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Medical Treatment, Duty to Work, and Political Education. Functions of Soviet “Prophylactoria” and “Care Homes for STD Patients” in Germany

Abstract

After the end of World War II, “care homes for sexually transmitted disease patients” were established in the Soviet Occupation Zone of Germany (SOZ). The legal basis was established by the order of the Soviet Military Administration in Germany (SMAD) No 30. Care homes for sexually transmitted disease patients are institutions that combine education and treatment of illnesses for individuals with an STD. The sick individuals had to follow a regular daily routine and work every day. Political indoctrination served to educate “socialist personalities”. Similar institutions already existed in the USSR. In the 1920s, the so-called “prophylactoria” were established in the USSR. This article compares these two types of medical institutions. Sources from the State Archive of the Russian Federation in Moscow, the German Federal Archives in Berlin, and the City Archive Zwickau were used.

Keywords: compulsory commitment, medical care, patient education, USSR, venereal diseases.

Introduction

During the 1930s, the historian of medicine Henry Ernest Sigerist (1891–1957) often visited the Soviet Union. He described his experiences in the book “Socialised Medicine in the Soviet Union”, published in 1937, where he depicted the Soviet health system as a very progressive

one.¹ As an example of such an advanced healthcare system, he highlighted the so-called “prophylactoria” (lečebno-trudovye profilaktorii), which had been established since the 1920s. The task of the prophylactoria was to treat prostitutes with sexually transmitted diseases (STDs), train them for a job, and raise their cultural level.² In 1930, there were five prophylactoria in Moscow alone.³ After the end of World War II, “care homes for STD patients” (Fürsorgeheime für Geschlechtskranke) were established in the Soviet Occupation Zone of Germany (SOZ).⁴

The legal basis was established by the order of the Soviet Military Administration in Germany (SMAD) No 30. In Saxony alone, care homes for STD patients were opened in Chemnitz, Dresden, Leipzig, and Zwickau since 1946.⁵ In these care homes for STD patients, individuals with STDs, as well as prostitutes and women who had infected military personnel, were compulsorily treated. All individuals locked up in care homes for STD were isolated, treated for venereal diseases, and had to be educated through work and political information, thus transforming into “socialist personalities”.⁶

By examining the Moscow “model labour prophylactorium” and the Zwickau care homes for STD patients, this article compares the two types of medical facilities, discussing similarities and differences in their house rules and the daily lives of their patients. These results help to understand how criminalisation of prostitution and venereal diseases has influenced the measures taken to educate and resocialise prostitutes with STDs in specialised medical facilities.

¹ Henry E. Sigerist, *Socialised medicine in the Soviet Union*; with a foreword by Sidney Webb (London: V. Gollancz, 1937).

² Natalia B. Lebina, *Povsednevnaia žizn' sovetskogo goroda: normy i anomalii. 1920–1930 gody* (Sankt-Peterburg: Letnij sad, 1999).

³ Maximilian Schochow & Florian Steger, “Women education in the Soviet prophylactoria and the care homes for sexually transmitted disease patients in the Soviet Occupation Zone of Germany,” *Journal of the European Academy of Dermatology & Venereology* (2023), <https://doi.org/10.1111/jdv.19245>.

⁴ Florian Steger & Maximilian Schochow, “Closed Venereology Wards in the German Democratic Republic,” *Acta medico-historica Rigensia* 12 (2019): 67–91.

⁵ Maximilian Schochow, *Zwischen Erziehung, Heilung und Zwang. Geschlossene Venerologische Einrichtungen in der SBZ/DDR* (Halle: Mitteldeutscher Verlag, 2019).

⁶ Florian Steger & Maximilian Schochow, *Traumatisierung durch politisierte Medizin* (Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft, 2016).

The article presents the used methodological approach, followed by a comparative analysis of the legal framework and house rules of the prophylactoria and care homes for STD patients. It also presents findings on everyday life in the studied institutions.

