

Case Files from the National Committee for Resettlement of Foreign Physicians

by Carole Garbuny Vogel

I often wondered how my grandparents, both Viennese physicians, reestablished their careers in America after fleeing Nazi Europe. Stripped of their wealth and the tools of their profession, they arrived virtually penniless in New York City in June 1939, with no family in the United States to stake them.¹ Obviously they received outside help. But from whom? The answer came from a source previously unknown to me—the records of the defunct National Committee for Resettlement of Foreign Physicians (NCRFP). During the Nazi era, the committee aided about 3,000 émigré physicians in the United States. The majority of the immigrant doctors were Jewish, but according to the director of the NCRFP archive, the committee likely aided non-Jews as well.

Need For Help

Jewish physicians were among the first German Jews to feel the economic sanctions put in place in Germany when the Nazis rose to power in 1933 and immediately began to implement anti-Jewish legislation. In April of that year, laws were passed that curtailed Jewish activity in the medical profession and restricted the use of national health insurance funds to reimburse Jewish doctors for their services. Recognizing that they had no future in their homeland, many Jewish physicians fled.

As the Germans expanded their territory by vote or land seizure, more physicians came under Nazi control. In September 1938, the Nazi government revoked the medical licenses of all Jewish physicians in greater Germany, which encompassed Germany, Austria, the Sudetenland (the western region of Czechoslovakia annexed by Germany) and the Territory of the Saar Basin (a small chunk of Germany occupied by France between 1920 and 1935). The rising tide of Jewish physicians fleeing Europe turned into a flood.

By the end of 1938, the U.S. had admitted 1,399 Jewish physician émigrés. In 1939, with the onset of World War II, another 1,126 Jewish physicians were admitted and in 1940 an additional 832 were let in, some from countries other than greater Germany, such as Poland, Czechoslovakia and Hungary. In the same time period, 1,699 non-Jewish physicians immigrated to the United States.²

The professional challenges for these physicians were daunting as émigré physicians confronted restrictive U.S. licensing laws. No longer was a medical degree from a renowned European university considered proof of competency. In 1938, the American Medical Association lobbied state medical boards across the United States to require full U.S. citizenship as a condition for licensing. This was a huge obstacle for the newcomers as there was a five-year residency requirement before an immigrant could become a

U.S. citizen. The AMA was purportedly protecting both the American medical profession and the public, claiming that the standard of the foreign physicians might fall far below American standards. Ironically, prior to the Nazification of Europe, many of the European medical schools were considered to be among the best in the world.

By mid-1939, 44 out of 48 state medical licensing boards complied with the AMA request and made U.S. citizenship a prerequisite for applying for a medical license. Other arduous restrictions often were imposed, such as one-year unpaid rotating internships in a hospital approved by the AMA, reciprocity agreements between the individual state and the European country the refugee came from (an impossibility during wartime), additional coursework in non-medical related subjects, or other nearly insurmountable obstacles. Only New York, California, Illinois, Ohio, and Washington, DC, did not impose such stringent restrictions, and by 1940, only 15 states licensed physicians with foreign credentials.^{3,4,5}

Even in New York, which was more welcoming than elsewhere to the émigré physicians and where more than two-thirds settled, the hurdles remained high. The refugee doctors needed to pass written and oral English competency exams and undergo a grueling four-day written medical exam in English. Their initial failure rate for the New York state licensure exam was 70 percent.⁶

National Committee's Response

The National Committee for Resettlement of Foreign Physicians was created as part of the National Refugee Service (NRS), an aid organization that assisted refugees escaping Nazi persecution.⁷ The NRS, located in New York City, was the successor organization to the National Coordinating Committee for Aid to Refugees and Emigrants Coming from Germany (NCC), established in 1934 to assist new immigrants.⁸ Sponsored by Jewish fundraising organizations, the NCC was an umbrella organization that coordinated relief work provided by both Jewish and non-Jewish agencies—about 20 in all—and it created a network of 500 groups throughout the United States to assist in the placement of refugees in small towns and cities outside of New York City. In May 1939, the NCC was restructured and renamed the National Refugee Service (NRS) so it could address the needs of all European refugees, not just the ones from Germany.

