Revenge of the Domestic

WOMEN, THE FAMILY, AND COMMUNISM IN THE GERMAN DEMOCRATIC REPUBLIC

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"The reserves are there but the women don't want to work," grumbled Ministry of Labor officials. Only "special measures," they contended, would draw wives into the labor market.[195] In 1958, as the economy's demand for, especially, skilled workers cranked up, the SED found itself at an impasse—and began to look at women with new attention.[196] Women functionaries in the SED expressed dismay that "the labor shortage governs the mobilization of women."[197] The labor shortage was, however, so acute and economically crippling that it began to reshape the terms of "women's policy."[198] It directed serious attention to women's qualification. It led to sustained interest in housewives. These issues, in turn, caused the SED to begin to pay attention to the household and the family.

[195] SAPMO-BArch, DY30/IV2/2.042/20 Bl. 168, MfA, Stellungnahme zur Halbtags-und-Teiltagsarbeit, 18.2.58.
[196] Obertreis, 141.
[197] Quote from LStA, IV/2/17/692 Frauenarbeit Mai 1960.
[198] Bouvier, 257.

Restoring Fertility

REPRODUCTION UNDER THE WINGS OF MOTHER STATE

When the SED looked at women in the early 1950s, they saw (potential) workers. This perception, feminist scholars have argued, proves that production, not reproduction, was the foundation of women's policy in the 1950s. Contrasting Ulbricht's paltry maternalist measures to the lavish expenditures of Honecker, they conclude that pronatalism emerged only after 1970.[1] Certainly, labor mobilization was the preeminent government policy aimed at women. "The promotion of women's work" was named as a central task of even the Department of Mother and Child (subordinated in 1949 to the Ministry of *Labor* and moved later to the new Ministry of Health). The Law for the Protection of Mother and Child and the Rights of Women (1950) described maternal benefits as tools in the battle to increase women's participation in the labor force.[2] Yet, the very name "Mother and Child" suggests that the agency most directly involved with women also saw a (prospective) mother when it looked at women. In fact, reproduction ran a close second to production in policy toward women in the 1950s. Eager to rebuild a population base devastated by war, the state did not place great pressure on wives to work for wages. Pronatalism, thus, contributed to the state's relative lack of success in drawing married mothers into employment.

It is easy to overlook the strong interest in fertility, because official representations of women did not highlight reproduction as insistently as they did production. In contrast to women's productive labor, natalism continued earlier German state traditions and dovetailed with dominant cultural assumptions about women's proper role. The message about maternity did not have to undo twelve years of Nazi propaganda. It did not have to overcome church teachings. Reproduction was natural to women. Production had to be made so. Nonetheless, the illustrated press clearly

[1] Trappe, 38, note 5; Koch and Knöbel, 94–95.
[2] BArch, DQ1/4700, Land Thüringen, Jahresbericht 1950 der Hauptabteilung Gesundheitswesen beim Ministerpräsidenten, 121–34. Also see DQ1/5331, Steidl, MfG, an d. Bundessekretariat des FDGB, 25.5.50; Obertreis, 33, 57–58; Külke, "Berufstätigkeit," 60–61; Roesler, "Industry."

communicated the state's interest in fertility *and* women's employment. It was full of photos of healthy newborns cradled by well-outfitted nurses in lovely nurseries, happy children in the crèche, kindergarten, or mother's arms, stories about the joys of combining three, four, or five children with wage labor.

In the mid-1950s, propaganda for higher fertility became more explicit as concern rose that employed women's natural urge might not be as strong as the state wished.[3] The GDR's first (and for many years, only) advice book for married couples appeared in 1957. In *The New Marriage Book*, "the well-known social hygienist" Dr. Rudolf Neubert wrote, "children are the root, the happiness, the most beautiful fulfillment of every healthy marriage." A childless marriage can be "good," he conceded, though he could not resist a slap at "the childless couple with a dog" as "the nadir of the false development of human narcissism." In *The Question of Sex. A Book for Young People* (1956), Neubert warned that the "one-child marriage" rests on the "total self-deception" that it is best to give one's child more than one had. "Even two children can be worry children (*Sorgenkinder*)," he regretted to inform. He concluded, "Life only becomes full with three children. With four to six children it becomes really varied, cheerful, complete. Today, it is best to have three to six children."[4] The state did not stop at propaganda for more children but also implemented natalist policies. In their efforts to increase the population, as in their drive to raise productivity, Ulbricht and the Politburo relied heavily on raising the quantity of children through, on the one hand, basic improvements in nutrition, control of infectious diseases, and maternal and infantile health and, on the other, restriction of birth control.

Women and Reproductive Services

The Mother/Child Law (1950) guaranteed pregnant workers or employees a paid five-week leave before delivery and six weeks afterward (which was increased to eleven weeks after in 1956). The state paid for all deliveries, whether at home or in the clinic. Every mother was given 50 DM to buy diapers and other items for each new child. To encourage a "big family," a woman received an additional one-time payment of 100 DM for her third, 250 DM for her fourth, and 500 DM for her fifth child. If employed, a woman received an extra 50 DM at the birth of each of

[3] Timm, "*Bevölkerungspolitik*," 207.

[4] Neubert, *Ehebuch*, 270–71; Neubert, *Geschlechterfrage*, 104. Neubert's *Ehebuch* went through 21 editions by 1976.

