



Czech Anesthesiologists on Their Way to the Netherlands: Motives, Expectations, and (Dis)Engagement (1968–1970)*

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In 1970, the Third European Congress of Anaesthesiology was held in Prague. Paradoxically, many leading Czech and Slovak representatives of the field were absent, having emigrated to the West, predominantly to the Netherlands, following the Soviet invasion of Czechoslovakia in August 1968. This emigration, however, did not result in Czechoslovak anaesthesiologists being entirely disconnected from their former colleagues or losing touch with the domestic development of medicine. Despite the Cold War and the Iron Curtain, medical knowledge continued to be exchanged between the West and the East. The congress exemplified how Western anaesthesiologists could meet their Soviet bloc counterparts. Informal contacts, crucial for Czechoslovak (future) migrants, facilitated knowledge dissemination. These contacts with Dutch anaesthesiologists, who became a ‘window to the world,’ enabled them to join European or global medical-scientific networks. The study probes why a significant number of anaesthesiologists emigrated from Czechoslovakia to the Netherlands post-1968, their integration into Dutch society, and their recognition. It questions whether they engaged with the Czechoslovak expatriate community or primarily focused on their profession and relationships with Dutch colleagues. Using anaesthesiology as a lens, the study illustrates how these doctors, having emigrated during 1968–1970, established themselves professionally in Dutch society. They shared a strong professional identity, which assumed a transnational and partly denationalized form. Their medical vocation, along with the experience of living in socialist Czechoslovakia for twenty years, led to a reluctance to partake in exile activities for the ‘homeland cause,’ a sentiment not fully understood by some of the 1948 migrants.

Keywords: Czechoslovakia, Netherlands, migration, exile, anaesthesiology

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Introduction

At the turn of August and September, 1970, leading European experts in the field of anesthesiology met in Prague for the Third European Congress of Anaesthesiology. Paradoxically, many important Czech and Slovak representatives of the field were absent. After the Soviet invasion of Czechoslovakia in August 1968, they emigrated to the West, specifically to the Netherlands, thus committing the crime of fleeing the republic from the point of view of the Czechoslovak state. This did not mean, however, that these anesthesiologists from Czechoslovakia were completely cut off from their former colleagues and lost contact with developments in medicine back home. Despite the Cold War and the Iron Curtain, there was transfer of medical knowledge between the West and the East, and this congress was one example of an occasion when anesthesiologists from the West could meet colleagues from the Soviet bloc. In addition to these official events, knowledge was also spread through informal contacts, which were crucial for Czechoslovak citizens who would later leave the country. Through their contacts with the Dutch anesthesiologists, who became a “window to the world” for them, they were able to connect to European and global medical scientific networks.¹ However, being part of a global community of doctors with a particular specialization also influenced the behavior of these migrants within the Czechoslovak exile community.

Why did so many anesthesiologists from Czechoslovakia emigrate to the Netherlands after 1968? How did these doctors assimilate into Dutch society and gain recognition? Did they become involved in Czechoslovak emigrant society life, or did they concentrate rather on their profession and relations with Dutch colleagues? For this category of migrants (doctors who continued their professional work in the Netherlands), the phenomenon of “double engagement” played an important role. This term refers to the lifestyles of migrants who on the one hand were involved in activities among the community that were related to the status of this group as national exiles but who on the other hand remained active members of their professions. Thus, social and political life in the host country created a kind of “double engagement” in a national environment and a transnational one.² How can we characterize the “double engagement” among

1 On the history of medical science transfers during the Cold War see, for example, Vargha, *Polio Across the Iron Curtain*; Loeckx, *Cold War Triangle*; on the phenomenon of migration of doctors see, for example, Connell, *Migration and the Globalisation of Health Care*.

2 See, for example, Mazzucato, “The Double Engagement.”

anesthesiologists from Czechoslovakia? These are the questions that we examine in this study.

Using anesthesiology as an example, the study shows the trajectories by which doctors who left Czechoslovakia in 1968–1970 arrived in the Netherlands and how they managed to establish themselves professionally in Dutch society. First, we offer a brief overview of the general context of Czechoslovak migration to the Netherlands after 1968. The study then focuses on the migration of students and doctors to the Netherlands, with emphasis on the period after the Warsaw Pact invasion of Czechoslovakia in August 1968. Finally, the third part centers on a specific group of Czech physicians (anesthesiologists) in the Netherlands and their life stories from the perspective of their experiences as emigrants and exiles. The study argues that anesthesiologists shared a strong professional engagement and identity which took a transnational and partly de-nationalized, form. Their medical vocation and the experience of living in socialist Czechoslovakia made them reluctant to engage in activities in the exile community that were motivated by or centered around some attachment to the beleaguered “homeland,” and some of the migrants who had fled the country in 1948 found this difficult to understand.

Little research has been done on the Czechoslovak exiles in the Netherlands after 1948, with the exception of several publications by Sylva Sklenářová.³ However, Sklenářová’s works focus primarily on the interwar period and the diplomatic and political context of Czechoslovak-Dutch relations,⁴ as well as relations with the other countries of today’s Benelux (Belgium and Luxembourg).⁵ Émigré psychiatrist Miroslav (Mirek) Kabela (1938–2011) has offered important insights into the Czech émigré community in the Netherlands.⁶ The emigration of physicians is closely intertwined and has many parallels with the emigration of scientists (and in the case of medical scientists, the two topics overlap

3 See, for example, Sklenářová, “Osudy exilu z roku 1948 v Nizozemí”; Sklenářová, “Nizozemská špionážní aféra.”

4 See, for example, Sklenářová, “Čechoslováci v Nizozemsku v první polovině 20. století”; Sklenářová, *Diplomatické vztahy Československa a Nizozemska*; Sklenářová, “Kulturní vztahy mezi Československem a Nizozemskem.”

5 See, for example, Sklenářová. *Čechoslováci v zemích dnešního Beneluxu*; Sklenářová. “Krajané v belgické hornické obci Winterslag.”

