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"We learn from history that we learn nothing from history":
Lessons on Genocide Prevention from the Kindertransport

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# “We learn from history that we learn nothing from history”: Lessons on Genocide Prevention from the Kindertransport

By

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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**Abstract**

"We learn from history that we learn nothing from history":
Lessons on Genocide Prevention from the Kindertransport

By Joanne Angel

Genocide remains one of the most prevalent forms of preventable mortality and morbidity for children today. Despite the creation of multiple international conventions, genocide has not been eliminated, and its effects disproportionally impact children. The Kindertransport was a series of rescue efforts that brought thousands of refugee children from Nazi Germany to the United Kingdom between 1938 and 1940.

This qualitative study asks what public health professionals can learn from the prevention efforts of the Kindertransport by examining the experiences and reflections of individuals who were rescued as children. The specific aims of the study were to: 1) analyze qualitatively the impact of the rescue on rescued children; 2) evaluate the strengths and limitations of the Kindertransport as a prevention effort; and 3) draw implications for contemporary public health responses to global genocide. In-depth interviews were conducted with 27 survivors of the rescue, using a semi-structured interview guide.

Five inductive themes emerged from the data related to: the broad spectrum of antisemitic persecution; the breakup of families; integration in the UK via the Kindertransport; the challenges of adapting to a new environment; and the implications for global rescue efforts. The results suggest that the public health community should act to prevent genocide through rapid intervention and rescue; at the same time, the effects of earlier forms of persecution must be addressed, and sustained social, emotional, and psychological support must be provided to those rescued.

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# Introduction

Genocide remains among the most prevalent forms of preventable mortality and morbidity for children today (Kent, 1994; Oberg, 2008; United Nations Children's Fund [UNICEF], 2005). During the Holocaust, 1.5 million children across Europe were murdered under the Third Reich (United States Holocaust Memorial Museum [USHMM], 2014a). Since then, we have seen the creation of the Convention on the Prevention and Punishment of the Crime of Genocide, which established genocide as an international crime, and the Convention on Rights of the Child, the first legally binding text that protects the rights of children (Convention on the Prevention and Punishment of Genocide, [CPPG], 1951; the Convention on the Rights of the Child [CRC], 1989;). Still, genocide has not been eliminated; rather, it continued throughout the 20th century and into the new millennium. Its burden is disproportionally placed on children (Abuoutanos, 1997; Balakian, 2009; Blutinger, 2014; Caplan, 2000; Des Forges, 1999; Geltman & Stover, 1997; Kiernan, 2008; *Prosecutor v. Kaing Guek Eav*, 2009; *Prosecutor v. Radislav Krstic*, 2001; *Prosecutor v. Naser Oric*, 2006; Oberg & Caselton, 2009; Pretto, Begovic, & Begovic, 1994; Sharp, 2008; Totten, 2014; UNICEF, 2012; UNICEF, n.d.; Vollen, 2001). Reducing the effects of genocide, particularly upon children, remains a pressing global issue, and it is a challenge for which public health professionals ought to consider how they can best contribute their expertise.

## Problem Statement

The literature on genocide is replete with calls for the public health community to get engaged in genocide prevention (American Public Health Association [APHA], 2001; APHA, 2009; Adler, Smith, Fishman, & Larson, 2004; Oberg, 2008; Oberg & Caselton,

2009; Richter, 2008; Willis & Levy, 2000). The American Public Health Association (APHA) suggests transferring what we know about how we respond to disease, illness, and poor health to this significant area of morbidity and mortality (APHA, 2009; Adler, Smith, Fishman, & Larson, 2004). Specifically, the public health community is called upon to develop primary prevention efforts in response to early warning signs of genocide, through active participation in public debate and public policy advocacy (APHA, 2009; Adler, Smith, Fishman, & Larson, 2004). The public health community should also promote secondary prevention efforts, namely, mechanisms for the application of harm-reduction skills immediately after the onset of hostilities (APHA, 2009; Adler, Smith, Fishman, & Larson, 2004).

Despite the horrific fates of so many child victims, the history of the Holocaust provides multiple examples in which significant numbers of children were saved from otherwise certain murder (Gilbert, 2004; Hallie, 1994; Kless, 1988; Mieszkowska, 2010; Werner, 2002; Zimmerman, 2015). Among the most ambitious and most illuminating from the perspective of public health was the Kindertransport (Children's Transport). The Kindertransport was a series of rescue efforts following the widely reported, violent events of Kristallnacht, an antisemitic[1] pogrom on the night of November 9-10, 1938 (Strauss, 1980; USHMM, 2014b). The Kindertransport brought thousands of refugee children to the United Kingdom (UK) from Nazi-occupied Europe between 1938 and

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[1] The spelling "antisemitic" (vs. anti-Semitic) was selected deliberately. The term "anti-Semitism" was coined in 1879 by German antisemite Wilhelm Marr as a way of defining the Jews as a pseudo-scientific racial category, in contrast to traditional religious anti-Judaism (Bauer, 2009). Bauer and other scholars reject the term "anti-Semitism" because it implicitly reinforces the racist conception of the Jews as a biologically distinct (and inferior) Semitic people.

1940 (USHMM, 2014b). The UK was one of the few countries that eased immigration restrictions for children, recognizing their vulnerability and spurred by the persistent efforts of refugee aid committees (Gottlieb, 1998; Hammel, 2010; USHMM, 2014b). The ways in which humanitarian organizations were able to successfully pressure the British government provides important lessons for contemporary public health advocacy. Furthermore, the strengths and limitations of the Kindertransport have significant implications for how future genocide rescue efforts can more effectively promote prevention or harm reduction. The memories and reflections of the Kindertransport children, who are now in old age, offer a rich source for considering these implications.

**Purpose Statement**

The Kindertransport is a well-researched historical phenomenon, and some of the problems that rescued children faced, such as issues of abandonment and survivor guilt, have been studied previously (Adler, Smith, Fishman, & Larson, 2004; Barnett, 2004; Benz & Hammel, 2004; Gopfert & Hammel, 2004; Sharples, 2006). However, none of these scholars has explored the implications of the Kindertransport for public health approaches to genocide prevention in regards to either its strengths or weaknesses. Despite the tremendous efforts and resources devoted to the transport, the children who were rescued were unaccompanied, and they were often placed with new families or in group-living situations with little, if any, follow-up support (Guske, 2009; Hammel, 2010; The National Archives, n.d.). If the public health community is to engage effectively in genocide prevention efforts, the Kindertransport is a compelling and illustrative example, both in its successes and failures. The purpose of this study is to draw out these multiple lessons.

## Research Questions

This is a qualitative study that asks what public health professionals can learn from the prevention efforts of the Kindertransport by examining the perceptions of individuals who were rescued as children. Semi-structured in-depth interviews (IDIs) were conducted to elicit descriptions of and reflections on the survivors' experiences and explore their perceptions about the rescue itself, its impact on their wellbeing, and the rescue's possible implications for contemporary public health intervention against genocide. The specific aims of the study were: 1) to analyze qualitatively the impact of the rescue on rescued children; 2) to evaluate the strengths and limitations of the Kindertransport as a primary and secondary prevention effort; and 3) to draw implications for contemporary public health responses to global genocide. These data suggest best practices to inform primary and secondary prevention efforts to effectively respond to genocide of children.

## Significance

The Kindertransport offers important historical lessons about the role of the public health community in preventing and mitigating genocide. It is essential that the insights of the Kindertransport children interviewed in this study be analyzed and brought to bear on contemporary approaches to genocide prevention.

## Definition of Terms

**Genocide.** The International Convention on the Prevention and Punishment of the Crime of Genocide proclaimed, on December 9, 1948 at the United Nations, the following definition of *genocide* in General Assembly Resolution 260A (III) Article 2:

In the present Convention, genocide means any of the following acts committed

with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

(a) Killing members of the group;

(b) Causing serious bodily or mental harm to members of the group;

(c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;

(d) Imposing measures intended to prevent births within the group;

(e) Forcibly transferring children of the group to another group (CPPG, 1951).

**Kinder.** German for *children*; many of the rescued children refer to themselves as *Kind* or *Kinder* (plural) (USHMM, 2014b).

**Kindertransport.** German for *children's transport*; the informal name of a series of rescue efforts which brought thousands of refugee Jewish children to the United Kingdom from Nazi-occupied Europe between 1938 and 1940 (USHMM, 2014b).

**Journal Selection**

*BMC Public Health* was selected for submission for publication of this article. This was determined upon review of the journals focus on the epidemiology of disease and the understanding of all aspects of public health, with a special emphasis on the impact of health policies, practices and interventions on the community. This focus aligns with this study's goal of increasing public health understanding of prevention efforts of children of genocide. *BMC Public Health* is an open-access journal publishing original peer-reviewed research articles, and is indexed in PubMed, MEDLINE, CAS, EMBASE, Scopus, Thomson Reuters, and Google Scholar. The journal is suitable for research in this significant area of morbidity and mortality.

## Literature Review

As a genocide prevention effort, the Kindertransport is an especially instructive and poignant example, as it is one of the few government-backed rescues of a highly vulnerable population (children) (USHMM, 2014b). Although well researched from a historical perspective, an examination of the Kindertransport from the perspective of public health shows the capacity for rescue policies to interrupt genocide, especially at early stages, and deserves a more in-depth investigation. However, it must be studied in the wider context of the extensive literature on genocide and genocide prevention. This review will explore the historical and contemporary literature in the areas of genocide, the Kindertransport, genocide prevention, and public health approaches to genocide prevention.

