

Chapter 5

HISTORY IN THE MAINSTREAM

Charité

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In March 2017, the publicly held German broadcast network ARD premiered the first German-language historical hospital serial drama, *Charité*. The series premiere attracted 8.32 million domestic viewers, which represented a 25.5 percent market share,¹ making it the most successful launch for a new series in more than twenty-five years,² with viewer rates even rivaling those of the immensely popular and long-running *Tatort* crime series.³ The *Charité* series introduced a new type of television storytelling into the German media market. The extended narrative arc of the six-episode season offered viewers an immersive viewing experience. It is a successful formula, for the global cult hit *Babylon Berlin* also netted nearly 25 percent of the market when it premiered seven months later in October 2017 on the cable network Sky.⁴

Following the purchase of the series' rights by the online streaming service Netflix, *Charité* became a global hit. Mareike Jenner describes Netflix as a "transnational broadcaster"⁵ focused on serving a "transnational audience."⁶ Netflix's heavy emphasis on multi-episode serials allows it to position itself within the television market, even though its on-demand platform differs greatly from traditional television production formats such as the *Eventdreiteiler*, to which viewers of prime-time television on German national broadcasters ARD and ZDF would be more accustomed. It is not merely another channel but a "distinct media form."⁷ Netflix's on-demand online format means that its content can be accessed by viewers across the globe, anytime and anywhere—a decentered media system.⁸ Such decentering transports Netflix out

of national markets, allowing it to reach viewers across the globe and enabling its transnational reach. Nonetheless, Netflix still operates within national markets and must abide by the specific regulations of each country in which it operates. This national–transnational bifurcation creates an interesting tension, particularly when it comes to the transmission of programming from a traditional national market into a transnational one. I take this context as a starting point for an analysis of the German TV series *Charité* (2017–21), the first two seasons of which were available for on-demand viewing on Netflix in the United States until 2022.⁹ The sale of *Charité* to Netflix transported the series from the noncommercial state (public) and domestic German domain into a commercial for-profit domain with an international scope.¹⁰ Netflix, which in the fourth quarter of 2022 recorded nearly 231 million paid subscribers worldwide,¹¹ acquired the rights to *Charité* in 2018 for multiple locations in the United Kingdom, the United States, Canada, and Australia. This chapter explores what it means when a series with specific German cultural and historical content like *Charité* is “exported” into a global media marketplace. What characteristics of *Charité* appeal to an international audience? Is the series’ success based solely on its content, or are there greater (market) forces at play when a series leaves a specific national and cultural context and moves into a transnational one?

Historical and Genre Foundations

The *Charité* series draws heavily on the history and reputation of the Charité hospital. Ranked today among the world’s best hospitals, Charité had humble beginnings.¹² It was originally founded in 1710 as a hospital to house those suffering from bubonic plague. Because the outbreak never reached Berlin, the facility was then used as a charity hospital to care for the poor, including beggars, the homeless, and sex workers. After the construction of an anatomical theater in 1713, the hospital began functioning as a pedagogical institute teaching medical practices, even though Berlin had no university at that time. Throughout the eighteenth and nineteenth centuries, the Charité hospital’s reputation as an innovator in the fields of surgery and immunology steadily increased. The series picks up on these innovations in the first season, and in seasons two and three the episodes depict how historical events affect the lives and fates of the characters (both fictional and historical). Moreover, the series remains true to the hospital’s origin as a charity

hospital. The very first episode begins with the deaconess mother superior reminding the nurses and assistants that “Charité” means *Barmherzigkeit* (compassion). Likewise, when the forensic pathologist, Professor Otto Prokop, addresses the hospital staff in the final episode of season three, he encourages them to focus on the hospital’s mission, and reminds them of the significance of the hospital’s name—compassion. Although everyone recognizes that the construction of the Berlin Wall has heightened political tensions in East and West, the entire auditorium rises to applaud Prokop, and the staff call out in one voice, “*Barmherzigkeit!*” Despite the uncertainty of the future, the staff demonstrate their commitment to the hospital’s mission.

At the time of writing, *Charité* comprises eighteen episodes, in three six-episode seasons. While the series is a successful form of historical fiction, presenting internationally known subjects and contexts like Nobel Prize-winning medical advances, World War Two, and the Berlin Wall, the directors also exploit the melodramatic genre of the hospital drama to transmit historical information in an entertaining way. The series follows the conventions of typical hospital dramas, introducing fictional characters who intersect with historical figures, adding elements of romance and melodrama to the weightiness of scientific discovery, the ravages of war, and the tragedies of divided Berlin. Each season incorporates melodramatic narratives, featuring the personal stories and love lives of the fictional female protagonists. Major medical pioneers (Rudolf Virchow, Robert Koch, Emil von Behring, Paul Ehrlich, Ferdinand Sauerbruch, Otto Prokop), whose research had a dramatic impact in advancing medicine, also take center stage.

In the series, the tropes of the hospital drama transcend the very specific location of Berlin’s renowned hospital. The sensation and spectacle inherent in the melodramatic plotlines make the stories accessible to audiences across the globe who already are familiar with such series from their own domestic programming.¹³ Audiences in Germany are very familiar with hospital melodramas, as long-running domestic series such as *Schwarzwaldklinik*, *In aller Freundschaft*, *Dr Stefan Frank*, *Der Landarzt*, *Der Bergdoktor*, and *Für alle Fälle Stefanie* attest. Likewise, US and UK audiences have long been consumers of entertaining medical dramas from *St. Elsewhere*, *ER*, *Chicago Hope*, and *Grey’s Anatomy* in the US (all also aired on German private TV) to *Casualty*, *Holby City*, *Doctors*, and the historical drama *Call the Midwife* in the UK. Like other hospital dramas, *Charité* places the hospital itself at center stage. Typical hospital dramas present medical emergencies, requiring fast-paced action. The explicit portrayals of surgeries and illnesses are staged in

great detail. The depiction of working conditions and intimate portrayals of the personal lives of medical staff are hallmarks of medical dramas.¹⁴ The inclusion of historical subject matter in *Charité* elevates the series above the formulaic content of these traditional medical dramas, making the series unique and likely contributing to its appeal to international audiences.

