Central European History (2023), **56**, 255–269
doi:10.1017/S0008938922001066

ARTICLE

"Not Even the Highest Wall Can Stop AIDS": Expertise and Viral Politics at the German-German Border

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Abstract

This article explores East German responses to HIV/AIDS and the emergence of sex as a site of border insecurity in the imagination of the East German state in the mid-1980s. Existing histories often dismiss the East German response to HIV/AIDS as ineffective or negligible on account of its illiberalism and insularity. These narratives, however, ignore the tense debates and wide variety of state and activist responses to the AIDS epidemic that developed within the GDR over the course of its final decade. I argue that as scientists and health officials sought to integrate East German institutions into the "global AIDS community," the specter of African sexuality loomed larger in their characterizations of this epidemiological threat (notably, in ways that do not neatly correlate with rates of HIV prevalence in the GDR). Explanations of East German AIDS policy should therefore focus less on the GDR's illiberalism and more on its liberalization—that is, its entrance in the mid-1980s into a global moral economy of AIDS that elided and disincentivized socialist commitments to the Global South.

Keywords: HIV/AIDS; East Germany; race; sexuality; borders; public health; international health cooperation

In its brief encounter with the AIDS epidemic, the German Democratic Republic (GDR) fared considerably better than most of the world. HIV/AIDS has sometimes been called a "neoliberal" disease: its proliferation enabled by the breakneck pace of human mobility since World War II, the epidemic's heavy burden has shifted increasingly from Global North to Global South, exposing deepening lines of inequality.[1] For much of the 1980s, however, the "second world" appeared strangely immune. There were only approximately a hundred cases in the GDR by the time the Berlin Wall fell in 1989, compared with hundreds of thousands worldwide. Commentators at the time and since have attributed this result to "closed" borders alone, implying that low HIV infection rates in the Eastern bloc were merely an unexpected perk of authoritarian insularity. Like the proverbial "stopped clock" that is right twice a day, state socialism got AIDS right—according to this trope—by default, as a natural outcome of its aversion to mobility and openness. One West German journalist wrote snarkily in *Der Spiegel* in 1989 that "doped Olympic athletes aside, AIDS has finally given the GDR the opportunity—for the first, the last, and the only time in its life—to be the best in the world at something."[2]

Limitations on cross-border travel were undeniably pivotal in stemming the eastward tide of HIV. Yet the role of the German-German border in the AIDS crisis—and the role of AIDS in

[1] See for example Jason Hickel, "Neoliberal Plague: The Political Economy of HIV Transmission in Swaziland," *Journal of Southern African Studies* 38, no. 3 (2012): 513–29.

[2] Hans Halter, "Menetekel an der Mauer," *Der Spiegel*, December 4, 1989.

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https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

shaping the German-German border regime—is vastly more complex than this characterization allows. The GDR *did* implement mandatory HIV testing at its borders. Far from closing themselves off to the world entirely, however, East German health officials developed a substantive and complex HIV prevention program and were active in international efforts to combat the epidemic. They worked closely with the World Health Organization, established bilateral collaborative research projects with West German states, and attended conferences all over the West, in addition to coordinating with fellow Eastern bloc COMECON member states. All of this new engagement prompted some contemporary observers to praise the GDR for its proactive stance and its willingness to collaborate across the Cold War divide in the name of AIDS prevention.[3] And while the memory of these efforts among the GDR's former citizens varies considerably, especially along generational lines, one East German college student reported in a 1988 survey that they wished East German news media "would talk as openly about everything as they do about AIDS and football."[4]

So which was it? Did the GDR respond to HIV/AIDS by "opening" or "closing"? Did it join the global fight against AIDS or recede into isolation behind the "Iron Curtain"? These narratives are often treated as mutually exclusive. Yet both are represented in the East German Health Ministry's comprehensive AIDS prevention plan, drafted in 1987 and implemented the following year, which recommended the expansion of international outreach and collaboration efforts *alongside* new restrictions on HIV-positive foreign visitors.[5] These restrictions applied only to people staying longer than three months and primarily affected students and guest workers from sub-Saharan Africa. The border thus loomed large in East German AIDS policy, particularly for the actors at the center of this study: physicians, researchers, and health officials involved in the GDR's response to the epidemic. These actors were empowered to travel abroad and take part in the global response to AIDS that was emerging in the mid- to late 1980s. Yet these same actors also became deeply involved in the enforcement of the East German border regime, both in formulating HIV-related immigration restrictions and overseeing their implementation. "Opening" and "closing" were simultaneous and, as I'll argue in this article, part of the same process.

Scholars of Cold War science and medicine have long observed that collaboration and competition during the Cold War overlapped in complex and puzzling ways, particularly with respect to sprawling global problems such as epidemics or climate change.[6] These problems, HIV/AIDS among them, spilled across borders and seemed to call out for global solutions that could transcend Cold War politics. Soviet and American cooperation in the eradication of smallpox, for example, is often represented as the triumph of science over ideology and division, as are instances of trans-bloc collaboration in the field of AIDS research and prevention.[7] Yet East German scientists and health workers were adept at wielding the language of global exigency—in particular, the language of rising above the Cold War fray in

[3] See for example "Erste AIDS-Infektionen in der DDR," *FAZ*, September 12, 1986.

[4] Kurt Starke, Zentralinstitut für Jugendforschung (ZIJ), ed., "AIDS: Assoziationen und Fragen Jugendlicher" (Leipzig, 1988), 24.

[5] Preliminary recommendations were drafted by an advisory group spearheaded by the Health Ministry over the course of several months in 1987 and approved by the *Politbüro* of the Central Committee of the Socialist Unity Party and by the Council of Ministers in September of that year. An "Action Plan" was finalized in March 1988. See "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR," BArch DC20 I 3/2523; Henning Tümmers, *AIDS: Autopsie einer Bedrohung im geteilten Deutschland* (Göttingen: Wallstein Verlag, 2017).

