

Milton Goldberg
An Oral History Interview on Dr. Oscar Reiss
Conducted by Jean Berlfein
July 13, 1986

GOLDBERG. I was executive director of Jewish Big Brothers and Camp Max Straus for 40 years and recently retired. In my early experience I got help and guidance from Dr. Oscar Reiss, starting when I began with Jewish Big Brothers in 1945. Much of what I have to say about my relationship with Dr. Reiss was in the early development of the Jewish Big Brothers Association when I looked into the community to find some volunteer leaders who were professional people who could help me reorganize the agency in terms of what I thought it ought to be. When I asked around to members of the board as to who might be that kind of person, they were unanimous that the so-called giant so far as children's work was concerned in the Jewish field and as a fine professional person was Dr. Reiss.

At the time, an old friend of mine, a man named George Behrendt, who represented one of the first families in Los Angeles, was one of the children that Dr. Reiss had raised as a pediatrician. Most of the early families' children were raised by Dr. Reiss. He arranged for an appointment for me to see Dr. Reiss. I remember going to see him at his office. An interesting thing about it was that his office was on Alvarado Street right across from the hospital where he was practicing; I think it was St. Vincent's Hospital. The thing that was interesting was that St. Vincent's was obviously a Catholic institution and Dr. Reiss did his work right there rather than being over at the Jewish hospital, the Cedars of Lebanon Hospital, which was in the northeastern part of town. I remember going to see him. He was very cordial, very friendly. I was just a young man, about 23 years of age. He impressed me and I was a little bit intimidated by him. But he made it

very easy and I shared with him some of the things I had in mind and told him that I needed a professional person like him to come on the board and then to help me reorganize the whole social work program in the agency and I had heard that he had been very active in the Child Guidance Clinic of Los Angeles; it was the children's agency in Los Angeles so it was a good reference as far as I was concerned because I had ambitions of restructuring the agency, not like a child guidance clinic but we would want to do a lot of things that a child guidance clinic did.

He agreed, and from then on it was kind of a love affair for about four years wherein what Jewish Big Brothers is today, 1986, in many ways is the result of this kind of helping and thinking together of the two of us and of bringing in other professionals. We set down the pattern of what Jewish Big Brothers was to become -- by setting very high professional standards.

Up to that point the Jewish Big Brothers was, in a sense, a very amateur organization and I had the vision to make of it a professional organization. Dr. Reiss was exactly the person for that because he had a very fine professional point of view. He also had a point of view that was very helpful. This was at a time when psychiatry was just coming to the fore in this country. World War II had provided opportunities for many young doctors to become quick psychiatrists and they were all pouring out and all the psychiatrists from the military service were moving into Beverly Hills. Prior to that time, though, there were only four or five psychiatrists in town and there was very little professional competence in the field of psychiatry as far as children were concerned. Dr. Reiss, even though he wasn't a psychiatrist, had a lot of insight into the kind of professional help we would need. He brought that kind of help to us. That is where we

started.

BERLFEIN. Maybe you could go into a little more detail about how he visualized changing the agency.

GOLDBERG. I can do that, but before I do that I have one little anecdote that I remember about Dr. Reiss. He was a very affable, friendly, and relaxed kind of person. I had just come to work from the Boy Scouts and I had not been working with Jewish men. A lot of the Jewish men, especially professional men, I was to meet subsequently were very full of stress and high tension and they were not relaxed and laid back and comfortable or secure. So it was rather unusual to meet this Jewish man who was very relaxed, very comfortable, very laid back, wasn't busy proving anything because he had already proved it. He was the outstanding pediatrician in town and had delivered all the "machers" children in town. He wasn't beholden to anybody, so it was a real joy for me, a young person, who was just beginning and somewhat intimidated by volunteers and the power structure. He made me feel very comfortable, very relaxed. He moved quickly into making contacts with people. Any time I wanted somebody on the board or on a committee, I would just have to suggest it and he would say, "Don't worry about it. I will deliver him."

He just paved the way for me and we built a committee. First we called it a casework committee of which he was the chairman and the fact that he was the chairman attracted anybody that we wanted and we got some psychiatrists and some psychologists. One of the things I remember vividly is that the very first meeting we held of the so-called casework committee was held at Dr. Reiss' home. I remember it was a rainy night and the phone would keep ringing all the time. He would be chairing

the meeting and the telephone would be sitting right there and he'd pick up the phone and some lady would be complaining about her child having a cold or something and he would say, "Give him two aspirins and a sponge bath," and he would hang up. Ten minutes later the phone would ring again and he'd say, "Give him two aspirins and a sponge bath." I'll never forget that. I was wondering what other kinds of skill he had besides those two, but I understand he had great skills.

