

The "Contaminating Agent"

UNRRA, Displaced Persons, and Venereal Disease in Germany, 1945–1947

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World War II created a large group of persecuted, homeless or stateless people who came to be united under the term “displaced persons” (DPs). The United Nations Relief and Rehabilitation Administration (UNRRA) was charged with the care of these individuals in various camps in Germany, although the military governments of the respective zones of occupation had ultimate authority over them. Among the various public health efforts directed toward DPs was a campaign against venereal disease during which compulsory examinations were particularly stressed by the military governments. The controversy resulting from this campaign opens a new window on the complex context of an international organization working under the roof of a national authority to achieve common—or differing—public health goals. (*Am J Public Health.* 2010;100:993–1003. doi:10.2105/AJPH.2008.153098.)

When, during my last trip, the camp police presented a few women to the DP doctor who replaced me, to be examined for venereal diseases, no one could suspect that a great battle was about to begin. This battle heated the minds of all those who were a part of it.¹

The individual responsible for this statement, J. Tehupejori, was a doctor at a camp for displaced persons (DPs) run by the United Nations Relief and Rehabilitation Administration (UNRRA) in the

French zone of occupied Germany in 1946. The subject of the battle he refers to was the control of venereal disease (VD)² among DPs, and it befell not only Kaiserslautern camp but large sections of UNRRA. The “heated” character of the controversy that Tehupejori refers to deserves attention and analysis, as it reveals an interesting contradiction of public health goals and humanitarian ideals within UNRRA as well as between UNRRA and the military government.

Among the groups united under the term displaced persons³ were Jewish and non-Jewish victims of the Nazi regime found in the numerous concentration camps upon liberation, forced laborers who had been brought into Germany as industrial workers, and a large number of citizens from Eastern European nations who had fled their countries before and after the cessation of hostilities.⁴ Although estimates of the number of DPs in Germany after the

war range widely, 7 million is a common figure in many accounts.⁵ A large number of those originally found in Germany were repatriated to their country of origin by 1946, and thus at the peak period of its work UNRRA was responsible for approximately 715 000 DPs in Germany.⁶

Kaiserslautern camp was one of many camps for DPs, who were regarded as “a major problem of the United Nations.”⁷ Not only was there the immense logistical challenge of trying to repatriate DPs to their country of origin, but soon it became clear that many of them did not wish to, or could not, return. This group of so-called “hard-core” DPs, mainly of Polish, Latvian, Estonian, or Lithuanian origin,⁸ could not return to their homes as a result of the changed geographical anatomy created by the war and took up much-needed space and resources in the infrastructural and economic German reconstruction process. Moreover,

the camps installed to house the DPs were regarded by many as potential sources of social unrest and, not least, as breeding grounds for infectious diseases.

with the VD problem among DPs had different conceptions of the incidence of the disease in this population and of the urgency of conducting compulsory VD

not only to win the battle but to “win . . . peace in the world.”¹¹ The experience of World War I had shown that postwar economic destruction, starvation, and epidemics had in the long run been as harmful as the war itself to national stability and international peace.¹² On November 9, 1943, 44 nations therefore pledged that, after liberation, recipient countries would be given “aid and relief from their sufferings, food, clothing and shelter, aid in the prevention of pestilence and in the recovery of the health of the people.” They also agreed that arrangements should be made “for the return of prisoners and exiles to their homes.”¹³

The UNRRA took on 2 tasks. It sought to protect the national and international community from the spread of epidemics, and was also charged with the well-being and care of DPs. Although its mission was only of a temporary nature, UNRRA was an important part of the postwar relief and rehabilitation effort¹⁴ and a crucial link in the chain of international health organizations.¹⁵ After decades of silence¹⁶ on UNRRA, the growing body of recent works testifies to the increasing interest in the organization.¹⁷ Many of these articles touch on public health issues within UNRRA's program, most notably historian Frank Snowden's revealing article that focused on UNRRA's malaria campaign in the Italian province of Latina. In it, Snowden underlined the “conservative nature of UNRRA[s] intentions” through its holding at bay not only disease but also social revolution.¹⁸

This conservatism is also reflected by a considerable respect for national boundaries on the part of the organization, despite UNRRA's international



A 4-year-old survivor of Buchenwald sits on the running board of a UNRRA truck soon after liberation of the camp.

Source. United States Holocaust Memorial Museum Archives.

Since Wolfgang Jacobsen's diligent study on West Germany's DPs in 1985, many attempts have been undertaken to further understand the DP experience.⁹ Here I hope to add to this research by suggesting that the DPs were perceived ambivalently: on one hand as a threat to public health but on the other hand as members of an international community who had a rightful claim to dignity and just treatment.

Using a variety of archival material¹⁰ as well as contemporary journal articles and publications concerned with VD, I suggest that the 2 groups (the military and UNRRA) dealing

examinations among DPs. Also, by focusing on compulsory VD examinations, I dissect in detail UNRRA's reaction to the VD control measures proposed by military government officials, paying particular attention to the degree of compliance with or resistance of military government instructions by UNRRA personnel.

STRUCTURE AND LIMITATIONS

During the later phase of World War II, the Allies fighting Germany had become increasingly convinced that, to achieve a complete victory, it was crucial

character. The SCAEF (Supreme Commander, Allied Expeditionary Forces) agreement of November 25, 1944,¹⁹ subjected UNRRA entirely to the authority of the military command of the British, American, and French zones of occupation.²⁰ Whereas UNRRA was charged with the internal administration of assembly centers, including medical services, the military commander-in-chief of the respective zone was to retain “overall supervision”²¹ over DPs and full responsibility for basic supplies. Thus, with regard to the DPs, health policy in general and VD policy in particular evolved in a context of unclear spheres of authority. The role of the military in UNRRA’s dealings with the DPs has been addressed in a number of recent works.²² I use the context of VD to shed new light on the question of whether UNRRA was a mere puppet of the military, acted to a large degree autonomously, or even took initiative on behalf of the DPs.