[6] Dora Vargha, "Between East and West: Polio Vaccination across the Iron Curtain in Cold War Hungary," *Bulletin of the History of Medicine* 88, no. 2 (2014): 319–42; Dora Vargha, *Polio across the Iron Curtain: Hungary's Cold War with an Epidemic* (Cambridge and New York: Cambridge University Press, 2018); Erez Manela, "A Pox on Your Narrative: Writing Disease Control into Cold War History," *Diplomatic History* 34, no. 2 (April 1, 2010): 299–323; Stephen Brain, "The Appeal of Appearing Green: Soviet-American Ideological Competition and Cold War Environmental Diplomacy," *Cold War History* 16, no. 4 (2016): 443–62; Katja Doose, "A Global Problem in a Divided World: Climate Change Research during the Late Cold War, 1972–1991," *Cold War History* 21, no. 4 (October 2, 2021): 469–89.

[7] See for example Renilde Loeckx, *Cold War Triangle: How Scientists in East and West Tamed HIV* (Leuven, Belgium: Leuven University Press, 2017).

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

the name of global health—in pursuit of their goals, which could include professional "networking" and the enhancement of national scientific prestige in addition to the paramount aim of saving lives. The legacy of these collaborative efforts is therefore mixed. "Openness" across the East-West border did increase, but at the expense of African students and guest workers who were subject to new HIV-related immigration restrictions and an increasingly racialized East German response to the AIDS crisis.

Health and the Cold War

East German responses to HIV/AIDS unfolded primarily in the last few years of the 1980s, but to understand them it is necessary to go back to the earliest days of the GDR. The postwar Germanys were *born* in a state of public health crisis, as Jessica Reinisch and others have described.[8] From the beginning, health—and epidemic control in particular—was seen as a crucial indicator of the success or failure of the respective socioeconomic systems. Posters, postcards, and other forms of messaging in the GDR informed citizens that getting vaccinated was an integral part of building socialism.[9] East-West competition, moreover, was fierce both in terms of domestic health care and in the realm of international medical aid and cooperation, as evidenced by the fact that the Soviet Union was a key player in the establishment of the World Health Organization (WHO) after World War II but withdrew from the institution almost immediately after its founding due to rising Cold War tensions and disputes with the United States.[10]

But major epidemiological threats such as polio soon began to change the playing field. Eastern bloc countries faced dire polio outbreaks in the 1950s and needed assistance, particularly in the form of supplies and vaccines. Western countries faced hurdles with the development of the new Sabin polio vaccine, especially after mistakes during the rollout of the American killed-virus vaccination program—the Salk vaccine—resulted in tens of thousands of children being accidentally infected with polio.[11] Among the results of this scandal was a massive East-West collaboration on the testing of the Sabin vaccine in the Soviet bloc, spearheaded in part by policymakers running low on options and in part by scientists making personal connections with their Western counterparts—as, for example, when two Soviet virologists traveled to Ohio in 1956 to meet with Albert Sabin and brought back vials of his vaccine in their coat pockets.[12] As Cold War tensions became the "new normal," Soviet bloc scientists were learning to emphasize to their superiors the perks and material assistance they could extract from the West if they were allowed to cooperate; once abroad, these scientists sought common ground with their Western counterparts by participating in an emerging discourse of Cold War scientific universalism.

This dynamic became all the more salient as the Eastern bloc reasserted its role in the WHO in the 1950s. As Erez Manela has described, the first thing the Soviet Union did when it started the process of rejoining the WHO was propose a radical program of worldwide smallpox eradication.[13] What followed was a complex series of back-and-forth Cold War power plays, with the United States promoting its own flagship health initiative, malaria eradication. With East and West competing to be perceived as the most effective leader in

[8] Jessica Reinisch, *The Perils of Peace: The Public Health Crisis in Occupied Germany* (Oxford: Oxford University Press, 2013); Anna-Sabine Ernst, *"Die beste Prophylaxe ist der Sozialismus": Ärzte und medizinische Hochschullehrer in der SBZ/DDR 1945–1961* (Münster, New York, München, and Berlin: Waxmann, 1997); Gabriele Moser, *Im Interesse der Volksgesundheit: Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR* (Frankfurt/Main: VAS Vlg f. Akad. Schriften, 2002).

[9] See for example Postcard Collection "Tuberkulose," Archives of the Deutsche Hygiene-Museum Dresden, 7618–35.

[10] Marcos Cueto, Theodore M. Brown, and Elizabeth Fee, *The World Health Organization: A History* (Cambridge and New York: Cambridge University Press, 2019), 62–85.

[11] Vargha, *Polio across the Iron Curtain*.

[12] Vargha, *Polio across the Iron Curtain*.

[13] Manela, "A Pox on Your Narrative."

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global health promotion, a novel discursive framework arose in which virtue accrued to those who most effectively depicted themselves as prioritizing health and human advancement outside of the binary logic of the Cold War. Competition and collaboration were not mutually exclusive; this was increasingly a case of competition *through* collaboration.

This discourse became especially pronounced in the German-German context in debates surrounding East German membership in the WHO in the early 1970s. When objections from Bonn (with support from the United States) once again resulted in a deferral of the GDR's application in May 1972, the ruling Socialist Unity Party (SED) was full of vitriol, its official organ *Neues Deutschland* featuring front-page interviews with East German scientists and health officials about West Germany's "arbitrary" and "antihumanitarian" act. "Of one thing I'm certain," wrote a prominent biologist. "We'll continue our progress in the realms of health care and medical research in spite of this shameful resolution out of Geneva."[14] The ensuing international public relations campaign included articles and pamphlets published all over the world in several languages, including a Swedish-language booklet entitled *Bonn's Politics of Extortion Will Fail*:

> This anachronistic act of the Government of the Federal Republic is in total opposition not only to the positive recent trends toward detente and cooperation in Europe but also to this humanitarian world organization's ability to fulfill its duties for the benefit of all people. . . . Here we publish official statements and views of the German Democratic Republic as well as a documentary of West German interference over the last four years to prevent the GDR's membership in the WHO.[15]

As in the *Neues Deutschland* articles, this booklet stressed several themes: the West Germans were enemies of peace and cooperation, incapable of the "realistic politics" they espoused. For all the talk of Willy Brandt's *Ostpolitik*, he and his regime were engaging in "acts of Cold War" at the expense of "universal and equal cooperation toward the humanitarian goal of protecting the health of people and nations."[16]

Rhetoric of this kind sheds light on the relationships between Eastern bloc scientists and state institutions, and the ways in which scientists were able to find ways to advance their own careers within and beyond the state apparatus. Historical narratives commonly speak of "the state" and subsume scientists into that category simply because they worked for state-run institutions, but their motivations were often more complex and they took full advantage of whatever degrees of freedom they enjoyed within the parameters laid down by their superiors. Politicians on both sides of the Cold War, for their part, were competing to be the best at caring, and this often involved accusing the other side of not caring enough—of being too bogged down in Cold War politicking to see that children's lives were at stake. Interestingly, this meant their language sometimes dovetailed with that of a growing international culture of scientists and physicians who positioned themselves against the global Cold War nuclear suicide machine writ large—for example figures such as Carl Sagan and the International Physicians for the Prevention of Nuclear War.[17] There were thus opportunistic convergences in the way diverse groups of actors involved in collaboration between East and West talked about this enterprise. When Eastern bloc scientists framed their requests to travel to Western countries to go to conferences and collaborate internationally in the language of global health, the act of traveling became a way to transcend the very binary that made traveling to the West so fraught to begin with.