Materials and Methods

Unpublished archival documents as well as published sources, including relevant scientific literature and dissertations, have been used as the basis of the study of this article. The archival material regarding Soviet prophylactoria is stored in the State Archive of the Russian Federation in Moscow (records of the People's Commissariat for Work). Unpublished sources regarding care homes for STD patients were discovered in the German Federal Archives in Berlin (records of the Ministry of Health of the GDR) and the City Archive Zwickau (records of the Health Department, the Youth Welfare Office, the Provincial Administration of Sachsen, and the Zwickau Administration).

Within these archives, records pertaining to the prevention and treatment of venereal diseases, legal regulations, and the treatment of STD patients have been assessed. Specific examination of Soviet legislative documents and orders from the Soviet Military Administration in Germany (SMAD), as well as regulations governing prophylactoria and care homes for STD patients have been the focus of the study. Additionally, correspondence and meeting minutes from relevant institutions were reviewed to gain insight into the practical implementation of educational and compulsory measures. To examine these sources, the historical-critical method was utilized within a comparative perspective. Based on the study, the organization and functions of prophylactoria and care homes for STD patients have been reconstructed.

Legal Frameworks

After the Bolshevik revolution in 1917, strict regulations and prosecutions for prostitution were ceased. During the period of “war communism” from 1918 to 1921, characterised by the nationalisation of all industries, the ban on private enterprise, strict state control, and labour duty, prostitutes were considered “social parasites” and “deserters of the labour front” and were arrested and interned.⁷ These rigorous measures ceased in 1921

⁷ Natalia B. Lebina, *Povsednevnaja žizn' sovetskogo goroda: normy i anomalii*, 82–85.

when there was a shift towards relative restraints on political power and a mixed economy. While commercial fornication could not be tolerated for class-political reasons, the Bolsheviks considered prostitutes as victims and remnants of Tsarist Russia. Combating prostitution was deemed necessary because its main consumers were proletarians. According to statistics from 1923, 61 percent of factory workers used the services of prostitutes, resulting in an increase in STD infections.⁸ Paragraph 155 of the Criminal Code of Soviet Russia in 1922 punished individuals for transmitting “severe venereal diseases” with deprivation of liberty for up to three years.⁹ On February 23, 1927, the Soviet government issued Directive No 13, entitled “About Measures to Combat Venereal Diseases”, which granted health authorities the right to compulsory medical examination of individuals suspected of having an STD, as well as compulsory treatment in cases of refusal of voluntary treatment.¹⁰ This directive was especially applied to prostitutes.

The legal background for the establishment of care homes for STD patients in Germany was different. After the end of World War II, the number of infections rose sharply in Germany. In addition to tuberculosis, sexually transmitted diseases such as gonorrhoea and syphilis were particularly widespread.¹¹ In all four occupation zones, the “Law to Combat Sexually Transmitted Diseases” of February 18, 1927, was in effect.¹² Enacted during the Weimar Republic, concurrently with the Soviet decree on the same issue, this law included measures against the spread of syphilis, gonorrhoea, and chancroid, including compulsory hospitalisation. On August 7, 1945, the Soviet Military Administration in Germany (SMAD) issued Order No 25, entitled “About Measures to Combat Venereal Diseases Among the German Population of the Soviet Occupation Zone

⁸ Natalia B. Lebina, Povsednevnaia žizn' sovet'skogo goroda: normy i anomalii, 82–85.

⁹ “Ugolovnyj kodeks Rossijskoj Socialističeskoj Federativnoj Respubliki,” (Moskva: Avra, 1922).

¹⁰ “O merach bor'by s veneričeskimi bolez'njami. Sobranie uzakonenij i raspordžženij Raboče-krest'janskogo pravitel'stva RSFSR,” *Otdel pervyj* 13 (1927): 135–136.

¹¹ Marcin Orzechowski, Maximilian Schochow & Florian Steger, “Combatting Venereal Diseases as an Instrument of Politicised Medicine: Analysis on the Example of the Soviet Occupation Zone in Germany, the German Democratic Republic, and the Polish Peoples' Republic,” *Acta medico-historica Rigensia* 13 (2020): 58–82.

¹² “Gesetz zur Bekämpfung der Geschlechtskrankheiten vom 18. Februar 1927,” *Deutsches Reichsgesetzblatt*, Teil I, 1927: 536–541.