CONTROVERSY AND COERCION

VD, by nature, is a troublesome topic. It embodies concerns such as the question of the general good over individual liberty, the use of coercion and reprimands in the application of health standards, the regulation of professional and private sexual activity, and, not least, the moral stigma attached to it. The issue of VD control is of course far from new to historical scholarship on postwar public health.²³ I intend to add to this literature by showing how, in the context of public health strategies and especially VD control measures, female DPs were the focus of contradictory perceptions that simultaneously

viewed them as an at-risk population in need of protection and as a population that could contribute to the spread of VD.

In June 1946, the headquarters of the US Armed Forces issued instructions on the control of VD, declaring that “the prevention of venereal disease” was “a problem of major military importance.” The military was therefore determined to focus its efforts on “discovering sources of infection to which military personnel have been exposed.”²⁴ Its correspondence with UNRRA officials reveals that prostitution was not the only “source of infection” worrying the military. With regard to the carrying of VD, DPs were prime suspects.

UNRRA was therefore repeatedly asked to cooperate in compulsory examinations. In one letter, for instance, A. Sainz de la Pena, chief of the UNRRA health division for the US zone, lamented that “[s]ince September 1945 we have been subjected to pressure from the Army to perform these [compulsory venereal disease] examinations.”²⁵ In August 1946, the Public Safety Branch of the military government in the British zone requested the authority and required UNRRA assistance to conduct compulsory VD examinations among all female DPs between the ages of 14 and 50 years who were not resident with their husbands. The justification for conducting examinations in this population was that “many of these females continually associate with Allied personnel and are officially invited to Y.M.C.A. and Unit Functions.”²⁶

However, the three zones were not altogether unanimous in their focus on DPs. Whereas British and American military correspondence reveals a tendency to

single out the female DP population as particularly prone to contracting VD, French military instructions addressed female German civilians and female DPs equally. Detailed instructions on VD management had been provided by the French military government as early as January 1946. In a technical note that was passed on to UNRRA doctors “for information and execution,”²⁷ General Emile Laffon of the French military government declared that

[t]he fight against venereal diseases requires the systematic regimentation of prophylactic measures and of therapeutic instructions applicable to German persons and DPs capable of having contaminated French persons.²⁸

As possible suspects, General Laffon named

every person known to have contaminated a Frenchman or a female DP as well as all women arrested during the course of raids or police operations aimed at the suppression of clandestine prostitution.

Although he referred to “persons” at the beginning of his statement, Laffon clearly went on to single out female German civilians and DPs as the only target of VD control measures, referring to “the women” in the remainder of the statement.²⁹

General Laffon was convinced that the only way to effectively treat and control cases of VD was by tracing and isolating the patients. He therefore advised the establishment of “Centres de Triage” to which “every suspected person will be obligatorily admitted.”³⁰ His preoccupation with finding the infectious source of the disease—the “contaminating agent”³¹—was by no means exceptional, and indeed it was

not wholly surprising. Treatment options were still meager at the time, and thus it was crucial to identify and isolate those carrying the disease.

Although penicillin had been discovered and was being produced by the end of the war, it remained a rare commodity, and as a result most hospitals continued to administer the so-called traditional therapy.³² This treatment was problematic, and not only for the nature of its considerable side effects.³³ Confirmed cases of syphilis or gonorrhea were treated on a so-called

thinking of the time. To T.E. Osmond, honorary consultant in venereology to the British Army, it was obvious that the VD problem among troops was directly linked to female allures to which soldiers were vulnerably exposed. Young recruits

were removed from the shelter of their own homes and the control of their parents to a community life where temptations were often great and where bad influences might lead them astray[, and] those weaker ones who stood in need of motherly love and affection easily turned to the lady of easy virtue or the blatant prostitute.

Furthermore, he argued, the appearance of want and starvation had given new vigor to the attempts of local women and illegal prostitutes to seduce British soldiers. “There were many women in such distress,” he warned, “that they would sell themselves for a loaf of bread or a tin of bully beef.”³⁷

Whereas Osmond alluded to so-called “hunger prostitution,” which became a widespread phenomenon after the war,³⁸ physician George Ryley Scott offered a slightly different explanation. In his advice book for soldiers titled *Sex Problems and Dangers in War-Time*, he argued that it was not merely the consequences of war, hunger, and want that led to a rise in sexual activity and, therefore, VD. Instead, he suggested that war itself had “awakened and intensified eroticism in women.” A chapter bearing the insightful title “War as a Cause of Nymphomania” claimed that

[t]he sexual excitatory effect of war is known to every student of psycho-pathological problems. . . . Woman, granted a new-born partial freedom simultaneously with the means of avoiding the consequences of

illicit love, has become drunk on sex.³⁹

Given the singling out of women, female DPs were becoming a particularly preferred target for VD control measures. In her study on prostitution in Hamburg in the postwar period, Michaela Freund-Widder concluded that “female underage refugees, DPs and vagrant girls and women moving around within the zone of occupation” in particular came to be seen as candidates for potential prostitution.⁴⁰ The assumption that DPs were prone to contracting and spreading VD was often implicit and left without comment. In October 1946, the British Medical Society for the Study of Venereal Diseases debated a report testifying to the relatively low incidence of VD among DPs in Germany. The discussion conveyed some of the prejudices that seem to have existed with regard to DPs and VD. The low incidence of VD in this population aroused considerable astonishment among the panel. One member expressed his surprise that although “displaced persons spent most of their time fornicating . . . there was little or no venereal disease.”⁴¹

Reluctance to pass judgment on German women may have been helped by a rigorous campaign conducted by German newspapers and magazines, often published under British or American supervision, to brush up the image of the German “Fräuleins” as hard-working, self-controlled, and morally unquestionable subjects and to do away with the less comfortable notion of the flirtatious and disease-ridden “Veronikas” who had originally filled the imagination of Army cartoons and propaganda.⁴² In his revealing article on war

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“closed ward.”³⁴ Patients’ movements were severely regulated, and even visits by friends and family members were closely scrutinized.³⁵ Particularly among victims of war and persecution, who in many cases had lost family members or had only recently been reunited with their loved ones, isolation was no minor burden. It is therefore not surprising that many women attempted to eschew VD treatment and, consequently, that authorities placed great emphasis on discovering these women, the so-called contaminating agents.³⁶

The idea that these “agents” were naturally supposed to be women was not unusual in the

brides, Raingard Esser argued that

[t]he reconstruction of Germany and the establishment of a German–American alliance against a perceived communist threat required a shift in the gender relations of the early occupation: German women had to be transformed from the objects of illegitimate sexual relations to legitimate, loyal wives, deeply rooted in what were regarded as American virtues such as democracy and liberty.

