

Jewish Historical Studies

Transactions of the Jewish Historical Society of England

Article:

From “unwanted Jew” to “a brighter professional future”: Kinder girls and the nursing profession in wartime Britain

Jane Brooks ^{1,*}

How to cite: Brooks, J. ‘From “unwanted Jew” to “a brighter professional future”:
Kinder girls and the nursing profession in wartime Britain’ *Jewish Historical Studies*,
2020, 51(1), pp. 68-85. DOI: <https://doi.org/10.14324/111.444.jhs.2020v51.006>.

Published: 27 April 2020

Peer Review:

This article has been peer reviewed through the journal’s standard double blind peer-review, where both the reviewers and authors are anonymised during review.

Copyright:

© 2019, The Author(s). This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC-BY) 4.0 <https://creativecommons.org/licenses/by/4.0/>, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited • DOI: <https://doi.org/10.14324/111.444.jhs.2020v51.006>

Open Access:

Jewish Historical Studies is a peer-reviewed open access journal.

* Correspondence: Jane.Brooks@manchester.ac.uk

¹ University of Manchester, UK

From “unwanted Jew” to “a brighter professional future”: Kinder girls and the nursing profession in wartime Britain *

JANE BROOKS

Susi Loeffler escaped Czechoslovakia in July 1939 on one of the last trains out of Prague; she was fifteen years old. She started nursing in 1940 at a cottage hospital near Tunbridge Wells, as she recalled: “I took a job as a cadet nurse at the Crowborough Cottage Hospital in Kent not far from Tunbridge Wells. Full board . . . and some pocket money. I was quite ecstatic. My own base at last. I cannot remember how long it lasted, two or three months. Then I was told to leave[.] I think they weren’t allowed [sic] aliens to work in hospitals . . . I was asked to leave immediately.”¹

While most of the girls who arrived in Britain from the Kindertransport and who became nurses were too young to be caught up in the highly distressing process of dismissal and re-engagement from hospitals, for those like Susi it was devastating. She recalled how she said to the matron, “I’m not an enemy alien, I’ve got a Czech passport”.² Although those nurses with Czech nationality were returned to hospital work from 3 July 1940, sooner than those from Germany and Austria,³ Susi and her Czech compatriots still had to leave initially. Girls like Susi had suffered under the horror of the Nazis and they had been sent away from their

1 Susi Loeffler, “The Family Löffler: Part V – 1939: Escape of Susi” (unpublished ms., 2017), 10. My grateful thanks to Susi’s nephew Cameron Woodrow for providing me with this history of the family and introducing me to Susi.

2 Susi Loeffler, oral history interview by Jane Brooks, 18 Jan. 2018, private archive. Sadly, Susi died in October 2018.

3 Nursing and Midwifery Department, Central Office for Refugees, “Brief survey of situation regarding nurse refugees”, 29 Aug. 1940, 2, Aliens Department – Home Office HO213/521, The National Archives, Kew.

* The title of this article comes from the memoir of Rosa M. Sacharin, a Kind from Berlin, *The Unwanted Jew: A Struggle for Acceptance* (Tullibody, Falkirk: Diadem Books, 2014), 71.

families,⁴ eventually finding security in a hospital nurses' home. Yet suddenly they were removed from that new-found safety and told they were no longer wanted in one of the few work options available to them. In her oral history interview Susi maintained: "I never wanted to be a nurse, I had no choice, what else could I do?" While she remained critical of the British nursing system, emigrating to Australia soon after the war, she admitted, "And er, you know, nursing was quite interesting for me and I quite enjoyed it really".⁵

This article examines the transformation from "unwanted Jew" to women with a professional future, of nine girls who came to Britain either on the official Kindertransport or were sent as children by their families. Five of the Kinder discussed in this article were either interviewed by me or are the subject of narratives given to me by family members for a wider project on Jewish refugees and the British nursing profession. The other four Kinder narratives are from interviews already in the public domain. All bar one wished to have their own names used and all who had married were known at the time of the interview by their married names. In this article, I shall identify them by the names they used at the time of their interviews, with their maiden names in parentheses; thereafter I shall refer to them by their given names.

Escape on the official Kindertransport was a traumatic experience but independent travel across Europe entailed a separate set of potential dangers. Heidi Cowen was stripped and searched at the German–Belgian frontier,⁶ suffering the humiliation that many Jewish women encountered under Nazism – what Beverley Chalmers has described as "forced nakedness".⁷ The Kindertransport was not a government-funded programme, so all the children sent to safety were paid for and organized

4 For the pain of separation suffered by mothers and children see Dalia Ofer, "Motherhood under Siege", in *Life, Death and Sacrifice: Women and Family in the Holocaust*, ed. Esther Herzog (Jerusalem: Gefen Publishing House, 2008), 41–67. For Jewish mothers' desire to stay with their children to the end, see e.g. Ruth Bondy, "Women in Theresienstadt and the Family Camp in Birkenau", in *Women in the Holocaust*, ed. Dalia Ofer and Lenore J. Weitzman (New Haven and London: Yale University Press, 1998), 310–26.

