



# DISCIPLINING THROUGH MEDICINE TURNING GIRLS AND WOMEN INTO “SOCIALIST PERSONALITIES” AT CLOSED VENEROLOGICAL WARDS IN COMMUNIST EAST GERMANY (GDR)

*LA DISCIPLINE PAR LE BIAIS DE LA MÉDECINE, TRANSFORMANT DES JEUNES FILLES ET DES FEMMES EN ‘PERSONNALITÉS SOCIALISTES’ DANS DES SERVICES FERMÉS DE VÉNÉROLOGIE DANS L’ALLEMAGNE DE L’EST COMMUNISTE*

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## ABSTRACT

At least ten closed venerology wards existed in the GDR. The closed venerology wards were operated mainly to educate “asocial” women as well as women suffering from sexually transmitted diseases (STD). In most cases, the women were taken randomly and admitted to the closed venerology wards by the police. They were not informed about the purpose, type, and possible side-effects of their medical treatment. It was performed without their consent and therefore constituted a violation of their physical integrity. Even though 70% of the women had not been diagnosed with a STD, all of them had to

undergo a gynecological examination on a daily basis. The daily routine was strict, and the women were kept under surveillance.

## KEYWORDS

Closed venerology wards, Education, Germany, East, Patient Isolation, Women.

## RÉSUMÉ

*Il y avait au moins dix services fermés de vénérologie en RDA. Ils fonctionnaient principalement pour éduquer des femmes ‘asociales’ ainsi que des femmes atteintes de maladies sexuellement transmissibles (MST).*

*Le plus souvent les femmes étaient choisies au hasard et admises en service fermé de vénérologie par la police. Elles n’étaient pas informées quant au but ou au type de leur*

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*traitement médical ni quant aux possibles effets secondaires. Le traitement était administré sans leur consentement et par conséquent constituait une violation de leur intégrité physique. Bien que 70% des femmes ne fussent pas diagnostiquées avec une MST, toutes devaient subir tous les jours un examen gynécologique. La routine quotidienne était stricte et les femmes étaient étroitement surveillées.*

## MOTS-CLÉS

*Services fermés de vénérologie, Education, Allemagne, Est, Isolement des patients, Femmes.*

In communist East Germany (GDR—German Democratic Republic), various institutions such as schools, asylums and companies were intended to prepare girls and women for their double roles as both workers and mothers (Kaminsky 2013). These double roles were supported by social and demographic policy measures including public childcare, pregnancy leave, and parental allowances (Schmidt 2004). If girls and women resisted their prescribed roles as working mothers, they could not only be criminalized as “asocial” but could be interned in prisons or in special residential institutions that often resembled youth correction facilities, the so-called *Jugendwerkhöfe* (Korzilius 2004).

In 1961, another total institution was established at Halle (Saale) (Goffman 1995), which allowed the authorities to forcefully admit girls and women in order to educate them into “socialist personalities”: the closed venerological ward of the outpatient hospital *Poliklinik Mitte*. Its main purpose was not so much to treat venereal diseases but to discipline girls and women who did not meet the standards of the communist society. On the basis of extensive archival research and interviews with former patients as well as physicians, nurses, and staff, for the first time, we were able to reconstruct the history of the closed venerological ward at Halle (Saale).

After the Second World War had ended the Soviet healthcare system was being implemented in the Soviet Occupation Zone (SOZ)/GDR. The instructions 25, 030 and 273 of the Soviet Military Administration in Germany (SMAD) demanding “to fight people who belong to the German population and suffer from venereal diseases” intended measures in order to fight venereal diseases based on the model

of the Soviet healthcare system. To these belonged the training of dermatologists and venereologists, the compulsory hospitalization of people suffering from venereal diseases as well as the establishment of closed protectories. In the early 1960s during GDR times, the instructions 25, 030 and 273 of the Soviet Military Administration in Germany (SMAD) were invalidated by means of the “regulation to prevent and fight venereal diseases” (Krumbiegel 2007).