(SOZ) of Germany".¹³ This order established uniform regulations throughout the SOZ. Among the actions specified was the compulsory hospitalization of individuals suffering from syphilis during the contagious period (Paragraph 4). Furthermore, all prostitutes with an STD were to be compulsorily treated (Paragraph 5). Due to poor implementation of the order, the SMAD issued another order, Order No 30, intended to intensify and expand measures to combat venereal diseases. It came into force on February 12, 1946.¹⁴ Paragraph 7 of this order stipulated the establishment of care homes for STD patients under police guard for the compulsory treatment of individuals with syphilis or gonorrhoea who evaded therapy, as well as sick women engaged in prostitution and those who infected military personnel. In these care homes for STD patients, compulsorily committed individuals not only received treatment but also had a duty to work. In these care homes, admitted individuals were to be employed in handicrafts (Paragraph 8). After their release, the items produced were to be left behind, and the further management of the compulsorily committed individuals was to be supervised.¹⁵ SMAD Orders No 25 and 30 laid the foundation for the establishment of institutions for treatment of venereal diseases throughout the SOZ. These orders provided the legal framework for isolation of patients with infectious forms of venereal disease and the obligation of the diseased to seek treatment.

In the Soviet Union, it was believed that the main challenge in combating venereal diseases was the low cultural level of the population. Alongside the establishment of venereal dispensaries, hygiene propaganda and elimination of illiteracy played important roles in improving health of Soviet citizens.¹⁶ Construction of prophylactoria since 1924 was one of the measures that combined healthcare treatment with re-education and integration of prostitutes into the new society. However, in the late 1920s and 1930s, Soviet policy principles in the fight against prostitution and venereal diseases began to shift towards more repressive measures. In the mid-1930s, the prophylactoria were either closed or transformed into high-security

¹³ Maximilian Schochow, *Zwischen Erziehung, Heilung und Zwang*. 33–39.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Oxana Kosenko & Igor Polianski, "Der Tanz der kleinen Spirochäten: Theatrale Hygieneaufklärung und die Bekämpfung der Geschlechtskrankheiten in der frühen Sowjetunion," *Urologe* (2020): 628–639.

facilities.¹⁷ This period marked a transition from educational and medical care institutions to compulsory labour institutions. The establishment of care homes for STD patients in post-war East Germany followed an order by the Soviet Military Administration in Germany (SMAD) in 1946. The SMAD regulated the public health sector in the Soviet Occupation Zone (SOZ) of Germany, drawing from the experience of the Soviet health-care system.

House Rules

The first Soviet prophylactorium was established as part of the second venereological dispensary in 1924 in Moscow. Later, new prophylactoria were opened in Moscow and other cities in the USSR. Not much information about the first Moscow prophylactorium has been preserved. However, detailed regulations on the “model labour prophylactorium” of the third dispensary of the State Venereal Institute in Moscow, as founded in 1928, were detected.¹⁸ As its name suggests, the prophylactorium had to become a model for establishing similar institutions. It was supposed to provide “medical, labour, as well as cultural and hygiene-educational help” for women with an STD who prostituted themselves or lived in precarious conditions, which could tempt them to start practicing it. The Council of Social Welfare, established in the Moscow prophylactorium, made decisions regarding the admission of women into the prophylactorium and facilitated their employment after their stay there. The length of stay in the prophylactorium depended on medical and social needs of the women and usually did not exceed one year.

The prophylactorium had a simplified in-patient facility with departments for syphilis and gonorrhoea, as well as workshops where patients worked to acquire qualifications. Women who suffered from venereal diseases during the contagious period were first hospitalised in the relevant departments of the State Venereal Institute. A dormitory with a canteen

¹⁷ Maximilian Schochow & Florian Steger, “Women education in the Soviet prophylactoria and the care homes for sexually transmitted disease patients in the Soviet Occupation Zone of Germany,” <https://doi.org/10.1111/jdv.19245>.

