**The “Immigrant Medical Services” Organization during the End of the British Mandate and the First Years of Israel (1944–1953)**

**Abstract**

**The article discusses the establishing the medical service for immigrants and accompanying them throughout two significant periods. Before and after the establishment of the state, due to the lack of resources and manpower, it was a small team that fought for adequate health services for immigrants and was assisted by two American organizations. the two Jewish American voluntary organizations, Hadassah and the American Jewish Joint Distribution Committee (JDC), and the aid they provided for displaced Jews worldwide and in Israel between 1944 and 1953. Hadassah managed Medical Services for Immigrants (IMS), an institution that assisted all immigrants, and the JDC managed Malben, which cared for the handicapped. The health system in young Israel was established in those days, and medical services for immigrants were an essential part of the absorption system and commitment of the Yishuv to the new immigrants and as professionals to prevent the spread of diseases and epidemics despite a shortage of manpower and resources. In this area, the state owes it to the few who did everything they could for the health of immigrants through improvisation and sacrifice.**

**Introduction**

This article documents the provision of medical services for Jewish immigrants to British Mandatory Palestine and then the State of Israel between 1944–1953. The Second World War and the catastrophe of the Holocaust led to the migration of millions of Jewish refugees and displaced persons across countries and continents. After the war ended, Jews from all over the world began to immigrate to British Mandatory Palestine and (after May 1948) the State of Israel. This phenomenon was a reflection of Jewish ideological and practical aspirations for a homeland. Jews in the Diaspora also wanted to help in this endeavor. This drive to help and increase immigration to the pre-state Jewish Settlement in British Mandatory Palestine intensified after the Holocaust. It was expressed in various ways, particularly through economic and humanitarian aid.

Prominent in the establishment of medical services for the Jews of the Settlement were two American Jewish humanitarian organizations, Hadassah: The Women’s Zionist Organization of America and the American Jewish Joint Distribution Committee (JDC). Established as aid and rescue organizations, they quickly became health service and care providers. Their aim was to help the Settlement build capacity so that Jews could provide these services for themselves in the future.

While the work of these organizations has been extensively researched and documented, this is the first study, to the best of our knowledge, of how Hadassah’s mission was implemented via the Settlement’s Immigrant Medical Services organization (IMS). Unlike most Jewish organizations at the time, Hadassah and the JDC did not restrict themselves to providing assistance and support from abroad. They became direct service providers in the Settlement. This article makes two arguments. The first relates to the establishment of the IMS as a solution for the absorption of Jewish immigrants amid fears of morbidity and the spread of infectious disease. The second relates to the vital assistance provided by Jewish volunteer organizations, especially Hadassah, in establishing the IMS. After Israel declared its independence in May 1948, there was a need to provide comprehensive health services for a rapidly expanding population within a short space of time. Both Hadassah and the JDC regarded health and welfare as top priorities. They were able to bridge the growing gap between immigrant needs and the availability of healthcare services. Some of the temporary healthcare solutions established during Israel’s first years of statehood remained in place for many years to come.

**Background**

**The pre-State Jewish settlement (*Yishuv*) and the refugee problem in 1940–1948**

The state of healthcare in the Land of Israel prior to the British Mandate

The state of healthcare during the early Mandate period, following the end of the First World War, was problematic from a number of aspects. Until 1914, a number of diseases such as malaria, trachoma, cholera and typhus were prevalent in the Land of Israel and they spread, reaching epidemic proportions. The small Jewish presence in pre-State Israel*,* with limited capabilities, was helpless in its effort to confront them. A handful of physicians worked in the Christian Mission hospitals and Jewish charity institutions with a limited capability to provide aid for the entire Jewish population in pre-State Israel. There were only a handful of registered nurses in the land at the time, and it was mainly the nuns at the Christian Mission hospitals who were in charge of supervision of the patients.

The founding of the B’not Tzion–Hadassah organization in America marked the beginning of a turnaround, as the women who formed it planned to establish advanced nursing services in the Land of Israel both in hospitals and in the community and to provide training for nurses. The organization was founded in 1912 following the visit of its leader, Henrietta Szold, to the Land of Israel. In 1909, Szold visited Israel together with her mother. On her return to the United States, she began to engage in activity for the population in the Jewish homeland, a commitment she continued as long as she lived. Ms. Szold was interested in all the aspects of healthcare and medical treatment. In 1920, despite being 60 years old and suffering from a heart condition, she returned to pre-State Israel in order to head the American Zionist Medical Unit (AZMU). The start of the British rule, on July 1, 1920, that marked the end of martial law there, led to accelerated development in pre-State Israel. The Land of Israel was unique, compared with other British colonies, due to its religious-historical value and its importance for the British people. The Arab–Jewish conflict also increased interest in the developments there. Furthermore, the Zionist institutions, which were busy working to garner political support in the kingdom, played a key role in turning the question of the future of British Mandate Palestine into an exceptional issue in comparison with the problems facing Britain’s other colonies. From the very outset of the British Mandate, there was a different approach to rule requiring a carefully considered and balanced policy that evolved into a severe crisis by the end of the Mandate period.

The question of Jewish immigration (aliyah) and the quotas imposed on it was a key issue of concern for both the British and the pre-State Jewish settlement even prior to the outbreak of the Second World War. The rise of Nazism and the ensuing flight of Jews from Germany generated a constant increase in the number of Jewish immigrants (from 31,500 in 1934 to 62,000 in 1936). Following the establishment of the state, the issue of the immigrants’ health became of critical importance to the question of mass aliyah and medical selection. The fact that both Hadassah and the JDC engaged in intensive efforts to fund and operate services for the immigrants was a key factor enabling the nascent state to continue with its positive aliyah policy during the period of mass immigration and taking in many sick people, disabled, and the elderly.

