the vaccination opponents made an impression on the governments[74] is difficult to decide today. In any case, the exchange between vaccination opponents on the one hand and ministries, authorities, and scientists on the other intensified. Both sides met several times in 1922 and 1923 to discuss the vaccination law. In view of the hardened fronts, these meetings were a minor sensation. However, Johannes Breger of the Reichsgesundheitsamt (RGA, Reich Health Office) made it clear from the beginning of the consultations that they were only meeting with opponents of vaccination "for tactical reasons" (ibid.) in order to demonstrate openness to the concerns of the population. This goal was already achieved at the first meeting in May 1922, as the RGA noted with satisfaction. Now "the opponents of vaccination could no longer claim that their views had not been heard."[75] In fact, the willingness to talk among opponents of vaccination had an effect and caused a certain relaxation. Thus, at its subsequent annual meeting in 1922, the Reichsverband decided that "accusations of criminal and self-serving behaviour against the advocates of vaccination"[76] should henceforth cease. That this resolution was more than lip service was confirmed by the head of the Hanover vaccination centre, Fritz Kirstein. He heard an astonishingly "matter-of-fact" tone at the meeting, which was "in complete contrast to the negotiating tone" of earlier meetings.[77]

However, this "matter-of-fact" tone was over a short time later. Advocates and critics of compulsory vaccination did meet again for negotiations in February 1923. On this occasion, however, the "abyss in the matter"[78] became abundantly clear, as the Giessen lawyer Spohr from the "Reichsverband der Impfgegner" summed it up. The president of the RGA Bumm came to the same conclusion. Whereas the opponents of compulsory vaccination still saw

[73] RTP, 06.04.1922, 6959.
[74] Cf. BAB, R 86/4696, RGA minutes on opponents of vaccination, 18.07.1922.
[75] BAB, R 86/4696, minutes of meeting at the Preuß. Minist. f. Volkswohlfahrt, 08.05.1922.
[76] BAB, R 86/4696, letter from member of the advisory board of the "Reichsverband" to RGA, 30.09.1922.
[77] BAB, R 86/4696, letter from Regierungspräsident Hannover to RGA, 11.10.1922.
[78] BAB, R 86/4696, letter Spohr to RGA, 26.07.1923.

the "conscientious objection" as the real problem, the proponents of the vaccination law insisted on the subordination of the individual to the common good. The principle of subordination was all the more important in 1923, the year of the severe economic crisis: "Especially in today's times, when we all have to make the greatest sacrifices day after day for the general good,"[79] compulsory vaccination seemed timely, if only for reasons of cost.

Despite such contrasts, opponents and supporters of compulsory vaccination did converge on some points from the 1920s onwards. Proponents and opponents of compulsory vaccination agreed on the rejection of physical coercion and on the introduction of compulsory compensation for vaccination injuries. However, the motives for compensation differed greatly. While opponents of compulsory vaccination elevated compensation to a principle of the modern welfare state, the approval of the supporters of compulsory vaccination was due to the calculation that compensation payments calmed down the debate, as Heinrich Gins from the RGA explained, "One could take one of their most popular weapons - the reference to vaccination damage - out of the hands of the opponents of vaccination if one guaranteed compensation in the case of really proven damage."[80] These agreements laid the foundation for further exchange, which was to lead to concrete results for the first time; In 1925, a negotiation in the Prussian State Health Council (LGR, Preußischer Landesgesundheitsrat) fulfilled what had already been loudly demanded by critics of compulsory vaccination in the Reichstag in the 1870s. For the first time, the LGR convened a commission to discuss compulsory vaccination, in which prominent opponents of vaccination and opponents of compulsory vaccination also had their say. In addition to the president and several employees of the RGA, representatives of the Reich Ministry of the Interior and the Reich Ministry of the Armed Forces as well as the SPD, such as Alfred Grotjahn, and naturopaths, such as Hermann Weyl, also contributed. Although this debate took place in a Prussian committee, it was perceived beyond Prussia as a fundamental discussion about the vaccination law – and was received accordingly in the following years. Even in the Third Reich, the negotiations provided proponents and opponents of compulsory vaccination with ammunition for the political debate.

As in previous debates, the fronts in the State Health Council were clear. On one side were opponents of vaccination who wanted to abolish compulsory vaccination in favour of an "English-style conscience clause" for two reasons: firstly, because of the disproportionality of compulsory state measures in times of low smallpox threats; secondly, because of the unworthiness of compulsory treatment of the citizen, which doctor Böing illustrated with a case study as "brutality beyond compare":

[79] BAB, R 86/4696, minutes of the consultation on the conscience clause, 3 February 1923, 5, 6 and 11.

[80] BAB, R 86/4696, Minutes Consultation on the Conscience Clause in the RGA, 03.02.1923, 10f.

> Just think: a man who has lost a child through vaccination has a second child, does not have it vaccinated, receives punishment after punishment, and then the district administrator or the police authority sends a gendarme to his house, the child is snatched from the parents and taken to the vaccinator. (Böing 1920, 85)

Grotjahn could only agree with this impression. Although he was certainly in favour of other compulsory medical measures,[81] he emphatically rejected compulsory vaccination: "I don't think it's right to carry out hygienic measures with such rigour, and I don't think the population can put up with that in the long run."[82]

On the other side were defenders of compulsory vaccination, who defended themselves with equally clear words. The president of the RGA, Franz Bumm, literally called the conscience clause an "assassination attempt on the world of children,"[83] while Heinrich A. Gins spoke of it as a "crime against public health."[84] For Gins, the proportionality of coercive measures was not up for debate, even in the 1920s: "We are threatened by epidemics, and we must take that into account." Wilhelm Kolle, director of the Paul Ehrlich Institute, provided evidence of proportionality with a simple calculation. He assumed 61 fatal "vaccine injuries" that have been officially documented since the introduction of the vaccination law and contrasted this number with the millions of vaccinations to arrive at an unambiguous equation: "There are things that have to be taken into account; they are unfortunately a by-product of the development of our conditions, not only of nature, but of life." Critics of compulsory vaccination could do nothing with this fatalism. To them, the number of vaccine victims appeared to be many times higher, especially since Kolle had only mentioned the dead, but not the countless "permanent victims," as Grotjahn objected. Grotjahn had personal reasons for this objection, as he confessed. His youngest child was the victim of vaccination damage and has since been partially paralysed, so he had suffered the problems of compulsory vaccination himself: "I think that such cases give pause for thought; we must do everything we can to give parents the opportunity to exempt children from vaccination in individual cases."

In short, the tension between the common good and individual well-being continued to be the pivotal point of the "vaccination question," where fundamental discussions about the state's duty to protect and the citizen's need for protection broke out. A proponent of compulsory vaccination, the Göttingen hygienist Hans Reichenbach, summed up this disagreement as follows:

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[81] On Grotjahn and forced sterilisations see, among others (Ritter 1991, 134).
[82] *On the insertion*, 95.
[83] Cf. BAB, R 86/4697, Minutes of the deliberations in the LGR, 10.10.1925, 7; *On the insertion*, 62.
[84] *On the insertion*, 39, 43.

> We differ, however, in that we take the view that in the interest of the general public an inconvenience, even a certain danger, may be imposed on the individual. [...] we want to put the individual behind the general public in every case. We do not want, in order to save the few people who are harmed by vaccination, to put the great whole in danger.

Although such arguments had been heard in the Reichstag since the 1870s, by 1925 things had changed. Economic considerations, for example, were newly implemented, which were cited in the National Health Council. It is hardly surprising that an administrative expert, Loos,[85] brought this interjection into play. After all, Loos still had the financial plight of the municipalities in mind two years after the hyperinflation. Because of the "financial consequences" of smallpox epidemics, it was therefore "the lesser evil [...] to accept the one or other vaccination damage in favour of the greater benefit" (ibid., 43, 75, 93f., 99, 107). The economisation of the social obviously became more convincing in times of economic crisis.

The constant comparison of countries was also conspicuous in the debate. Since the turn of the century, England had always been used as a reference. In the mid-1920s, however, a new quality of transnational exchange became noticeable. First of all, this had to do with the fact that the LGR explicitly debated the conscience clause "on the English model," as the chair emphasised at the opening. In addition, the participants benefited from personal contacts with English colleagues.[86] Accordingly, RGA staff often referred to epidemics in London or Gloucester in 1922 and 1923 and painted the smallpox threat in gloomy colours.[87] Gins even quoted British government officials who looked "with great concern" at their conscience clause.[88] Thanks to personal contacts, Breger added that the German compulsory vaccination was almost longed for on the island: "The responsible personalities are extremely sorry that they don't have the same legislation as we have in Germany."[89] But also on the side of the critics of compulsory vaccination, the island became a reference point, admittedly for other arguments. According to Böing, it was clear in England that the danger of smallpox was decreasing despite the conscience clause and that compulsory vaccination was therefore unnecessary.[90] Grotjahn also saw the high number of voluntary vaccinations in England as a

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[82] Loos's first name was not preserved in the publication.

[86] BAB, R 1501/11568, copy of the letter from the German Embassy to the Foreign Office, 02.11.1922.

[87] Cf. WC, SA/SMO/R.10/1-38; R.27/1-10.

[88] *On the insertion,* 30f. Cf. BAB, R 1501/11568, letter from the German Embassy to AA, 07.02.1923 and 12.07.1923.

[89] About the insertion, 63. Breger had been in Manchester in 1924, where the mayor had praised the German compulsory vaccination in a ceremony. Cf. WC, SA/BMA/F.59, BMA brochure, "Facts about Smallpox and Vaccination," 1905/1924.

[90] Böing emphasised that he had obtained "material" from England that, among other things, questioned Breger's accounts of the smallpox epidemic in Gloucester. Cf. On the Insertion, 113; Breger 1924.

reason to sound the all-clear: "What's to stop us from doing the same as the English?"[91]

In the mid-1920s, the debate was thus more than ever in a transnational context, which explains an additional political charge of the "vaccination question." After all, the German-English or British comparison was always about a comparison of two models of society, so that the debate in the National Health Council sometimes mutated into a lesson in political culture, as the critic Weyl gave to the advocates of compulsory vaccination (ibid., 102f.). With this dimension, it also becomes understandable why the debate repeatedly turned to the English constitution and the "psychology of the English people" (ibid., 59) to answer the vaccination question in Germany. In the comparison of countries, views of the state were up for discussion, which formed the subtext for concepts of health.

3.2 Compensation and Confidence

In addition to economic motives and comparisons with England, another topic was decisive for the further course of the debate: the "social changes" in the *Volksstaat*. Wilhelm Winsch, a doctor, described such changes as a "change in the emotional life and self-confidence of the people." Whereas in the Empire the doctor had been above the people, the situation was now reversed: "Today, in our people's state, we are also only servants of the people" (ibid., 19). He must have been aware that Winsch was portraying an all too harmonious doctor-patient relationship. With such remarks, Winsch and his comrades-in-arms were less concerned with present-day diagnoses than with visions of the future, which they sketched out in their critique of compulsory vaccination. "But you may not know," the Social Democrat Weyl therefore warned the defenders of compulsory vaccination, that "a movement has arisen among the population against compulsory vaccination [...] which is likely to become very uncomfortable for them." The entrepreneur and naturopath Gerhard Madaus also observed with concern that doctors were "rigidly clinging to the vaccination dogma,"[92] so that a "great gulf was opening up between today's general practitioner and the patient."[93]

In fact, the "trust" of the population became a category that also convinced supporters of compulsory vaccination. While Gins, Breger, Kirchner, and Kolle otherwise stuck to their subordination of the individual to the common good, they were therefore more open to a state compensation obligation. This is underlined by the outcome of the meeting, which came to an end with the vote on two motions. Firstly, Grotjahn and Weyl had moved that the State

[91] About the insertion, 94.
[92] BAB, R 86/4697, minutes of the consultation in the LGR, 10.10.1925, 10f.
[93] About the insertion, 89f.

Health Council should recommend the introduction of a compensation obligation. This motion found a clear majority. Without any dissenting votes and with three abstentions, the motion was adopted with 20 votes. The second motion also received a clear majority. In addition to the obligation to pay compensation, Grotjahn and Weyl had requested the introduction of a conscience clause. Only six of the participants voted in favour, fifteen against, and two abstained. Although the social democratic newspaper *Vorwärts*[94] spoke of a "certain success" in view of the result, the state's competence to intervene thus remained untouched. Incidentally, even the introduction of a compensation obligation was to be a long time coming. While in the German Democratic Republic (GDR) a regulation had been found as early as the 1950s, in the Federal Republic it took until the 1960s.

The fact that compensation for vaccination damage did not find its way into law took its revenge only a short time later. From the mid-1920s onwards, several fatal cases of nervous diseases resulting from smallpox vaccination were observed in the Netherlands and England, and shortly afterwards also in Germany. This *encephalitis postvaccinalis* was eagerly seized upon, not only in the press but also by opponents of vaccination.[95] The smallpox commission of the League of Nations even spoke of it as a disease *sui generis* and thus drew a causal connection between vaccination and nervous disease.[96] Moreover, it caused a stir in the medical profession.[97] The presumed six to seven deaths per million first vaccinations still seemed to outweigh the benefits of vaccination.[98] However, doctors were now looking at older vaccine injuries in a new light, as previously unrecognised cases could be the consequences of *vaccine encephalitis*.[99] In 1928, the SPD used these findings as an opportunity in the Reichstag to again request a revision of the vaccination law.[100] The side effects of vaccination, however, raised ethical problems for more than just social democrats. The supporters of compulsory vaccination also had to re-evaluate the question of proportionality. Because of this reassessment, a majority in the Reichstag came together for the first time in 1928 to agree to an SPD motion to review the "scientific basis" of the vaccination law.[101]

In addition to the Reichstag, the Reich Health Council also dealt with the connection between vaccinations and nervous diseases at the end of March 1928. The participants found different answers to the initial question of this

[94] BAB, R 86/4704, clipping *Der Vorwärts*, Revision des Impfzwanggesetzes, 04.11.1925.
[95] Cf. for example the press collection on reports 1928 in StAHH, 135-1 I-IV/3080.
[96] BAB, R 1501/11547, Circular RMI to state governments, 16.04.1927.
[97] BAB, R 1501/11547, letter RGA President Bumm to RMI, 08.04.1926.
[98] Cf. StAHH 331-1 I/1334, vol. 3, extract from RGesBl, 16.09.1931, 573.
[99] StAOL, 227/107, Minutes of the "sixth meeting of the Northwest German Association for Practical Hygiene" at the Hamburg Health Office, 12.05.1928; BLHA, Rep 45 D Luckau/154, Circular Preuß. Ministers f. Volkswohlf. Berlin 05.03.1928.
[100] RTP, 24.03.1928, 13699.
[101] The second part of the motion, the demand for the "introduction of a conscience clause," however, did not find a majority. RTP, 26.03.1928, 13774. Cf. BAB, R 86/1208.

meeting: "Does the occurrence of encephalitis diseases in vaccinated persons give reason to take special measures in Germany? Alfred Grotjahn again took up his motion from the State Health Council of 1925 and saw "reason enough to introduce the conscience clause in Germany." In contrast, Heinrich Gins claimed that the number of nervous diseases in Germany was lower than in the Netherlands, so that the benefits of compulsory vaccination far outweighed any potential disadvantages. Otto Lentz of the Prussian Ministry of Public Welfare, on the other hand, used geostrategic arguments to reject the conscience clause. Since Germany was in a major threat situation due to its "central position" in Europe, compulsory vaccination remained imperative.[102] As three years before in the State Health Council, this threat scenario invalidated all objections against compulsory vaccination, so that Grotjahn's motion for the introduction of a conscience clause was rejected again this time. However, a clear majority was found – also like three years before – for Grotjahn's second motion to introduce a compensation obligation. But this time, too, the result of the vote remained inconsequential. In view of constantly changing governments, there was no more revision of the vaccination law at the end of the 1920s. Only the Lübeck vaccination scandal of 1930 and debates during the Nazi era were to bring about substantial changes.

In this respect, the developments of the late 1920s underline the overall impression on the Weimar Republic. Even if the compensation obligation met with broader resonance, demands for an end to compulsory vaccination did not stand a chance against objections from medical experts and traditional threat scenarios. Nothing new in Weimar – the developments of the 1920s can be summed up in this formula, which, incidentally, is also evidenced by a look at the practice of vaccination. But how can the continuity of the precautionary state be explained, not only after 1918 but until the end of the 1920s? Did the Weimar coalition not have enough opportunities for legal changes, which their representatives Alfred Grotjahn, Julius Moses, Hermann Weyl, and others repeatedly loudly demanded? Were the crisis years not a good opportunity to get rid of costly smallpox vaccinations – especially since the smallpox threat now seemed incomparably smaller than that of tuberculosis, syphilis, and diphtheria, for whose control resources were urgently needed?

An answer to these questions can be found by placing the debates in the overall context. Reforms of the vaccination law and reorganisation of the health system were not a priority in Weimar's founding years in view of larger problems. If one looks at the general reform backlog in other political fields, continuities between Weimar and the Empire are hardly surprising. Even less surprising is the adherence to compulsory vaccination since the mid-1920s. In the Marx and Luther cabinets, demands for personal rights and liberties found less support than before. Above all, however, smallpox vaccination

[102] All quotations HStAS, E 130 b/2790, special session of the RGR, 28.03.1928, 15, 48, 53.

had advanced since the 1870s to become the tool of the modern interventionist state (Moser 2002, 97). The systematic enforcement of compulsory vaccination provided daily evidence that the welfare state was working. This argument gained even more weight especially in times of crisis.[103] Smallpox vaccination thus demonstrated the intervention competence of the young republic even and especially during the inflation and financial crises. The self-perception as a "crisis society" promoted this symbolic charge of vaccination. Thus, although compensation for vaccination damage as a confidence-building measure was by now accepted by both opponents and supporters of compulsory vaccination, compulsory vaccination also remained untouched in the first German democracy. In the eyes of government representatives, maintaining compulsory vaccination gave the "strong state" a good report card and proved its authority.

4. The Discovery of Voluntariness: National Socialism

4.1 Disguised Conscience Clause and Lübeck Vaccination Scandal

As a result, the Weimar Republic's debates on compulsory vaccination brought little that was new. However, thanks to ongoing debates, vaccination remained a continuous political issue that interested new actors in the late 1920s. Now, for example, the vaccination issue also resonated with National Socialists, whose Reichstag faction[104] distinguished itself with motions in favour of the opponents of vaccination. In the Reichstag in 1928, Wilhelm Kube demanded a sum of 10,000 RM for anti-vaccination associations: "It is not acceptable to fight and persecute the leaders in this struggle, who as honestly convinced fanatics stand up for a cause that can perhaps be denied by science, but which has not yet been completely clarified, if one also fights and persecutes these people in their offices."[105] The fact that this characterisation of the opponents of vaccination drew obvious parallels to the Nazi Party (NSDAP, Nationalsozialistische Deutsche Arbeiterpartei) – which was banned at the time – probably reduced the support of other parliamentary groups. At least the motion did not find a majority, although other parties were also in favour of a revision of the vaccination law.

The debate on compulsory vaccination also continued in the Reichsgesundheitsrat (RGR, Reich Health Council). Here, at the end of January to the beginning of February 1930, almost one hundred medical officials, doctors, and Reichstag deputies met in sessions lasting several days to discuss how to deal

[103] On the self-interpretation of the "crisis society" cf. the contributions in Föllmer and Graf 2005.
[104] Because of the ban on the NSDAP, the joint faction of the "Deutschvölkische Freiheitspartei" and the National Socialists operated under the name "National Socialist Freedom Party."
[105] RTP, 24.03.1928, 13688.

with growing concerns among the population. Despite these concerns, the deliberations came to the unanimous conclusion that changes to the vaccination law were not up for discussion. Surprisingly, even bitter critics of compulsory vaccination, such as Alfred Grotjahn and Julius Moses, agreed with this decision.[106] A second look, however, shows that some things changed, but less in terms of programme than in practice. The unanimous result in the RGR was due to a compromise that provided for far-reaching changes in the implementation of the smallpox vaccination programme. For example, the provision that "all contraindications to vaccination should be carefully" examined and vaccinees deferred if parents referred to a problematic "physical or psychological disposition in the family" was passed unanimously. The chairman of the Medical Association, Alfons Stauder, warned urgently that this provision created an extremely "elastic interpretation" for vaccination exemptions, which RGA President Carl Hamel even candidly confirmed: if parents were convinced "that their child would be seriously harmed by the vaccination," there could be "such a psychological predisposition that makes it appear necessary not to carry out the vaccination." It was also unanimously decided to reject "police coercion" for vaccination and to introduce an obligation to pay compensation. The result basically meant the introduction of a conscience clause, as some participants objected.[107]

Why did these far-reaching changes nevertheless meet with unanimous approval? Where did the unanimity for a "disguised conscience clause"[108] come from – and this after all the "heavy fighting"[109] between supporters and critics in the years before? Apparently, the compromise met all needs. On the one hand, the deliberations codified the vaccination law and thus the state's *de iure* competence to intervene. On the other hand, the amendments *de facto* abolished the use of coercive measures as well as new possibilities to defer vaccinations, which, according to Reich Minister of the Interior Joseph Wirth, was even tantamount to "a complete liberation"[110] under certain circumstances. In this respect, even critics of compulsory vaccination such as Grotjahn considered the compromise a "workable interim solution."[111]

The result of the negotiations refers to a fundamental development of the 1930s: a latent liberalisation of compulsory vaccination. Even detached minds like RGA President Hamel and Ministerialdirigent Dammann of the Reich Ministry of the Interior repeatedly pointed to the "alarm of the population"

[106] BAB, R 86/1244, Minutes Special Consultation RGR, 21/22.01.1930, 67, 76; Minutes Continuation Special Consultation RGR, 11.02.1930, 14.
[107] BAB, R 86/1244, minutes continuation special consultation RGR, 11.02.1930, 8, 14f.
[108] According to an employee of the RGA, BAB, R 86/4699, minutes of RGA consultation, 18.06.1930, 6.
[109] This is Lentz's assessment of the meetings of the RGR, STAOL, 136/5002, letter Oldenburgische Gesandtschaft Berlin to Staatsministerium Oldenburg, 26.05.1930.
[110] StAHH, 331-1 I/1334 vol. 3, printed matter Reichsrat no. 61, 09.04.1930.
[111] BAB, R 86/1244, minutes continuation special consultation RGR, 11.02.1930, 6.

and to "the seriousness of the situation." Compromises seemed necessary, in their view, "to avoid more radical resolutions." "With the present attitude of the population and also of the deputies to vaccination questions,"[112] there was, according to Dammann, "a great danger that the Reichstag will decide on a much greater relaxation of the compulsory vaccination."[113] In short, defenders of compulsory vaccination saw a price to be paid for the preservation of the "precautionary state" in concessions to the individual's right to self-determination. The people's voice therefore weighed heavier than ever in political debates. Henceforth, the securitisation of the "people's body" had to be reconciled with the securitisation of the individual body.