The National Committee for Resettlement of Foreign Physicians assessed the eligibility of immigrant physicians to practice medicine in the United States. The doctors were screened for English proficiency and were closely evaluated by an American physician for competency. For those physi-

cians deemed unqualified (at least 180 between July 1, 1940, and August 1, 1941, alone), retraining in a different field was offered, if feasible.⁹

For the physicians deemed competent, the committee provided assistance in preparation for exams and guidance for fulfilling other requirements needed to become certified doctors. The committee operated at both the national and local levels.¹⁰ One of its principal mandates was to facilitate the resettlement of émigré physicians in areas where their services were needed most—away from major cities and in remote rural areas, where a scarcity of doctors existed. Typically these positions were poorly paid and eschewed by American doctors.

The resettlement of émigré physicians in underserved areas achieved two objectives of the committee. First, resettlement helped to quickly integrate the immigrants into American society, and second, it protected American physicians from “unfair” competition in the major cities.^{11,12} To further protect American physicians from unwanted competition, the NCRFP also urged specialists, especially younger ones, to give up their specialty and become general practitioners.

What the NCRFP Records Mean for Genealogists Today

The term “gold mine” often has been used—and overused—to describe new genealogy resources. In this case, the term gold mine doesn’t begin to suffice. The case files of the National Committee for Resettlement of Foreign Physicians are the mother lode, providing tremendous insight into the process of starting over professionally in a foreign land. In the 1970s, the Immigration History Research Center and Archives at the University of Minnesota acquired the case files of the NCRFP.

All files likely contain a registration form that provides basic biographical information—name, address, phone number, birth date and birthplace, marital status, names and ages of spouse and children—as well as questions that may point the researcher to other documents and relatives—such as *Date and port of entry?* (which may help a researcher find the passenger manifest); *Are wife and children with you or abroad or in any other city in the U.S.A.?* (of special interest if the family was separated); *Have you relatives or good friends in the U.S.A.?* (more good leads to follow). Several questions help to identify the immigrant’s flight path, including, “*In which country were you last a citizen?*” and “*Did you enter the U.S. on a passport issued by that country? If not, which country did issue you a passport?*”

In addition, the intake form’s questions about the applicant’s current employment and the past practice of medicine in Europe may provide information that other historical records do not include: *Are you working at the present—where and in what capacity? From which medical school did you graduate? When? Where did you practice in Europe? How long? What specialty if any? Where did you train? Were you licensed for the Krankenkasse* (national

health insurance company) *to get reimbursements for treating patients? Do you need additional medical training? What languages do you speak? Are you in good health?*

The documents beyond the intake form vary from file to file, but also are likely the most interesting. The case file of my grandfather Dr. Moriz Lowy, a pediatrician, held 37 pages of photocopied documents, letters, and memos, but the one for my grandmother Dr. Franja (Fanny) Lowy, an ophthalmologist, was much thinner—only seven pages including a final letter stating that since she was now earning \$65 a month (as a medical assistant) and the committee had just granted her husband a loan enabling him to establish a medical practice, they decided to close her case. Perhaps, given the prejudices against women doctors at the time, the committee was disinclined to help my grandmother, or maybe the committee was interested in helping only one doctor per family. Another possibility is that my proud and determined grandmother was unwilling to give up her ophthalmology specialty to become a general practitioner. She forged ahead on her own. By the end of 1943, she had passed the New York State medical board exam and launched her own private ophthalmology practice, catering mainly to other Austrian immigrants.