6 Kabela et al., *Holandsko a my*; Kabela, “Český exil 1948 a 1968 v Nizozemsku”; Miroslav Kabela, “Přehled historických česko-nizozemských kontaktů a vztahů a historie českých emigrantů v Nizozemí.” Unpublished manuscript. Libri Prohibiti Library, Prague.

considerably).⁷ The materials on Czechoslovak migrants in the Netherlands, collected by Miroslav Kabela and currently held in the Libri Prohibiti Library in Prague, are also valuable. The written testimonies of the Czechoslovak migrants interviewed by Kabela are particularly useful,⁸ for instance, as are his experiences in psychiatric practice, during which he also helped migrants from Czechoslovakia (and which he mentions in some of his publications).⁹ Finally, archival sources stored in the Security Services Archives (SSA) in Prague and the Archives of the Ministry of Foreign Affairs of the Czech Republic (AMFA) are also relevant to the topic. The files originating from the activities of the communist security services stored at SSA in many cases contain information on the careers, family backgrounds, and (alleged) motivations of the emigrants. It is of course necessary, however, to remain aware of the context in which these materials were created the purposes which they served (for example, strategies in witness statements made by relatives during interrogations).

Czechoslovak Migration to the Netherlands after 1968

The composition of the Czechoslovak community in the Netherlands changed after World War II and especially after 1948, when the communists seized power in Czechoslovakia and established an authoritarian regime that persecuted its opponents. The communist coup in February 1948 was condemned by the majority of the Dutch, and soon the first Czech and Slovak refugees began to arrive. One of the first refugee groups consisted of about twenty Czech and Slovak students.¹⁰ In November 1949, the estimated number of Czechs and Slovaks in the Netherlands was about 200.¹¹

The new migrants of the late 1960s and 1970s completely changed the composition and structure of the Czechoslovak community in the Netherlands. Moreover, the new wave of migrants from Czechoslovakia had a different experience of emigration and assimilation in their new homeland. The situation in the Netherlands in 1968 and afterwards was quite different from that just

7 See, for example Kostlán and Velková, *Wissenschaft im Exil*; Štrbáňová and Kostlán, *Sto českých vědců v exilu*; Hálek, *Ve znamení "bdělosti a ostráživosti."*

8 These interviews are part of an extensive manuscript titled "Přehled historických česko-nizozemských kontaktů a vztahů a historie českých emigrantů v Nizozemí." Libri Prohibiti Library, Prague.

9 See, for example, Kabela, "Vliv emigrace na psychické problémy."

10 Kabela, "Český exil 1948 a 1968 v Nizozemsku," 2.

11 AMFA, Nizozemsko [Netherlands] TO-O, 1945–1959, Letter from the Ambassador of the Czechoslovak Socialist Republic in Haag, November 18, 1949.

after the war. The Netherlands was no longer a country recovering from war. It was, rather, a country participating in and benefiting from the economic growth of Western Europe as well as a country in need of a workforce. Thus, the composition of the general migrant community in the Netherlands changed significantly. In addition to migrants from the former Dutch East Indies (today's Indonesia), the number of economic migrants (guest workers) from the Mediterranean, especially Turkey and Morocco, began to increase from the early 1960s. However, in the attitude of the Dutch towards the Czechoslovaks, some features were common. As had been the case in 1948 after the communists seized power in Czechoslovakia, there was outrage in the Netherlands over the brutal intervention by Warsaw Pact troops in Czechoslovakia twenty years later.

The influx of Czechoslovak migrants from the post-1968 wave was reflected in the numerical increase of the Czech and Slovak diaspora in the Netherlands. From June 1968 to June 1970, a total of 1,203 asylum seekers applied for asylum in the Netherlands, the majority of whom (938) came from Czechoslovakia. The second most numerous group was consisted of people from Portugal, but this group was almost ten times smaller (97 people). In comparison, 49 Poles and 32 Hungarians applied for asylum during this period.¹² In 1973, the estimated number of Czechs and Slovaks in the Netherlands, according to the data of the Czechoslovak embassy in the Netherlands, was about 900 persons.¹³ Seven years later, this number reached 1,000.¹⁴ This was a very small number compared to, for example, the 200,000 migrants from Suriname who emigrated to the Netherlands during the migration wave related to Suriname's declaration of independence in 1975.¹⁵ Thus, although Czechoslovakia was significant in terms of asylum requests in 1968–1970, from a numerical point of view, the Czechoslovak migrant community was not a very significant minority in the Netherlands. In the 1970s, almost half of the immigrants to the Netherlands came from either Turkey, Morocco, Suriname, the Netherlands Antilles, or Indonesia.¹⁶

12 Walaardt, "New Refugees?" 80.

13 AMFA, Nizozemsko TO-T, 1970–74, Czechoslovak emigration in the Netherlands and its activities in 1973. Political Report No. 13, September 11, 1973, 1.

14 AMFA, Nizozemsko TO-T, 1980–89, Political Report No. 53 – Operation of anti-communist centers and propaganda against the Czechoslovak Socialist Republic and evaluation of the activities of the Czechoslovak emigration in the Netherlands, November 27, 1980, 3.

15 Müggem, *Beyond Dutch Borders*, 42.

16 Engbersen, "Migration transitions," 93.

The new wave of migrants, however, created rifts within the Czechoslovak exile community. The post-1968 emigrants did not have much confidence in the Czech and Slovak migrants who had come to the Netherlands after 1948. The differences were not only “generational,” but also political. While most of the migrants from the post-February wave were anti-communist, in the case of those who emigrated from Czechoslovakia in 1968–1970, anti-communism did not play such a fundamental role. Some of these migrants were even former members of the Communist Party of Czechoslovakia.¹⁷ Many of the older émigrés criticized the new ones, complaining that the new wave of Czechoslovak immigrants did not have to grapple with the same material and financial challenges that they had faced in the immediate postwar years. The post-1948 emigrants had arrived in the Netherlands at a time when the country was still struggling with reconstruction after the war, whereas the “post-1968” arrivals were coming to a prosperous country with a high standard of living. The post-1968 migrants envied the “older” generation of émigrés, however, particularly their good professional positions and material standards. Some from the “new” migrant community also hoped that they would soon return home, to Czechoslovakia, and were therefore reluctant to become politically involved in exile. Many had suffered disillusionment and felt a sense of resignation after they experienced the suppression of the liberalization process in Czechoslovakia, and they therefore did not want to take an active part in social or political life abroad. They were looking for a peaceful life in a new environment.¹⁸

Kabela, for example, later recalled meeting a married couple who had emigrated to the Netherlands after 1968:

The couple (the man was a psychologist) talked only about what they had already bought and acquired, they focused only on economic matters and prosperity. I even remember that this compatriot told me that in those chaotic days right after the Soviet invasion, he still quickly returned to the Czechoslovakia to get his books or other things. Understandably, the “post-February” [post-1948] refugees did not have much confidence in these new “refugees.”¹⁹

Ivan Gad’ourek, a Dutch sociologist of Czech origin who emigrated in 1948, also noted the differences between the two Czechoslovak waves of migration

17 On the broader context of the two Czechoslovak migration waves from 1948 and 1968 in general see Brouček, “Emigrace 1948 a 1968 ze svědectví účastníků.”