[14] See for example *Neues Deutschland*, "Helle Empörung über den Willkurakt der Brandt-Regierung," May 21, 1972.

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

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

[17] Sidney Alexander, "The Origins of Physicians for Social Responsibility (PSR) and International Physicians for the Prevention of Nuclear War (IPPNW)," *Social Medicine* 7, no. 3 (2013): 120–26.

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State-socialist momentum in the field of global health only accelerated throughout the 1970s, culminating in the Alma-Ata Conference in 1978, which was held in the Union of Soviet Socialist Republics and enshrined the principles of primary care and "health for all" into the WHO's official agenda. By the end of the 1970s, socialist health was ascendant. But Western opponents of these changes quickly reacted, radically altering the funding structures of the WHO in order to limit these new developments (because the Alma-Ata Declaration was seen as a threat to pharmaceutical intellectual property rights)[18] without having to take an overt stance against the notion of universal access to health care. All of this meant that when AIDS was finally recognized in 1981, it emerged in a world in which two Cold War blocs were facing off in an increasingly pitched battle for the soul of global health, in which competitive advantage could be obtained only by rising above the fray to work together with ideological rivals.

The AIDS Epidemic Emerges

After simmering at low incidence rates in central Africa for several decades, HIV began to proliferate rapidly around the world by the 1970s.[19] But it remained undetected by medical science until 1981, when American health authorities noticed a growing pattern of unexplained cancer and pneumonia deaths, especially among otherwise healthy gay and bisexual men. Clusters of AIDS cases were also identified early on among several other demographic groups, including hemophiliacs and people from Haiti. But a combination of homophobic sensationalism from the news media and homophobic inaction from the Reagan administration quickly solidified the notion of a "gay plague" that affected only those living in the "fast lane" of American urban life.[20]

Homophobic inaction also characterized the initial response of the SED, which initially viewed AIDS as a capitalist problem and said little apart from a few dismissive comments about what type of person—as one official put it, "not exactly Aunt Emma and Uncle Otto"—would likely be responsible if the disease ever did emerge in the GDR.[21] The SED did, however, encourage participation in international scientific collaboration, and as early as 1983 was willing to support a few doctors and scientists who had begun to read about AIDS in Western journals and discuss it with Western colleagues, as well as those who wanted to attend meetings or conferences about it in Denmark and elsewhere in Europe. It was often these professionals who supplied the driving force behind the state's response to the epidemic by lobbying for resources and attention until the reality of the global AIDS crisis became clearer to health officials and SED higher-ups. By 1984, the Ministry of Health's position was that the possibility of AIDS cases in the GDR couldn't be discounted, and by the time the first cases did appear in 1985 and 1986, official "AIDS updates" stated unequivocally that the only thing standing between the GDR and West German levels of HIV infection was a three-year head start.[22]

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

[19] See Jonathan Engel, "Prologue," *The Epidemic: A Global History of AIDS* (New York: Smithsonian Books/Collins, 2006), 1–4.

[20] For the Reagan administration's initial official response via Press Secretary Larry Speakes—whose comments were largely confined to sophomoric jokes about which White House Press Corps journalists might have AIDS—see The White House, Office of the Press Secretary, "Press Briefing by Larry Speakes (October 15, 1982); see also Victoria Angela Harden, *AIDS at 30: A History* (Washington, DC: Potomac Books, 2012); Randy Shilts, *And the Band Played on: Politics, People, and the AIDS Epidemic*, twentieth anniversary edition (New York: St Martin's Griffin, 2007).

[21] Thanks to Markus Wahl for sending me this article: "Auch Ost-Berlin rechnet mit AIDS-Fällen," *Volksblatt Berlin* (December 23, 1984); see also Niels Sönnichsen, *Mein Leben für die Charite gegen Aids zwischen Ost und West* (Berlin: Das Neue Berlin, 2000), 9.

[22] See for example Ludwig Mecklinger, "Syndrom" (November 16, 1983), BArch DQ1/12718; Dittmann, "Bericht über die Teilnahme an der Beratung AIDS in Europa-Status quo 1983 Hojbroj b. Aarhus, Dänemark 19–20 Oktober 1983" (Berlin, October 22, 1983), BArch DQ1/12718.

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The state's awareness of a mounting global crisis did not, however, translate immediately into broad-based public education initiatives. Members of East Germany's LGBTQ community, who were increasingly organized and connected with their counterparts in the West since the early 1970s, began pressing for greater transparency and outreach.[23] AIDS activism in the United States and other Western countries in the 1980s and 1990s was famously highly visible: after years of being ignored by the political establishment, the activists who formed ACT UP and other groups created novel ways of communicating the threat of AIDS to the public that were increasingly impossible to sideline, from occupying government buildings to throwing the ashes of dead friends and lovers over the White House fence and onto the president's lawn.[24] Given the prominence of these images in the history and popular memory of global AIDS activism, what took place in East Germany appears comparatively tame. Yet East Germany was a challenging space for advocacy of any kind, and it is worth the closer look that is required in order to see the extent and subtle character of AIDS activism in the GDR.

Young people were among the first to actively press for more access to better information about AIDS. In March 1986, the director of the Kulturpalast Dresden wrote to Health Minister Ludwig Mecklinger reporting that he had asked younger visitors for help deciding on a theme for their upcoming educational summer youth event, and the answers had overwhelmingly favored a program that would teach people about "this new disease called AIDS." He requested the support and participation of AIDS experts.[25] It is noteworthy that these calls for broader outreach originated in Dresden, which for topographical reasons was famously unable to receive West German television signals (hence the region's nickname, "Valley of the Clueless"), suggesting that conversations about AIDS in the GDR were not just limited to those who saw news reports about AIDS in Western media.