Nevertheless, my grandmother’s small file contained a gem—her curriculum vitae, which detailed her professional life from the time she was a medical intern in 1920 through her work in private practice in 1938, including the names of the mentors under whom she had studied. My grandfather’s file did not have a resume. Each of their files, however, included a portrait photograph, taken after my grandparents’ arrival in the United States, an unexpected bonus.

I stumbled across a reference to the National Committee for Resettlement of Foreign Physicians while reading *Paper Love: The Girl My Grandfather Left Behind*, by Sarah Wildman. Like my grandparents, Wildman’s grandfather was a Jewish émigré physician. While combing through her deceased grandfather’s records, Wildman had discovered his correspondence with the physicians resettlement committee, and learned that this organization had helped him start over. It provided guidance even before he left Europe, and loaned him the money (\$357) needed to establish a medical practice in rural Massachusetts. This covered big ticket items such as office furniture, medical equipment, and a car, as well as smaller expenses such as food and rent payments for his home and office.

Internal NCRFP communication reveals how the émigré physicians were perceived by the American caseworkers. On Fanny’s (Franja’s) registration form was written, “pleasant person; ophthalmologist.” On Moriz’s form the interviewer noted, “pediatrician, very pleasant personality; speaks English fairly well.” A memo written a couple months later observed, “I understand that Dr. Lowy was outstanding in his field.”

The physicians resettlement committee also served as a communications clearinghouse for immigrant physicians

trying to locate one another. A letter sent to my grandfather provided the names and addresses for two colleagues, also refugees from Vienna, who wanted to reconnect with him.

To determine a physician's eligibility to practice, the NCRFP arranged for an American doctor in the same specialty to interview him and inspect his credentials. Moriz's examiner was none other than Dr. Benjamin Spock, one of the top pediatricians in the U.S., who six years later wrote the American classic, *The Common Sense Book of Baby and Child Care*, which sold more than 50 million copies in Spock's life time. After the interview, Dr. Spock reported back to the committee in a letter shown to the right.

The committee placed unlicensed refugee pediatricians in summer camps. Enclosed in my grandfather's file was a list of eight pediatricians, including himself, who had applied for positions as camp doctors for the summer of 1940. Each entry noted the doctor's current address, telephone number and family status (marital status and number of children). Some of these listings included the notation "known to the Relief Department" which I assumed meant that the family received a charity stipend.

Moriz accepted a post at Camp Meadowbrook Lodge, a Jewish family camp in Cummington, Massachusetts, near the city of Springfield. His 14-year-old son Adolf was enrolled there as a camper. My grandmother saved the photographs and letters that Moriz sent home from the camp. These add Moriz's voice to his story and also show his mastery of English and his homesickness for pre-Nazi Austria.

In addition to assistance finding camp jobs, the NCRFP used other methods to keep unlicensed physicians connected to the medical world until they passed the boards. A document shows that Moriz's caseworkers arranged for Moriz to meet Dr. Béla Schick, a Hungarian-born pediatrician and renowned inventor of the Schick Test, which tested susceptibility to diphtheria. Béla Schick had immigrated to the United States and in 1923 became the director of the pediatric department at Mount Sinai Hospital in New York. According to Moriz's daughter Litty, Moriz started working with Dr. Schick and remained with him until he opened his own private practice. The family believes that Moriz's work with Schick was an unpaid position.

The physicians resettlement committee offered coaching to help refugees pass state medical board examinations and they recorded the émigré doctors attempts to pass the state medical board examination. From various letters and memos I learned the subjects included on the medical exams—atomy, bacteriology, chemistry, diagnosis, hygiene, medicine, obstetrics, pathology and physiology, and which two my grandfather had failed in his first attempt (pathology and physiology). He failed physiology again in his second attempt.

In September 1940, Moriz took the medical exam for a third time and finally passed.¹⁴ He received his New York medical license on November 26, 1940.¹⁵ A few weeks later he contacted the NCRFP to say that he wished to remain in

BENJAMIN SPOCK, M. D.
215 EAST 72ND STREET
NEW YORK

February 15th, 1940.