This GDR-regulation became effective on February 23rd in 1961 partly following Soviet Military Administration in Germany (SMAD)-instructions. For instance, the multilevel procedure of compulsory hospitalization into closed venerological wards was regulated by this instruction. On the grounds of this regulation, all those could be hospitalized who had resisted the medical treatment, who had repeatedly been put on record as suffering from venereal diseases, and who were under suspicion of promiscuous behavior. If people evaded hospitalization, they stood a chance of being institutionalized in a closed ward for people suffering from venereal diseases. In the following years, about ten closed venerological wards were established in the GDR—including in Berlin, Dresden, Erfurt, Gera, Leipzig, Rostock, and Schwerin.

The closed venerological ward in Halle (Saale) was opened mainly to educate “asocial” women as well as women suffering from venereal diseases. As the 1963 preamble of the house rules stated: “By means of education, it needs to be accomplished that, after leaving the hospital, the citizens will come to respect the rules of our state, display a good work discipline, and—in their behavior in our society—follow our state’s principles regarding the socialist coexistence of citizens” (house rule 1963). The ward had 30 beds in several bedrooms, an examination room, and an office; entrance doors and windows were barred. According to the house rules and apart from the spatial isolation of the girls and women, visits from relatives, friends, and acquaintances were prohibited.

Girls could be admitted in Halle (Saale) beginning with the age of twelve. Most of them were 14 or 16 years old. They frequently originated from “dysfunctional” families (divorced parents, semi-orphan, complete orphan, father unknown, separated from parents)” (Münx et al. 1979). The women represented all social strata, and they had all possible kinds of educational backgrounds. They lived in the city or in the district of Halle (Saale)—to some extent they were brought to the *Poliklinik Mitte* from neighboring districts. One demographic group was, however, institutionalized more frequently than others: women with an “appearance of neglect, dissocial or asocial way of

life, who had violated a multitude of social norms, and who displayed overly promiscuous behavior” (Münx et al. 1979). It is not known whether men were admitted and treated in closed venerological wards in the GDR.

In defiance of the 1961 GDR-regulation, often girls and women who were arrested by the transport police at train stations for “loitering,” were directly sent to the closed venerological ward. Girls and young women were also transferred from *Jugendwerkhöfe* and correction facilities to the closed venerological ward, and even parents who did not get along with their daughters sent them there. Often a denunciation or the mere suspicion of venereal disease sufficed for a girl or woman to be admitted directly to the ward.

Upon admission, the girls and women had to undress, turn in their valuables, wash themselves (at times with shaving lotion), and dress in institutional clothing (blue gown). In the process of doing so, they were kept under surveillance by the medical and nursing staff, oftentimes also by the quarter chief. The case history was taken next, in the course of which questions about sexual partners were asked. A gynecological examination was performed as well. In fact, gynecological examinations took place every day without consultation and without the consent of the girls and women. In order to carry out the examination, the girls and women had to climb on a treatment chair. To take a smear test, a glass tube was vaginally inserted, which frequently caused injuries and bleedings upon removal. Defloration occurred during first-time swabs. If the swabs were negative when administered for the first time, the women were injected with a fever-evoking drug (likely Pyrexal) in order to trigger a possible infection and reveal a gonococcal infection. The injections frequently caused nausea, high fever, and recurring seizures all over the body.

Examinations were used above all to frighten and discipline girls and young women. After all, of the 235 girls and women who were institutionalized at Halle’s (Saale) closed venerological ward in 1977, only 30 percent actually suffered from venereal disease. In about 70 percent of the cases, no medical indication existed; that is, no medical conditions could be detected (Münx et al. 1979). Treatment at the venerological ward nonetheless lasted four to six weeks in any case. The ward’s daily routine was strictly regulated: The women had to get up before six o’clock in the morning. They washed, were subjected to the daily gynecological examination, and had breakfast. Part of the educational program to become a “socialist personality” included work therapy, in which all eligible women had to participate. They could be enlisted to

clean up patient and hospital rooms as well as other places. Some were appointed to the kitchen. Others performed unskilled jobs in the laundry room. The lunch took place in the common room at noon, after which the women were left to their own devices. Absolute silence had to be kept starting at 9 pm.