Letters from East German citizens to health officials relating to the AIDS epidemic represented a wide variety of topics and strategies. There are letters on file, for example, containing mock-ups of brochures that the writer thought health officials should produce and distribute at gay bars and clubs.[26] Some letter writers identified themselves pointedly as long-term, monogamous same-sex couples and pushed for a greater degree of public outreach from the state about the AIDS epidemic, especially in the years prior to the Ministry of Health's expanded educational programming in late 1987. One couple wrote the following in January 1986:

> First there was the article in the *Wochenpost* by Prof. Sönnichsen, about which we homosexuals had to smile. Why, you ask? Because *none* of us believe that there is still no AIDS in the GDR or in the rest of the socialist world. How could that be possible? The two of us are not afraid; we've been living together for *16 years*. But we think it's about time the *entire* population of the GDR was educated about AIDS. Don't wait until it's too late.[27]

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

> In the press I hear again and again about using condoms to protect ourselves from infection. With great regret I must inform you . . . of a situation that was not the

[23] See Jens Dobler, ed., *Verzaubert in Nord-Ost: Die Geschichte der Berliner Lesben und Schwulen in Prenzlauer Berg, Pankow und Weißensee* (Berlin: Bruno Gmünder Verlag and Sonntags-Club e.V., 2009).

[24] For more on the modes and tactics of the most prominent AIDS activist groups, see Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996); Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight against AIDS* (Chicago, IL: University of Chicago Press, 2009).

[25] Director Werner Matschke, Kulturpalast Dresden, to Mecklinger (March 25, 1986); Mecklinger to Matschke (April 21, 1986); Theodor to Matschke (November 6, 1987), BArch DQ1/12720.

[26] See BArch DQ1/12720.

[27] Horst E. and Gerd M. to Haupthygieniker Theodor (January 29, 1986), BArch DQ1/12720.

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> case even in April 1945 in a collapsing, fascist Germany but which is now a tragic reality. There are NO condoms anywhere in Leipzig!
>
> The great American communist and filmmaker Arthur Miller (husband of Marilyn Monroe) once said that "a communist fucks, eats, drinks, and shits just like anyone else." But this is apparently a much more dangerous business for a GDR communist than for his American comrade, since here you can't buy any rubbers anywhere. . . . The GDR always wants to change the world and make it a better place, but not even being able to buy condoms? That's a sign of impotence.[28]

This was a cutting indictment of an ongoing concern for the Ministry of Health because the worldwide shortage of latex resulting from the AIDS epidemic had hit Eastern bloc countries, who struggled already with the lack of hard currency needed for global imports, particularly hard. A high-ranking health official answered that a massive acceleration in condom production was scheduled to take place that year and that health officials and the chemical industry were working together to address this problem swiftly.[29] And although his tone was perfunctory and bureaucratic, internal correspondence indicates that health officials were indeed anxious to alleviate the shortage.[30]

In addition to white East German men who identified as gay or bisexual, the other group most affected by HIV/AIDS in the GDR consisted of students and guest workers from sub-Saharan Africa.[31] In East Germany between 1986 and 1990, there were approximately 200 confirmed cases of HIV in citizens of African countries. Out of the dozen or so who got sick with AIDS during their stay, many died in East German hospitals.[32] News of their deaths was urgently communicated to the highest levels of the government and the SED.[33] Their encounters with the East German state, moreover, were in many ways shaped by the ways in which East German efforts to combat AIDS were initially framed as an aspect of socialist solidarity with Africa and with the rest of the state-socialist world.[34] In the mid- to late 1980s, East German health officials made a concerted effort to help establish and (they hoped) ultimately lead a Warsaw Pact–based collective effort geared toward AIDS research and prevention. Socialist countries fighting the epidemic together would mean, according to Soviet and East German representatives, a strong stance against AIDS-related discrimination.[35] It also meant that Warsaw Pact countries would be able to lobby together at the WHO for funds to be diverted to AIDS prevention and other programs that were "in the interest of health care in socialist countries and our friends in the developing world."[36]

These were (potentially) meaningful symbolic gestures of socialist solidarity with the "third world," but there were practical gestures as well. In some instances, local officials and school administrators sent letters up the SED chain of command seeking assurances that foreign students who had tested positive for HIV would be allowed to remain in the

[28] Friedrich-Wilhelm K. to Haupthygieniker Theodor (July 26, 1987), BArch DQ1/12720.

[29] Haupthygieniker Theodor to Friedrich-Wilhelm K. (September 2, 1987), BArch DQ1/12720.

[30] "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR."

[31] On African students and contract workers in the GDR, see Christian Th Müller and Patrice G. Poutrus, *Ankunft, Alltag, Ausreise: Migration und interkulturelle Begegnung in der DDR-Gesellschaft* (Cologne: Böhlau Verlag, 2005).

[32] Michael Häder, Wolfgang Kiehl, and Ulrich Hinterberger, *AIDS im Bewusstsein der Bevölkerung der DDR 1989/90: Ergebnisse einer soziologisch-epidemiologischen Untersuchung* (Berlin: AIDS-Zentrum, 1991), 51–53.

[33] This includes key figures such as Kurt Hager and Willi Stoff; see for instance BArch DQ1/12718.

[34] On the iconography of race in East German socialism, see for example Quinn Slobodian, ed., *Comrades of Color: East Germany in the Cold War World* (New York: Berghahn Books, 2015).

[35] "Vormerk über eine Information des Leiters der Abteilung Warschauer Vertrag des MID, Gen. Popow, gegenüber Vertretern der Botschaften der Staaten des Warschauer Vertrages am 28.8.1987," BArch DQ117/20.

[36] Gedächtnisnotiz über die Tagung der Vertreter der Ministerien für Gesundheitswesen sozialistischer Länder zur Vorbereitung der 40. Weltgesundheitsversammlung, Mai 1987," BArch DQ117/20.