Following the establishment of the state, the measures that had been put into effect by the British served as the basic infrastructure for the new Israeli health system and included an improvement in the state of the water supply, sanitation, and the prevention of disease. Already during the war itself, the British published the healthcare regulations that included instructions for the registration of births and deaths, pharmacist and midwife procedures as well as regulations for reporting infectious diseases and the vaccination of babies against smallpox **(Weiss, A Mission in White – in an article due to be published).**

The creation of the State of Israel on 14 May 1948 spurred a great wave of immigrants of unprecedented scope in the history of the Zionist movement. From declaration of independence to the close of 1951 about 700,000 immigrants arrived in Israel, doubling the Jewish population of the country.[[1]](#footnote-1)

Immigration during this period emanated from two main sources: Eastern Europe and the Balkans, and countries in Asia and North Africa. The total number of Holocaust survivors and Second World War refugees - about 330,000 persons - constituted approximately half the immigrants during this period. The number of immigrants from Asia and North Africa was in the vicinity of 370,000 persons - some 123,300 from Iraq, 48,300 from Yemen, 34,500 from Turkey, and approximately 45,400 from North Africa.[[2]](#footnote-2)

Compared to immigration to Israel during the British Mandate period (1918-1948), which was comprised primarily of persons of European and American descent, more than half the immigrants towards the close of 1951 were of Asian and African origins. Organization of immigration was very rapidly put in action due to pressing political exigencies that prevented the immigrants from making arrangements for selling their possessions and liquidating their businesses, and to gird themselves emotionally to cope with life in a new country – preparation that one can assume could have eased their absorption.

The arrival of the Great Immigration turned Israel into primarily an immigrant nation. It should be noted that the Jewish population of Palestine in 1948 was mainly immigrants, most of them born elsewhere, and many were quite new to the country. Immigrants constituted 75 percent of the Jewish population at the end of 1951.

The majority arrived in Israel destitute and in extremely poor health. Physically and mentally exhausted, with a very high incidence of morbidities such as tuberculosis, ringworm, and trachoma, and in a state of malnutrition - primarily among children and the elderly, with a high percentage of people with disabilities in a frail state or dealing with mental illness - newcomers who could not take care of themselves, not to mention help themselves navigate the absorption process in an unfamiliar country. According to reports of the American Jewish Joint Distribution Committee (henceforth, ‘the Joint’), ten percent of the immigrants arriving in Israel suffered from diseases that required immediate hospitalization. The State of Israel, however, did not have the hospital bed capacity to meet such needs, and most of the immigrants initially remained without appropriate care - constituting a vector for contagion and danger of widening the circle of contagious diseases, a threat to themselves and the pubic-at-large.[[3]](#footnote-3) Moreover, harsh conditions of temporary housing in transit camps living in tents without elementary sanitary conditions immediately led to a rise in infant mortality among the immigrant population: While in veteran communities, infant mortality stood at 16.2 deaths per 1,000 babies, the death of infants among the immigrants in the transit camps surpassed 157.8 per 1,000.[[4]](#footnote-4) Fifteen percent of the deaths of infants in their first year of life occurred at home, largely due to a lack of transportation to hospitals from the places immigrants were clustered.[[5]](#footnote-5) The prevalence of trachoma and ringworm among the immigrants stood at ten percent, most among newcomers from Yemen and North Africa.[[6]](#footnote-6) The annual death toll from tuberculosis in Israel rose from an average of 230 persons annually up until 1948, to 1,500 fatalities during the years 1952-1957.[[7]](#footnote-7) Medical checkups at the Shaar HaAliyah [The Immigration Gate] intake camp south of Haifa port, where newcomers were processed upon arrival, showed four percent of the immigrants screened were tubercular, half with active tuberculosis. Ministry of Health fo**recasts for 1948-1951** estimated that 4,300 hospital beds would be needed to treat tuberculosis patients among the immigrants yet to arrive, while the Ministry had only 1,975 hospital beds earmarked for TB patient care - half those needed.)Weiss & Shvartz 2024 בכתיבה)

**Hadassah**

**The Hadassah organization was founded in 1912 in New York, and its official name was: “Hadassah, The Women's Zionist Organization of America.” The organization defined its main objective as spreading the idea of Zionism across America and establishing and developing social healthcare services in the Land of Israel.**

**In 1913, the first delegation of two registered nurses on behalf of Hadassah departed for Israel. They were sent to organize aid for midwives and to help cure trachoma that was prevalent among school pupils. Following the outbreak of the First World War, one of the nurses was sent to Egypt to provide treatment for the exiles there4. A second delegation was sent in 1917, when the World Zionist Organization approached its emissaries in America as well as Hadassah and asked them to help organize the ongoing medical work in the Land of Israel5.**

**At that time, as Shvartz mentions in her book, citing Kutscher, the Zionist women in America, similarly to their female colleagues in the various church organizations and Christian women’s unions, were looking for a solid platform to engage in comprehensive public social work. If prior to the First World War the Zionist Organization had refused to accept them as members because they were women, in tandem with the development of the various women’s movements for equal rights and the growth of additional organizations, the women became a legitimate part of the organizations, and the approach of the Zionist institutions changed accordingly6.**

**Focusing their activity on the pre-State Jewish settlement was a convenient channel for them compared with the struggles they would have had to undergo in their own country. Most of the female Jewish activists came from a middle-class background and had all benefited from higher education.**

**The state of healthcare in pre-State Israel was severely deficient and lacked any real sanitary infrastructure.**

**The Hadassah American Zionist Medical Unit (AZMU) was an independent group that was financed for a short period of time by the Zionist Commission, and from 1920 it received its budget from independent sources in the United States.**

**Collaboration between the governments of the United States and Britain enabled the departure of a group to pre-State Israel, which included 44 physicians, nurses, dentists and pharmacists, and was headed by Dr. Rubinov.**

**The Jewish Agency handed over to Hadassah the service that had run into serious difficulties, and based on its social and ideological view, mobilized its resources to ensure the service’s smooth operation. In an urgent meeting in mid-January 1946, Hadassah's management approved the proposal to manage the Immigrant Medical Services Organization40.**

**At that time, Hadassah became increasingly involved in the treatment of the immigrants. When the American authorities in Germany proposed to transfer 1,500–2,000 patients from the camps to receive treatment from Hadassah, the organization conducted a thorough examination to ensure that it was indeed capable of assuming this role, and it then emerged that it was not able to provide medical aid to such a large number of sick individuals. The discussion on the transfer of the patients, which in any event did not materialize, further underscored the debate that would accompany the healthcare authorities for many years thereafter regarding the question of medical selection41.**