18 Kabela, “Český exil 1948 a 1968 v Nizozemsku,” 6–7.

19 Kabela, *Přehled historických česko-nizozemských kontaktů*, 259.

and saw the new generation of migrants as “motivated more by economics than by ideas.”²⁰ According to Gaďourek, the more recent arrivals did not assimilate as much, which was why some of them, anti-communists, maintained more contact with dissent groups back home than with similarly oriented exile circles.²¹

Miroslav Kabela, however, also noted the view from the other side, i.e. that of an emigrant who came to the Netherlands after August 1968. The more recent emigrants complained that the older emigrants resented the newcomers because the “post-August” arrivals enjoyed more favorable material conditions. The more recent emigrant explained the differences and tensions between the generations by the changed economic situation of the Netherlands. He described the Netherlands in the 1960s as a “prosperous system during the conjuncture, where poverty no longer existed.” He also dealt with the question of unfulfilled expectations concerning the involvement of new migrants in the fight against the communist regime in Czechoslovakia. He explained that it wasn’t just that the new arrivals were afraid of being compromised were they to return to Czechoslovakia. According to him, the prevailing feelings were disappointment with life and a sense of resignation. The issue of consumerism and financial matters also played a significant role, because, as he said, “most people have always limited themselves to consuming what is presented to them and don’t do much activity in that which doesn’t fill the wallet.”²² A similar explanation for the disengagement of the 1968–1970 migrants was given to Kabela by another member of this “generation,” who claimed that people in communist Czechoslovakia were tired of all kinds of organizing and engagement.²³

Finally, when monitoring the situation among the Czechoslovak emigrants, the Czechoslovak embassy in The Hague also registered the discord between the two waves and stated that “only a small part of the post-August emigrants passively participates in emigration actions.” And here again we find an economic explanation, because according to the aforementioned report, “the desire to save money for a new car, home furnishings and other household necessities” was particularly strong among the new migrants.²⁴ In justifying the non-engagement of migrants, the embassy materials also include references to concerns over

20 Gaďourek, *Cestou Komenského*, 174.

21 Ibid.

22 Kabela, “Češi a Slováci uvízlí,” 183.

23 Kabela, *Přehled historických česko-nizozemských kontaktů*, 443.

24 AMFA, Nizozemsko TO-T, 1970–74, Czechoslovak emigration in the Netherlands and its activities in 1973. Political Report No. 13, September 11, 1973, 1.

“side doors,” i.e. the anxiety over speaking out too vociferously against the ruling communist regime in Czechoslovakia, which could then make it impossible for them to legalize their residency abroad and thus also impossible for them to return to Czechoslovakia to visit family and friends (emigrants were prosecuted in Czechoslovakia for illegally leaving the Republic and given prison sentences by the courts in absentia). The embassy, however, interpreted the efforts to legalize their stays, which occurred in many cases, as evidence of the will of the emigrants to “return” to Czechoslovakia.²⁵ During interrogations by the State Security Service, relatives often made similar statements, expressing their belief that their emigrant family members wanted to return. On the other hand, however, the argument that someone emigrated for professional reasons and was considering returning was more acceptable to the Czechoslovak authorities than any mention of political motives for emigration. Moreover, non-political or non-ideological explanations could prompt the courts to give more lenient sentences. The question is thus whether any of the statements made in the course of such an interrogation can be considered reliable or revealing.²⁶

Although the testimonies of contemporaries and archival materials clearly point to the division of the Czechoslovak exile community in the Netherlands, it is also necessary to mention the efforts made to unite the community. An attempt to unite the Czechoslovak exile community in the Netherlands was made through the launch of the periodical *Okno dokořán* (Window Wide Open), which was intended as an open democratic platform that would appeal to the whole community. This magazine was founded in February 1969, and members of both generations of migrants contributed to it (both as authors and editors), including Miroslav Kabela, who initially headed the editorial staff.²⁷ Another example of joint activities of both generations of Czechoslovak migrants was the establishment of the association *Nederlandse Stichting Comenius* in April 1969. This association was recognized by the Federation of Refugee Organizations (Federatie van Organisaties van Vluchtelingen, FOVIN) as the central organization for Czechoslovak refugees in the Netherlands.²⁸ There were also efforts to cooperate with other emigrants from Central Europe. For example, Czechoslovak embassy staff noted the cooperation of Czechoslovak exiles with

25 AMFA, Nizozemsko TO-T, 1970–74, Czechoslovak emigration in the Netherlands and its activities in 1973. Political Report No. 13, September 11, 1973, 1–2.

26 See the testimonies of relatives of emigrating anesthesiologists quoted below.

27 Formanová, Gruntorád and Příbáň, *Exilová periodika*, 194–95.

28 Kabela, “Češi a Slováci uvízli,” 184.

Polish and Hungarian emigrants. The latter, for example, offered the premises of the Hungarian Cultural House in Amsterdam to other exiled national groups.²⁹

One of the ways of meeting members of the Czechoslovak exile community was through activities and events associated with the exile branch of the Sokol organization.³⁰ The exile branch of Sokol in the Netherlands was short-lived, however. Several Czechoslovak emigrants who settled in the Netherlands after August 1968 founded the first Sokol unit in Delft in October 1973.³¹ But by 1982, the Sokol Delft no longer existed due to loss of members and little activity.³² Even earlier, at the beginning of 1980s, the smaller section of Sokol Utrecht, which had been established five years earlier, was also dissolved.³³

Other associations played important roles in connecting Czechoslovak migrants, such as the scouts. In 1975, the “Czechoslovak Exile Scouts Holland District” was established, which was divided into three smaller sections (North, Center, and South).³⁴ However, in 1987, this branch of exiled scouts was forced to suspend its activities due to the lack of active members.³⁵ The main reason was the fact that the children of emigrants, mostly of those from the second wave of migration after 1968, had “grown up.” But even before that, it was already apparent that the Czechoslovak exile scouts in the Netherlands, which were nationality-oriented, were no longer appealing to the children, who had already assimilated into Dutch society. This is confirmed by the words of one daughter of post-1968 Czechoslovak emigrants, who as a child went to exile scout camps and later, as an adult, shared her feelings with Kabela:

I did not like their overly Czech feelings and often unkind attitude towards everything Dutch. These scout leaders lived perhaps mostly in a closed Czech environment and did not realize that we were already mostly Dutch children, accustomed to the Dutch way of way of life.³⁶

29 AMFA, Nizozemsko TO-T, 1970–74, Czechoslovak emigration in the Netherlands and its influence on the labor and communist movement, November 2, 1970, 1.