He gave a lot of leadership to those committee meetings. He had a keen understanding of what we were trying to do. Now some of the things that we did at that point, as I said earlier, have shaped the Jewish Big Brothers, these 40 years that I was with it. I would like to talk about some of those things. When I talk about them, it's not because I'm trying to explain what the Jewish Big Brothers does but I'm trying to explain how his professional leadership and also his lay leadership made these things possible, whereas, if I'd tried to achieve some of these things by myself, being the executive director, a hired hand, I might not have been able to do that. But with his stature and his professional competence and acceptance in the community, if he said this is what we should do, the board of directors would say that, if Dr. Reiss says so, this is what we do. So I had the privilege of having that kind of person as chairman of my committee. One of the first things we decided we wanted to do--and he recognized it--was that we had to have a professional staff. Up to this point we just had amateurs on the staff and we established that one of the most important things in the agency was that all of the social workers had to have master's degrees in social work and anybody we hired would have that. That meant that we had to spend more money and they cost more, but that was key and he established that principle as part of the policy of the board.

The second thing was that we had to employ a competent supervisor to supervise the staff. And we were going to follow the pattern of the social workers themselves being the people who were doing the treatment. Up to this point social workers were like handmaids, like nurses, but he saw and he agreed with me that the social workers themselves should be clinical social workers. So we reorganized the agency somewhat like the Child Guidance Clinic did, where they would have regular scheduled interviews. We set that system up and did all the things that a good modern social work agency did. Now one of the other things that was important at that time, because Dr. Reiss had some relationship to USC School of Medicine, he arranged for us to become a training center for graduate students in social work. That enhanced the whole quality of the agency. That enhanced the reputation of the agency. That brought to us a lot of highly qualified social workers who came to us as students and then came on to work for us and so that moved us forward in that whole field.

We stopped to look at all the Child Guidance Clinic work. He knew all about how that worked. We stopped to look at how the family service agencies worked, the Jewish Family Service, and we decided we wanted to do something different. This is one of his great contributions. The Child Guidance Clinic had a way of working only with children. The Family Service had a way of working only with families. We wanted to carry out a program where we worked simultaneously with families and children, and at that point we developed what we called our Parent-Child Guidance Service. Up to this point we had the Volunteer Big Brother Service and the Camp Service. We didn't have a Parent-Child Service so we created that. He was very much responsible for that. That was perhaps one of the most unique things that happened that over the years has helped an

awful lot of families.

I have other areas that I can talk about but if there are some questions to interject at this time.....

BERLFEIN. No. I think you've expanded on it nicely. It shows how his thinking was advanced for the times. Go ahead.

GOLDBERG. We also developed a kind of philosophy that he had a lot to do with because we wanted to be different than the Child Guidance Clinic and different than the Family Service Agency and yet we wanted to encompass the contribution that each of them made, so we developed a philosophy that our agency would be child-centered but family-oriented. So we always have been in the family business but focusing on the child, and this is a pioneering effort on our part.

And also we discovered early--and he brought it to my attention--when we started seeing who was coming for service, we found that the mothers and the children were coming but the fathers never came. We knew that wasn't right. We knew that fathers had to be involved in the treatment of their children and the parent-child relationship is so important. So one of the policies we established very early under his leadership was that where there was a father in the family, a condition of getting service was the father had to come in. So we were treating a lot of fathers and everybody said it couldn't be done and fathers wouldn't come in and child guidance clinics never saw fathers. They came in and we also found that as they came in, it accelerated the treatment, it accelerated what happened. Now everybody does it; it's called family therapy. We pioneered this family therapy idea. We had a lot of success with it. They have a lot of success with it now.

BERLFEIN. This is not necessarily applicable just to Dr. Reiss but would your clientele come primarily to have the services of a big brother or would they come in for counseling?

GOLDBERG. At first the clients came in for a big brother. But then we decided there was a void in the community, that we needed to have counseling service, so we focused on counseling service. People would come just for counseling, but then as we moved along we found that we could do a more effective volunteer big brother service by providing counseling first. Starting at that point, all the clients who came for volunteer big brother service were provided counseling for the mother and for the child as a preparation for being ready to take on a big brother. Then we also started involving the big brothers in the counseling to make sure that they would fit into the family pattern which, by the way, is another contribution that Dr. Reiss made: as we are one of the few Big Brother agencies in the country that provides counseling for the child and for the mother. Most of them ignore the mothers and don't provide any counseling for the child. They just assume the big brother will take over and do it. This is a chain reaction. All these things came out very early.