5 Loeffler, oral history interview.

6 Heidi Cowen (pseudonym), oral history interview by Jane Brooks, 13 Feb. 2018, private archive.

7 Beverley Chalmers, "Jewish Women's Sexual Behaviour and Sexualized Abuse during the Nazi Era", *Canadian Journal of Human Sexuality* 24, no. 2 (2015): 189; see also Lenore J. Weitzman and Dalia Ofer, "Introduction: The Role of Gender in the Holocaust", in Ofer and Weitzman, *Women in the Holocaust*, 7.

through philanthropic means, with a variety of restrictions applied to their stay in Britain. All children were expected to transmigrate when they reached the age of eighteen.⁸ Furthermore, whether they escaped via Kindertransports or on their own, they were all sent away at a young age without their parents, something that affected their future decisions, including whether to enter the nursing profession. These decisions were frequently born out of extreme anguish caused by the separation from parents and siblings, sometimes much younger siblings. Only about ten per cent of all Kinder were ever reunited with their families but, even for those who were, the long-term estrangement caused ongoing suffering.⁹

In her 1988 book on the Jewish refugees in Birmingham, Zoe Josephs wrote dismissively of the occupations available to refugee women and girls when she stated, “Little but nursing or domestic work [was] open to them.”¹⁰ Although, like the work of the servant, much of the probationer (student) nurse’s work was domestic in nature and gruelling in its physicality, as I argue in this essay there were some critical differences in the two options that were acknowledged by the young refugees at the time. Josephs was also less than clear in her criticism of the available options. The paragraph begins with a consideration of those who arrived on the Kindertransport and ends with a discussion of those women who came on domestic service or nursing visas. These were distinct groups of refugees with differing options depending on whether they sought employment in the late 1930s or in the latter years of the war when a wider range of work choices were available.

The number of Jewish and non-Aryan refugees who entered the nursing profession in Britain was not as great as those who were destined for domestic service. According to Jennifer Craig-Norton, about 20,000 mainly female Jewish refugees were allowed into Britain to work as domestic servants, a decision that was not entirely altruistic.¹¹ It is not known exactly how many refugees were employed as nurses between 1938 and the end of the war but it was considerably fewer than 20,000. In 1940

8 Pertti Ahonen, “Europe and Refugees: 1938 and 2015–16”, *Patterns of Prejudice* 52, no. 2–3 (2018): 135–48.

9 Jennifer Craig-Norton, “Contesting the Kindertransport as a ‘Model’ Refugee Response”, *European Judaism* 50, no. 2 (2017): 24–33; Jennifer Craig-Norton, *The Kindertransport: Contesting Memory* (Bloomington: University of Indiana Press, 2019).

10 Zoe Josephs, *Survivors: Jewish Refugees in Birmingham, 1933–1945* (Warley: Meridian Books, 1988), 7.

11 Jennifer Craig-Norton, “Refugees at the Margins: Jewish Domesticity in Britain 1938–1945”, *Shofar* 37, no. 3 (2019): 295–330.

before the mass dismissals following the fall of France, the Home Office recorded 914 “Trained Nurses, Midwives and Probationers” working in British hospitals.¹² John Stewart maintains that in the early years of the war that figure probably rose to between 1,300 and 1,500 individuals.¹³ By the latter years of the war it is likely that hundreds, maybe thousands, of refugee women who had entered Britain via the Kindertransport or on domestic service visas or as transmigrants had entered the nursing profession. Nursing may have been chosen because they wished to support the war effort specifically as a nurse or because they were required to engage in some sort of war work and nursing was seen as a better option than the alternatives such as the Auxiliary Territorial Service (ATS) or work in munitions factories. Nevertheless, despite the crisis in nurse recruitment and retention, and from about 1936 the growing inevitability of war, neither the government nor the nursing profession itself made entrance into nurse training easy or unreservedly welcomed refugees.¹⁴

Nursing: a crisis

In 1932 the Lancet Commission published its “Final Report” into nursing. Its critical recommendation was that: “Conditions of service in the nursing profession should be altered in such a way as to attract a far larger proportion of those girls who in any case will stay at school until they are 18.”¹⁵ Following the publication of this report, *The Daily Telegraph* informed its readers: “Unless a remedy can be found we shall soon be faced with a grave shortage of trained nurses.”¹⁶ The Commission, which had been instituted by Dr Esther Carling, the medical superintendent at the Berkshire and Buckingham tuberculosis sanatorium, was highly critical of the manner in which the nursing profession imposed petty restrictions on its students and used them for domestic duties.¹⁷ There is little doubt that these accusations were valid. Yet the criticisms of the Commission failed to

12 Nursing and Midwifery Department, Central Office for Refugees, “Brief survey”, 1.

13 John Stewart, “Angels or Aliens? Refugee Nurses in Britain 1938–1942”, *Medical History* (2003): 157.

14 Susan McGann, Anne Crowther, and Rona Dougall, *A History of the Royal College of Nursing, 1916–1990: A Voice for Nurses* (Manchester: Manchester University Press, 2009), 98.

15 Lancet Commission, “The Final Report on Nursing” (London: Lancet Commission, 1932), 56.

16 “A Shortage of Nurses”, *Daily Telegraph*, 19 Feb. 1932.