30 Sokol was a physical education organization founded in Prague in 1862. Sokol events were associated with Czech nationalism and patriotism. After the communists took power in Czechoslovakia in 1948, Sokol was suppressed, some of its members were imprisoned, and some emigrated from Czechoslovakia. Exile Sokol units were then founded all over the world, especially in countries with a large Czechoslovak community.

31 Waldauf, *Sokol*, vol. 2, 578.

32 Waldauf, *Sokol*, vol. 3, 187.

33 Ibid., 133.

34 Brečka, *Kronika čs. skautského hnutí*, 266.

35 Ibid., 274.

36 Kabela, “Češi a Slováci uvízlí,” 186.

The Netherlands as a Center of Czechoslovak Students and Doctors

In the first years after World War II, Dutch migration policy was characterized by a rather conservative approach and a reluctance on the part of the government and authorities to accept large numbers of refugees. The postwar economic recovery of the Netherlands was still underway, and the country was faced with an influx of migrants from former Dutch colonies.³⁷

The exception to this approach and a key moment for future Dutch students (and future doctors) from Czechoslovakia was the founding of the University Asylum Fund (Universitair Asiel Fonds, UAF) in the Netherlands in the spring of 1948.³⁸ The creation of the UAF was a reaction to the events of February 1948 in Czechoslovakia and the takeover of power by the communists. However, the path to establishing this fund was not easy. Although representatives of the Dutch government expressed their outrage about the developments in Czechoslovakia, they nevertheless refused to accept Czechoslovak refugees and returned illegal immigrants to West Germany. Eventually, the Dutch administration agreed to accept 100 students from Czechoslovakia at most on the condition that an organization be set up to guarantee that “undesirable persons shall be obliged to leave and to arrange for sufficient funds for the asylum seekers to actualize their stay.” Therefore, on April 9, 1948, the Dutch universities founded the UAF, the first refugee organization in the Netherlands dedicated to supporting émigré students at universities.³⁹ In May of the same year, a committee consisting of representatives of the Dutch Student Council and the Dutch Refugee Aid Federation visited refugee camps in West Germany and selected Czechoslovak students to receive scholarships.⁴⁰

Thanks to UAF scholarships, the Netherlands became one of the centers of Czechoslovak émigré students. UAF statistics show the predominance of students from Czechoslovakia in the first year of the fund’s existence. In November 1948, 56 scholarship recipient were registered, 43 of whom came from Czechoslovakia. The second largest group (Hungarians) were represented by “only” ten scholarship holders. The other students came from Poland (three), Latvia (three), and Bulgaria (two). In the early years after the UAF was

37 On Dutch asylum policy in this period, see, for example: Berghuis, *Gebeel ontdaan van onbaatzuchtigheid*. On refugees in the Netherlands in general, see Bronkhorst, *Een tijd van komen*.

38 On the history of the UAF see Van Esterik, *Het zout der aarde*.

39 Goedhart, *Spolu “aleji Evropy”*, 49.

40 Van Esterik, *Het zout der aarde*, 30. Quoted by Van Rooi, *De opvang van vluchteling-studenten*, 15.

founded, around 400 students applied for the few available scholarships each year. By the mid-1950s, however, the fund's budget (which consisted mainly of donations from the Dutch) had declined significantly, as had the number of scholarships awarded. For example, in 1953, only 26 people were still studying on UAF scholarships. This trend changed after the Hungarian Revolution in 1956. Thanks to the UAF, more than 100 Hungarian students were given the opportunity to study at Dutch universities. This was made possible by an extra budget from the Dutch government, which was responding to the support that Hungarian refugees enjoyed in Dutch society. This was also reflected in the fact that the Netherlands accepted a total of more than 3,000 Hungarian refugees at the time.⁴¹

After the invasion of Czechoslovakia by the Warsaw Pact troops in August 1968, like after the coup of February 1948, the Netherlands again offered Czechoslovak students the opportunity to attend Dutch universities on UAF scholarships.⁴² According to Miroslav Kabela, in the 1970/1971 academic year, there were 97 Czechoslovak students (58 male and 39 female) enrolled at Dutch universities. Most of them studied in Amsterdam (22), followed by Nijmegen (19), Utrecht (16), Delft (eight), Eindhoven (eight), and in smaller numbers in other university towns as well.⁴³ In the aftermath of 1968, however, students did not make up as high a proportion of Czechoslovak émigrés as they had in the post-February emigration wave. The language barrier, especially in the case of students, seems to have played a more significant role for this generation of migrants. According to Kabela, many students choose Slavic languages as their field of study precisely because they did not know Dutch. He even recorded the story of a student who initially decided to study medicine in the Netherlands but ended up switching to Slavic languages because of the language barrier.⁴⁴

In some cases, the offers of scholarships and university educational opportunities for migrants brought students to the Netherlands who otherwise would not have chosen the country as their place of exile. This was the case for one young university student from Czechoslovakia who shared his feelings with Kabela:

41 UAF. Oprichtingsverhaal. Accessible online at: <https://www.uaf.nl/over-ons/oprichtingsverhaal/> (Accessed May 1, 2023)

42 On the asylum policy of the Netherlands after 1968 see, for example, Doesschate. *Asielbeleid en belangen*.

43 Kabela, *Přehled historických česko-nizozemských kontaktů*, 289.

44 *Ibid.*, 363.