The Television Production Landscape in Germany

In order to understand the significance of *Charité* within both its domestic and its international screening contexts, it is instructive briefly to explore the German television production landscape and the role that television mini-series traditionally have played in Germany. Historically, (West) German television favored made-for-TV movies, regular series with continuous plots (such as *Lindenstraße*), and series that had self-contained plots in each episode.¹⁵ Despite this focus on German-language-based content, Lothar Mikos convincingly argues that international cooperation was always at the heart of television's development, for an international orientation made it possible to exchange programming content quite easily.¹⁶ Indeed, the Federal Republic was primarily a TV import market. The first series introduced on (West) German television was the US series *Dallas*, which ARD began airing in 1981. Two years later, ZDF began broadcasting *Denver-Clan* (the US series *Dynasty*). It was only after these initial imported successes that domestic productions of television series took off in the Federal Republic.¹⁷ Despite the market share successes that German programming had, other programming formats (talk shows, courtroom shows, quiz shows, talent shows, "improvement" shows) emerged as licensed formats that originated outside of the Federal Republic, and which West German networks adapted to local contexts.¹⁸ With the emergence of commercial channels, the import of US programming in particular increased. The licensing and imitation of successful international formats resulted in a standardization in the Federal Republic of both the formats and the networks' programming structure.¹⁹ As a result, Mikos argues, "German television has been left behind internationally as far as format development."²⁰

Paul Cooke argues that a change took place in German television programming, dating to 2001, with the advent of high-cost miniseries, or as he describes them "event movies."²¹ Cooke's analysis focuses specifically on the partnership between teamWorx and Jan Mojto's German

production and distribution projects, which have produced a string of successful big-budget historical dramas.²² According to Cooke, these historical dramas simultaneously draw on “international conventions of mainstream genre filmmaking,”²³ and resonate with the German “*Heimat* film, and the impulse to create a community of viewers rooted in a shared understanding of the German past.”²⁴ These historical dramas draw on characteristics of heritage films, which, as Lutz Koepnick writes, “do not simply conjure the historical as an atmospheric background for tales of adventure and melodramatic stories. . . . [Rather,] they present the texture of the past as a source of visual attractions and aural pleasures. [In this way] they transform the past into an object of consumption.”²⁵ While the aim of *Charité* is not to create a sense of *Heimat*, the series nonetheless reverts to themes about the Third Reich and the Cold War in seasons two and three, historical periods with which international audiences are already familiar, and that typically attract a broad viewership.

Although season two bears the title *Charité at War* in the US and UK markets, the series seeks to avoid stereotypical portrayals common to films and television shows about the Third Reich and the Cold War. Indeed, in both seasons two and three, we do not see the clichéd images of Nazis or East Germans that are familiar to international audiences from films such as *Der Untergang* (Downfall, 2004) or *Good Bye, Lenin!* (2003). In season two, for instance, audiences hear Hitler’s speeches on the radio, but he does not actually appear on screen. Instead of focusing on Nazi leadership, the series presents both historical and fictional characters who support or undermine the regime in subtle ways. The series thus highlights how everyday Germans experienced the final years of the Nazi regime, the ravages of World War Two, and the effects of the war on their daily existence. Likewise, in season three, the episodes focus on the days immediately before and several months after the construction of the Berlin Wall, and how its construction impeded the ability of the Charité hospital staff to care for their patients. The characteristics of hospital dramas coupled with melodramatic effects shift the focus away from the typical overused portrayals of Nazis and East Germans that audiences expect, and onto the intensity of the tasks at hand—the challenges of providing quality care to patients during politically charged times.

The premiere of *Deutschland 83* in the US in 2015 marked Germany’s entry into the international television market, which Thomas Lückerrath noted was a game changer for the German media landscape.²⁶ Though it performed poorly domestically, *Deutschland 83* “helped to pave the

way for other German shows,²⁷ and unleashed “a new wave of German historical dramas.”²⁸ The miniseries format was a game changer for German domestic television. The longer narrative story arcs allowed audiences to become immersed in the lives of the protagonists for longer periods of time. Likewise, the genre mixing of historical fiction with melodrama produces gripping subplots that keep audiences returning week after week. Despite *Deutschland 83*’s domestic failure, *Charité* proves that this new format resonated with domestic audiences. Although created specifically for German television, *Charité* was able to cross over into the Netflix streaming platform quite seamlessly and successfully. This success signals that German television has shifted from imitating US and UK pop trends to creating original content that resonates in the international media market. Indeed, in 2018, Netflix’s Kelly Luegenbiehl announced that Netflix was investing in German original series because, even though they are “undeniably German,” they “tell stories that are relevant to viewers all over the world.”²⁹ While the *Charité* series focuses on the unique historical situations in Germany in each period, both the hospital setting and the day-to-day struggles of the fictional female protagonists are familiar enough to international viewers to allow the content to transfer from the domestic German context into other cultural contexts, and to appeal to viewers across generations and social classes.

The *Charité* series is a form of what Jason Mittell terms “complex television,” because each episode presents “a cumulative narrative that builds over time.”³⁰ Such narrative complexity refuses, as Mittell suggests, “to conform to episodic norms of closure, resolution, and distinct storylines.”³¹ *Charité* focuses intently on everyday life at the hospital as it relates to historical events; the emphasis is less on historical accuracy and more on creating an entertaining and engaging narrative in which viewers can immerse themselves. Each of *Charité*’s three seasons focuses on a specific historical period with a finite cast of characters. The final episode of each season, however, does not bring the narrative to a close. The fictional characters’ fates remain open-ended, and viewers can discern further historical developments: medical advances begun in the 1890s continued, the end of World War Two brought significant changes to the residents of Berlin, and the Berlin Wall stood for twenty-eight years.