17 See Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 144–8.

acknowledge the involvement of the medical professionals who wished to maintain absolute authority on the wards and the hospital administrators who wished to keep the costs of running a hospital to a minimum. Whoever was to blame, the attrition rates were excessive and they did not improve in the years following the Lancet Report. In 1938, the Association of Nurses reported that thirty-eight per cent of probationer nurses left in the first year and only half ever qualified.¹⁸

As the war progressed, the nurse-staffing crisis worsened. In 1943, Sheila Bevington, a lecturer in industrial psychology at the London School of Economics, published the results of her research, which comprised more than five hundred interviews with all grades of nursing staff. Unlike the Lancet Report, she did not place the blame on hospital matrons; rather, she argued, “the conservative nursing traditions of Doctors, Governors and Sisters often seriously handicap their [reforming Matrons] efforts.”¹⁹ In the same year, the Royal College of Nursing’s Reconstruction Committee “Report” condemned nurse training as the perpetuation of “unintelligent repetitive work” which was, they argued, “One of the greatest dangers of youth to-day.”²⁰ By the time the crisis of war had ended in 1945, the situation had still not improved. The Canadian nurse and economist Gladys Carter, and Evelyn Pearce, the author of *A General Text Book of Nursing* (1937),²¹ regretted that nurse training continued to be maintained through strict timetabling, menial and repetitious work, and learning by rote.²² The outcome for those recruits who failed to tolerate the subjugation of hospital nurse training was that they were eliminated from it.²³

Thus, despite clear warnings throughout the 1930s, little had been done to improve the working conditions of the young nurse. The inevitability

18 McGann, Crowther, and Dougall, *History of the Royal College of Nursing*, 97.

19 Sheila M. Bevington, *Nursing Life and Discipline: A Study Based on over Five Hundred Interviews* (London: H. K. Lewis & Co., 1943), 1.

20 Royal College of Nursing, Chairman: Lord Horder, “Nursing Reconstruction Committee: Section II, Education and Training” (London: Royal College of Nursing, 1943), 11.

21 Evelyn C. Pearce, *A General Textbook of Nursing: A Comprehensive Guide to the Final State Examinations* (London: Faber & Faber, 1937).

22 Gladys B. Carter and Evelyn C. Pearce, “Reconsideration of Nursing: Its Fundamentals, Purpose and Place in the Community, 4: Training of Nurses in Hospital”, *Nursing Mirror*, 16 Feb. 1946): 331–2.

23 See Robert Dingwall, Anne Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988), 118.

of war brought the crisis of recruitment and retention into stark relief. Again and again the profession attempted to recommend itself to young intelligent British women as an opportunity to serve the country. Later, the press agreed that in a time of war this “argument is powerful. But it has one blemish and it is fatal. It does not persuade those women it aims at persuading.”²⁴ The nursing profession and more specifically the health service in Britain therefore needed to recruit from outside its normal parameters. Married nurses were invited to return to practice and Girl Guides were recruited for nursing work. One such girl, Elaine Reed, recalled that when she was a group leader for the Guides in 1940 she was “volunteered” to help at her local hospital even though she was under fifteen years old. Officially, she was there to run errands and answer the telephone; in reality, she remembered helping to care for burnt airmen in saline baths, giving them intramuscular injections and feeding them.²⁵ Offering visas to refugee women willing to nurse and training opportunities to those child refugees who had arrived in Britain as part of the Kindertransport were therefore simply other methods of expanding the pool of recruits into nursing, even if this pool was not considered ideal by the profession.

*“Extending a helping hand” or
“safeguarding . . . against an alien invasion”*

In October 1938, the Home Office appointed Miss Hillyers, the matron of St Thomas’s Hospital in London, to chair the reconfigured Nursing and Midwifery Department at Bloomsbury House in London, where the Central Office for Refugees was based. The Department was instituted as a sub-committee of the Co-Ordinating Committee for Refugees, which had itself been established in May that year in order to “give full effect to these schemes [of voluntary organizations that supported refugees], and to prevent confusion and overlapping”, as Miss Hillyers herself wrote to *The Nursing Times* on 10 December 1938.²⁶ *The Nursing Times* was then the official journal of the College of Nursing and would therefore have been

24 Candidus, “The Lady with the Lamp is now the Lady with the Hump”, *Daily Sketch*, 24 Aug. 1944, Museum of Military Medicine, QARANC/CF/4/5/1/VARI Box 18, Keogh Barracks, Surrey.

25 Elaine Reed (pseudonym), oral history interview by Jane Brooks, 15 Oct. 2013, private archive.

26 G. V. Hillyers, “Refugee Nurses”, *Nursing Times*, 10 Dec. 1938, p. 1310.

read by many of the nation's nurses. Miss Hillyers detailed the scheme to enable refugees to train as nurses and its regulations:

Under this scheme all candidates must have attained the age of 19 years and have reached the necessary standard of education as laid down by the General Nursing Council [the regulating body for all nurses established in 1919 when nursing became a self-regulating profession]. Some will be of Jewish ancestry and faith; many will be non-aryan Christians . . . Publicity was given to the scheme by circularizing the matrons of training schools recognized by the General Nursing Council, who were asked to place the matter before their hospital committees for their sympathetic consideration. We feel the need is imperative, and we ask all leaders of the nursing profession to assist in extending a helping hand to those who are in great distress at the present time.²⁷

Notwithstanding the reflection of the nascent antisemitism of her professional colleagues in her carefully worded “some will be of Jewish ancestry and faith; many will be non-aryan Christians”, Hillyers was open in her compassion. There were others who expressed the same sympathies in letters to both *The Nursing Times* and *The Nursing Mirror and Midwives' Journal*.