**During the Hadassah Winter Conference held in the US in 1946, a resolution was passed to provide healthcare services for every refugee from Europe, from the moment they arrived in pre-State Israel. This is a clear indication that Hadassah had abandoned the idea of engaging in organized activity in the camps in Europe (possibly based on an agreement with other organizations) and was now focusing its efforts on the situation in pre-State Israel. Hadassah assumed the treatment of the new immigrants, opting to focus on medical checkups, urgent hospitalization, conducting a survey of individuals suffering from tuberculosis and other infectious diseases, ensuring proper nutrition and medical supervision42.**

**Hadassah took full advantage of its strong ties within the US. In March 1946, more than 2,000 children were vaccinated against diphtheria, and this was due to the organization’s ties with Dr. Victor Ross from the University of Columbia, who had developed the vaccine. Other, innovative equipment was also sent to pre-State Israel at that time: medications, X-ray equipment, and plasma, which at the time was considered to be a genuine discovery43.**

**On May 1, 1946, the Anglo-American Report was published that contained a recommendation to issue 100,000 aliyah licenses for Holocaust refugees, together with a partial revocation of the famous White Paper. The pre-State Jewish settlement began to prepare for the upcoming wave of mass immigration. One week later, at a meeting of the Hadassah directors in Jerusalem, Dr. Yassky presented the anticipated medical problems and supported the establishment of a joint body of all the medical entities in pre-State Israel47. At the end of the month, Dr. Magnes attended the Hadassah Conference in New York and reported to those present about Hadassah’s program. He explained the importance of the joint work with the JDC and UNRWA for these purposes and presented Hadassah as a leading entity from which the pre-State Jewish settlement would be able to learn much and continued: “The *Kupat Holim* HMO (Health Maintenance Organization), for example, wanted Hadassah to lead this effort so that it might be able to learn from it48.”**

**In the summer of 1946, Hadassah marked 28 years of activity in pre-State Israel. The events were conducted in the spirit of Dr. Magnes’ words and were dedicated to formulating a uniform policy together with the HMO in relation to the Jewish National Council49. In late 1946, a ship carrying more than 800 Jewish immigrants to Israel sank off the coast of the island of Syrna, eight people drowned and many were injured. Hadassah immediately sprang into action, sending equipment to the island (with the assistance of Magen David Adom), which was air-dropped, and it also sent a medical delegation there50. In general, the struggle against the British grew in intensity. The political situation became more tense, but Hadassah continued with the momentum that Dr. Yassky had promoted. At the annual Hadassah Conference, he presented plans to open clinics for research and teaching adjacent to the hospital. In parallel, a resolution was passed to open a hospital on Mt. Scopus for those suffering from pulmonary disease (which did not eventually materialize)51.**

**In late 1947, it was already evident in pre-State Israel that the state of affairs was only going to deteriorate. The Jewish National Council was preparing for a state of emergency and it set up the committee to coordinate among the various medical services, which was supposed to prepare the medical services ahead of the looming state of war. The estimated cost of these preparations came to some £P 76,000 and the Jewish National Council asked Hadassah to fund the budget52, although only a few months previously, Ms. Agronsky, the acting head of the Hadassah Council in Mandatory Palestine, had warned Eliezer Kaplan of Hadassah’s dire financial situation53.**

**In early 1948, David Ben Gurion made a request to Hadassah in America that it should assume responsibility for all the emergency medical services. Hadassah refused to take on this additional task, but did raise and deliver an additional 100,000 dollars from the appeal for the pre-State Jewish settlement54.**

**After the establishment of the State of Israel, Hadassah continued to serve as a leading force in the state’s healthcare services, assisting with the establishment of additional institutions, and both nurses and physicians from Hadassah were appointed to senior positions in the new hospitals established in Israel57. The transfer of nurses to administrative positions seriously hampered the hospital’s proper functioning until its director instructed that no additional nurses should be released from the hospital58. As the newly formed government did not have a budget for either healthcare or education, it was clearly keen for both the Jewish Agency and Hadassah to continue managing the Immigrant Medical Services Organization59. From the 1950’s and thereafter the picture began to change. Hadassah gradually cut back its activity and focused on the new hospital that opened up in Ein Kerem and a number of mother and infant welfare centers, which it would also transfer to other entities in accordance with the organization’s ideology.**

Hadassah played a critical role in establishing medical services in Jewish immigrant camps in the Settlement between the Second World War and the 1948 Arab-Israeli War. Founded in New York in 1912 as an association of American women volunteers, its first president was Henrietta Szold. Initially, Hadassah decided to focus on public health and midwifery. This determined Hadassah’s activities in the Settlement in the coming years.

The Joint Distribution Center was founded in 1914 with the aim of assisting European Jews. During the Second World War and the decade that followed, the JDC was the main body that funded the immigration of Jews to the Settlement and then Israel (3, p. 493–519; 4, p.143–153).

In the Settlement in Palestine and during Israel’s first years, Jewish medical services were mainly provided by Clalit, an early form of health maintenance organization (HMO). Clalit had provided health insurance to Jewish workers in the Settlement since 1920 as well as a network of clinics and hospitals. Other Jewish HMOs operating during that time were small, and their activities were limited. (5, p. 16–17). Until Israel’s independence, medical services were also provided by the British Mandatory government. In 1948, the new Israeli government established the Israeli Ministry of Health, which took responsibility for providing medical services and building hospitals using the infrastructure left by the British. They also took advantage of the IMS services which had been established by the Jewish National Council and the Jewish Agency in 1944 and operated until 1953 (6).