The impulse to understand the roots of genocide is evident in the literature that describes this heinous act and the challenges of responding to it (Bauer, 2001; Charney, 1982; Harff, 2003; Horowitz, 1980; Huttenbach, 2000; Kiernan, 2007; Kuper, 1982; Lemkin, 1948). It seems redundant, therefore, to demonstrate the prevalence of literature devoted to the analysis of genocide and its prevention. However, while public health policy is one of the most powerful tools for protecting targeted groups, there is far less literature about its role in prevention, perhaps because its more focused goals and spheres of activity are often overshadowed by political and, especially, military interventions (Bertoli, Ogata, & Stanton, 2009; Genocide Prevention Task Force, 2008; Power, 2013).

While genocide is often referred to as a political act, closer inquiry demonstrates that it is, in fact, the result of complex sets of historical, political, ideological, religious, and ethnic factors and conflicts; understanding a particular genocide therefore requires a

multidisciplinary approach (Willis & Levy, 2000). Recent literature on the role of primary and secondary prevention efforts in the field of public health suggests important new ways of conceptualizing global approaches to genocide prevention (Adler, Smith, Fishman, & Larson, 2004; Richter, 2008; Richter, 2011; Willis & Levy, 2000). Scholars have begun to argue for the efficacy of public health programs as a supplement or alternative to military interventions that can mitigate, and even interrupt, the effects of genocide.

**Genocide**

In his world radio broadcast of 24 August 1941, British Prime Minister Winston Churchill (1941) announced the Nazis' goal of systematic murder and extermination of their enemies, of which he declared, "We are in the presence of a crime without a name." This policy was directed above all towards the Jews in what the Nazis called the "final solution," arguably beginning in mid-1941 with the invasion of the Soviet Union and formalized within the Nazi leadership at the Wannsee Conference in January 1942 (Aly, 2009; Browning, 2004; Hilberg, 1985). As awareness of the scale of the crimes began to emerge, Raphael Lemkin (1944) coined the term "genocide" to signify the destruction of a nation or ethnic group. In response to the mass murder of millions of people in the Holocaust, and with Lemkin's persistence, the United Nations Convention on the Prevention and Punishment of Genocide of 1948 emerged as a legal response avowing that genocide is a crime under international law (Charny, 2012; Convention on the Prevention and Punishment of Genocide, 1948).

Regarded as the parent of genocide research, Lemkin's seminal works on the Nazis inspired further study and drew attention to other cases of genocide in history,

including the Armenian Genocide that preceded the Holocaust (Charny, 2012; Schaller, 2011). Subsequent scholars of genocide developed comparative frameworks for analysis. The sociologist Leo Kuper (1982) advanced theoretical ground by describing and analyzing the structures of different kinds of genocide using a number of case histories, from which he conceptualized the basic, underlying processes of genocide. In *How Can We Commit the Unthinkable? Genocide, the Human Cancer*, psychologist Israel Charny (1982) described the psychology of the different roles in genocide—victim, bystander, accomplice, and perpetrator—and the ease with which most "normal" people can enter destructive roles. Sociologist Irving Horowitz (1980) focused on the structures of governments that allow and themselves initiate and promote genocidal policies in *Taking Lives: Genocide and State Power*. He maintains that genocide is neither a sporadic or random event, nor simply connected to economic or social development, but is a sort of mass destruction conducted with the approval of state apparatuses (Horowitz, 1980).

Genocide historians Yehuda Bauer (2001) and Ben Kiernan (2007) situate genocidal violence in historical context. Through his analysis of outbreaks of mass violence from the classical era to the present, Kiernan (2007) identifies racism or religious territorial expansionism, cults of antiquity, and agrarianism as early warnings of the catastrophe to come in worldwide colonial exterminations and 20$^{th}$-century genocides. Bauer (2001) provides a comprehensive overview of Nazism, as he considers the origins and legacy of Nazism and its political, demographic, and sociological consequences. Sociologists Frank Chalk and Kurt Jonassohn (1990) present twenty case studies of genocide in relation to social contexts, emphasizing that genocide is not an invention of the 20th century; rather, it has occurred throughout history in all parts of the world. And

sociologist Helen Fein (1990) offers a comparative study of genocides and the Holocaust in which she distinguishes genocide from other types of violence and identifies features that can help identify when genocide is happening. In *Genocide in International Law: The Crime of Crimes*, attorney William Schabas (2000) analyzes the history and application of the Convention on the Prevention and Punishment of Genocide, from which he examines genocide as a legal norm: an act that is not only morally wrong, but that can also incur legal liability. And in *Power Kills: Democracy as a Method of Nonviolence*, political scientist R.J. Rummel (1997) explains the nature of power and the potential of democracy to control destructive power. He asserts that it is less democracy per se that brings peace than limited government that diffuses power to citizens and society (Rummel, 1997).

These and many other influential works stand among a burgeoning literature in an age that has not seen the end of genocide; the century that gave us the word "genocide" offered too many examples of it, continuing in the 21st century. Following the genocides in Armenia, the Holocaust, Cambodia, Rwanda, Bosnia, and Darfur, new groups of people are being targeted by systematic killings, and scholars have sought to develop not only an understanding of this insanity, but also of efforts to prevent it.

**Kindertransport**

More than 1.5 million children from across Europe were murdered under the Nazi regime (USHMM, 2014a, Yad Vashem, n. d.). This figure includes more than 1.2 million Jewish children, tens of thousands of Roma children, and thousands of institutionalized disabled children who were murdered under Nazi rule in Germany and occupied Europe. Like their families, children were persecuted for political, racial, and

religious reasons and were ghettoized or incarcerated in concentration camps. Others went into hiding or escaped to foreign lands without their parents. Following the Kristallnacht pogrom against German Jews on 9 November 1938, it became clear that Jewish children were at great risk. The Kindertransport was a concerted effort to get large numbers of children out of harm's way.

The Kindertransport is well documented, the majority of sources collective autobiographies and memoirs of the Kindertransport children themselves (Bader, 1995; Fox & Abraham-Podietz, 1998; Gershon, 1960; Leverton & Lowensohn, 1990). One of the first historical works on the Kindertransport was written by Bentwich (1956), who documented the origins of the Refugee Children's Movement (RCM) and its logistical challenges. Gottlieb (1998) also focused her research on the rescuers, examining the issues as perceived and defined by the leadership, the problems of management, the search for resources, and the complex negotiations with the British officials. Turner (1990) followed the Kindertransport from its inception to the dissolution of the RCM through stories of the Kindertransport children, those who helped organize the transports, and the families who took them in. Other writings examine the British immigration policy, the relationship of the British government to the child refugee organizations, and that of the general British population and the refugee children (London, 2000; Tydor Baumel-Schwartz, 2012). In *Children's Exodus: A History of the Kindertransport*, Fast and Taurus (2010) draw upon unpublished interviews, journals, and articles to examine the religious and political tensions that emerged throughout the migration.

The Kindertransport literature also focuses on the psychological aspects of the rescue. The journal articles by Benz and Hammel (2004) and Guske (2004) explore

issues of trauma and attachment in relation to the rescue. In "Kindertransport: History and Memory," Gopfert and Hammel (2004) examine how the Kindertransport children remembered their experience, finding patterns in what and how they remember. Sharples (2006) analyzes the memoirs of the Kindertransport children themselves to critically examine the popular representations of the rescues, while Barnett (2004) looks at the acculturation of the Kindertransport children in "The Acculturation of the Kindertransport Children: Intergenerational Dialogue on the Kindertransport Experience," focusing on the lives of the first, second, and third generations of the Kindertransport. All of these approaches open new avenues for understanding the effects of the rescue on these children and the ways in which it is remembered. In addition to preserving these stories, further research is needed to see how these experiences might contribute to the understanding of genocide prevention.

**Genocide Prevention**

In Article I of the Convention on the Prevention and Punishment of the Crime of Genocide, genocide is sanctioned as a crime under international law, undertaken to prevent and to punish (CPPG, 1948). Although the Convention sits at the forefront of possible genocide prevention, and while it has begun to meet the obligation to punish genocide, some scholars argue that it has not visibly met the duty to prevent it, or to at least stop it in its tracks (Richter & Stanton, n.d.). The link between the Convention's obligation to punish the perpetrator and the obligation to prevent genocide is established in the *Bosnia and Herzegovina* v. *Serbia and Montenegro* judgment of 26 February 2007, in which the International Court of Justice (ICJ) found that not only was genocide prevented because of the deterrent effects of punishment, but the duty to prevent had its

own autonomous scope obligated by moral choice (*Bosnia and Herzegovina v. Serbia and Montenegro,* 2007*;* Mayroz*,* 2012). Inherent in this record, as Schabas (2009) points out, is that the value of the Genocide Convention can probably be found not so much in its contemporary potential to address atrocities, but as a historical contribution to the struggle for accountability and the promotion of human rights. He emphasizes the historical significance of the Convention as the first human rights treaty that codified an international norm that asserts the rights to life and liberty for national, ethnic, racial and religious minorities, and upholds it as a significant development in international law and inspiration to much that has ensued (Schabas, 2009). Consequently, the Convention is now interpreted more ambitiously as an instrument for actually *protecting* against human rights abuses. This is a far more challenging task, and current scholarship attempts to grasp the complex nature of genocide and envision prevention efforts that reflect that complexity.

In "Requiem for the Prevention of Genocide in Our Time," Charny (2012) asserts that genocide prevention should be at the center of genocide studies, research, and action, and invites every discipline involved in genocide studies to be involved in prevention. Indeed, although scholars believe that genocide prevention requires political will, the importance of the processes of human interaction at different institutional levels is becoming clearer, resulting in a more comprehensive examination of prevention (Bertoli, Ogata & Stanton, 2009). A close examination of the literature on genocide prevention confirms this shift. Richter and Stanton (n.d.) believe that the "Precautionary Principle" should be applied, in order to shift genocide prevention from a reactive to proactive response; that is, there should be no doubt about the need for prevention when there is a

suspicion of risk.