In August 1938, Miss Pye, who chaired the Midwifery Department at Bloomsbury House, demonstrated her desire to support female refugee doctors when she requested urgent supplies of textbooks for medical women taking midwifery training.²⁸ In June the following year she made another appeal on their behalf, again in *The Nursing Mirror and Midwives' Journal*.²⁹ The opportunity for medical women to retrain as midwives was a highly gendered one. In many ways this was a moment of sheer opportunism on the part of maternity hospitals – they were able to employ highly skilled and knowledgeable women with medical degrees, some of whom were experienced in gynaecology and obstetrics, as cheap labour. There is some evidence that those who were supported by the British Federation of University Women and were sent to hospitals in Scotland had their medical degrees taken into account and were able to complete their midwifery training more quickly.³⁰ Nevertheless, as Anne

27 *Ibid.*

28 E. M. Pye, “Text Books for Refugees”, *The Nursing Mirror and Midwives' Journal* (hereafter, *Nursing Mirror*; 12 Aug. 1938): 680.

29 E. M. Pye, “Midwifery Training of Refugees”, *Nursing Mirror* (10 June 1939): 380.

30 Susan Cohen, “‘Crossing Borders’: Academic Refugee Women, Education and the British Federation of University Women during the Nazi Era”, *History of Education* 39, no. 2 (2010): 175–82.

von Villiez argues, for a female doctor to take a position as a nurse or midwife was a “step backwards”.³¹ Despite valid criticisms of the scheme, the involvement of elite nurses like Pye and Hillyers did enable female Jewish refugee doctors to find respectable work of a professional nature, something that was not available to their male refugee medical colleagues.

It was not only nursing’s elite and those in charge of supporting refugees who spoke up for their being welcomed into the nursing profession. On 26 November 1938 a “Sister” wrote begging her fellow nurses to help:

Can we not – those of our profession – do something to aid this human suffering? Many of these poor wretched creatures [refugees] are well-educated young women, girls brought up in refinement, now flung helplessly into a chaotic world without mercy or pity.

The doors of some of our hospital training schools have already been opened to a few of them, but the number is as yet quite inadequate. Those of us who are not matrons need not be left out. There must surely be many trained nurses like myself, willing to “big sister” one of these young ones, to make our homes their homes, and to help them over a very difficult passage of their lives.³²

There were also antagonistic letters to the nursing press. Nurses, like the population as a whole, were susceptible to the same fears of the “other” and anxious about their income in a time of high unemployment.³³ The expression of anti-refugee sentiments by nurses in the public arena may have been more limited than in the wider community, perhaps because even the writers of these polemics were aware that such lack of compassion did not sit well with the nursing profession’s ideal, but it was not entirely absent. One such nurse who signed herself “Anglo-Scott” argued in December 1938: “Doctors are safeguarding themselves against an alien invasion by admitting only a certain number of medical men and potential medical students. The same menace may eventually threaten nursing homes . . . There are very few chances of promotion as it is, without giving the highest posts to Jewesses. Humanity begins at home.”³⁴ This letter received a sharp rebuttal two weeks later. L. H. Lewis ended her letter: “Might I simply

31 Anne von Villiez, “The Emigration of Women Doctors from Germany under National Socialism”, *Social History of Medicine* 22, no. 3 (2009): 564.

32 Sister, “For the Sake of Humanity”, *Nursing Mirror* (26 Nov. 1938): 305.

33 Rachel Pistol, “‘Heavy is the responsibility for all the lives that might have been saved in the pre-war years’: British Perceptions of Refugees 1933–1940”, *European Judaism* 50, no. 2 (2017): 42.

34 Anglo-Scott, “Humanity begins at Home”, *Nursing Mirror* (24 Dec. 1938): 446.

remind ‘Anglo-Scott’, ‘But for the Grace of God . . .’³⁵ Despite calls for sympathy by elite nurses like Hillyers, neither individual nurses nor indeed the profession as a whole necessarily welcomed refugees into their midst. As “Anglo-Scott” identified, to buttress their antagonism, they needed only to look to their medical colleagues.³⁶

John Stewart and others have been generally unsympathetic to the work of the Nursing and Midwifery Department and those with whom they worked, notably the hospital matrons, the Home Office and the Ministry of Health.³⁷ Susan McGann and colleagues’ history of the Royal College of Nursing identifies the reluctance of the College to give help to these young women.³⁸ Nevertheless, as Stewart continues, the nursing profession was more amenable to Jewish refugees than their medical and dental colleagues.³⁹ In a reappraisal of the hostility of the British medical profession to Jewish refugee doctors, Paul Weindling points to the support of the reforming faction within the profession.⁴⁰ But these medical men were not in the majority. In general, doctors and particularly the British Medical Association were vociferous in their opposition to the infiltration of refugee doctors.⁴¹ Although the medical profession cannot be defended, the case of nursing was different. That profession was split between the elite – predominantly matrons and middle-class members in senior positions, often from families in which male relatives were doctors – and the rank and file nurses from more working-class backgrounds. The links with domestic service, especially the arduous domestic work of most junior probationers, set nursing in a liminal position between medicine and domestic service.

35 L. H. Lewis, “Refugee Nurses”, *Nursing Mirror* (7 Jan. 1939): 513.

36 For the attitudes of the medical profession and British Medical Association in particular see Bernard Wasserstein, *Britain and the Jews of Europe, 1939–1945* (Oxford: Clarendon Press, 1979); Tony Kushner, *The Holocaust and the Liberal Imagination: A Social and Cultural History* (Oxford: Blackwell, 1994); Louise London, *Whitehall and the Jews, 1933–1948: British Immigration Policy, Jewish Refugees and the Holocaust* (Cambridge: Cambridge University Press, 2000); Anthony Grenville, *Jewish Refugees from Germany and Austria in Britain, 1933–1970* (London: Vallentine Mitchell, 2010).