I'm miserable here, but as I have a scholarship here, I am condemned to live in the Netherlands for three more years. To me, this country is unfamiliar, I feel somehow distant from everything, even objectively nice things don't appeal to me, and nothing touches me emotionally. (...) I know that I will not find what I have lost here and that I cannot live here. Once I graduate, I will go to France or Germany. I am convinced that a Czech feels better there.⁴⁵

One of the reasons the student gave for his dissatisfaction with the Netherlands was the local landscape. According to him, it was a “flat, empty, hollow country, cut into geometric rectangles by straight canals.”⁴⁶

Other migrants from Czechoslovakia also found it difficult to get used to Dutch culture and habits. For example, for one young woman, Czechoslovakia remained her home and country because it was “a picturesque landscape, hills and forests, meadows and little fields where potatoes, onions, and all sorts of things grew; roads lined with fruit trees with juicy apples, plums and pears—just pick them, little villages, old houses, churches, people mowing the grass.” In the Netherlands, on the other hand, nature was understood as “a cow in a meadow,” and the last remains of “real nature” became “reserves surrounded by fences with ‘no entry’ signs.”⁴⁷ This was probably a more general trend, or at least this was suggested by the results of a survey of 105 Czech and Slovak migrants conducted by Kabela in March 1970. According to the results, 69 percent of the respondents missed the landscapes of Czechoslovakia. In this context, it is noteworthy that “only” 32 percent of the respondents mentioned a problem with the Dutch language.⁴⁸

In addition to students emigrating to the Netherlands, the 1968 migration wave was also characterized by many qualified middle-aged emigrants, including doctors. As of 1977, for example, there were 108 physicians of Czechoslovak origin (or physicians who had studied medicine in Czechoslovakia) working in the Netherlands. This was the third largest number of physicians of foreign origin, after Belgians (183 physicians) and Indonesians (142).⁴⁹ The proportion

45 Kabela, “Vliv emigrace na psychické problémy,” 33–35.

46 Ibid., 34.

47 Mulder, “Jak jsem se skoro stal vlastizrádcem,” 132–33.

48 Kabela, *Přehled historických česko-nizozemských kontaktů*, 281. After arriving in the Netherlands, the Czechs and Slovaks had the opportunity to attend an intensive language course at the Language Centre for Foreigners in Berkenhoven. Not all of them took advantage of it.

49 The fourth largest group (West Germans) was almost half the number of Czechs and Slovaks, with 61 working in the Netherlands. In comparison, the statistics reported 50 Polish doctors (corresponding to fifth

of doctors and particularly anesthesiologists Czechoslovak origin becomes even more remarkable given the relatively small size of the Czechoslovak exile community in the Netherlands. If we look at specializations, we find that, in addition to anesthesiologists, many psychiatrists of Czech and Slovak origin worked in the Netherlands after 1968.⁵⁰ The doctors from Czechoslovakia working in the Netherlands also included surgeons, gynecologists, and other specialists.⁵¹

In the 1960s, at the time of the partial liberalization process in Czechoslovakia, many of these people in the medical profession traveled to Western countries, including the Netherlands, for internships or at least conferences. They thus became involved in international networks of their medical specialization.⁵² For some doctors, the foreign internship or congress, for which they left Czechoslovakia legally, then became the beginning of life as an émigré (and they were abroad illegally the moment when their permitted period of stay expired).⁵³ This involved not only Western countries, but also Third World countries, especially Africa.⁵⁴ However, some doctors also emigrated in a more common way, i.e. by not returning from permitted vacations abroad.⁵⁵

Doctors usually had no problem finding employment in the Netherlands. Indeed, they often emigrated at the invitation of Dutch colleagues, having already been promised a job. As doctors, they also enjoyed social prestige, as reflected by the many Dutch newspaper articles about their fate and work in Dutch hospitals.

place) and 19 Hungarian doctors (eleventh place). Kabela, *Zdravotnictví v Holandsku*, 51.

50 Among them was psychiatrist Jiří Diamant (b. 1930), a Holocaust survivor and author of a book on the psychological problems of emigration. See Diamant, *Psychologické problémy emigrace*.

51 Kabela, *Zdravotnictví v Holandsku*.

52 In Utrecht, for example, surgeon Arnošt Axler (1931–?) worked as a trainee in 1967. At the end of August 1968, he emigrated to the Netherlands (he didn't return to Czechoslovakia from vacation).

53 For example, Jiří Diamant did not return from the psychological congress in Amsterdam in 1968. František Křivka (1925–?), who had worked in the radiology department of the Utrecht hospital since October 1968, also decided not to return to Czechoslovakia. Similarly, Jiří Rádl (1930–?) did not return from his internship at the Institute for Rheumatism Research University Hospital in Leiden, where he had also been (first legally) since October 1968.

54 As shown below, this was particularly true in the case of anesthesiologists. However, this was also the case for other doctors, for example the general practitioner Ctírad Kučera (1931–?), who emigrated to the Netherlands at the beginning of the 1970s from Algeria. Kučera was then engaged in the Czechoslovak exiled Scout movement and also contributed to the emigrant magazine *Okno dokořín*.

55 This is how, for example, gynecologist Jaromír Špinka (1923–2016) emigrated to the Netherlands: he visited friends in Amsterdam during his vacations. Špinka used to visit the Netherlands frequently in the 1960s (every year). The aforementioned Arnošt Axler also emigrated in this way, i.e. by not returning from vacation.

Míroslav Kabela collected many of these articles and published some of them in the book *Zdravotnictví v Holandsku* (Medical Care in Netherlands).⁵⁶ Not knowing Dutch was probably not a major problem for the doctors who had graduated in Czechoslovakia and were already experienced practitioners. Most of them spoke English, and knowledge of German was also widespread among them. Language skills were naturally also related to foreign experiences and stays.

Czech Anesthesiologists in the Netherlands after 1968

The Third European Congress of Anaesthesiology, mentioned in the introduction to this article, took place in Prague from August 31 to September 4, 1970 and was attended by more than 1,500 people. The decision to hold the congress in Prague was taken by the World Federation of Societies of Anesthesiologists (WFSA), which was established in the Netherlands in 1955.⁵⁷ The Czechoslovak press of the time described this decision as “a great recognition of the work of Czechoslovak anesthesiologists.”⁵⁸ The importance of the Congress was also underlined by the fact that its representatives were received by the then Czechoslovak President Ludvík Svoboda at Prague Castle.⁵⁹ One of the anesthesiologists who contributed to the organization of the congress was prominent anaesthesiologist Bořivoj Dvořáček (1920–2014). However, at the time of the congress, Dvořáček was already living in Rotterdam.

After the suppression of the Prague Spring, when many doctors emigrated from Czechoslovakia, the Netherlands was struggling with a shortage of anesthesiologists.⁶⁰ Thus, many Czechoslovak anesthesiologists emigrated to the country, knowing that they would be able to work in their field there. In several cases, these émigrés already had contacts in the Netherlands, i.e. they knew local doctors who had arranged jobs for them. The aforementioned Bořivoj Dvořáček,⁶¹ for example, who emigrated simply by not returning from his internship in a Rotterdam hospital,⁶² maintained contacts with Dutch

56 Kabela, *Zdravotnictví v Holandsku*, 90–95.

57 Czechoslovakia was from the beginning an “observing country.”

58 “III. evropský anesteziologický kongres,” 2.