Table 4.1
Fertility Rate in the SBZ/GDR, Selected Years, 1947–1971
(Births per 1000 women, 15–45 years old)

Year	*SBZ/GDR*
1947	55.7
—	—
1950	75.0
1955	77.0
1960	85.3
1961	89.2
1962	89.7
1963	**90.0**
1964	88.7
1965	85.2
1966	81.5
1967	76.9
1968	74.3
1969	71.9
1970	70.8
1971	69.7

Source: Storbeck, *Strukturen*, 263; StJb (1973), 36.

her first two children, as well. Each mother received a modest monthly allowance (20/25 DM) for a fourth, fifth, etc., child. Single mothers received all the same benefits. Oddly, a pregnant woman who lived in a "wild marriage" (common-law marriage) was delivered at state expense but received neither the one-time nor the monthly child allowance. Better alone than wild, it seems. Adoptive and foster mothers were also ineligible for child allowances, presumably because they had not brought a *new* child into the world.[5] A jump in child allowances took place in 1958, in the same year that the state tried to increase the employment rate of married women by eliminating ration cards and increasing the wages of unskilled workers. Every mother now received 500 DM at the birth of each of her first two children, 700 DM at the birth of the third, 850 DM for the fourth, and 1,000 for the fifth. For every child, a family now received at least 20 DM a month and from 40 to 45 DM for children beyond number three.[6]

Whether owing to these measures or not, the birth rate increased. By 1949, the fertility rate was recovering from its mid-forties plunge. It rose

[5] Leutwein, 50, 93.

[6] Gunnar Winkler, *Sozialpolitik*, Tabelle 5.13, 384.

Average Age of Mother at Birth of

	1st child	*2nd child*	*3rd child*
1955	22.8	26.3	28.7
1960	22.2	25.6	28.1
1965	22.7	25.6	27.9
1970	21.9	25.8	28.6

Source: Dagmar Meyer, 35.

until 1951, before it leveled off for the remainder of the 1950s at a rate the regime found acceptable.

Despite having a lower standard of living and a higher rate of employment than women in West Germany, East German women had an equal or higher fertility rate throughout the 1950s. Child allowances probably induced women to bear children at a younger age rather than causing them to produce more babies (Tables 4.2 and 4.3). Almost seventy percent of first marriages produced a child within the first year. And a very high percentage of East German women bore at least one child. Ninety percent of the married women surveyed by Heike Trappe gave birth to at least one child, 65.6 percent percent to at least two.[7]

Given that virtually every young woman gave birth, a huge swath of the female population came into contact with public reproductive services in the 1950s as the state extended the existing network of medical clinics to improve prenatal care, the safety of delivery, and postnatal medicine. It was the job of the Department of Mother and Child, headed by Käthe Kern, to pull pregnant women into this net. As early as 1951, according to the Ministry of Health, the pregnancy counseling system encompassed 67.5 percent of (known) pregnant women; in 1958, it claimed to have examined 100 percent of pregnant women at least once and to have seen 52 percent of them three times before delivery.[8] These impressive figures convey, of course, nothing about the quality of care. In urban areas, clinics were often well staffed, with "a social worker, nurse, woman physician, male physician, and mid-wife," yet these five professionals examined twenty-five to thirty women an hour in very cramped spaces. Patients complained about the abrupt, unfriendly tone and unpleasantness of consultations.[9] Outside the cities, the situation was worse. At the beginning of 1952, many centers did "not correspond to the most minimal stan-

[7] Wagner, 186–87; Trappe, 103.

[8] BArch, DQ1/5331, 29.5.57, Betr: Bericht zum Ministerialratsbeschluss von 8.7.54.

[9] BArch, DQ1/4726, Schulze (Hauptabeilung MuK) an die DDR, MfG, 28.11.51.

Births/Deaths per 1000 Population

	Births	*Deaths*
1950	16.5	11.9
1955	16.3	11.9
1960	17.0	13.6
1965	16.5	13.5
1970	13.9	14.1

Source: StJb (1973), 35.

dards."[10] In small towns, centers held office hours only once a week or, in rural areas, monthly, so that many women "do not use the services."[11] Not just the paucity of office hours discouraged visits to a clinic. Health officials regretted that many women did not understand "the meaning and importance of pregnancy counseling."[12] In other words, a lot of them did not keep or even make an appointment.

The state offered incentives to overcome women's immunity to its message. It provided pregnant women with special vouchers that entitled them to double the basic rations of milk, bread, and fats. They were also allotted extra "points" on their textile ration certificates. Only at a pregnancy counseling center could a pregnant woman pick up a monthly surplus rations card and have it validated. Cards were distributed to clinics right before the next month began. The clinics were virtually empty for three and half weeks, but a "stream of women" flowed through their doors during the first two to three days of each month. This crush "greatly harms the work of our pregnancy counseling." Pregnant women stood in line for hours, only to get a cursory exam, followed by another wait to get the ration card stamped.[13] A report noted, "Mothers prefer to relinquish the urgently needed supplementary rations than go through the monthly examination."[14] In 1948, the Women's League complained to a health official about this policy.[15] The new state, however, continued to

[10] BArch,DQ1/4726, Auszüge aus dem Brandenburg. Jahresbericht 1951, Berlin, den 21.1.52.

[11] Ibid., Aus den Bericht der Zent. Kontrollkomm, Abschrift: Mütter- u. Saüglingsberatungsstellen (Entbindungsheime) (n.d.).

[12] Ibid., Adamzik an MfG, 26.10.52; 2512, Richtlinien . . . Schwangerschaftsberatungsstellen, 7.9.53.

[13] BArch, DQ1/4616, Halbjahresbericht der SBS, 7.9.54; Dr. Neumann an Dr. Otto Konke, Zeitz Bezirk Halle, 18.12.53.

[14] BArch, DQ1/4726, Aus den Bericht . . . (Entbindungsheime).

[15] BArch, DQ1/1686, Bl. 282, Dr. Neumann an deutsche Wirtschaftskommission, 12.1948.

hitch rations to consultations. In 1952, in response to an article in *Berliner Zeitung*, the Ministry of Trade, which issued the cards, suggested a cut in the required number of visits, only to be rebuffed by the Ministry of Health.[16] Popular resentment against the practice peaked in the crisis year of 1953. At a Leipzig clinic, women "often drastically express their disgust" by pushing and shoving in line.[17] In letters to the Ministry, husbands criticized the many exams endured by a pregnant wife who had to leave her other children at home alone to get a "very modest" amount of extra provisions. Physicians in private practice protested because they were not allowed to validate the ration cards, although women often turned first to "the doctor whom they trust."[18] An official report acknowledged that many women still visited "private physicians" who were not, however, supplied with cards, because the establishment of a state monopoly over health care was as much at stake as women's health.[19] State-employed physicians who operated factory clinics charged the Department of Mother and Child with bureaucratic bungling, because it insisted that pregnant workers be examined at municipal, not factory, clinics.[20] Physicians in the Ministry of Health defended the system as necessary for effective prenatal care.[21] Indeed, they worried about "how [we will] get pregnant women to come in when [the end of rationing means] they no longer need the surplus rations cards."[22]