**Formation of the Immigrant Medical Services Organization towards the end of the British Mandate (1944-1948)**

**The Immigrant Medical Services Organization (IMS) 1944–1953**

**The need to provide medical services in the immigrant camps and hospitals following the Second World War led the Jewish National Council and its Healthcare Department to establish the Immigrant Medical Services (IMS) – an institution that was managed by various authorities and operated under difficult economic conditions. Its function was to handle the medical aspects of the immigrants’ absorption process with the support of the various healthcare institutions: Hadassah, the HMO (Health Maintenance Organization), the Magen David Adom ambulance service, WIZO (Women’s International Zionist Organization), and the hospitals. The eagerly anticipated wave of aliyah began in 1944 with the beginning of the flight from Europe. The composition of the immigrants was markedly different. There were more women and children and less young people of working age. Most of them lacked any professional training and physical capabilities, and above all, many of them suffered from a poor state of health, flagging spirits, and poor nutrition. A large percentage of the immigrants were unable to participate in any work due to their age and chronic illness. The immigrants who came from the East, especially from Asia, included some 40% suffering from illnesses such as: tuberculosis, dermatological ailments, eye, and kidney diseases. The children suffered from dystrophy, atrophy, and rickets. The political situation in their countries of origin did not enable any selection process as had been the norm in previous rounds of aliyah4. The special characteristics of this aliyah described above, required the authorities to expand the existing medical and social services, which until then had been sufficient to provide a suitable response to the needs of the small Jewish settlement in pre-State Israel. Now, there was a strong need for a special medical mechanism to deal with the immigrants, to accompany them from their place of departure to their absorption in Palestine. The Medical Development Committee operating on behalf of the Jewish National Council recommended establishing healthcare services for the pre-State Jewish settlement, to be run by the JNC’s Healthcare Department as part of the medical service of the pre-State Jewish settlement, and it was to operate in conjunction with the Jewish Agency’s Immigrant Absorption Department. The proposal was that in the countries of origin, and especially in those countries in the East lacking sufficient local healthcare services, medical stations would be established to check the immigrants and then sort them according to their medical status, and also for the purpose of providing initial medical treatment, curing severe illnesses, quarantining those patients with infectious diseases, disinfecting the clothes, public diplomacy, etc.**

**Each station was to be manned by a physician and a nurse. The recommendation was that the immigrants would be accompanied by a physician and a nurse on the trip to Mandatory Palestine, and on their arrival would be concentrated in camps adjacent to the port. The immigrants would be administered initial medical and social treatment in the camps (disinfection, inoculations, clothes, shoes, etc.). Those infirm in need of hospitalization would be sent to hospital and on completion of the medical checkup, the immigrants would be forwarded to their eventual places of residence or to immigrant camps. The immigrants were to remain for up to four weeks of treatment in the camps, which were to house some 500 people. Here, patient waiting rooms and clinics were to be established along with special recuperation rooms. Accommodation for babies were also to be arranged under the supervision of nurses, nursery nurses, and kindergarten teachers. At the camp, the immigrants would be registered with the various HMOs. On completion of their stay at the camp, the camp would then undergo thorough disinfection in order to prepare it for taking in a new group of immigrants. In order to implement the plan, it was recommended that the JNC’s Healthcare Department would establish a central healthcare service to be composed from the chief immigration physician, a chief nurse and a number of additional employees. The Immigrant Medical Services functions included:**

**... All these led to the formulation of a plan for the establishment of the Immigrant Medical Services by the Jewish National Council.**

**Dr. Yassky, the Director of Hadassah, who was a visionary, even at the time looked ahead and related to the period that was to follow the war: in a review he presented to the Hadassah Council, he divided up the needs into three different areas: prevention, curative treatment and the education of medical staff.**

**At the time, Admiral Stephenson had finished writing the report that had been commissioned by the British government relating to the state of public health in Mandatory Palestine, and its findings were consistent with those of Dr. Yassky and his plans. Pride of place was attributed to Hadassah’s activity in all the plans. Dr. Yassky believed that Hadassah and the HMO would be able to bolster the status of the Healthcare Department. In his conclusion, Dr. Yassky recommended improving the medical treatment provided to the new immigrants in conjunction with the JNC and the HMO. He was of the opinion that the services should be financed by a dedicated fund to be established for that purpose, in which the following entities should participate:**

**The HMO – ambulatory services.**

**Hadassah – preventive medicine.**

**The Jewish Agency and the Jewish National Council – rehabilitation.**

**The government, the HMO and Hadassah – hospitalization.**

**In order to improve relations with the government, Dr. Yassky recommended setting up an advisory health council for the government Healthcare Department which would include representation for the medical institutions of the pre-State Jewish settlement9.**

**In June 1944, Dr. Yassky submitted a 12-page document with recommendations for the development of the healthcare services at the end of the war. The plan was based on a number of basic factors deriving from the fact that the mass immigration would have a considerable impact on the population of the pre-State Jewish settlement with regard to a broad variety of aspects: public health, the economy, politics, agriculture, industry, construction, etc. At that time, it was not possible to estimate the scope of the anticipated mass immigration, and despite the fact that the ‘100,000 Plan’ was only formulated several years afterwards, Yassky’s plan was extremely comprehensive and detailed, including rural districts, towns and hospitalization throughout the country. The plan was based on the assumption that after the war, the population in pre-State Israel would reach 600,000, and it proposed the expansion and organization of the community services, government funding for an additional 900 hospital beds for the Jewish population, an additional 400 hospital beds for tuberculosis patients, and 600 hospital beds for the chronically ill. The government was to be responsible for the treatment of the mentally ill.**

**The plan was built based on the belief that no more than 100,000 immigrants would arrive per year, so that in the first five years following the war, the immigrant population would reach a half a million. It was anticipated that the immigrants arriving as part of this special wave of aliyah would be suffering from a very poor state of both mental and physical health, and would be completely dependent on the pre-State authorities, which required the development of preventive health and nutrition services, together with accommodation, in addition to increased government aid. In order to guarantee the plan’s success, it was also necessary to arrange medical insurance for the immigrants, to be budgeted for by the pre-State authorities. Dr. Yassky claimed that there was a need to ensure a budgetary source both in pre-State Israel and the Diaspora, and to train the medical staff by establishing a medical faculty, expanding the nursing school, opening institutions for both the training and continuing professional development courses of the medical staff.**