In all three seasons of the series, there is a balanced focus on key medical pioneers and fictional characters. All of the episodes address the typical characteristics of period films, incorporating details about the historical periods in question including costumes, locations, and

historical figures; seasons two and three also integrate radio broadcasts and historical film footage. While the first season shies away from the big historical events of the twentieth century, it touches on some of the political and cultural dynamics at play leading up to the two world wars and the Holocaust. *Charité* skips the Weimar Republic, likely because viewers are intimately familiar with the period from *Babylon Berlin*, and the directors wanted to avoid unnecessary comparisons or even competition. Seasons two and three tackle the ravages of war, Nazi race politics, and the division of Germany head on. These are topics familiar to international audiences, and UFA Fiction probably assumed that these themes would attract an even greater international market than the first season. Notably, the second season did not reach the same level of domestic success as the first, with the first episode reaching approximately 17.2 percent of the German population (5.38 million viewers).³² The third season launched on ARD and Netflix Germany on the same day. ARD recorded an overall share of viewers for the third season of 16 percent, but also notes that it was accessed via the channel's online media platform more than 8 million times.³³

Season 1: Medical Pioneers

In its first season, the series starts in 1888, the Charité's heyday, focusing on the pioneering work of medical professionals such as Rudolf Virchow, the founder of modern pathology, Paul Ehrlich, founder of chemotherapy, Robert Koch, bacteriologist and microbiologist, and Emil Adolf von Behring, who discovered the diphtheria antitoxin. Although each of these medical pioneers plays a key role in the series, the show also introduces a number of fictional characters, who add depth and melodrama to the historical and scientific plotline. Three specific but interconnected plots occur: Koch's quest to find a cure for tuberculosis, Behring's development of the diphtheria vaccine, and a fictional love triangle. Additionally, we witness tensions between the benefits of scientific discovery and the tenacity of the deaconess, Reverend Mother Marta, who believes that healing comes from God alone. These interconnected subplots enable viewers to develop a connection to the protagonists on screen. The empathy that viewers feel for them creates "an emotional bridge between the historical narrative on the screen and the experience of the viewing audience."³⁴ *Charité* exploits this viewer empathy by introducing fictional characters and melodrama into the historical content. Through this bond, viewers recognize "the personal-

ized virtues and vices of characters whose actions have consequences for others,"³⁵ and become invested in the outcomes of the intertwined plotlines.³⁶ Combining serious scientific achievements during a critical historical period with melodrama and the genre of the hospital drama sets the series up for broad audience appeal.

The first season's specifically German content interweaves the groundbreaking medical advances of the Charité's famous practitioners in the late nineteenth century with more mundane subplots like love triangles, which are accessible to viewers across social classes, genders, and geographic locations. These different storylines allow different access points, making the series approachable for multiple audiences, both domestically and internationally. The first episode of season one begins dramatically with a medical emergency, following closely the conventions of hospital dramas. The fictional protagonist, 18-year-old Ida Lenze, arrives at the Charité hospital suffering from appendicitis. Dr. Behring performs an emergency operation in front of his students. Although Ida recovers, she must work at the Charité to clear her debt to the hospital. In subsequent episodes, viewers follow Ida in her duties as a nurse assistant, and become immersed in her love life, as two men compete for her affections: the medical student Georg Tischendorf, who assisted Behring with Ida's appendectomy, and Dr. Behring himself. Ida is skeptical of Behring's motives; he had previously courted her when he worked in her father's medical practice. She suspects he lost interest when she was cut off from her inheritance. Despite her skepticism, Ida is drawn to Behring, who, having noticed her interest in medicine, supports her application to medical school in Zurich. Here, Behring's support clashes with Tischendorf's more traditional and patronizing attitude; indeed, Tischendorf's father forbids him from marrying Ida precisely because of her career ambitions. The love triangle melodrama is carried throughout the entire season, which concludes with Ida's release from her debt to the Charité and her acceptance to sit for the medical school admission's exam in Zurich. By using a fictional female protagonist as the glue that binds the various plotlines together, director Sönke Wortmann deftly combines melodramatic romance with historical characters, humanizing these medical pioneers for viewers. Through such creative genre mixing, the series can speak to both domestic and international audiences who become invested in the romance, history, medical pioneering, and hospital drama that the protagonists experience.

The parts of the season that focus on medical advancements are equally gripping, precisely because the series also intersperses details about the physicians' private lives. Robert Koch, who promises that

a cure for tuberculosis will be available soon, is embroiled in a scandal when he leaves his wife to begin a romantic relationship with the 17-year-old cabaret actress, Hedwig Freiberg. Additionally, there is a battle of egos and a struggle for recognition between Koch and Behring. While Koch's antidote for tuberculosis shows initial promise, the patients that he injected with tuberculin relapse and ultimately succumb to the disease. In a particularly poignant scene, the beloved deaconess nurse, Therese, dies following one of Koch's injections. Her death reinforces the Reverend Mother's belief that healing comes only from God. In an episode that was likely particularly appealing to UK viewers, Sir Arthur Conan Doyle, who visits Charité in order to learn more about Koch's discovery, then exposes him as a charlatan. Koch's ego prevents him from seeing the value in Behring's research on an antidote for diphtheria, which Behring and Ehrlich eventually perfect, and Behring successfully tests the antidote on another beloved nurse, Stine. While such complex scientific topics could potentially exclude or alienate a broad audience, the melodramatic combinations of a love story and scandal expose the genius as an ordinary man, making him more relatable, and ultimately winning over a general viewership.