This change was fuelled by a scandal, the "Lübeck vaccination disaster," which caused a stir far beyond Germany in 1930.[114] In short, the disaster was the result of a botched experiment by two Lübeck doctors with a vaccine against tuberculosis. Of 256 children vaccinated in the trial, 77 died and another 131 fell ill, some with lifelong consequences (Hahn 1995, 63-4; Kießling 2007; Reuland 2001). The scandal immediately made the headlines of the national and international press as the "child death of Lübeck," "Lübeck child death," or "infant murder." Journalists from all over Europe travelled to the Hanseatic city to document the "reign of terror" of the "Herod of Lübeck."[115] It goes without saying that opponents of vaccination found a ready-made meal in the scandal. In a leaflet, they immediately declared the dead children to be pioneers for their cause: "The mass death of the little martyrs in Lübeck shows that madness has become a method."[116] The *Deutsche Gesundheitspost* even ran a headline in mourning for the "memory of the 76 fatalities," which resulted in an obligation for the present: "Vaccination is still going on, smallpox vaccination is still claiming victim after victim. Are the children of Lübeck supposed to have suffered in vain? Their sufferings are an eternal reminder to all parents!!!"[117] In the end, however, the vaccination scandal turned out to be a Danaer gift for opponents of vaccination. It undoubtedly focused public interest "on the vaccination issue," as a magazine critical of vaccination noted with satisfaction. Other actors, however, took up the issue with even greater commitment. Risks of vaccination were not only taken up

[112] BAB, R 86/4699, minutes of the RMI meeting, 26.05.1930, 1, 3.
[113] Thus, Dammann in: BAB, R 86/4699, minutes of meeting at the RMI, 18.06.1930.
[114] For the international debate cf. *The Luebeck Disaster*; *Report*; for the excursion of British experts cf. NA, FD 1/1806.
[115] Cf. from the flood of reports only the headlines quoted here from AHL, NA/1905, Berliner Herold, Der Herodes von Lübeck, 20.07.1930; Wiener Mittags-Zeitung, Das grauenhafte Kindersterben zu Lübeck, Serie vom 12.-23.07.1930; Vorwärts, Das Lübecker Kindersterben, 9.07.1930; Münchener Neueste Nachrichten, Das Lübecker Kindersterben, 22.06.1930; Kölner Tageblatt, Lübecks Schuld, 17.06.1930; Sozialistische Republik, Die Lübecker Säuglingsmorde sollen vertuscht werden, 02.07.1930.
[116] BAB, R 86/4675, leaflet "55 Jahre Impf-Diktatur" [55 years of vaccination dictatorship], o.Dt. [1930/31].
[117] DHMD, 2005/124, Deutsche Gesundheitspost, 01.07.1932, 1.

with interest in all media, but also in the entire party spectrum, from the KPD and SPD to the NSDAP.[118]

For this reason alone, the debate about the scandal was not only about 77 dead children, but about fundamental issues. First of all, the benefits of vaccination in general and the legitimacy of compulsory vaccination in particular were up for discussion. It is not surprising that in the heat of the moment no differentiation was made between tuberculosis and smallpox vaccination. In newspapers ranging from the Social Democratic *Vorwärts* to the National Socialist *Völkischer Beobachter*, all vaccinations were suddenly criticised.[119] Although in Germany there was no prospect of introducing the French Bacillus-Calmette-Guérin (BCG) vaccination against tuberculosis, let alone compulsory BCG vaccination and vaccination against tuberculosis had nothing to do with vaccination against smallpox, compulsory smallpox vaccination was once again pilloried.[120]

All vaccinations were now also up for debate in the Reichstag. For the Economic Party, MP Artur Petzold spoke of the Lübeck case as a "German disaster" and welcomed the fact that "a relaxation of the vaccination law is in preparation" for smallpox vaccination as well.[121] The Reich Health Council was no less emotional. The bacteriologist Paul Uhlenhuth used the danger of vaccination as an opportunity for a general reckoning with the public health system, which he felt should focus more on care than prevention:

> I would consider it irresponsible if one were to neglect these hygienic care measures, which are pushing tuberculosis ever lower, and withhold these measures from even one child merely in consideration of the protective effect and harmlessness of vaccination, which has not yet been proven.[122]

Such positions were grist to the mill of the SPD, which had already voted for social hygiene measures and against compulsory vaccination in the case of smallpox vaccination. In this respect, social democrats like Moses and Grotjahn were happy to use the vaccination scandal for their criticism. Prevention instead of care, vaccination instead of social improvement – this appeared to Moses to be the core problem of a health system that ultimately drove Germans to the barricades: "The people," Moses declared in the Reichstag, "are rebelling and want the fight against tuberculosis, this proletarian disease, as a social disease, not with Calmette feeding alone [...], but they want to force it with social means."[123] Social democrats thus used the scandal as an argument to put social measures on the agenda. But similar tones were heard even from the Robert Koch Institute. Director Fred Neufeld, for example, pointed

[118] BAB, R 86/4675, Die Impffrage, 2. Jg., Nr. 1, 01.01.1931.
[119] A press collection is provided by AHL, NSA/1905; a press review by *Kießling*, 118-136.
[120] HStAS, 151-54/132, *Der Vorwärts*, Diphtheria vaccinations?!, 28.10.1930.
[121] Both quotes RTP, 17.06.1930, 5536, 5539.
[122] StAOL, 136/4549, special session RGR, 1st day, 12.12.1930, 66.
[123] RTP, 18.06.1930, 5547. By "Calmette feeding" was meant BCG vaccination.

to the "greater decrease in tuberculosis mortality without vaccination" in Germany compared to France, where BCG vaccination had already been introduced. For Neufeld, it was therefore clear that hygienic measures were "much, much more important than all vaccinations."[124]

The Lübeck vaccination scandal was thus less a trigger than a catalyst for changes in vaccination policy. The debates of the 1920s had already promoted a rethinking of the issue of compulsory vaccination. The scandal accelerated this rethinking and finally put the needs of the population at the forefront. Thus, after the Lübeck vaccination scandal, not only was BCG vaccination as a preventive measure off the table for decades, but also the scandal had an impact on other vaccination programmes. From then on, compulsory presentations for smallpox vaccination could no longer be enforced. The consequences of the scandal in parliaments, authorities, and in practice show how much health policy could be made with the needs of the population. From Saxony, for example, the head of the Dresden vaccination centre reported that since the vaccination scandal he had "extraordinary difficulties with the opponents of vaccination" and that complaints against smallpox vaccination "are used for political horse-trading, since individual parties are interested in the not insignificant number of votes of the Saxon cranks and their supporters."[125] Since the vaccination scandal, half of all children in Saxony remained unvaccinated against smallpox. The director of the Institute of Hygiene at the University of Jena met such developments with sheer cynicism: "The German people must first be severely afflicted by smallpox again before they become amenable to rational considerations in this area."[126]

4.2 Liberalisation of Compulsory Vaccination

As was the case after 1918, much has remained the same with vaccination since the "seizure of power": most of the actors remained in office, laws remained in place, and the programme and practice of vaccination remained controversial. This finding is remarkable. Was the Third Reich not the end of endless debates? Did the immunisation of the "people's body" not have to have the highest priority in the "biopolitical dictatorship of development" (Hans-Walter Schmuhl)? Was now not the time to put an end to the gradual liberalisation of compulsory vaccination? Could the National Socialists not simply silence any concerns about vaccination by means of the "Führer principle"?

The opposite was the case. Since 1933, experts had listened more than ever to the voice of the people in vaccination programmes. This development was

[124] StAOL, 136/4549, special session RGR, 1st day, 12.12.1930, 88.
[125] BAB, R 1501/3648, letter Staatsimpfanstalt Dresden, 31.03.1931.
[126] BAB, R 1501/3648, letter Zentralkomitee ärztliches Fortbildungswesen Preußen to Prussian Ministry for Public Welfare, 20.07.1931.

explained by more than just the preceding controversies about the Lübeck vaccination scandal and the side effects of vaccination. At the same time, the consideration of concerns among the population corresponded to the *Volksgemeinschafts* (people's community) ideology. After all, the success of vaccinations – in contrast to sterilisation measures and "euthanasia" - was not based on the exclusion and isolation of "community aliens," but on the approval of the *Volksgenossen* (people's comrade).[127] The immunised "Volksgemeinschaft" was a National Socialist variant of the "herd protection" principle. The Nazis therefore relied on persuasion and mobilisation.

For this reason, in February 1934, all state governments received a circular from Reich Minister of the Interior Wilhelm Frick stating that an imminent "revision of the vaccination law will probably bring the conscience clause."[128,129] From then on, concerned parents were to be able to defer their children from smallpox vaccination.[130] Numerous daily newspapers carried this message into the Reich.[131] This step was justified on the grounds of parental conscience: "These considerations urge us to take account of widespread popular feeling in order to introduce the so-called conscience clause" in Germany.[132]

The decision was the result of a thought process lasting several months. After all, the decision in favour of the conscience clause was a matter of principle, as Johannes Breger of the RGA explained in a consultation at the Reich Ministry of the Interior in March 1934. On the one hand, there was the "protection of the German people against smallpox," on the other hand, the "serious damage" to individual vaccinated persons. For a new version of the law, it should therefore be "examined whether it is in keeping with state ethics to demand such a sacrifice." Instead, Breger pleaded for a "relaxation of the vaccination requirement," since in the meantime "popular health education" was possible and the population was "so well disciplined" that the danger of vaccination fatigue was decreasing. Karl von Kapff of the RMI went one step further. In his opinion, it was precisely in the Third Reich that one had to "listen more closely to the people": "If compulsory vaccination were to remain, the majority of the people would doubt that National Socialist principles were decisive in Germany's health policy." The president of the Saxon State Health Office, Friedrich August Weber, argued similarly. In his opinion, the term "conscience clause" should not be used in an amendment to the vaccination law because it was "of English origin." Nevertheless, the conceptual distancing did not prevent Weber from explicitly demanding a "conscience

[127] On the connection between processes of exclusion and inclusion (Süß and Süß 2008; Wildt 2013).
[128] StAOL, 136/5002, Circular RMI, 01.02.1934.
[129] StAOL, 136/5002, Circular RMI to state governments, 04.04.1934.
[130] BAB R 1501/3648, Circular RMI to RKI and Reich Ministries, 02.03.1934.
[131] Cf. the press collection in StAHH 331-1 I/1334 vol. 3.
[132] BAB R 1501/3648, Circular letter RMI to RKI and all Reich ministries, 02.03.1934.

clause" in the next breath as a "concession [...] to the weaker members of the people." In the reading of Breger, von Kapff, and Weber, the conscience clause thus advanced to become a tool for the Volksgemeinschaft. Firstly, the involvement of the Volksgenossen in the provision project was to be based on their own initiative. Secondly, the approval of vaccination programmes served as a yardstick for the acceptance of the Nazi state, so that "weaker Volksgenossen" were to be convinced of vaccinations and not forced.[133]

However, military considerations spoke against the participatory approach and were to determine the further course of the consultation in March 1934. Anton Waldmann, from the Army, spoke on behalf of the Reichswehr (Reich armed forces) Ministry during the meeting. In his opinion, there were two reasons against a conscience clause. Firstly, it contradicted the Führer principle and thus the principle of military order. But the second reason was even more decisive. In his opinion, "in the event of a future war being forced upon us, it would not be justifiable to allow epidemic outbreaks to develop among the people which would hinder the army's freedom of movement."[134] This concern ultimately tipped the scales in the vote. As a result of the deliberations, Arthur Gütt summarised that a majority of those present were "opposed to a relaxation of the vaccination law for reasons of military strategy." Military considerations and Germany's central position had already been weighty arguments in the Empire and in Weimar. In the Third Reich, however, these arguments gained enough weight that they outweighed even the NSDAP's reservations against compulsory vaccination. Thus, even the NSDAP's Reichsärzteführer (Reich Physicians Leader), Gerhard Wagner, emphasised at the end of the consultations that, "in party circles," an end to compulsory vaccination was indeed desired. However, the concerns of the Reichswehr had convinced him that the conscience clause could not be afforded.

Thus, the consultation in March 1934 is emblematic of a schizophrenia of vaccination policy in the Third Reich. On the one hand, military considerations provided the guideline for smallpox vaccination. Smallpox protection was therefore consistently refreshed during mass vaccinations of the Reichswehr and the Wehrmacht as well as during the Reich Labour Service. On the other hand, experts had, since 1934, been making it considerably easier for small children and twelve-year-olds to be vaccinated.[135] Henceforth, there was much more talk of education, persuasion, or popular propaganda than of compulsion in the Third Reich.

Where education and persuasion were not successful, coercive measures were rarely taken, but remained pragmatic. In a report to the Reich Ministry of the Interior, the Reich Health Office summarised its experience with the relaxation of compulsory vaccination and drafted guiding principles for

[133] All quotations BAB, R 1501/3648, minutes of RMI consultation, 14.03.1934.
[131] Ibid.
[135] StAOL, Rep 630, 242-4/45, Circular RMI to state governments, 04.04.1934.

"elastic handling." For provisions of smallpox vaccination, the RGA recommended flexibility because

> any agitation against the vaccination law would be deprived of the ground by such a more elastic treatment of the population [...] If, for psychological reasons, the vaccinator does not vaccinate a child here and there, whom the strict medical indication might have forced to be vaccinated, the procedure in no way harms the smallpox protection of the German people; but it greatly benefits the general implementation of the vaccination law, since such a measure is likely to prevent unnecessary agitation and hostility against the implementation of the vaccination law. However, the popular character of the health laws, which must appear to be absolutely desirable, especially in the National Socialist state, is better served if unnecessary unrest in the implementation of the laws among the population is avoided.[136]

The "elasticity" resolved the conflict of goals between the Wehrmacht and the Party. Officially, compulsory vaccination remained in force. In practice, however, it was hardly ever enforced in order to avoid unsettling the Volksgenossen.

A flexibility was henceforth reflected in all legal provisions. Since spring 1936, smallpox vaccination was no longer considered a prerequisite for attending higher schools.[137] In 1938, orders were added to facilitate compensation payments for vaccination damage.[138] Although this was not yet a legal regulation of an obligation to pay compensation, it was the implementation of those demands that had been repeatedly decided in the debates since 1925. In 1940, the Reich Ministry of the Interior even declared flexibility a law. Due to the "low danger of a smallpox epidemic," the Ministry of the Interior relied by decree on promoting "understanding for vaccination" in "all circles of the people" and allowed all parents to postpone vaccinations.[139]

How can a liberalisation of compulsory vaccination be explained in the Third Reich of all times? Where did the growing understanding for parents' concerns come from? First of all, the pragmatism was based on a change in risk perceptions. Since the turn of the century, smallpox no longer posed a great threat to most Germans. In the 1930s, the smallpox danger seemed low even to most experts. This was true even despite the central location in Europe, which had previously been understood as a risk for pandemics. In 1934, for example, Medical Councillor Ernst Mewius explained that a new situation existed thanks to the founding of Poland after 1918. Whereas the German Reich had previously been located directly at the "epidemic hotspot" of Russia, Poland, with its strict vaccination laws, had been fulfilling a buffer function for Germany since the 1920s (Mewius 1934, 358, 362). In addition, new fears came to the fore during and following the 1930s. Above all, the spread

[136] BAB, R 1501/3647, letter from RGA to RMI, 12.11.1935.
[137] StAF, Schulamt/7098, clipping from Amtsblatt RMI, 20.03.1936.
[138] BAK, B 142/62, Judgment Hanseatic Higher Regional Court, 3U344/1950, 07.05.1951.
[139] ÖGD 6 (1940/41), 218f., here 218.

of diphtheria now aroused the interest of the experts. In this respect, the pragmatism of smallpox vaccination was also related to the introduction of new vaccination programmes. If one wanted to win over the "people" for diphtheria vaccinations, fears of compulsory vaccination were counterproductive.

The history of vaccination thus draws attention to the fact that health policy measures under National Socialism must be viewed in a more differentiated way than the image of the "biopolitical dictatorship" suggests. Coercive medical measures predominantly affected "strangers to the community." Exclusion and selection affected the mentally ill, the disabled, "asocials," homosexuals, or Jewish citizens. Since vaccinations were aimed at immunising the "national community," they were conceived as a project of inclusion. In this respect, not only medical but also political reasons spoke in favour of a vaccination policy that relied on popularisation, participation, and education and dealt pragmatically with vaccination refusal. Since acceptance of vaccination was seen as approval of health policy, any conflicts were to be avoided.

4.3 Accompanied Voluntariness (I): Introduction of Diphtheria Vaccination

For a long time, smallpox vaccination had a unique selling point. Even when vaccination programmes against typhoid, dysentery, and tetanus were being tested in Germany, vaccination against smallpox stood as a common synonym for "the" vaccination. It was not until the late 1920s that other vaccination programmes played a role in Germany. In addition to the BCG vaccination against tuberculosis, which quickly disappeared from the scene because of the Lübeck vaccination scandal, the diphtheria vaccination made a name for itself. Shortly before the First World War, Emil von Behring had already announced his discovery of an active immunisation against diphtheria.[140] The announcement met with great media response.[141] Although the diphtheria vaccine had already been successfully tested on humans in Magdeburg in 1913,[142] the Germans held back on vaccination programmes: the World War shifted attention to other threats, especially those posed by the dreaded "war epidemics."[143]

This changed in the mid-1920s. In 1924, Rudolf Degkwitz from the Munich University Hospital spoke out with frightening figures. His diagnosis sounded

[140] BAB, R 1501/9329, letter KGA to State Secretary of the Interior, 10.01.1914.
[141] Cf. press coverage 1914 to 1922 in BAB, R 1501/9330.
[142] Cf. BAB, R 1501/9329, letter from Magdeburg District President, 10.02.1914.
[143] Cf. König 2014.

terrible: "Over 100,000 German children fall ill and over 15,000 die of diphtheria every year."[144] Other newspapers picked up on this grim diagnosis and warned of the new threat: "Among communicable diseases, diphtheria ranks first."[145] To be sure, the RGA considered such threat scenarios exaggerated. In its view, in the early 1920s "only" about 60,000 people contracted diphtheria annually, of whom about 6,000 died. Nevertheless, Degkwitz's diagnosis was a wake-up call. On the one hand, the reproach of the press that the diphtheria vaccination was already being "used with good success" abroad, while "the birthplace of this scientific feat, Germany, had drawn no benefit"[146] from the measure, was effective. On the other hand, vaccination was considered a cost-saving measure that could avoid high hospital costs. For these reasons, the RGA planned a vaccination programme against diphtheria in the early 1930s, which was implemented in 1934 in a first "large-scale trial" in the Aachen area.

It speaks for the trend towards liberalisation (see section 4.2) that no compulsory vaccination was considered when diphtheria vaccination was introduced. The first vaccinations in Aachen, Rastenburg, Breslau, and Halberstadt started as a voluntary measure. The principle of voluntary vaccination was also adhered to later when it was introduced throughout the empire.[147] Historian Winfried Süß was very surprised by this development:

> In a country that, since the seizure of power, had increasingly restricted individual rights to bodily self-determination in favour of the health of an imaginary "people's body" and thus increased the chances of enforcing such vaccination, a country that, with a tightly woven network of public health offices, had an efficient instrument for implementing state-mandated serial vaccinations, this development may come as a surprise. (Süß 2003, 217f.)

Süß attributes the move away from compulsory vaccination to financial reasons, as municipalities and health insurance companies disagreed on cost issues. The historian Annette Hinz-Wessels, on the other hand, explains the voluntary nature of the vaccination with scarce vaccine supplies and the outbreak of war in 1939, which made it difficult to systematically register all children (Hinz-Wessels 2008, 98f.). The results so far speak for a completely different explanation. Voluntariness does not fit our picture of the "biodictatorship." But it does fit very well with the strategies of the 1930s. Voluntary diphtheria vaccination followed the principle of popularising and mobilising the "people's comrade," which was also tried out with smallpox vaccination. The cost reasons cited by Winfried Süß also spoke in favour of vaccination. Many German cities justified the massive expansion of diphtheria vaccination from the 1940s onwards explicitly with the cost argument.

[144] BAB, R 1501/9329, Bayern Kurier, Die Diphtherieschutzimpfung, 17.06.1924.
[145] Berliner Lokalanzeiger, Public protection against diphtheria, 20.06.1925.
[146] BAB, R 1501/9329, Letter from the President of the RGA to RMI, 19.07.1924.
[147] HStAS, E 130b/2790, RMI circular on diphtheria vaccination, 15.06.1935.

Thanks to vaccinations, one saves high treatment costs, doctor's hours, and keeps hospital beds free.

The discovery of voluntariness is also understandable because of the high number of cases and deaths. After all, there was a considerable increase in diphtheria in the German Reich in the course of the 1930s. In 1934, 100,000 Germans contracted diphtheria, of whom 6,400 died; in 1935, as many as 180,000 people fell ill, with almost 8,000 deaths (Gundel 1936, 3). Diphtheria, warned Erich Rominger, head of the Kiel Children's Hospital, had "developed into a highly dangerous national epidemic" (Rominger 1938, 81). Would this threat not have more than justified the introduction of compulsory vaccination? The opposite was the case: voluntariness and fears went hand in hand when the diphtheria vaccination was introduced. Precisely because the number of cases was rising and the press did not hide these figures, the population's support for vaccination grew. Even the first campaign in the Aachen district in 1934 and 1935 shone through with high vaccination rates. Of 354,000 children, 89.2 per cent were voluntarily vaccinated against diphtheria (Gundel 1936, 198). These figures are also remarkable because they clearly exceeded the vaccination rate against smallpox.

From then on, voluntarism was considered a recipe for success. However, this required new forms of mediation, which had been tried out since the mid-1930s. Social pressure was particularly persuasive. Appeals to the fears of parents were equally important. Although all appeals emphasised the voluntary nature of diphtheria vaccination, they also made it clear that everyone had a lot at stake in vaccination. Vaccination was promoted as a task for the "national community," as immunisation served not only self-interest but also the common good. Thus, at the end of 1936, newspapers in Halberstadt declared the vaccination programme to be a "work of the best Volksgemeinschaft."[148] In some newspaper articles one could read of a "community front against diphtheria!" in which "everyone had to join."[149] The mobilisation of the Volksgemeinschaft was not limited to press releases. At the same time, the party increased the social pressure. There was talk in several cities of "special advertising in which the individual block leaders visited the parents."[150] The social pressure was further increased by the close networking of all those involved. Doctors and medical officials, teachers and Red Cross nurses, party functionaries, police officers, journalists, and mayors put themselves at the service of the publicity. In such cooperations, a "united defensive front of all relevant authorities" was formed (Gundel 1936, 44), as a doctor in Westphalia observed.

Where social pressure was not enough, fears were supposed to increase the vaccination rate. When the diphtheria vaccination was introduced, Germans

[148] Anhalter Anzeiger, 10,000 children are vaccinated in Halberstadt, 24.11.1936.
[149] Halberstädter Zeitung, Community front against diphtheria!, 20.11.1936.
[150] BAB, R 36/1322, Hannover Lord Mayor's report, 18.12.1942.

could read terrible press reports. When a diphtheria epidemic broke out in Brandenburg in the mid-1930s, the *German Medical Gazette* spoke of the failure of all protective measures and warned of an uncontrolled rampage of the epidemic:

> All measures could not put a stop to diphtheria. It continued to rage and claimed its victims especially among the youth. Of the 42 deaths recorded so far in 1934/35, 41 occurred in children up to the age of 14; 17 of these children were in the tender age of six or less![151]

Frightening reports also circulated during a vaccination campaign in Westphalia. An appeal by the Nationalsozialistische Volkswohlfahrt (NSV, Nazi Organization of popular welfare) painted the "increase in diphtheria" in gloomy colours and lamented the "many young lives" that had "fallen victim to the epidemic, which particularly prefers to afflict children."[152] Distressing descriptions of diphtheria fuelled parents' fears. "Parents!" warned a brochure in Munich in 1941,

> The responsibility you bear is great! You must not expose your children to the danger of diphtheria! Diphtheria deaths are always particularly painful and sad because they usually affect children who had been completely healthy until then and are now suddenly carried off from full health in a few days. Diphtheria death is a cardiac death or death by suffocation.[153]

At first glance, such horror reports need explanation. Were they not an admission of failure in health policy? Did descriptions of threatening conditions not call the effectiveness of the health system into question? Of course, fears were highly functional for politicians, administrators, and doctors. They increased the approval of preventive measures. In this respect, the scare report in the medical journal just quoted ended with a reassuring glimmer of hope: "Discussions with the doctors of the Reich Health Office have shown that only active vaccination against diphtheria can stop the spread of the epidemic."[154] In short, fears were the strongest argument for vaccination. In this respect, advertising by pharmaceutical companies also stoked fears of diphtheria. For example, the film "Fighting Diphtheria" ended with "Parents, children are your most precious commodity."[155] The film staged this precious commodity well. Children play carefree in the playground in one scene, catching diphtheria. In the film, adults play the role of reformed parents who have "learned the lesson of this scare" from a child's illness (ibid., 33). Thanks to such advertising media, the politics of feelings even became popular, in the literal sense of the word. From the 1940s onwards, the pharmaceutical company "Behringwerke" distributed forms with "letters to parents," which were used

[151] Deutsches Ärzteblatt, Call for diphtheria vaccination, 28.09.1935.
[152] A reprint of the leaflet can be found in Gundel 1936, 38f.
[153] Citations BAB, R 36/1322, leaflet "Diphtheria protection!" [1942].
[154] Deutsches Ärzteblatt, Call for diphtheria vaccination, 28.09.1935.
[155] BAM/1963, manuscript "Fight against diphtheria," 34.

in schools for dictations. Here, parents could read a pleading request from the child: "Millions of children in Germany and also in other countries have already been vaccinated. Don't you want to protect me too, dear parents? I beg you!"[156]

With the introduction of the diphtheria vaccination, health policy showed a new face. Instead of compulsion and obligation, the focus was on voluntariness, fear, and education. Where parents' need for vaccination was too weak, social pressure and fear of the epidemic were used to help. In this respect, "flanked voluntariness" is meant. And yet the introduction of diphtheria vaccination marks a change in German vaccination programmes since the 1930s. An assessment by the Ministry of the Interior put the success of voluntarism in a simple formula. Since advertising succeeded in getting "up to 99% of children to show up for the vaccination appointments," compulsory vaccination was unnecessary, as the balance sheet ended: "So why use compulsion when you can do it voluntarily?"[157]

During the Second World War, vaccination against diphtheria was not over. In fact, in order to conserve resources, vaccinations were now more in demand than ever. As early as 1938, a Munich physician calculated the cost savings for the diphtheria vaccination to the Reichsmark. According to this calculation, the cost of treating a patient was three times the cost of active immunisation, so that the "financial balance of vaccination was positive." (Pfaundler 1937/38, 139). Diphtheria vaccination not only saved money, but also manpower (Gütt 1937/38, 210; 213-5). This argument gained enormous weight from the beginning of the war in 1939 (Süß 2003). The more the war affected life on the ground, the more welcome vaccinations were. Against this background, it is understandable why interest in diphtheria vaccinations grew most rapidly in West Germany with the outbreak of the war. In the Düsseldorf area, for example, more than 730,000 children had been vaccinated since 1939, arguing that the area had been "declared an operational area":

> Sickbeds were scarce, many a hospital served as a reserve hospital, and children with diphtheria were even less able to stay at home, as isolation in the air-raid shelter was usually not feasible. Sending children from such an infested area could also be a danger for less infested receiving areas (Sturm 1942, 169).