**The Jewish National Council established a public committee to discuss the treatment of the immigrants. The first two sessions were dedicated to the service’s budget. Subsequent to many months of discussion, Dr. Grushka was appointed as the physician and supervisor of the services (without an office or administrative services). The press blamed Dr. Katznelson from the JNC, the committee chairman, that due to the ongoing meetings no maternity or tuberculosis institutions had been opened at that time. Dr. Meir from the HMO recommended that Dr. Katznelson should inform the Jewish Agency of the dismantling of the committee so that it should not bear any liability for the situation. Out of agreement with Dr. Meir’s position, Dr. Katznelson then approached Eliezer Kaplan, the Jewish Agency’s treasurer. He explained that it was necessary to ensure that a position should be set aside for Dr. Grushka as the director of the service, and to put it into operation11.**

**In the early 1950’s, the number of immigrants began to decrease and the IMS took steps to cut back its activity. Many of its employees went to work at the HMO or the Ministry of Health, others were either dismissed or retired. The eventual termination of the IMO’s activity did not put an end to the medical treatment or the arguments and discussions surrounding it.**

**Despite the differences in approach that emerged among the various partners involved in managing the service, during a period of depleting resources and organizational difficulties, the IMO succeeded in providing sufficient healthcare services to thousands of immigrants in the camps and the immigrants’ accommodation, and all those who came to Israel from the camps in Europe, Eden, Cyprus, and Mauritius, as shall be explained in greater detail below.**

The IMS’s aim was to manage various medical aspects of Jewish immigrants amid fears of morbidity and the spread of diseases, including medical screening, entry examinations, and medical insurance. The IMS was initially managed by a physician from Hadassah, Dr. Theodor Grushka, and became fully managed by Hadassah in 1946. The management of the IMS was transferred to the Israeli government in 1949 (7).

Preparations to absorb Jewish immigrants into the Settlement began before Israeli independence in 1948. It was clear that a comprehensive medical system would be required to care for these immigrants throughout their journeys to Mandatory Palestine. In 1944, the Jewish National Council recommended the establishment of a new medical service, which would be managed by the Jewish National Council in collaboration with the Jewish Agency (8). The plan was to establish medical stations in immigrants’ countries of origin where medical services were inadequate (especially in North Africa and the Middle East). Staff at these stations would examine and triage immigrants, and, among other things, provide initial medical care and isolate those with infectious diseases. In the Settlement and later in Israel, Jewish immigrants would receive medical and nursing assistance. Those who needed it would be transferred to hospitals and after examination, to permanent residences or immigrant camps, where various services, including clinics, would be established. All Jewish immigrants would be registered with an HMO. The Jewish National Council would establish a central medical service to implement this program (9).

Funding for medical services was to be provided by the Jewish Agency. However, the Agency proved unable to do so. Clalit also ran into financial hardship and demanded that the Jewish Agency fund half of the costs of medical treatment. The deteriorating financial situation led Clalit to threaten to cease providing medical care for Jewish immigrants (10, 11). The Settlement was concerned that the prevalence of disease would be used by the British government as a reason to ban Jewish immigration to Palestine (12).

These difficulties, and the desire to ensure mass Jewish immigration to British Mandatory Palestine, led to the establishment of the IMS by the Jewish National Council. Hadassah was asked to manage the newly established service. Dr. Chaim Yassky (1869–1948), the medical director of Hadassah Hospital on Mount Scopus, was a visionary who already anticipated the circumstances that would arise following the World War II. He pointed to three areas of medical needs: prevention, curative treatment, and medical staff education. Yassky believed that Jewish medical services should be financed by a dedicated, newly established fund and be provided by different bodies: ambulatory services by Clalit, preventive medicine by Hadassah, and rehabilitation by the Jewish Agency and the Jewish National Council. The Jewish government would manage Clalit, while Hadassah would be responsible for hospital services. In June 1944, Yassky made recommendations for the development of medical services after World War II. Under the assumption that the Jewish population in British Mandatory Palestine after the Second World War would number around 600,000, Yassky recommended expanding and organizing community health services and adding hundreds of hospital beds, including 440 for tuberculosis patients and 600 for other diseases, all funded by the government. The government would also fund services for people suffering from mental health difficulties (13).

Hadassah’s plan assumed that no more than 100,000 Jews would immigrate to British Mandatory Palestine each year, and that therefore five years following the Second World War, the population of the Settlement would swell by half a million. Since these new Jewish immigrants were assumed to have poor mental and physical health, the plan called for the development of preventive medicine, medical insurance, nutrition, and housing services, and increased government assistance. Training of medical staff would be carried out by establishing a medical faculty and continuing education facilities, and expanding the nursing school. Technical medical staff would be trained at the Hebrew University in collaboration with Hadassah (13).

Dr. Theodor Grushka from Hadassah was appointed Medical Director and Supervisor of the IMS (14, 15). A plan was developed to provide Jewish immigrants with free hospitalization in Hadassah hospital for a period of six months (15). Despite prolonged discussions, there were no significant changes to how medical services were provided to Jewish immigrants in 1945. However, the Jewish National Council’s new health department began operating under Grushka’s directorship, and asked Hadassah to consider collaborating with, and funding the IMS. In June 1945, the Jewish Agency asked Hadassah to increase its share in funding the IMS. It was proposed that Hadassah manage the Jewish National Council’s health department. Hadassah believed that the Jewish Agency would finance half the cost if Hadassah agreed to do so (16).

In the meantime, the IMS was deteriorating. Its director, Grushka, lacked the authority, the staff, and the budget to develop adequate health services. In July 1945, he tendered his resignation but was asked to withdraw it. In September, Grushka met with the Jewish Agency’s Aliyah Department and agreed to submit a proposal for continuing the activity of the IMS. However, the IMS continued to deteriorate, and a month later, in October, Grushka resigned (19). He may have changed his mind had he known how close the IMS and Hadassah were to signing an agreement, but he was utterly worn out (20). The first draft of the agreement with Hadassah had been drawn up in May 1945, and at the end of that month, the final draft was approved by all the institutions (21).

In October 1945, a proposal was discussed by Hadassah to send a delegation from the United States to British Mandatory Palestine. There, Hadassah would work with the JDC and the United Nations Relief and Rehabilitation Administration (UNRRA) to develop infrastructure for the 100,000 Jews expected to arrive from displaced persons’ (DP) camps in Europe. The idea appeared to align well with Hadassah’s vision.