Health officials not only monitored pregnancies but, aided by the DFD, taught employed pregnant women their rights on the job, the terms of maternity leave, and the kinds of heavy tasks or dangerous materials they must avoid. In general, they reported, "industry" met these legal stipulations, while "agricultural concerns" ignored them.[23] Most pregnant women took advantage of paid leave. Every year, several thousand work-

[16] Ibid., Dr.Bertschy . . . Landesregierung Meckl., MfG, an das MfG, DDR, 19.12.50; Dr. Neumann, Zusatzkarten für werdende u. stillende Mütter, 22.12.51; Zu diesem Schreiben . . . 1.2.52, an HA MuK, Herr Min. Steidle.

[17] BArch, DQ1/4616, Körner, MuK, 27.6.53.

[18] BArch, DQ1/4616, Dr. Grosse-Weischede, Abt. Ghw, an Dr. Med. Anno Dittmer, den 10.1.53: Dittmer an G-W, 24.1.53.

[19] BArch, DQ1/4726, Auszüge aus dem Brand. Jahresbericht 1951, 21.1.52.

[20] Quotes from: BArch, DQ1/4616, S. Hoppe an Frau Dr. Damaschun, 25.8.53. Also see DQ1/4616, Dr. Otto Kionke, Zeitz, An den Ministerpräsident, 30.8.53; Dr. Pohlemann, Chefarzt of Betriebspoliklinik Chemische Werke Buna, an das MfG, 11.12.53.

[21] Quote from BArch, DQ1/4616, Dr. Müller . . . an die MfG, 17.12.53. Also see DQ1/4616, Dr. Damaschun, Kommunale Kreisärztin, Bez. Cottbus, an das MfG, HA MuK, 23.11.53; HA MuK an S. Hoppe, 12.11.53.

[22] BArch, DQ1/4616, Dr. Schmiedel, Kreisarzt, Rat des Landeskreis Leip, an den Rat des Bez. Leip, 12.12.52; Rücksprache . . . Dr. Schmiedel, Dr. Rentzsch, Berlin, den 25.10.52.

ing mothers who had suffered a difficult delivery got to stay in recovery homes for the duration of their "nursing leave." Officials dreamed of the day when all employed mothers would spend their entire leave in a state-run "delivery home."[24]

A major stumbling block to a realization of this dream was the common practice of home delivery, mainly by midwives. In Saxony, one of the GDR's most populous states, roughly 1,000 independent midwives were in practice in 1952. In Leipzig, a large city with more and better clinics than the average locale, one-third to one-half of babies were born at home in 1952.[25] The strong position of midwives was historically rooted. Unlike American physicians, German obstetricians had not systematically impugned midwifery as a profession or home delivery as a practice; German states had encouraged cooperation between physicians and midwives. Nonetheless, midwives' position had been eroded by the inroads of obstetricians, and they fought back. In 1938, they had negotiated an agreement with the Third Reich that recognized their independence and licenses.

The GDR adopted a middle tack toward midwifery. The Ministry of Health never planned to destroy the profession, if only because the worsening shortage of physicians made midwives indispensable. Health authorities aimed, however, to bring them completely into state employment. To this end, in 1952 the ministry suddenly annulled the 1938 agreement and (secretly) instructed the health licensing administrator (always a physician) to grant no new permits for private practice. Midwives were presented peremptorily with a contract that, adding injury to insult, slotted them at a low salary level.[26] Not just the drive to socialize health care impelled the state forward. Health officials believed that safer, cleaner clinic deliveries would reduce infant and maternal morbidity and mortality. They also suspected that "free-practicing" midwives performed illegal abortions and sold abortifacients.[27] Last but not least, the state wanted to bring midwives into public clinics so the state could exploit the "great respect" they enjoyed in rural areas to modify "the rustic belief that one should come into the world in the home of one's fathers" and to make people realize the clinic was better.[28]

[24] BArch, DQ1/ 4726, Auszüge aus dem Brandenburgischen Jahresbericht 1951, Berlin, den 21.1.52.

[25] BArch, DQ1/5924. Neumann an MfG, Sachbearbeiter Frau Behrend, 12.2.52.

[26] BLHA, Rep. 601/5928, Bl. 375–76, 16.12.52; Bl. 398, Matern an Frau Staatssekretärin. Malter, MfA, FDGB, BVS, 1.9.52.

[27] Interview Frau J. (a physician who worked in the Department of Mother and Child in the 1960s). Also see Prof. Rudolf Koch's comments in *Zentralblatt für Gynäkologie* 1947

TABLE 4.4
Infant Mortality, per 1000 Live Births (selected years)

1938	55
1949	78
1950	72
1955	49
1960	39
1965	25
1970	18

Source: StJB (1973), 35.

counseling for mothers was often available only one day a month. Even in cities, centers might be open only two or three days per month. Most acute was the dearth of social workers and physicians. When a center could not be staffed, a physician, or, more often, a midwife, nurse, or social worker, made home visits to sick patients.[37] New mothers, unlike pregnant women, wanted a *doctor* to examine their baby and got upset if a midwife or nurse showed up. The medical staff found it difficult to make rounds to widely scattered clinics, because district governments allotted less gasoline to the Department of Mother and Child than to the more esteemed industrial departments.[38] These difficulties had the consequence that mothers tended to avoid the maternal counseling centers.[39] In Brandenburg, private practitioners still cared for the majority of new babies.[40]

In 1951, the Department of Mother and Child added mothers' training courses to its services. Evidently quite popular in some areas, these classes taught hygiene and parenting skills.[41] A major subject, and a primary focus of maternal counseling, was the promotion of breastfeeding to reduce infant mortality. Communist efforts to get proletarian mothers to breastfeed continued a mission of the German health system and bourgeois women activists dating back to the 1890s.[42] In its eagerness to encourage nursing, "Mother and Child" in Brandenburg introduced classic Stalinist productionist methods: it instructed midwives and nurses to hold competitions for the output of the most milk during the lying-in period! At maternal counseling centers, mothers were given "breastfeeding cards" that allotted them extra rations, such as more cow's milk, until their baby was a year old.