During the war, the fight against diphtheria became even more important. While the number of cases had already increased during the 1930s, "Reichsgesundheitsführer" (Reich health leader) Leonardo Conti stated that "further increase in deaths in 1939 and 1940 gave rise to more serious concerns."[158] In the "total war" since 1942/1943, such concerns became even

[156] BAM/463, Parents' letter form, ca. 1941.
[157] Bieber 1940/41, 69f; Cf. BAB, R 1501/3686, RMI, Luftterror und Seuchenverhütung, [1944/1945], 5.
[158] BAB, R 55/1222, Report Conti, Propaganda and State of Public Health, 1941, 9.

greater. Finally, the *Kinderlandverschickung* (evacuation of children) and the evacuations of Germans from bombed cities ensured that diphtheria spread. While around 143,000 cases of diphtheria were reported each year in 1939 and 1940, the numbers more than doubled to 293,000 cases by 1943.[159] Conti therefore demanded diphtheria vaccination as a compensation for the deterioration of medical care.[160] Vaccinations were now even considered a "war-important" measure. In Württemberg, the Minister of the Interior made it clear at the beginning of 1943 that from now on "less war-important official business would have to take a back seat to the implementation of the diphtheria vaccination in endangered areas."[161] In Hamburg, vaccinations were already being used as a cost-cutting measure at the end of 1941, since they led to "rationing in the medical service, which was particularly valuable at this time."[162] "Especially in wartime," vaccinations were important, as "the lack of general practitioners would become noticeable in the long run" (Sebastian 1940/41, 166).

The spread of tuberculosis also made itself felt as a cost factor during the war. The costly treatment of tuberculosis patients became increasingly economical from 1942/43 onwards. Preference was given to those who were quickly able to work or fight (Süß 2003, 230). At the same time, fear of tuberculosis grew among the Germans. The housing shortage in bombed-out cities, overcrowded bunkers, and refugee flows of the "bombed-out" prepared an ideal breeding ground for tuberculosis. Leonardo Conti recorded this connection with a simple rule of thumb: "Every prolonged war brings with it an increase in tuberculosis."[163] While Conti wanted to tackle the disease with serial X-ray examinations, the Reich Ministry of the Interior turned to an earlier preventive measure that had been forgotten after the Lübeck vaccination disaster of 1930: the BCG vaccination.[164] The "total war" put an end to the previous concerns. Prevention instead of care was now the contemporary motto, since the costs for vaccinations "would only play a very insignificant role in the total costs of tuberculosis aid,"[165] as the Reich Ministry of the Interior rejoiced.

That all these arguments in favour of tuberculosis vaccination only gained weight in the last two years of the war is remarkable. After all, BCG vaccination had already been successfully introduced in other European countries since the 1930s.[166] Why was vaccination nevertheless not an issue for a long

[159] BAK, B 142/1893, Statistisches Bundesamt an BMI, Erkrankungen meldepflichtige Krankheiten, 06.09.1951. In the Reich statistics, only disease figures up to 1943 were kept.
[160] BAB, R 55/1222, Report by Conti, State of Public Health, 1944, 4.
[161] HStAS, E 151-54/132, circular letter Württemb. Innenmin. to all GA, 28.01.1943.
[162] StAHH, 361-2 VI/1312, schedule Hamburg Main GA, 15.11.1941.
[163] All quotations BAB, R 55/1222, Report Conti, Propaganda and Public Health, 1944.
[164] BAB, R 1501/1503, letter from the RMI, A g 7591/44, o.Dt. [end 1944].
[165] BAB, R 1501/1503, letter from the RMI to Dept. IV, 12.12.1944.
[166] BAB, R 55/1221, letter Lauer to RMVP, 20.04.1944.

time, neither in the RMI nor with Reich Health Leader Conti, let alone in the "Reich Tuberculosis Committee"?[167] As the historian Thomas Beddies has shown, negotiations on the introduction of tuberculosis vaccination between the Reich Ministry of the Interior, the Robert Koch Institute, and the Behringwerke did not begin until autumn 1942. In the end, the Ministry of the Interior did not announce the introduction of vaccination until early 1945 (Beddies 2009, 89-105). Apparently, the Lübeck vaccination scandal was still very present even in the sixth year of the war, at least in the ministry. In this respect, even the decree on the introduction of BCG vaccination in 1945 addressed the Lübeck vaccination scandal in detail in order to dispel any concerns. According to this, after "investigations, it has long since been established that the Lübeck disaster is not to be blamed on the Calmette procedure."[168] It fits into the picture of a change in health policy that the Ministry of the Interior also introduced this vaccination programme against tuberculosis not as a compulsory measure but as a voluntary one.[169] Although the warworthiness of the BCG vaccination was obvious and tuberculosis had serious health and financial consequences, even here fears of the population weighed more heavily. Even in the exceptional situation of the "total war," concerns of the Volksgenossen thus played a role in health policy. This is evidenced not only by the attempts at appeasement when the BCG vaccination was introduced. It is also indicated by the fact that compulsory measures were not an issue at the beginning of 1945.

4.4 Immunity as a Weapon in the War

Immunised armies had been the European standard since the First World War. Vaccinations against "war diseases" were so important for the success of military operations that the Wehrmacht seamlessly followed up on earlier concepts.[170] However, German research institutions and pharmaceutical companies were only partially ready for this task. While the Behringwerke had been focusing on typhoid and diphtheria vaccines since the 1930s,[171] the Robert Koch Institute provided a wide range of products but produced far too few vaccines for military purposes. Thus, even at the end of the 1930s, orders from the Wehrmacht lacked bottles and refrigerators in which vaccines could

[167] Cf. BAB, R 55/1223, Report Reich Tuberculosis Committee 1943/44, 9.
[168] BAB, R 1501/3760, RMI circular on tuberculosis vaccination, 15.01.1945.
[169] Beddies speaks of "a compulsory tuberculosis vaccination".
[170] Cf. BAB, R 86/2715, letter Heeressanitätsinspekteur, 20.07.1933. Cf. BAM/656, Gutachten von Sartorius für das Heeressanitätswesen, o. Dt. [ca. 1939/1940].
[171] Cf. BAM/656, Merkblatt Behringwerke "Die kriegswichtigsten Impfstoffe", 15.04.1940. Cf. table "Jahresproduktion ausgewählter Impfstoffe" in Süß, 2003, 440.

be stored.[172] Vaccination was particularly important for securing military operations and occupation policy in Eastern Europe. Vaccinations fulfilled two tasks: On the one hand, they protected fighting and occupation troops, and on the other hand, they protected the homeland from the introduction of epidemics from the East. In combating epidemics, as a report from the "Reichskommissariat Ostland" (Reich Commission for the East) explained, "the interests of the occupying troops merge with the interests of the civil administration and the homeland." [173] The protection of the occupied population in Poland and the Soviet Union was subordinate to this objective. The priority was not a systematic immunisation of the occupied territories. More important was the immunisation of the Wehrmacht[174] and those areas that posed a "tremendous danger to the German homeland."[175] The main dangers were typhus, dysentery, and cholera.[176] In contrast to the First World War, smallpox no longer played a central role in such plans – further evidence that "preventive pragmatism" was based on a change in risk perceptions.

Vaccination programmes against typhus were mainly targeted at German occupation soldiers and potential "gateways" to the homeland. Guards in concentration camps and prisoner-of-war camps were given preference in the distribution of the scarce typhus vaccine, as were the *Einsatzgruppen* (task forces) responsible for transports to the concentration camps and for mass shootings.[177]Cynically speaking, one can read from the distribution of typhus vaccine a priority list of the "war of extermination" and "holocaust." In 1942, for example, Leonardo Conti warned the Party Chancellery that the spread of typhus would go hand in hand with the "involuntary migration of the Jews"[178] – that is, with the deportations of the Jews to the labour and extermination camps.

While typhus had received little attention in the first two years of the war,[179] the Robert Koch-Institut (RKI) warned at the end of 1941 that "with the further advance of the German Wehrmacht to the east and with the increase in prisoners, the incidence of typhus and thus the threat to the home area"[180] was increasing. This risk was increased by "foreign" or "Eastern" workers. Finally, their forced migration ensured an exchange between the front and the

[172] Cf. BAB, R 86/4256, correspondence Corpsarzt II. Armeekorps and RKI, 19.08. to 21.08.1937; correspondence between RKI and OKH, 07.09.-14.09.1938.
[173] BAB, R 90/351, Report on Organisation Gesundheitswesen Ostland, May 1943.
[174] Deutsche Zeitung im Osten, Wirtschaftliche Arzneiverordnung, 03.07.1943.
[175] Kauener Zeitung, Kampf gegen die östlichen Seuchen, 16.08.1943.
[176] On the concept of an "epidemic rampart" against typhus,cf. (Werther 2004, 65-74).
[177] BAB, R 90/362, telex Generalkommissar Riga, 20.10.1943; letter Kommandeur Sicherheitspolizei und SD, 13.01.1944.
[178] BAB, R 1501/3794, Report Reichsgesundheitsführer for Party Chancellery, 26.01.1942.
[179] As late as 1941, 573 cases of typhus, 176,000 cases of diphtheria and 250,000 cases of scarlet fever were counted in the "old empire". Cf. BAK, B 142/1893, Statistisches Bundesamt an BMI, Erkrankungen meldepflichtiger Krankheiten, 06.09.1951.
[180] BAB, R 1501/3644, letter RKI to RMI, 27.11.1941.

homeland, which was soon feared as a source of infection.[181] For the "implementation of the Russian operation," i.e., the manhunt for Soviet workers, German skilled workers (Herbert 1999) were vaccinated against typhus from the beginning of 1942[182] in order to close the gates of entry into the Reich.[183] Health hazards also arose from the expansion of concentration camps and prisoner-of-war camps in the Reich, whose guards were protected by typhus vaccinations out of self-interest.[184]

The health situation was also aggravated by the air war. Not only the destruction of transport routes and production facilities for vaccines made preventive measures difficult,[185] but also the living conditions in air-raid shelters and cellars in very confined spaces added to this. Since it was impossible to isolate sick people in the air-raid shelters for lack of space, contagious typhus and tuberculosis patients were turned out of doors from 1944 onwards. "Today," the RMI justified this rigid measure, "the same aspects of air safety could not apply to infectious patients with active tuberculosis as to the heavily pregnant women and infants who, according to the Führer's order, were to be protected first and foremost."[186] In the fight against diphtheria, smallpox, dysentery, or typhus, the situation actually looked better. At least that was the impression given by an RMI inventory of "air terror and disease prevention" in the last year of the war. Thus, thanks to the diphtheria vaccination, "200,000 diphtheria cases were prevented in 1942 alone."[187] Nevertheless, the air war also caused problems for the established vaccination programmes. For example, freshly vaccinated people could transmit the virus in the vaccine to unvaccinated infants or elderly people. Since the Ministry of the Interior considered it "not expedient" to "leave freshly vaccinated children in the home during the air raid," vaccinations were to be "suspended for the time being in the areas threatened by enemy planes and made up for later."[188]

Vaccinations were also a weapon in another respect: as a weapon of propaganda. Health policy successes were more important than ever since the turn of the war in 1942/43. After all, "war epidemics," unhygienic living conditions in "air endangered areas" and the health consequences of migration movements fundamentally called into question the protective competence of the regime. Against this background, it becomes understandable why the Germans set about producing an elaborate film about the German health system

[181] BLHA, Rep 3 B/I Med 1105, Circular RMI to Regierungspräsidenten, 15.06.1944.
[182] BAB, R 1501/3645, letter DAF to RMI, 03.05.1943.
[183] BAB, R 1501/3644, letter Reichsarbeitsministerium to RMI, 26.02.1942.
[184] Cf. BAB R 86/3674, letter from Hamburg municipal administration, 14.01.1942.
[185] For example, the RKI was hit by bombing on 23/24 November 1943 and was temporarily "unable to operate", cf. BAB, R 1501/3645, letter RKI to RMI, 4 December 1943.
[186] BAB, R 1501/3669, Circular RMI, 05.06.1944.
[187] BAB, R 1501/3686, Report RMI, Luftterror und Seuchenverhütung, [1944/1945], 5.
[188] BAB, R 1501/3697, Begründung 2. Verordnung z. Ausf. d. Impfgesetz, 10.10.1942.

as late as the end of 1943.[189] On the one hand, the film "Deutsche Ärzte am Werk" (German Doctors at Work) was aimed at the rest of Europe, to whom the fighting ability of the German Reich was to be demonstrated. On the other hand, Germans were to be convinced of the efforts being made to protect the Volksgemeinschaft. Consequently, the focus of the film was on "health policy issues" of the "use of foreign workers" and "the fight against epidemics,"[190] as presented in the film on "Behring's feat" and the work of the Behringwerke.

With the intensification of the bombing war and the retreats of the Wehrmacht in 1943, it became increasingly difficult to distinguish between the front and the home front. In the administrations, too, a separation between military and civilian gradually dissolved. In the case of vaccination, cooperation between the military and civilians was particularly obvious since immunisation of the battlefield fulfilled both military and civilian needs. In this respect, the High Command of Army Group Central demanded of the administrations in Posen, Danzig, and Königsberg in November 1944 that the "military and civilian sectors cooperate closely in order to prevent greater damage that might be done to the fighting and resistance strength of the front and homeland." In particular, "mutual assistance in the supply of vaccines"[191] had the highest priority. In view of the emergency situation in the defence areas, the Wehrmacht even provided medical officers as vaccination doctors and vaccines for civilian mass vaccinations in the Wartheland defence district, for example.[192] In such cooperative ventures shortly before the end of the war, the power of vaccination as a weapon is once again particularly evident. Even in the final battle, immunisation of the battlefield was still so important that military resources and personnel were used to vaccinate the civilian population.

During the war, vaccination programmes focused more and more on particularly threatened areas. Since the outbreak of the war, vaccinations have been aimed at immunising people in bunkers and air-raid shelters,[193] in Hitlerjugend (HJ, Hitler Youth) camps, in the Kinderlandverschickung or in reception camps for those bombed out. Spatial concepts seemed particularly urgent since the invasion of the Soviet Union. A "geomedicine" that reacted to threats from the "East" with vaccinations was, for example, outlined by a Wehrmacht doctor at a conference in 1942:

> Will the Soviet Union, a source of typhus torn open by the war, overflow to such an extent that it will spread throughout Europe? These are questions

[189] BAB, R 55/904, note RMVP for Minister Goebbels, 21.01.1944.
[190] BAB, R 55/904, Internal letter from the RMVP to Goebbels, 21.12.1943.
[191] Both quotations BAB, R 1501/3728, Rundschreiben Oberkomm. Heeresgr. Mitte, 07.11.1944.
[192] BAB, R 1501/3728, letter RVK Wartheland to RMI, 06.12.1944.
[193] StAHH, 361-2 VI/1312, schedule Hamburg Main GA, 15.11.1941.

upon questions that are pressing upon us from the East, questions that demand a permanent and hard struggle with the epidemic.[194]

In such considerations, immunity ultimately turned into a tool for spatial arrangements. The conception of "sanitised" spaces and "sealing vaccinations" (with which "epidemic hotbeds" were contained), isolated "epidemic carriers," and closed "gateways" opened up the third dimension of vaccination.

5. Security in the Welfare State: West Germany

5.1 Accompanied Voluntary Action (II): Introduction of Polio Vaccination

"Flanked voluntarism" was already a recipe for success under National Socialism. This principle was also adhered to in the 1950s. Unconcernedly, West German doctors and entrepreneurs used films, leaflets, and posters from the Nazi era. Occasionally, the successes of the "Third Reich" were even understood as an incentive for the present, as an advertising brochure of the 1950s explained. According to this, "the conditions at that time" did have to have an effect on the objective of vaccination advertising. "But since this objective is the same today as it was then, it will be possible to reinterpret the content without further ado to the present time and the conditions it creates."[195]

However, those who saw the successes of the Nazi era as a guarantee of current successes were initially disappointed. The introduction of voluntary Salk vaccination against polio met with little response in the late 1950s. Low numbers of cases, the "Cutter accident" of 1955, and conflicts between the federal government and pharmaceutical companies over the testing of the polio vaccine did not increase interest[196]; nor did the need for a triple injection of the vaccine increase acceptance.[197] Reproachfully, Gerhard Joppich, president of the Deutsche Vereinigung zur Bekämpfung der Kinderlähmung (German Association for the Control of Polio), drew a balance in the *Spiegel* at the end of February 1962, saying that "the syringe-shy population" had "itself ensured [...] that poliomyelitis, after its expulsion from other countries, has a refuge within which it is little bothered."[198] For Joppich, the culprit was clear: the federal citizens negligently put the protection of the general public at risk. As a result, there was an increase in polio cases, which soon took a top position

[194] BAM/888, Manuscript H. Zeiss, Die Geomedizin des Ostraum, o.Dt. [1942].
[195] DHMD, 2006/522, promotional book "DSPT", o. Dt. [1950s].
[196] On the Cutter accident and on conflicts between the federal government and pharmaceutical companies, cf. the following chapters 4.3.1 and 4.4.2.
[197] Stuttgarter Zeitung, Swallow as the dates fall, 02.05.1962.
[198] Der Spiegel, Aktion Brunhilde, 21.02.1962.

in a European comparison. In 1961, the publisher Henri Nannen even complained in *Stern* about a "macabre world record"[199] held by the Federal Republic because of its poor immunity to polio.

The need for an increase in the polio vaccination rate in West Germany at the end of the 1950s was thus great for several reasons. Not only were the numbers of cases rising, but these figures fuelled the German-German systemic antagonism, leading Konrad Adenauer to receiving mocking remarks from the GDR (see section 5.4). Moreover, according to the Federal Ministry of the Interior, the high costs of treating polio had "a special economic and socio-political weight."[200] Why was it nevertheless not made compulsory to vaccinate against polio, as it was at the same time for smallpox vaccination? At first glance, the concept of voluntary vaccination seems to be in line with the West German zeitgeist and the emerging liberalisation processes. A declaration by the federal government in 1963, which made the promotion of personal responsibility and voluntary vaccination "basic features of health policy," also fits into this picture.[201] Not coercion and punishment, but education and persuasion were to be the foundations of health policy. Even more important for this principle of voluntariness, however, were two innovations: the expansion of advertising measures and, from 1961, the introduction of the new vaccine, which was not injected but swallowed.[202] It is hardly surprising that swallowing the vaccine increased its popularity among the "injection-shy" Germans. The popularity was also increased by a huge wave of advertising for the oral vaccination. This advertisement is the focus of the following, as it offers insights into the tense relationship between health and social concepts in the Federal Republic.

Radiant children and "protected mothers," which Robert G. Moeller had already examined as a leitmotif of the young Federal Republic, were particularly effective in advertising. In this context, Moeller pointed out continuities with the Nazi era (Moeller 1997), which can also be well demonstrated in the case of the same posters being used in West Germany in the 1950s and 1960s that had already been displayed during the Third Reich.[203] Although healthy children and protected mothers were particularly convincing arguments in favour of vaccinations, the advertising did not stop at such motifs. It was supplemented by persuasive strategies that also sounded quite similar to those of the Nazi era. Since the 1960s, advertising has relied firstly on fear politics, deterrence, and uncertainty; and secondly on mobilising social pressure.

Despite all appeals to personal responsibility, health experts did not trust the Germans when it came to vaccination. In its evaluation of the 1962 polio

[199] Star 52/1961, 6.
[200] BAK, B 189/14025, note for minister, 15.06.1954.
[201] BAK, B 136/5251, draft BMGes, Grundzüge der Gesundheitspolitik, 10.07.1963.
[202] Cf. oral poliomyelitis vaccination.
[203] Cf. the poster collection in DHMD.

vaccination, the Bavarian Ministry of the Interior called for a real deterrent for future campaigns, especially since this would meet the needs of the press:

> The journalist in particular, however, would have welcomed clues about the sometimes dramatic course of the disease, since he tries to give the most colourful, comprehensible descriptions possible in order to achieve a kind of signal effect with his article. Thus, the reproduction of a few sick stories might have added more effective, emotional fuel to the reporting.[204]

A new dimension for such deterrents opened up with the spread of television. For example, in the run-up to the vaccination campaigns in the late 1960s, the North Rhine-Westphalian Ministry of the Interior pointed out that "inserts built on shock effect were planned in the major television programmes" (Aumiller 1970, 83) to lead Germans to the vaccination centres.

Could this policy of fear not have caused unrest? Did an insecurity of the population not call into question the protective competence of the state? Of course, fear politics and deterrence were very functional because they legitimised the West German welfare state. After all, the threats were nonexistent if people had themselves vaccinated. The fear policy around polio vaccination thus reflects the pattern of modern health policy that could already be seen in the "Third Reich."

A prime example of this pattern is provided by the introduction of polio vaccination in Hamburg. In September 1960, the newspaper *Hamburger Morgenpost* brought the frightening news that the incidence of polio had risen sharply. The threat was even so great that "measures such as class closures" were being discussed. "Hamburg," the newspaper headlined its warning, was "in the danger zone."[205] In the Hamburg school authority, the headline was met with bright indignation by the state school board Ernst Matthewes: "This reporting is really irresponsible and only serves to bring unrest to parents and schools."[206]Matthewes's concern about "unrest" was well-founded. After all, no universal vaccination programme was ready at the time. A few days before the *Morgenpost* report, the health authorities had already banned sporting activities as a "preventive measure"[207] against polio, but had not said a word about vaccinations. The danger the newspaper wrote about was therefore very real, both for parents and for the state's preventive competence.

Surprisingly, Hamburg authorities were much more open to danger a short time later. In the spring of 1961, they warned in a press release themselves that "cases of polio could occur on an increased scale." This gloomy prognosis ended with the warning: "It is only to be hoped that the still existing carelessness of some parents will not then take bitter revenge on the children."[208] A

[204] BAK, B 208/975, circular letter of the Minister of the Interior of North Rhine-Westphalia, 28.08.1969.
[205] Hamburger Morgenpost, Polio: Hamburg still in danger zone, 13.09.1960.
[206] StAHH, 361-2 VI/2765, letter from Hamburg School Board, 13.09.1960.
[207] StAHH, 361-2 VI/2765, circular of the health authority, 06.09.1960.
[208] StAHH, 361-2 VI/1312, Press Service State Press Office, 1961.

year later, a "letter to parents" from the health authorities, distributed to all Hamburg schools, went even further, painting the threat in glaring colours:

> Of the contagious diseases, the most dangerous is transmissible polio (poliomyelitis), which is especially feared because of its unpredictable course. No one can predict at the onset of the disease whether the sufferer will recover or whether he will retain permanent paralysis of the limbs or breathing. Unfortunately, a not entirely small proportion of cases are even fatal. For this reason, everyone with polio is *threatened* by permanent infirmity with muscular atrophy of the paralysed limbs, and possibly also by respiratory paralysis with a stay in the iron lung, i.e. by helplessness which requires constant, costly care and attention. This threat weighs heavily on all children and young people, and increasingly on adults.[209]

In order to make the danger clear to every reader, the "threatened" in the parents' letter was placed in the centre, printed in bold and underlined.