Fein (1993) looks at early warning through analyses of the underlying conditions in which genocides are most likely to occur. She also traces how genocides in the 1990s could have been prevented (Fein, 1994). Gurr (2009) emphasizes the need for more detailed early warning information and for a list of responses tailored to the level of escalation and in the context of differing cultures and regions. Staub (2002) asks genocide scholars to be scholar-practitioners and to learn what they can truly contribute to prevention by engaging in applied research. He asks them to be active in politics and policy-making to help lessen the conditions that make genocide likely (Staub, 2002). As a prominent example, in 2008, the Genocide Prevention Task Force produced a policy guide for U.S. decision-makers based on current research (Genocide Prevention Task Force, 2008). Smith (1992), however, finds the current emphases on genocide early warning systems, international legal institution, economic sanctions, and humanitarian intervention to be too institutional. He argues that a moral emphasis is an important approach to abate the acceptability, and thus the inclination, to be bystanders to genocide (Smith, 1991; Smith, 1992). We must, instead, all take responsibility, and build constituencies that can exert pressure to prevent genocide (Smith, 2002). Public health professionals, this research suggests, can be forceful agents for exerting such pressure.

**New Public Health Literature**

The responsibility of the public health community to take part in the prevention of genocide is a recent theme in public health literature. A 2001 policy statement by the governing council of the APHA, “Preventing Genocide,” described genocide’s implications for public health and made a plea to the U.S. government to support a

United Nations (UN) rapid deployment force, and to support the UN's efforts to monitor early signs of genocide (APHA, 2001). A 2009 report by the APHA called for the public health community to apply public health standards in response to genocide through primary and secondary and tertiary prevention efforts (APHA, 2009). The response of public health scholars is noteworthy and suggests new avenues for acting as scholar-practitioners (Staub 2002).

In his commentary "Genocide: Can We Predict, Prevent and Protect," Richter (2008) suggests approaching genocide as we do other public health issues: monitoring for warning signs of outbreaks and acting preventively. He suggests that epidemiologists must a) ensure standards similar to those for rapid investigation of communicable disease are applied to reports of incitement and atrocities; b) lead in setting up an international surveillance network for monitoring state-sponsored hate language and incitement comparable to the systems for monitoring and reporting warning signs of epidemic disease; and c) be responsible as individuals and as professionals to speak out publically on genocidal threats (Richter, 2008). Adler (2004) suggests extending violence prevention methods to include the prevention of genocide. She outlines structural risk factors for genocide, lists psychological risk factors for genocidal behavior, and describes how existent global peace building initiatives may serve as models for future prevention initiatives for pre-genocidal situations (Adler, 2004). Willis and Levy (2000) direct physicians and healthcare professionals to advocate for immediate international action whenever there is a threat or occurrence of genocide in order to prevent morbidity and mortality among vulnerable groups. They recommend approaching genocide using traditional public health strategies, including documentation of genocide through

surveillance and case reports; epidemiologic studies to determine and quantify the public health impact of genocide; studies to determine and identify risk; advocacy for policies and programs to prevent genocide; and physical, psychological treatment and rehabilitation of survivors (Willis & Levy, 2000). Feil (1998) emphasizes the importance of rapid intervention in his writings on the tens or perhaps hundreds of thousands lives that could have been saved through this method in Rwanda.

Genocidal atrocities committed against children are addressed by Oberg (2008) and Oberg and Caselton (2009), who plea for pediatricians to be aware, informed, and active in the global effort to halt killing and to ameliorate the effects of war on children. None of these scholars, however, has drawn lessons from the Kindertransport, even though it is a major example of a prevention effort that halts killing with clear implications for public health. Examining the Kindertransport in this context qualitatively therefore serves both to preserve and examine the stories and memories of the Kindertransport children and to draw historical lessons from the rescue about how new public health approaches can better contribute to the mitigation and prevention of genocide today. Building upon the multidisciplinary approaches to and growing historical understanding of past genocides, this study shows how public health approaches to genocide can respond more effectively to this massive violation of human rights.

## Methods

This is a qualitative study that evaluates the primary and secondary prevention efforts of the Kindertransport by examining the experiences and reflections of individuals who were rescued as children. These data were produced through IDIs with survivors of the rescue. Given the extraordinary circumstances of the genocide that forms the context

of the phenomenon under investigation, a qualitative study of in-depth interviews provides an important method for exploring the complex impacts of the events upon its subjects. With qualitative analysis, it is possible to assess the strengths and limitations of the Kindertransport with regard to public health interventions in genocidal contexts. Finally, this method provides the Kindertransport children with a chance to reflect upon, and perhaps give voice to, their personal histories. Through open-ended questions that were designed to prompt a reflective exchange with the Principal Investigator (PI), the IDI techniques used in this study offer insights that are both rigorous and thickly descriptive.

**Sampling and Recruitment**

The potential participants for this study were primarily located in the United States and included some in other countries. Purposive snowball sampling methodology was utilized for recruitment, and initial contact was made through outreach to organizations representing the Kindertransport and Holocaust survivors. Participation in this study was voluntary, and to protect confidentiality, participants were self-selected and initiated contact with the PI.

To be eligible for this study, participants had to be Kindertransport children. The study population was limited to Kindertransport children who speak English. Those who ultimately participated in the study live in the United States, Canada, England, and Israel. The target sample was 25 participants; 27 interviews were completed, achieving saturation (Mason, 2010).

Because of the now advanced years of the interviewees, ability to tolerate an interview was assessed through inquiry by the PI. The duration of the interview and the

nature of the interview questions were identified, and the participants were asked if they were able to complete the interview. If they stated that they were unable to complete the interview, they were excluded from the study. In addition, at consent, and at the beginning of the interview, the participants were told that they could stop or withdraw from the interview or study at any time, in accordance with the Emory Institutional Review Board's requirements for this study.

**Ethical Considerations**

The Emory Institutional Review Board deemed this research eligible for expedited review, because it posed minimal risk to participants.

Minimal risk was determined to exist because of the potential for the participants to reveal sensitive information about their experiences from which they could experience some psychological distress. To minimize this risk, participants were informed at consent and at the beginning of the interview that they could refuse to answer any questions that made them feel uncomfortable or that they chose not to answer, and that they could stop the interview at any time. In addition, the interview questions were worded to be as neutral as possible, and not leading. Finally, the semi-structured interview method did not limit respondents to a set of pre-determined answers and provided them the opportunity to ask questions or supply their own elaborations as needed (Pope, Van Royen, & Baker, 2002).

Informed consent was obtained from all study participants prior to data collection. To protect confidentiality, in any discussion, transcription, or analysis, participants were de-identified and identifiers were used. Only the PI knew the identities, and the code and audio recordings were deleted after transcription and analysis were completed.

**Data collection**

The PI conducted IDIs between August 2015 and January 2016. Individual, semi-structured IDIs based on an interview guide were used to enable exploration of experiences and perceptions using a flexible and interactive approach (Ritchie & Lewis, 2003) (see Appendix). Interviews were in English, and conducted in person, in real time, or by telephone as determined by location and participant preference. All interviews except one were audio recorded, and lasted between 30 and 90 minutes. One interview was done in writing, per the request of the participant who was hearing impaired.

**Data Analysis**

All recorded interviews were transcribed verbatim. Dedoose, a qualitative analysis research tool, was used to input and organize the textual data for analysis and interpretation. A thematic codebook was developed deductively after several readings of the transcripts, and inductively edited and expanded based upon the main issues raised in the transcripts and in consideration of the core research questions. The data were selectively coded, and excerpts exported and interpreted in reflection of patterns and themes. The codes were aggregated with the core research questions.

This study is context-specific, and the data are unique. The methodology used was selected both to ensure rigor and to enable a thick description of the data. Thick description was used throughout the analysis to ensure that the data, questions, and coding were conceptually rich and connected. This approach is necessary in order to draw meaningful insights and to evaluate the extent to which its conclusions may be transferable to other times, settings, situations, and people.

## Results

The results of this study are based on data provided in the interviews. They are organized and reported according to recurrent themes: the broad spectrum of antisemitic persecution; the breakup of families; integration in the UK via the Kindertransport; the challenges of adapting to new environment; and implications for global rescue efforts.

### Sample

Of the 27 participants in this study, 14 were male and 13 were female. Eighteen of the participants were born in Germany, five were born in Austria, three were born in Czechoslovakia, and one was born in Poland, but moved to Czechoslovakia as an infant. All of the participants lived in their birth countries (in the case of the child born in Poland, in Czechoslovakia) at the time of the Kindertransport.

The youngest participant to go on the Kindertransport was four years old; the oldest was 17 years old. Thirteen of the participants were between the ages of 4 and 10, and 14 between the ages of 11 and 17 at the time of the transport.

Currently, 15 of the participants live in the United States, two live in Canada, four live in England, and six live in Israel. The participants were between the ages of 82 and 95 at the time of the interviews, which were conducted between August 2015 and January 2016.

Although some of the children on the Kindertransport were not Jewish, all of the participants in this study identified as Jewish. While the study may draw attention to the consequences for other groups targeted by the Nazis, it is important to acknowledge that each group lived its own journey, and each family and individual experience was distinct.

**Broad Spectrum of Antisemitic Persecution**

One of the most salient themes that emerged throughout the interviews was the pervasiveness of the persecution that the participants encountered, as they recounted incidents from individual, institutional, or legal sources, ranging from taunting to murder. The participants described physical and psychological forms of violence.