¹⁸ State Archive of the Russian Federation (GARF) 390/3/1368, pp. 3–4. Regulation on the Model Labor Prophylactorium of the Dispensary of V. M. Bronner State Institute for Venereal Diseases, November 30, 1928.

was attached to the prophylactorium. The head of the prophylactorium, a physician, bore all responsibility for organizing medical treatment, the working process in the workshops, administration, cultural and hygiene education.¹⁹

Women were paid for their work, with expenses for housing and food deducted.²⁰ For good conduct, they received an “evening vacation”: they were permitted to leave the prophylactorium after work, but had to return to the dormitory no later than 11 p.m. The patients were not allowed to appear in a state of alcoholic intoxication in the dormitory or workshop.²¹ In each room, women elected a head who had to monitor cleanliness in the dormitory and compliance with the house rules. Patients could receive censure or even be expelled from the prophylactorium for violations of working discipline or hygiene rules.²² For example, punishment for skipping compulsory courses resulted in reduction of the evening vacation for three days. Women who systematically refused treatment or started to prostitute themselves again were expelled from the prophylactorium.

In the SBZ, care homes for STD patients were established for both women and men. Care homes for STD patients for women existed in Bautzen, Chemnitz, Crimmitschau, Dresden, Görlitz, Leipzig-Thonberg, and Zwickau. Men were forcibly admitted to the care homes for STD patients in Leipzig-Meusdorf and Zwickau, among other places.²³ Among the numerous care homes for STD patients in the SBZ, the house rules of the “Care home for STD patients – Osterstein Castle” have been preserved. Those house rules entered into force on November 9, 1946.²⁴ The house rules were used to explain the function of the institution and, above all,

¹⁹ Heinz Müller-Dietz, “Die Bekämpfung der Geschlechtskrankheiten in der Sowjetunion und in der sowjetischen Besatzungszone Deutschlands,” *Berichte des Ost-europa-Instituts an der Freien Universität Berlin* 25 (1956): 2–56.

²⁰ State Archive of the Russian Federation (GARF) 390/3/1368, Rules for the patients of the Model Labor Prophylactorium of the Third Venereal Dispensary [1928]: 14.

²¹ State Archive of the Russian Federation (GARF) 390/3/1368, House rules of the dormitory of the Labor Prophylactorium of the Third Venereal Dispensary, April 6, 1928: 6.

²² State Archive of the Russian Federation GARF 390/3/1368, Disciplinary Sanction Order of the Moscow Labor Prophylactorium of the Third Venereal Dispensary, January 5, 1928: 13.

²³ Maximilian Schochow, *Zwischen Erziehung, Heilung und Zwang*. 103.

²⁴ State Archive Zwickau (StAZ) R3/1032, Fürsorgeheim Schloß Osterstein. Hausordnung für das Fürsorgeheim. Zwickau, November 9, 1946: 33–35.

organisational issues of everyday life in the “Care home for STD patients – Osterstein Castle”.

Its first paragraph stated that the care home was established on the basis of SMAD Order No 30. The second paragraph describes the structure of the care home, which had to provide 250 beds for women and 50 beds for men. Furthermore, there had to be a special department for treatment against syphilis and another one for gonorrhoea. Each of them had to ensure separation between men and women (Paragraph 7). In addition, each department included a workroom and a dormitory. The third paragraph defined the following functions of the care home for STD patients: treatment of venereal diseases, isolation of patients, provision of punishment and duty to work, as well as the re-education of patients.²⁵

Care homes for STD patients were affiliated with the Public Health Department (Paragraph 4) and managed by the medical director (Paragraph 5). Supervisors had the rights of the police (Paragraph 6). The house rules (Paragraph 10) introduced the eight-hour working day for patients from 8 o'clock in the morning until 6 o'clock in the evening with a two-hour lunch break. Patients received medical treatment during working hours (Paragraph 11). A supervisor, chosen from among the occupants and called the “Caretaker” (Kalfaktorin), monitored their work (Paragraph 12). Private conversations during working hours were prohibited (Paragraph 13). Should any patient have acted in breach of those house regulations or discipline, sanctions or penalties should have been applied (Paragraph 14). Besides, the compulsory committed persons had to be politically educated (Paragraph 18). In order to fulfil this task, representatives of Women's Committees, teachers, and personnel of care homes for STD patients were supposed to provide training.²⁶

Comparison of the house rules shows differences and similarities between the two facilities. A difference between the two facilities existed in the patient groups. While only women with venereal diseases and sexually ill prostitutes were admitted to and cared for in the prophylactoria, both sexually ill women and men were confined in the care homes for STD patients in the SBZ. In addition, evaluation of patient files from the Leipzig-Thonberg care homes for STD patients has shown that only 2–3 percent

²⁵ State Archive Zwickau (StAZ) R3/1032, Fürsorgeheim Schloß Osterstein. Hausordnung für das Fürsorgeheim. Zwickau, November 9, 1946: 34.