While period costume accurately conveys the time period, the season incorporates several elements that also present the charged political climate of the late nineteenth century. The German Reich is in political turmoil as first Kaiser Wilhelm I and then Kaiser Friedrich III succumb to illness. Tischendorf's participation in a fraternity initiation ritual provides the historical backdrop for increasing political nationalism at the time. Although it shies away from historical moralizing, the season is nonetheless punctuated by several antisemitic slights against Dr. Ehrlich and his wife, who needs an emergency C-section to save her life and that of her baby. The midwife's incompetence leads to the baby's death; deaconess Therese tries to perform an emergency baptism on the dying baby, which the midwife refers to as "*Judenbalg*" (Jewish brat), and who also reminds Dr. Ehrlich that his wife should not even be treated in a Christian hospital. These historical markers are likely common knowledge for the domestic German audience, as well as scholars of Jewish studies and the Holocaust, but international audiences may be less familiar with them. Lack of historical and medical knowledge, however, does not detract from the viewing experience because the melodramatic moments with key characters' bouts with illness and subsequent death keep the narrative moving. Moreover, the inclusion of a love triangle softens the politically charged context through romance and melodrama. Shortly before the closing credits, Ida reveals

the fates of the principal characters, including the achievements of Behring, Koch, Ehrlich, and Virchow, thus filling in knowledge gaps about the significance of these medical pioneers' achievements. Even Ida's story is rounded out, for she indicates that she returned to the Charité ten years later and worked there as a doctor without pay because the hospital refused to recognize her credentials.

Season 2: Charité at War

For its second season, the series fast-forwards nearly fifty years to fall 1943.³⁷ Premiering on ARD on 19 February 2019, this season focuses as much on the exceptional reputation of the hospital for its success in hygiene and in groundbreaking operating techniques, as on the effect of Nazi race politics and ideology on medicine. Using the years 1943–45 as backdrop, the series follows closely the hospital's history, devoting considerable screen time to the renowned doctor and surgeon Ferdinand Sauerbruch, who was known both for developing innovative surgical techniques and for advances in the development of prostheses.³⁸ Despite his medical accomplishments, Sauerbruch has been a controversial figure. Although he never joined the Nazi party, he was a nationalist, and he supported their political objectives. Despite these political convictions, he placed medical treatment above politics. Nonetheless, because his sons were soldiers, he had to be cautious about any overt criticism of the Reich.

Other characters in the series reflect the political-ideological spectrum of the time, with equal screen time given to supporters of the Nazi regime as to those trying to undermine it. Medical personnel featured include the psychiatrist and neurologist Max de Crinis, pediatrician Georg Bessau, and the French surgeon Professor Adolphe Jung, who was conscripted and sent to Charité to assist with surgeries. Additional historical figures include resistance fighter Maria Fritsch, Sauerbruch's private secretary and her subsequent husband Fritz Kolbe, Hans von Dohnanyi, and Graf von Stauffenberg. As in the first season, the personal lives of fictional protagonists are the red thread that knits the episodes together. The implementation of Nazi race ideology is treated in the fictional elements of the story. When the fictional protagonist, Anni Waldhausen, gives birth to a baby girl with a disability, she connives to hide her daughter's condition from discovery.

The second season's narrative arc follows the pattern set forth in season one. There is a battle of egos and wills between Sauerbruch and

the staunch Nazi supporter, de Crinis, a love triangle among fictional characters, and a personal and medical crisis for Anni, a medical student pursuing her studies at the Charité hospital, whose doctoral research focuses on self-inflicted wounds among soldiers. It is this research that leads to a battle of wills between her advisor, de Crinis, and Sauerbruch. When a soldier arrives at the Charité with a gunshot wound to the thigh, de Crinis suspects that the wound is self-inflicted. Sauerbruch successfully amputates part of his leg in order to fit him for a prosthesis. Although Anni's brother, Otto Marquardt, who is on leave from fighting on the front in order to finish his medical studies, fabricates a story about the soldier's injury, de Crinis prevails and the soldier is convicted. A similar test for control occurs when Hans von Dohnanyi, the son-in-law of Karl Bonhoeffer and former head of psychology at Charité (whom de Crinis replaced), is admitted to the hospital with partial paralysis following a stroke that occurred while he was in police custody. Despite Sauerbruch being von Dohnanyi's physician, de Crinis is suspicious of his condition and tries to intervene. The Nazis are eager to bring von Dohnanyi to trial for his resistance activities, and de Crinis instructs nurse Christel to spy on him. On Christmas Eve 1943, Christel sees von Dohnanyi dance with his wife, and discloses the deception to de Crinis. When Sauerbruch travels to Switzerland to give a lecture, de Crinis takes advantage of his absence and orders von Dohnanyi's transport back to prison. Sauerbruch, who is portrayed throughout the season as neutral and even sympathetic to resistance fighters, is shocked by this turn of events as he realizes that his influence and power are waning.

Two fictional plot lines interweave melodrama with Nazi discrimination policies. In the first, Anni experiences a difficult birth, and upon release from the hospital fears her daughter Karin suffers from hydrocephalus. Anni and her husband, Artur, appear to embody the ideals of the Nazi regime. Artur is a pediatrician at the Charité, working under the tutelage of Georg Bessau, and destined to take over upon the latter's retirement. In order to complete his postdoctoral qualification, Bessau provides Artur with access to disabled children housed in the Wiesengrund clinic, who serve as Artur's human guinea pigs. When their daughter's condition does not improve, Sauerbruch and his assistant Adolphe Jung secretly perform surgery on Karin. Artur does not want Karin admitted to the pediatric clinic, because he fears her condition will be discovered. Permanently disabled individuals were not tolerated by the Nazi regime, and Bessau emphasizes that doctors have a responsibility to the ethnic (Aryan) community. Although they

are fiercely loyal to the Nazi Party, Anni and Artur cannot reconcile their party loyalty with their love for their daughter. Nonetheless, Artur worries that knowledge of Karin's condition could also jeopardize his career. Following Bessau's sudden death, Artur is named head of pediatrics. He then orders his daughter's transport to Wiesengrund, without telling Anni. When she discovers his deceit at the last minute, she rescues Karin and hides her in the Charité's attic.