Prior to the Nazis' rise, levels of persecution varied considerably, depending on local contexts and the degree of assimilation described by each participant. However, participants' descriptions changed abruptly when they began to speak about how their lives were impacted by the rise of the Nazis in the 1930s. The insidious effects of the "Aryanization" of Germany (the expropriation of Jewish property and businesses) beginning in 1933 and the annexation of surrounding territories leading up to World War II were pervasive in their descriptions. Almost all of the participants described how they were separated from their non-Jewish playmates, or expelled from state-sponsored schools and sent to Jewish schools. Those who were not immediately expelled were subject to verbal and physical abuse by fellow students and teachers. A participant named Hella[2] described:

> My classmates stopped talking to me, or if they did talk to me, it was to call me 'dirty Jew.' Recess was perhaps the worst time of the day for me because no one would play with me or talk to me. (Hella)

Antisemitic persecution was evident even among schoolchildren. All of the participants, however, reported that the experiences of their parents affected their lives just as profoundly. As Jews, the participants described how their families faced discrimination

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[2] To protect confidentiality, the names of the participants in this study were changed.

designed to remove them from the public sphere: they were not allowed to play at city parks, or to sit in certain areas, or work in certain professions, such as law and medicine, causing severe economic and psychological hardship.

The impact of Kristallnacht was pervasive in the interviews, as all the participants described the destruction, vandalism, desecration, and brutal behavior instigated by the Nazis. They also vividly recalled how the Jewish men, including many of their fathers, were rounded up and sent to concentration camps. A participant named Marta recalled how her family was violently disrupted:

> We went to my house. They destroyed the whole apartment. Then we waited with some people that nobody should see the Jews…. Then we got a call from Gestapo to come to see them, and I had some old clothes from somebody I was wearing, and we went to the Gestapo and they told us that my father had been killed in a concentration camp. That was all within the week. (Marta)

She continued to describe how the abrupt loss of her father left her mother to make decisions about her children alone. The participants reported that the shocking speed and scale of the violence showed the Jews that Nazi antisemitic terror was not a temporary predicament and would only increase. Consequently, their parents were faced with a terrible dilemma.

**Breakup of Families**

The breakup of families was also an important theme in the interviews. The participants related how their families were broken up prior to, during, and after the Kindertransport and described the impact that this had on them. In many cases, the participants explained how the traumatic disappearance of their fathers during

Kristallnacht compelled their families to flee in search of safer environments. They related how the upheaval in families' lives produced extraordinary emotional and psychological strain, particularly for mothers left alone with their children. Even if fathers did return from raids or from concentration camps, their shaved heads and disheveled appearance created a sense of fear and horror, according to the participants. Their relief at their families' reunification, moreover, would only be temporary.

Following Kristallnacht, many Jews who had not already fled began to plan an escape from their native lands. The interviewees observed that this prospect was even more devastating when parents, who could not immediately arrange for their own departure, realized that they had to separate from their children in order to assure their safety. The decision that precipitated the participants' involvement on the Kindertransport, the speed with which it was made, and the fear and emotion that surrounded it were common elements in the interviews. Henry, who was 7 years old at the time of the transport, explained how his father, in desperation, had to make the decision to separate from his children:

> My father would go every day early in the morning and get in line to different embassies to try and get visas for the whole family, but was unable to get even into the premises. So in desperation they didn't know what to do, and after a lot of heart-searching, as you can imagine, they agreed for my sister and myself to come to England on this transport, which became known as Kindertransport. (Henry)

The British stipulated that the children had to go unaccompanied, which most of the participants understood was a brutal decision for their parents to make. By 1938, to be

sure, the Nazi authorities had made emigration far more onerous than in previous years, so the British policy reflected external barriers that may have been impossible to overcome (Grenville, 2011). But for many Kinder, their last recollections of their parents would be through the glass windows of the trains that took them towards the English Channel.

Many of the participants who left their parents behind never saw them again, although they could not know this at the time. Instead, they faced uncertainty about when or whether they would be reunited with their families. In many cases, information about the fates of their parents and other family members would not be learned until years later. Boaz explained:

> While I was at the boy's camp yet, I was told that my father died in a hospital. He had something wrong. He received something he got in the concentration camp and something with his stomach. I was never told exactly what it was. But he passed away in November of '39, about two months after the war started. Then a little later I didn't hear anything from my mother anymore at all. I didn't have any information about her until about three years ago. I finally found out that she died on the train going to the Concentration Camp: Majdanek Concentration Camp. (Boaz)

In the meantime, the participants related how they had to grapple with the uncertainty of their own lives and the unknown fates of their families, as well as the fact that their parents had sent them away. Only later could they fully understand that these painful decisions saved their lives.

**Integration in the United Kingdom via the Kindertransport**

The challenge of integrating into the UK via the Kindertransport was also a significant theme in the transcripts. Descriptions of the support they did or did not receive varied across the interviews. Uprooted, separated from their parents, and transported to a different culture and language, life in the participants' new homes was portrayed as a mixture of kindness, indifference, occasional exploitation, and the selflessness of ordinary people faced with needy children. The support or lack of support they reported was often explained in relation to these situations. Some of the participants described how families met them at the receiving station, while others were taken to hostels or group homes. A few explained that they were left unclaimed, until a last-minute decision was made about where they were to go. Most of the children did not remember being visited by professionals from the refugee organizations. However, those who were placed in families they considered kind and caring, and who absorbed them into their families as one of their own, stated that they felt their families were all the support they needed. Michael explained:

> I didn't receive any support. I didn't need any. The family was my support. I had a wonderful family and they gave me all the support I needed. I am still in contact with their children and grandchildren. (Michael)

This feeling of support for those in group homes or living situations was also dependent upon where they were placed and who cared for them, and many described how the camaraderie of the other children was in itself supportive.

On the other hand, some of the participants describe less than satisfactory living situations, in which they had little if any educational support and were forced to work as

household help or in family businesses. Others report that they moved frequently, whenever the people who took them in felt they could no longer care for them, and sometimes during the Blitz (the German air raids on Britain in 1940–41) when it was determined that children were not safe in the city and were moved to the countryside. Visits by the refugee organization reportedly occurred only after an intolerable situation became apparent. More frequently, however, the interviewees recounted having to make do in harsh family environments. Marta stated:

> When we arrived in London they took us to a lady who took kids in Folkestone. She was a wicked lady. She made us go to church; she made me go to church. She had a son, I guess he was my age, and a girl. And when I didn't listen then she used to hit me. I stayed there a year and a half I think…. As long as I was with this lady, Bloomsbury never looked for me, that I could tell them the story that I don't want to be there. Nothing. I had to fend for myself. (Marta)

Others reported similar experiences about the loss of normal childhood experiences like schooling and of needing to grow up quickly and act independently.

**Challenges of Adapting to New Environment**

The challenges of adapting to a new environment and the psychological ramifications of genocide survival were another ubiquitous theme in the transcripts. While the participants' parents' decision to send them on the Kindertransport made the difference between life and death, the difficulty of adapting was felt acutely. Foreigners in a strange land, they described being made to feel like they were unwanted after the war started, as they were considered to be Germans, without distinguishing the fact that they were Jewish refugees of the antisemitic persecutions. Although some of the participants

related how they left thinking they would see their parents again, many described how miserable they felt being separated from their parents and wondering if they would ever see them again. Mira expressed the emotional trauma faced by those who survive:

> I think that when you realize the vulnerability, as hard as it is, not every child survives well—mentally and emotionally, because it is a very hard experience to be taken away from your environment. You know, as I realized later in my life what I had been deprived of, the security, your family, the love and security of growing up, the love and learning how to be an adult in a secure environment. We were on our own. I was on my own. I mean I had to know what was right and wrong because if I did wrong nobody was there to catch me. (Mira)

Others related psychological challenges, including issues of trust, problems with panic and anxiety, and the inability to accept help. These effects reflect the prolonged impact of genocide survival on the interviewees. Yonah spoke about the haunting legacy of Nazi persecution in adulthood:

> I was very ill after the children were bigger and didn't have much to do. It was awful for me; I couldn't get out of the house or anything. But I am okay now. I couldn't leave the house; it was panic, panic, panic. If I go to a supermarket or picture house I still have to sit on the outside seat, next to the door, so I can go out. But I can live with that. I can live with that. I sit outside. I go and sit outside. I sit on the outside seat so I don't have to disturb people when I get up. I don't get the panic attacks now, but I know what to do. Always fear, fear, fear. The fear doesn't leave me. That is true. I am always afraid of things. That is left from Hitler. (Yonah)

Even without the frequently harsh treatment of the British population, the interviews portray the immense scope of the traumas faced by the participants. None reported receiving substantial mental health resources for confronting his or her experiences.

**Implications for Global Rescue Efforts**

One of the most striking themes that emerged throughout the interviews was the explicit reference to the international context of the Holocaust and to later genocides and rescue efforts. Despite the difficulties they had to face, most of the participants looked upon the rescue effort of the Kindertransport as unparalleled, in that it not only saved their own lives, but the lives of 10,000 children otherwise destined for death. This view was not without acknowledging that the rescue was imperfect, but they recognized that the British did more to help than most countries. The personal bravery and vision of Nicholas Winton, who organized the Czech Kindertransport, was praised by the participants.