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country and receive medical care.[37] Correspondence that took place prior to 1987 about foreign students and workers who had tested positive for HIV was concerned mostly with the logistics of providing treatment. When a Zambian student of agricultural sciences at a regional college in Gera tested positive in 1985 for what were then called LAV/HTLV-III antibodies, for example, the Minister for Health filed a report that mentioned neither the individual's immigration status nor any ongoing contact between the ministry and the Zambian embassy about the student's condition. Instead, the student was referred to the Central AIDS Consultation Center at Charité Hospital in Berlin for further assessment and, potentially, long-term care.[38] Likewise, around the same time, the Ministry of Health issued instructions regarding the care of foreign AIDS patients in which the ministry's (official) priorities included making specialized medical care available as efficiently as possible, guarding patient privacy, and being sensitive to cultural differences. Any decisions about a patient's repatriation, the document stated, would need to be made in consultation with Ministry of Health representatives and with doctors and administrators at the hospital where the patient was being treated.[39]

Although these efforts are relevant as a window into East German state priorities, they did not come close to significantly mitigating the racism and stigma that HIV-positive African students and guest workers faced in the GDR. Sara Pugach has documented the ambivalence tinged with suspicion that many East German authorities expressed regarding African sexuality; the AIDS crisis only exacerbated this.[40] And in the 1980s, foreign workers and students were increasingly isolated from their East German colleagues in separate work collectives or housing facilities, in large part for fear of the political influence they might exert.[41] This isolation grew alongside the perceived threat of AIDS: when several Zambian students tested positive for HIV in 1987, for example, school officials reported that the student body's reaction had at first been a somber one, but showed increasing signs of unease and even "unrest" at the prospect of HIV in the community. At best, people were "keeping their distance."[42]

Although the opportunities for advocacy were more limited for foreign students and workers than for East German citizens, those communities and worker brigades affected by HIV/AIDS frequently took matters into their own hands. Many of the people who were told to leave the country after a positive HIV test simply ignored the order, likely aware that deportation was supposed to be handled via "diplomatic methods"—that is, polite requests would be made to the embassy of a person's country of origin to arrange their return home because the SED didn't want to be seen deporting citizens of socialist and nonaligned allies.[43] Some lobbied the Ministry of Health with the help of East German coworkers and managers, often crafting their arguments so as to appeal to the spirit of socialist internationalism that had ostensibly brought them there.[44]

[37] "Niederschrift über die am 24.11.1987 an der Medizinischen Fachschule Quedlinburg durchgeführte Beratung zur 6-monatigen Weiterbildung 22 mittlerer medizinischer Kader," December 11, 1987, BArch DQ1/12723.

[38] Mecklinger, "Betr.: Dringender Verdacht auf eine Infektion an AIDS bei einem in der DDR weilenden Bürger aus der Republik Sambia," October 16, 1985, BArch DQ1/12723.

[39] Schneidewind (letter template), "Betr.: Betreuung ausländischer Patienten," August 1, 1986, BArch DQ1/13083.

[40] Sara Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic," in *Comrades of Color: East Germany in the Cold War World* (New York: Berghahn Books, 2015), 131–56.

[41] This was especially the case after the GDR canceled a bilateral work exchange treaty with Algeria in 1979 due to unrest on the part of the Algerian guest workers; see for example SED Bezirksleitung Leipzig, Teilbereich Wirtschaft, "Berichte und Informationen über den Einsatz ausländischer Arbeitskräfte, Bd. 1," Sächsische Staatsarchiv Leipzig (hereafter SSL) 21123 IV/C/2/6/507.

[42] See correspondence between Ministry of Health and school authorities in BArch DQ1/12723.

[43] "Beschluß des Politbüros des ZK der SED vom 1. September 1987" and the "Beschluß des Ministerrates 40/11/87 vom 10. September 1987" that enshrined it in law. These official legislative documents can be found in BArch DC20 I 3/2523.

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

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

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

From early 1988 on, however, handling of repatriation cases was increasingly curt and matter of fact.[47] The supply of HIV test kits distributed to the Global South seemed to have tapered off as well.[48] In July 1989, the foreign minister argued to the health minister that it was not enough to handle "measures against citizens of high-risk countries entering the GDR" solely through "diplomatic activities," but that the Ministry of the Interior and the Ministry of Justice should also be involved. To that end, the East German police force was officially briefed about the issue as well.[49] Even a powerful family did not guarantee an automatic exception to the deportation rule. When a relative of a prominent African head of state traveled to the GDR to attend a UNESCO course and was found upon arrival to be HIV positive, it took persistent petitioning and a special request from the Minister of Health to Kurt Hager, the so-called "chief ideologue of the SED," before an exception was granted.[50]

So what explains the increasing racialization of East German AIDS policy at the end of the 1980s? Racism on the part of East German officials is the most obvious explanation and may well be the most relevant factor. This was, after all, not the only time that the GDR's stated antiracist intentions gave way to hostility and discrimination in practice.[51] But latent prejudice on the part of health officials does not necessarily explain the shift that appears to have taken place: Why did the GDR's response to AIDS begin with a focus on socialist solidarity and then increasingly clamp down on HIV-positive African students and workers, even as it expanded outreach to East German citizens? The increasing urgency of the epidemic does not, by itself, explain this; infection rates in the GDR remained relatively stable and low until 1990, and there were few documented cases of foreign students or guest workers transmitting HIV during their stay in the GDR. To understand this shift, it's necessary to look at something that *was* changing during this period: the extent to which East German scientists and physicians were involved in Western-led efforts to combat the AIDS epidemic.

East German AIDS Science Goes Global

As more countries began devoting more resources to the AIDS crisis and a coordinated international response emerged, East German scientists became empowered to go abroad and

[45] "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR," 11.

[46] "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR," 7.

[47] Heidorn to Außerordentlicher und Bevollmächtiger Botschafter der Volksdemokratischen Republik Äthiopien, December 22, 1988, BArch DQ1/12723; compare "Ermittlungen," May 26, 1987, BArch DQ1/12723.

[48] "Vermerk über ein Gespräch mit Dr. Lucia Barquet, WHO-Kader AIDS-Programm und verantwortlicher Mitarbeiter für die HIV-Untersuchungen moçambikanischer Werktätiger, die in die DDR reisen, am 31.10.1988," March 8, 1989, BArch DQ/14889.

[49] "Ermittlungen," May 26, 1987, BArch DQ1/12723; Fischer, Ministerium für Auswärtige Angelegenheiten, to Mecklinger, Ministerium für Gesundheitswesen, July 31, 1989, BArch DQ1/12723.

[50] Mecklinger to Hager, December 27, 1988, BArch DQ1/12723.