59 Šmíd, “Mimořádný úspěch,” 2.

60 However, this was no longer the case 15–20 years later, as noted in the early 1990s by B. Dvořáček: “University hospitals did not have any vacant (unfilled) places at that time. The domestic supply of graduated doctors is more than redundant.” Dworacek, “Anesteziologie,” 36.

61 He changed his name to Dworacek in the Netherlands.

62 Málek, “Doc. MUDr. Bořivoj Dvořáček, CSc.,” 46.

anesthesiologists, including D. H. G. Keuskamp (1915–1992), who not only made Dvořáček's internship in Rotterdam possible, but also arranged internships for other anesthesiologists from Czechoslovakia in Nijmegen and Amsterdam. This was happening before August 1968, when travel from Czechoslovakia was still relatively free.⁶³

Zdeněk Kalenda (1927–2010), another prominent Czech anesthesiologist, was also connected to international medical networks before 1968. He maintained contact with Bob Smalhout (1927–2015), a Dutch anesthesiologist from Utrecht. After 1968, Kalenda and Smalhout continued their collaboration in Utrecht, focusing mainly on research on capnometry, and together they became “recognized worldwide as the founders of the use of capnometry in a variety of clinical settings.”⁶⁴ In the field of capnography Smalhout also collaborated with other Czechoslovak experts who, unlike Kalenda, did not emigrate after 1968. One example was anesthesiologist Václav Trávníček (1924–2010), who worked at the Military University Hospital in Prague.⁶⁵ Smalhout also traveled to Czechoslovakia on various occasions after 1968, and in some cases, he served as a messenger, carrying the suitcases and letters of Czechoslovak emigrants across the Iron Curtain from the Netherlands to Prague. However, he seems not to have been happy about playing this role. As Václav Trávníček reportedly said in 1970, “Professor Smalhout would very much like to visit Czechoslovakia next year, and he certainly does not want to do anything that might endanger this visit.”⁶⁶ Smalhout's involvement in the Czechoslovak exile networks thus probably had its limits, which were largely due to the connection of the Czechoslovak environment to the security services.

Something the anesthesiologists shared, as was true of doctors in general, was their experiences as recipients of foreign internships. Zdeněk Kalenda had lived in Guinea in the early 1960s, and he also traveled to France, Belgium, Austria, and Switzerland. He had numerous professional contacts in an array of countries. He was in contact with the leaders of clinics in Vienna, Munich, Paris, Brussels, Montreal, and New York.⁶⁷ Foreign internships were also important for the career of Bořivoj Dvořáček. He spent a year in Copenhagen at the WHO training center in the late 1950s. In Prague, he then tried to apply the Danish

63 Dvořáček, “Postavení a rozvoj anesteziologie.”

64 Málek, “Kdo byl prof. Zdeněk Kalenda,” 300.

65 Trávníček, *Kapnografie*, 15.

66 Sbíрка svazky kontrarozvědčného rozpracování. SSA file KR-742297MV.

67 Sbíрка Svazky tajných spolupracovníků [Informer Files Group]. SSA TS-838065MV.

experience in creating the concept of anesthesiology-resuscitation departments.⁶⁸ Two others Czech anesthesiologists emigrating to the Netherlands after 1968, Květoslava Malínská (1923–?) and Karel Otruba (1918–1997), had worked in Africa for some time through programs run by the Czechoslovak government.⁶⁹ Květoslava Malínská, who emigrated to the Netherlands with her husband, surgeon Ladislav Malínský (1918–2005), worked in Kenya in the mid-1960s. Their friend Karel Otruba, a pediatrician and later an anesthesiologist, worked in Morocco before emigrating to the Netherlands.⁷⁰

However, some anesthesiologists from Czechoslovakia came to the Netherlands without prior acquaintanceship with Dutch anesthesiologists and also without the experience of stays abroad. Miroslav Květ (1934–), for instance, reached the Netherlands by being approached by Dutch officials in an Austrian refugee camp with the offer of a job in the Netherlands. In fact, Dutch officials were deliberately looking for qualified people in the West German and Austrian camps, and anesthesiologists were in great demand at the time. As in the case of some Czechoslovak students in 1948, an offer received during a stay in a refugee camp led the emigrant to choose the Netherlands as his or her new home. The aforementioned Bob Smalhout was allegedly behind the efforts to recruit Czechoslovak anesthesiologists. Smalhout asked the Dutch embassies to conduct a survey in West Germany and Austria to find out whether there were any emigrant anesthesiologists in those countries. At least one of them (Miroslav Květ) ended up coming to the Utrecht hospital this way.⁷¹ Květ later worked in Delft, and at the end of the 1980s, he married a Polish student who was in the Netherlands on a study stay.⁷²

68 Málek, “Doc. MUDr. Bořivoj Dvořáček, CSc.,” 46.

69 Health service was one of the areas in which Czechoslovakia was significantly involved as part of its aid to developing countries. The aid was mainly focused on “primary health problems in the developing countries concerned, particularly medical science and research, the improvement of curative and preventive treatment, health service organization and management, additional training of medical personnel, all-round exchange of information and exchange on experts.” Párová and Vašíček, *The Medicine of Friendship*, 16. As far as Czechoslovak assistance to developing countries in general is concerned, by 1982 there were 7,000 Czechoslovak experts working in developing countries. *Ibid.*, 77. See also: Iacob, “Paradoxes of Socialist Solidarity;” Iacob, “Health;” Vargha, “Technical Assistance.”

70 More Czechoslovak experts (not exclusively doctors) emigrated from Morocco in 1968–1970. Sběrka Správa vyšetřování StB – vyšetřovací spisy [Investigation Directorate of the StB – Investigation Files]. SSA V-27901MV.