How can this sudden change in the Hamburg authorities be explained? Why did threat scenarios still seem irresponsible to the authorities in September 1960, while a few months later they were spreading the same fears among the people at great expense? In contrast to 1960, the Sabin oral vaccine was available to the entire population of Hamburg a year later, with which polio could be effectively prevented. The threat described was therefore not a threat if one joined the state vaccination programme, as the above-mentioned letter to parents from 1962 also added: "Nevertheless, poliomyelitis is not an inevitable fate, since there is a preventive measure: vaccination." Fear and deterrence thus advanced to an argument only at the time when state actors could easily cope with the threat. In this respect, fear politics fulfilled two functions: On the one hand, it mobilised concerned parents who took the immunisation of their children into their own hands out of self-interest. On the other hand, it demonstrated the achievements of the welfare state.

Such strategies were not a Hamburg speciality, as a turn to the south reveals. Very similar strategies can be observed in Bavaria, for example. Here, too, the rising number of polio cases in May 1953 initially caused concern in the Ministry of Education and Culture. But precisely because the disease figures showed "the highest incidence since 1925" and immunisation was "not yet available," the ministry resorted to appeasement in order to avoid "any panic that might easily arise."[210] In a leaflet, it even dismissed polio with the remark that the disease was "often without serious symptoms and not always associated with paralysis."[211] At the beginning of the 1960s, such appeasement was also over in Bavaria. With the availability of vaccines, the same fear policy was used here as in the north of the republic.

In addition to fear and deterrence, social pressure continued to play a role in advertising. This strategy had already been successfully tested during the

[209] StAHH, 361-2 VI/1312, Elternbrief Hamburger Gesundheitsbehörde, April 1962.
[210] StAM, LRA/220938, circular Staatsminist. für Unterricht und Kultur, 28.05.1953.
[211] StAM, LRA/220938, leaflet in the above-mentioned circular, 28.05.1953.

Nazi era, which meant it was common to encounter familiar appeals in West Germany starting in the 1950s. In 1952, for example, teachers were told in a Behringwerke brochure on diphtheria and scarlet fever vaccination that a 1938 decree had "expressly ordered vaccination as a community task":

> it is also expected of every responsible educator, but especially of the educator of our youth, that he or she will fully commit himself or herself to its success. The health leadership is of the opinion that education and upbringing must succeed in guiding the sense of responsibility of every German towards the health of his child and that of the nation in such a way that no child fails to be vaccinated.[212]

Such appeals to the "whole of the people" remained popular until the 1980s. The oral polio vaccination also offers examples of this. In 1971, for example, the Social Minister of Lower Saxony, Kurt Partzsch (SPD), stated in an interview with several newspapers that vaccinations were necessary not only as an individual contribution, but even more as a service to the community.

> One speaks in our time of responsibility for one's fellow man. By participating in oral vaccination against polio, this demand can be put into practice: Those who are vaccinated not only protect themselves against the disease, but at the same time help to build the wall that must be erected against its reintroduction.[213]

In the promotion of polio vaccination, the line between appealing to a sense of social responsibility and mobilising social pressure was blurred. In Hesse, for example, a brochure in the mid-1960s levelled massive accusations against "vaccine-weary" parents: "This year, polio raged again in the Federal Republic, only because many parents overlooked the necessity of vaccination, thereby endangering their children and exposing them to the scourge of 'polio.'" Because of this danger, the brochure advertised to parents for "selfless commitment in the service of public health" in the pattern of a denunciation campaign. As voluntary "neighbourly help," Germans were to convince friends, relatives, and neighbours to vaccinate and report the addresses of unvaccinated families. The "20 most diligent senders" were offered "50 DM cash each."[214] Parents who were "tired of vaccination" were thus made responsible not only for the fate of their own children, but also for the health of their neighbours. An appeal by the German Association for the Control of Polio (Deutsche Vereinigung zur Bekämpfung der Kinderlähmung) threatened as early as 1962 that anyone who did not get vaccinated "would be complicit in the fact that an epidemic that could have been prevented is constantly afflicting us."[215]

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[212] STAOL, Rep 630, 242-4/892, brochure of Farbenwerke Bayer/Behringwerke, 1952.
[213] The Weser Messenger, Minister wrote to parents, 01.11.1971.
[214] BAM, 12-001/1016, circular letter of HAGE, o.Dt. [ca. 1965-1969].
[215] StAOL, Rep 630, 242-4/5 I, Call for oral vaccination of the DVK, 1962.

The social pressure was promoted by community concepts. Polio vaccination programmes designed an immunised community that joined the vaccination queues out of mutual responsibility and acceptance of state measures. A fine example was offered by the district president of Oldenburg. In his review of oral polio vaccination in 1962, he derived a health policy plebiscite from the "immunised community":

> With open-mindedness, young and old come for vaccination in order to feel responsible for their own health and the health of others. The participation of the population is a health policy plebiscite. The health departments will continue the campaign until the last drop of vaccine.[216]

Such statements were, on the one hand, an attempt to inspire Germans to vaccinate out of a sense of responsibility. Corresponding appeals on "World Health Day 1965" were consequently also heard from the Deutsches Grünes Kreuz (DGK, German Green Cross): "Vaccination protection is only possible today if the joint effort of all those responsible finds a fruitful echo in the responsibility of all."[217] On the other hand, such communal ideas served political legitimisation, based on a simple formula: the longer the queues in front of the vaccination centres, the greater the support for government measures. For this reason alone, health authorities liked to report the crowds in front of vaccination centres in the newspapers, even though the queues could have been seen as evidence of organisational problems. Health politicians and medical officials, on the other hand, interpreted such pictures as proof of the attractiveness of the health system, as the Oldenburg health authority explained via the *Weserbote* (a local newspaper) on the introduction of oral vaccination at the end of 1962: "There had never been such long queues of people as were seen in front of the vaccination centres in these days since the times before the currency reform."[218]

From the 1960s onwards, voluntary vaccination was also accompanied by an individual risk assessment. Side effects of vaccinations were explicitly named in order to contrast them with the often greater risk of the disease. When the polio vaccination was introduced in Hesse, for example, the *Frankfurter Allgemeine Zeitung* published a report from the Frankfurt public health department that "a slight increase in body temperature, mild back pain and insignificant digestive disorders could occur after the vaccination. These minor restrictions, the health department explains, are a very small price to pay for protection against polio."[219] The *Frankfurter Neue Presse* summed up the risk assessment even more succinctly a short time later: "The risk is zero" was

[216] StAOL, Rep 630, 242-4/28, Circular President Administrative District, 15.03.1962.
[217] BAK, B 189/14089, Ärztemerkblatt DGK, Seuchenschutz durch Impfprophylaxe, [1965].
[218] Der Weserbote, 32,000 drank the "cocktail", 11.10.1962. The press release had been given to the Weserbote by the Wesermarsch Health Department. Cf. also the similar press reports from Frankfurt in StAF, Materialsammlungen, S6b-38/66.
[219] FAZ, Rather Vaccination Candy than Iron Lungs, 11.05.1962.

the headline, followed by the corresponding subtitle: "The terrible disease can be eradicated."[220] A better basis for personal risk assessment was provided by the polio vaccination leaflet "20 Questions - 20 Answers," which the Deutsche Vereinigung zur Bekämpfung der Kinderlähmung (German Association for the Control of Polio) distributed in several editions until the 1980s. As many as five of the twenty questions were devoted to side effects and addressed parents' concerns to emphasise one thing: "The risk of vaccination is, however, quite substantially lower than the risk of disease and paralysis in unvaccinated persons."[221] Such statements were backed up by photographs of government controls on vaccine production, for which "safety is paramount."[222] That the risk management motif gained prominence from the mid-1960s onwards reflects a growing sensitivity to vaccine damage. Moreover, this motive responded to an individualisation of lifestyles. After all, risk assessment emphasised personal freedom of choice, even if the risk of side effects remained de facto difficult to verify for the individual, as brochures and leaflets withheld concrete figures. Instead, vaccination advertising constructed a process of sober consideration, which in the end spoke both for vaccinations and for the self-responsible citizen.

The persuasion for polio vaccination met with a positive response, as was evidenced by the vaccination rates. Since the introduction of nationwide advertising campaigns for oral polio vaccinations, letters to ministries began to accumulate in which German citizens took their immunisation into their own hands. In the spring of 1962, for example, numerous parents pointed out to Health Minister Elisabeth Schwarzhaupt that many vaccination appointments were only scheduled for the autumn or that there was too little of the vaccine available locally. A frightened father complained in May 1962 that his "daughter (1 year old)" was in "a very precarious situation" because of the late vaccination date in autumn. He therefore knew "no other advice than to ask you [Health Minister Schwarzhaupt] to get me some of this [polio vaccine]."[223] A youth from Hesse indignantly opposed the immunisation of young children as shown on posters: "Finally, I must state that a large number of young people, who have the greatest contact with the outside world in epidemic times, have not been vaccinated. I, together with many other citizens, ask for an early catch-up date."[224] Some senders even called for "compulsory vaccination," since voluntary vaccinations would bring "disadvantages rather than advantages,"[225] as one mother criticised in a letter: "People who have not yet come into contact with this disease may also not have the brightness of the

[220] FNP, The risk is zero, 29.05.1962.
[221] Cf. the collection of brochures in StAOL, Rep 630, 242-5/5 I; BAK, B 189/14117.
[222] FR, Safety is paramount, 10.07.1957; FR, Safety through tightened tests, 01.04.1957.
[223] BAK, B 142/1897, letter from an Aachener to Minister of Health, [ca. 19.05.1962].
[224] BAK, B 142/1897, letter from a "disadvantaged youth" to BMGes, 26.03.1962.
[225] BAK, B 142/1897, letter from a Bonn woman to BMGes, 22.05.1962.

so-called 'burnt children' and, in my opinion, vaccinations cannot be pointed out explicitly enough and why not make them compulsory by law?"[226]

Ministries and state authorities were initially surprised by the success of the advertising, which was reflected in bottlenecks in vaccine distribution. "Such a large participation in the voluntary vaccination" was "not to be expected," was the apology in Lower Saxony, for example.[227] Here, doctors had to send numerous parents and their children home unvaccinated due to a lack of vaccines. In fact, many vaccination centres ran out of vaccines, as the FAZ reported from Bavaria in February 1962:

> The rush to the vaccination centres had reached an extent not expected by the authorities. The three million portions of vaccine provided have now almost been used up after the first half of the campaign, which was limited to three weeks.[228]

Even the pharmaceutical companies had not expected this rush, so they had to struggle with delivery problems.[229] Among doctors, this disproportion between fear policy and vaccine reserves caused ill-feelings, and they found themselves in need of explanation due to the population's alarm, as one paediatrician wrote to the Federal Ministry of Health:

> Due to the intensive propaganda for vaccination against polio, great unrest has arisen among the population because oral vaccination has not taken place in large areas. In order to be able to inform my patients properly, I ask you to inform me as soon as possible when there is a possibility of vaccination.[230]

More important than such problems, however, was the fundamental insight that health policy-makers derived from the strong popularity of oral vaccination. At a meeting at the Federal Health Office in 1963, Werner Anders gave an enthusiastic review of the advertising measures. They were "convincing proof" that the "vaccination fatigue of the population can be overcome" (Anders 1963). It was precisely this evidence that reinforced the experts' view that compulsory vaccination not only against polio but also against diphtheria, scarlet fever, and future vaccinations was superfluous.[231] Flanked voluntarism was thus timely because it appealed to the maturity and personal responsibility of the "preventive self." It was also immensely effective, as personal fears and social pressure led German citizens to vaccination centres much more quickly than coercive state measures.

With these results on polio vaccination, the question of continuities between the Federal Republic and the Third Reich can be raised once again.

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[226] BAK, B 142/1897, letter from a mother from Gmund a/Tegernsee, 19.09.1963.
[227] StAOL, Rep 630, 242-4/28, Circular President Administrative District, 15.03.1962.
[228] FAZ, Zur Immunisierung ausreichend, 15.02.1962.
[229] BAK, B 142/1897, letter Bayer AG to BMI, 11.10.1962.
[230] BAK, B 142/1897, letter from a paediatrician from Bonn to BMGes, 16.05.1962.
[231] Cf. the correspondence of the 1950s in BAK, B 189/14113.

What is remarkable are not so much the similar terms and motives between the flanked voluntarism in National Socialism and in the Federal Republic. More interesting is the observation that appeals, fear, and social pressure even gained in importance in democracy. The more the welfare state drew its legitimacy from popular approval, the more persuasive strategies were in demand. Fear politics and deterrence were thus the flip side of a general liberalisation process. Precisely because maturity became the guiding principle, concepts were needed that promoted voluntary participation, or in fact that basically forced it.

5.2 Compulsory Vaccination and Fundamental Rights

Although vaccinations against diphtheria and polio remained voluntary in the Federal Republic, vaccination against smallpox remained compulsory. Even more: after the Second World War, the danger of smallpox seemed even greater than in the Third Reich. In particular, occupation soldiers from the colonies were considered a threat in the Federal Republic.[232] The Federal Ministry of the Interior therefore reintroduced the documentation of smallpox vaccinations in 1951, which had been terminated during the Second War, and declared the decrees of the Nazi era to be the current legal basis.[233]

This also brought the issue of compulsory vaccination back up for discussion. The head of the Oberhausen health department summed up the need for discussion in 1956 in the *Neue Rhein-Zeitung*. According to him, "the legislator had to decide whether he wanted to put it on his conscience to sacrifice a minority or to endanger the entirety."[234] The Federal Health Office found this decision very easy in 1957. It declared a clear rejection of all proposals to relax compulsory vaccination: "Even if one wants to make far-reaching concessions to the personal freedom and self-determination of the citizen, it must be countered that personal freedom has a limit where vital interests of the general public prevail." The distrust in the Bundesgesundheitsamt (BGA, Federal Health Office) towards the West Germans was greater than ever at the end of the 1950s. After all, the "lack of understanding" among the population and a "certain timidity on the part of doctors" about compulsory vaccination were now all the more widespread because they "no longer know the clinical picture of smallpox from their own experience and no longer fear it, despite its high lethality."[235] The disappearance of epidemic fear among Germans thus fuelled new fears among experts. While infectious diseases such as diphtheria, scarlet fever, and polio remained present in West Germany through occasional outbreaks, smallpox now seemed to have disappeared

[232] BAB, R 86/4150, Gins letter, 23.04.1947.
[233] Cf. BAK, B 189/14111, BMI circular, 29.08.1951.
[234] Neue Rhein-Zeitung, Mediziner bestehen auf Impfzwang, 05.12.1956.
[235] Both quotes BAK, B 189/14107, BGA-Gutachten über Impfgesetz [1957], 34, 156.

from everyday life. In view of the widespread carelessness, there was no talk of voluntary vaccination against smallpox. Rather, according to BGA President Wilhelm Hagen, the state had "no choice but to take ironclad action."[236]

This patriarchal interpretation of the precautionary state needs explanation. Were the basic rights in the Federal Republic of Germany not considered a high good? The adherence to compulsory vaccination also needs explanation in international comparison. After the introduction of the conscience clause in England in 1907, Ireland, Norway, France, and the Netherlands also introduced conscience clauses or numerous exemptions in the course of the 1930s and 1940s because of numerous vaccination injuries.[237] So why did the Federal Republic of Germany stick so consistently to compulsory vaccination when the risk of side effects had not decreased? After all, at the beginning of the 1950s, the BGA assumed an average of one case of "postvaccinal encephalitis" per 10,000 initial vaccinations. Encephalitis was fatal in every second to third child. In addition, there were other vaccine injuries as well as side effects that were not recognised by doctors.[238] Despite such figures, the social and health ministers of the federal states came to the conclusion during their consultations in 1950 that "vaccination damage should be accepted."[239] However, the experts were equally unanimous that the Federal Republic needed a regulation on compensation for vaccination damage. These two points, the proportionality of compulsory vaccination and the state's obligation to compensate, occupied all the debates of the 1960s and 1970s.

The fact that compulsory vaccination mutated into an issue of state concern in the young republic is demonstrated by a flood of lawsuits that occupied judges from the district courts to the Federal Court of Justice and the Federal Constitutional Court.[240] A landmark decision was made by the Federal Supreme Court (BGH) in early 1952. After several press reports about violations of fundamental rights by compulsory vaccinations[241] and complaints by numerous parents, the BGH interpreted fundamental rights in favour of compulsory vaccination:

> Compulsory vaccination orders a generally insignificant preventive medical intervention in the physical integrity of the individual in order to avert the danger of severe smallpox diseases from the individual and the population as a whole. The planned vaccination of entire communities of people has

[236] BAK, B 189/14107, minutes AGLMB, 26/27.06.1958, 33.
[237] Cf. the overview in BAK, B 142/46, lecture by Senior Government Councillor Dr. Domabyl, 12.03.1955.
[238] Cf. BAK, B 189/14111, Medical Statistics of the BGA, 05.02.1953.
[239] BAK, B 189/14111, Hess. Minist. d. Innern, Situationsstand Pockenimpfung, 03.03.1950.
[240] Cf. collection of court decisions in BAK, B 142/44.
[241] Cf. among others FR, Verstößt Impfzwang gegen Grundgesetz?, 09.02.1952; Welt, Keine Impfung mehr nach dem 2. Lebensjahr, 09.02.1952.

> brought the smallpox epidemics that still occurred in the previous century to an end in many European countries.[242]

The Federal Constitutional Court followed this view and one year later also affirmed the proportionality of compulsory vaccination.[243] The potential danger to the individual thus still outweighed the safety of the "national community" that the Federal Supreme Court spoke of. In the eyes of the judges, the population was only willing to vaccinate under legal pressure, so they equated an end to compulsory vaccination with an end to immunity. All decisions up to the 1960s followed this paternalistic concept of society.[244] The common good always outweighed basic rights and individual risks.

In view of this clear weighting, it is worth making a comparison with diphtheria, scarlet fever, and polio vaccination, for which very similar discussions took a very different course.[245] Vaccination obligations introduced for a short time, such as those against diphtheria and scarlet fever in Baden-Württemberg, were even explicitly banned as unconstitutional in the course of the 1950s.[246] Surprisingly, the Federal Ministry of the Interior justified the voluntary nature of polio vaccination with exactly the same arguments that it did not accept in the case of compulsory smallpox vaccination: The polio vaccination represented "a considerable encroachment on physical integrity," and furthermore, its "danger-free nature was not one hundred per cent given."[247] In the opinion of the ministry, however, persuasion and education in the case of polio, diphtheria, and scarlet fever vaccination fell on more fertile ground than in the case of smallpox.

Compulsory compensation was a way out of the debate. After the Federal Supreme Court had legitimised compulsory vaccination in 1951, it suggested the introduction of compensation for vaccination damage two years later. Just like expropriations and encroachments on property, "damage to health caused through no fault of one's own by a vaccination ordered by law should also be included in the circle of 'victims' liable to compensation."[248] In this reading, the health of the citizen was to be understood as personal property, so that the state was just as obliged to compensate as in the case of material damage. "Life and health," as Ministerialdirigent Kurt Petzelt summed up this

[242] Opinion of the BGH (VRG 5/51), 25.01.1952, 5-6.
[243] BVerfG opinion on smallpox vaccination, 21.01.1953, cited in Petzelt 1985, 320-1.
[244] Cf. also the collection of corresponding judgements in BAK, B 189/14113.
[245] For the discussion on the proportionality of compulsory vaccination against diphtheria, scarlet fever, whooping cough, tuberculosis, etc., (cf. Petzelt 1985, 321-2) as well as the resolutions of the Federal Health Council of 1956, which rejected an "extension of compulsory vaccination by law" to other vaccinations. BAK, B 142/43, Resolution of the Federal Health Council, 22.06.1956.
[246] Cf. FAZ, Unconstitutional Vaccination Act, 23.06.1953; BAK, B 189/14113, Law Gazette for Baden-Württemberg, No. 2/1954 (11.02.1954), 5.
[247] BAK, B 142/54, Begründung BMI zum Gesetz über Polio-Impfung, 1st version, [July 1956].
[248] Judgment of the BGH, III ZR/208/51, 19.02.1953, 7.

new interpretation, were "at least as worthy of protection as property rights." (Petzelt 1985, 337).

This regulation resulted in a plethora of new cases in which parents, doctors, and judges fought over compensation for vaccination damage. Compensation was not only a problem for politicians and judges, but also for doctors. After all, they were officially noting side effects of vaccination as well as publicly discussing them. Against this background, experts at a conference at the Federal Health Agency argued for strict controls on compensation payments as early as 1954. According to BGA President Redeker, this would "prevent legislators from becoming the victim of a suggestion" that threatened more than just smallpox vaccination. Rather, limiting compensation cases was also an attempt to mitigate attacks against vaccination in general, as Redeker ended: "We have to do everything to save vaccination."[249]

In view of continuing discussions, the BGA struck a new note to "save" vaccination at the end of the 1950s. Admittedly, an expert report by the Smallpox Commission at the Federal Health Office rejected calls for an end to compulsory vaccination. However, it did seem expedient to extend compensation for vaccination damage in order to avoid "alarming the population."[250] In view of differing interpretations of the obligation to compensate by the federal states, the Federal Epidemics Act (BSeuchG) of 1962 established a uniform regulation for compensation. This regulation drew a new flood of protests and lawsuits, as § 51 of the Federal Epidemics Act placed the burden of proof on the injured party. Parents thus had to prove that the vaccination damage was due to the vaccination. In 1967, even the federal government stated that this regulation posed problems: for injured parties, "providing this evidence is often difficult, if not impossible," so that from then on, "proof of probability" should be sufficient as grounds for compensation.[251] This regulation found its way into law with the reorganisation of the Federal Epidemics Act in 1971 and brought with it two simplifications: Firstly, from then on, the probability of vaccination damage was considered a reason for compensation. Secondly, vaccination doctors were no longer responsible for diagnosing vaccination damage – even though they were affected by the outcome of the proceedings as potential perpetrators of the damage – instead, it was the pension offices.[252]

At that time, however, compulsory vaccination against smallpox was only really on paper. In 1964, a new draft of the Vaccination Act circulated in the Federal Ministry of Justice, which no longer considered the violation of compulsory vaccination a criminal offence, but an administrative offence.[253]

[249] BAK, B 142/46, Meeting of the Commission for Smallpox Vaccination, 05.-06.02.1954.
[250] BAK, B 189/14107, BGA-Gutachten über Impfgesetz [1957], 42.
[251] BAK, B 189/14136, German Bundestag, 5th WP 1965, 11th Committee, short minutes of 30th meeting of the Committee on Health, 09.03.1967.
[252] Cf. the critical discussion in Buchwald 1976, 242.
[253] BAK, B 141/32881, Draft of an Introductory Act to the Criminal Code, 23.11.1964.

Since then, refusal to vaccinate against smallpox did not entail a prison sentence, but only a fine. In the mid-1960s, the abolition of compulsory vaccination was even conceivable in institutions that had previously doggedly clung to compulsory vaccination. In 1966, Werner Anders of the Federal Health Office gave a remarkable answer to the question about compulsory vaccination in an interview with the television station ZDF:

> What would happen if compulsory vaccination were lifted in Germany? In my opinion, it is a question of the maturity of the population. [...] Perhaps the development in general by then is already to recognise that we can induce the population to overcome vaccination fatigue less through compulsion than through meaningful education and information.[254]

No longer coercion and punishment, but education and personal responsibility seemed to be words of choice for smallpox vaccination in the mid-1960s. And yet it would be too simplistic to understand the departure from compulsory vaccination as a programmatic liberalisation of health policy. There were other reasons for the departure from compulsion.

First of all, the advertising of smallpox vaccinations since the late 1960s resembled the advertising of polio and diphtheria vaccinations. An expert report by the BGA in 1970 presented the result of weeks of debates between 31 experts from the BGA, federal, and state ministries. The debates were remarkable in that compulsory vaccination hardly played a role. Instead, a new version of the vaccination brochures recommended by the BGA made it clear that smallpox vaccination should "follow the idea of vaccination promotion more than compulsory vaccination."[255] At this point, the "invitations" to parents to vaccinate no longer even mentioned compulsory vaccination (ibid., 17-24). Current threats were now described in more detail:

> As a result of the expansion of intercontinental air traffic, the disease can easily be brought into our country. Everyone must expect to come into contact with a person suffering from smallpox or to be infected while travelling. Therefore, protect your child from smallpox! Have your child vaccinated!256

In appeals like these, smallpox vaccination ultimately also subordinated itself to the principle of flanked voluntariness, which had already been successfully tested for years in polio and diphtheria vaccination.