[51] See for example Mike Dennis and Norman Laporte, *State and Minorities in Communist East Germany* (New York: Berghahn Books, 2011); Pugach, "African Students and the Politics of Race and Gender in the German Democratic Republic."

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

participate. Already in 1983, East German AIDS scientists reached out to the National Institutes of Health in the United States for access to their massive bibliography of journal citations relating to the epidemic, and that same year one researcher traveled to Denmark as the first East German delegate at a major international AIDS workshop. He reported that the conference organizers unexpectedly waived his registration fees upon his arrival, apparently as a gesture of trans-bloc scientific professional solidarity.[52]

In the context of these early East German efforts, coordinating research and prevention with the rest of the Eastern bloc was high on the agenda, as was solidarity with Africa, which was emerging as a global epicenter. Niels Sönnichsen, Head of Dermatology[53] at Charité Hospital and leader of the East German AIDS Advisory Group, participated in the International Conference on AIDS in Africa in Brussels in November 1985. In his report, while stressing the usefulness of the meeting for broadening his own understanding of the most up-to-date research, Sönnichsen also foregrounded "repeated" conversations he had had with several African colleagues who said they were "disappointed that the conference had been able to give them no real answers as to how to stem the spread of AIDS in their own countries" and that they were equally disappointed that the conference had no ideas about how to provide them with easy and cheap methods for [HIV] testing." He also discussed being accosted by representatives of a West German pharmaceutical firm (and maker of HIV test kits) who said they wanted to hold "seminars"—and presumably product demonstrations—in the GDR at the Ministry of Health's earliest convenience, a suggestion Sönnichsen says he "received without comment."[54]

By the middle of the decade, it was becoming increasingly clear that AIDS was not just an American problem and that a "global AIDS community" of scientists and health workers had formed and was becoming increasingly wide-ranging and tightly knit. Members of the AIDS Advisory Group presented their research at more and more international conferences on both sides of the Iron Curtain, including at the first International AIDS Conference in Atlanta in 1985, where Sönnichsen presented a paper before commencing a tour of the East Coast to give talks and meet with colleagues at Johns Hopkins and New York University.[55] Yet even though internal East German communication about AIDS was increasing in frequency, talk of closing the border to "high-risk" travelers was rare. In a 1985 iteration of the official "AIDS updates" sent out to physicians and health officials, for example, no mention was made of using immigration restrictions as a mode of AIDS prevention, and African origins were not listed as a risk factor.[56] The focus instead was on the ministry's plans for raising public awareness about the epidemic and the logistical problems associated with establishing cell lines for use in research on HIV. East German AIDS researchers were especially interested in developing the GDR's own antibody test because testing for the virus at that time required expensive equipment and supplies from the West as well as the hard currency required to import them.

It was also clearly a matter of great importance to the researchers and health officials involved in East German AIDS prevention that these efforts would afford them and their health system an opportunity to be exemplary on a global stage. This is evident from the

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

[53] Due especially to the skin ailments associated with syphilis, treatment of sexually transmitted infections (STIs) was strongly associated with the discipline of dermatology in the West until around the 1950s, when the availability of penicillin made syphilis easier to treat. Institutional associations between dermatology and sexual health persisted in the Eastern bloc, which is why responding to HIV/AIDS fell within the purview of the Head of Dermatology at Charité Hospital; see Tasneem Poonawalla, Tatsuo Uchida, and Dayna G. Diven, "Dermatology's Role in Treating Sexually Transmitted Diseases," *Archives of Dermatology* 142, no. 9 (September 1, 2006): 1231–44.

[54] Sönnichsen, "Bericht AIDS-in-Afrika Brussels," November 25, 1986, BArch DQ1/12718.

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

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

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

GDR's earliest involvement in regional HIV/AIDS surveillance and information sharing. In May 1986, the prorector of the Humboldt University Medical School wrote a letter to an acquaintance, the deputy Minister of Health:

> I've been reading the WHO Weekly Report . . . and I still don't see the GDR's name on the list [of countries submitting HIV prevalence reports]. You know why I'm writing. We have to find a way to make sure the GDR shows up in the next quarterly report . . . It would also look good politically if we could issue a statement to be printed at the end of one of the weekly reports—as many other countries have already done—stating that the GDR is now taking part in the collection of AIDS data.[57]

With some exceptions, these lobbying efforts were successful; Erich Honecker himself agreed that in the arena of AIDS prevention, "we can't afford to be left behind."[58]

As infection rates continued to rise in the United States, western Europe, and sub-Saharan Africa, however, new structures and discourses of an emerging global response to the epidemic began to take shape. American health authorities wanted to take a leadership role within this response, and countries in the socialist and nonaligned worlds were often discussed in terms of how open or amenable they were to Western advice and aid.[59] In Uganda, for example, President Yoweri Museveni announced not long after taking power in 1986 that he would welcome Western assistance and guidance in countering Uganda's devastating AIDS epidemic, one of the fastest growing in the world at the time. This decision was met with widespread praise and pledges of support and remains a celebrated example of international cooperation that likely saved many thousands of lives. At the same time, American evangelical involvement in these aid efforts helped pave the way for the long-term entanglement of the American religious right in Ugandan domestic politics that played a role in Uganda's draconian antigay legislation in the 2000s.[60] The charismatic iconography of the global response to AIDS—of bringing the world together in a dark hour—seems to have made it all the more difficult to see that Western aid and experts came to Uganda with ideological baggage. Similarly, the claim of transcending the Iron Curtain in the name of the global effort against AIDS exerted a powerful appeal even as it masked complexities.[61]

As the decade wore on, East German scientists tried to occupy a cautious middle ground even as the aims associated with socialist solidarity gave way to a new focus on joining the global response to AIDS. At the 1987 conference in Paris, for example, Niels Sönnichsen still paid considerable attention to concerns reported by African delegates, in particular their concerns about the unavailability of affordable antibody test kits.[62] That same year, Sönnichsen, who had made it clear in comments to colleagues at the Ministry of Health

[57] Prorector (Bereich Medizin), Humboldt-Universität zu Berlin, to Rudi Müller, Stellvertreter d. Ministers, Ministerium für Gesundheitswesen, May 15, 1986, BArch DQ117/20.

[58] Cited in Tümmers, *AIDS*, 264.