BERLFEIN. In those days there were not as many single women raising children, were there? Most of these children came from homes where there were both parents. The fathers were just not active.

GOLDBERG. Yes. A lot of them were in the poverty group. The agency historically was an agency dealing with poverty children and always has stayed that way and I think Dr. Reiss recognized that. Later on there had to become a separation of powers: which ones would we take and which ones would Reiss Davis take, and so on. We had an

understanding--so there never was competition between the Reiss Davis Clinic and the Jewish Big Brothers. We had pretty well worked out our areas of development.

One of the things that Dr. Reiss was helpful with was, in the early days, around 1945 when psychiatry was just developing in America, social workers generally were very much intimidated by psychiatry and in many ways did not want to practice their own clinical skills but sort of depended upon psychiatry to do everything and they really became sort of handmaids to the psychiatrists.

We decided we didn't want to go that route, not that we didn't respect psychiatry, but that we would use psychiatry for consultation and to train our social workers to do clinical social work. We found an ally in Dr. Reiss because he was not a psychiatrist and because he had this philosophy that pediatricians could do an awful lot of things that allegedly psychiatrists felt that only they could do. There was a little rivalry there for a while between psychiatry and pediatrics and also a rivalry between social workers and psychiatry and psychology also. The social workers are not supposed to treat and one of the real problems we faced when we reorganized our agency, and Dr. Reiss was able to help us with this too, was that the psychiatrists were so busy with what they called diagnosis--everybody was busy diagnosing these kids--the social workers did that also, but then there was nobody around to treat them. Nobody was treating them.

Everybody was diagnosing, saying, "This is your problem," "This is what you are," and gave you this label, but nobody around was treating you. We said we can't afford that, we can't carry that out, so our social workers had to be the treatment people. We'll learn how to do it and if it's too difficult, we'll turn them over to psychiatrists. So we learned how to do it and less and less turned them over to psychiatry.

Then Dr. Reiss was also helpful in getting consultants for our committees. One was a young man, Dr. Burns, who had just come out of the Army. Another one, who had been with us as a psychiatrist for 25 years, a Dr. Abe Gottesman, came from the Menninger Clinic. Right after the War, the Menninger Clinic was the place for psychiatry in America as compared to the Freudians. We never were in the Freudian School; we came more out of the American Menninger Psychiatric School and Dr. Gottesman was the person who was turned over to us by Dr. Reiss and has been and still is our chief consultant in psychiatry.

That gives you a pretty good idea of what happened. You may wonder how Dr. Reiss in a sense influenced Camp Max Straus, the third part of our agency. Before I came to the agency or Dr. Reiss came to the agency, Camp Max Straus was just a camp for Jewish children, a recreational camp like any other camp. We reviewed it and we decided it was too valuable a resource being related to a casework agency, a clinical agency, to just be a recreational camp. So we reorganized it and made of it a therapeutic camp which we could do only because the agency now had this therapeutic function; the parent-child guidance committee. The parent-child guidance committee provided the philosophy of how the camp should be organized uniquely in terms of a treatment center. The camp is now one of the most outstanding of its kind in the country and it grew out of that parent-child guidance committee and that whole philosophy of treatment. We now have a generic agency with three services. The treatment, counseling, and casework service is generic to the volunteer big brothers and is generic to Camp Max Straus. There isn't any part of the agency that wasn't affected and doesn't see the influence, even today, 40 years later of Dr. Reiss.

Those are my experiences with Dr. Reiss. There's much more that I can tell you about the details, but I must have made my point by now that in the three or four years that Dr. Reiss was alive and worked with our agency he did have a great influence.

I'd like to just make one observation about how Jewish Big Brothers is in some ways related to the Reiss Davis Clinic. At the same time that Dr. Reiss was working with us and having all this experience with us and helping us and in some ways learning from us too, he had this idea in the back of his mind of having this special clinic for emotionally disturbed children, more severely disturbed than the kind of children we dealt with at JBB. He talked to me about it from time to time and I knew he had dreams about it. I knew he had dreams about organizing the pediatric community and having a place for the pediatric community to be trained more along psychological and psychiatric lines, a place where they could practice, and a place where social workers, psychologists, psychiatrists, and pediatricians could be trained. That was his dream and he expressed it to me quite often. We talked about that and from my experience at JBB I encouraged him and made myself available to him. I can't say that I contributed very much to it but it came at the same time that he was working with me at the agency. Therefore I've always felt sort of an affinity toward the Reiss Davis Clinic. I never knew Dr. Davis, but I knew Dr. Oscar Reiss very very well and I kind of felt a little piece of me is over at the Clinic. Then when it became a great success and became part of Vista del Mar, I watched that. Sam Burns is a very good friend of mine; we've known each other for many many years and I felt that was a nice transition and a good home and I felt that if Dr. Reiss had still been alive, he would have been very happy about that. This is the kind of memory I have. It was a great professional association and as a

young man fresh into the field of social work I was very fortunate to have a man like Dr. Reiss as my mentor. Whatever success I've had as executive director of JBB, a piece of Dr. Reiss is in that.