These efforts were encouraged on the German side, and German newspapers portrayed a series of marriages between German women and Allied personnel “as a powerful symbol of German–American friendship.”⁴³ Historian Atina Grossmann labeled this phenomenon the “characteristic rapid turnaround of sentiment in the postwar years” and concluded that

it was the victims of Nazism, still displaced and unruly, who soon came to be seen, even by the victors, as the disreputable villains, while the Germans, with their ‘clean German homes and pretty, accommodating German girls,’ came to be viewed as victims, pathetic but appealing, and later, with the Airlift in Berlin, even heroic.⁴⁴

However, VD control measures were by no means restricted to DPs. VD in Germany had been a much-debated subject during the years of the Weimarer Republic. This debate culminated in the Law for the Prevention of Venereal Disease, passed in 1927, which placed great emphasis on educational and prophylactic measures. The Nazi regime gradually reversed these measures by weakening the position of welfare services and reintroducing the use of police force in VD control. In the aftermath of the war, the trend toward VD control instead

of prevention was kept alive in practice, although the law of 1927 was officially revoked only in October 1947.⁴⁵ As a result of occupation policy, women who had been named as sexual contacts by infected soldiers, as well as those who were even suspected of having contracted VD, were submitted to compulsory VD examinations and, if diagnosed, had to be treated. Treatment refusal could lead to fines and even imprisonment.⁴⁶ Coercion in the name of VD control was by no means a strange concept to German women.

DISAGREEMENT AND DISCRIMINATION

What was new, however, was the suggestion to perform compulsory VD examinations on all female DPs, not only those who were named as contacts or who were suspected of having infected an Allied soldier. Such a scheme implied that DP status was in itself a risk factor for having contracted VD. The position of UNRRA in this context was difficult. On the one hand, the organization had been charged with the care of DPs, and members of some sections of UNRRA seem to have developed a sense of obligation to protect DPs against what they perceived to be an unjust encroachment on the part of the military authorities. On the other hand, UNRRA’s agenda was the prevention and containment of epidemics and the protection of the international community from the spread of infections. In that capacity, those in some UNRRA quarters seem to have believed that it was their duty to comply with the demand for compulsory examinations.

Although the response of UNRRA to the pressure from the

army was by no means uniform, considerable agreement seems to have existed among large sections of the organization that VD did not play the pivotal role among DPs that was suggested by the military. During a conference of the zone chief medical officers in November 1946, it was agreed that “[VD control] was not an acute problem among DPs” and that “present measures were adequate.”⁴⁷ The chief medical officers of the French and the US zones both reported that spot checks had revealed a low incidence of VD in the DP population.⁴⁸ In August 1946, the acting chief medical officer toured the US zone and remarked that “the VD position in the zone is not unsatisfactory.”⁴⁹ According to an assembly of the chief medical officers and nurses of the US zone in September 1946, “the low incidence of V.D. among DPs is definitely and clearly proved.”⁵⁰

Such affirmations must be viewed with caution. UNRRA personnel at the time certainly had no definite knowledge as to the true incidence of VD. Conclusions drawn on the “available statistical material and spot checks”⁵¹ were equally problematic in their capability to reflect reliably the epidemiological reality of VD. Central weekly disease notifications were not initiated until February 1946 and were often incomplete, particularly in the beginning.⁵² In addition, these notifications took into account only cases of confirmed VD, and a large number of hidden cases had to be suspected, particularly in view of the severe consequences a diagnosis of VD could entail for DPs.

Nevertheless, there was reason for UNRRA members to assume that the incidence of VD was



A Sister of Charity distributes food provided by UNRRA.

Source. UN Photo Archive

indeed low among DPs, or at least not significantly higher than that of the German population. A report presented at the previously cited October 1946 meeting of the Medical Society for the Study of Venereal Diseases on the subject of VD in Germany mentioned a survey on VD conducted among DP camps in the British zone of Germany that testified to the low incidence of VD among DPs. The factual tone of the report fails to conceal a hint of surprise:

It transpired that, though conditions were ideally suitable for the spread of venereal disease, the numbers of fresh cases of gonorrhoea and syphilis were very small, both absolutely and in relation to the populations involved.⁵³

Consequently, many UNRRA medical officials expressed the conviction that compulsory VD examinations were an unnecessary measure.⁵⁴ Sainz de la Pena, chief of the UNRRA health

division for the US zone, wrote to UNRRA central headquarters that his division had

always been strongly opposed to compulsory VD examinations of female DPs because the VD incidence among DPs is too low to warrant any such drastic measure.⁵⁵

Although the incidence of VD was perceived to be slightly higher in the British zone, a position on compulsory examinations similar to that of the US zone was adopted there. The acting director of the British zone reported that he had given instructions

that UNRRA Medical Services will cooperate and give every assistance in any voluntary examination or other measures for the control of VD. UNRRA Medical Services, however, will not, under any circumstances, be a party to compulsory examination for the detection of VD.⁵⁶

Many UNRRA regional teams shared this view. A British zone

regional medical officer assured the Public Health Section of the military government in a September 1946 letter that steps had been taken to examine all women willing to be investigated. However, he pointed out, “The compulsory examination of all women between the ages of 16 and 50 is not a measure that can be contemplated.”⁵⁷