[37] BArch, DQ1/4726, Auszüge aus dem Brand. Jahresbericht 1951, 21.1.52; Brandenburg, Mütterberatungstellen, 11.11.52; Adamzik an MfG, 26.10.52; DQ1/2512, Richtlinien ... 7.9.53; LStA, 912, Mutterberatungsstellen, Bl. 71, Döbeln an Leipzig MuK, 22.9.52.

[38] BArch, DQ1/4616, Rat des Bezirks Magdeburg, Ref. MuK, Dr. Lange-Malkwitz ... 26.3.53.

[39] BArch, DQ1/4616, Dr. Arndt an den Rat des Bez. Mag, Abt. Gsw, 4.2.53; Dr. Schmautz, Bezirksarzt, Bezirk Suhl, an HA MuK, 16.10.52.

[40] BArch, DQ1/4726, Auszüge aus dem Brand. Jahresbericht 1951, 21.1.52; Brandenburg, Mütterberatungstellen, 11.11.52.

[41] BArch, DQ1/4726, Röhle an MfG.

[42] Frevert, "Tendency."

Despite such measures, physicians feared a decline in breastfeeding. In cities with higher than average rates of women working *and* infant mortality, such as Potsdam, officials complained about a "lacking will to nurse" but admitted that most mothers stopped breastfeeding when they had to return to work. Physicians recommended the extension of "nursing leave" from six to twelve or fourteen weeks. In lieu of this change, various measures were put in place to ensure that more babies got breast milk for a longer time. Factory managers allowed nursing mothers special breaks during which they either could run home to feed the baby, retire to a special room to which the baby was delivered, or, in concerns that provided infant care, go to the nursery where the baby stayed. "Mother and Child" also arranged for mothers with plenty of milk to express milk for the children of others. Physicians recommended, in addition, that counseling centers be "more generous and less controlling" with the breastfeeding ration cards, despite the fact that poor mothers were known to sell their cards to better-off mothers.[43]

CONTRACEPTION AND ABORTION

GDR natalism took on increasingly "positive" features in the 1950s, but these measures rested on laws and policies that restricted women's control over reproduction. "Negative" pronatalism was less expensive than positive incentives. It also fit the repressive principles and practices of High Stalinism. It was consistent with Ulbricht's mentality and morality. It is not surprising, then, that the state discouraged the use of contraception with a de facto quarantine on public discussion of birth control and uneven availability of condoms, diaphragms, and spermicide. The GDR never prohibited the publication of information about birth control nor banned the sale of contraceptive devices. Indeed, women who had just delivered and couples who requested an abortion were told to visit their doctor to learn about contraception. In practice, however, as elsewhere at the time, available methods did not work well. It was, more-

[43] BArch, DQ1/4726, Auszüge ... 21.1.52; 2 DQ1/1752, Bl. 108, 1.3.57, Bericht ... Potsdam; LStA. 912, Bl. 35–36. Protokoll über die Besprechung mit den Ärzten und Fürsorgerinnen ... 1.12.51; Interview Frau J.

Independent midwives were entangled in two overlapping processes: the rapid statification of the East German economy and the gradual medicalization of childbirth in the modern world. Statification also affected physicians, of course. Once in state service, however, doctors enjoyed considerable influence over health policy. Indeed, they helped orchestrate the campaign against independent midwifery and home deliveries. Whether in state or private practice, doctors agreed, "independent midwives performed more deliveries than can be responsibly countenanced." East German midwives rejected the argument that home delivery was more dangerous, pointing out correctly that postnatal breast infections occurred more often in hospital. "Women have delivered at home for thousands of years," they told clients and physicians, "[b]irth is something entirely natural." This argument, a physician retorted, "serves their design to maintain control over the birth process." The "reeducation of midwives," health officials and physicians believed, would advance smoothly only after they entered state service.[29]

East German midwives acted with verve to protect their profession. They enjoyed the advantage of recognized union status in the FDGB. They knew that they had a crucial skill and a loyal clientele. Irma Neumann, leader of the Saxon midwives' union, was their most assertive proponent. Without explicitly criticizing the contract of 1952, she warned the Ministry of Health that midwives would reject the contract unless allowed to meet to discuss its terms. She criticized doctors who, she said, were impeding a cooperative arrangement between the state and independent midwives by robbing midwives in state employ of control over examinations and deliveries and, thus, turning midwives against state employment. Unimpressed, Käthe Kern denied midwives the right to discuss contract terms (though Kern admitted to a colleague that the salary offer was too low).[30] In anticipation of Kern's rebuff, Neumann carried out a letter-writing campaign to bring the cause of hardworking, poorly paid, politically loyal midwives to the attention of higher authorities such as President Pieck and Health Minister Steidl. On a more pragmatic level, she played on the FDGB's *amour propre* by pointing out that the new measures had been decreed without consulting the union federation.[31]

The state prohibited discussion of the contract in order to preempt opposition. Its secrecy had the "opposite effect," reported State Secretary

[29] Ibid.

[30] Ibid., 5928, Hebammenwesen. Neumann an Dr. Hahn, MfG, 16.2.52; Bl. 349, Kern an Zentralverwaltung der Sozialversicherungskasse . . . 5.3.52.