The second fictional plotline follows a complicated love constellation among minor characters: Otto, nurse Christel, and the orderly Martin Schelling. Christel, a steadfast supporter of Nazism is interested in Otto, but Otto prefers Martin, who shares his own opposition to the Nazi regime. Martin, who has a prior conviction for violations of Paragraph 175, homosexual activity, is frightened by Otto's declaration of love. When Otto is recalled for duty, nurse Christel throws herself at him, declaring she wants to be his wife. Otto rejects her affections, and she thereafter denounces him and Martin; both are subsequently arrested. Martin comes under the care of de Crinis, who informs him he must undergo castration or be sent to a concentration camp. Although Otto is eventually released, he deserts his duty, and cares for Karin in the hideaway. The open portrayal of homosexuality and the very real danger that openness carried with it are not typically part of filmic portrayals of the Nazi regime.³⁹ The inclusion of this plotline clearly signals director Anno Saul's interest in inclusion and his desire to speak to multiple communities, both domestic and international.

As the season draws to a close, repeated air raids over Berlin force the Charité's patients and personnel to relocate to lower floors, and surgery is moved to the bunker. The Charité grounds become a battlefield, and Russian soldiers take over the operating room bunker, images that international audiences already know well through blockbuster films such as *Der Untergang*. Thanks to his reputation, the Russians trust Sauerbruch to care for their injured comrades. Artur has a sudden change of allegiance, demonstrating kindness to a Jewish father and son by not revealing their identity. In return, the Jewish man gives Artur a Jewish star, so he will not be harmed by the Russians. When nurse Christel attempts to attack a Russian soldier with a scalpel, she is dragged into the courtyard and shot by random fire. Otto, who observed the shooting from his hiding place, is also injured by a stray bullet. In the final scenes, Sauerbruch surrenders control of the hospital to the Russians. Shortly before the closing credits, Anni narrates the characters' fates following the end of the war. She and Artur, who was exonerated by the Allies, divorce. Otto and Martin remained in the German Democratic

Republic (GDR), which repealed Paragraph 175 in the 1960s. The Russians appointed Sauerbruch as councilman responsible for health care, but the Western Allies found that his reputation had contributed to the esteem of the Nazi regime and so overturned the appointment.

Unlike the first season, where medical and scientific discoveries formed the backbone of the episodes, the familiarity of a war setting allows Saul to centralize private concerns. Both domestic and international audiences can relate to Anni's anxiety about her child's condition. Likewise, audiences tune in to follow Otto and Martin's budding relationship. Anglophone audiences in particular are familiar with the historical period depicted, though they may not have intimate knowledge of Sauerbruch's achievements. His character, though prone to choleric outbursts in the operating room, is rather flat, with little screen time devoted explicitly to his role within the Nazi party. Indeed, his wife repeatedly interjects that her husband is not political. The Sauerbruchs' privileged status is evident during their trip to Switzerland. Original film footage depicts Switzerland as a place where life seems normal and there is no evidence of the ravages of war, prompting Margot to plead to remain there rather than returning to Berlin. Such means of escape were not available to ordinary Germans. In this season, the hospital drama is taken to the extreme in the form of the wartime setting. Melodramatic moments are used effectively to present the atrocities of the Nazi regime, such as the policies on medical experiments and euthanasia. The complexity of Sauerbruch's character undermines audience expectations of the evil Nazi doctor. Indeed, the historical doctors portrayed in the series follow a spectrum from the good resistance fighter in the form of Adolphe Jung to the sinister de Crinis, who commits suicide in the final episode rather than face up to his crimes. The final episode also avoids references to the brutality exercised by Russian soldiers, glossing over questions about the historical accuracy of portrayals of the Russian commander as friendly and collaborative.

Season 3: The Wall

Season three takes place August through October 1961 in the weeks immediately prior to and following the construction of the Berlin Wall, and introduces the forensic pathologist Otto Prokop, neonatologist Ingeborg Rapoport, and gynecologist Helmut Kraatz. Like other parts of the GDR, the Charité hospital struggles to maintain its high standards of care, as increasing numbers of staff leave for the West,⁴⁰ and supply

shortages threaten to compromise treatment. While there is limited attention paid to the political reasons that necessitated the construction of the Berlin Wall, this season does draw attention to the isolation of East Berlin in the weeks immediately after the closing of the border, as the hospital struggles with supply shortages due to the border closure. As in the other two seasons, a fictional protagonist drives the narrative. Dr. Ella Wendt is a headstrong and compassionate internist, assigned to the Charité to help staff the internal medicine clinic. In addition to her medical duties, Wendt wants to pursue her own research, and must fight for research space and resources.

Like the first two seasons, *Charité's* third season follows the life of a fictional female protagonist within the historical context of the tensions in divided Berlin; but unlike the other two seasons, the female protagonist's personal life plays less of a role. There is a hint of romance between Ella and one of the hospital's surgeons, Dr. Curt Bruncken. When he defects to the West, Ella turns her attention to her patients and her research. This is a subtle subversion of a classic GDR love triangle, wherein the GDR wins the protagonist's heart, albeit for humanitarian rather than political reasons. Dramatic elements draw their currency from the political tensions. Immediately in the first episode, the heightened political frictions punctuate the action, as military police, unwilling to disclose the reason for their actions, deposit blood reserves in Prokop's lab. Moreover, the season suggests that medicine is more advanced in the East than in the West, when a West Berlin couple bring their son, who is suffering from an undetermined illness, to the Charité for treatment. Rapoport diagnoses polio and successfully cures him by using an antiquated iron lung stored in the hospital's basement. The GDR had introduced a polio vaccine requirement, which eradicated the disease in that part of Germany. The West Germans, by contrast, had been hesitant to implement vaccination, resulting in a polio epidemic in the West.