Medical inadequacy was not the only grounds on which UNRRA took issue with VD control measures. Coercion in the prevention of VD also raised questions of legality with regard to DPs. The British zone acting director believed that the proposal was “not only unjustifiable but almost certainly illegal”⁵⁸ and requested the opinion of a legal advisor. The legal advisor pointed out that thus far no compulsory VD examinations had been established by German law or by any UN legislation and confirmed UNRRA’s position in this matter. He added,

Consequently such compulsory examination applied only to DP women would represent a discriminatory and offensive measure against a very small section of the total population, now living in Germany. It cannot be justified in law and is contrary to acknowledged principles of non-discrimination.⁵⁹

The UNRRA legal advisor was not alone in perceiving the attempt of the military to force examinations among female DPs as discrimination. Sainz de la Pena cautioned that

subjecting female DPs to this preventive anti-VD examinations [sic] is unethical and onerous as it tacitly implies that all female DPs are potential prostitutes.⁶⁰

He believed that

this compulsory examination places a disgraceful and undeserved obloquy on the DPs and really serves no medical purpose since by far the largest reservoir of the disease is in the German population.⁶¹

Sainz de la Pena's view was shared on the regional level by the British zone regional medical officer, who promised that

[w]hen it becomes a routine thing to do this to German women (or indeed, to Allied personnel) we might consider taking similar action for DPs.⁶²

Sainz de la Pena concluded by passing the ball back to the military:

From the viewpoint of preventing VD among the occupation troops the Army Commanders should take other precautions than the morally questionable one of providing satisfactory females for their troops.⁶³

In some camps, however, VD was perceived to be a grave problem among the DPs. In the report of Peter Bonamis of the health branch of UNRRA central headquarters in Germany, which summarized the statistical data for a number of communicable diseases among the DP population up to February 1946, figures for VD appeared to be higher among DPs than in the German population. Bonamis believed that

this is caused by the promiscuity in the camps and the fact that a large number of the women have been contaminated previously.⁶⁴

In the French zone, the UNRRA chief medical officer of Pirmasens camp expressed his concern about the high incidence

of VD among DPs, reasoning that

[t]he DPs have a very active sexual life which is favoured by the fact that they live in communities and gather frequently, by the lack of occupation, the consumption of alcohol, the lack of hygienic education and

rates were indeed higher among female DPs than among female Germans. A report on a medical inspection tour of the US zone in August 1946 mentioned the initiative of a district medical officer to conduct a mass VD examination of all DPs in his district.⁶⁶



of any knowledge of the consequences of this kind of diseases [sic], factors which facilitate their spread.⁶⁵

Consequently, the initiative for action against VD often originated in the camps or at lower authoritative levels of the UNRRA mission. This does not mean, however, that the initiative was always inspired by the conviction that DPs were more prone to contracting VD than was the rest of the population. On the contrary, the motive of such initiatives sometimes derived from a desire to refute the fact that incidence

According to the minutes of a conference of the US zone chief medical officers and nurses during which this proposal was discussed,

The broad outline of this scheme would be: whereas DPs have been accused of infecting Army personnel it is suggested that it might be of great value for repudiating such statements to start a screening process of all women between 16 and 50 years in DP camps.⁶⁷

At times, however, initiatives to conduct compulsory VD examinations among female DPs were motivated by the

Survivors of the Nordhausen concentration camp receive medical care in a UNRRA rehabilitation center.
Source. United States Holocaust Memorial Museum Photo Archives

conviction that VD was indeed a graver problem among DPs than it was for the general population and that coercive measures were therefore necessary to contain the spread of the disease. In Kaiserslautern camp in the French zone, a compulsory VD examination of all women took place on the initiative of the UNRRA camp director and a DP doctor. The “very easy conduct”⁶⁸ of a number of women in the camp had been brought to their attention by the camp police (which was usually staffed by DPs).

However, the situation became unmanageable. The UNRRA doctor, who had been absent from the camp at the time of the examination, reported that the positive results were announced by a camp nurse publicly to the women in the presence of a large number of the camp inmates. The women were told that they had to be hospitalized, and the camp police was ordered to “arrest” them and take them to a truck in which they would be transported to the hospital. When some of the women refused to get on the truck, the DP doctor yelled that the women had made a whorehouse of the camp and therefore had to be treated; he would force them, even if he had to use a machine gun. The UNRRA doctor stated that after these incidents a large number of women refused to be examined, and a few even fled the camp.⁶⁹

Although the “battle” of Kaiserslautern is certainly an extreme case, it illustrates the strong feelings that VD could incite among UNRRA personnel and even among fellow DPs. The convictions expressed at the higher levels of UNRRA’s hierarchy did not always resonate at the camp level.

On the whole, however, UNRRA’s zone medical officers

seem to have been relatively successful in defending their conviction against military government directives and against camp initiatives. Sainz de la Pena’s previously mentioned letter reveals that the insistence of the army on the compulsory examination of all DP women culminated in “an order to this effect” by the commanding general of the 20th Army Corps. UNRRA pressure, according to Sainz de la Pena, later caused this order “to be rescinded.”

In the same letter, he mentioned “a plan on this matter” concocted by one of UNRRA’s district medical officers; the plan was “disapproved,” according to Sainz de la Pena, by UNRRA’s Central Headquarters.⁷⁰ Following the incidents at Kaiserslautern camp in particular, a very active pattern of correspondence reveals the concern of many UNRRA officials regarding the treatment of the women. The UNRRA camp doctor, Tehupegori, provided his detailed report, and the district director of the area informed the UNRRA director general of the French zone.⁷¹ The field supervisor of the area was then instructed to conduct a “precise enquiry” on the matter, which so far had been addressed with “grave indelicacy.”⁷² As such, the position of DPs and UNRRA’s role as their defender were put in no uncertain terms:

The DPs are under the protection of UNRRA and of the military government represented by the Section for Displaced Persons and it would be unacceptable that the latter were submitted, by members of UNRRA, to a treatment contrary to their capacity as members of the United Nations, and which could recall, even from afar, the methods applied in certain concentration camps.⁷³

CONCLUSIONS

The context of VD offers a valuable prism through which the relationship between various levels of UNRRA’s administration and military government authorities can be viewed. The focus on discovering and containing the “contaminating agent” was as crucial to VD control policy in postwar Germany as it was controversial. Women in general, and female DPs in particular, were prominent candidates to be identified as “infectious sources” and were therefore the focus of strict VD control measures.