International concepts also shaped the West German debate on compulsory vaccination. At the beginning of the 1970s, enquiries from members of the Bundestag about press reports, according to which the World Health Organi-

[254] BAK, B 189/14107, letter Anders, BGA, to BMGes, 05.08.1966.
[255] Anders 1963, On Implementation, 5
[256] Thus the "invitations" to the initial and booster vaccination in *Anders*, Zur Durchführung. Cf. StAF, Ordnungsamt/286, BGA leaflet on smallpox, March 1965.

zation (WHO) had recommended an end to compulsory vaccination to the industrialised countries, accumulated in the ministries.[257] The *Bundesgesundheitsblatt* also noted a change in 1971. According to this, British experts considered the risk of contracting smallpox to be lower "than the risk of vaccination," so that smallpox vaccination was no longer even recommended "as a routine measure in childhood." The US Center for Disease Control (CDC) was also considering a definitive "end to compulsory measures."[258] International trends also resonated among German citizens in the early 1970s. They inundated the ministries with letters criticising Germany's "compulsory smallpox vaccination, which stands alone in civilised countries,"[259] as well as pointing to British and American press reports on the abandonment of smallpox vaccination.[260] In the Bundestag, the Social Democratic MP Philipp Seibert took such letters as an opportunity to ask whether the federal government would "dispense with compulsory smallpox vaccination in future." The answer of State Secretary Ludwig von Manger-Koenig signalled that the ministry was already considering this. [261] The fact that such considerations lagged behind the international trend was emphasised by Federal Family Minister Anke Fuchs (SPD) in her review of the final abolition of compulsory vaccination in 1982: of 159 WHO member states, "153 no longer carried out compulsory smallpox vaccination" at that time.[262]

The end of compulsory vaccination was thus also promoted by transnational exchange processes, which were advanced, for example, by the chairman of the Ständige Impfkommission (STIKO, Commission of Vaccination Affairs), Hans-Joachim Weise. During a trip to the USA in 1970, Weise had personally witnessed the "change of opinion" (Weise 1984, 123) on compulsory vaccination at the CDC. Great Britain and the USA were particularly good points of comparison for a revision of German concepts because both countries were transport hubs and had effective health systems. This international comparison therefore provided the decisive impetus for the final departure from compulsory measures, which the STIKO initiated at the end of 1973. It explicitly justified the end of compulsory vaccination in Germany with developments in the USA and Great Britain. After all, the Federal Republic of Germany "can be counted among those countries in which the health system is highly developed and the prerequisites" for combating the introduction of smallpox are given (Weise 1974, 20). Rapid diagnosis and containment of im-

[257] Cf. the correspondence in BAK, B 189/14106.
[258] All quotations BGesBl 14, No. 24 (03.12.1971), 359.
[259] BAK, B 189/14106, letter from a Munich resident to BMGes, 10.12.1973.
[260] BAK, B 189/14106, letter from a Hartenroder to BMJFG, 23.01.1972; cf. also numerous letters since the 1960s in BAK, B 189/14137.
[261] Bundestag Minutes, 6th Election Period/142nd Session, 15.10.1971, 3205.
[262] BAK, B 189/14276, speech Anke Fuchs, to the session of the Bundestag on the repeal of the law on smallpox vaccination, o.Dt. [September 1982].

ported epidemics was now considered more effective than compulsory vaccination. Against this background, the STIKO took the liberty of weighing up the risk of smallpox introduction against the risk of vaccination damage (ibid., 13). Here, too, the pendulum now clearly swung against compulsory measures, since "compulsory vaccination may cause more deaths, or at least considerably more encephalitides [= vaccination damage] (with at least half permanent damage) than its abolition." Accordingly, prevention "loses its meaning if it causes as much damage as the disease it is supposed to prevent" (ibid., 20).

For the end of compulsory vaccination, international experience was thus more important than a change in threat perceptions. After all, little had changed in the assessment of smallpox risk and side effects. As in the 1950s, it was assumed that there was an average of one "vaccination death" per 20,000 vaccinations and one vaccination death per approximately 40,000 vaccinations (ibid., 4).[263] Accordingly, between 1962 and 1969, about 15 children died each year in West Germany from vaccination, and another 45 suffered "lifelong damage."[264] Even the threat posed by smallpox remained the same in the early 1970s as it had been in the 1950s or 1960s. The STIKO still reckoned with smallpox infections "every 2 or 5 years,"[265] as the last smallpox infections in Hanover (1972) or London (1973) would have proved. The threat perception had also not changed, though the international frame of reference had. On the one hand, the Germans copied a more pragmatic course from Western countries. On the other hand, globalisation exposed the limits of traditional vaccination concepts. In the age of the aeroplane, new concepts were needed.

While in practice there was little sign of compulsory vaccination since the late 1960s, the official end of compulsory vaccination dragged on longer. In May 1976, the Bundestag passed a "Smallpox Vaccination Act." Thereafter, only risk groups such as hospital staff and those responsible for "smallpox alerts" were to be immunised against smallpox in addition to those who had been re-vaccinated. Since the federal states themselves hardly complied with this law,[266] the Bundestag dropped this concept as well. Thus, almost 110 years after the first Reichstag debates, a final parliamentary battle over the Imperial Vaccination Act took place at the end of September 1982. The fact that even concerns about the use of smallpox as a biological weapon no

[263] Cf. the figures in StAOL, Rep 630, 242-4/893, Merkblatt BGA zur Beurteilung der postvakzinalen Enzephalomyelitis, 1958; Minutes of the "Tagung Impfschutz" (Vaccination Protection Conference) in Kiel, 11-12 March 1955; clipping Brigitte, Wogegen man das Baby impfen lassen?, 10/1967 (08 May 1967); The BMGes assumed at the end of 1969 that there was "one case of damage to about 20,000 vaccinations": BAK, B 189/14275, letter from State Secretary Schumacher to Minister, 15.12.1969.

[264] BAK, B 189/14277, Annex 1 to TOP 6 of the 90th meeting of the AGLMB, 30/31.01.1975.

[265] BGesBl 18, No. 1 (10.01.1975), 12.

[266] Cf. Deutscher Bundestag, Drucksache 9/524, Bill of the Bundesrat (01.06.1981).

longer prevailed and that reservations of individual CDU (Christian Democratic Union) MPs about lax international safety standards came to nothing, even in their own parliamentary group,[267] underscores the general trend: compulsory vaccination was history by the early 1980s. Debates after the turn of the millennium would show that sometimes history repeats itself.

5.4 Planes, Migrants, and the Flexibilisation of Immunity

Despite the global dimension of epidemics, the Germans were surprisingly late in looking beyond their national borders. Even the expansion into Eastern Europe during the First and Second World Wars does not contradict this finding. After all, according to German doctors, the immunisation of "the East" was about the rehabilitation of German "living space." Moreover, the national view was sometimes reinforced by international interconnections. In particular, the exchange with Great Britain in the 1920s, where compulsory vaccination against smallpox had been abandoned in 1907, served above all as proof in Germany that national standards had to be adhered to all the more consistently. Even in the 1950s, German vaccination concepts remained the standard against which international programmes and products had to be measured – not vice versa.

National standards were of little help in the 1960s. The emergence of mass tourism, the expansion of labour migration, and the increase in global trade flows changed West German security concepts. The aeroplane in particular was a nightmare for doctors and politicians. Until then, long travel times by ship had played into the hands of doctors. In the case of cholera, an incubation period of up to five days was assumed; in the case of smallpox, a maximum of two weeks. In this respect, ship connections offered a certain guarantee that diseases could be isolated before they were brought on board.[268] Aircraft, on the other hand, opened up new routes of spread for infectious diseases, so that airports were soon feared as "gateways" for epidemics. As early as 1933, Germany had joined the "International Sanitary Convention for Aviation" and adopted the first precautionary measures.[269] From then on, an airport doctor was available at airports with international travel for quarantine measures and emergency vaccinations. Given the exclusive nature of travel, airport doctors were rarely used at first.

The Germans got a foretaste of the dangers of aeroplanes in the mid-1950s. Wearing two pairs of pyjamas from Indochina, the vaccinated soldier Roger Debuigny had introduced smallpox to Brittany during his home leave and triggered an epidemic there. The *Süddeutsche Zeitung* drew a worrying "les-

[267] Minutes of the German Bundestag, 9/117th session (30.09.1982), 7145-7147.
[268] Cf. HStAS, E 130 b/2812, letter RMI to Baden Minister of the Interior, 22.05.1929.
[269] BAB, R 1501/3121, Order RMI, 08.07.1937.

son" from the "dangerous gifts from Saigon": "since the Orient, where smallpox is endemic, has moved ever closer to us in terms of transport," the danger was also increasing in the Federal Republic.[270] The Debuigny case suddenly made the global dangers very concrete for West Germans (Wohlrab 1985, 171; 197).

Air traffic thus spared West German threat perceptions from East to West. While for centuries "the East" was feared as a "source of epidemics" in Germany, the perception of danger changed fundamentally over the course of a few years. On the one hand, the increasingly dense "Iron Curtain" and the success of socialist vaccination programmes reassured West German experts. On the other hand, with the Westward connection of the Federal Republic, French and British colonies as well as African and Asian "epidemic hotspots" moved closer to the Federal Republic. In a circular letter to vaccinators, Rudolf Wohlrab consequently made it clear that the Cold War situation forced a complete rethink:

> In contrast to the past, Germany's eastern and south-eastern borders have been completely rehabilitated and are secured by stable vaccination protection of the neighbours. But the western border countries, such as Holland, England and France, have lower vaccination protection and always small outbreaks of smallpox, which in almost every single case are attributed to introduction from overseas and by air.[271]

After the Debuigny case, Albert Herrlich, the head of the Bavarian State Vaccination Institute, also gave several lectures on dangers from the West, although he was able to find something good in them.[272] After all, the danger of smallpox was now very present in the population again, as Herrlich rejoiced at a conference in 1955: "now everyone, even the opponents of vaccination, can believe in smallpox again!"[273]

The conclusions drawn in response to this new threat situation initially sounded surprisingly old-fashioned. An increase in domestic "herd protection" and the consistent application of the German vaccination law were considered the most urgent tasks because of worldwide travel. *Süddeutscher Rundfunk* (South German Radio) reminded its listeners of the importance of vaccination protection in the age of globalisation:

> In Africa and India, smallpox disease occurs in large numbers every year. It can be transmitted at any time by people who come to Europe from there. And if practically everyone were not vaccinated, the disease would be spreading rapidly here too.[274]

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[270] SZ, Dangerous Gifts from Saigon, 25.02.1955.
[271] StAOL, Rep 630, 242-4/893, Rundschreiben Staatliche Impfanstalt Hannover, 15.04.1955.
[272] Cf. StAOL, Rep 630, 242-4/893, A. Herrlich, Bericht über Pockenepidemie in Frankreich, o. Dt. [1955].
[273] StAOL, Rep 630, 242-4/893, Minutes of the "Vaccination Protection Conference" in Kiel, 11-12.03.1955.
[274] BAM, 09-15/1612, manuscript of a broadcast by Süddeutscher Rundfunk, 11.05.1958.

The Hessian Ministry of the Interior summed up this new danger situation particularly vividly in a brochure: emblazoned in the centre of the picture as "Danger!" was a child with smallpox, while from the edges of the picture several train, ship, and plane connections from Africa, America, and Asia pointed to the danger area: The Federal Republic. "Our modern means of transport, which shrink worldwide distances to nothing, can bring the epidemic back to us in a matter of days, even hours, at any time. The most effective weapon against this is smallpox vaccination."[275]

It took a few cases of smallpox being introduced into the Federal Republic to show the weaknesses of such concepts. Appeals to potential "disease carriers" seemed more practical than a general obligation to vaccinate, complete controls, and isolation measures. Since the mid-1960s, posters, leaflets, and brochures increasingly addressed the globalisation of the danger. An information poster from Hesse, for example, advertised voluntary smallpox vaccinations with the "longing for the wide world."[276] The brochure, "Reisen ohne Risiko – zu Lande, zu Wasser und in der Luft" (Travel without risk – on land, water, and in the air) also focused on mass tourism and recommended vaccinations as practical luggage.[277] The Bavarian State Vaccination Institute in turn distributed among tourists "five golden rules for travelling to non-European areas" and advertised its daily "vaccination consultation and advice."[278]

In this sense, the aeroplane can be understood as a catalyst for a flexibilisation and individualisation of vaccination. The increase in travel showed the limits of systematic immunisation. This was all the more true in the case of the controversial compulsory vaccination. If compulsory vaccination for children provoked criticism, it was even more unfeasible for adults. Therefore, appeals to travellers to take vaccination protection into their own hands out of self-interest seemed to make more sense than coercive measures. The "preventive self" was thus also born in the queues that formed in the ticket halls of German airports.

Since the 1960s, vaccination concepts have changed for another reason: Migration, which had long been a fearful topic in Germany. Corresponding outbursts against Eastern European Jews, Poles, or Russians as "plague" or "smallpox bringers" had already been common in the Empire. Since the late 1960s, however, migrants from Italy, Yugoslavia, Greece, and Turkey had been fuelling fears of epidemics. These fears increased the problem awareness of the limits of "herd protection," which mainly meant the Germans. "In

[275] BAK, B 142/44, Leaflet Hess. Min. d. Innern, "Den Kopf in den Sand stecken" [1956].
[276] BAM, 12-001/1016, HAGE poster, ca. mid-1960s.
[277] BAK, B 189/14075, letter Kessler-Verlag to BMJFG with brochure: Fluggastinformation II/1970, Reisen ohne Risiko.
[278] StAM, Gesundheitsämter/5694, Leaflet "Five golden rules for travelling to non-European areas", [1977].

view of the large number of guest worker children,"[279] people with a migration background now also came into the focus of vaccination programmes. Thus, at a meeting of Bavarian health offices in 1973, it was decided that "especially foreign workers"[280] should be recruited for vaccination programmes. In 1975, special commercials "for guest workers" were shown on television for the first time in Lower Saxony.[281] Nevertheless, the mobilisation of migrants remained a permanent problem. Finally, it was not until the late 1970s that leaflets for all migrant groups were available in translation.[282] These leaflets marked a slow change in the way West Germans thought. During the 1970s, most medical professionals and politicians realised that the public health system had to protect not only the "herd," i.e., the "German" population. The "diphtheria flare-up" (Naumann et al. 1983, 1090) in the mid-1970s or the realisation that diseases like "diphtheria are an imported disease" that were also brought in by "asylum seekers" (Krech et al. 1987) signalled the need for action.

Not only the Germans, but also the countries of origin were interested in immunisation. In 1971, the Federal Ministry received a letter from the Greek embassy stating that "the Greek authorities are particularly interested in the vaccination of all Greek children living in Germany or born here," so that they even offered the active "help of Greek doctors in Germany."[283] The main focus of German experts, however, was on Turkey. In the service of uniform vaccination standards, West German authorities in the 1960s went even further than today's plans for European integration. In 1963, for example, the Federal Ministry of Health, at the suggestion of Bavaria, declared "Turkey as belonging entirely to Europe,"[284]as joint vaccination programmes could thus be better coordinated.

The dangers posed by air travel and migration were experienced by Germans in the 1960s. Smallpox outbreaks in Heidelberg, Ansbach, Düsseldorf, and Monschau held a frightening realisation before the eyes of those affected: smallpox was back (Siebertz 2011). In 1965, in the face of several introductions, Berlin's health senator spoke of smallpox as a "plague that has once again become a constant threat due to modern travel."[285] That such warnings were not exaggerated was first demonstrated in Heidelberg in 1958.[286] Shortly before Christmas in 1958, a doctor here brought back smallpox from a holiday in India. Two deaths were reported, and within a few days several people fell

[279] BAK, B 189/14108, note BMJFG, 29.09.1970.
[280] StAM, Gesundheitsämter/5690, minutes of the meeting, 23.11.1973.
[281] StAOL, Rep 630, 242-4/205, circular Niedersächs. Sozialmin., 17.09.1975.
[282] Cf. correspondence on translation of vaccination leaflets in BAK, B 189/14108.
[283] BAK, B 189/14108, letter BMJFG, 04.10.1971.
[284] BAK, B 189/14076, Letter Bayer. Staatsminist. d. Innern, 22.07.1963; BMGes to AA, 05.08.1963.
[285] BAK, B 189/14016, brochure Berlin Senator for Health, Berlin 1965, 3.
[286] In the early summer of 1957, a case of smallpox had been isolated in Hamburg, so that the disease did not spread. Cf. Spiegel, Pocken. Jagd nach den Täter, 07.01.1959.

ill with smallpox at the Heidelberg University Hospital, which spread "all over West Germany as a result of Christmas traffic."[287] The Baden-Württemberg Ministry of the Interior immediately called for voluntary vaccinations,[288] which also met with a response due to the excited press coverage. The magazine *Quick*, for example, reported in an exclusive on the "Smallpox Battle of Heidelberg," which "reveals an alarming danger: in the jet age, diseases long thought dead can come back to us overnight."[289]

The smallpox outbreak in Heidelberg caused "considerable concern" not only in the Federal Republic of Germany but all over the world, as the Federal Ministry of the Interior stated with concern.[290] After the first press reports, urgent enquiries about the epidemic were received from Belgium, England, Italy, Poland, Sweden, and the WHO.[291] In particular, neighbouring countries like the Netherlands were "highly concerned to be kept informed [...] without the shortest possible delay. You will be aware that the modern means of international traffic make a speedy exchange of information on these matters indispensable."[292] Such enquiries brought a second frightening realisation to the Germans' attention. At the end of the 1950s, the Federal Republic had hardly any international communication forums. Accordingly, the Dutch Ministry of Social Affairs and Health noted in its above-mentioned letter to the Federal Ministry of the Interior that in the Netherlands one could only resort to daily newspapers for more detailed information. Eastern European states resorted to drastic measures because of a lack of information. In the GDR, Poland, and Czechoslovakia, all travellers to or from the Federal Republic were compulsorily vaccinated against smallpox at the beginning of 1959.[293] The Federal Ministry of the Interior admitted that the criticism of the lack of international coordination was justified. In a conversation with an SPD member of parliament, the Ministry of the Interior pleaded with her to refrain from a Bundestag question on the Heidelberg smallpox case, since "a discussion of this question would undoubtedly also bring up the omissions, which we would like to see avoided in the interest of the reputation of the medical administration at home and abroad."[294]

After Heidelberg, Ansbach was affected in spring 1961,[295] Düsseldorf in autumn 1961, and the district of Monschau near Aachen at the beginning of

[287] BAK, B 142/1893, letter K. Matthewes to Health Department of the BMI, 26.12.1958.
[288] BAK, B 142/1893, telex Innenminist. Baden-Württemberg, 26.12.1958.
[289] BAK, B 142/1893, excerpts Quick, Seuchen-Alarm für Europa, o.Dt. [early 1959].
[290] BAK, B 142/1893, internal note for Federal Minister of the Interior, 08.01.1959.
[291] BAK, B 142/1893, telegram Polish Ministry of Health, 30.12.1958; telegram English Ministry of Health, 31.12.1958; President BGA, correspondence with WHO, 02.01.1959; letter from Belgian Minister of Public Health and Family, 05.01.1959.
[292] BAK, B 142/1893, letter Dutch Minist. for Social Affairs and Health, 06.01.1959.
[293] BAK, B 142/1893, letter from the Presidium of the Bavarian Border Police, 13.01.1959; report "Betr. Pockenerkrankungen in Heidelberg", 18.03.1959.
[294] BAK, B 142/1893, BMI note on smallpox epidemic in Heidelberg, 15.01.1959.
[295] SZ, Locked lattice doors at the hospital, 04.04.1961; SZ, Critical week in Ansbach, 05.04.1961.

1962. With these smallpox infections, the international exchange was already much better than in Heidelberg.[296] From the WHO, Chief Medical Officer Robert I. Hood now even explicitly praised the BGA for its international cooperation "with the rapidity and precision of a finely tooled and high-speed machine."[297] Behind closed doors, Hood nevertheless stated that there was a need for improvement. In several letters, the WHO made concrete "suggestions" to the German authorities for reviewing vaccination measures. In addition, the WHO now intervened directly. In the case of the outbreak in Monschau, it declared the entire district a "smallpox restricted area" at the beginning of February 1962.[298] From then on, all residents had to show a smallpox vaccination in their international vaccination certificate when travelling abroad. Eleven thousand inhabitants were then vaccinated against smallpox within a few days, so that the FAZ reported as early as 6 February that "smallpox in Monschau was under control."[299]

After the outbreaks in Heidelberg, Düsseldorf, Ansbach, and Monschau, German experts intensified international exchange. Especially towards European neighbours, they were curious about experiences with vaccination programmes. Werner Anders brought back two concepts from a trip to Great Britain and Sweden in 1963. While Sweden primarily relied on isolation in hospitals, England focused on vaccination in "smallpox treatment wards." Since the BGA suspected hospitals of being "smallpox distribution centres"[300] in the event of an epidemic and health authorities were "overtaxed" with coordinated control measures,[301] the English approach seemed to be the better one. Since the mid-1960s, "smallpox alert stations" had been springing up in all federal states. They were available as coordination centres for mass vaccinations and as isolation stations (Sattelmacher and Schulz 1968).[302] The organisational framework was defined by "smallpox alert plans."[303] Isolations and vaccinations were the most powerful weapons in these alarm plans, so that the establishment of mobile "vaccination teams" and the procedure for "mass vaccinations" of the entire population were worked out in detail.[304]

The concept met its first test during a smallpox introduction in Hanover in 1967. Here it was again a doctor who brought smallpox back from India – ironically, after a study trip to research leprosy and smallpox, of all things. Thanks to the cooperation between health authorities, the BGA, and the

[296] WAZ, Vorsichtige reisen mit dem Impfpass, 12.02.1962.
[297] BAK, B 142/1893, letter WHO Chief Medical Officer Robert I. Hood, 04.04.1961.
[298] BAK, B 142/1893, message AP, 03.02.1962.
[299] FAZ, Die Pocken in Monschau unter Kontrolle, 06.02.1962; cf. BAK, B 142/1893, message dpa, 04.02.1962.
[300] BAK, B 142/1893, telex BGA, "Betr. Pockenlage", 12.03.1962.
[301] BAK, B 142/1893, minutes AGLMB on the smallpox outbreak in Ansbach, 09.-10.05.1961.
[302] BAK, B 189/14106, meeting at the BGA, 28/29.11.1963.
[303] Cf. smallpox alert plans of the Länder in BAK, B 189/14106.
[304] Cf. the smallpox alarm plans in BAK, B 189/14106; StAM, Polizeidirektion München/17456.

press, all of the doctor's contacts were recorded within a few days and isolated in quarantine measures. The success was impressive. There was not a single case of smallpox in the whole of Lower Saxony, which meant the population did not even receive a "special call" (Sattelmacher and Schulz 1968, 669) for vaccination. The next time it hit was the town of Meschede in the Sauerland. "A spectre is haunting" was the headline of *Die Welt* after the smallpox outbreak at the beginning of February 1970, followed a few days later by an article entitled "Smallpox – God's punishment in history," which must not have eased the situation.[305] A Berlin medical journal even went so far as to call the media coverage an actual "epidemic." In a somewhat awkward metaphor, the paper described the publicity as the "infectiousness of a hysteria which, started on the breeding ground of ignorance and psychological ineptitude, was spread by the mass media with the speed of a forest fire."[306] That the hysteria had fatal consequences is evidenced by observations of health experts:

> There were cars with the Meschede number plate refused petrol. [...] Travellers from Meschede were sent straight back at railway stations [...]. Goods from Meschede were returned or their call-off was cancelled. Letters from Meschede went unopened into the fire.[307]

Smallpox alarm plans were also considered a suitable means against such hysteria. They demonstrated the state's ability to act and responded to the "wave of fearful excitement." Isolation measures and vaccinations seemed suitable "to calm the population by action."[308]

Meschede was not to remain the last case of alarm. Two years later, smallpox broke out for the last time in Hanover. It was brought in by a guest worker from Yugoslavia to a construction company in March 1972, whose employees were immediately quarantined and vaccinated thanks to the smallpox alert plan. This time, too, mass vaccination and quarantine measures were immediately in place. In addition, all entering "persons from the Yugoslavian smallpox infection areas" without a vaccination certificate were immunised, leading the epidemic to quickly come to a halt. Hanover was thus not only the last case of smallpox being introduced into the Federal Republic, but also the best proof that flexible concepts promised a solution to global dangers.[309]

West German experts drew three lessons from the smallpox inoculations of the 1960s and 1970s: First, they confirmed fears that vaccination protection in the Federal Republic was full of holes. Therefore, secondly, global dangers required more intensive international exchange. Whereas in the late 1950s

[305] Welt, Die unbekannte Kontaktperson - ein Gespenst geht um, 04.02.1970; Welt am Sonntag, Pocken - die Strafe Gottes in der Geschichte, 08.02.1970.
[306] BAK, B 208/1009, extract from Berliner Ärzteblatt, Die Pocken und die Massenmedien, 02.03.1970. Cf. among others Spiegel, Pocken: Viren schwirren, 06.04.1970; Stern, Eine Stadt hat Angst vor den Pocken, 01.02.1970.
[307] BAK, B 189/14108, minutes of the AGLMB, 25-27.06.1970.
[308] All quotations in BAK, B 189/14108, minutes of the AGLMB, 25-27 June 1970.
[309] Cf. BAK, B 208/1010, telex Bayer. Staatsmin. d. Innern an BGA, 28.03.1972.