71 Sběrka svazky kontrarozvědného rozpracování [Counterintelligence Files Group]. SSA KR-742297MV.

72 Sběrka Objektové svazky [Subject Files Group]. SSA OB-370ČB.

The fact that anesthesiologists were in high demand in the Netherlands is evidenced by the case of Karel Otruba. He was originally a pediatrician who, before emigrating, had worked in Prague as a trainer in infectious diseases at the Institute for the Further Training of Physicians. As already mentioned, he emigrated to the Netherlands from Morocco, where he had been sent by the Czechoslovak Ministry of Health at the beginning of 1968 on condition that he return to Czechoslovakia in mid-January 1971, which he did not do.⁷³ As Otruba's colleague from Utrecht, the surgeon Ladislav Malínský later recalled, Otruba, as a specialist in pediatric medicine, was at first unable to find employment in Utrecht. Zdeněk Kalenda, who was already working in the anesthesiology center of the Utrecht hospital, came with an offer to Otruba to specialize in anesthesiology, with which he helped him. Thus, Karel Otruba became an anesthesiologist and continued to practice this specialty until his retirement in 1983.⁷⁴ Otruba's story is thus a case of mutual aid between Czechoslovak migrants and doctors, both of whom emigrated after 1968. However, there was also cooperation across migration waves in the Czechoslovak exile community (i.e., the earlier migrants helped the new migrants after 1968).⁷⁵

Ladislav Malínský later recalled that as a surgeon it took him longer to find employment in Utrecht. His wife, anesthesiologist Květoslava Malínská, with whom he had also emigrated to the Netherlands from Africa (Kenya), got a job in Utrecht immediately.⁷⁶ Thus, a large Czechoslovak anesthesiology group was formed in Utrecht.⁷⁷ Malínský later recalled his colleagues and their visits: "Our flat was occupied by a group of complementary anesthesiologists, and I was condemned to the role of a non-participating listener. My attempt to return the conversation to a more general level was not even helped by a signboard that said, 'talking about anesthesiology is forbidden in this apartment and punishable during meals.'" ⁷⁸ However, it should be remembered that the large group of Czechoslovak anesthesiologists worked in Utrecht only for a limited time, and the doctors gradually moved to other Dutch cities. For example, Malínský and his

73 Sbírnka Správa vyšetřování StB – vyšetřovací spisy. SSA V-27901MV.

74 Malínský, "Vzpomínka na Karla Otrubu," 13.

75 Michela, Scheibner and Šmidrkalová, "Projekt "Émigré Europe," 39.

76 Malínský, "Vzpomínka na Karla Otrubu," 13.

77 In addition to Květoslava Malínská, the aforementioned Zdeněk Kalenda, Karel Otruba, and Miroslav Květ. Other Czech doctors also worked at the Utrecht hospital after 1968, for example gynecologist Jaromír Špinka. He later settled in Delft. Together with his wife Marie, they were active in the Czechoslovak exile Sokol organization.

78 Ibid.

wife moved to Achtenhoek after about two years.⁷⁹ Miroslav Květ, as mentioned above, eventually moved and worked in Delft.⁸⁰

The fate of Miloš Zvonař (1937–) offers a somewhat distinctive case. Although Zvonař was younger than the anesthesiologists mentioned above, he managed to complete a foreign internship before his emigration, or rather he emigrated from this internship to the Netherlands. He first traveled to the Austrian Institute of Anesthesiology in Innsbruck in 1967 for a fellowship and then received an invitation from the University of Leiden. He thus worked there after his arrival in the Netherlands and completed his postgraduate education, which he had begun in Prague. After some time, he settled with his wife, also an anesthesiologist whom he had met during his studies in Prague, in Raamsdonksveer. For Miroslav Kabela, Miloš Zvonař was an example of a doctor who did not want to get used to the Dutch way of working. According to Kabela, some doctors exaggerated their social status as doctors and did not respect the rules at their workplaces. This was allegedly true Zvonař, who wanted to continue working according to the habits he had acquired in Czechoslovakia. This concerned, for instance, working hours. In Czechoslovakia he went skiing or shopping at three o'clock in the afternoon in the winter, but in the Netherlands, he was expected to work until six o'clock in the evening. He didn't want to join the coffee and tea breaks with his colleagues and other employees; he preferred to go home earlier.⁸¹

Miloš Zvonař eventually made a career also in another field, however. He became a Dutch politician. He was elected to the Dutch House of Representatives in 2002 as a member of the Pim Fortuyn List.⁸² Zvonař retired from Dutch politics in 2003 and moved back to the Czech Republic. When he was a member of the Dutch Parliament, his past caught the interest of the Dutch media. As Kabela stated later, the media comments were not “favorable” to Zvonař in this regard. Dutch journalists, for example, described Zvonař as “a man of conflict who did not stop arguing even at the operating table.”⁸³ The media also recalled Zvonař's conflicts with coworkers, which had led to his firing. In December 1974, for example, thirteen of his colleagues asked the director of the hospital where Zvonař was working to dismiss him, and he was asked to leave the following

79 Ibid.

80 Sběrka svazky kontrarozvědného rozpracování. SSA KR-742297MV.

81 Kabela, *Přehled historických česko-nizozemských kontaktů*, 342.

82 Bob Smalhout also ran for this party for the Dutch Senate elections in 2003.

83 Kabela, *Přehled historických česko-nizozemských kontaktů*, 342.

June. The media also quoted the hospital's lawyer (Zvonař unsuccessfully sued the hospital after his dismissal). According to the attorney,

he treated his colleagues in a very unpleasant manner, did not attend weekly medical conferences, not even when it came to important analyses of deceased patients, did not take enough interest in the pre-operative examination, did not know where the medical records were, did not actively participate in the post-operative treatment, did not maintain sufficient contact and cooperation with other specialists, etc.⁸⁴

It seems that Zvonař had problems with other coworkers even before his emigration from Czechoslovakia, and this was not merely a problem of “adaptation” to work habits in a foreign country. In fact, his mother stated during an interrogation by the Czechoslovak State Security in 1977 that her son emigrated not only because of his desire to complete his medical education abroad and the opportunity to work in research in the field of anesthesiology and heart transplantation, but also because of “the poor working conditions at his last workplace, where he had many enemies among his co-workers—doctors—because of his political views and open behavior.”⁸⁵

According to Zvonař's mother, neither he nor his wife maintained contact with Czechoslovak emigrants in the Netherlands, and he was not active in any compatriot association. He continued to express “progressive views” abroad and did not change his beliefs as a “communist-functionary.” Zvonař and his wife expressed themselves in similar language in their application to the Czechoslovak authorities to have their residence legalized, which they eventually achieved in 1980. Thus, their prosecution for the crime of leaving the Republic was postponed.⁸⁶

However, it was not true that Miloš Zvonař was not involved in emigrant associations. As Kabelá later recalled, it was Zvonař who came up with the initiative to establish an association through which Czechoslovak emigrants in the Netherlands could meet regularly. Thus, he was at the foundation of the Comenius association in 1969 and even became its first chairman, if only for a short time. Zvonař was allegedly afraid of “empty politicking” and thus of creating contradictions among his compatriots. Therefore, he wanted “to keep the management of the association firmly in his own hands and only use the help of others when organizing a compatriot meeting.” That is why many people did