37 Stewart, “Angels or Aliens?”, 155; Paul Weindling, “Refugee Nurses in Great Britain, 1933–1945: From a Place of Safety to a New Homeland”, in *Russian and Soviet Healthcare from an International Perspective*, ed. Susan Grant (London: Palgrave Macmillan, 2017), 244.

38 McGann, Crowther, and Dougall, *History of the Royal College of Nursing*.

39 Stewart, “Angels or Aliens?”, 171.

40 Paul Weindling, “Medical Refugees and the Modernisation of British Medicine, 1930–1960”, *Social History of Medicine* 22, no. 3 (2009): 489–511.

41 Kushner, *Holocaust and the Liberal Imagination*, 76.

From Kind to nurse

Nurse training expanded in Austria in the 1930s, opening “new professional opportunities [mainly] for women”.⁴² In Germany, nursing, perhaps through its association with the activities of the Deaconesses (the female religious order who cared for the poor and sick),⁴³ had a sort of professional standing. A 1934 exchange programme between German and British nurses, which was reported in *Nursing Times*, identified the links that German nursing had with the country’s aristocracy; the matron of Friederikenstift Hospital in Hanover was the Countess Hardenburg.⁴⁴ It is possible that the Countess was mentioned by name because she was in an unusual position as a nurse. Nevertheless, it demonstrates that the nursing profession in Germany was not devoid of upper-class members.

Thus, although nursing may not have exemplified the “New Weimar Women” that female doctors of the period did,⁴⁵ it offered some status and independence for young single women. However, most of the Kinder who became nurses had previously harboured ambitions to be doctors, journalists, concert pianists, and teachers. Nursing was not something many had considered as a career prior to Hitler. Yet, as Mia Ross (Fuchs) maintained, once all the other options apart from domestic service were removed, “Nursing seemed a suitable job as the training provided you with food and accommodation.”⁴⁶ The provision of accommodation, food, and training made nursing, if not an attractive option, then an expedient one for refugees, especially young ones recently discharged into the wider community from foster homes and schools. The nurses’ home at each hospital training school provided a secure space and arguably a ready-made family since all students lived together, thus potentially negating the loneliness and isolation felt by many refugees.⁴⁷ While their accommodation may not have been luxurious, in comparison to the living quarters of many refugee domestic servants it was home-like.⁴⁸

42 Weindling, “Refugee Nurses”, 241.

43 *Ibid.*, 246.

44 Editorial, “Exchange – and Opportunity”, *Nursing Times*, 1 Sept. 1934, pp. 791–2.

45 Von Villiez, “Emigration of Women Doctors”, 564.

46 Mia Ross (Maria Fuchs), “War Memories” (unpublished ms., c. 2006), 13. My grateful thanks to Mia’s sons David and Paul Ross for providing me with her documents and story.

47 Angela Davis, “‘Belonging and unbelonging’: Jewish Refugee and Survivor Women in 1950s Britain”, *Women’s History Review* 26, no. 1 (2016): 11.

48 For the conditions in which many refugee servants lived, see e.g. Tony Kushner, “Asylum or Servitude? Refugee Domestic in Britain, 1933–1945”, *Bulletin of the Society for the Study of Labour History* 53, no. 3 (1988): 19–27.

Ruth Price left Berlin on 27 June 1939 at the age of fifteen. Two years later she realized she needed to work. She wanted to be a teacher but there was no money for her education. She considered banking but regulations required two British-born parents, and she also considered librarian work but in her oral history stated, “that for some reason also had some sort of restriction put on it.” Nursing appeared to offer a reasonable opportunity and she entered Birmingham Children’s Hospital as a probationer nurse at seventeen years old.⁴⁹ Lee Fischer (Liesel Einstein) wanted to be a doctor, “But of course under the circumstances, nothing was discussed because we had no money left.”⁵⁰ Lee’s parents sent her aged fifteen and her sixteen-year-old brother to Britain on the Kindertransport in July 1939. They were lodged with a family who owned a guesthouse and who were not, in Lee’s estimation, “very helpful”.⁵¹ When war was declared, the guesthouse’s maids left for London and Lee became the maid. Such exploitation of refugees has been discussed in a number of studies.⁵² Her brother lived in the boy’s annexe next door. Not long after the beginning of the war, he started to complain of pains in his legs but no one took him to see a doctor, though he was moved to the guesthouse to be near his sister. Lee soon realized that something was very wrong – his urine was the colour of coffee. As a young person, she showed remarkable acumen and courage and took a sample to a doctor nearby whom she had never met. Her brother was diagnosed with rheumatic fever and died soon after. At fifteen years old, Lee now had no immediate family in Britain. Fortunately, a cousin from Manchester sought her out and moved her north. Lee became a maid and a mother’s help at sixteen and stayed with the family for two years:

At age eighteen, we had to do something for the war effort, and I applied to become a student nurse at Booth Hall Hospital for Children [in Manchester]. And just to get an interview, I got a card which the lady of the house saw about the interview, and she fired me. So, I was out on the street, going into a shelter. I went for the interview and since I had not enough schooling, I had to write an essay, and apparently that essay helped me to get into nursing. . . . So, I started nursing in March ’43 and that was the

49 Ruth Price (Schulvater), oral history interview by Helen Lloyd, Worcester, 29 July 2004, 17–18, Refugee Voices: The AJR Audio-Visual Testimony Archive, Wiener Holocaust Library, London.