However, the fact that parents were not allowed to accompany them left a mixed feeling among the interviewees. Some noted the unprecedented nature and scale of the situation and the remarkable speed with which the Kindertransport was organized. Others were critical of the relatively small number of children saved. Karen compared the number of children saved to those who were murdered under the Third Reich as follows:

> I would say that to rescue 10,000 children when there were a million and a half that needed rescuing is pitiful. A million and a half children are not with us. That's a crime. One of the biggest crimes the world has ever seen. It doesn't matter whether I am alive or not. Those children deserved to live just as much as

> me. The children that were left behind in my class in Berlin. And relating that to the fact that a million people have become refugees over this last year or so. I think about that and I talk about it to the people here and I don't know what is going to happen to them. (Karen)

Moreover, Karen's comments show that the participants were deeply attuned to the unrelenting genocides that followed, despite their own difficult journeys in rebuilding their lives in the aftermath of the Holocaust. Their perspectives on what we can learn about the prevention of genocide through the Kindertransport were positioned in relation to the world's recurring failure to confront persecution and genocide.

Nearly all of the participants felt we have not learned from the past at all; others see no solution. However, all reach beyond their own experience, finding an opportunity to learn from the past and save lives through prevention and rescue. Speaking of the current Syrian refugee crisis, Jonah said:

> They don't have a house. They don't have a roof. I don't know. Why are we not doing more for them? It's a difficult thing for me because somebody did it for me and for the other children and right now, there doesn't seem to be anybody doing very much. I realize that it is difficult, but that's the way life is. Sometimes it is difficult. But somebody needs to do something for these people right now. (Jonah)

These reflections are set against the memories of humiliation and persecution by the Nazis, the early separation from parents, the experience of being a stranger in a foreign country and unfamiliar living situation, the loss of family members, and the effects of trauma that are still felt today.

## Discussion

This study builds on previous historical research about the Kindertransport while producing new data about the experiences and insights of its participants. When considered from the perspective of public health, these results deepen our understanding of the Kindertransport's significance as a major example of genocide prevention while highlighting areas in which the public health community can learn from it to intervene more effectively in future genocides.

The persecution of the Jews prior to the Holocaust is one important area in the results. While genocide naturally calls extreme physical violence to mind, historians have shown how the Nazis' "final solution to the Jewish question" in the early 1940s was preceded by other forms of persecution throughout the 1930s, particularly after Hitler's consolidation of power in March 1933 (Browning, 2001, Strauss, 1980). The interviews show how the participants and their families were affected by this persecution, as they were socially ostracized by their friends, excluded from schools and public domains, prohibited from working in their professions, and subjected to the destruction, vandalism, desecration, and brutal behavior of Kristallnacht. These findings are consistent with previous research, which portrays the effects of the systematic legal, economic, and social disenfranchisement of the Jews initiated and enshrined in the law within months of the Nazis coming to power (Bauer, 2001; Browning, 2001; Grenville, 2010; Hilberg, 1985; Katz, 1989; Stargardt, 2005; Strauss, 1980).

These data show the deep impact of these earlier forms of persecution on those who were rescued: their sense of disorientation and devastation long before the genocide. Just as important, however, these warning signs, which were fully crystallized in the

events of Kristallnacht, led to significant preventative action on the part of the British, with the transports of children beginning within weeks of the pogrom. An important lesson of this study is that if genocide is to be avoided or mitigated, the public health community must mobilize when the warning signs of genocide emerge—not after the destruction has begun. The interviews of the Kindertransport children demonstrate the potential for mitigation through swift mobilization.

The disruption of family life prior to, during, and after the Kindertransport was also significant in the findings. Living in a state of peril and persecution, the participants described how their familial frameworks slowly deteriorated. They witnessed their fathers, brothers, and other family members taken to concentration camps during Kristallnacht, after which many of their families were compelled to flee in search of a safer environment, until finally, parents made the painful decision to separate from their children to ensure their safety by sending them on the Kindertransport. In most cases, this separation proved permanent, since many parents and family did not survive. These findings confirm previous research that reports the disintegration of the family and devastating effects on children (Benz & Hammel, 2004; Gopfert and Hammel, 2004; Guske, 2004; Sterling, 2002).

The results show, in extensive personal detail, how children were impacted by the destruction of family in the critical years of development. Although the British decision to accept the children only unaccompanied has its own contested moral legacies, the emotional and psychological effects of this decision are clear. The Kindertransport demonstrates the importance of trying to keep families together, and it is incumbent upon public health professionals to consider this in their role as advocates for the rescue of

children. Additionally, the potential for the disruption of families through genocide, as shown in the interviews, indicates the importance of planning for and providing support for children who become separated from their families.

The study also demonstrates that the success of the Kinder's placement in foster families or hostels and the support and educational opportunities awarded to them varied considerably. In some cases, totally unsuitable placements and lack of support made the participants' lives miserable. Although the British had determined that the moment contact was established, responsibility for each child should rest with the professional staff until each was settled into his or her new home, other research corroborates the lack of support and follow-up (Bentwich, 1956; Gopfert & Hammel, 2004, Gottlieb, 1998; London, 2000).

It is important to acknowledge that the first transport was ready to leave Berlin only two weeks after the proposal was made, and that with the outbreak of war, deterioration in communications interrupted the ability of the refugee committee to regularly visit the Kindertransport children (Gopfert & Hammel, 2004). Nonetheless, the severe challenges faced by some of the interviewees highlight the importance of implementing a systematic check-up and support system following a rescue. Those who were placed in unsupportive families often languished in harsh environments, and even those who found welcoming families had to contend with long-term mental health challenges.

Indeed, the results also illustrate the challenges faced by the Kindertransport children in adapting to a new environment in which they were foreigners, often unwanted, and lacking mental health resources. The literature on the Kindertransport and

the Holocaust support these findings, as it examines both the sequelae of trauma and post-traumatic psychological strength and growth (Bakerman-Kranenburg, Barel, Sagi-Schwartz, & Van Uzendoorn, 2010; Gopfert and Hammel, 2004; Guske, 2004).

Furthermore, the participants' descriptions of the challenges they confronted underscore the prolonged impact of genocide on the health of child survivors and the importance of accompanying rescue efforts with robust and sustained support systems. The disruption of children's lives in the vulnerable stages of their development presents immense challenges for which public health professionals have essential skills. Mental health professionals in particular can bring their knowledge of the risks faced by these vulnerable populations to bear on humanitarian interventions and on policy approaches for supporting refugees from genocides.

These findings emphasize the imperative to offer social and psychological support to refugees. The need to fulfill human potential, as well as basic needs was proposed by Maslow (1943) in his theory of human motivation. From a base of physiological needs, such as food and water, Maslow saw higher-level needs for safety, love and belonging, esteem, and self-actualization. As Bruderlein and Stitchik (2001) explain, while health and basic physical conditions are essential, as are the basic needs for personal safety and integrity, they are not sufficient for establishing a sense of security in children, who are dependent on others for survival and nurturing. The relationship and connection to others is a fundamental component of child survival and healthy development, and these foundations were profoundly lacking in many of the interviewees' accounts. Additionally, as they grow into adolescence, the need to connect to a sense of future, either through academic or vocational opportunity, is essential to development and

wellbeing (Bruderlein & Stitchik, 2001). Recent research has found that many children who survived the Holocaust were able to establish relative healthy and productive lives, but this resiliency coexists with symptoms of deep psychological damage (Ayalon, 2005; Shklarov, 2012).

The contemporary implications of the Kindertransport for global rescue efforts were poignantly expressed in the findings. The portrayal of the Kindertransport as an unparalleled rescue was coupled with an emphasis on the effects of the separation of families, and for many Kinder, the death of their parents and families. For many of the interviewees, the current Syrian refugee crisis and the failure of the international community to organize effective support was indicative of how little has been learned from the Holocaust. While their conflicting assessments of the scope of the rescue are reflective of the scholarly debate about the Kindertransport, the interviewees all drew on their personal experiences to advocate for greater global cooperation (Kushner, 2006; London, 2000). The Kindertransport children are themselves powerful advocates for what the public health community can learn about how contemporary efforts to mitigate genocide can more effectively support those who are rescued. Their example is a reminder that when making policy decisions, professionals must listen to the voices of those who will be impacted and ensure that their insights are represented.

**Limitations**

There are some potential limitations in this study that deserve discussion. First, snowball sampling, though beneficial in this otherwise hard to locate population, is limited by sampling bias. To minimize this bias, the PI reached out to numerous organizations in multiple locations, and on different continents, in order to create a

diverse sample (Faugier & Sargeant, 1997). Second, recall bias may be an inherent limitation of this study, particularly given the long gap since the reported events. To reduce this bias, during the interviews, the PI allowed the participants time to reflect before answering, and the questionnaire was designed so that participants could respond through a sequence of events in their life histories (Auriat, 1993; Bradburn, Rips, & Shevell, 1987). Importantly, cross-reference found the data presented by the participants to be consistent with historical sources and across interviews. Finally, interviewer bias is a possible limitation in this qualitative study. A semi-structured interview guide was used to ensure that all participants were asked the questions in the same way (McNamara, 2009).

**Implications for Public Health**

The results suggest that it is essential for the public health community to advocate for the prevention of genocide through rapid intervention and the rescue of vulnerable populations. However, rescue cannot be limited to securing physical safety. As demonstrated, the effects of earlier forms of persecution must be addressed, and sustained social, emotional, and psychological support must be provided to those rescued. These challenges are particularly acute for children, especially those who become separated from their families. Coordinated efforts must be developed between national governments and regional and local public health officials.

If the public health community is able to mobilize to coordinate rescue actions in the contexts of genocide and persecution, there is much to learn from the participants' qualitative experiences of the Kindertransport. While the decision to rescue can itself make the difference between life and death, the support and sensitivity given to those

rescued has an enormous impact on their subsequent ability to adapt. The public health community can be a powerful voice in global health. It must exert pressure to prevent genocide and advocate for this significant area of child health.