German experts were still mainly left to their own devices, the WHO's support was gladly accepted from the 1960s onwards. International cooperation seemed all the more important because smallpox was now unknown to many German doctors. Thirdly, smallpox alert plans proved the effectiveness of "catch-up" prevention and flexible vaccination concepts. Although all vaccinations during the smallpox invasions remained voluntary, vaccination centres were always "heavily attended."[310] Compulsory vaccination, which was permitted by the Federal Epidemics Act in the event of an "epidemic," was not carried out during any of the smallpox introductions in the 1960s and 1970s. It was therefore instructive to note that in the event of a pandemic, Germans flocked to be vaccinated voluntarily anyway. In this respect, the introduction of smallpox, of all things, was another reason for abandoning compulsory vaccination. The flexibilisation of precautionary measures seemed to be more effective than ensuring herd protection when it came to responding to global threats.

5.4 The World as a Field of Intervention: Global Cooperation and Conflicts

The introduction of smallpox into West Germany brought epidemics all over the world to the attention of the Germans. In August 1962, on the occasion of the epidemics in Monschau and Düsseldorf, the BGA announced that it had been suggested to the WHO that "measures to eradicate smallpox in the smallpox epidemic areas should be intensified at the international level."[311] Global vaccination programmes appeared to German medical experts as a twofold precaution against national threats. On the one hand, immunisation of Asia and Africa promised West Germany protection against smallpox introduction. On the other hand, a global containment of smallpox also allowed further relaxation of the unpopular smallpox vaccination.

For this reason, Lower Saxony's Minister of Social Affairs Georg Diederichs (SPD) urged Federal Minister of the Interior Gerhard Schröder (CDU) in June 1961 to carry out a "rehabilitation of the endemic smallpox outbreaks in Asia, Africa and South America within the framework of the WHO, in order to then consider the question of maintaining or relaxing compulsory vaccination." Diederichs's reason for global intervention was thus not solely in developing countries, but even more so in the Federal Republic. In view of the "great sacrifices made to vaccination in terms of health," vaccination as development aid was

[310] Cf. BAK, B 142/1893, BGA, Bericht über Dienstreise d. Leiter d. Berliner Impfanstalt H. Kunert nach Heidelberg, o.Dt. [January 1959]; FAZ, Hunderte bitten um Pockenimpfung, 17.01.1962; BAK, B 208/1009, "Pockeninformationen" des BGA vom Februar bis März 1970; on the rush to the vaccination centres during the introduction in Hanover in 1972 cf. the reports in BAK, B 208/1010.

[311] BAK, B 189/14016, Circular BMGes, 06.08.1962.

> beneficial for both partners. The countries in need of development aid would be free of smallpox, the helping countries could save a large number of children from death or infirmity with the subsequent possible reduction of mass vaccinations.[312]

By "death and infirmity," Diederichs was not warning of the consequences of smallpox, but of the consequences of vaccination, i.e., vaccine damage.

The BGA strongly supported Diederich's initiative, as it was aimed at "combating a disease at its main places of origin instead of taking preventive measures mainly in the countries threatened by introduction."[313] In 1966, at a WHO conference in Moscow, the Czech epidemiologist Josef Pecenka made international programmes the responsibility of all European countries. They were the "only decision that would certainly free Europe from the 'constant alert' for smallpox."[314]

The goals of international engagement were thus at home. The Hessian Ministry of Economics and Transport went one step further in the mid-1960s. In the newspaper *Gesundheitspost,* in view of recent successes of vaccination campaigns in Niger and Burkina Faso, it propagated the principle that "development aid is social policy," which would pay off in cash for the Germans. After all, health and social crises in Africa have "uprisings and revolutions" in their wake that "can assume catastrophic proportions." The ministry added that there were other economic reasons for an international vaccination policy. The fact that security in Africa "has an economic background for export nations like the Federal Republic of Germany should by no means be concealed."[315] Since 1967, the largest resources have gone into the WHO's Smallpox Eradication Programme (SEP; Manela 2010, 300),[316] undoubtedly one of the "most significant 'Third World interventions'" and an equally impressive example of "superpower collaboration" (ibid., 301f.). After all, both power blocs worked together in the SEP despite all the freezes of the Cold War. While the USA provided a lion's share of the finances, the USSR secured much of the vaccine production.

The immunisation of Africa and Asia not only offered advantages to the "developing countries" and the initiators in the USA, USSR, and Europe but also to the WHO. For them, vaccination programmes in Africa and Asia became a medium of legitimisation. Thus, on World Health Day 1975, WHO Director-General Halfdan T. Mahler presented a balance sheet of the approaching "eradication of smallpox" not only as a "milestone in the history of medicine" but also as an "outstanding example of the constructive results that the countries of this world can always achieve when they work together for the greater

[312] BAK, B 208/1015, letter Niedersächs. Minister of Social Affairs, 19.06.1961.
[313] BAK, B 208/1015, letter BGA President to Gerhard Schröder, 05.07.1961.
[314] BAB, DQ 1/23661, Report Ministry of Health of the GDR, 20.08.1966.
[315] BAM, 12-002/1019, Hessische Gesundheitspost, Hessen hilft in Afrika, 9/1965.
[316] The SEP was proclaimed in 1966, but not launched until 1967.

good of all" (Mahler 1975, 93). Such enthusiasm was quite understandable in the face of the Cold War. But the WHO Director-General had more at stake, interpreting "smallpox eradication" as training and a legacy for future challenges:

> Afterwards, the freed-up resources can be used to solve other important health problems that beset us. The health services will then be stronger than ever for use in other areas because they will have hardened their weapons in the fight against smallpox. It is also the beginning of a new era for WHO, which has shown what can be done in terms of eradicating a disease when all nations unite in a great effort. (ibid.)

In fact, the Smallpox Eradication Programme was the only global health programme to date to offer a definitive "happy ending." While other campaigns such as the one against malaria have been made permanent (Zimmer 2017) and the worldwide "eradication" of polio or measles has had to be proclaimed as often as postponed to this day, the disappearance of smallpox in 1977 was definitive. A WHO publication in 1988 recorded this success on 1,500 pages and even literally inscribed the "happy end" in the global memory (Fenner et al. 1988), as an observer from the US CDC emphasised: "It is quite an adventure story, and there were some pretty dramatic moments. [...] And in best classic tradition it has a happy ending."[317] Even today, the WHO is proud of the disappearance of smallpox, "the first disease to have been fought on a global scale."[318] The campaign was also the international community's greatest success to date because the means to achieve this victory were relatively modest and *all* sides won. In contrast to programmes such as the one against malaria, the West also profited directly from the immunisation of developing nations.

Despite the cooperation between East and West, it would be naïve to characterise the internationalisation of vaccination programmes as a harmonious process of rapprochement. Rather, tangible conflicts developed from the cooperation time and again. This is especially true of conflicts between West and East Germany. Examples include conferences such as the VIII Symposium of the "European Society against Poliomyelitis" in Prague in 1962. Werner Anders from the BGA had been invited as the West German representative and gave a detailed report, although less on medical topics. He paid greater attention to German-German relations, the problems of which had become apparent in the debate about vaccination programmes. First of all, Anders stated a superiority of West German research, which he determined by the number of participants and lectures by West German experts. The West German advantage was also symbolically reflected in a scene that Anders put down on paper in detail:

[317] Thus the advertisement for the WHO publication in Wickett 1984, 4.

[318] According to the WHO self-report http://www.who.int/features/2010/smallpox/en/ (retrieved on 01.04.2015).

> When, after the opening [of the conference], the representatives of the individual countries were called to speak, beginning with "Allemagne" according to the French alphabet, the speaker from the SBZ [Soviet Occupied Zone] immediately stood up, but was not admitted to the lecture by the Secretary General; instead, I was asked to speak by name as a representative of the Federal Republic. Among the participants from the SBZ, this fact that they were excluded from representing "Germany" caused great consternation.[319]

On the international stage, vaccination programmes thus opened an arena in which both Germanys vied for supremacy.

Overall, the GDR scored the most victories in the "Cold Vaccination War." Thanks to systematic vaccination programmes, East Germans had been more consistently vaccinated against smallpox, scarlet fever, and whooping cough since the 1950s, and against polio since the early 1960s, than West Germans. The WHO made such victories visible by repeatedly providing comparisons of vaccination rates in circulars and reports. Of course, the GDR did not hide behind these victories, on the contrary. The battle for the higher vaccination rate developed into a fierce competition between East and West from the late 1950s onwards. Barely two weeks before the Wall was built, the GDR took the high number of polio cases in the Federal Republic as an opportunity to curb travel from West to East.[320] In addition, the East German press spread reports that travel restrictions were being imposed among NATO allies due to West German polio outbreaks.[321] The "Federal Ministry for All-German Affairs" reacted with irritation and immediately asked the Federal Ministry of Health for clarification.

A coup by the GDR at the beginning of July 1961 caused major irritation. By telegram, Willi Stoph made Chancellor Konrad Adenauer (CDU) a "generous offer" because of an outbreak of polio in the Ruhr area. The GDR immediately provided West Germany with more than three million portions of the polio vaccine. The Federal Ministry of Health immediately dismissed this initiative as a propaganda ploy to "achieve a political and psychological effect." The federal government therefore did not take up the offer.[322] Konrad Adenauer's refusal, however, met with sharp criticism among West Germans. "Completely incomprehensible" is what one disappointed West German found it, that West Germany "refused the GDR's offer of help, even ignored it. Wasn't the health of countless people sacrificed here for political resentment? Yet the GDR is exemplary in health care."[323] The criticism was formulated even more sharply in a letter to the editor in the *Bonner Generalanzeiger*:

> The zone offered us the remedy, and it is effective. […]. People fall ill and die because our authorities are obviously not prepared for this case, because

[319] BAK, B 142/1897, Anders report on 8th symposium, 12.12.1962.
[320] Volksstimme Karl-Marx-Stadt, West Germans came to the GDR with polio, 23.07.1961.
[321] BAK, B 142/55, Schreiben Bundesmin. f. gesamtdt. Fragen, 01.08.1961.
[322] BAK, B 142/55, note for Mr. Minister, 01.07.1961.
[323] BAK, B 142/55, letter from a federal citizen to BMGes., 17.11.1961.

> they reject an effective remedy for obvious political reasons and prefer to let people die. Who is playing games with human lives for political reasons?[324]

A paediatrician from Karlsruhe even wrote of the West German failure to vaccinate against polio as an "inexcusable embarrassment of the West German health system."[325]

In fact, West German health politicians had little to counter such accusations. They did defend themselves with sharp words against the "great bluster" of the "Ulbricht propagandists,"[326] as *Die Zeit* commented on East German comparisons of vaccination rates. Thus, the East was accused of a totalitarian vaccination policy that did not even shy away from hidden vaccines in children's sweets. The alleged introduction of untested vaccines from the Soviet Union was also proof that health in the GDR could only be had at the price of personal freedom,[327] while in the West personal responsibility was greatly emphasised. The Hessian Ministry of the Interior even spoke of the GDR's "grotesque vaccination calendar" as proof of a "totalitarian health policy."[328] At the end of 1967, the RIAS radio station in West Berlin admitted in a radio programme that "the GDR has had considerable success in the field of health policy." The price of this success, however, was the loss of freedom, as the radio station added:

> Thus, the fight against diseases, especially popular and infectious diseases, is also one of those areas where an authoritarian or totalitarian tightly centralised system is superior in many respects to a federal and pluralistic system. It is only a matter of recognising that we also have to pay a price, and sometimes a very high price, for our free form of life and society.[329]

When the *Stuttgarter Zeitung* took stock in 1971 that "the poorer GDR had overtaken the richer Federal Republic in health care in some areas," it put these successes into perspective a few sentences later with the observation of "almost complete medical control," which was reflected for example in the GDR's vaccination calendar.[330] In this logic, the deaths from polio in the Federal Republic could almost be interpreted as proof of the advantages of the liberal West.

However, West Germany did not only fall behind the GDR in the competition for the better vaccination rate. The late introduction of oral vaccination in 1962 made it clear that the Germans were also lagging behind in an international comparison. The news magazine *Der Spiegel* presented worrying figures on this. According to the magazine, "50 to 60 times as many people in Germany contracted poliomyelitis as in Holland, Sweden or Denmark, and

[324] Bonner General-Anzeiger, Zone immune to polio?, 03.08.1961.
[325] BAK, B 142/1897, letter from a Karlsruhe paediatrician BMGes, 20.01.1962.
[326] Time, It begins: Vaccinating with sugar, 19.01.1962.
[327] Mirror, Polio vaccination. From the shot glass, 19.07.1961.
[328] BAK, B 189/14102, Meeting of Working Committee IV 'Immunisation', 06.11.1959.
[329] BAB, DQ1/3337, transcript of "Rundschau am Abend" of RIAS, 12.12.1967, 5 pm.
[330] Stuttgarter Zeitung, From the cradle to the grave under medical control, 23.07.1971.

more than ten times as many as in England."[331] West Germany was even on a par with Italy, the magazine warned. Since the 1970s, it was no longer just Europe but the whole world that acted as a benchmark and argument on the opposition benches. In June 1982, for example, the CDU/CSU parliamentary group accused the social-liberal government of mistakes in the fight against tuberculosis, which it underlined with comparisons between countries. According to this, "the Federal Republic of Germany's rate of tuberculosis cases in 1977 was just as high as," for example, "Bangladesh, Ghana, Kenya, Turkey or Brazil."[332]

Transnational linkages within the framework of the WHO and German-German disputes over higher vaccination rates point to two fundamental insights. First, comparison is not only a method for historians. Comparisons are just as popular for societies as a medium for describing themselves and others. In particular, the comparison of health conditions serves to discuss current societal problems and future developments. In this sense, the Federal Republic was a "comparative society" that assured itself of itself thanks to international cooperation (Epple and Erhart 2015).[333] International comparison was thus just as much a matter of negotiating German notions of security as self-images. Secondly, a history of vaccination as a history of interconnectedness makes it clear that international cooperation by no means automatically improved exchange, but sometimes fuelled conflicts. The WHO thus expanded the arena in which both German states fought over the better society.

The "Cold Vaccination War" was fought mainly in the 1960s, after the construction of the Berlin Wall. During this time, the need for demarcation was particularly great on both sides. Since the mid-1970s, on the other hand, cross-bloc relations were in demand. One example is the German-German Health Agreement, which was the first follow-up agreement to the "Basic Treaty" and established new cooperation.[334] Intensive cooperation between East and West Germany also characterised the 1980s. Against the backdrop of an increasing shortage of resources, the GDR Ministry of Health increasingly called for cooperation with the "class enemy" if necessary. Thanks to this cooperation, not only experience but also vaccines were exchanged. Since 1983, the GDR had been importing rubella vaccines from a British pharmaceutical company,[335] and a little later it even established contacts with the German Behringwerke. In the mid-1980s, rubella and multiple vaccines were obtained from the "class enemy."[336] So there was little sign of political demarcation and propaganda campaigns from the 1980s onwards. The GDR had good reasons

[331] Spiegel, Aktion Brunhilde, 21.02.1962.
[332] German Bundestag, Printed Paper 9/1714 (02.06.1982).
[333] Cf. *Thießen*, Comparative. Fundamental *Epple/Erhart*.
[334] Cf. minutes of the agreement in BAB, DQ 1/13174.
[335] Cf. BAB, DQ 1/12291, minutes MfGe on the rubella vaccination strategy of the GDR, 27.8.1986.
[336] BAB, DQ 1/12291, MfGe memo, 11.8.1987.

for this. First of all, its earlier lead in vaccination programmes was lost in the course of the 1970s. Since then, not only new vaccines against rubella, mumps, and measles[337] reached market maturity in the West, but also new "multiple vaccines,"[338] which noticeably eased the West Germans' vaccination day.

A history of immunity in this respect draws attention to entangled histories in the Cold War. On the one hand, vaccinations promoted cooperation within the two blocs. That German, American, and British physicians on one side and East German and Soviet physicians on the other side of the wall should move closer together is hardly surprising. On the other hand, vaccination programmes also facilitated exchanges between the blocs. In the 1970s, vaccination brought together what belonged together anyway in the face of global health threats; since epidemics not only crossed borders, but even the wall between East and West Germany, cooperation with the system's opponent made sense out of self-interest alone.

5.5 Privatisation of Immunity

Since the 1970s, vaccination programmes have been moving along paths that we know today. Although the introduction of compulsory vaccination was repeatedly brought into play after individual tuberculosis outbreaks in the 1990s or the return of polio and measles after the turn of the millennium, compulsory measures seemed unenforceable for a long time. Only in 2019 did Health Minister Jens Spahn (CDU) call for indirect compulsory vaccination against measles after years of discussion. Nevertheless, the "preventive state" today has still changed a lot compared to the 1960s: it has become more international, more individual, and more pragmatic.

This change was promoted by two developments in the 1970s: the economic crisis and the health insurance funds. As early as the 1960s, individual federal states had demanded that state-recommended vaccinations be recognised as a health insurance benefit. Since then, there have been more and more requests from citizens and companies furthering this demand because, in several federal states, vaccinations had to be paid for by the parents. In 1967, a German citizen used the example of his own family to show Federal Health Minister Strobel the savings potential of vaccinations. While he, as a father, had to pay DM 14.10 for a voluntary triple vaccination of his daughter against polio, the health insurance company had to pay for much higher treatment costs in case of a polio disease. This observation led him to ask why the costs of vaccinations remained a private matter when, for economic reasons, the state and health insurers "should have the greatest interest in keeping people

[337] BAK, B 269/45, minutes of the Committee on Epidemic and Environmental Hygiene, 12/13.6.1975.
[338] Cf. BAK, B 189/14102, BMI memo, 09.12.1955.

healthy?"[339] In 1971, a company addressed the federal government with a very similar account:

> Every year, we have our employees vaccinated against influenza as a voluntary benefit. We are of the opinion that prevention is cheaper than cure. For this reason, we cannot understand why the health insurance companies are not only unsympathetic [to covering the costs] but are more willing to cover the much higher costs of the cure.[340]

In the course of the 1970s, such bills increasingly met with a response from West German authorities. However, since involving the health insurance funds required structural decisions, the need for consultation between the federal and state governments was great. In 1971, for example, the Federal Ministry for Youth, Family, and Health did share the "view that the cost of protective vaccinations should be one of the highest compulsory benefits to be assumed […] by health insurance funds." However, this assumption would bring state actors a clear "diminution of their tasks in the field of preventive health care." After all, health insurance companies would make vaccination centres, vaccination clinics, or vaccination advice centres at public health offices superfluous.[341]

In the 1970s, such a retreat of the health sector was desirable. In "post-boom" times and in the midst of a severe economic crisis, the cost-effectiveness of spending on health care in general, and vaccination programmes in particular, came under scrutiny, which was something entirely new. Until now, financial reasons had always argued in favour of government vaccination programmes, as they always seemed cheaper than therapies, let alone the economic consequences of epidemics. In this respect, the principle that "prevention is cheaper than cure" had been regarded since the 19th century as a health policy certainty of salvation in both senses of the word (Hockerts 2012; Niehoff 2002; Rosenbrock 1998). This certainty of salvation began to falter in the 1970s. Not only were the proportionality of the costs for smallpox vaccinations seen as questionable, vaccinations such as those against tuberculosis now also had to face the economic question. The fact that even vaccination programmes now gave way to cost pressure speaks for a fundamental reorientation under the impression of the crisis. It is true that health insurance funds also received considerable state subsidies. The financing of preventive medical services, however, always seemed more favourable than maintaining a comprehensive state health system. In 1975, the Länder therefore decided to include vaccinations against tuberculosis, polio, tetanus, whooping cough, diphtheria, rubella, and measles in the compulsory catalogue of services provided by the health insurance funds. This shift of tasks

[339] BAK, B 189/14102, letter from a federal citizen, 30.05.1967.
[340] BAK, B 189/14102, letter from the management of Schröter + Bake, 01.10.1971.
[341] BAK, B 189/14102, note BMJFG, 08.11.1971.

is, moreover, in line with a trend towards shifting preventive examinations to independent doctors.[342]

The triumph of the health insurance companies can thus be seen as a retreat of the public health service. In view of the fact that individual vaccinations were financed by the health insurance funds, Bavarian medical officials raised the fundamental question as early as 1973 as to whether public vaccination appointments were still worthwhile at all.[343] Two years later, the federal states were already observing the consequences of the health insurance companies taking over preventive services, since "contact between the health offices on the one hand and the infants, toddlers, and their parents on the other had largely been severed.[344] Health insurance funds thus transformed the preventive care state in several ways. First, they facilitated the withdrawal of state actors from the vaccination business. Second, they promoted an individualisation of the vaccination day. With the adoption of vaccinations as health insurance benefits, vaccination shifted from health offices and mass vaccinations to doctors' offices. In particular, the early and preventive check-ups of children were increasingly used as an occasion for vaccinations from the 1970s onwards. The linking of vaccination with preventive check-ups probably had more than just practical reasons. Since parents in Germany receive the invitation to the preventive medical check-ups through the registration offices, the appointments, and thus the vaccinations, retain a quasi-governmental character. Even today, there is still uncertainty among some parents as to whether the vaccination appointments at preventive medical check-ups constitute a compulsory measure. Last but not least, the withdrawal of the public health system facilitated a standardisation of immunity. Since health insurance funds operate nationally, they participated in a nationalisation of immunisation, even if the federal states remained the point of contact for health insurance funds. Another trend since the 1970s fits in with the crisis and the health insurance funds: the retreat of civil society associations. The more vaccination became a health insurance service, the less the Green Cross or other organisations were in demand. With the support of the Bundeszentrale für gesundheitliche Aufklärung (BZgA, Federal Centre for Health Education), doctors and health insurance companies now took over the major mediation work.

Crises and health insurance did not cause the "precautionary state" to disappear. However, they promoted its transformation, which we can observe today. While the public health system was present in German cities and municipalities until the early 1970s in the form of preventive programmes, vaccination centres, vaccination advice centres, and health offices, it has since

[342] BAK, B 269/45, Committee on Epidemic and Environmental Hygiene, 12/13.06.1975.
[343] Cf. StAM, Gesundheitsämter/5690, Dienstbesprechung d. oberbayer. GA, 24.01.1973.
[344] BAK, B 269/45, Committee on Epidemic and Environmental Hygiene, 12/13.06.1975. Cf. also the balance sheet in Weise 1984, 124.

withdrawn from vaccination and thus from its core business. The cost argument was certainly in favour of continuing state vaccination programmes. In the mid-1980s, for example, the Liberals introduced a motion in the state parliament of Baden-Württemberg according to which vaccination was a much cheaper option, especially "from the point of view of cost containment in the health system."[345] And also in the latest edition of Heinz Spiess's standard work, the "Impfkompendium" (Vaccination Compendium), the relationship between "the state and vaccinations" is explained with economic motives, since immunity leads "to a considerable reduction of costs in the health system" (Reiter 2012, 104).[346] So although vaccinations are still – perhaps even more than ever – in the "national economic" interest, their indirect state promotion is more timely than the preservation of a vaccination system with which the preventive state proved its intervention competence for more than a hundred years.

6. "Prophylaxis is the best Socialism": GDR

6.1 Vaccination Programmes as State Building

In the GDR, prevention was a matter of state policy. From the 1950s onwards, "prophylaxis" became a guiding idea of East German society, to which social norms and social orders were oriented (Niehoff 1998). The great importance of prophylaxis for the East German self-image has usually been explained in research by the Soviet occupation (Wasem 2001; Schagen 2002, 173f.). However, a review of vaccination programmes in the Weimar Republic shows that "prophylactic" thinking had German roots. Politicians, physicians, and doctors in the GDR explicitly referred to predecessors such as Alfred Grotjahn, who had intensively discussed the relationship between social hygiene and prevention (Schleiermacher 2004). The constitution of the GDR therefore literally took up parts of the Weimar Reichsverfassung (Reich constitution; § 161) and promised a right to "preservation of health and ability to work, protection of maternity and preventive care" (§ 16, 3). What was new in the GDR was the consistency with which prophylaxis was elevated to a guiding principle: It was aimed at society as a whole and at all areas of everyday life.