In this context, the documents reviewed here reveal the existence of diverging ideas on the prevalence of VD among female DPs in Germany. Many UNRRA officials took issue with compulsory VD examinations of female DPs, not only because they considered this to be superfluous from a medical perspective but also because they believed that limiting such measures to DPs was discriminatory. Yet, some camps complied with the measures suggested by the military and conducted VD examinations among their inhabitants. This was partly motivated by the desire of UNRRA to prove that VD incidence was indeed low among DPs but also, in some cases, by the belief that DPs really were a group at risk for VD. For the most part, however, members of UNRRA at both the central and regional levels refused to comply with coercive practices against DPs and emphasized their status as members of a new, visionary “United Nations.”

I have attempted to show that despite UNRRA’s difficult and limited position as an international agency dependent on

national—in this case military—authority, various sections of the organization revealed a great deal of independent thinking and even resistance to interventions on the part of the armed forces in the context of VD control measures. However, the VD story is not a heroic tale of an oppressed international agency defying the ethically dubious commands of its national military superstructure. Autonomous action was taken both on behalf of and against DPs, and resistance could assume the form of ignoring UNRRA policy as well as opposing military government instructions. A much more nuanced approach will be necessary in the future to understand the complex interactions of initiative and instruction, of cooperation and resistance, at all levels of the UNRRA edifice.

At the center of this controversy were the DPs, viewed as an infectious source, the contaminating agent in the transmission of VD. Ultimately, doubts about the necessity, legality, and morality of forced VD examinations led to a sharp antidiscrimination rhetoric in UNRRA correspondence with military authorities. National restrictions, in this case, could not subdue international awareness of universal human rights, including the right of all to basic dignity.

The debate about the complex interactions between international organizations and national, military, or local authorities is neither new nor solved. The global character of epidemics and their disregard for national boundaries have long made them a challenging subject for global governance. International health organizations continue to face constant negotiation of their position in epidemic-ridden countries. The outbreak of

severe acute respiratory syndrome in 2002, for instance, led to a revival of the past concern of nation-states for their sovereignty in dealing with health issues, but it also marked the beginning of a new level of international cooperation.⁷⁴

The controversy over VD portrayed here shows how strong national control can be a limiting factor in the operation of international health organizations while, somewhat paradoxically, it can also constitute an important point of reference against which the international character of health missions can develop. Since 1947, it has become no less difficult to walk the fine line on public health policy versus individual liberty. It is even more challenging when, in addition to the state and the individual, an international organization is involved. In the case of UNRRA, a humanitarian motive coexisted with a purely public health agenda, which at times conflicted with UNRRA's purpose as an organ of international disease surveillance. Yet at the same time, the ability of UNRRA to recognize DPs as subjects of an international community contributed immensely to its emancipation from national restrictions.

International health organizations continue to face the dilemma of respecting or transcending national sovereignty. The context of UNRRA shows that an emphasis on humanitarian motives in the fight against global health threats can be more fruitful to international organizations than purely utilitarian rhetoric. ■

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This article was accepted November 14, 2009.

Acknowledgments

This article is based on a dissertation completed for my master's degree, for which the Wellcome Trust, London, provided a scholarship. The unfaltering assistance of Sanjoy Bhattacharya at every stage of this article is greatly appreciated. Thanks to the faculty and students at the Wellcome Trust Centre for the History of Medicine, University College London, particularly Andrew Wear, Anne Hardy, Emma Sutton, Jane Seymour, and Karen Buckle. The Wellcome Trust Centre also funded a visit to the United Nations (UN) archives in New York during the research phase. The UN Archives and Records Management staff and Joanne Rudoff from the Fortunoff Archive for Holocaust Video Testimonies provided assistance in locating important material. I am grateful for inspiration and advice from Jessica Reinisch and Robert Jütte.

Endnotes

1. "Tehupejori, Examen pour les maladies vénériennes," August 4, 1946, United Nations Relief and Rehabilitation Administration Germany Mission fonds, United Nations Archives, New York (hereafter UN), file Medical Matters, 1 of 5 folders, Subject Files of the Health Division in the French Zone (HDFZ), S-0433-0002-07. Note on the translation: the French original text talks of "quelques femmes publiques pour faire examiner." It is not clear what Tehupejori means by "public." Since Tehupejori was not a native speaker of French, it is possible that he referred to the public character of this presentation of the women to the police. This translation, as well as all of the following ones, are my own.

2. The term "venereal disease" saw a number of transformations with regard to its meaning throughout the 20th century; see, for example, R. Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth Century Scotland* (Atlanta, GA: Rodolpi, 2000), 12, note 1. It is used here instead of the more recent term "sexually transmitted diseases" because it was the expression during the period examined here (also, VD was a commonly used abbreviation

in the postwar period). Within the UNRRA papers, it is mainly used in reference to syphilis, gonorrhea, and soft chancre (the latter plays only a minor role); however, it is possible that the term's meaning was more broadly defined.

3. The term "displaced persons" was used by Supreme Headquarters, Allied Expeditionary Forces (SHAEF) to describe a group of people who had been forcibly driven from their homeland as a result of the war. See Mark Wyman, *Europe's Displaced Persons, 1945–1951* (London: Associated University Presses, 1989), 15–37, and Loyd Lee and Robin Higham, *Worldwar II in Europe, Africa and the Americas, With General Sources: A Handbook of Literature and Research* (Westport, CT: Greenwood Press, 1997), 384.