Mr. Charles H. Jordan,
165 West 46th Street,
New York City.

Dear Mr. Jordan:

I have interviewed Dr. Moriz Lowy. He impressed me as a physician of unusually high capabilities and with a very superior and intensive training. He is modest and approachable in personality and should have no trouble in adjusting to the American scene.

He prefers to work in a city, in the field of pediatrics and I feel that that is where he can be most useful because of his special training. His extensive experience in baby health stations and cardiac clinics would equip him for that kind of work here if you have openings of that sort.

Sincerely yours,

Benjamin Spock

BS/G

New York City. Moriz asked for a loan to help him establish his practice in New York City. This was an unusual request as one of the main goals of the committee was to send physicians to rural regions of the country. To justify the granting of this request, the chairman of the loan committee's Medical Advisory Board summarized my grandfather's situation and provided an overview of his financial situation:¹⁶

The family have [sic] previously been receiving financial assistance from the Relief and Service Division, but Mrs. Lowy, who is also a physician, obtained a position as an assistant to a practicing physician and has been supporting the family on her earnings of \$65 per month....Mrs. Lowy will continue to work. The family would therefore become self-supporting through earnings by Dr. Lowy [Moriz] of approximately \$100 per month. Dr. Spock has felt that his training would be most useful in a large city and we can anticipate that he should be able to earn a living in New York within a reasonably short time.

The committee attached a schedule of the items of initial expenses together with a monthly budget:

Initial Expense	
Medical equipment and furniture:	\$150.00
Signs, stationary and installation	30.00
Moving Expenses	30.00
Monthly Budget	
Rent for office	35.00
Rent for apartment	65.00
Telephone	3.50
Food (family consists of five persons)	50.00
Gas and electricity	7.00
Fares	<u>10.00</u>

	\$380.50
Less earnings of Mrs. Lowy	65.00
Amount of Loan:	\$315.50

The loan was made on the condition that Moriz's friend Dr. William Drissler [Dressler] of 1250 Fifth Avenue, New York City act as an endorser. The NCRFP records showed that Dressler had also agreed to loan Moriz \$25 or \$30 personally. The committee expected Moriz to be self-supporting within a short time as they wrote him a letter stating that "Supplementation is not to exceed a period of three months." The first check was issued in February 1941.

Moriz set up practice at 393 Central Park West. In March the physician's committee reviewed the family's finances and found that Fanny was now earning \$70 a month and Moriz had earned \$50, so they recommended a supplemental loan of \$50.50 be made to the family.¹⁷

A reassessment of the loan status was made in May 1941. Moriz earned \$100 in the month of April but Franja earned only \$42 because of temporary illness. Their combined earnings were \$142. The physicians' committee approved Moriz's request for a supplemental loan of \$28.50.¹⁸

The money Moriz received from the physicians resettlement committee was not a gift or stipend, and he was required to repay the loan beginning immediately when he became self-sufficient. Money that otherwise might have gone to rescue or support loved ones in Europe was instead directed to the committee so it could help other émigré physicians. At the same time that Moriz was repaying the loan, he was receiving letters from his mother in Austria imploring him for help.

Inquiries about case files from the National Committee for Resettlement of Foreign Physicians can be sent to the Immigration History Research Center and Archives via e-mail to Daniel Necas, Archivist necas001@umn.edu. The mailing address is Daniel Necas, Archivist, 311 Elmer L. Andersen Library, 222 21st Avenue South, Minneapolis, MN 55455. Provide the name, date of birth, and birthplace of the immigrant physician, plus other identifying information if known.

Notes

1. The U.S. immigration of the Lowy family was sponsored by Julius S. Garfinkle, a self-employed wholesale dress distributor. Although Julius was identified as a cousin in Moriz's visa application, he was not related. The connection between the Lowy family and Julius Garfinkle was through his maid, Elsa Nichtern, the niece of Fanny's brother-in-law Karl Nuthern. Elsa must have implored her employer to sign an affidavit on behalf of the Lowys.