A year later, a formal agreement to transfer management of the IMS to Hadassah was signed by the Jewish Agency, Hadassah, and the Jewish National Council. Hadassah director Yassky saw the circumstances as “testing times” for the organization.

The challenge of absorbing the Jewish immigrants is beyond the routine work of the medical institutions in the Land [of Israel] and will require all the institutions to take it upon themselves to provide health services and mental rehabilitation for the Jewish immigrants and to support their adjustment to the conditions of the land (22).

In May 1946, the Jewish Agency, Hadassah, Clalit, and the Jewish National Council noted that there were many disabled Jews in the DP camps in Europe (23). The JDC was recruited to help address this challenge. It was agreed that the IMS would make the decisions about immigration of Jews who were sick or had disabilities, while UNRRA and the JDC would help to bring Jewish immigrants to British Mandatory Palestine (23).

A month later, in June 1946, an agreement between the Jewish National Council and Hadassah was signed to transfer medical services to Hadassah’s management. Hadassah was to be responsible for meeting the medical needs of Jewish immigrants and for the management of the IMS. The IMS would be in charge of examining Jewish immigrants upon their arrival in British Mandatory Palestine. Among other things, it would provide medical services in immigrant housing and transit camps, general and specialized hospitalization, convalescence, medical equipment supplies, dental care, and preventive medicine. The IMS would not operate outside of British Mandatory Palestine, and the medical examination of Jewish immigrants abroad would be carried out by the Jewish Agency. Health services would be funded for immigrants for one year, at the end of which the IMS would have no further obligations toward them (excluding those who had been hospitalized or who were still in hospital). Hadassah was authorized to collect fees from patients and their families to partially cover the costs of medical services. The fees would be determined according to an individual’s HMO membership and financial situation. It was also agreed that funds be allocated to the IMS by the British Mandatory government (24). Following the transfer of IMS management to Hadassah, Grushka was reinstated as director.

Various waves of Jewish immigration brought different medical problems, creating difficulties for Hadassah in managing the IMS as originally planned. The British Mandatory government deported illegal Jewish immigrants to Cyprus. A camp was established in British Mandatory Palestine for about 500 infants and their parents who had been returned from the Cyprus camps. Apart from caring for the residents in this camp, IMS activities were limited (25, pp.14-15).

In 1946, British policy restricted Jewish immigration to Mandatory Palestine to a quota of 1,500 per month. A total of 18,200 Jews arrived in British Mandatory Palestine that year including 3,106 legal and 12,706 illegal immigrants (26). The British Department of Health closely monitored the Jewish immigrants and their health status. (27).

Acquiring the IMS directorship was a dream come true for Hadassah (28). Yassky addressed the Hadassah employees with excitement, writing that:

We have taken upon ourselves an enormous role, which will require extreme effort from each employee and each department, but I am confident that each one of you will be delighted to accept the great role…and would fully commit to helping (29).

The shortage of hospital beds came up for discussion in the first management meeting of IMS in 1946. The IMS intended to establish six camps to house some 600 Jewish immigrants. Each camp would have a clinic, wards, and accommodation for medical staff. Some would also have pediatric facilities and maternity rooms (30). The IMS also agreed to develop three plans to expand the health services: building a central hospital, the construction of temporary barracks near the existing facilities, and the expansion of existing institutions (31).

It soon became clear to Hadassah how inaccurate the early assumptions about costs had been. Preliminary estimates that had set the monthly expenditure per person at about 2,500 Palestine Pounds (£P, the currency of British Mandatory Palestine from November 1, 1927 to May 14, 1948, and of the State of Israel until June 23 1952; the currency was equal in value to the British pound sterling) were wrong. Hadassah increased the estimate to £P40,000 per year or £P3,300 per month, but in reality, the monthly expenditure was £P9,600. Maintaining a hospital in the Atlit detention camp further increased the annual cost by £P108,000 (32). Hadassah also invested resources in expanding buildings and infrastructure. (34).

The establishment of the IMS required changes in its relationship with Clalit. Some of the health services provided by Clalit became the responsibility of Hadassah. New rules of procedure for the IMS stipulated that each Jewish immigrant must undergo a physical examination prior to receiving medical care. Those who were sent to camps were examined there, while those sent directly to permanent housing were examined by local HMO physicians. Immigrants who did not undergo physical examination during the first month after their arrival were not entitled to HMO health services.

Health services in the camps were provided exclusively by the IMS on behalf of Hadassah. The Jewish immigrants were asked to choose an HMO and the Jewish Agency then provided medical insurance for the first three months after they had left the camps. Immigrants who were unwell, and women in labor, were admitted to their local hospitals free of charge. Patients with severe conditions, such as tuberculosis and mental illness, did not join the HMOs. Instead, their treatment was funded by the Jewish Agency.

Emergency dental treatment was provided by the IMS upon immigration. However, the IMS did not provide rehabilitation services (such as fitting prostheses), or treatment for terminally ill immigrants, unless they required active intervention. Preventive medical treatment was provided in the camps and immigrant housing by Hadassah nurses. This was, in fact, Israel’s first “medical services basket” and was managed and controlled by Hadassah (35). The available budget was insufficient to care for patients with chronic conditions, terminal diseases, mental illnesses, and tuberculosis (36).

The Advisory Council for the IMS first convened in December 1946 (37). The Zionist Congress also convened in December 1946, and Hadassah saw this as an opportunity to present its plans for discussion and to request additional budget. (38). Hadassah’s requests to the Zionist Congress to increase its budget failed, which severely affected Hadassah’s situation, and it ended up caring for patients with chronic conditions and mental illnesses for extended periods without adequate funding.

By February 1947, the IMS had still not been included in discussions about establishing immigrant camps and their sanitation. A program initiated by Hadassah to build a field hospital was also frozen (40). Another unresolved issue was the shortage of medical staff, particularly of the additional 100–200 nurses required to care for patients. The situation called for speedy action, but no progress was made during the first year and half of the IMS’s existence (41).