²⁶ *Ibid.*, 35.

of the forcibly admitted women were professional prostitutes.²⁷ Although, according to SMAD Order No 30, the care homes for STD patients for sexually ill persons in the SBZ were intended to care for prostitutes.

Similarities can be found between the prophylactoria in the Soviet Union and the care homes for STD patients in the SBZ in terms of the education of the patients. Both in the prophylactoria and the care homes for STD patients, sick individuals had to follow a regular daily routine and work every day. In addition, they were educated about venereal diseases and political issues through lectures. This political indoctrination served to educate “socialist personalities”. Patients were supposed to learn to follow a regular daily routine, work daily, and obey the laws of their country. Both institutions had specific functions: (1) medical treatment, (2) duty to work, and (3) political education. Medical treatment and work were as important as sanitary enlightenment and political education.

Everyday Life

Everyday life in the Moscow prophylactorium was strictly regulated. All women had to get up at 6:30 in the morning, wash themselves, clean their rooms, and have breakfast. They went to a workshop at 7:20 a.m., where they worked until 4:40 p.m. with a 45-minute lunch break. Before eating, they necessarily had to wash their hands. After work, they had dinner and some rest until 6:00 p.m. During the next two hours, they had compulsory courses. At 11:00 p.m., the lights were turned off, and women went to sleep. Quarrelling, swearing, smoking in the rooms, spitting on the floor, drinking, and storing alcohol, as well as eating from the same dish, were forbidden.²⁸

In the workshops, women were busy tailoring clothes and linen for hospitals and repairing flour bags. Despite harsh working conditions and the fact that 52 percent of prostitutes had never worked before, less than 5 percent of them voluntarily left the prophylactorium in 1926. Obviously, they were motivated workers because the prophylactorium kept functioning

²⁷ Maximilian Schochow & Florian Steger, “Were All Compulsorily Committed Women Prostitutes? Closed Venereology Wards in East Germany,” *Acta Dermatovenerologica Croatica* 28 (2020): 215–222.

²⁸ State Archive of the Russian Federation (GARF) 390/3/1368, House rules of the dormitory of the Labor Prophylactorium of the Third Venereal Dispensary, April 6, 1928: 6.

on a cost-recovery basis. Since 80 percent of patients were illiterate, their education played an important role.²⁹ There were courses for illiterate or poorly educated women, groups for physical culture, sewing circles, amateur theatre, sanitary courses, and even a Komsomol unit. After leaving the prophylactorium, women went to factories. According to the statistics of 1926, 35 percent of women returned to prostitution after their stay in prophylactoria.³⁰ Considering the low salaries in factories, such result was considered a success back then.

Taking the care home for STD patients in Zwickau as a representative of other care homes, the everyday life in those institutions can be reconstructed. Every month, they kept allocation lists, which included information about occupancy rates, patient-collected swabs, and serological tests.³¹ These allocation lists demonstrate that almost half of the patients were committed by the police, and the other half came from hospitals. As prescribed by the house rules, the Zwickau care home for STD patients indeed had 250 beds for women and 50 beds for men, with one syphilis and one gonorrhoea department each for women and men. Patients were diagnosed and received medical treatment in special hospital-like rooms and laboratories.³² The care home for STD patients was located in the left side wing of the penitentiary of Zwickau. This way, the patients were isolated from the outside. Police officers monitored the compulsory committed persons within the building complex. Moreover, patients were under surveillance in their everyday life, creating a system of fear, discipline, order, and silence.

Re-education of compulsory committed persons was organised through several measures. The patients had to work every day, which structured their daily routine. In Zwickau, they produced clothing by order of the firm Strobl. The motivational effect of regular work was reinforced by the fact that the patients participated in the profits. That was intended to motivate them to perform their work well, faultlessly, and quickly. In addition, the patients had to read brochures and participate in lectures about sexually transmitted diseases and their prevention.³³

²⁹ Korrespondent B. Š. "Ot prostitucii k trudu," *Gudok* 233 (1926): 4.