4. For contemporary accounts of different groups of displaced persons, see Bertha Bracey, "Europe's Displaced Persons and the Problems of Relocation," *International Affairs* 20 (1944): 225–243.

5. Robin Cohen estimates 10.5 million DPs, of whom 4.7 million were repatriated by 1946. Mark Wyman, Jay-Howard Geller, Michael Robert Marrus, and Aristide Zolberg all mention about 7 million DPs, of whom approximately 6 million were repatriated by 1946. See Cohen, *The Cambridge Survey of World Migration* (Cambridge, England: Cambridge University Press, 1995), 470; Wyman, *Europe's Displaced Persons*, 17; Howard-Geller, *Jews in Post-Holocaust Germany, 1945–1947* (Cambridge, England: Cambridge University Press, 2005), 17; and Marrus and Zolberg, *The Unwanted: European Refugees From the First World War to the Cold War* (Philadelphia: Temple University Press, 2002), 299.

6. George Woodbridge, *The History of the United Nations Relief and Rehabilitation Administration* (New York: Columbia University Press, 1950), 496.

7. J.P. Chamberlain, "The Fate of Refugees and Displaced Persons," *Proceedings of the Academy of Political Science* 22 (1947): 84–94.

8. W. Jacobmeyer, *Vom Zwangsarbeiter zum Heimatlosen Ausländer: Die Displaced Persons in Westdeutschland, 1945–1951* (Göttingen, Germany: Vandenhoeck und Ruprecht, 1985), 224.

9. See, for example, Wyman, *Europe's Displaced Persons*, 15–37. See also Angelika Königseder and Juliane Wetzel, *Waiting for Hope: Jewish Displaced Persons in Post-World War II Germany* (Evanston, IL: Northwestern University Press, 2001); Andreas Lembeck, "To Set Up a Polish Enclave in Germany": *Displaced Persons in the Emsland,*

1945–1950 (Papenburg, Germany: Dokumentations-und Informationszentrum Emslandlager, 2001); Stefan Schröder, *Displaced Persons im Landkreis und in der Stadt Münster, 1945–1951* (Münster, Germany: Aschendorff, 2005); and Jim Tobias, *Vorübergehende Heimat im Land der Täter: Jüdische DP-Camps in Franken 1945–1949* (Nuremberg, Germany: Antogo, 2002). The three multidisciplinary conferences on victims of the Nazi persecution held at the Imperial War Museum in London (2003 and 2005) catalyzed research on DPs and culminated in a diverse collection of new perspectives on this topic: Johannes-Dieter Steinert and Inge Weber-Newth, ed., *Beyond Camps and Forced Labour: Current International Research on Survivors of Nazi Persecution. Proceedings of the International Multidisciplinary Conference at the Imperial War Museum, London, 2003* (Osnabrück, Germany: Secolo, 2005); Johannes-Dieter Steinert and Inge Weber-Newth, ed., *Beyond Camps and Forced Labour: Current International Research on Survivors of Nazi Persecution. Proceedings of the International Multidisciplinary Conference at the Imperial War Museum, London, 29–31 January 2006* (Osnabrück, Germany: Secolo, 2008). A refreshing discussion of DP perceptions and stereotypes emerged in the form of Atina Grossmann's article on victimization and villainization of Jewish DPs, "Victims, Villains, and Survivors: Gendered Perceptions and Self-Perceptions of Jewish Displaced Persons in Occupied Postwar Germany," *Journal of the History of Sexuality* 11 (2002): 291–318. Her recent work on the re-creation and creation of identity among Jewish DPs continues this theme and develops it further; see *Jews, Germans and Allies: Close Encounters in Occupied Germany* (Princeton, NJ: Princeton University Press, 2007).

10. The United Nations Relief and Rehabilitation Administration Germany Mission fonds (United Nations Archives, New York) contain a variety of the documents used in this article. UNRRA medical personnel were stationed at all levels of the military administrative structure of Germany, so reports were produced from camps to areas, from areas to districts, from districts to zones, and from the 3 occupational zones to the German central headquarters of UNRRA. The central headquarters, in turn, reported to the European Regional Office in London. I included all of these types of reports as well as minutes of meetings of medical personnel at various levels of this hierarchical structure, correspondence between and within the levels, and correspondence with various levels of military government offices.

11. Harry Truman, "Remarks Upon Receiving an Honorary Degree From the University of Kansas City." Available at: <http://www.presidency.ucsb.edu/ws/?pid=12190> (accessed February 22, 2010).

12. On relief planning, see Ben Shepard, "Becoming Planning Minded: The Theory and Practice of Relief, 1940–1945," *Journal of Contemporary History* 43 (2008): 405–419. On the importance of the First World War, see Johannes-Dieter Steinert, "British Humanitarian Assistance: Wartime Planning and Postwar Realities," *Journal of Contemporary History* 43 (2008): 421–435.

13. Woodbridge, *United Nations Relief and Rehabilitation Administration*, 23–32.

14. Reconstruction was deliberately excluded from UNRRA's tasks. See Philipp Weintraub, "UNRRA: An Experiment in International Welfare Planning," *Journal of Politics* 7 (1945): 1–24.

15. UNRRA continued the epidemiological work of the Health Organization of the League of Nations and the Office International d'Hygiène Publique. Many of its functions were transferred to the World Health Organization after its dissolution. See Neville Goodman, *International Health Organizations and Their Work*, 2nd ed. (London: Churchill Livingstone; 1971), 138–150.

16. Although UNRRA received a great deal of attention before and during its existence, later scholars showed little interest in the organization. Of the large body of contemporary accounts, see, for example, UNRRA's official history, Woodbridge, *United Nations Relief and Rehabilitation Administration*. See also William Arnold-Forster, "UNRRA's Work for Displaced Persons in Germany," *International Affairs* 22 (1946): 1–13; Weintraub, "UNRRA: An Experiment"; Wilbur Sawyer, "Achievements of UNRRA as an International Health Organization," *American Journal of Public Health* 37 (1947): 41–58. For examples of the revived interest in recent years, see Endnotes 9, 22, and 23.