Tuberculosis was of great concern to Hadassah. A rise in the number of Jewish immigrants with that disease had led to a severe shortage of hospital beds (42). Toward the end of 1947, the IMS estimated that if Jewish immigration continued at a rate of 15,000 new immigrants each year, an additional 150 hospital beds for patients with tuberculosis would be required. Hadassah intended to add 100 new beds for such patients. Patients with tuberculosis remained in Hadassah hospital in Jerusalem for extended periods, with an average stay of more than six months. Those Jewish detainees in Cyprus who suffered from tuberculosis were transferred to British Mandatory Palestine. There were more hospital admissions for tuberculosis than discharges. The hospitalization plan had not taken into account the many cases of bone tuberculosis diagnosed during 1947 (43). Despite the increasing need for hospitalization, at the end of 1947, the IMS’s budget was cut for the following financial year.Many Jewish immigrants who were hospitalized while living in camps or immigrant housing exhausted their medical insurance and were entirely dependent on the services provided by the IMS (44).

In September 1947, the United Nations Special Committee on Palestine (UNSCOP) recommended the termination of the British Mandate and the partition of its territory between Jews and Arabs. Jewish immigration was set to increase, and the Settlement had no medical solutions to the problems that were expected to arise as a result. Medical staff in the Jewish illegal immigrant camps in Cyprus warned of a shortage of hospital beds and questioned the country’s readiness to receive patients, as did staff in DP camps in Germany (43).

Based on the previous working years’ experience, a plan was drawn up for the absorption of 150,000 Jewish immigrants. Rather than the construction of a new hospital, plans were made to increase the number of beds in existing hospitals. The British Mandatory government discontinued the construction of a new hospital near Tel Litvinsky (Tel HaShomer) and a tuberculosis hospital in Kfar Saba. Hadassah hospital on Mount Scopus required a budget increase of £P650,000 (46).

As 1947 drew to a close, the financial state of the IMS worsened. Safety concerns on the eve of the 1948 Arab-Israeli War made it impossible for the relevant bodies to convene a meeting and resolve the difficult situation. Hadassah was forced to cover the IMS’s additional budget deficits (47, 48).

**The Immigrant Medical Services Organization during the first years of the State of Israel (1948-1953)**

Following the United Nations’ adoption of the Partition Plan for Palestine, Hadassah was busy preparing an operational plan for deployment after the establishment of the State of Israel (49). The Hadassah Council convened in May 1948 and resolved not to reduce its services and to increase its budget for that year to $3 million. This allowed Hadassah to increase its involvement in providing medical services after Israeli independence (50). With an increase in the number of Jewish immigrants, and 8,000 more expected to arrive from the detention camps in Cyprus, the IMS opened clinics in five new immigrant camps without an adequate budget increase. (51).

Although Hadassah was an American organization, its commitment and direct involvement in caring for Jewish immigrants made it operate as a local organization. This is evident from Yassky’s opening address to the IMS at a meeting in February 1948:

As you all know, for the past two years, I have taken any opportunity to point out to anyone involved in Jewish immigration that we are not ready to absorb the *new* immigrants, neither in the economic sense nor in the organizational sense, and it saddens me to say that nothing has actually been done to make us ready (52).

From Yassky’s point of view, the meeting had significant outcomes. New arrangements were made, and an additional budget was allocated to cope with the imminent release of Jewish detainees in Cyprus and increased Jewish immigration. The budget deficit of the IMS between October 1947 and January 1948 was more than £P2,500, owing to the unexpectedly large number of immigrants. These included many patients with tuberculosis, a large number of whom needed hospitalization. The dangerous security situation during the 1948 Arab-Israeli War made it difficult to transfer patients to Hadassah (53).

In March 1948, Jerusalem was intermittently cut off from the coastal plain region as a result of attacks by Arab militias during the 1948 Arab-Israeli War. The journey from Hadassah hospital on Mount Scopus to the Jewish-controlled sector of Jerusalem had become perilous. Most hospital beds were occupied by wounded Jewish soldiers.Meanwhile, the number of Jewish immigrants kept growing. The absorption of immigrants during the 1948 Arab-Israeli War was difficult, and it was even harder to assess what to prepare for (54).

Hadassah felt that it had reached the end of its financial capabilities. It considered two options: continue managing the IMS, provided that the Jewish Agency committed to covering its high expenses, or to bow out. Hadassah feared that any further diversion of its own budget to the IMS would jeopardize emergency health services at Hadassah hospital and paralyze its activities (55). A month later, Yassky informed the Jewish Agency that Hadassah was reducing its participation in funding the IMS to £P80,000 (56). These were Yassky’s final days (57). On April 13, 1948, Arab soldiers ambushed a humanitarian medical convoy making its way to Hadassah hospital on Mount Scopus, killing 78 people, including Yassky.

In 1948, Jewish immigration peaked. By the end of November 1949, some 700,000 Jews had immigrated to the fledgling State of Israel. As the population grew, so did health issues. During this time, the demographics of the immigrant population changed. After the 1948 Arab-Israeli War, increasing numbers of Jewish women and children immigrated to Israel. The physical and emotional health of these immigrants was poor, and many were malnourished. Among the Jews who immigrated from Arab and North African states, approximately 40 percent suffered from tuberculosis, skin, eye, and kidney conditions. Immigrant children suffered from weakness and rickets caused by malnutrition (58).

The question of the immigration of European Jews, many of whom were Holocaust survivors with severe illnesses, was first raised when the British government announced its date of departure from Mandatory Palestine on May 15, 1948. At that time, the Israeli Ministry of Health was still being established. In July 1949, an agreement was signed between the Israeli government and Hadassah, which stipulated that Hadassah would continue to manage the IMS, and the new Israeli Ministry of Health would finance any budget shortfall (60). By mid-September 1948, Hadassah had not received any funds. It formally declared that it would no longer be financially responsible for the IMS (61).The nascent Israeli Ministry of Health, which was preoccupied with providing health services to those wounded in the 1948 Arab-Israeli War, requested that Hadassah continue to manage the IMS at least until the end of the year. Hadassah acquiesced, provided that the Jewish Agency financed any expenses that exceeded the budget (62). On May 13, 1949, Israel announced that the Jewish Agency, rather than the government, would fund the IMS. Thus, the funding situation was back to where it had started, and the IMS was on the verge of another crisis—except this time, it was contending with the mass Jewish immigration that began after the 1948 Arab-Israeli War.