**Future Directions**

Although the Kindertransport is a limited historical example, further research can produce additional data about the experiences of child survivors of genocide and their modes of resilience in processing those experiences. In her research on child survivors, Shklarov (2012) asks about the meaning child survivors can bring to their experiences to define, explain, and predict the outcomes of their experiences with the Holocaust. She hypothesizes that theoretical knowledge, when grounded in the genuine meanings and particular social context of child survivors of the Holocaust, can grasp both the universal and unique features of their life-trauma dialectic (Shklarov, 2012). With additional research, we can learn more about these forms of knowledge and how public health can support survivors of genocide in working through traumatic experiences.

On the other hand, the fact that the Kindertransport is such a large-scale and generally successful effort serves as a poignant reminder that the public health community can, and should, bring its influence to bear on preventing genocide. The challenges in supporting refugees and survivors are daunting, but by foregrounding the capacity, and duty, of the international community to absorb and welcome those who are vulnerable, public health professionals can shift the debate away from strategic issues, which may be diplomatically or militarily insoluble, to moral questions that can be answered more clearly through offering resources and support. In the voices of the Kinder, we cannot fail to hear what is entailed by curtailing our empathy and generosity,

as was done to those whose escape was denied, but we may also learn what is at stake in extending our solidarity to those who are vulnerable.

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**Journal Article**

**"We learn from history that we learn nothing from history":**
**Lessons on Genocide Prevention from the Kindertransport**

## Abstract

**Background:** Genocide remains one of the most widespread forms of preventable mortality and morbidity for children today. Despite the creation of multiple international conventions, genocide has not been eliminated, and its effects disproportionally impact children. The Kindertransport was a series of rescue efforts that brought thousands of refugee children to the United Kingdom from Nazi Germany between 1938 and 1940. This qualitative study asks what public health professionals can learn from the prevention efforts of the Kindertransport by examining the experiences and reflections of individuals rescued as children. The specific aims of the study were to 1) to analyze qualitatively the impact of the rescue on rescued children; 2) to evaluate the strengths and limitations of the Kindertransport as a prevention effort; and 3) to draw implications for contemporary public health responses to global genocide

**Methods:** In-depth interviews, using a semi-structured interview guide, were conducted with 27 survivors of the rescue. The data were selectively coded, and excerpts exported and interpreted in reflection of patterns and themes using Dedoose.

**Findings:** Five inductive themes emerged from the data related to: the broad spectrum of antisemitic persecution; the breakup of families; integration in the UK via the Kindertransport; the challenges of adapting to a new environment; and the implications for global rescue efforts.

**Conclusions:** The results suggest that the public health community should act to prevent genocide through rapid intervention and rescue; at the same time, the effects of earlier forms of persecution must be addressed, and sustained social, emotional, and psychological support must be provided to those rescued.

## Background

Genocide remains among the most widespread forms of preventable mortality and morbidity for children today [1, 2, 3]. During the Holocaust, 1.5 million children across Europe were murdered under the Third Reich (United States Holocaust Memorial Museum [USHMM], 2014a). Since then, we have seen the creation of the Convention on the Prevention and Punishment of the Crime of Genocide, which established genocide as an international crime, and the Convention on Rights of the Child, the first legally binding text that protects the rights of children. Since the Holocaust, in which more than 1.5 million children across Europe were murdered under the Third Reich, we have seen the creation of the Convention on the Prevention and Punishment of the Crime of Genocide, which established genocide as an international crime, and the Convention on Rights of the Child, the first legally binding text that protects the rights of children [4, 5,

6]. Still, genocide has not been eliminated; rather, it continued throughout the 20th century and into the new millennium. Its burden is disproportionally placed on children [7-23]. Reducing the effects of genocide, particularly upon children, remains a pressing global issue, and it is a challenge for which public health professionals ought to consider how they can best contribute their expertise.

The literature on genocide is replete with calls for the public health community to get engaged in genocide prevention [24-28]. The American Public Health Association (APHA) suggests transferring what we know about how we respond to disease, illness, and poor health to this significant area of morbidity and mortality [25-26]. Specifically, the public health community is called upon to develop primary prevention efforts in response to early warning signs of genocide, through active participation in public debate and public policy advocacy [25-26]. The public health community should also promote secondary prevention efforts, namely, mechanisms for the application of harm reduction skills immediately after the onset of hostilities [25-26].

Despite the horrific fates of so many child victims, the history of the Holocaust provides multiple examples in which significant numbers of children were saved from otherwise certain murder [29-34]. Among the most ambitious and most illuminating from the perspective of public health was the Kindertransport or "children's transport. The Kindertransport was a series of rescue efforts following the widely reported, violent events of Kristallnacht, an antisemitic pogrom on the night of November 9-10, 1938 [35-36]. The Kindertransport brought thousands of refugee children to the United Kingdom (UK) from Nazi-occupied Europe between 1938 and 1940 [36]. The UK was one of the few countries that eased immigration restrictions for children, recognizing their vulnerability and spurred by the persistent efforts of refugee aid committees [36-38]. The ways in which humanitarian organizations were able to successfully pressure the British government provides important lessons for contemporary public health advocacy. Furthermore, the strengths and limitations of the Kindertransport have significant implications for how future genocide rescue efforts can more effectively promote prevention or harm reduction.

The Kindertransport is a well-researched historical phenomenon, and some of the problems that rescued children faced, such as issues of abandonment and survivor guilt, have been studied previously [26, 39-42]. However, none of these scholars has explored the implications of the Kindertransport for public health approaches to genocide prevention in regards to either its strengths or weaknesses. Despite the tremendous efforts and resources devoted to the transport, the children who were rescued were unaccompanied and were placed with new families or in group-living situations with little, if any, follow-up support [38, 43-44]. If the public health community is to engage effectively in genocide prevention efforts, the Kindertransport is a compelling and illustrative example, both in its successes and failures. The purpose of this study is to draw out these multiple lessons.

### Study Objectives

This qualitative study asks what public health professionals can learn from the prevention efforts of the Kindertransport by examining the perceptions of individuals who were rescued as children. The specific aims of the study were: 1) to analyze qualitatively the impact of the rescue on children; 2) to evaluate the strengths and limitations of the Kindertransport as a primary and secondary prevention effort; and 3) to draw implications for contemporary public health responses to global genocide. These data suggest best practices to inform primary and secondary prevention efforts to effectively respond to the genocide of children.

## Methods

### Sampling and Recruitment

The potential participants for this study were primarily located in the United States and included some from other countries. Purposive snowball sampling methodology was utilized for recruitment, and initial contact was made through outreach to organizations representing the Kindertransport and Holocaust survivors. Participation in this study was voluntary, and to protect confidentiality, participants were self-elected and initiated contact with the Principal Investigator (PI).

To be eligible for this study, participants had to be Kindertransport children. The study population was limited to Kindertransport children who speak English. Those who ultimately participated in the study live in the United States, Canada, England, and Israel. The target sample was 25 participants; 27 interviews were completed, achieving saturation [45].

### Ethical Considerations

The Emory Institutional Review Board deemed this research eligible for expedited review, because it posed minimal risk to participants.

Informed consent was obtained from all study participants prior to data collection. Participants were informed at consent and at the beginning of the interview that they could refuse to answer any questions that made them feel uncomfortable or that they chose not to answer, and that they could stop the interview at any time. To protect confidentiality, in any discussion, transcription, or analysis, participants were de-identified and identifiers were used.

### Data collection

The PI conducted in depth interviews (IDIs) between August 2015 and January 2016. Individual, semi-structured IDIs based on an interview guide were used. Interviews were in English, and conducted in person, in real time, or by telephone as determined by location and participant preference. All interviews except one were audio recorded, and lasted between 30 and 90 minutes. One interview was done in writing, per the request of the participant who was hearing impaired.

**Data Analysis**
All recorded interviews were transcribed verbatim. Dedoose, a qualitative analysis research tool, was used to input and organize the textual data for analysis and interpretation. A thematic codebook was developed deductively. Additional themes emerged inductively in consideration of the core research questions. The data were selectively coded, and excerpts exported and interpreted in reflection of patterns and themes.

## Results

Of the 27 participants in this study, 14 were male and 13 were female. Eighteen of the participants were born in Germany, five were born in Austria, three were born in Czechoslovakia, and one was born in Poland, but moved to Czechoslovakia as an infant. The youngest participant to go on the Kindertransport was four years old; the oldest was 17 years old. Thirteen of the participants were between the ages of 4 and 10, and 14 between the ages of 11 and 17 at the time of the transport; the participants were between the ages of 82 and 95 at the time of the interviews. Although some of the children on the Kindertransport were not Jewish, all of the participants in this study identified as Jewish.

**Broad Spectrum of Antisemitic Persecution**
One of the most salient themes that emerged throughout the interviews was the pervasiveness of persecution the participants encountered, as they recounted incidents from individual, institutional, or legal sources, ranging from taunting to murder. The participants described physical and psychological forms of violence.