Throughout the season, radio and television broadcasts report on the mounting numbers of GDR citizens fleeing to the West. In the second episode, Ella and Curt witness border guards sealing the border to West Berlin. As a result of the border closing, the Charité sits squarely in the heavily fortified border region, and the windows facing the Humboldt harbor are sealed. At the end of episode three, the reality of the border closure sets in when hospital staff hear gunshots and the camera shows a body being removed from the water. Ella fears that it could be Curt, who had previously expressed his discontent about conditions in East Berlin, and who had disappeared from the hospital unannounced. Epi-

sode four erases the suspense, revealing that the corpse belongs to an unnamed man. Prokop is tasked with conducting an autopsy and determines that the man died of a gunshot wound to the head.⁴¹ The brutality and corruption of the GDR regime become evident in this scene as government officials confiscate the report and all copies. In a small act of defiance, Prokop secretly dictates another report and stows it in his office safe.

This season has much more melodrama than the first two, particularly as the lives of patients become increasingly intertwined with those of the Charité staff. Ella is a particularly empathetic doctor who continuously promises her patients that everything will turn out well, but this is repeatedly not the case. When a miner from Wismuth, who has a chronic cough, seeks treatment for a broken leg, Ella admits him for observation. Ella's supervisor, Alex Nowak, tries unsuccessfully to get the man's medical records from Wismuth. When the man dies unexpectedly, Nowak, whom the party secretary had convinced to join the SED by promising him the position of senior physician, suppresses the truth about the cause of death. Despite the fact that Prokop's autopsy revealed lung cancer, Nowak informs the daughter that her father had died of a lung embolism. Ella is both shocked and disappointed that the truth is covered up. A shortage of penicillin forces Ella and Nowak to decide between treating a patient with pellagra, and treating the Charité's beloved custodian, Fritz, who is suffering from blood poisoning. Fortunately, Prokop, who as an Austrian citizen is able to traverse the East-West border, is able to secure some from West Berlin, and both men recover.

Like the other two seasons, viewers witness a battle of wills between two medical practitioners. Unlike the other two seasons, however, it is the fictional Ella who spars with the esteemed pathologist, Prokop. In order to conduct her research on the haptoglobin protein as a possible early indicator of cancer, Wendt needs Prokop's assistance, but he is initially dismissive. When her research results show promise, Prokop's attitude towards her softens, and he invites her to present her findings at an upcoming cancer conference in West Berlin. Both the party secretary and her supervisor Nowak have doubts about Ella's loyalty, fearing that she may want to rekindle her romance with Curt, but they ultimately allow her to travel. Her research is well received at the conference, and she finds herself facing a difficult decision. She has reunited with Curt, and the conference organizer offers her a position with his West German research team immediately. Rather than follow her dream, she returns to the Charité where, as the concluding voice-

over informs, she remained until after the fall of the Wall. Here, the melodramatic love triangle plays out between Ella's feelings for Curt, and her loyalty to her research and her patients at the Charité.

The Cold War is a topic popular with international viewers, as the success of Hollywood films like *Bridge of Spies* (2015) attest. Unlike that film, however, the third season of *Charité* focuses exclusively on East Berlin, which is no surprise given the Charité hospital's geographic location. The only images of West Berlin that appear on screen are the border signs and border crossings. As a result, this season presents a decidedly one-sided perspective of that period. This might appeal to international audiences, who are less familiar with East German history, but the lack of critical engagement with the ramifications of the East German government's decision to build a permanent barricade around West Berlin likely fell flat with domestic viewers. One review noted that despite the heightened tensions of the time, the characters' dialogue was "conspicuously apolitical."⁴² Indeed, any attempts at political dialogue in the episodes are quashed by party officials.

Conclusion

It can clearly be observed that *Charité* displays qualities in line with what Jenner has coined a "grammar of transnationalism"⁴³: the successful combination of a globally understood visual genre (melodrama, hospital drama) with German medical and twentieth-century history. Viewers find series appealing because they can immerse themselves in another world, granting viewers a voyeuristic, intimate, and close look at the complicated lives of others that is not possible in any other medium.⁴⁴ In the case of *Charité*, the series also transports viewers to important and interesting periods of German history that significantly altered how medicine is practised, as well as how wars are fought and political ideologies defended. The emphasis on the hospital quotidian in *Charité* situates it squarely within the genre of medical or hospital dramas. All three seasons of the series incorporate the typical elements of hospital dramas, including the portrayal of medical treatments, body trauma, an explicit depiction of illness, and detailed attention to the working and personal lives of both the historical and the fictional medical professionals.⁴⁵ The series also appeals to a more educated and specialized audience with the inclusion of groundbreaking medical advances. The research that these leading doctors and surgeons perform is a substantive narrative thread. Although they are presented as sci-

entific geniuses, the series also depict their private lives, making the plotlines attractive to both a specialist and a general audience. This is further enhanced by the introduction of fictional protagonists who add depth and melodrama to the historical and scientific plotline. These fictional characters and plotlines fuel melodramatic moments. The three fictional female protagonists around whom the plots of each season revolve provide a counterweight to the heavy medical and historical events that inform the contexts of each season. Significantly, these three female leads form their own narrative progression. Season one's Ida desires to study medicine, but is prohibited from doing so in Germany. The medical student, Anni, in season two embodies the fulfillment of Ida's dream to go to medical school. Ella's stature as a physician and her groundbreaking research in season three highlights her value as a medical professional, and serves as a counterbalance to the injustice Ida suffered as an unpaid physician at the Charité following her graduation from medical school. While Carla Marcantonio suggests that melodramatic representation can provide a shorthand for the representation of national history in fictional form,⁴⁶ I propose that the melodrama of the hospital drama feeds into the *Charité* series' international appeal.