50 Lee Fischer (Liesel Einstein), oral history interview by Jane Brooks, 12 Oct. 2017, 11, private archive.

51 *Ibid.*, 2.

52 See e.g. Davies, “Belonging and unbelonging”, 4.

same year my parents were deported to Auschwitz. So basically, I was on my own. I was never a teenager. I grew up very fast.⁵³

Despite the support of some senior and influential members of the profession like Hillyers and Pye, not all hospitals were prepared to take Germans or Jews. Prewar shortages of nurses were exacerbated by wartime needs and what had been a rapid departure of many registered nurses to the military, in anticipation of the excitement of overseas service.⁵⁴ When it came to staffing the wards of the nation's hospitals, recruiting from an "alien" pool was undeniably expedient, though behind the quiet hospital walls not all matrons took such a practical approach. The matrons at the children's hospitals in Manchester and Birmingham were supportive of Lee and Ruth's applications, but refugees who applied to general hospitals have recorded the difficulties that they faced finding a training place. The restricted nature of the London area during the war provided a convenient reason to exclude refugees from being accepted into the capital's teaching hospitals and there were certainly concerns over refugees' possible encounters with military patients.⁵⁵ However, there was also a degree of anti-German and antisemitic attitudes: some refugee nurses were clear that they were not accepted at certain famous hospitals because they were "refugees" and "foreign".⁵⁶

Edith Bown's (Jacobowitz) parents were arrested in early May 1939 at which point an older cousin organized for Edith and her brother to leave Germany on the Kindertransport⁵⁷ and they arrived at Millisle Farm, County Down in Northern Ireland, on 21 June 1939. In her oral history interview, Edith admitted that she had wanted to study medicine or history, which she realized was not possible, but nursing was. She described writing to four hospitals about nurse training, three in England and one in Belfast: "So we started writing to hospitals including Belfast, but nobody

53 Fischer, oral history interview, 3.

54 Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War* (Manchester: Manchester University Press, 2018).

55 Stewart, "Angels or Aliens?", 167.

56 Gertrude Roberts, oral history interview by Alan Dein, 23 Jan. 1982, 28, Oral History Collection, Audio 184, Jewish Museum, London; Hannelore Goldstein (pseudonym), oral history interview by Jane Brooks, 27 Oct. 2017, 16, private archive.

57 Edith Bown (Gertrude Edith Jacobowitz), oral history interview by Barbara Mortimer, 24 May 2008, 9, Oral History Collection, T379, Royal College of Nursing Archives, Edinburgh (hereafter, RCN Edinburgh).

would have a Jew and an enemy alien.”⁵⁸ Edith eventually trained as a nurse at Newton Ards hospital in Northern Ireland and qualified in 1945. The refusal of some of the more prestigious hospitals to take refugee nurses, enabled their recruitment by some of the less esteemed institutions; hospitals that would not normally have attracted young women from cultured and educated homes.

Mia Ross escaped Austria in March 1939, and in her memoir stated that she had only a “vague recollection of my farewell to my parents . . . I had previously embraced them at home but on the station, I just kissed them good-bye before I left. I was sixteen-and-a half years old and had never been away from home.”⁵⁹ Like many, she never saw her parents again but she was fortunate in that she did at least have a sister already in Britain, albeit not living with her. Mia was enrolled at Tottenham High School for Girls in North London. After she completed her exams in 1940, although the school was no longer officially responsible for her, the headmistress continued to take an interest in her and found a place for her at the Keighley and District Victoria Hospital in West Yorkshire to train as a nurse. While Mia thus had a home and a training, Keighley was more than two hundred miles away from London, forcing her once again to leave what was at least the partial security of her English friends, whom she had met only two years previously. In her memoir, Mia describes being circumspect about becoming a nurse: “I started training as a nurse in the hospital in March 1941. I must say I was pleased to have finished my work as a domestic but I had quite mixed feelings about my future as a hospital nurse. Being a ‘friendly alien’ during war time left you with a very limited choice of jobs or career.”⁶⁰

Cilly Haar (Brauer) arrived by herself as a seventeen-year-old. Although a Jewish friend of hers was to train at University College Hospital in London, Cilly was accepted as a student at Lambeth Hospital. In her oral history, she admits that she wished she had gone to the much grander University College Hospital but at the time she did not know one hospital from another.⁶¹ It seems to have been as much luck as anything else that determined the choice of nurse training school. Heidi was met by her father’s cousin on arrival in Britain. She maintained he had “organised rescue for about twenty-two people.” Heidi trained at Staines Hospital

58 *Ibid.*, 10.

59 Ross, “War Memories”, 2.

60 *Ibid.*, 13.

61 Cilly Haar (Brauer), oral history interview by Jane Brooks, 4 Sept. 2017, 7, private archive.

from 1942.⁶² In peace time, the Staines Emergency Hospital was a municipal hospital and not a major teaching institution. Yet, either because of or in spite of its humbler origins, the matron, Miss Lang, was particularly enlightened. It also seems that those girls from the Kindertransport who entered nursing from about 1942 were able to choose from a wider pool of hospitals. The need for nurses by the middle years of the war was so great that many hospitals, willingly or otherwise, put aside their prejudice. Even some of the famous teaching hospitals in London would then take a Jewish refugee. Walter Laqueur argued (in 2004) that the widening of opportunities for women after 1941 into factory or nursing work “was a blessing” but only in so far as “anything was better than returning to domestic service.”⁶³ Nevertheless, several of the Kinder girls’ experiences explored in this essay belie the negative responses to nursing as a career option.