A hierarchical system of terror dominated the closed ward. It was determined by the house rules and implemented by physicians, nurses, and the quarter chief. The system functioned on the basis of commendations and punitive disciplinary measures. Forms of commendations included additional smoking permissions, the annulment of a house penalty, and written praise. Disciplinary measures meant additional work therapy as well as spending the night on a stool. Another punitive measure was to deny a girl or woman a smear test, which ultimately meant to prolong her stay at the ward as each inmate had to have 30 negative smear tests in order to be released. All of these punitive measures were applied frequently.

The ward’s head was known to be impersonal, and in his interaction with the girls and women gave them a sense of having taken their individuality away. The medical and nursing staff abused the girls and women by inflicting pain on purpose during the smear tests. Moreover, the quarter chiefs maintained the internal terror system as those patients were in charge of arranging fatigue duty, leaves of absence, and auxiliary activities. At the same time, the quarter chiefs had to oversee the punishments (24 hours of isolation, sitting on a stool, sleep deprivation, and revocation of smoking privileges).

Several women resisted treatment and the way in which they were treated. This resistance was either suppressed by the nurses or by the quarter chief. Put differently, physical abuse occurred frequently. To provide an example, an incident that happened on the closed venerological ward in Halle (Saale) became public in the late seventies. As a result of this incident, the institution’s head was dismissed and the ward in Halle (Saale) eventually closed in 1982. Only few cases are documented that give evidence of the girls’ and women’s relatives or the medical and nursing staff opposing the system. To this day, women grapple with long-term effects of their forced institutionalization in closed venerological wards, such as being afraid of gynecological examinations and physicians in general, sleep disturbances, impaired sexual desire, incontinence, bonding deprivation, and childlessness.

The district-venereologists were interconnected and in touch with the GDR Ministry of Health (MfG) and the Ministry of State Security of the GDR (MfS). The GDR Ministry of Health coordinated and controlled



the closed venerological wards, and, in doing so, to some degree ensured their standardization and unification. Officers of the Ministry of State Security, in turn, searched personal and medical records and recruited unofficial informers. Moreover, officers of the Ministry of State Security were asked to pass on information about persons with frequently changing sexual partners to the district-venereologists and to closed wards as well as to collect and analyze information about “endangered citizens” (Münx et al. 1979). Based on conservative estimations, during the twenty years of its existence, about 4.700 girls and women alone were subjected to compulsory hospitalization at the closed venerological ward in Halle (Saale). The girls and women did not get an outpatient treatment with the known antibiotics but were mostly institutionalized in defiance of the legal provisions. They were isolated against their will and without consultation for at least four weeks in order to be taught to act like “full members of society” (Münx et al. 1979). In this hierarchically organized terror system, the girls and women had to perform daily tasks on the ward and in other departments of the polyclinic. They suffered traumata due to humiliation and interventions of their physical integrity.

The example of the closed venerological ward in Halle (Saale) illustrates how girls and women, who did not meet the standards of GDR-society, were disciplined through medicine. It brings to mind other incidents from history where medicine was put into the service of politics—especially when it comes to venereal diseases in women, so that one might even talk about “social diseases” (Parascandola 2009). In the GDR not only prostitutes and promiscuous women were isolated against their will. A permanent system of compulsory hospitalization to closed venereological wards was rather established based on the Soviet healthcare system. This happened not only in order to sanction a variety of manners diverging from the norm but also in order to pedagogize in accordance with the social

standards. This paper is just a beginning of researching this subject. Our future research will focus on conditions at other closed venerological wards. Were they also meant mainly to discipline girls and women, or did they serve as detention facilities and asylums? To what extent can the states’ influence on such wards be traced beyond the one at Halle (Saale)? ■

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### *Further reading:*

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