As Krauß has noted, streaming Video on Demand services like Netflix propel local, in this case, German, content into transnational markets.⁴⁷ Because it was originally written for a domestic German television audience, *Charité's* successful transition to the streaming platform makes it singularly worthy of study. Within Netflix's international markets, *Charité's* directors are also able to put a new spin on aspects of Germany's traumatic past, focusing, for instance, on positive aspects of Sauerbruch's biography and Prokop's small acts of defiance. Strikingly, however, the last two seasons do not engage in any form of concrete *Vergangenheitsbewältigung* (coming to terms with the past). Although historically accurate, the episodes do not reflect critically on Germany's past atrocities. Indeed, it seems that the treatment of homosexuals and disabled children in season two is only a plotline because of the connection to the fictional protagonists. Likewise, in season three, the construction of the Berlin Wall is presented as an inconvenience to the doctors, whose paths to their clinics have become longer because of the border. The personal disruption and despair that the Wall caused average citizens is not portrayed on the screen. Instead, the Charité is depicted as an island of compassion that exists almost outside of politics, offering what Gumbert terms "nostalgic narrative[s]" about the historical periods in question.⁴⁸ Like the heritage films, which were criticized for their lack of critical engagement with the past, *Charité's* suc-

cess abroad is not matched domestically. To use Cooke's terminology, *Charité* redefines and reconfigures the past in the present, "allowing the viewer to indulge the seemingly insatiable popular appetite for stories about the nation's history, while also celebrating its transcendence of this past."⁴⁹ While German television productions have predominantly been shaped "by a national orientation and distribution,"⁵⁰ *Charité* has been able to break the traditional German television mold by tackling topics with wide-ranging appeal that transcends national discourses.

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Notes

1. Weis, "Primetime Check."
2. Krei, "Netflix sichert sich Rechte an Serienerfolg *Charité*."
3. Between 7 and 10 million people from all age groups and walks of life regularly watch a given episode of *Tatort*. See Hissnauer, Scherer, and Stockinger, "Zwischen Serie und Werk," 7.
4. This is a significant market share given that Sky1 is a private cable channel to which fewer viewers have access than a publicly held channel like ARD. Clark, "*Babylon Berlin*."
5. Jenner, *Netflix and the Re-invention of Television*, 4.
6. *Ibid.*, 26
7. *Ibid.*, 187.
8. Couldry, *Media, Society, World*.
9. The series has also been available for streaming by German audiences in the ARD Mediathek. At the time of writing, *Charité* season three was not yet available in the United States.
10. For an insightful essay on the role of Netflix in Germany, see Stiegler, "Invading Europe."
11. Stoll, "Quarterly Netflix Subscribers Count Worldwide 2013–2022."
12. "The World's Best Hospitals 2020."

13. Gledhill and Williams, "Introduction," 3.
14. See Jacobs, *Body Trauma TV*.
15. Krauß, "Quality Series," 50 and 54. The German crime drama *Derrick* aired a total of 281 episodes between 1974 and 1998.
16. Mikos, "Germany as TV Show Import Market," 157–58.
17. *Ibid.*, 164–65.
18. *Ibid.*, 165–66.
19. *Ibid.*, 171.
20. *Ibid.*, 172.
21. Cooke, "Heritage, *Heimat*," 175. While Cooke focuses his analysis primarily on the large-scale historical programming produced by teamWorx, I think his argument can be extended to my analysis of *Charité* here.
22. Nico Hoffmann was a leading producer of the teamWorx films and therefore well versed in the event television genre. This likely is a contributing factor to *Charité*'s success.
23. Cooke, "Heritage, *Heimat*," 183.
24. *Ibid.*, 177.
25. Koepnick, "Reframing the Past," 50.
26. Rogers, "*Deutschland 83*."
27. *Ibid.*
28. Gumbert, "The *Deutschland* Series," 352. UFA Fiction is also credited with *Deutschland 83*, and two members of *Charité*'s production crew, Nico Hoffmann and Henriette Lippold, also worked on *Deutschland 83*.
29. Netflix, "Netflix Announces Five New German Original Titles."
30. Mittell, *Complex TV*, 18. While Mittell bases his study on US television series, an examination of narrative complexity is relevant in a transnational context, and likely is part of the appeal of *Charité* for international audiences.
31. *Ibid.*, 21.
32. "*Charité* auf Platz eins." The availability of the entire season in the ARD Mediathek a week prior to the live broadcast may account for the decline in viewership.
33. "*Charité*—Dritte Staffel mit großer Zuschauerresonanz im Ersten."
34. Cooke, "Heritage, *Heimat*," 188.
35. Gledhill and Williams, "Introduction," 5.
36. It seems that ARD was well aware of the power of the bond between viewers and characters, for it did not follow the example of *Deutschland 83*, which was broadcast in a linear fashion. ARD made all six episodes of season two available in its Mediathek on 12 February 2019, a full week before it debuted the first two episodes. Season one was also available for streaming in the Mediathek while season two was broadcast.
37. It is marketed in the US and UK under the title *Charité at War*.
38. See Hardinghouse, *Ferdinand Sauerbruch*, 23–24. Sauerbruch's character is based substantially on the diary of his assistant, Adolphe Jung.
39. One notable exception is the 1999 film *Aimée und Jaguar*.
40. Gerhard Jaeckel notes that from 1960 until the construction of the Wall some 250 doctors fled to the West. See Jaeckel, *Die Charité*, 573.
41. The date is 24 August, and this is a reference to Günter Litfin, who had tried to escape by swimming to the West. He was shot by border guards, the first recorded death at the Berlin Wall.
42. Nees, "*Charité*, Season 3."
43. Jenner, *Netflix and the Re-Invention of Television*, 227.