17. Substantial groundwork on UNRRA's birth, philosophy, potential, and limitations has been laid in a special issue of the *Journal of Contemporary History* in which Jessica Reinisch leads the way, addressing various topics—planning, internationalism, technology, personnel, politics—that are then assessed in detail by the various contributors. See Reinisch, "Introduction: Relief in the Aftermath of War," *Journal of Contemporary History* 43 (2008): 371–404, and other articles in that issue.

18. F. Snowden, "Latina Province, 1944–1950," *Journal of Contemporary*

History 43 (2008): 509–526. Also dealing with medical aspects are Katerina Gardikas, "Relief Work and Malaria in Greece, 1943–1947," *Journal of Contemporary History* 43 (2008): 493–505, and Paul Weindling, "Belsenitis': Liberating Belsen, Its Hospitals, UNRRA and Selection for Re-Emigration, 1946–1948," *Science in Context* 19 (2006): 401–418.

19. The SCAEF agreement was the first treaty to spell out the relationships between UNRRA and the military government of Germany. This agreement was later followed by the zonal agreements, which clarified the position of UNRRA within the respective zones of occupation.

20. The Soviet government had not invited UNRRA to work in the Soviet zone.

21. "British Zonal Agreement, 27 November 1945, 5(a)," in Woodbridge, *United Nations Relief and Rehabilitation Administration, 194–201*, quotation 197.

22. Johannes-Dieter Steinert has argued that the military government played an important role in coordinating all of the actors—UNRRA, the military, and voluntary agencies—involved in relief. Relief efforts, in turn, formed a link between military government agencies and the recipient population and even, at times, compensated for less popular military measures. See Steinert, "British Humanitarian Assistance." Ben Shepard suggests that the military was the most crucial player in relief planning, particularly in the field of medical prevention, whereas UNRRA exhibited a certain inadequacy with respect to the task. See Shepard, "Becoming Planning Minded."

23. Venereal disease in postwar Germany has found mention in the historical scholarship on rape, committed particularly in the Soviet zone of occupation. See Helke Sander and Barbara Johr, *Befreier und Befreite: Krieg, Vergewaltigung, Kinder* (Frankfurt: Fischer, 2005); Norman Nainmark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (Cambridge, MA: Belknap Press of Harvard University Press, 1995), 97–101; and Atina Grossmann, "A Question of Silence: The Rape of German Women by Occupation Soldiers," *October* 72 (1995): 42–63. Michaela Freund-Widder has drawn a vivid picture of venereal disease measures and prostitution in British-occupied postwar Hamburg. See Freund-Widder, *Frauen unter Kontrolle: Prostitution und ihre Staatliche Bekämpfung in Hamburg vom Ende des Kaiserreichs bis zu den Anfängen der Bundesrepublik* (Berlin: LIT, 2003), and