[31] BArch, DQ1/6418, Neumann an MfG, 12.2.52; Neumann an Pieck, 1.2.52; Neumann an Steidl, 16.2.52; Abschrift, Freiprak. Hebammen Klara Steuber; Neumann an Landesvorstand FDGB Gesundheitswesen, 30.1.52; Neumann an Kollegin, 31.1.52; BLHA, Rep. 601/

Jenny Matern. Midwives, presumably alerted by Neumann, refused to sign the contract to enter state service and told expectant mothers that it was safer to deliver at home.[32] Those midwives who were already in state service protested the poor terms of the contract and in 1954 began a movement to "return to independent practice," because of their lack of autonomy in the clinic and the state's "insufficient recognition" of their services. They discussed these matters at their union's annual conference, which union and Health officials also attended. A health administrator complained afterwards that an FDGB officer had "made promises [to the midwives] that cannot be kept."[33] The state eventually won the war. Ever more midwives entered state service; hospital deliveries became the norm and, finally, replaced home births. In 1952, clinic deliveries made up 48.2 percent of all births; by 1955, 71 percent; and by 1959, 86.5 percent.[34] Both processes took longer than projected, however, slowed down not only by a dearth of clinic beds and physicians, but by midwives' organized resistance.

The campaign in favor of hospital birth was motivated primarily by the desire to reduce infant and maternal mortality. The Health ministry anxiously tracked infant mortality, noting its decline with satisfaction and expressing alarm over temporary or regional lapses. By 1949, infant deaths had been reduced from 131.4 to 78 per 1000 live births; they declined steadily from then on (Table 4.4). Babies of single mothers died at a higher than average rate, still 86 per 1000 in 1952. An investigation established that the main reason out-of-wedlock babies died more frequently was that they were more likely to be premature. Thus, Mother and Child set out to reduce premature births and soon closed the gap in the mortality rate. The regime was no less eager to reduce maternal death. In 1950, 20.6 of every 10,000 mothers died in or right after delivery; by 1955, this number had been reduced to 13.7.[35]

Safely delivered, baby was bundled over with mother to "maternal counseling centers." By 1952, *Mutterberatungsstellen* existed in every GDR state and were being opened at a rapid rate in ever more remote places.[36] Again, their actual operation could leave room for improvement. Many centers were "inadequately" outfitted and staffed. In rural areas,

[32] BLHA, Rep. 601/5928, Hebammenwesen, Bl. 396, Matern an die Zentralverwaltung der Sozialversicherung, 12.9.52.

[33] BLHA, Rep. 601/5928, Hebammenwesen, Bl. 398, Matern an Frau Staatssekretärin Malter, 1.9.52; BArch, DQ1/2653, MfG, HA MuK an Ref. MuK. 27.2.54; DQ1/2653, Abt. Gesundheitswesen. 14.5.54.

[34] StJb 1960/61, 64.

[35] Ibid.; BArch, DQ1/2752, Bl. 106, 1.3.57, Bericht des Referats MuK; Gunnar Winkler, *Sozialpolitik*, Tabelle 2.6, 386.

1950 bespoke, no doubt, more immediate interests that, however, remain murky. Oblique references suggest that the Soviet Union, where the abortion ban of 1936 was still in force, pressured the SED to ban abortion sooner than it had intended. Article 11 allowed, one notes, for exactly the same indications as the Soviet law.[51] If the USSR applied pressure, not much was needed, given Ulbricht's moral opposition to abortion. A third factor was, no doubt, the opinion of conservative gynecologists, who dominated East German academic faculties far into the 1950s and advocated a strict definition of "therapeutic abortion."[52] At their meetings in the 1940s, gynecologists expressed strong antagonism to the provisional loosening of 1945–46 and to the social indication included in the laws of 1947–48.[53] In a lecture to social workers and physicians employed by marriage counseling centers, a senior academic gynecologist delivered a ringing call for the sovereignty of medical expertise in abortion decisions and a shrewd critique of the social indication as a slippery slope toward legalization. Gynecologists also voiced doubts about the verifiability of rape as grounds for abortion.[54]

Whatever the exact constellation of forces behind Article 11, it set up an elaborate process that a woman had to negotiate to take the legal route to an abortion. Every request for an abortion was evaluated by a "termination commission" composed of three physicians, a (female) representative of the Department of Mother and Child, and an envoy of the Women's League. If turned down by her local commission, a woman could reapply to a district commission composed similarly to the local one. Its decision was final. Her only (legal) recourse then was to the right of individual petition anchored in the GDR constitution. She (or her husband or mother or some other relative) could write to the Department of Mother and Child or, more rarely, to prominent SED leaders, newspaper editors, or other authorities (who forwarded the letters to the Department of Mother and Child). All this had to occur within the first trimester of a pregnancy, after which no abortion was legal (although some were approved and performed).[55] In practice, the timing did not matter; for not a single petition met with success.

[51] Kirsten Poutrus, "Massenvergewaltungen," 192.

[52] Interview Dr. Karl-Heinz Mehlan. Also see Ernst, "Prophylaxe"; Ernst, "Profession."

[53] See, e.g., "Berichte aus gynäkologischen Gesellschaften," *Zentralblatt für Gynäkologie* 1947 (Heft 2), 182–94. Also see: An den Kreisvorstand . . . 23.4.48, reprinted in Thietz, 50–51.

[54] Dr. H. Lax, "Die soziale Indikation," *Zentralblatt für Gynäkologie* 1950 (Heft 9), 517–22.

[55] BArch, DQ1/1843/1, Bl. 309.

Authorized Abortions in the GDR

	Per 1000 Inhabitants	*Per 10,000 Births*
1952	2.7	122
1956	0.9	35
1962	0.7	26

Source: SAPMO-BArch, DY 30/IV 2A/17/83.

The Department of Mother and Child oversaw the machinery of prohibition. Most importantly, it tried to track *every* pregnancy through its counseling centers. Its boss, Käthe Kern, once a vociferous critic of Paragraph 218, now had to try to convince women of the correctness of Article 11. This message, she admitted, did not always go down well.[56] Many women refused to be convinced. Between 1950 and 1955, 70,000 to 100,000 illegal abortions took place annually in the GDR.[57] It was generally assumed that women who lived in or near Berlin (and could afford the fees) visited abortionists in West Berlin, where the Social Democratic regime enforced Paragraph 218 less diligently than the Communist one in East Berlin enforced Article 11.