BERLFEIN. Well, that's a very nice testimonial. I think the interplay between your agency and Reiss Davis is really significant in that each of you helped the other and I never really knew about the fact that he had discussed his dreams with you and what you say is so much of what we talked about in the beginning--about the need for a place for pediatricians--that it's nice to hear where some of that developed and I think in his working with you, you really gave and took from each other.

GOLDBERG. Kind of a symbiotic thing. He helped me and I kind of helped him, although he didn't need my help. But I don't think people can appreciate the contribution he made and the contribution the Reiss Davis Clinic made unless you were as close to it as we were, unless you were in the field. We were dealing with young children who were emotionally disturbed and those were the only two resources, not that Reiss Davis was a Jewish resource but, by and large, many of the kids who were there were Jewish kids. It served as a nice supplement. We would refer to them the kids that they ought to be working with and they would refer to us the kids that didn't need them.

BERLFEIN. We found a letter from Joe Bonaparte that was written in 1950 when Reiss Davis was first opened, offering his support, never at that time realizing that we would eventually be affiliated. But at the time, Reiss Davis was going through its financial problems and we sold the building with a sign up front saying that the building had been sold and a number of my friends came up to me and said that they felt terrible that I had

to sell Reiss Davis. I said, "It's funny, but I don't feel terrible at all because my father had given many many hours and years to Vista del Mar." Just as you said, he probably would have been happy that that's the direction it went. Perhaps it's more in keeping with his thoughts of what the services should be now than it was 20 years ago.

GOLDBERG. I don't think your dad ever had this proprietary sense of ownership, of having to own something, having a building. That didn't mean anything. He was more concerned with serving children and serving people. That's where he and I had an affinity. We knew what we were in business for. I was in business to help kids and he was in business to help kids and everything else was very secondary. I think in retrospect that there's something that people who now are deeply involved in the organized Jewish community may not fully appreciate and it's understandable that they wouldn't. But back in 1945 you were talking about a Jewish community that had very few resources. You were talking about a Jewish community that basically was a federation of Jewish welfare organizations and all the Jewish agencies that were involved in helping children you could count on one hand.

BERLFEIN. You were talking about the Jewish community in those days.

GOLDBERG. Today the Jewish community of Los Angeles is a highly structured, highly organized community just full of all kinds of organizations, a multiplicity. I almost think it's over-organized, but you're really never over-organized. But in 1945 when your dad and I were working together, there were very few resources. That's the big thing: are there resources to help people or are there not resources? Today there are a lot of resources. But in our day there were very few resources. You didn't have the Jewish Federation Council. All you had was the previous organization called the Federation of Jewish Welfare Organizations, which is a federation of six or seven social service

organizations. We had Vista del Mar, the Jewish Family Service, the Jewish Vocational Service, the Jewish Big Brothers, and the Jewish Loan Fund -- and that was it. That was the total Jewish community. It was a smaller community, but that was so when you started thinking in terms of resources, that is why we needed to do what we did, to reorganize the JBB. That's why we needed to go out and organize Reiss Davis and do these things as a community group. We were a small crew, a small outfit, doing the job at the time. Fortunately, it has grown a great deal now. We have a lot of resources and it's a well-structured community.

BERLFEIN. If you were to draw a picture of what Oscar Reiss looked like, how do you remember him?

GOLDBERG. I remember him very very well. First off, I'm only 5'6" and he was a very tall man. I used to look up to him. He looked to me like a very handsome, dignified doctor, but one thing I mentioned earlier--he was always very informal and friendly. He never tried to intimidate people by his being the doctor. He didn't make a thing about being a doctor, being a professional. He didn't wear that kind of cloak of being a professional person. He was just a down-to-earth person; he was very regular.

Everybody called him Oscar. Everybody knew him and he knew everybody. After all, he was a pediatrician to everybody in town so that he was a very comfortable person. I'm allergic to people who are tight and stressful and I'm kind of allergic historically to people who have too much ego. I have trouble with people who have too much ego. In the organized community that I've worked in, one of the big problems was to fend off, to stay away, not get into the crossfire of people who have a lot of ego and prove very stressful and kind of lay their problems on other people. Dr. Reiss, on the contrary, was