For this reason, Hermann Redtzky, later Deputy Minister of Health, declared vaccination programmes to be the main task for the "construction of the new Germany" as early as 1946. In the future, the

> vaccination of the population as an indispensable health policy measure deserves the greatest support of all those who want to actively participate in the

[345] Landtag Baden-Württemberg, 9th WP, DS 9/3513 (16.09.1986), Antrag FDP/DVP.
[346] Significantly, such passages are still missing from the 1976 edition, see Spiess 1976.

> democratic construction of the new Germany. The refusal of individuals brings great danger to many healthy people in their environment. The German people, who are now to prove their democratic attitude, will look favourably on such a measure, like a general vaccination.[347]

Even these early concepts make clear four functions with which vaccination advanced to become a reason of state in the GDR.

Firstly, from the beginning, health experts drew parallels between acceptance of vaccination and approval of socialism. Demands for high vaccination rates were therefore aimed at correspondingly high approval ratings of the state. Conversely, refusal to vaccinate was quickly understood as a political statement, even a critique of the system. "Socialist consciousness," the Ministry of Public Health declared in the mid-1960s, "consolidates citizens' understanding that vaccinations must be complied with not only in their own interest, but also out of obligation to society, in the interest of protecting the health of the entire population."[348] That prophylaxis and socialism quickly formed an amalgam in the GDR was summed up by the Ministerium für Gesundheitswesen (MfGe, Ministry of Health) in 1964. The goal of "creating a healthy, happy population is expressed in the guiding principle: 'Socialism is the best prophylaxis'. 'The best prophylaxis is socialism!' Prevention is better than cure!"[349] In short, vaccinations have always been both: a founding act and a test of attitudes. Because vaccination embodied the idea of rational, collective, and effective prophylaxis, it formed a kind of brand essence of "real existing socialism."

Secondly, vaccinations made a promise of equality. Prophylaxis of infectious diseases was an offer to all. It included children, young people, and adults of all classes, who were protected together in the "workers' and peasants' state." In contrast to costly therapies, they were ultimately an inexpensive measure that benefited the population as a whole. Since in the meantime even hospital care in East Germany threatened to fail due to lack of resources, vaccinations were all the more popular as a socio-political means.

Thirdly, vaccination programmes were a weapon in the fight against the West. In this respect, it is no coincidence that the combination of socialism and prophylaxis was in demand during frosty phases of the Cold War. Henner Giesecke, head of the vaccination working group in the Ministry of Public Health, explained this foreign policy dimension in a 1970 report. In the report, Giesecke described a connection between socialist consciousness and high vaccination rates, which was shown in an East-West comparison. According to this, high immunity could

> only be realised among a population whose sense of responsibility is given by the social conditions and who are not confused by destructive policies of

[347] BAB, DQ1/1071, Redetzky circular, 11.07.1946.
[348] BAB, DQ 1/23661, OMR Spengler report on protective vaccinations, [1965/66].
[349] BAB, DQ 1/21875, Concept public health for the exhibition 15 years GDR, [1959].

> the authoritative professional cadres, but who immediately acquire a certain confidence for the new vaccination because of the planned nature of the measures in the past.

Whereas in the GDR the vaccination system is a service to the collective, the "individualistic" West, with its high expenditure on medical treatment, is an ineffective system: "This disproportion is particularly pronounced in Western European countries due to the prevailing individualistic thinking, which goes as far as irresponsibility towards the general public.[350]

Fourthly, vaccination programmes pointed to the future. The systematic prevention of impending health hazards suggested a "disciplining of what was to come," which gave a good report card to the competence of the "precautionary state" (Ewald 1991, 207; Leanza 2011). A planned shaping of the future corresponded to the concept of the "new Germany" that was to be built in the GDR. Vaccination programmes were a particularly good example of how to move forward "towards the future."

These four functions set the agenda for the East German vaccination policy. However, they were probably also effective in practice. There was some indication of this in the statements of 246 participants in a conference of the "Democratic Women's League of Germany" in 1960. In a final communiqué, the women justified their thanks to the Sozialistische Einheitspartei Deutschlands (SED, Socialist Unity Party of Germany) with the "immunisation of our children and youth":

> We see in this once again the concern for the people in our workers' and peasants' state and with what love the preservation of the health of our youth is thought of. As women and mothers, we recognise the value of this measure and declare ourselves wholeheartedly ready to give our fullest support.[351]

Such official statements are, of course, no proof of the social effectiveness of vaccination programmes. But they do make it clear that vaccination in the GDR opened up a field of discourse in which East Germans demonstrated their political steadfastness. Commitments to prevention functioned as commitments to socialism – and vice versa. In retrospect, it seemed obvious to the MfGe in the mid-1960s "that our progressive health care system, which is particularly oriented towards prophylaxis, should set itself the goal of continuing along the path successfully taken in Germany since 1874 with smallpox vaccination."[352] Because of this political charge of vaccination, it is also understandable why the GDR quickly proved to be much more accommodating than the West in the case of vaccination damage. If vaccinations legitimised socialism, the pressure to legitimise vaccination damage increased at the same time.

[350] BAB, DQ 1/23562, Report Working Group Vaccination/Giesecke, 02.02.1970.
[351] BAB, DQ 1/21510, Grußbotschaft DFD, Kreisvorstand Freiberg, 21.4.1960.
[352] BAB, DQ 1/23661, Report on protective vaccinations, [1965/66].

6.2 Expansion and Pressure to Succeed

The amalgam of health and social concepts increased the pressure to succeed. This can be seen in two developments since the 1950s: firstly, the expansion of the range of vaccination programmes and secondly, the increase in compulsory measures. While vaccinations against diphtheria and smallpox were the initial focus when the GDR was founded, other "widespread diseases" came into view from the mid-1950s onwards. A resolution of the Fifth Party Congress of the SED in 1958 even declared prevention of infectious diseases to be an "irrevocable principle of socialist society."[353] Tuberculosis and polio now attracted particular attention. The interest was not only related to the development of new vaccines. Moreover, the fight against both infectious diseases was particularly prestigious. While the polio vaccination was to mutate into a propaganda weapon in the German-German competition, the prevention of tuberculosis gave a clear socio-political signal (Blasius 1996). Its decades-long tradition as a "proletarian disease" (Hähner-Rombach 2000, 29-34) made vaccinations against tuberculosis a favourite project of the GDR. Earlier reservations against BCG vaccination (see section 4.1), on the other hand, were secondary in the 1950s. Individual doctors did recall the Lübeck vaccination scandal and its fatal consequences.[354] However, the successes of vaccination in Scandinavia and the Sov
iet Union dispelled such doubts. In the mid-1950s, the East German Ministry of Health therefore demanded an increase in the BCG vaccination rate among new-borns, of whom more than 55 per cent had already been immunised against tuberculosis in 1955, and even more than 70 per cent a year later.[355]As early as 1958, the ministry interpreted the expansion of BCG vaccination as a great success of socialist prophylaxis: "We can no longer speak of a mass disease."[356]

Diphtheria, tetanus, and whooping cough did not offer such a large projection surface. In contrast to polio, vaccinations against these diseases did not win any foreign policy victories, since the West German disease figures had also been low since the late 1950s. Nevertheless, the vaccination against diphtheria, pertussis, and tetanus as a multiple vaccination (DPT vaccination) also became a prestige project during the 1950s. After all, multiple vaccination was considered a particularly "modern" measure. Since the mid-1960s, multiple vaccination had been all the more important to the Ministry of Health because a German-German comparison showed that the GDR was lagging behind for the first time. While West German pharmaceutical companies now

[353] BAB, DQ 1/1703, MfGe, Proposals for the 3rd Five-Year Plan 1961-65, 20.11.1958.
[354] Cf. BAB, DQ1/6360, minutes of the tuberculosis conference in the SBZ, 15-17 April 1948; BLHA, Rep 601/2619, letter from the children's department of the district hospital. Kreiskrankenh. Bad Freienwalde/Oder, 18.03.1959.
[355] DQ 1/1703, MfGe, Analysis on the National Economic Plan 1957, 20.03.1957.
[356] DQ 1/1703, MfGe, note on the further development of the district offices, 10.03.1958.

offered quadruple and quintuple vaccinations and the number of vaccination appointments declined accordingly, East Germans did not get beyond triple vaccinations until 1989. These were all the more important to keep the number of vaccination appointments for East Germans as low as possible.

The expansion of the East German vaccination programme can be seen not only in the expansion of the offer, but also in concrete figures. In the mid-1960s, a total of 5,800 vaccinators were on duty in the GDR, which meant that there was "one trained vaccinator for every 3,000 citizens of the GDR." At that time, the Ministry of Health estimated a cost of 13 million Marks annually for the purchase of vaccines alone, in addition to much higher costs for research, production, and distribution.[357] In an East-West comparison, this was a top figure, as no country in Western Europe could boast a similarly ambitious vaccination programme.

With the expansion of the offer, however, the compulsory nature of vaccination programmes increased. After the founding of the GDR, all vaccinations – with the exception of smallpox vaccination – were initially voluntary measures. As late as 1953, the Ministry of Health had even explicitly declared voluntariness as a programme: "But it is contrary to the principles to use compulsion where it can be avoided, even if the measures ordered serve the health interests of those concerned."[358] Such principles were forgotten a short time later. In 1954, the Karl-Marx-Stadt district complained that "voluntary vaccination can never lead to the desired success."[359] Corresponding figures on "vaccination refusers" from Karl-Marx-Stadt and other districts impressively proved this complaint.[360] After the admission of children to crèches and kindergartens had already been made dependent on vaccination certificates against smallpox, whooping cough, diphtheria, tetanus, and tuberculosis in 1955,[361] the ministry extended compulsory vaccination against diphtheria, whooping cough, and tetanus to all children and young people in January 1961.[362] At that time, compulsory vaccinations against tuberculosis (1958)[363] and polio (1960)[364] had already been introduced. Vaccination against measles followed in March 1970 as one of the last compulsory measures.[365] Already in the 1960s, thanks to compulsory initial and booster vaccinations, the official vaccination calendars recorded a total of up to 20 compulsory vaccinations, which every citizen had to adhere to until the age of 18.[366]

[357] BAB, DQ 1/3341, MfGe, Manuscript Immunisation Measures, o.Dt. [ca. 1966-1968].
[358] BAB, DQ 1/3011, circular MfGe to all district councillors, 30.09.1953.
[359] BAB, DQ 1/3011, Report on diphtheria vaccination in the Karl-Marx-Stadt district, 13.07.1954.
[360] Cf. the reports on diphtheria vaccination in the mid-1950s in BAB, DQ 1/3012.
[361] BLHA, Rep 601/2619, Circular letter district Frankfurt/Oder to all districts, 26.05.1955.
[362] BAB, DQ 1/2438, letter Prof. Mörl, 28.05.1962.
[363] BAB, DQ 1/1703, note MfGe, 10.03.1958.
[364] BAB, DQ 1/12278, circular MfGe to districts, 31.12.1960. Compulsory vaccination applied to infants in 1960, and to all children and adolescents from 1963.
[365] BAB, DQ 1/5838, circular MfGe measles vaccination, 02.06.1970.
[366] Cf. among others the vaccination calendars of the 1960s, in: BAB, DQ 1/3341.

Why did compulsory vaccination become more stringent in the GDR from the 1960s onwards, while a liberalisation of compulsory vaccination began in the Federal Republic? It would seem obvious to attribute different developments to different social orders. However, restrictive tendencies in the West and contradictory developments in the East indicate that the matter was more complex. In the GDR, the importance of prophylaxis as a social model increased the pressure to succeed – and thus the readiness for coercive measures. As early as the mid-1950s, reports of increasing "vaccination fatigue" were accumulating in the GDR. The complaint about "vaccination fatigue" was also omnipresent in the West. In the GDR, however, "vaccination fatigue" and refusal to vaccinate threatened social concepts of order much more (Mestrup 2011, 188). That is why the politicisation of prophylaxis developed a momentum of its own. If vaccination programmes heralded the success of socialism, they also put the state under pressure to succeed.

The expansion of vaccination coverage and the increase in coercive measures were therefore inextricably linked. If the acceptance of vaccinations served as a gauge of approval for socialism, low vaccination rates were a threat to the state. This was all the more true because, since the 1960s, "prophylaxis" no longer aimed merely at reducing, but at "eradicating" infectious diseases. Only the complete "eradication," as the head of the State Hygiene Inspectorate Wilhelm-Albert Spengler explained in 1965, proved the success of socialism, but also the other way round: only the socialist consciousness of the population made the "eradication" of infectious diseases possible:

> The objective of epidemic control in a socialist state is not only to combat infectious diseases that endanger the population, but also to eradicate them to the greatest possible extent. The conditions created by the socialist social order in the GDR offer favourable conditions for this. Socialist consciousness consolidates the citizens' understanding that vaccinations must be complied with not only in their own interest, but also out of obligation to society.[367]

Did the GDR therefore turn into a totalitarian health state that sacrificed the needs of the individual on the altar of the common good? Observations on the implementation of compulsory vaccinations provide clear answers to this question. For example, the high number of vaccination exemptions and the very rare sanctions against vaccination refusal indicate that the ministry, authorities, and vaccination centres refrained from documenting and punishing vaccination scepticism in order to maintain the appearance of consistent immunisation. Furthermore, production problems stood in the way of a consistent implementation of the total vaccination obligation. Flu vaccination provides a good example. Not only did flu vaccinations remain voluntary throughout from their introduction in the early 1950s[368] until the end of the

[367] BAB, DQ 1/23661, report Spengler/MfGe, o.Dt. [1965/66].
[368] BAB, DQ 1/12285, circular MfGe, 07.12.1953.

GDR. Moreover, political advertising for flu vaccinations was conspicuously restrained for many years. How can this reticence be explained? Why did the Ministry refrain from introducing compulsory vaccination against influenza, which caused severe economic dislocation and high death rates every year? The main reason for this was the high fluctuation in vaccine production. Even under efficient production conditions, the vaccine was sufficient for at most one third of all GDR citizens. In this respect, the Ministry of Health only advertised when production figures were good. In October 1955, for example, the MfGe asked the districts for more aggressive advertising in view of the increased supply of flu vaccine: "Since the vaccine can be distributed in somewhat more abundant quantities this year, it is requested that the propagation of protective vaccination be carried out more extensively than before."[369]

The fluctuations in production also make the flu vaccination interesting as a mirror of social hierarchies. It is striking, for example, that with limited vaccine resources, members of the armed bodies of the Ministry of the Interior were vaccinated first and foremost, in addition to doctors.[370] The highest priority was also given to the Ministry of State Security, where Erich Mielke ordered flu vaccinations every year since the late 1950s.[371] After the ministries, "key enterprises" such as lignite and steel plants were given flu vaccines in the first place.[372] It was not until the end of the 1960s that the production of flu vaccine reached a level that allowed for "intensification of public relations work" in the service of "winterising the enterprises and institutions."[373] However, the production figures were never sufficient for a complete immunisation of the entire population, meaning that compulsory vaccination was not discussed in the Ministry of Health. In fact, even in the 1970s, several companies wrote to the MfGe pointing out their "tight labour situation"[374] in order to be given preference in the allocation of vaccines.

In summary, the expansion of vaccination programmes and compulsory vaccinations paints a contradictory picture of East German health policy. Firstly, the increase in compulsory vaccination was not least a reaction to the increasing pressure to succeed. If progress in vaccination programmes heralded the success of socialism, vaccination programmes absolutely had to be successful. Compulsory vaccination was therefore almost a sign of political helplessness, or at least an admission that socialist consciousness among the population was sometimes insufficient. In this respect, the introduction of compulsory measures can be interpreted less as a consistent fulfilment of

[369] BAB, DQ 1/23190, circular MfGe to districts, 18.10.1955.
[370] DO 1/63739, MdI, Service Instruction 11/58, 20.10.1958.
[371] BStU, MfS-BdL/4202, MfS/Der Minister, instruction no. 9/75, 15.09.1975; MfS-HA VI/6019, MfS/Der Minister, instruction no. 3/82, 16.08.1982; MfS-BdL/1175, MfS/Der Minister, instruction no. 8/89, 21.08.1989.
[372] Cf. the documents in BAB, DQ 1/5739, DQ 1/5740; BStU, BV Halle, Med. Dienst/988.
[373] BAB, DQ 1/6071, circular MfGe to all district doctors, 06.11.1968.
[374] BAB, DQ 1/11720, letter VEB Edelstahlkombinat Brandenburg, 30.08.1976.

East German fantasies of feasibility, but rather as a reaction to feared losses of legitimacy.

Secondly, the expansion of vaccination programmes and compulsory vaccination was a question of production relations. Of course, this connection is not specific to East Germany. After all, threat perceptions also changed in the West against the backdrop of new supplies of vaccine. In the GDR, however, the connection between the supply of vaccines and the conception of vaccination programmes makes the limits of socialist planning utopias visible. The vaccination programme against influenza marked these limits as early as the 1950s. In the 1970s, in turn, vaccinations against mumps, rubella, or hepatitis made it clear that the supply was more modest than the official "prophylaxis" propaganda led one to believe. Although these diseases were also understood as a threat in the ministry, vaccinations remained limited to small circles of the population. Compulsory vaccination was never under discussion for mumps, rubella, and hepatitis, while measles vaccination was made compulsory as late as 1970. One explanation for these contrasts is obvious: the supply of measles vaccines had been assured since the mid-1960s thanks to Soviet production. Vaccines against rubella and hepatitis, on the other hand, had to be imported from the West.

Thirdly, the history of the GDR since the 1950s makes it understandable why diseases often played a secondary role in the conception of vaccination programmes. The political charge of vaccination as a founding act and test of socialism as well as the stigmatisation of "vaccination fatigue" as Western "individualism" shaped the threat perceptions of doctors and politicians more than epidemic fears. Refusal to vaccinate endangered not only health conditions, but the state itself. An expansion of vaccination programmes and an increase in compulsory vaccination thus not only protected against infectious diseases. They also protected those responsible, whose legitimacy rested on the success of socialist "prophylaxis."

6.3 Vaccination Rates as a Race between Systems

Apart from sport, health was one of the few fields in which the GDR could occasionally overtake the West. Of course, people did not hide this advantage. From the late 1950s onwards, there was a proliferation of campaigns contrasting the "sick West" with the immunised East and celebrating socialist victories in the competition for a healthier society. Foreign policy demarcation and domestic political legitimisation went hand in hand in such campaigns, which meant that it was difficult to decide what acted as the main motive for the propagation of vaccination programmes in the ministry.

This mélange of foreign and domestic policy came together in a contemporary depiction of a polio vaccination in 1958. A photo published in newspa-

pers and brochures shows a mother with her one-year-old son at a vaccination in East Berlin. The caption makes it clear how foreign and domestic policy went hand in hand when it came to vaccination:

> Little B.'s mother is happy that the health service in our republic is taking care of our children to such an extent. You can't do things like that if you're thinking about war, Mrs. E. tells us. At the same time as an action like vaccination against spinal polio is being carried out in our country, the Bundestag in Bonn is concerned with arming the Bundeswehr with nuclear weapons. (ibid.)

There are good reasons to doubt that Mrs. E. was thinking about the nuclear armament of the Federal Republic when she vaccinated her son. Fears of polio were probably more widespread among parents than fears of the opponent of the system. In this respect, such stagings reveal a strategy of East German health policy to inscribe socio-political achievements and everyday safety needs in the German-German system opposition.

The aforementioned propaganda coup in June 1961 also represents the mixing of foreign and domestic political motives. Willi Stoph's offer to provide the West with three million vaccines against polio was not only aimed at Konrad Adenauer. Stoph's explanations of the offer were also aimed at reassuring his own population. A few days later, the East German Minister of Health, Max Sefrin, repeated the offer via *Radio Ostberlin*, saying that it was based on socialist consciousness: "A state that spends large sums of money every year, as we do, to protect the health and lives of its citizens, especially children, cannot act in any other way." That the vaccination offer was not only guided by humanistic motives is suggested by an aside from Sefrin: "And it will become clear, I think, whether the Bonn government is really serious about the humanity of which its representatives speak so readily and so much."[375] Stoph and Sefrin are unlikely to have taken their offer to the West Germans seriously any more than Chancellor Adenauer did. Obviously, the initiative was aimed less at the West than at the East, at their own population, to whom their own successes were to be presented. This objective is also suggested by falsified reports on East German television in August 1961, according to which Adenauer had allegedly procured the East German polio vaccine for his grandchildren, which caused criticism among both East and West Germans.[376]

Even in the districts of the GDR, the opposition to the system was fought out with the polio vaccination. For example, in July 1961, the *Volksstimme* from Karl-Marx-Stadt reported the entry of German citizens with polio into the GDR. The "disease carriers" from the West were immediately used for propaganda in the radio report. On the one hand, the portrayal of the introduction of "West German" diseases was intended to stir up fears of the West. On the

[375] BAK, B 142/55, transcript interview Domscheidt with Sefrin Radio East Berlin, 02.07.1961.
[376] Cf. BAK, B 142/55, Letter from a Federal Citizen to Konrad Adenauer, 02.08.1961.

other hand, these fears could be calmed immediately thanks to socialist progress, as the *Volksstimme* contribution emphasised. In the GDR,

> thanks to mass vaccinations with the Sabin-Tschumakow vaccine, poliomyelitis has been virtually eradicated. The West German population could also be freed from the scourge of this disease. Many deaths would not have occurred if the Bonn government had accepted the generous offer of help from the government of the GDR. The irresponsible refusal by the Adenauer government has led to poliomyelitis now being introduced into the GDR and other countries from West Germany.[377]

Generosity was also shown to individual West Germans in the summer of 1961. They were given a free polio vaccination on request before "leaving again for the epidemic areas,"[378] as North Rhine-Westphalia, Bremerhaven, and Franconia were called. The fact that the West could be denounced as an "epidemic area" thanks to this action was probably just as welcome as the symbol of free vaccinations for threatened German citizens. And last but not least, the timing of the action in the summer of 1961 suggests that foreign policy victories served to calm domestic politics. After all, East German successes were particularly in demand in the summer of the Wall's construction.

For East German propaganda, the Federal Republic thus served as a means of contrast against which socialist successes could be demonstrated. Official statements about the success of East German vaccination programmes were therefore rarely limited to figures from the GDR. The figures only became public when they were compared with figures from the West. For example, a 1967 report by the East German Ministry of Health on the development of polio in the GDR compared East and West German figures. In 1967, there were 128 cases of polio in the GDR and six deaths. In West Germany, however, there were "3,271 cases and 196 deaths, including 2,550 patients with severe or debilitating paralysis."[379] Such figures strengthened the East German feeling of superiority over the West, whose preventive care deficit was exploited with relish. "It is shameful," Henner Giesecke, for example, summed up for the "Working Group on Vaccination" in 1970, that "the Federal Republic of Germany does not manage to prevent polio, and this despite the high moral principles that the leadership of this country repeatedly claims for itself."[380] In comparison with the West, vaccinations thus made it clear to East Germans who was ahead in the German-German race.

The importance of vaccination programmes in foreign policy continued to be demonstrated by major international events such as the exhibition "15 Years of the GDR" in Moscow. With more than 1.2 million visitors, this exhibition was an advertising measure of the first order.[381] Also of first rank in this

[377] Volksstimme, West Germans came to the GDR with polio, 23.07.1961.
[378] BAB, DQ 1/12279, circular MfGe, 18.07.1961.
[379] BAB, DQ 1/23652, note MfGe, vaccination programme for the year 1961.
[380] BAB, DQ 1/23652, Report AG Impfwesen Halle, 02.02.1970.
[381] BAB, DQ 1/21875, final report by Kreutel, 09.12.1964.

show was the presentation of health care as an "expression of a humanistic policy of the 1st workers' and peasants' state in Germany,"[382] for which the German Hygiene Museum from Dresden took the lead. Doctors vaccinating against tuberculosis and smallpox, the GDR's vaccination calendar, and statistics on vaccination rates were shown as "efforts by the workers' and peasants' power to create a healthy, happy population."[383] Vaccination programmes provided evidence in the exhibition "that the founding of the first workers' and peasants' state was a turning point in the history of Europe."[384] Correspondingly large space was given to "health and social services" also in the literal sense: The exhibition area on this topic covered more than 150 square metres.