Physicians, nurses, and social workers remarked on the "terrible plague of illegal abortion" in the GDR. A hospital director claimed that ninety percent of all miscarriages in his semirural district were, in fact, abortions; older women, he said, terminated pregnancies at an especially high rate. An opponent of abortion, he blamed terminations on marital relations "disturbed" by the alleged postwar promiscuity of wives.[58] In contrast, a nurse and a factory social worker, who dealt daily with working-class women, identified economic misery as the main impetus behind abortion.[59] Data on the social circumstances of women who had *legal* abortions in 1949 and 1950 suggest that they were probably right. Almost sixty-four percent of applicants claimed the social indication. Twenty-one percent said they had medical reasons for an abortion. A miniscule 0.9 percent claimed to have been raped, while 0.4 percent based their application on the eugenic indication. The majority of women who cited a social indication were married, and more than twenty-five percent of them had

[56] See, e.g., SAPMO-BArch, NY4145/23, Käthe Kern, "Eine Wende im Leben der Frau. Das neue Frauenrechtgesetz/ Von der formalen zur realen Gleichberechtigung," *Tribüne* 29.9.50. Also see Grossmann, *Sex*, 199.

[57] SAPMO-BArch, DY30/IV2A/19/22, K.-H. Mehlan, "Vortrag gehalten auf der Zentralen Fortbildungstagung der Hebammen . . ." 20.9.63.

[58] BArch, DQ1/1843/1, Bl. 312–17 [1952].

[59] BArch, DQ1/1843/1, Bl. 321, 3.1.52.

TABLE 4.6
Commissioners' Rulings on Requests for Abortion, Leipzig District

	Total Applications	*Approved*	*Rejected*
1953	362	169	183
1955	234	96	138

Source: SHSA, 931, B1.1–14.

four or more children, while almost sixty percent had an infant or toddler to care for. More than half of all applicants were housewives. Sixty-three percent of applicants were married to blue-collar workers, eighteen percent to white-collar workers.[60]

Article 11 inaugurated a drastic decline in *legal* terminations (Table 4.5). In 1950 (Article 11 went into effect only in October), 26,400 legal abortions were performed; in 1951, 5,000; in 1956, 1,000; and in 1961, 800.[61] The number of applications also fell, as suggested by data on Leipzig (Table 4.6). In the 1950s, state officials and influential physicians argued that the decline in applications reflected "the improvement in our economic situation." Looking back from the 1960s, however, a report admitted that the very low rate of approval had discouraged women from undertaking the almost hopeless process of application.[62] This same report insinuated that physicians had applied the terms of Article 11 more strictly than the state intended. Dr. Kurt Winter, a Communist physician of some prominence in the 1940s, claimed, however, that "[d]octors reacted so restrictively because they were scared."[63] The documentary record supports this assertion. In 1953, for example, the physician who headed the Division of Mother and Child in Schwerin queried his superiors in Berlin about the possibility of performing an abortion on an indigent 42-year-old woman impregnated during a rape. The Ministry of Health answered laconically, "There is no ethical indication."[64] Physicians did, however, exercise considerable control over legal abortion. Doctors constituted a majority of the termination boards. Medical superintendents clearly influenced the boards. Medical academics ruled summarily in ambiguous cases. Nonphysician health officials such as Käthe Kern deferred to the opinions of professionals about which illnesses endangered the life of a pregnant woman. Her correspondence with health officials reveals that she and they accepted an older medical argument that *every* abortion debased the general health of *any* woman and, worst of all, might cause infertility.[65] Thus, the SED and conservative physicians, especially gynecologists, suppressed the pragmatic inclinations of more liberal physicians.

[60] Kirsten Poutrus, "Massenvergewaltungen," 187.

[61] Mehlan, 183: Table 11.1.

[62] BArch, DQ1/1796, Besprechung über die Schwangerschaftsunterbrechung, Juni 1954; SAPMO-BArch, DY30/ IV A2/19/22, Stellungnahme und Empfehlungen der Kommission zu Problemen der Schwangerschaftsunterbrechung in der DDR [1963], 1.

[63] SAPMO-BArch, DY30/IV A2/19/22, Notizen während der Beratung am 21.4.64 mit führenden Gynäkologen, usw.

[64] BArch, DQ1/1668, 1.7.53. For similar cases, see DQ1/1843/1, Bl. 82–3, Bl. 53, 7.7.53. Also see SHSA, 5321, Bl. 6–7.

In the early 1950s, very few East Germans protested to higher authorities after a commission turned down a request of an abortion. I have located eighteen petitions from 1951 to 1955 from families (including two single mothers) that had an average of three children, lived in all geographical areas of the GDR, and spanned its social spectrum. The typical husband was a member of the socialist "middle-class," i.e., a teacher, white-collar employee, engineer, manager, etc. Husbands wrote eleven of the sixteen letters from married couples, suggesting that the couple assumed he should mediate between the family and the state about this delicate matter. Every petition justified its claim for reversal on medical grounds.[66] To the untrained eye, the great majority of the delineated diseases do not appear to have been serious.[67] Many letters referred to *social* distress even as they placed medical claims in the foreground. They also conveyed a strong sense of the profound physical and psychic exhaustion of the pregnant woman. Petitioners asserted that the family was already too large, mentioned inadequate housing, claimed financial constraints, and made much of problems attributable to the war and its aftermath. Indeed, as in the applications from the 1940s read by Atina Grossmann, these petitioners tried one argument after the next as they searched for the right key. Pleading the case of her pregnant, unmarried daughter, for example, a mother predicted the misery that every member of the extended families would suffer if an illegitimate baby was born, counted her years of dedicated service to the GDR, and quoted Walter Ulbricht, before ending, "I'd like to add that in principle I'm opposed to abortion."[68]

[65] See, e.g., BArch, DQ1/1668, Bl. 309, Kern an Steidle, 1.3.52; DQ1/1843/1, Bl. 54; DQ1/5145, 30.8.54.

[66] Only one letter added a eugenic claim. Atina Grossmann found, in contrast, that raped women resorted often to eugenic arguments in applications filed in 1945 and 1946 (Grossmann, *Sex*, 194).