War nurse

Rosa Sacharin (Goldszal), a Kind from Berlin, was eighteen years old in 1943, when she was faced with the choice of the ATS, a munitions factory or nursing. She admits in both her autobiography and her oral history interview that she was not keen on any of them.⁶⁴ Rosa did not discuss the reasons for her antipathy to the ATS or munitions factories but, as Gail Braybon and Penny Summerfield argued, neither were popular. The ATS was considered the “Cinderella service” compared to the Women’s Royal Naval Service and the Women’s Auxiliary Air Force and “A reputation of immorality hung over it”.⁶⁵ Factory work was dirty, monotonous, and rough. Rosa was encouraged into nursing by Mrs Macdonald, the wife of a British clergyman who helped her and her sister. According to one of her recorded memoirs, “When I received a letter of acceptance, I wept. I was to start my three-year training on August 3, 1943.”⁶⁶ She hated nursing and prepared herself to leave at the earliest opportunity, though what she

62 Cowen, oral history interview, 18.

63 Walter Laqueur, *Generation Exodus: The Fate of Young Jewish Refugees from Nazi Germany* (London: IB Tauris, 2004), 202.

64 Sacharin, *Unwanted Jew*, 66; Rosa M. Sacharin, oral history interview by Barbara Mortimer, 28 April 2010, 10, Oral History Collection, T407, RCN Edinburgh.

65 Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London: Pandora, 1987), 165.

66 Rosa M. Sacharin, “Nurse Training in Scotland 1943–1951”, in *Learning to Heal: Reflections on Nursing School in Poetry and Prose*, ed. Jeanne Bryner and Cortney Davis (Kent, OH: Kent State University Press, 2018), 120.

thought she would do instead is unclear. Conscription for women between the ages of twenty and forty had been introduced in 1941 and the age limit reduced to eighteen by 1943,⁶⁷ so Rosa would have had to move into other war work had she eventually left nursing:

And then Vivienne [a friend] and I decided, after the three months was up that we would resign. So, we each wrote our resignation letter. And Vivienne went in first and she was told to pack her case and go. And then I went in and Miss Clarkson [the matron] said, I think we will send you to the country branch [a convalescent home for children]. She must have torn up my letter . . . it was a much freer and easier atmosphere and there was one senior nurse there and I have never seen anybody who was so free and easy with children, and the children loved her and I thought to myself, why am I such a miserable individual? Why could I not see something that was also good and worthwhile?⁶⁸

The belief in nursing being “worthwhile” appears to have been a supportive feature for several of the Kindertransport girls who became nurses during the war. Cilly was clear in her oral history that nursing validated her: “I was somebody. I proved to myself I loved nursing. I was most happy and the staff would say, ‘Oh Nurse Brauer you can clear my dressing trolley.’ I was literally in my element.”⁶⁹ Lee recalled: “I call myself a nurse before penicillin because we had no IVs [intravenous infusions] during the war, nothing [penicillin did not become widely available until 1947]. And whenever we pulled a patient through, it was our work, what we did for them, and that made me feel good, that I was helpful to other people. Because my parents always told us to be helpful to others and share our life with other people and to be helpful.”⁷⁰

Narratives of gratitude in written and oral testimonies created long after the war should be treated with some circumspection.⁷¹ Offering the opportunity to become a nurse was clearly expedient for the British government and the nation’s hospitals. Nevertheless, those Kinder who

67 Penny Summerfield, *Reconstructing Women’s Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War* (Manchester: Manchester University Press, 1998), 45.

68 Sacharin, oral history interview, 11.

69 Haar, oral history interview, 4.

70 Fischer, oral history interview, 4. On pre-penicillin nursing see Barbara Mortimer, *Sisters: Extraordinary True-Life Stories from Nurses in World War Two* (London: Hutchinson, 2012), 193, 196.

71 Marion Berghahn, *Continental Britons: German-Jewish Refugees from Nazi Germany* (Oxford: Berg, 1988), esp. 142–4; London, Whitehall and the Jews.

took up nursing could see its benefits. The profession not only provided these young girls with a training, a home, and security but it also became a redemptive act for many of them. Being able to help others enabled Lee to carry out the wishes of her dead parents. It enabled Cilly to feel like somebody, even after she knew that her parents and her sister had perished in the Holocaust. Mia received a letter from her sister Lisl in 1942 telling her that their parents had been transported to Minsk and were presumed to be dead: "I cannot remember how I carried on but I had to and working hard seemed to help plus the physical and emotional demands of the job seemed to numb the pain a little."⁷² Gertrude Roberts entered Hemel Hempstead hospital as a probationer nurse in 1942:

But you see I was nursing people, I was meeting sick people, I was kind of making up for not nursing my parents, I was at last able to help someone. And I've done it ever since . . . I was given a chance to do something for humanity which was obviously inside me bursting to come out. I couldn't nurse my parents, I couldn't be with them in the concentration camp but I could look after dying people, even if . . . even if I never forget when I put the bed pan under somebody the wrong way around, and so, I was told off so much I thought it was the end of the world but it was the making of me at that time. And still the war didn't intrude, being Jewish didn't intrude, I was kind of beginning at the beginning . . . I coped with all sorts of emergencies and eventualities as a nurse because you had a community spirit.⁷³