[59] Peter Baldwin, *Disease and Democracy: The Industrialized World Faces AIDS* (Berkeley and New York: University of California Press and Milbank Memorial Fund, 2005); Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009); Nicoli Nattrass, *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* (Scottsville, South Africa: University of KwaZulu-Natal Press, 2007); Joy Wang, "AIDS Denialism and 'The Humanisation of the African,'" *Race & Class* 49, no. 3 (January 2008): 1–18; Abigail Krusemark and Erik Cleven, "Sex and Drugs (But Not Rock and Roll): The Variation in HIV-Related Restrictions on the Entry, Stay, and Residence of Seropositive Foreigners in the Middle East and North Africa," *Risk, Hazards & Crisis in Public Policy* 5, no. 3 (September 1, 2014): 279–94; Benjamin K. Wagner and Matthew Vanvolkenburg, "HIV/AIDS Tests as a Proxy for Racial Discrimination? A Preliminary Investigation of South Korea`s Policy of Mandatory In-Country HIV/AIDS Tests for Its Foreign English Teachers," *Journal of Korean Law* 11, no. 2 (2012): 179.

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

[61] See also Loeckx, *Cold War Triangle: How Scientists in East and West Tamed HIV*.

[62] Sönnichsen, "Bericht—Paris," BArch DQ1/12718.

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

that he was entirely convinced by the growing international consensus regarding the origins of HIV, wrote gingerly in his more public-facing works that although most signs pointed to an emergence of the virus in twentieth-century sub-Saharan Africa, scientists were still considering *many* hypotheses, and it was worth withholding judgment for the time being. After all, he continued, medical personnel at Sönnichsen's own Charité Hospital in Berlin had, around the turn of the century, referred to syphilis as "the French disease" or "the Polish disease." Sönnichsen went on to say that this, however, likely had more to do with prejudice than science.[63]

Yet as scientific collaboration increased surrounding the problem of AIDS, trans-bloc professional relationships were reinforced. Sönnichsen speaks, for example, of going on trips to West Germany and sneaking blood samples in his briefcase so that his friends could let him use their lab equipment, and reports from his attendance at the International AIDS Conferences in 1986 and 1987 to 1988 indicate a declining interest in the differences between socialist and capitalist approaches to science and AIDS.[64] Perhaps most importantly, talks began in 1987 between East and West German scientists about the possibility of cross-border collaboration.

The rise of this German-German collaboration has sometimes been interpreted as evidence *for* East German insularity vis-à-vis HIV/AIDS, due to the prominence of Bavaria among the GDR's West German state-level partners. West Germany's largest and most populous state had implemented a notoriously harsh slate of AIDS prevention measures in 1987 that gave authorities the right to demand an HIV test of anyone "suspected" of being HIV positive, and which also included mandatory testing for foreigners from designated high-risk countries. It's telling that at a panel on AIDS and human rights at the 1987 US President's Commission on the HIV Epidemic, expert testimony on places in the world where there was a risk of serious human rights abuses in connection with HIV/AIDS mentioned only two places by name: Iraq and Bavaria. (The part about Bavaria is only in the unofficial transcript; it was removed for the publication of the final version.[65])

Drawing a line between Bavaria and the GDR as ostensible partners in illiberal AIDS prevention is a stretch, however, not least because East German health officials launched HIV/AIDS initiatives with several other federal German states. If anything, accounts that emphasize the GDR's Bavarian connections have the effect of "cleansing" the Federal Republic of its most notorious AIDS prevention policies by coupling them with the East German program. Some scholars have implied that Bavarian leaders got the idea for an illiberal response to AIDS from East Germany, but there is little evidence for this aside from the fact that Peter Gauweiler, the architect of Bavarian AIDS policy, visited the GDR in 1988 and told East German health officials that he had been "observing East German measures against AIDS since 1985 and [was] very impressed."[66]

The key to this relationship was not an ideological commonality between Bavaria and the GDR, but rather its mutual utility for each party—Bavarian politicians and East German health officials—in fighting their own internal conflicts. By reaching out to East Germany at a time when the German-German relationship was sensitive but increasingly complex, Gauweiler was establishing a new political-discursive base from which to engage in heated conflicts over his AIDS policies in the *Bundestag*.[67] As more and more liberal German states

[63] Niels Sönnichsen, *AIDS: Was muss ich wissen?—Wie kann ich mich schützen?* (Berlin: Verlag Volk und Gesundheit, 1987), 8–9. Referring to syphilis as "the French disease" dates back to Naples in the sixteenth century; the French countered by calling it "the Neapolitan disease." See John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CN: Praeger, 2008).

[64] Sönnichsen, "Bericht—Paris," BArch DQ1/12718.

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

[66] See for example Tümmers, *AIDS*.

[67] On German-German collaboration during this period, see for example Rolf Reissig, *Dialog durch die Mauer: Die umstrittene Annäherung von SPD und SED* (Frankfurt/Main and New York: Campus, 2002).

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

vocally opposed Bavarian mandatory testing in the name of privacy and civil liberties, Gauweiler's countermove was to assert a humanitarian realism that superseded decades-old Cold War divisions through a partnership with the GDR. Judging from Stasi reports on the GDR-Bavarian meetings, the East German health minister and his colleagues had made a shrewd choice of partners. A representative of the West German government who attended some of these meetings even said explicitly that he wanted to make sure the GDR wasn't meeting *only* with the Bavarians.[68] As soon as they agreed to a relationship with Bavaria, similar opportunities came forward from other West German states. There was PR value to be had on both sides of this arrangement: in a February 1988 op-ed, Gauweiler wrote that "containing the global plague of AIDS isn't a question of worldview, it's a question of biology. . . . Bavaria and the GDR clearly agree that AIDS can't be defeated just with pamphlets and rhetorical pronouncements."[69]

Of course, the public pronouncements of both East and West German politicians are a problematic source of insight. It is more useful to examine the internal conversations and debates surrounding the formulation of the GDR's HIV travel ban in 1987. In the course of all their drafting, redrafting, deliberation, and handwringing, one overarching concern is apparent on the part of these policymakers: above all, health officials were worried about how the GDR would appear in the eyes of the international community because they wanted to be a part of that community. The WHO and key Western partners, West Germany in particular, were a constant topic of internal conversation, and over the course of the period in which these conversations were taking place, the GDR was integrating itself more and more closely with Western institutions and public health paradigms. By the time the East German travel ban went into effect, the WHO had clearly denounced immigration restrictions as a method for preventing HIV. But Western countries had also signaled their tolerance for such policies. Global opposition to the American travel ban came to a head in 1990 when it posed problems for HIV-positive people wanting to attend the Sixth International AIDS Conference in San Francisco. Reactions were especially fierce when a European scientist and activist was arrested in Minnesota after disclosing his serostatus to customs officials.[70] Yet once allowances were made for scientists and activists, this opposition became largely symbolic, and the American HIV travel ban stayed in place until 2010. The West German state, moreover, had likewise already denied entry to people with HIV.[71]