[67] Complaints included vague circulation troubles, stomach ailments, headaches, heart problems, and tuberculosis.

[68] BArch, DQ1/6324, Bl. 601–2.

As exaggerated or simulated as they are, the petitions (and the investigations they prompted) reveal much about how husbands and wives made decisions about reproduction. Husbands appear to have tried to exercise considerable control. When a social worker visited a couple in which the husband had written the petition, the wife said she now wanted the baby. He attempted to get her to change her mind, saying, "I can't be expected to have to listen to two kids' screaming when I come home from work."[69] In another case, a social worker believed that the woman would have kept the pregnancy, "if she did not fear that her husband, a psychopath, would fall apart or file for divorce if she carried to term against his will. The father can't stand small children and never forgave his first wife for how she changed after she had a child. . . . [His current wife] lives for him. . . . He cries continually, can no longer do his scientific work, and makes life miserable for his wife. . . . [S]till, she places him and his egoistic wishes first."[70] Several husbands wrote without informing their wives that they were doing so.[71] No petitioner referred to the right of a woman to control her own reproduction. No one mentioned the rights of women at all. A few petitioners did talk about "woman" in general but only to associate her with weakness and children.[72]

No argument convinced Kern to overturn the ruling of a termination board. In her responses, she always insisted that, sooner or later, the couple would look forward to the birth of their baby. On the other hand, she never "shamed" a woman for wanting an abortion. Although the occasional political attack in a petition provoked her to lecture about the superb social provisions of the Workers' and Farmers' state, she did not impugn any couple's cry for help as illegitimate. Her practical responses were several: she sent in social workers to observe and counsel the couple; offered the suicidal or exhausted woman a state-financed "cure" in a rest home; and offered to board the family's existing children temporarily in a children's home at state expense.

As the decade progressed, the social profile of legal abortion changed. In 1956, the gynecologist Hans Mehlan gathered statistics on applications for abortion. Of 2,072 applicants in 1955, two-thirds were over thirty years old, compared to one-half in 1949. As earlier, four-fifths were married and the majority already had at least three children. Three-fifths of them were housewives, thirty-five percent were employed, and five percent were "without profession" (probably adolescents). Abject social misery no longer prompted the typical request. The average family monthly income of applicants was 290 DM, as opposed to 250 DM for the population as a whole. Mehlan acknowledged, though, that twenty-eight percent of applicants lived "very poorly." He also recognized that women from "good social circumstances" were more likely to get a request approved than those from "badly situated families."[73] Better-off women were, one suspects, more likely to live in a larger city with a more liberal termination commission. Moreover, prosperous women were better educated and could, presumably, use language more effectively to convince a physician of the rightness of their plea.

[69] BArch, DQ1/5145, 19.4.54.

[70] BArch, DQ1/2036, Protokoll . . . Beschwerdekommission . . . 20.3.57.

[71] BArch, DQ1/5145, (*Herr*) E. an das MfG, 22.11.54.

[72] BArch, DQ1/5145, (*Herr*) E. an das MfG, 22.11.54; DQ1/5145, 23.8.53; DQ1/1843/1, Bl. 58. Also see DQ1/5145, 20.8.54.

Socialist Population Policy and Eugenics

GDR officials and publicists boldly proclaimed the state's right to pursue "the goals of population policy [*bevölkerungspolitische Aufgaben*]," even though the SED was fully aware that population policy was identified in the public mind with National Socialist racism, eugenics, and militarism. At trade union meetings, working women denounced the blatant natalism trotted out to justify Article 11, wondering: "Why do they want so many children—that would be like Hitler."[74] In 1949, health officials in Leipzig acknowledged that a difficult, but necessary, task of the marriage and family counseling centers would be "to turn population policy against National Socialist ideology and toward an ethic of healthy and natural maternalism with no militaristic objective."[75] Insensitive to the idea that their language might be interpreted as "Nazi," Communists praised the desire of "healthy" women, "healthy" men, and "healthy" couples to reproduce. It was pernicious to impute "unhealthiness" to people who did not share this yearning. One should not, however, conflate the Communist notion of health with a definition based on racial or hereditary characteristics. In SED discourse, healthiness signified the "natural," universal state of the mind or body uncorrupted by poor nutrition, capitalist decadence, or fascist ideology. Public hygiene, as represented by the Ministry of Health and by experts such as Rudolf Neubert, aimed to excise

[73] SAPMO-BArch, NY4182/246, Bl. 75–77, Betr.: Arbeitstagung der ärztlichen Direktoren und Chefärzte vom 29. bis 30.5.58 in Leipzig. Mehlan Vortrag: "Das Bild der legalen und illegalen Schwangerschaftsunterbrechung."

[74] SAPMO-BArch, DY30/IV2/17/29 SED Brbg, FrAbt. an ZK FrauenAbt., 26.10.50. Also see DY30/IV2/17/29, Bl. 114, Gegnerische Stimmen . . . ; Bl. 127–28, SED Brandenburg, Frauenabt. an ZK FrAbt. 18.10.50. Bl. 129. Also see Grossmann, *Sex*, 198; Timm, "Bevölkerungspolitik," 205.

[75] LStA, 544, Bl. 39, Abschrift. Richtlinien über Ehe und Sexualberatungsstellen. 31.7.49.

these *environmental* causes of disease and "unhealthiness."[76] More fundamental was the distinction between the GDR's strikingly "unselective" interest in quantity of births and the National Socialist obsession with racial and genetic "quality."[77]