³⁰ Natalia B. Leбина, *Povsednevnaja žizn' sovet'skogo goroda: normy i anomalii*. 82–85.

³¹ Maximilian Schochow, *Zwischen Erziehung, Heilung und Zwang*. 64–71.

³² *Ibid.*, 81–84.

³³ *Ibid.*, 71–73.

The living conditions of the patients were poor. The insufficient supply of food led to situations where patients took away each other's food portions or cigarettes. During the extreme winter of 1946–1947, the heating fuel was so scarce that the patients had to sleep in rooms where the temperature at night dropped below minus 8 degrees Celsius. Two or more patients slept in one bed in an attempt to warm themselves up. These shortcomings in the supply of patients led to the closing of the Zwickau care home in June 1947. Similar circumstances were in the care home for STD patients in Leipzig, which was closed at the end of the 1940s.³⁴

Another difference between the facilities in the USSR and the SBZ were the conditions and length of stay. In the USSR, women could leave the prophylactoria after work if they had an “evening vacation”. Moreover, women in Soviet prophylactoria were cared for there for up to two years. In the SBZ, on the other hand, those who were forcibly committed could not leave the care homes for STD patients. There was also a complete curfew in the evening hours. Thus, the persons were completely isolated for the time of their stay in the institution. However, the duration of stay in the care homes for STD patients was only 3 to 6 months.³⁵

To explain these differences, it is necessary to look at the purpose of both institutions. The main task of the prophylactoria and the care homes for STD patients was to combat STDs. The prophylactoria had a long-term program, not only to treat sick women but also to re-educate them. The gender factor played an important role in the early Soviet republic. Physicians believed that female prostitutes were a source of spreading sexually transmitted diseases. Thus, prostitutes should have been enlightened and integrated into the new Soviet society. Such a programme required time, so a stay in the prophylactoria could last up to two years. On the contrary, care homes for STD patients had a short-term program of combating venereal diseases. Their main goal was to treat patients with an STD as quickly as possible, while education was an additional measure. This explains the treatment of patients of both sexes.

³⁴ Maximilian Schochow, *Zwischen Erziehung, Heilung und Zwang*. 94–100.

³⁵ Florian Steger & Maximilian Schochow. *Closed Venereology Wards in the German Democratic Republic*. 67–91.

Conclusion

Not only Henry Ernest Sigerist, but also other German personalities visited Moscow in the 1920s–1930s in order to study the organisation of the treatment of sexually ill patients in the prophylactoria. Among others, the educator and SPD politician Erich Mäder (1897–1934), the physicians Lothar Wolf (1882–1938) and his wife Martha Ruben-Wolf (1887–1939), visited the USSR several times to become acquainted with the healthcare system in general and the prophylactoria in particular.³⁶ Similar to Sigerist, physicians Lothar and Martha Wolf praised the care of sexually ill women in the prophylactoria.³⁷ Moreover, the prophylactoria and the care of sexually ill women practiced there were presented and discussed during international congresses – for example, during the “Sexual Reform Congress” of 1928 in Copenhagen.³⁸ In contrast, care of sexually ill patients in the care homes for STD patients was hardly discussed in the SOZ. No contemporary reports about those institutions in the SOZ could be found in either dermatological or venereological journals. Only through the records in archives can conclusions be drawn about the care homes for STD patients.

Further similarities can be found between the prophylactoria in the Soviet Union and the care homes for STD patients in the SOZ. The Russian Revolution strove to create a “new man”, a morally and physically superior human being. Among the measures to create a new society was the literacy and political enlightenment of the masses. The new Soviet man also required a complete physical renewal, which could be reached through sanitary propaganda and organisation of centralised, universal, and prophylactic care.³⁹ One of the novel institutions that combined education and the cure of illnesses were prophylactoria for women with an STD.