44. Eichner, Mikos, and Winter, *Transnationale Serienkultur*, 10.
45. Jacobs, *Body Trauma TV*, 1.
46. Marcantonio, *Global Melodrama*, 2.
47. Krauß, "Quality Series," 48.
48. Gumbert, "The *Deutschland* Series," 352.
49. Cooke, "Heritage, *Heimat*," 191.
50. Krauß, "Quality Series," 56.

Bibliography

- "Charité auf Platz eins." *t-online*, 20 February 2019. Retrieved 29 July 2020 from https://www.t-online.de/unterhaltung/tv/id_85283316/einschaltquoten-charite-auf-platz-eins.html.
- "Charité—Dritte Staffel mit großer Zuschauerresonanz im Ersten." *Das Erste*. Retrieved 21 February 2022 from <https://www.daserste.de/unterhaltung/serie/charite/charite-staffel-drei-finale-quote-grosser-erfolg100.html>.
- Clark, Stewart. "Babylon Berlin is the Biggest Drama Launch on German TV in 2018." *Variety*, 1 October 2018. Retrieved 7 February 2022 from <https://variety.com/2018/tv/news/babylon-babylon-is-the-biggest-drama-launch-on-german-tv-in-2018-1202962886/>.
- Cooke, Paul. "Heritage, *Heimat*, and German Historical 'Event Television.'" In *German Television: Historical and Theoretical Perspectives*, edited by Larson Powell and Robert Shandley, 175–92. New York: Berghahn Books, 2018.
- Couldry, Nick. *Media, Society, World: Social Theory and Digital Media Practice*. Cambridge, MA: Polity, 2012.
- Eichner, Susanne, Lothar Mikos, and Rainer Winter, eds. *Transnationale Serienkultur: Theorie, Ästhetik, Narration und Rezeption neuer Fernsehserien*. Wiesbaden: Springer Fachmedien, 2013.
- Gledhill, Christine, and Linda Williams. "Introduction." In *Melodrama Unbound: Across History, Media, and National Cultures*, edited by Christine Gledhill and Linda Williams, 1–11. New York: Columbia UP, 2018.
- Gumbert, Heather. "The *Deutschland* Series: Cold War Nostalgia for Transnational Audiences." *Central European History* 54 (2021): 352–60.
- Hardinghaus, Christian. *Ferdinand Sauerbruch und die Charité. Operationen gegen Hitler*. Second edition. Berlin: Europa Verlag, 2019.
- Hissnauer, Christian, Stefan Scherer, and Claudia Stockinger. "Zwischen Serie und Werk: Fernseh- und Gesellschaftsgeschichte im *Tatort*. Eine Einleitung." In *Zwischen Serie und Werk: Fernseh- und Gesellschaftsgeschichte im Tatort*, edited by Christian Hissnauer, Stefan Scherer, and Claudia Stockinger, 7–25. Bielefeld: transcript, 2014.
- Jacobs, Jason. *Body Trauma TV: The New Hospital Dramas*. London: British Film Institute, 2003.
- Jaeckel, Gerhard. *Die Charité. Die Geschichte eines Weltzentrums der Medizin*. Bayreuth: Hestia, 1986.
- Jenner, Mareike. *Netflix and the Re-invention of Television*. Cham: Palgrave Macmillan, 2018.
- Koepnick, Lutz. "Reframing the Past: Heritage Cinema and Holocaust in the 1990s." *New German Critique* 87 (2002): 47–82.

- Krauß, Florian. "'Quality Series' and their Production Cultures: Transnational Discourses within the German Television Industry." *International Journal of TV Serial Narratives* IV, no. 2 (2018): 47–60.
- Krei, Alexander. "Netflix sichert sich Rechte an Serienerfolg Charité." *dwdl.de*, 19 April 2018. Retrieved 16 August 2021 from https://www.dwdl.de/nachrichten/66555/netflix_sichert_sich_rechte_an_serienerfolg_charit/.
- Marcantonio, Carla. *Global Melodrama: Nation, Body, and History in Contemporary Film*. New York: Palgrave Macmillan, 2015.
- Mikos, Lothar. "Germany as TV Show Import Market." In *German Television: Historical and Theoretical Perspectives*, edited by Larson Powell and Robert Shandley, 155–74. New York: Berghahn Books, 2018.
- Mittell, Jason. *Complex TV: The Poetics of Contemporary Television Storytelling*. New York: New York University Press, 2015.
- Nees, Verena. "Charité, Season 3: Berlin's famed hospital during the Cold War." *World Socialist Website*, 21 February 2021. Retrieved 13 April 2022 from <https://www.wsws.org/en/articles/2021/02/22/char-f22.html>.
- Netflix. "Netflix Announces Five New German Original Titles," 25 October 2018. Retrieved 21 February 2022 from <https://about.netflix.com/en/news/netflix-announces-five-new-german-original-titles>.
- Rogers, Thomas. "Deutschland 83 Was a Hit Abroad but a Flop at Home. What About Deutschland 86?" *The New York Times*, 30 October 2018.
- Stiegler, Christian. "Invading Europe: Netflix's Expansion to the European Market and the Example of Germany." In *The Netflix Effect: Technology and Entertainment in the 21st Century*, edited by Kevin McDonald and Daniel Smith-Rowsey, 235–46. New York: Bloomsbury Academic, 2016.
- Stoll, Julia. "Quarterly Netflix Subscribers Count Worldwide 2013–2022." *Statista*, 20 January 2023. Retrieved 16 February 2023 from <https://www.statista.com/statistics/250934/quarterly-number-of-netflix-streaming-subscribers-worldwide/>.
- "The World's Best Hospitals 2020." *Newsweek*. Retrieved 29 July 2020 from <https://www.newsweek.com/best-hospitals-2020>.
- Weis, Manuel. "Primetime Check." *quotenmeter.de*, 22 March 2017. Retrieved 14 August 2021 from <https://www.quotenmeter.de/n/91984/>.