Prior to the Nazis' rise, levels of persecution varied considerably, depending on local contexts and the degree of assimilation described by each participant. However, participants' descriptions changed abruptly when they began to speak about how their lives were impacted by the rise of the Nazis in the 1930s. The insidious effects of the "Aryanization" of Germany (the expropriation of Jewish property and businesses) beginning in 1933 and the annexation of surrounding territories leading up to World War II were pervasive in their descriptions. All but one of the participants described how they were separated from their non-Jewish playmates, or expelled from state-sponsored schools and sent to Jewish schools. Those who were not immediately expelled were subject to verbal and physical abuse by fellow students and teachers. A participant named Hella[3] described:

> *My classmates stopped talking to me, or if they did talk to me, it was to call me 'dirty Jew.' Recess was perhaps the worst time of the day for me because no one would play with me or talk to me.* (Hella)

All of the participants, however, reported that the experiences of their parents affected their lives just as profoundly. As Jews, the participants and their families faced discrimination designed to remove them from the public sphere: they were not allowed to

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[3] To protect confidentiality, the names of the participants in this study were changed.

play at city parks, or to sit in certain areas, or work in certain professions, such as law and medicine, causing severe economic and psychological hardship.

The impact of Kristallnacht was pervasive in the interviews, as all the participants described the destruction, vandalism, desecration, and brutal behavior instigated by the Nazis. They also vividly recalled how the Jewish men, including many of their fathers, were rounded up and sent to concentration camps. A participant named Marta, recalled how her family was violently disrupted:

> *We went to my house. They destroyed the whole apartment. Then we waited with some people that nobody should see the Jews…. Then we got a call from Gestapo to come to see them, and I had some old clothes from somebody I was wearing, and we went to the Gestapo and they told us that my father had been killed in a concentration camp. That was all within the week.* (Marta)

She continued to describe how the abrupt loss of her father left her mother to make decisions about her children alone. The participants reported that the shocking speed and scale of the violence showed the Jews that Nazi antisemitic terror was not a temporary predicament and would only increase. Consequently, their parents were faced with a terrible dilemma.

**Breakup of Families**

The breakup of families was also a significant theme in the interviews. The participants related how their families were broken up prior to, during, and after the Kindertransport and described the impact this had on them. Over half of the participants explained how the traumatic disappearance of their fathers during Kristallnacht compelled their families to flee in search of safer environments. They related how the upheaval in families' lives produced extraordinary emotional and psychological strain, particularly for mothers left alone with their children. Even if fathers did return from raids or from concentration camps, their shaved heads and disheveled appearance created a sense of fear and horror, according to the participants. Their relief at their families' reunification, moreover, would only be temporary.

Following Kristallnacht, many Jews who had not already fled began to plan an escape from their native lands. The interviewees observed that this prospect was even more devastating when parents, who could not immediately arrange for their own departure, realized that they had to separate from their children in order to assure their safety. The decision that precipitated the participants' involvement on the Kindertransport, the speed with which it was made, and the fear and emotion that surrounded it were common elements in the interviews. Henry, who was 7 years old at the time of the transport, explained how his father, in desperation, had to make the decision to separate from his children:

> *My father would go every day early in the morning and get in line to different embassies to try and get visas for the whole family, but was unable to get even into the premises. So in desperation they didn't know what to do, and after a lot*

> *of heart-searching, as you can imagine, they agreed for my sister and myself to come to England on this transport, which became known as Kindertransport.* (Henry)

The British stipulated that the children had to go unaccompanied, which most of the participants understood was a brutal decision for their parents to make. By 1938, to be sure, the Nazi authorities had made emigration far more onerous than in previous years, so the British policy reflected external barriers that may have been impossible to overcome [51].

About three quarters of the participants who left their parents behind never saw them again, although they could not know this at the time. Instead, they faced uncertainty about when or whether they would be reunited with their families. In over half cases, information about the fates of their parents and other family members would not be learned until years later.

In the meantime, the participants related how they had to grapple with the uncertainty of their own lives and the unknown fates of their families, as well as the fact that their parents had sent them away. Only later could they fully understand that these painful decisions saved their lives.

**Integration in the United Kingdom via the Kindertransport**

The challenge of integrating into the UK via the Kindertransport was also an important theme in the transcripts. Descriptions of the support they did or did not receive varied across the interviews. Uprooted, separated from their parents, and transported to a different culture and language, life in the participants' new homes was portrayed as a mixture of kindness, indifference, occasional exploitation, and the selflessness of ordinary people faced with needy children. The support or lack of support they reported was often explained in relation to these situations. Two thirds of the participants described how families met them at the receiving station, while others were taken to hostels or group homes. A quarter explained that they were left unclaimed, until a last-minute decision was made about where they were to go. Three quarters of the children did not remember being visited by professionals from the refugee organizations. However, those who were placed in families they considered kind and caring, and who absorbed them into their families as one of their own, stated that they felt their families were all the support they needed. Michael explained:

> *I didn't receive any support. I didn't need any. The family was my support. I had a wonderful family and they gave me all the support I needed. I am still in contact with their children and grandchildren.* (Michael)

This feeling of support for those in group homes or living situations was also dependent upon where they were placed and who cared for them, and many described how the camaraderie of the other children was in itself supportive.

On the other hand, two thirds of the participants describe less than satisfactory living situations, in which they had little if any educational support and were forced to work as household help or in family businesses. Nearly half report that they moved frequently, whenever the people who took them in felt they could no longer care for them, and sometimes during the Blitz (the German air raids on Britain in 1940–41) when it was determined that children were not safe in the city and were moved to the countryside. Visits by the refugee organization reportedly occurred only after an intolerable situation became apparent. Half of the interviewees recounted having to make do in harsh family environments. Marta stated:

> *When we arrived in London they took us to a lady who took kids in Folkestone. She was a wicked lady. She made us go to church; she made me go to church. She had a son, I guess he was my age, and a girl. And when I didn't listen then she used to hit me. I stayed there a year and a half I think…. As long as I was with this lady, Bloomsbury never looked for me, that I could tell them the story that I don't want to be there. Nothing. I had to fend for myself.* (Marta)

Others reported similar experiences about the loss of normal childhood experiences like schooling and of needing to grow up quickly and act independently.

**Challenges of Adapting to New Environment**

The challenges of adapting to a new environment and the psychological ramifications of genocide survival were another ubiquitous theme in the transcripts. While the participants' parents' decision to send them on the Kindertransport made the difference between life and death, the difficulty of adapting was felt acutely. Foreigners in a strange land, they described being made to feel like they were unwanted after the war started, as they were considered to be Germans, without distinguishing the fact that they were Jewish refugees of the antisemitic persecutions. Although more then half of the participants related how they left thinking they would see their parents again, the others described how miserable they felt being separated from their parents and wondering if they would ever see them again. Mira expressed the emotional trauma faced by those who survive:

> *I think that when you realize the vulnerability, as hard as it is, not every child survives well—mentally and emotionally, because it is a very hard experience to be taken away from your environment. You know, as I realized later in my life what I had been deprived of, the security, your family, the love and security of growing up, the love and learning how to be an adult in a secure environment. We were on our own. I was on my own. I mean I had to know what was right and wrong because if I did wrong nobody was there to catch me.* (Mira)

A quarter of the participants related psychological challenges including issues of trust, problems with panic and anxiety, and the inability to accept help. These effects reflect the prolonged impact of genocide survival on the interviewees. Yonah spoke about the haunting legacy of Nazi persecution in adulthood:

> *I was very ill after the children were bigger and didn't have much to do. It was awful for me; I couldn't get out of the house or anything. But I am okay now. I couldn't leave the house; it was panic, panic, panic. If I go to a supermarket or picture house I still have to sit on the outside seat, next to the door, so I can go out. But I can live with that. I can live with that. I sit outside. I go and sit outside. I sit on the outside seat so I don't have to disturb people when I get up. I don't get the panic attacks now, but I know what to do. Always fear, fear, fear. The fear doesn't leave me. That is true. I am always afraid of things. That is left from Hitler.* (Yonah)

Even without the frequently harsh treatment of the British population, the interviews portray the immense scope of the traumas faced by the participants. None reported receiving substantial mental health resources for confronting his or her experiences.

**Implications for Global Rescue Efforts**

One of the most striking themes that emerged throughout the interviews was the explicit reference to the international context of the Holocaust and to later genocides and rescue efforts. Despite the difficulties they had to face, with one exception, all of the participants looked upon the rescue effort of the Kindertransport as unparalleled, in that it not only saved their own lives, but the lives of 10,000 children otherwise destined for death. This view was not without acknowledging that the rescue was imperfect, but they recognized that the British did more to help than most countries. The personal bravery and vision of Nicholas Winton, who organized the Czech Kindertransport, was praised by the participants.

However, the fact that parents were not allowed left a mixed feeling among the interviewees. Almost half noted the unprecedented nature and scale of the situation and the remarkable speed with which the Kindertransport was organized. Several were critical of the relatively small number of children saved. Karen compared the number of children saved to those who were murdered under the Third Reich as follows:

> *I would say that to rescue 10,000 children when there were a million and a half that needed rescuing is pitiful. A million and a half children are not with us. That's a crime. One of the biggest crimes the world has ever seen. It doesn't matter whether I am alive or not. Those children deserved to live just as much as me. The children that were left behind in my class in Berlin. And relating that to the fact that a million people have become refugees over this last year or so. I think about that and I talk about it to the people here and I don't know what is going to happen to them.* (Karen)

Moreover, Karen's comments show that the participants were deeply attuned to the unrelenting genocides that followed, despite their own difficult journeys in rebuilding their lives in the aftermath of the Holocaust. Their perspectives on what we can learn about the prevention of genocide through the Kindertransport were positioned in relation to the world's recurring failure to confront persecution and genocide.