84 Ibid.

85 Sběrka Správa vyšetřování StB – vyšetřovací spisy. SSA V-30941MV.

86 Ibid.

not like his “undemocratic attitude” and therefore soon, on February 27, 1970, a new leadership of the association was formed which did not include Zvonař.⁸⁷ His relatively short involvement in this association was probably also based on the fact that he was trying to legalize his stay in the Netherlands. It should also be noted that Zvonař did not see the association as politically oriented. To him, it was merely a means of socializing. In any case, Zvonař’s file from the Security Services Archives did not mention this involvement, although contemporary documents from the Czechoslovak embassy in The Hague mentioned Zvonař as the chairman of the Comenius association (or rather mentioned his replacement by Theodor Vondráček in 1970).⁸⁸

In the case of anesthesiologists from Czechoslovakia, the sources reveal little about their involvement in “association life” or the Czechoslovak exile movement. It cannot be said that they were not engaged at all, however, but professional motives again seem to have prevailed. For example, Bořivoj Dvořáček maintained contacts with his colleagues in Czechoslovakia even after his emigration. He helped organize a fundraising campaign which made it possible to bring professional publications to Czechoslovakia and thus keep Czechoslovak anesthesiology at a high professional level. Moreover, thanks to his support, the Third European Congress of Anaesthesiology was held in Prague in 1970.⁸⁹ Doctors also socialized and met informally, especially among themselves. However, the sources indicate no significant involvement in exile activities among members of this community. Ladislav Malínský, for example, contributed literary articles to *Okno dokořán* (and his texts were reportedly popular among readers),⁹⁰ but this was a matter of literary activity rather than political engagement. What one can say about the post-1968 wave in general was true of doctors and anesthesiologists in particular: its involvement in the fight against the communist regime in Czechoslovakia was very small, especially compared to the generation which had emigrated after 1948. Zvonař’s involvement in the aforementioned exile association could not have been very significant, given that this involvement was not noted by the State Security and thus apparently not perceived as a threat to the communist regime in Czechoslovakia. And it probably wasn’t really a threat, since it was more a meeting of compatriots

87 Kabela, *Přehled historických česko-nizozemských kontaktů*, 257; Kabela, “Češi a Slováci uvízlí,” 184.

88 AMFA, Nizozemsko TO-T, 1970–74, Post-August emigration in the Netherlands from January 1 to July 31, 1970, 2.

89 Málek, “Doc. MUDr. Bořivoj Dvořáček, CSc.,” 46.

90 Kabela, *Přehled historických česko-nizozemských kontaktů*, 449.

than “politicking.” In other words, it was something that was commonly and informally happening among emigrant doctors.

Conclusion

The story of the Czechoslovak anesthesiologists who emigrated to the Netherlands in 1968–1970 was the story of the intersection of the histories of two countries divided by the Iron Curtain. On the one hand, there was a significant milestone in Czechoslovak history, namely 1968 and the suppression of the Prague Spring by the invasion of Warsaw Pact troops and the resulting migration wave, which included a large number of experts, scientists, and doctors. On the other hand, there was the situation in the Dutch health sector, which suffered from a shortage of doctors in certain fields in the late 1960s and early 1970s. Anesthesiologists were members of a sought-after profession in the Netherlands, and this probably explains in no small part why migrants from Czechoslovakia, who probably would have ended up in another country, eventually settled in the Netherlands. The decisive moment for them was the offer of employment in their field of specialization. Many of these migrants had already had experiences with foreign internships or had established contacts with Dutch doctors. It was certainly no coincidence that many Czechoslovak anesthesiologists emigrated to the Netherlands from Africa, where they had been on missions for several years.

However, history is influenced by people, and in the case of the path of Czech anesthesiologists to the Netherlands, anesthesiologist Bob Smalhout was an important figure. He maintained contacts and helped not only Czechoslovak emigrants (doctors and specifically anesthesiologists) in the Netherlands, and he also maintained contacts with doctors in Czechoslovakia. This position between Czechoslovak experts in exile and those who did not emigrate placed him (probably unintentionally) in the role of an intermediary between Czechoslovak exiles in the Netherlands and their families and acquaintances back home.

The stories and experiences of the anesthesiologists showed that in the case of doctors, we can talk about a certain professional identity, not only in relation to other doctors in the Netherlands, but also within the expatriate community. Czech and Slovak doctors in the Netherlands formed informal networks, especially if they shared the same workplace. Thus, in terms of the concept of “double engagement” mentioned in the introduction, there was a considerable overlap of professional and national identities in this case.

The existence of a certain professional identity (shared with their Dutch colleagues) was a prerequisite for Czechoslovak doctors to integrate more easily into society in the Netherlands. In this case, however, although this may not have been the rule, political engagement as members of the exile community was usually more marginalized. If we add to this the efforts of some emigrants to avoid definitively “closing the door” to returning to or at least visiting Czechoslovakia, we can see why the migrants of 1968–1970 could not meet the expectations of those who had emigrated from Czechoslovakia 20 years earlier and who expected the new migrants to be more politically involved (more anti-communist) in the migrant community. Each generation of migrants was specific in this respect, although in some cases it was impossible to speak of two different generations in terms of age (while the time of emigration separated the two “generations” by more than 20 years, the age difference between the migrants was generally much smaller). However, belonging to the post-1968 migrant community was also a certain status that was attached to doctors from this migration wave, whether they wanted it or not.

Anesthesiologists who emigrated to the Netherlands after 1968 continued to work there. Thus, as was true for doctors from Czechoslovakia in general, the Netherlands was not a “transfer station” for them to other countries, and they did not return to Czechoslovakia (before 1989). From this point of view, we can assume that their lives in the Netherlands met their expectations or at least were such that they had no need to return or travel elsewhere. The unfulfilled vision of life in the Netherlands after 1968 concerned younger people and students more. For Czechoslovak doctors who had employment and a certain economic level in the Netherlands, further migration abroad was not on the agenda. However, as the example of anesthesiologists shows, internal migration within the Netherlands was not rare. Their professions, jobs, specializations, and work contacts all seemed to act as a kind of safety net on which they could rely to overcome the widespread mood of post-1968 migrants from Czechoslovakia, which one of them, whom we have already quoted above, defined as “life’s disappointment and resignation.”

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