Sonya O. Rose argues that "Selfishness was antithetical to the spirit of the People's War."⁷⁴ Young women who showed their sexual availability and Jews who were regarded as fundamentally self-serving were particularly vilified for not supporting the sense of the community spirit and wartime national identity. Antisemitism and accusations that the war was part of a "Jewish conspiracy" were ever present, with Jewish shopkeepers being targeted for overcharging and Jewish women criticized for wearing fur coats and flaunting their wealth,⁷⁵ though ironically a coat was often the only item of "wealth" they still possessed.⁷⁶ In 1943, it was

72 Ross, "War Memories", 16.

73 Roberts, oral history interview, 29.

74 Sonya O. Rose, *Which People's War? National Identity and Citizenship in Britain, 1939-1945* (Oxford: Oxford University Press, 2003), 106.

75 Juliet Gardiner, *The Blitz: The British under Attack* (London: Harper Press, 2011).

76 Josephs, *Survivors*, 5.

the selfishness of the Jews that was blamed for 173 deaths at the Bethnal Green Underground shelter, even though in reality few Jews used that particular shelter.⁷⁷

If Marion Berghahn maintains that Jewish refugee women who agreed to come on domestic service visas were seen as useful and therefore could be seen as contradicting the stereotype of the selfish Jew,⁷⁸ the hiddenness of servants “below stairs” still caused anxieties.⁷⁹ As a highly visible and closely supervised workforce, probationer nurses’ behaviour could be monitored in a way that maids’ could not. It was also difficult to criticize young women who chose to work as nurses as being selfish and self-serving. Despite the nursing workforce comprising ordinary members of the British public, who may or may not have been antisemitic or anti-German, few of the Kinder who became nurses later stated that they felt threatened by such attitudes at work. Cilly recalled two nurses “who were quite antisemitic and made my life absolute hell”.⁸⁰ But when she took the brave decision to report the nurses’ behaviour to the matron, they were made to apologise to her. Most of the Kindertransport girls who entered nursing found that they were treated no differently from their British colleagues – no better and no worse. Susi recalled working twelve-hour shifts, with no help, only she and one other nurse.⁸¹ Edith’s experiences in the small Northern Irish town of Newton Ards were not without difficulties but she was treated like all other students. When she arrived on the children’s ward on her first day, she was sent directly to the sluice, “babies’ nappies and all that sort of thing . . . Of course, as the most junior, I was at everyone’s beck and call.”⁸² Lee recalled: “We were all nurses. We were all young. You know, most of us started at age eighteen or nineteen, and the war was on, so basically, we enjoyed each other. We developed a friendship with each other out of necessity because we couldn’t do anything else. We were stuck in the hospital. You know, we were bombed, and we had to be in by a certain time.”⁸³

77 Rose, *Which People’s War?*, 98.

78 Marion Berghahn, “Women Emigrés in England”, in *Between Sorrow and Strength: Women Refugees of the Nazi Period*, ed. Sibylle Quack (Cambridge: Cambridge University Press), 75.

79 Kushner, *Holocaust and the Liberal Imagination*, 157.

80 Haar, oral history interview, 5.

81 Loeffler, “Family Löffler”, 3.

82 Edith Bown-Jacobowitz, “Memories and Reflections: A Refugee’s Story”, 66, RCN Edinburgh.

83 Fischer, oral history interview, 11.

Conclusion

In the introduction to *I Came Alone*, the anthology of narratives from Kinder published in 1990, the editor, Bertha Leverton, argues that the Kindertransport “was an act of mercy”.⁸⁴ Although she writes that the decision to accept the Kinder was also in part to make up for the closing of the Palestine border, it is the idea that the people of Britain did something altruistic that suffuses her stories. In this article I have explored the lives of nine women who came as Kinder and entered the nursing profession in Britain. None wanted to be a nurse before she fled Nazi Europe, and at least two did not wish to be nurses once in Britain, but the extremely limited work opportunities for refugee girls meant there were few alternatives. Like the choices offered to the wider Kinder community described by Leverton, nursing was both an opportunity and opportunism on the part of the government and the nursing profession. Even if some nurses did not want German and Austrian Jewish colleagues, the staffing crisis in most of the nation’s hospitals during the war meant that ultimately they could not afford to refuse.

Viewing the war lives of the Kinder through nursing enables us to bear witness to the intersection of the opportunism of the British government and the hospital system and the opportunities it presented to young women on their own. As the war progressed and British nurses continued to escape the confines of the British hospital system for the excitement of overseas service, those at home needed to widen their pool of recruits. The young Jewish Kinder girls tended to be well educated and cultured; moreover, most had no home to return to when the work of nursing was too hard. Despite misgivings and frequent difficulties, nursing offered these girls the security of food and accommodation, friendship, a training, and a professional future. To the nursing profession the Kinder offered girls with a broader outlook and a sense of the need to support the common good in a time of great hardship.

84 Bertha Leverton, “Dear Friends and Readers”, in *I Came Alone: The Stories of the Kindertransport*, ed. Bertha Leverton and Shmuel Lowensohn (Lewes: Book Guild, 1990), 8.