Nearly all of the participants felt we haven't learned from the past at all, and two thirds stated that they see no solution. However, all reach beyond their own experience, finding an opportunity to learn from the past and save lives through prevention and rescue. Speaking of the current Syrian refugee crisis, Jonah, said:

> *They don't have a house. They don't have a roof. I don't know. Why are we not doing more for them? It's a difficult thing for me because somebody did it for me and for the other children and right now, there doesn't seem to be anybody doing very much. I realize that it is difficult, but that's the way life is. Sometimes it is difficult. But somebody needs to do something for these people right now.* (Jonah)

These reflections are set against the memories of humiliation and persecution by the Nazis, the early separation from parents, the experience of being a stranger in a foreign country and unfamiliar living situation, the loss of family members, and the effects of trauma that are still felt today.

**Limitations**

There are some potential limitations in this study that deserve discussion. First, snowball sampling, though beneficial in this otherwise hard to locate population, is limited by sampling bias. Second, recall bias may be an inherent limitation of this study, particularly given the long gap since the reported events. Importantly, cross-reference found the data presented by the participants to be consistent with historical sources and across interviews. Finally, interviewer bias is a possible limitation in this qualitative study.

## Discussion

This study builds on previous historical research about the Kindertransport while producing new data about the experiences and insights of the participants.

The persecution of the Jews prior to the Holocaust is one important area in the results. While genocide naturally calls extreme physical violence to mind, historians have shown how the Nazis' "final solution to the Jewish question" in the early 1940s was preceded by other forms of persecution throughout the 1930s, particularly after Hitler's consolidation of power in March 1933 [35, 47]. The interviews show how the participants and their families were affected by this persecution, as they were socially ostracized by their friends, excluded from schools and public domains, prohibited from working in their professions, and subjected to the destruction, vandalism, desecration, and brutal behavior of Kristallnacht. These findings are consistent with previous research, which portrays the effects of the systematic legal, economic, and social disenfranchisement of the Jews initiated and enshrined in the law within months of the Nazis coming to power [35, 47, 49, 50 -52].

These data show the deep impact of these earlier forms of persecution on those who were rescued: their sense of disorientation and devastation long before the genocide. Just as important, however, these warning signs, which were fully crystallized in the events of

Kristallnacht, led to significant preventative action on the part of the British, with the transports of children beginning within weeks of the pogrom. An important lesson of this study is that if genocide is to be avoided or mitigated, the public health community must mobilize when the warning signs of genocide emerge—not after the destruction has begun. The interviews of the Kindertransport children demonstrate the potential for mitigation through swift mobilization.

The disruption of family life prior to, during, and after the Kindertransport was also significant in the findings. Living in a state of peril and persecution, the participants described how their familial frameworks slowly deteriorated. They witnessed their fathers, brothers, and other family members taken to concentration camps during Kristallnacht, after which many of their families were compelled to flee in search of a safer environment, until finally, their parents made the painful decision to separate from their children to ensure their safety by sending them on the Kindertransport. In most cases, this separation proved permanent, since many parents and family did not survive. These findings confirm previous research that reports the disintegration of the family and devastating effects on children [40, 41, 43, 53].

The results show, in extensive personal detail, how children were impacted by the destruction of family in the critical years of development. Although the British decision to accept the children unaccompanied has its own contested moral legacies, the emotional and psychological effects of this decision are clear. The Kindertransport demonstrates the importance of trying to keep families together, and it is incumbent upon public health professionals to consider this in their role as advocates for the rescue of children. Additionally, the potential for the disruption of families through genocide, as shown in the interviews, indicates the importance of planning for and providing support for children who become separated from their families.

The study also demonstrates that the success of the Kinder's placement in foster families or hostels and the support and educational opportunities awarded to them varied considerably, and in some cases, totally unsuitable placements and lack of support made the participants' lives miserable. Although the British had determined that the moment contact was established, responsibility for each child should rest with the professional staff until each was settled into his or her new home, other research corroborates the lack of support and follow-up [37, 41, 54, 55].

It is important to acknowledge that the first transport was ready to leave Berlin only two weeks after the proposal was made, and that with the outbreak of war, deterioration in communications interrupted the ability of the refugee committee to regularly visit the Kindertransport children [41]. Nonetheless, the severe challenges faced by some of the interviewees highlight the importance of implementing a systematic check-up and support system following a rescue. Those who were placed in unsupportive families often languished in harsh environments, and even those who found welcoming families had to contend with long-term mental health challenges.

The results also illustrate the challenges faced by the Kindertransport children in adapting to a new environment in which they were foreigners, often unwanted, and lacking mental health resources. The literature on the Kindertransport and the Holocaust support these findings, as it examines both the sequelae of trauma and post-traumatic psychological strength and growth [41, 43, 56].

Furthermore, the participants' descriptions of the challenges they confronted underscore the prolonged impact of genocide on the health of child survivors and the importance of accompanying rescue efforts with robust and sustained support systems. The disruption of children's lives in the vulnerable stages of their development presents immense challenges for which public health professionals have essential skills. Public health professionals can bring their knowledge of the risks faced by these vulnerable populations to bear on humanitarian interventions and on policy approaches for supporting refugees from genocides.

These findings emphasize the imperative to offer social and psychological support to refugees. The need to fulfill human potential, as well as basic needs was proposed by Maslow [57] in his theory of human motivation. From a base of physiological needs, such as food and water, Maslow saw higher-level needs for safety, love and belonging, esteem, and self-actualization. As Bruderlein and Stitchik [58] explain, while health and basic physical conditions are essential, as are the basic needs for personal safety and integrity, they are not sufficient for establishing a sense of security in children, who are dependent on others for survival and nurturing. The relationship and connection to others is a fundamental component of child survival and healthy development, and these foundations were profoundly lacking in many of the interviewees' accounts. Additionally, as they grow into adolescence, the need to connect to a sense of future, either through academic or vocational opportunity, is essential to their development and well being [58]. Recent research has found that many children who survived the Holocaust were able to establish relative healthy and productive lives, but this resiliency coexists with symptoms of deep psychological damage [59, 60].

The contemporary implications of the Kindertransport for global rescue efforts were poignantly expressed in the findings. The portrayal of the Kindertransport as an unparalleled rescue was coupled with an emphasis on the effects of the separation of families, and for many Kinder, the death of their parents and families. Three quarters of the interviewees mentioned the current Syrian refugee crisis and the failure of the international community to organize effective support which was indicative of how little has been learned from the Holocaust. While their conflicting assessments of the scope of the rescue are reflective of the scholarly debate about the Kindertransport, the interviewees all drew on their personal experiences to advocate for greater global cooperation [53, 61]. The Kindertransport children are themselves powerful advocates for what the public health community can learn about how contemporary efforts to mitigate genocide can more effectively support those who are rescued. Their example is a reminder that when making policy decisions, professionals must listen to the voices of those who will be impacted and ensure that their insights are represented.

**Future Directions**

Although the Kindertransport is a limited historical example, further research can produce additional data about the experiences of child survivors of genocide and their modes of resilience. In her research on child survivors, Shklarov [60] asks about the meaning child survivors can bring to their experiences to define, explain, and predict the outcomes of their experiences with the Holocaust. She hypothesizes that theoretical knowledge, when grounded in the genuine meanings and particular social context of child survivors of the Holocaust, can grasp both the universal and unique features of their life-trauma dialectic [60]. With additional research, we can learn more about these forms of knowledge and how public health can support survivors of genocide in working through traumatic experiences.

On the other hand, the fact that the Kindertransport is such a large-scale and generally successful effort serves as a poignant reminder that the public health community can, and should, bring its influence to bear on preventing genocide. The challenges in supporting refugees and survivors are daunting, but by foregrounding the capacity, and duty, of the international community to absorb and welcome those who are vulnerable, public health professionals can shift the debate away from strategic issues, which may be diplomatically or militarily insoluble, to moral questions that can be answered more clearly through offering resources and support. In the voices of the Kinder, we cannot fail to hear what is entailed by curtailing our empathy and generosity, as was done to those whose escape was denied, but we may also learn what is at stake in extending our solidarity to those who are vulnerable.

**Competing Interests**

None Declared.

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# Appendix

## Interview Guide

*Review consent form*

Do you agree to take part in the study?

Do I have your permission to record the interview?

*Start recorder*

The recorder is now on.
Remember, you don't have to answer any questions that are uncomfortable, and you can also stop the interview at any time.

As we discussed, the purpose of this interview is to gather information for my thesis about what the public health community can learn from the prevention efforts of the Kindertransport.

I would like to proceed chronologically and ask you about your early life prior to the Kindertransport.

How would you describe your family and early childhood?

What do you remember about any specific incidents of discrimination against you or your family?

What were the circumstances surrounding your parent's decision to send you on the Kindertransport?

Tell me about your experience with the Kindertransport
- How would you describe your relationship with your foster parents, or (life at the convent or children's home, etc., as applicable)
- How did you cope with separation from your parents?
- Were you able to communicate with your family? If so, describe. If not, were you aware of what was happening with your family while you were away.

What kinds of support did you receive during and after the transport?
- Financial, educational, cultural, religious?
- What kind of support, if any, did you receive from the public health (or health care) community (emotional, physical)
- Did you seek out support, or did support come to you?
- Were there services you needed but did not receive? If so, describe.

Describe what happened to you at the end of the war

- Did you remain in contact with your adoptive family (or people from the orphanage or school)

How would you describe your feelings about the Kindertransport and rescue effort overall?

- How do you feel about the British allowing children into England through the Kindertransport?
- How would you describe how your experience with the Kindertransport influenced who you are today?
- What can we learn from the Kindertransport about rescuing children of genocide/
- How do you feel the public health community can help?

Looking back at what you know now, what message would you like to leave the world about the rescue?

Is there anything else you would like to tell me that I didn't ask?

Thank you for sharing your experiences with me. If you have any questions, or anything you want to talk to me about after the interview, please don't hesitate to call me.