The international arena also offered opportunities for propaganda in other respects. In particular, international trade fairs and congresses were the focus of the Ministry of Health. The "hygienic-antiepidemic protection" designed by the ministry through "barrage vaccinations," vaccine reserves, and immunisation of the staff of international events fulfilled two functions. On the one hand, it ensured the smooth running of major events. Particularly with international participation from "developing countries," East Germans were very concerned about the introduction of smallpox, polio, tuberculosis, and yellow fever. On the other hand, prophylactic immunisation demonstrated the successes of socialism to the "world public." The Ministry of Health therefore also took a general staff approach to the preparation of the "X. World Youth Festival" in 1973. A year earlier, all employees of health institutions in Berlin, Potsdam, and Frankfurt/Oder had already been called upon to receive booster vaccinations and the production of vaccines had been ramped up. All MfS staff at border crossings and members of several main departments were again vaccinated against smallpox.[385] Just in time for the World Festival, three million portions of smallpox vaccine were available as an emergency reserve, as well as several hundred thousand doses of cholera, typhus, and dysentery vaccine. For the events, "vaccination teams" were assembled at the venues and entry controls were carried out.[386] After the World Festival, the Ministry of Health was completely satisfied. Despite 25,600 athletes from 140 countries and eight million visitors, it recorded only four cases of scarlet fever and malaria, three of hepatitis, and two of dysentery and salmonella.[387] The World Festival was therefore not only a sporting but also a medical performance test – and thus a complete success.

[382] BAB, DQ 1/21875, Concept for the exhibition in Moscow, o.Dt. [1963/64].
[383] BAB, DQ 1/21875, Exhibition Health Care Complex, [1964].
[384] BAB, DQ 1/21876, Concept exhibition "15 years GDR" in Moscow, o.Dt. [1963/64].
[385] BStU, MfS-BdL/1795, Circular MfS/Chief of Medical Service, 30.05.1973.
[386] BAB, DQ 1/12246, MfGe, Hygienic-antiepidemic safeguarding, [1973].
[387] BAB, DQ 1/12246, MfGe, First Evaluation X. World Festival, 15.08.1973.

The GDR was not officially admitted to the WHO until 1973 (Wasem 2008, 381). But long before it was admitted, the GDR was involved in Africa and Asia within the framework of the WHO. It was no coincidence that its commitment sometimes exceeded that of the Federal Republic, although West Germany was already a WHO member in 1951. After all, since the 1950s and 1960s, East German "development aid" aimed to be accepted into the WHO circle in order to draw level with the Federal Republic. Vaccines were thus also a tool against the Hallstein Doctrine, a West German foreign policy concept to isolate the GDR. Health Minister Sefrin made several trips to Africa, Asia, and South America in the 1960s to win support for the GDR's WHO membership. In 1964, Sefrin brought vaccines and medical equipment to Egypt, whereupon the Egyptian Foreign Minister Ahmed Riad promised to examine the membership issue. Occasionally, East German development aid did not meet the needs of the "developing countries." For example, Foreign Minister Riad welcomed the donation of vaccines. However, Riad pointed out the problem "that combating epidemic diseases would entail a further increase in the rate of population growth."[388] Apparently, reducing child mortality was a lower priority in Egypt than in the GDR. Nevertheless, the GDR liked to export vaccination programmes for pragmatic reasons – they could be marketed well. Vaccination programmes promised an improvement in health conditions, but they did not require a long-term financial commitment. In 1965, the West German *Ärzteblatt* (medical journal) summed up this strategy with a biting undertone: according to it, the GDR was sending "vaccines to all countries" because "the zone supplies could also be effectively snapped up."[389]

Since the 1970s, East German health politicians had the unpleasant experience that involvement in the WHO also increased the pressure on the GDR. After all, the WHO set international standards that East Germany not only wanted to meet but to exceed because of its "prophylactic" self-image. The WHO's demand for polio eradication therefore fell on receptive ears in the GDR Ministry of Health. After all, there had already been great successes in this field. Other programmes such as the one against measles, on the other hand, posed problems for East German health politicians. A report in 1983 that the WHO "considers measles eradication in Europe to be an achievable goal in the near future"[390] therefore caused some unease in the GDR. Health Minister Ludwig Mecklinger interpreted the eradication of measles not only as a contribution to improving East German health conditions, but also as a contribution to improving the GDR's "international image."[391] This background explains the extreme attention paid to individual cases of measles in East Berlin in the mid-1980s. The director of a Berlin clinic, Hans Wolfgang

[388] BAB, DQ 1/4303, report on Sefrin's trip to VAR, 14-22.04.1964.
[389] BAB, DQ 1/5944, clipping DÄ, Praising the Wall is Worthwhile, 27.02.1965.
[390] BAB, DQ 1/13119, letter Ocklitz, 17.03.1983.
[391] BAB DQ 1/24266, MfGe submission on measles vaccination programme, 14.06.1983.

Ocklitz, even warned against a measles hysteria because of its significance for foreign policy: "Perhaps we should have an educational discussion about measles, which threatens to become a new plague in the minds of some people."[392] For the Ministry of Health, measles was apparently dangerous not as a health threat, but as a threat to its foreign policy image and domestic political legitimacy.

6.4 Pragmatism and Failure of Vaccination Policy

While compulsory smallpox vaccination crumbled in the West in the early 1970s, the GDR held on to it until May 1980. This was not only due to the state's guiding idea of "prophylaxis," but also due to the compulsory vaccination being linked to the socialist countries, as the Ministry of Health explained in 1979. Only the abolition of compulsory smallpox vaccination in the Soviet Union in 1980 allowed the GDR to abolish it as well. The announcement of the end of compulsory smallpox vaccination was then all the easier for the East German Ministry of Health because it could be publicised as a "health policy success,"[393] "emphasising in particular the contribution of the USSR and the socialist countries." Thus, in a letter to Erich Mielke, Health Minister Mecklinger pointed out that the disappearance of compulsory vaccination was solely the "result of the smallpox vaccination programme initiated"[394] by the USSR in 1958. On "World Health Day" in 1975, the Ministry of Health even spoke of the end of smallpox as proof of socialist détente. According to this, it was no coincidence

> that the worldwide eradication of one of the most significant infectious diseases, as the greatest achievement of the WHO to date, runs parallel to the turning point from the Cold War to détente and cooperation based on the principles of peaceful coexistence between socialist and capitalist states developed by Lenin, initiated by the consistent and persistent peace policy of the Soviet Union and the other states of the socialist community.[395]

This linking of precaution and world peace was not a socialist specific, as the comparison with West Germany shows. Western success stories of a "happy ending" of the WHO smallpox programme read very similarly to East German reports. Despite such success stories, people on both sides of the Wall were uncertain about the durability of world peace. In both the Bundeswehr and the Nationale Volksarmee (NVA, Armed Forces of the GDR), smallpox vaccinations were continued as a protection against biological warfare even after the end of the compulsory smallpox vaccination.[396]

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[392] BAB, DQ 1/13119, letter Ocklitz, 23.04.1984.
[393] BAB, DQ 1/13118, Pockenexpertengruppe im MfGe consultation, 08.04.1980.
[394] BAB, DQ 1/11494, letter Mecklinger to Mielke, 16.03.1980.
[395] BAB, DQ 1/11849, MfGe, "Victory over smallpox within reach", o.Dt.
[396] For the NVA, cf. BAMA, DVW 1/4898.

A look at the implementation of compulsory smallpox vaccination makes it clear that the GDR became pragmatic from the 1960s onwards. As early as 1962, the Ministry of Health clarified that due to the low threat of smallpox, provisions from vaccinations were generously allowed to avoid vaccine damage: "The risk of contracting smallpox is in this case to be assessed as less than the possible danger of the vaccinated person."[397] East German medical experts put the risk of severe vaccine damage at 1:15,000 in the mid-1950s[398] and about 1:20,000 in the early 1970s.[399] During the 1970s, provisions of smallpox vaccination were approved so frequently that only about 60 to 70 per cent of the cohorts were vaccinated against smallpox.[400] Although "prophylaxis" remained important as a reason of state, concerns among the population about side effects played a major role.

For these reasons, too, the GDR cannot be characterised as a totalitarian "precautionary state." As in the West, the way compulsory vaccination was handled in the East changed from the 1970s onwards. Instead of "requests" to comply with compulsory vaccination, GDR citizens now received "educational brochures" intended to convince East Germans to vaccinate: "Therefore, make use of this generous opportunity offered by our socialist health care system. Participation in vaccination [...] is a duty towards your own health."[401] This last sentence in particular is indicative of a general change in vaccination policy. Whereas in the 1950s and 1960s, people mostly appealed to a sense of duty towards society and declared vaccinations to be a contribution to socialism, since the 1970s the focus had shifted to personal benefits. In this sense, signs of individualisation can also be observed in the East. Education instead of coercion was also in demand in the 1970s because East Germans' sensitivity to side effects grew, as Sieghart Dittmann observed in his 1979 dissertation:

> Paradoxically, it is precisely the successes of protective vaccination that increasingly make the public forget the former frequency and health consequences of a serious disease and lead to an increasingly critical evaluation of vaccination from a predominantly ethical point of view. (Dittmann 1979, IV)

In the 1980s, the Ministry of Health therefore cautiously relaxed compulsory vaccination against whooping cough and measles, which meant that vaccinators were henceforth to weigh up, after consultation with parents, whether dangers "from vaccination per se or from the omission thereof were in the foreground."[402] This was another step towards weighing the risks between the needs of the collective and those of the individual.

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[397] BStU, MfS-Wachregiment/3322, MfGe, Annex to Instruction No. 4/63: Principles of smallpox vaccination, [1963]. Cf. BAB, DQ 1/23661, Order MfGe, 06.04.1964, 25-34.
[398] BLHA, Rep 601/2619, Minutes of training course for vaccinators in Eberswalde, 13.09.1956.
[399] BAB, DQ 1/11849, letter W. Rohde, Staatliche Impfanstalt Berlin, [ca. 1971].
[400] BAB, DQ 1/11492, Stellungnahme MfGe, o.Dt. [1979].
[401] BAB, DQ 1/13105, DHM, Merkblatt Wundstarrkrampf, o.Dt. [ca. 1975].
[402] BAB, DQ 1/12283, circular MfGe to district hygienists, 14.05.1981.

Not only vaccine damage created problems of legitimacy. Since the 1980s, faulty vaccinations and vaccination gaps have also played a role. In the spring of 1980, for example, the Ministry of Health was alarmed by the increase in measles cases. Since there were many vaccinated children among the sick, the ministry warned of serious deficiencies in the implementation of the vaccination programme. Vaccines were apparently stored incorrectly and distributed poorly to doctors, and doctors were also making increasingly frequent mistakes in administering the vaccine. The Ministry of Health saw such errors in practice as a major problem in 1980: "Due to the great health importance of the measles vaccination, it cannot be allowed that the success of this vaccination must be doubted by the population due to faulty work."[403] That this threat hung like a sword of Damocles over authorities and vaccination centres is made clear by further measles outbreaks.[404] In 1984, the ministry in Berlin recorded a 24 per cent increase in measles cases compared to the previous year, so that the number of cases was now even "above the levels of the pre-vaccination era." Worse still was another finding: more than half of those who fell ill had previously been vaccinated against measles, which made the failure of the vaccination programme all the more obvious. [405]

In the 1980s, reports of declining vaccination rates and the return of seemingly "eradicated" diseases accumulated in the GDR. These problems pointed both to persistent production problems and to signs of fatigue among doctors. The shortage of doctors was thus also felt in the implementation of vaccination programmes. Apart from that, vaccination programmes in East Germany were also victims of their own successes.[406] In 1980, for example, the MfGe warned of the precautionary paradox, i.e., a connection between vaccination success, which would lead to a forgetting of epidemics and a declining willingness to vaccinate, which in turn would promote a return of epidemics.[407] The GDR was not alone in this dilemma. Similar warnings could already be heard in the West in the 1970s. Here, too, the decline of diseases was usually followed after a while by a decline in the willingness to vaccinate. In the East, however, the precautionary dilemma had greater political explosiveness. Since immunity and prevention formed a brand core of socialist social designs, declining vaccination rates and the return of epidemics raised questions about state legitimacy. Since the mid-1980s, health politicians had been asked this question more and more frequently by doctors and parents, as Heinrich Giesecke reported from Halle in 1987: "Above all, older, experienced paediatricians doubt the word and deed of our office and point out cases of diphtheria and tetanus in children with high moral standards." More

[403] BAB, DQ 1/12283, circular MfGe to all district doctors, 30.04.1980.
[404] BAB, DQ 1/12291, MfGe report on measles situation in Berlin, 08.05.1984.
[405] BAB, DQ 1/13093, MfGe, Annual Report 1984.
[406] On the migration of doctors in the 1980s, see Erices and Gumz 2014.
[407] BAB, DQ 1/12290, note MfGe on the epidemiological situation o.Dt. [1980].

and more often, parents demanded state obligations to keep their promise of immunity, as Giesecke continued: "The situation is coming to a head to the extent that there have already been petitions by parents in the city of Halle because their children cannot receive the compulsory vaccination."[408] There is now "great uncertainty about vaccination prophylaxis" throughout the population.[409] This development points to the ambiguity of "compulsory vaccination," which obliged not only GDR citizens but also the state to have high vaccination rates. Propaganda and compulsory vaccination programmes had nurtured an attitude of entitlement among East Germans since the 1960s, which was constantly disappointed since the 1980s. The "barter deal: security and sufficiency against loyalty and participation" (Jessen and Giseke 2011, 37) also ended with the end of collective immunity.

In the mid-1980s, the GDR itself ran out of multiple vaccines against diphtheria and tetanus several times over. Numerous infants were only vaccinated against tetanus.[410] Even in the Stasi – hitherto the preferred allocation – vaccinations became scarce "due to very limited vaccine supply."[411] The flu vaccine, on the other hand, was sometimes available in abundance during these years, which led the Ministry of Health to suggesting improved advertising to ensure "optimal use of the available vaccine quotas."[412] In Halle, Heinrich Giesecke then called on all district physicians to "use all of the high-quality vaccines completely."[413] Such calls were obviously no longer about rational precaution against health threats, but about managing the shortage as a reaction to the misplanning. While influenza vaccine misplanning sometimes created an oversupply, production of other vaccines in the 1980s often fell short of plans. Numbers of compulsory measles vaccinations fell well short of the norm. While the first vaccination in several districts was still around 90 per cent (97 per cent were required), only 63 per cent of children were immunised for the second vaccination instead of the required 97 per cent.[414] In districts such as Cottbus, the vaccination rate for the first vaccination against measles even dropped to 50 per cent in the early 1980s and remained at this level until the end of the GDR.[415]

Another fatal factor was the realisation that the GDR had lost the cold vaccination war. While doctors in the Federal Republic carried out new rubella and hepatitis vaccinations in the 1980s and even used domestic products for

[408] BAB, DQ 1/13134, letter BHI, Giesecke, to MfGe, 25.11.1987.
[409] BAB, DQ 1/13134, letter ZIHME, Waltraud Thilo, to MfGe, 25.11.1987.
[410] BAB, DQ 1/12284, Verordnung MfGe, 01.12.1987. The DT vaccination was aimed at all infants with a contraindication to pertussis or DPT combination vaccination.
[411] BStU, MfS BV Leipzig, Med. Dienst/182, MfS information sheet Hygiene for April 1988, 12.05.1988.
[412] BAB, DQ 1/12284, circular MfGe to all districts, 10.11.1987.
[413] BStU, BV Halle, Med. Dienst/988, Telex BHI Halle to all KHI, 11.11.1987.
[414] BAB, DQ 1/12284, Circular MfGe to districts on benchmarking 1986, 29.10.1986.
[415] BLHA, Rep 211/26648, Circular letter BHI Cottbus to district doctors, 21.07.1980.

this purpose, the GDR remained dependent on Western imports.[416] The Ministry of Health's demand for its own rubella vaccination[417] remained mere lip service in view of strained production and research conditions. The fact that the GDR's demand for measles, mumps, rubella, and hepatitis B vaccines was covered by imports from companies such as Pasteur, MSD, SmithKline, or the West German Behringwerke speaks for the GDR's lagging behind in its very own field of performance.

The final chapter in the history of East German vaccination was written in a circular letter from the Ministry of Health in July 1990. After having had to clear out administration and cold storage rooms for vaccines in the previous months, the Ministry reassured all doctors that "gift shipments"[418] of vaccines and "emergency aid programmes" from the Federal Republic of Germany would be available immediately.[419] Gift shipments and emergency aid programmes were the most visible signs of a Western takeover of East German vaccination programmes, against which isolated resistance initially arose. In April 1990, for example, district functionaries in Wernigerode warned of a "social cutback"[420] if state "prophylaxis" services were eliminated in the course of privatisation. In 1991, doctors in Frankfurt an der Oder also considered it "regrettable that something that had worked well should now simply collapse or be broken up."[421] In July 1990, Thomas Schmidt, State Secretary in the Ministry of Health, as chairman of the "Interessengemeinschaft des Jugendärztlichen Dienstes" (Interest Group of the Youth Medical Service), even spoke of the impending "chaos" that would result in the dissolution of the East German vaccination system:

> In everything that is happening now, the legislator must not disregard the fact that in the eastern part of our fatherland we are dealing with a population that has been totally administered for almost 60 years. To release this hitherto totally administered population now into total freedom would create the danger of chaos. We therefore think it would make sense to introduce a passage in the constitutions of the countries that could read something like: Health care and prevention is an indispensable task of the state.[422]

Similar concerns were also expressed by vaccinators in Mecklenburg-Western Pomerania, Saxony-Anhalt, and Berlin. They demanded the maintenance of "good prophylactic care for the population," probably not least out of self-interest. After all, state preventive measures secured their employment in the health sector. Such rescue attempts sometimes received support from the West. For example, Ursula Engelen-Kefer, deputy chairperson of the DGB,

[416] On imports of the hepatitis B vaccine at the end of the 1980s, cf. BAB, DQ 1/13102.
[417] BAB, DQ 1/12284, circular MfGe to districts, 21.06.1985.
[418] BAB, DQ 1/14488, note MfGe, Hepatitis B vaccine, requirement III. quarter, 02.07.1990.
[419] BAB, DQ 1/13129, circular MfGe to all district hygienists, 05.09.1990.
[420] BAB, DQ 1/13129, letter from the district of Wernigerode, 23.04.1990.
[421] BLHA, Rep 631/252, Medizinal-Unters.-amt Frankfurt, Annual Report 1990, 18.03.1991.
[422] BAB, DQ 1/15344, letter Thomas Schmidt, 05.07.1990.

tried to spark a debate on a "better health system for the whole of Germany."[423] Despite all such initiatives, the East German "provision state" did not survive the unification process. The GDR had been behind in the race for the immunised society for too long.

7. Conclusion

Vaccinations stand as a prime example of the ambivalences of modernity. Security and uncertainty went hand in hand. The disappearance of earlier widespread epidemics sensitized Germans to the risk of side effects. In the face of looming epidemics, especially during the 19th century, such risks seemed an affordable price. After the disappearance of epidemics, cost-benefit calculations produced new results that put the legitimacy of state intervention to the test. Ultimately, the securitization of the Volkskörper thus promoted a securitization of the individual body. Physical integrity, personal liberties, and the protection of the family were values on which, to be sure, the "medicinische Polizey" had already been fought over in the 18th century. Since the late 19th century, however, debates on the ambivalences of security no longer applied only to aristocratic or bourgeois circles, but to the population as a whole.

Enlightenment, education, emotion management and fear politics, social pressure, and coercive measures reflected the inherent dynamics of prevention and insecurity – and they still do today. Remarkably, this tradition itself is also the tradition of its critique. It was not only the "end of growth" or the Chernobyl accident that shaped the self-image of the risk society.[424] As early as the 19th century, the risks of medical progress gave rise to negotiations about social orders. In weighing up the risks for the general public and the risks for the individual, the Germans explained what kind of society they wanted to live in and what rights and duties they wanted to grant the state and the citizen. Conjunctures of these negotiations cannot be derived solely from the formative power of political systems. For example, it would be logical to assume that the Nazi dictatorship had a rigid vaccination regime, while the Federal Republic of Germany could be distinguished from Nazi Germany by liberal vaccination programs or a laissez-faire attitude. Instead, the history of vaccination reveals surprising facts. The Nazis were pragmatic in their enforcement of compulsory vaccination and open to voluntary vaccination. Moreover, coercive measures always seemed opportune in democratic societies – both before 1933 and after 1945. Violence against the individual in the

[423] BAB, DQ 1/13129, ADN message, A better health system, 23.08.1990.

[424] For more information on risk and its relationship with modern societies, see the HSR Special Issue from Itzen and Müller (2016), "Risk as an Analytical Category: Selected Studies in the Social History of the Twentieth Century." The full volume can be found here: https://www.gesis.org/en/hsr/full-text-archive/2016/411-risk-social-history.

service of the common good was not a relic of an authoritarian empire, a racist "biodictatorship," or a socialist planning regime.

Such observations underline continuities of paternalistic conceptions of population. In the founding decade of the Federal Republic, the Volkskörper was still explicitly found as a guiding concept, while the GDR elevated its synonym – the "collective" – to the fixed star of individual prophylaxis for about 40 years. And even in the West the Volkskörper just gradually morphed into concepts of public health or the common good. The semantics of collective security, which subordinates the concerns of the individual to the needs of the community and treats individual health behaviour with suspicion, is by no means yesterday's news. Evidence of paternalistic conceptions of population can be found up to the 1980s, and in isolated cases up to the present day. This persistence is related to a special feature of epidemics: They are the most social of all diseases. They never affect only the individual, but always the social environment, the family, friends, and neighbours. For this very reason, vaccinations served as a seismograph of the social in this contribution. Their introduction, negotiation, and critique reveal the tectonics of historical societies as well as their distortions.

With these findings, fundamental social developments can be summed up. The expansion of vaccination programs increased feelings of security, which in turn required a constant expansion of immunity. In the age of immunity, therefore, Germans are a society in the gerundive: The goal of the immunized community is never quite attainable. One can dismiss this unattainability as the optimization pressure of postmodernity. In view of the success of vaccination, however, the goal of an immunized society now coincides with the needs of a large part of the population. The immunized society is thus both a child of our time and of our future. After all, vaccinations have remained one of the few promises of progress that have lost little of their appeal; on the contrary, immunity is now regarded as an almost natural basic endowment of every human being. Popular phrases such as "I am immune to that" stand for the ubiquity and everydayness of this concept. Immunity is taken for granted nowadays. We react all the more uncomprehendingly to infectious diseases for which no vaccines are available. The feverish search for immunity against AIDS since the 1980s or against COVID-19 in 2020 therefore underlines the self-evidence of this attitude to life: the idea that we cannot be vaccinated against epidemics is difficult to bear today and even difficult to understand.[425]

The universalization of immunity is a story of one and a half centuries and is based on four developments. A first development is the politicization of vaccination since the second half of the 19th century. Through parliaments,

[425] For more information, see Thießen 2021a, "Immunity as Relativity: German Vaccination Campaigns and Debates in Times of COVID-19", in this HSR Forum. Available at https://dx.doi.org/10.12759/hsr.46.2021.4.316-338.

the press, and protest movements, vaccination seeped into all fields of society. In linking the vaccination question with the social question, vaccination lost its former bourgeois exclusivity. A second development was the medialization of vaccination. From the beginning of the 20th century, immunity became visible, legible, and audible in a variety of media. These media provided a personalization and emotionalization of the vaccination question through images and sounds. The crying of sick children or cries of despair from young parents were often a more valid argument than health statistics or laws. Brochures, magazines and exhibitions, educational films, and radio programs translated immunity into simple images that made vaccination compatible for everyday conversation. Linked to this medialization is a third development, the marketization of immunity. From the 1930s at the latest, vaccinations were transformed into mass products that were no longer distributed and sold by the state but by pharmaceutical companies. The fact that companies cooperated as closely with state actors as they did with the media points to close interrelationships between politicization, medialization, and marketization. It would therefore be too simplistic to view this process solely in its economic dimension or to reduce it to profit maximization by pharmaceutical companies. Ultimately, marketization was the driving force behind social liberalization processes. Companies inevitably relied less on coercion than on appeals and education. A fourth development was the internationalization of immunity. In the 1960s and 1970s, not only did the fields of intervention and threat perceptions expand. International cooperation and conflict also made immunization more flexible, individualized, and standardized. At the end of these four developments, immunity has become commonplace as we know it today. Vaccinations are so normal for us now that one could overlook how long this process has taken.

The age of immunity has not yet passed; on the contrary, in view of current debates about vaccination obligations against measles and side effects of vaccines against COVID-19, about individual freedoms and social securities, one gets the impression that history sometimes does repeat itself.[426] The history of vaccination thus makes two things clear. On the one hand, it underpins the usefulness of historical retrospection, which can be used to objectify current debates. On the other hand, it demonstrates the enduring importance of immunity as an instrument of social order. Vaccination is not only a matter of life and death. Today, too, it is still about social concepts and images of man. In this respect, we will continue to argue about how we should actually live when it comes to vaccination programs.

[426] For more information, see Thießen 2021b.

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