³⁶ Erich Mäder, *Zwischen Leningrad und Baku. Was sah ein proletarischer Freidenker in Sowjetrußland?* (Windischleuba: Verlag Hans Schumann, 1926), Lothar Wolf, Martha Ruben-Wolf, *Deutsche Ärzte im Kaukasus. Dritte Russlandreise 1927* (Berlin: Internationaler Arbeiter-Verlag, 1928).

³⁷ Lothar Wolf, Martha Ruben-Wolf, *Deutsche Ärzte im Kaukasus. Dritte Russlandreise 1927*.

³⁸ Hertha Riese, Jonathan Høegh Leunbach (eds.), *Sexual Reform Congress. 1.–5. (VII), 1928. Proceedings of the second congress* (Copenhagen: Levin and Munksgaard, 1929).

³⁹ Tricia Starks, *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State*. (Madison: University of Wisconsin Press, 2008).

The care homes for STD patients in post-war East Germany followed that tradition. Founded by the SMAD order, new institutions had to replicate measures of the Soviet system of healthcare and political education.

Nevertheless, differences can be found between the facilities: the length of stay was different. The women in Soviet prophylactoria were cared for there for up to two years. However, the standard duration of stay in the care homes for STD patients was 3–6 months. The prophylactoria had a long-term programme not only to treat sick women but also to re-educate them. The aim was to enlighten and integrate them into the new Soviet society. The care homes for STD patients had a short-term programme of combating venereal diseases. Their main goal was to treat patients with STDs as quickly as possible, while education was an additional measure. Whether both institutions were successful in educating and treating these patients can hardly be assessed from today's perspective.

However, the change in the Soviet political course led to criminalisation of prostitution and closure of prophylactoria or their transformation into high-security medical and labour facilities in the mid-1930s.⁴⁰ The care homes for STD patients in the SOZ were closed or converted into closed venereology wards in the late 1940s and early 1950s. The established closed venereology wards undertook the task of compulsory hospitalisation of persons with an STD or those who were suspected of having it. The new facilities had to prevent and control STDs as well as re-educate women in accordance with socialist norms.

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⁴⁰ Natalia B. Lebina, *Povsednevnaja žizn' sovetskogo goroda: normy i anomalii*. 82–85.

Ārstēšana, darba pienākums un politiskā izglītība: padomju “profilaktoriju” un “STS pacientu aprūpes namu” funkcijas Vācijā

Kopsavilkums

Pēc Otrā pasaules kara beigām padomju okupācijas zonā (SOZ) Vācijā tika izveidoti aprūpes nami seksuāli transmisīvo slimību pacientiem. Juridiskā bāze tika pamatota ar Padomju militārās administrācijas Vācijā (SMAD) rīkojumu Nr. 30. Seksuāli transmisīvo slimību (STS) pacientu aprūpes nami bija iestādes, kurās tika nodrošināta izglītība un slimību ārstēšana personām ar STS. Slimajiem bija jāievēro regulāra ikdienas rutīna un katru dienu jāstrādā. Politiskās indoktrinācijas mērķis bija “sociālistisku personību” veidošana. Līdzīgas institūcijas jau pastāvēja toreizējā PSRS (Padomju Sociālistisko Republiku Savienībā), proti, divdesmitā gadsimta 20. gados PSRS tika izveidoti tā sauktie “profilaktoriji”.

Šī raksta kontekstā ir salīdzinātas šo divu veidu medicīnas iestādes – profilaktoriji PSRS un STS pacientu aprūpes nami pēckara Vācijā padomju okupācijas zonā. Pētījumam izmantoti avoti no Krievijas Federācijas Valsts arhīva Maskavā, Vācijas Federālā arhīva Berlīnē un Cvikavas pilsētas arhīva.