As the eugenic indication in Article 11 suggests, however, Communist pronatalism was not free of eugenic assumptions. Applicants rarely claimed the eugenic indication. A random selection of monthly compilations of abortion requests in the Leipzig area suggests that about five percent of legal abortions were eugenically motivated in the early to mid-1950s.[78] Except for two or three petitions that used a eugenic argument, there is no record of why applicants listed the eugenic indication.[79] GDR doctors knew that eugenic abortion was a "very hot iron" because of its associations with Nazi population policy.[80] In private consultations among themselves, physicians occasionally used eugenic arguments. In one case, a "feeble-minded" twelve-year-old girl, five months pregnant, had been raped by an "unknown" who "can't have been a worthwhile man." A eugenically indicated termination was, a gynecologist reflected, possibly justifiable on these grounds. Several days later, he performed the abortion. In this case, as in four or five instances found in files of the Ministry of Health, the pregnant woman was a minor whose parents or another adult relative pressed for the abortion. In all of these instances, the pregnancy was advanced and a termination could not be justified on medical grounds.[81] I have found one case in which an adult woman, an inmate of a mental institution (as was her sexual partner), was aborted without her explicit consent. Sterilization was also recommended in her case, though it is not clear if it was carried out. No doubt other involuntary abortions and/or sterilizations took place, though I have seen no evidence that this was a *policy* directed at the mentally ill. Certainly, Communist health officials, social workers, and citizens used the term "asocial" to describe people who refused to work, took inadequate care of their children, or produced many unwanted children. At least officially, however, "asociality" was not ascribed to heredity, and no one attempted, as far as I can ascertain, to keep "asocial" people from reproducing.

[76] Annette Timm places Communist policy in a more continuous line with Nazi population policy. See Timm, "*Bevölkerungspolitik*," 176, 205, 212–13.

[77] Süss, "Gesundheitspolitik," 59.

[78] See "Statistische Monatszahlen der Bezirke," collected (unsystematically) on districts including Leipzig, Magdeburg, and Rostock in BArch, DQ1/1668; DQ1/1675; DQ1/4870, Bl. 445–48; DQ1/4872; DQ1/1677.

[79] See BArch, DQ1/2036, 30.4.53; 5.5.54.

[80] Quote: SAPMO-BArch, DY30/IVA2/19/22. Dr. H. Kraatz an Friedeberger, 20.4.64.

[81] BArch, DQ1/5145, Protokoll . . . 27.3.52.

Conclusion

The GDR's maternalist benefits, strict limits on abortion, and discouragement of contraception were comparable to the practices of most European states of the era. They were also in line with the German past. The GDR enacted programs that followed directly from Nazi pronatalist measures, *stripped of their racist features*, but broke with Nazi *anti*natalism which, Gisela Bock argues, was the fundamental and distinguishing characteristic of Nazi reproductive policies.[82] Under each dictatorship, health officials attempted to register all pregnant women, see that they were continually under a doctor's care, teach them basic hygiene, and ensure that nursing mothers and infants were regularly examined. In both dictatorships, the mass women's organization helped the state implement these goals. Only in the GDR centers, however, were women educated about their social and legal rights (as women, workers, and/or wives).[83] Both the Third Reich and the GDR, in turn, expanded the Weimar era's embryonic counseling system for pregnant women, new mothers, and babies, though only in the Third Reich were the counseling centers conducted along racist lines.[84]

Like National Socialists, Weimar and West German Social Democrats, West German Christian Democrats, and, indeed, most political parties even today, German Communists assumed that reproduction was a natural human goal that was differently motivated for women and men. To quote Neubert's *Marriage Book*, procreation "corresponds to the woman's yearning for children and to the man's will to carry on his life and work."[85] One of the SED's most progressive physicians, Dr. Lykke Aresin, who ran an unusually enlightened marriage counseling center in Leipzig, explained her opposition to the full legalization of abortion: "Pregnancy, children, a full family life belong to the full life for women. Something is wrong with a woman who applies for an abortion at the age of thirty. We would allow her life to be robbed of its meaning by [what she wanted done] in one of life's heedless moments."[86] The conviction that a "healthy" woman's desire for children was central to her identity as a woman constituted a real, if transparent, cultural bond between the state

[82] Bock, *Zwangssterilisation*; Bock, "Gleichheit."

[83] See, e.g., BArch, DQ1/4726, Röhle an das MfG (n.d.). On Nazi policies, see Czarnowski, *Paar*, 133–36.

[84] On the Weimar republic, see Grossmann, *Sex*; Usborne; Hong; Hagemann, 207, 210–12, 216–18.

[85] Neubert, *Geschlechterfrage*, 36. On Imperial discourse, see Ann Taylor Allen, Feminism. On Social Democracy, see Canning, Languages, 151; Hagemann, 307.

[86] SAPMO-BArch, DY30/IV A2/19/22. Notizen . . . S.8.

and the majority of the population *and* between the regime and East German churches (which strongly supported Article 11).[87]

The SED's intervention into reproductive matters fit with its refusal to treat the domestic sphere as sacrosanct. Communists believed in the right of a just, socialist state to reach its arm into private affairs in pursuance of "communal" goals. They would not have denied that they were engaged in social engineering, though they did not, of course, see themselves as instrumentalizing women. From an ideological perspective, it is only peculiar that control of women's bodies continued largely within the traditional confines of state intervention in the family and, indeed, pried mostly into matters that both conservatives and National Socialists deemed worthy of state attention. Many East German women and men, however, opposed the meddling of any outside authority into their reproductive lives. Women accepted the state's financial "carrots" to raise fertility, but they resented and circumvented its "sticks." They protested the linking of extra rations for pregnant women to prenatal examinations, remained loyal to midwives and private doctors, and, despite legal and physical dangers, had illegal abortions. Few of them did so in accordance with a philosophical or political understanding of their rights as women. Rather, they acted out of a sense of what seemed right for them and their families. Over time, women's practical challenges to state control and the "big family" began to impress some Communists, especially women functionaries and professionals, as legitimate. Moreover, the tensions between the state's productive and reproductive priorities led to impasses in its ability to mobilize women's labor and develop female skilled labor and led, hence, to an equivocal rethinking of reproductive policies in the 1960s.

[87] On the churches' position, see SAPMO-BArch, DY30/IV A2/19/22, Dr. We/Str. an Hager, 28.6.65.

Figure 1. "Rubble Women" taking a break, c. 1946. (LAB Fotosammlung 1 NK, Bestell Nr. 38741, Trümmerfrauen bei der Pause)

Figure 2. Life and Death in Postwar Berlin, c. 1946. (LAB Fotosammlung 1 NK, Bestell Nr. 68670, Soldatengrab an der Havel)