- "Women, Venereal Disease and the Control of Female Sexuality in Post-War Hamburg," in *Sex, Sin and Suffering: Venereal Disease and European Society since 1870*, ed. Roger Davidson and Lesley A. Hall (New York: Routledge, 2001): 205–219. A similar account of Berlin by Annette Timm exhibits the controversy of VD in the context of population politics. See Timm, "The Legacy of *Bevölkerungspolitik*: Venereal Disease Control and Marriage Counselling in Post-World War II Berlin," *Canadian Journal of History* 33 (1998): 173–214.
24. "Headquarters US Forces European Theatre, Control of Venereal Disease," June 18, 1946, UN, file VD Examinations—Preventative Measures, Subject Files of the Medical Section (SFMS), S-0414-0003-12.
25. "Chief Health Division US Zone to Director Department of Field Operations," November 7, 1946, UN, file VD Examinations—Preventative Measures, SFMS.
26. "Public Safety Branch Hq.Mil.Gov. to Hq.Mil.Gov. Schleswig-Holstein Region," August 19, 1946, UN, file VD Examinations—Preventative Measures, SFMS.
27. "Le Médecin Général des Cilleuls, A Messieurs les Médecins UNRRA des Districts Nord et Sud de la Zone Française d'Occupation," March 18, 1946, UN, file Medical Matters 1, HDFZ, S-0433-0002-07.
28. "Administrateur General Laffon, Luttés contre les maladies vénériennes," January 2, 1946, UN, file Medical Matters 1, HDFZ.
29. "Toute personne signalée comme ayant contaminé en [sic] français ou une DP ainsi que les femmes appréhendées aux cours des rafles ou d'opérations de police destinées à la represseion [sic] de la prostitution clandestine."
30. "Toute personne suspecte y sera obligatoirement admise."
31. "UNRRA CHQ Health Branch, Projects and epidemiological informations about displaced persons still in Germany in UNRRA camps," March 16, 1946, UN, file Communicable Disease—Consolidations, SFMS.
32. This consisted of a combination of an arsenic compound, generally neosalvarsan, mapharsen, or fontarsol in combination with bismuth, for syphilis and sulphathiazole, a sulfonamide derivative, for gonorrhoea. See Robert Bud, *Penicillin: Triumph and Tragedy* (Oxford, England: Oxford University Press; 2007), 75–96.
33. Side effects included dermatitis, damage to the optic nerve, and damage to the liver and kidney. There was as yet no means of oral application, so treatment for syphilis or gonorrhoea meant having to endure daily intravenous or intramuscular injections. Similarly, the duration of hospitalization was considerable. In the case of gonorrhoea, the treatment usually required "a minimum of three weeks, in the most favourable cases," whereas hospitalization for syphilis was required "during the whole course of the arsenic-bismuth therapy," which meant a minimum of 9 weeks. See "Instruction concernant la réglementation des hospitalisations en service fermé," UN, file Medical Matters 1, HDFZ.
34. "Instruction concernant la réglementation."
35. Laffon's instruction specified that "the patients being treated in the closed wards can under no circumstances be authorised to leave the hospital establishment before their complete convalescence, for reasons of personal propriety." He added that "visits of family, relatives and friends to patients in the closed wards must be regulated by the Chief Medical Officer of the service, according to the general discipline regulations in force in the hospital." See "Instruction concernant la réglementation."
36. "Agent contaminateur" (contaminating agent) and the German "Ansteckungsquelle" (source of infection) were terms officially used on VD declaration forms. A large portion of the declaration forms was in fact dedicated to information on the contaminating agent. For example "Fiche de déclaration de maladie vénérienne (Anzeige einer geschlechtlichen Erkrankung)," UN, file Medical Matters 1, HDFZ.
37. T. E. Osmond, "Venereal Diseases in Peace and War with Some Reminiscences of the Last Forty Years," *British Journal of Venereal Diseases* 25 (1949): 101–114.
38. Freund-Widder, *Frauen unter Kontrolle*, 184.
39. G. R. Scott, *Sex Problems and Dangers in War-Time: A Book of Advice for Men and Women on the Fighting and Home Fronts* (London: T. Werner Laurie, 1940), 70.
40. Freund-Widder, *Frauen unter Kontrolle*, 184.
41. See "Discussion on the Previous Paper," *British Journal of Venereal Diseases* 23 (1947): 28–30.
42. The abbreviation VD was tauntingly defined to stand for "Veronika Dankeschön," alluding to the likelihood of being infected with VD by German women. See Sabine Hering, *Und das war erst der Anfang: Geschichte und Geschichten bewegter Frauen* (Ebersbach, Germany: eFef, 1994), 147.
43. R. Esser, "'Language No Obstacle': War Brides in the German Press, 1945–49," *Women's History Review* 12 (2003): 577–603.
44. Grossmann, "Victims, Villains, and Survivors," 300–301.
45. L. Sauerteig, *Krankheit, Sexualität, Gesellschaft: Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. Und frühen 20 Jahrhundert* (Stuttgart, Germany: Franz Steiner, 1999), 319–436. See Timm, "The Legacy of *Bevölkerungspolitik*."
46. H.-U. Sons, *Gesundheitspolitik während der Besatzungszeit: Das öffentliche Gesundheitswesen in Nordrhein-Westfalen 1945–1949* (Wuppertal, Germany: Peter Hammer Verlag, 1983), 120–133; Timm, "The Legacy of *Bevölkerungspolitik*," 173–214; Freund-Widder, *Frauen unter Kontrolle*, 189–196, and "Women, Venereal Disease and the Control of Female Sexuality," 205–219.
47. "Minutes of the Conference of Zone Chief Medical Officers held at CHQ Arolsen on 12th and 13th November 1946," UN, file Zone Conferences, series SFMS, S-0414-0003-17.
48. Ibid.
49. "Dr Cooney, Report on Medical Inspection Tour US Zone," September 6, 1946, UN, file Inspections from Central H.Q., SFMS, S-0414-0001-16.
50. "Report on US Zone Medical Conference," September 8, 1946, UN, file Zone Conferences, series SFMS, S-0414-0003-16.
51. Ibid.
52. The weekly communicable disease returns allow an estimate of the availability of data from February to November 1946. There are several weeks without data for the British and the US zones during February and March and for the US zone in October 1946. Bonamis' report on communicable diseases for the period before February 1946 discussed the lack of statistical evidence. His estimate of the incidence of VD revealed a rate higher than that of the German population. However, his calculations are not reliable because he used only data from the US and British zones for the German population and from the British and French zones for DPs. He also did not identify the source of his data. See "UNRRA CHQ Health Branch."
53. F. R. Curtis, "Venereal Diseases in the British-Occupied Zone of Germany," *British Journal of Venereal Diseases* 23 (1947): 20–28.
54. I do not mean to suggest that VD incidence was in fact higher or lower than in the German population; I am merely interested in describing perceptions within UNRRA.
55. "Chief Health Division US Zone."
56. "Major General E. D. Fanshawe Acting Zone Director to the Controller General Health Branch," September 9, 1946, UN, file VD Examinations—Preventative Measures, SFMS.
57. "UNRRA Regional Medical Officer to PH Section Hq.Mil.Gov.," September 2, 1946, UN, file VD Examinations—Preventative Measures, SFMS.
58. "Major General E. D. Fanshawe Acting Zone Director."
59. "Director Department of Field Operations to Director BZ," September 24, 1946, UN, file VD Examinations—Preventative Measures, SFMS.
60. "Chief Health Division US Zone."
61. Ibid.
62. "UNRRA Regional Medical Officer to PH Section Hq.Mil.Gov."
63. "Chief Health Division US Zone."
64. "UNRRA CHQ Health Branch."
65. "Rapport du médecin chef du Team 575 de Pirmasens," February 11, 1946, UN, file Activités des Centres, HDFZ, S-0433-0001-01.
66. "Dr Cooney, Report on Medical Inspection Tour."
67. "Report on US Zone Medical Conference."
68. "Monsieur Bayle Directeur Team UNRRA Kaiserslautern à Monsieur Lavigne Field Supervisor," June 27, 1946, UN, file Activités des Centres 5, HDFZ, S-0433-0001-05.
69. "Tehupejori, Examen pour les Maladies Vénériennes."
70. "Chief Health Division US Zone."
71. "Tehupejori, Examen pour les Maladies Vénériennes," "District Director UNRRA II French Corps Area Haardt/Neustadt to Monsieur le Général, Directeur Général d'UNRRA Zone Française d'Occupation—Haslach," August 9, 1946, UN, file Medical Matters 1, HDFZ.
72. "Dépistage de maladies vénériennes—Camp de Kaiserslautern," August 22, 1946, UN, file Medical Matters 1, HDFZ.
73. "Dépistage de maladies vénériennes."
74. D. Heymann, "SARS and Emerging Infectious Diseases: A Challenge to Place Global Solidarity Above National Sovereignty," *Annals of the Academy of Medicine, Singapore* 35 (2006): 350–353.