Divdesmitā gadsimta 20.–30.gados, lai pētītu seksuāli slimu pacientu ārstēšanas norisi profilaktorijos, Maskavā viesojās dažādi Vācijā labi zināmi cilvēki – tostarp gan medicīnas vēsturnieks Henrijs Ernests Zīgerists un pedagogs, Vācijas Sociāli demokrātiskās partijas (SPD) politiķis Ērihs Mēders (1897–1934), gan arī ārsti Lotārs Volfs (1882–1938) un viņa sieva Marta Rubena-Volfa (1887–1939), kuri vairākkārt ieradās PSRS, lai iepazītos ar tās veselības aprūpes sistēmu kopumā un jo īpaši ar profilaktorijiem. Līdzīgi kā Zīgerists, ārsti Lotārs un Marta Volfi atzinīgi novērtēja, kā profilaktorijos notiek seksuāli slimu sieviešu aprūpe. Turklāt PSRS praktizētā seksuāli slimo sieviešu aprūpe profilaktorijos tika prezentēta un apspriesta starptautisko kongresu laikā – piemēram, 1928. gada “Seksuālās reformas kongresā” Kopenhāgenā. Turpretim seksuāli slimu pacientu aprūpe STS pacientu aprūpes namos SOZ pēckara Vācijā gandrīz netika apspriesta.

Mūsdienās nav iespējams atrast nekādus ziņojumus par šīm iestādēm SOZ ne dermatoloģijas, ne veneroloģijas žurnālos. Tikai ar arhīvos esošo materiālu palīdzību var izdarīt secinājumus par STS pacientu aprūpes namiem.

Turklāt jāpiebilst, ka var atrast līdzību starp Padomju Savienības profilaktorijiem un STS slimnieku aprūpes namiem SOZ. Krievijas revolūcijas mērķis bija “jauna”, morāli un fiziski pārāka cilvēka veidošana. Viens no “jaunās sabiedrības” veidošanas pasākumiem bija masu lasītprasmes un politiskās apgaismības nodrošināšana. Jaunajam padomju cilvēkam bija nepieciešama arī pilnīga fiziskā atjaunotne, ko varēja sasniegt ar higiēnas pasākumu propagandu un centralizētas, universālas un profilaktiskas aprūpes organizēšanu. Viena no jaunveidotajām iestādēm, kas apvienoja izglītošanu un slimību ārstēšanu, bija profilaktorijs sievietēm ar STS. STS pacientu aprūpes nami pēckara Austrumvācijā sekoja šim modelim. Jaunajām institūcijām, kas bija dibinātas ar SMAD rīkojumu, vajadzēja atkārtot šos padomju veselības aprūpes un politiskās izglītības sistēmas pasākumus.

Tomēr starp šīm ārstniecības iestādēm – profilaktorijiem PSRS un STS pacientu aprūpes namiem pēckara Vācijā – var atrast atšķirības: uzturēšanās ilgums tajās bija atšķirīgs. Sievietes padomju profilaktorijos aprūpēja līdz pat diviem gadiem ilgi, bet STS pacientu standarta uzturēšanās ilgums aprūpes namos bija vidēji 3–6 mēneši. Profilaktorijs bija ilgtermiņa programma ne tikai slimo sieviešu ārstēšanai, bet arī pāraudzināšanai. Mērķis bija viņas “apgaismot” un integrēt jaunajā padomju sabiedrībā.

Savukārt STS pacientu aprūpes namos bija īstermiņa venerisko slimību apkarošanas programma, un tur galvenais mērķis bija pēc iespējas ātrāk izārstēt pacientus ar STS, bet izglītošana bija tikai papildu pasākums. To, cik abas institūcijas bija veiksmīgas šo pacientu izglītošanā un ārstēšanā, diez vai var novērtēt no šodienas perspektīvas.

Padomju politiskā kursa maiņa PSRS 20. gadsimta 30. gadu vidū noveda pie prostitūcijas kriminalizācijas un profilaktoriju slēgšanas vai to pārveidošanas par pastiprinātas drošības medicīnas un darba iestādēm. Savukārt SOZ pacientu aprūpes nami Vācijā tika slēgti vai pārveidoti par slēgtām veneroloģijas nodaļām 40. gadu beigās un 50. gadu sākumā.

Slēgtās veneroloģijas nodaļas uzņēmās obligāto hospitalizāciju personām ar STS vai personām, par kurām bija aizdomas par to. Jaunajās iestādēs bija jānovērš un jākontrolē STS, kā arī jāpāraudzina sievietes atbilstoši sociālisma normām.

Atslēgvārdi: piespiedu ievietošana ārstniecības iestādē, medicīniskā aprūpe, pacientu izglītošana, PSRS, veneriskās slimības.

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