

Circular from the Ministry for Labor and Health Care on the Termination of Pregnancy (October 2, 1950)

Abstract

The beginning of the 1950s spelled the end of the liberalization of abortion that was briefly discussed in the Soviet occupation zone. Issued within the framework of the “Law on the Protection of Mothers and Children and the Rights of Women,” this October 1950 directive by the East German Ministry of Health permitted abortion only if the mother’s life was in danger or if there was a risk of a hereditary illness to the child (medical and eugenic indication). However, an abortion following a rape or because of social hardship was once again subject to criminal prosecution.

Source

The Ministry for Labor and the Health Care System, Chief Section Health Care, to the Health Care Offices of the Federal States

Until the enactment of the ordinance, in the sense of § 11, Sect. 4, of the Law on the Protection of Mothers and Children and the Rights of Women of September 27, 1950 (GBI, p. 1037), we draw your attention to the following:

§ 1

(1) Terminations of pregnancy are now permissible only:

- a) if carrying the child to term seriously endangers the life or health of the pregnant woman, or
- b) if one parent is afflicted with a grave hereditary disease (see § 11, Sect. 1).

An affliction with a serious hereditary disease exists when there is a substantial likelihood that the child will suffer from a hereditary disease that will pose a permanent, considerable impairment to its wholeness in terms of its health and socially speaking.

(2) Until new legal rules are enacted, other terminations of pregnancy will be punished in accordance with the existing laws in the various states.

§ 2

(1) In each urban or rural district, the decision whether a termination of pregnancy is permitted rests with a commission, the composition of which is as follows:

- a) public health officer, as chairman
- b) specialist for women’s diseases
- c) depending on the case, 1 specialist for internal medicine or 1 specialist to assess hereditary diseases
- d) 1 social worker as a representative of the organs of the public health system
- e) 1 representative of the district association of the DFD [*Demokratischer Frauenbund Deutschlands*,

Democratic Women's League of Germany]

(2) Specialists and social workers are chosen by the public health officer and, upon his recommendation, are confirmed, subject to recall, by the state public health office. The representative of the district league of the DFD is confirmed, subject to recall, by the state league of the DFD.

(3) Management of the commissions resides with the public health offices.

(4) Already now, the public health offices must maintain lists of specialists who can be consulted as experts; they are to be confirmed by the state public health offices.

§ 3

(1) The existing offices of appeal are to be turned into commissions, composed as follows:

a) head of the state public health department

b) 1 specialist for women's diseases

c) depending on the case, 1 specialist for internal medicine or 1 specialist to assess hereditary diseases

d) 1 social worker as a representative of the organs of the public health system

e) 1 representative of the state league of the DFD.

(2) The specialists and social workers are appointed, subject to recall, by the state minister responsible for the public health system.

(3) Management of the commission resides with the ministers of the state responsible for the public health system.

Ministry for Labor and the Health Care System

signed Steidle

Minister

To the Democratic Women's League of Germany

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