2. Wildman, Sarah. *Paper Love: Searching for the Girl My Grandfather Left Behind* (New York: Riverhead Books, 2014).

3. Edsall, David L. M.D., et al. "The Émigré Physician in American Medicine, 1941: A Report of the National Committee for Resettlement of Foreign Physicians." *JAMA*. November 29, 1941.

4. Kohler, Eric D. "Relicensing Central European Refugee Physicians in the United States, 1933–1945." Museum of Tolerance online. <http://motlc.wiesenthal.com/site/pp.asp?c=gvKVLcMVluG&b=395145>

5. Edsall, David L. M.D., "The Émigré Physician in American Medicine," *JAMA*. March 23, 1940; 114(12):1068–1073.

6. Johnson, David and Humayun J. Chaudhry. *Medical Licensing and Discipline in America: A History of the Federation of State Medical Boards*, (Lexington Book, 2012) p. 116.

7. Kohler, Eric D. "Relicensing Central European Refugee Physicians in the United States, 1933–1945." Museum of Tolerance online.

8. The National Refugee Service was formed in May 1939 as a successor organization to the National Coordinating Committee for Aid to Refugees and Emigrants Coming from Germany (NCC), which was established in 1934 to help the rising tide of Germans fleeing Nazi tyranny, both Jewish and non-Jewish.

9. The National Coordinating Committee for Aid to Refugees and Emigrants Coming from Germany was also known simply as the National Coordinating Committee.

10. Physicians could be determined to be unqualified for numerous reasons—advanced age, limited opportunity for their specialty, inferior ability, significant physical or mental difficulties, inability to learn English, failure to comply with the committee's program.

11. Edsall, David L. M.D., et al. "The Émigré Physician in American Medicine," 1941.

12. *Ibid.*

13. According to the above-cited article, The NCRFP was composed of "state committees" in Massachusetts, New York, New Jersey, Maryland, Connecticut, Virginia, Missouri, California, Colorado, and Texas; cooperating groups or agencies were located in Louisiana, Tennessee, Minnesota, Ohio, and Pennsylvania. State committees embracing the nine Pacific Slope states (i.e., the states west of the Continental Divide that "slope" down to the Pacific Ocean).

14. Letter from Benjamin Spock, M.D., 215 E. 72nd Street, New York, February 1940, to Mr. Charles H. Jordan, 165 West 46th Street, New York City.

16. NCRFP memorandum, October 11, 1940, concerning Dr. Moriz Lowy's medical boards.

17. Note found in Dr. Franja Lowy's effects. Written on prescription form. Header: Dr. Moriz Lowy, M.D. 645 West End Ave. Corner 92nd St., New York 25, NY. Office hours 3 to 5 PM or by appointment, Date: 5-27-58. In Moriz's handwriting: M. Lowy license #38598, 11-26-1940; F. Lowy license #41995, 11-10-1943.

18. NCRFP Capital Loan Committee memorandum, January 30, 1941. Request for a loan of \$325.50 to assist Dr. Moriz Lowy to establish his practice in New York City.

19. NCRFP Physicians' Committee Recommendation. Request for loan for supplementation of income for Dr. Moriz Lowy, March 20, 1941.

20. NCRFP Physicians' Committee Recommendation. Request for loan for supplementation of income for Dr. Moriz Lowy, May 5, 1941.

Carole G. Vogel has written several previous articles for AVOTAYNU and has consulted on numerous family history projects. A sample of her work, The Paul Gass Family Tree, may be seen at www.paulgassfamily.com. Vogel has posted more than 6,500 individual profiles to a family tree on Geni.com, representing 15 generations of her family and families related through marriage. She lives in Branchville, New Jersey.