In discussing the GDR's mandatory reporting policy regarding all cases of HIV infection, AIDS, and AIDS-related deaths, health officials discussed in detail the fact that there were a variety of international stances on this matter and that many capitalist countries were opposed to mandatory reporting. However, they argued, HIV/AIDS reporting in the GDR was carried out under the strictest level of confidentiality and formed the basis for a system of AIDS surveillance that "corresponded to or even exceeded" the efficacy of AIDS surveillance in developed capitalist countries.[72] In other words, despite being an internal state document that contained several highly critical assessments of the GDR's prevention efforts up to that point, the text of the 1987 regulation was filled with talking points and apologia for use in trans-bloc conversations about AIDS prevention.

In the legal language of the HIV immigration ban section itself, the notion of the WHO as *the* primary authority in matters of health was likewise on display. Ministry bureaucrats had circulated multiple news reports in May 1987 that the WHO had come out against "HIV testing at the border." Because the United States enacted its HIV travel ban only a month later,

[68] "Information: Vereinbarung zwischen der DDR und Bayern über die Zusammenarbeit bei der Bekämpfung von AIDS," February 24, 1988, BStU MfS ZAIG,14572, 20–21.

[69] Peter Gauweiler, *Bayernkurier*, February 6–13, 1988, 2.

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

[71] See Baldwin, *Disease and Democracy*.

[72] "Information über den Stand der Verhütung und Bekämpfung von AIDS-Infektionen in der DDR," 8.

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this recommendation clearly did not carry the moral weight of international consensus behind it. In singling out individuals from "high-risk countries" for the new mandatory testing policy, however, the ministry made sure to append the phrase "according to the WHO" wherever possible, couching its potentially unpopular policy choices in a framework supplied by the emerging Western epidemiological consensus. In fact, references to the WHO and its recommendations and reports are woven throughout the 1987 document. Even statistics about AIDS cases in the Soviet Union and other socialist countries came straight from Geneva rather than Moscow.

Accompanying the waning interest in a socialist-internationalist politics of AIDS was a simultaneously increasing participation in the language of *global* cooperation in fighting the epidemic. When East German scientists attended the landmark London AIDS Summit in 1988, their statement to the assembled delegations from roughly ninety health ministries from around the world was a telling amalgam of the rhetoric of state socialism and of the global AIDS community:

> The GDR highly appreciates the role and responsibility of the World Health Organization in the global strategy for AIDS prevention and control. My country is ready to contribute to global control through an aggressive national programme.
>
> Mister Chairman! Dear Colleagues! In these days where the hope is growing that we are a little bit closer to a peaceful world, the chances and possibilities for a fruitful cooperation between countries are growing, too. Let us use these chances in our common fight against AIDS.[73]

As East German scientists became more fluent in this language, however, early efforts to keep advocacy for the Global South at the center of medical-professional culture receded. Claims to transcending the border between East and West went along with erecting new borders between North and South. In 1988, the number of East German doctors and medical researchers attending conferences abroad, including nonsocialist countries, reached its highest since the construction of the Berlin Wall, despite tightening budget constraints and an SED leadership increasingly reluctant to approve foreign travel.[74] Given the timing of the East German HIV entry ban, there is thus an inverse relationship between the amount of resources the GDR spent on cultivating trans-bloc scientific and medical partnerships and the amount of resources it spent on the African AIDS epidemic.

Conclusion

In discussions of the Cold War, socialist states are often treated as cohesive units: scholars write about what the GDR did or what Moscow wanted or feared. This has been true with respect to the Cold War politics of AIDS as well. Western commentators, when they have noticed East German AIDS prevention at all, tend to assume that the wide array of actors involved in this effort—doctors, nurses, health officials, party leaders, and local administrators—all worked in concert to pursue the SED's aims. The East German response to the AIDS epidemic, however, was dynamic and internally contested, with scientists and health workers exerting considerable influence over state policy. There is little reason to doubt that these actors were deeply concerned by the devastating toll of HIV/AIDS around the world and by the threat it might pose at home. Yet the sheer scale and pace of the epidemic also afforded them opportunities. The global fight against AIDS was a rewarding professional

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

[74] Those numbers were: 1,611 physicians and scientists attending conferences in nonsocialist countries and 1,770 in socialist countries; "Jahresanalyse 1988: Teilnahme von Wissenschaftlern der DDR an medizinisch-wissenschaftlichen Veranstaltungen im Ausland," March 22, 1989, BArch DQ1/12125.

https://doi.org/10.1017/S0008938922001066 Published online by Cambridge University Press

space in which East German scientists could understand themselves as simultaneously advancing socialist aims and East German prestige and contributing to a higher vision of scientific inquiry and humanitarian service that transcended borders and blocs. In the rush to consolidate a global response to the AIDS crisis, however, it is easy to see how some priorities—notably those associated with socialist internationalism—might fall by the wayside.

East German participation in the global fight against HIV/AIDS was going to shine a light, some hoped, on the socialist approach to health and its inherent capacity for furthering equality and social well-being. The Western-led international community of health professionals and policymakers was considered an essential part of realizing this goal, and as new collaborative efforts emerged, the virtues of socialist health and the virtues of international health cooperation writ large seemed, at times, to merge. But it's here that the ironies of late socialism become most apparent: international health cooperation was indeed crucial to the successes of the GDR's AIDS program, but those successes may also have undermined their original goal by providing a new and different model for global health solidarity and by fostering relationships that reached across the Iron Curtain and may even have loosened what was left of the relationship between health professionals and the socialist state.

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Cite this article: Johanna Folland. "'Not Even the Highest Wall Can Stop AIDS': Expertise and Viral Politics at the German-German Border," *Central European History* (June 2023): **56**, 255–269. https://doi.org/10.1017/S0008938922001066.

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