After Israeli independence in 1948, the IMS operated clinics and health services in 21 immigrant camps. However, it struggled with a severely depleted workforce and increasing requirements for hospitalization (63). Medical services in the camps included administering vaccines for smallpox and typhoid fever, testing for infectious diseases, disinfecting immigrants, isolating patients with contagious diseases, and performing blood tests and chest X-rays (64). There was a desperate need for services for new immigrants who could not go through the regular immigration process, in particular those with complex conditions and disabilities. These services required additional funding.

In April 1949, Israel’s immigration camps housed approximately 50,000 Jews, and their population was increasing daily. At the same time, the DP camps in Europe were closing, and Israel was forced to accelerate the immigration of sick Jews. During 1949–1950, the magnitude of the expected immigration required an extra 3,600 general hospital beds and a similar number of specialist beds for patients with tuberculosis, mental illnesses, and disabilities (65).

**The role of the JDC and the establishment of Malben**

During the 1948 Arab-Israeli War, the JDC had expanded its activity in Europe and in British-run detention camps. Much like Hadassah, the JDC helped coordinate activities and mediate between institutions in Israel and in the United States and Britain. The JDC also increased its involvement in the rescue of European Jews, but unlike Hadassah, did not operate in Israel until 1949 (66, p.44).

Four days after Israel’s first Independence Day celebrations on May 14, 1949, the JDC convened a conference in Munich to discuss the difficult situation in Israel. It was decided to slow down Jewish immigration, even though the closure of 28 of the 62 DP camps in Europe demanded an immediate solution. Pressure from Jews seeking to immigrate to Israel was mounting (67). Meanwhile, caring for severe medical cases, including chronic conditions, mental illnesses, and tuberculosis, had become a significant burden on Israel’s health services. (68).

In June 1949, Grushka resigned as director of IMS, (25, p.36). The Israeli government took over management of the IMS (69).However, the difficulties continued to intensify, and the departure of Hadassah only exacerbated them. There were rising demands on the budget and on the provision of medical care for immigrants (70). The solution to these problems came from the JDC, which agreed to establish inpatient institutions for new immigrants, provided it was accepted as a full partner in their management (71).

The adoption of a policy of medical selection and a ban on immigration for Jews with medical conditions provoked anger and frustration. It was now clear that bringing Jews with medical conditions and disabilities to Israel was the only viable solution to expediting the immigration process. At this time, the JDC was searching for a new mission. The creation of a new organization for Jewish immigrants with disabilities was an opportunity for the JDC to take on a new role. (72, p.14–15). At the end of 1949, the Jewish Agency, the Israeli government, and the JDC agreed to establish a new institution, Malben, (a Hebrew acronym for Organization for the Care of Handicapped Immigrants), to care for immigrants with severe medical conditions (73, 74). The establishment of Malben marked the beginning of the JDC’s operation in Israel (72, p.10-11; 75). The JDC was designated as manager of Malben. (76, p.48). The Israeli government finally took over the management of Malben from the JDC in 1976.

**Conclusions:**

**Until the establishment of the state and despite the economic hardship, the pre-State Jewish settlement felt a strong sense of commitment to the healthcare of the community in Mandatory Palestine and in those countries where the Jews had been living, mainly in Europe and the concentrations of refugees making their way to pre-State Israel.**

**Illegal immigrants who were deported and then imprisoned in camps, which were essentially out-and-out prisoner-of-war camps, were granted medical assistance by the pre-State Jewish settlement. This was also the case with regard to the camps in pre-State Israel and the displaced persons camps across Europe. This aid was funded with the help of philanthropic and humanitarian organizations, chiefly Hadassah and the JDC, which have been described in this article – most of them Jewish organizations.**

**The motives for providing the medical aid were not purely humanitarian. They resulted from the reality of the situation at that time, which should be examined via the prism of the overall political, social, military and healthcare context of that specific period.**

**At the end of the Second World War, the Zionist movement had ostensibly come to a dead end. The White Paper appeared to have passed a death sentence on Jewish immigration and settlement activity. Notwithstanding, the years spanning the period from the end of the Second World War to the vote on the United Nations Partition Plan were dynamic and of cardinal importance in the struggle of both the pre-State Jewish settlement and the surviving remnants of European Jewry in the displaced persons camps. The pre-State Jewish settlement conducted a struggle that combined elements of defying the British government on issues of aliyah and settlement, while engaging in efforts to convince the world of the justness of Zionism in view of the Holocaust that had decimated European Jewry.**

**Faced with this trend, the Jewish presence in Mandatory Palestine enjoyed rapid development, to a large extent due to the British government itself, which imposed an efficient administrative regime there, gave rise to economic growth during the war and helped the Jewish population there with industrial development and at certain periods even also with military recruitment and training.**

**As a rule, the British government based its administration in the colonies under its rule on decision making in three key spheres – political, social and economic – while determining a clear order of priorities among these fields. During the period of the Immigrant Medical Services Organization prior to the establishment of the state, the British government shifted its focus from economic interests and limited local goals to a broader view of things, during the Second World War years. As such, the British government formulated plans for development of the colonies and the welfare of their inhabitants, in order to placate global public opinion3.**

**Following the Second World War, Mandatory Palestine gained a different status to that of the other colonies. The British Empire encountered considerable difficulties in running the daily affairs of Mandatory Palestine. It thus also requested that the US administration should take part in the Anglo-American Committee of Inquiry, which was tasked with examining the situation at the time in Mandatory Palestine. Eventually, the task of addressing the question of Mandatory Palestine was given over to the United Nations.**

**In comparison with other colonial governments, the British government was both patient and advanced. Tens of thousands of the Jewish residents in the pre-State Jewish settlement chose to join up and serve in the Allied forces, were trained and equipped by the British. Physicians and nurses drew on the knowledge and experience gained from their work and service in the British army, which were then later put to practice in the War of Independence and the immigrant camps.**

**During the British Mandate period a fundamental change occurred in the field of medicine. In parallel to the government health institutions, the Jewish institutions undertook their own activity and supported their own healthcare institutions. For this purpose, the pre-State Jewish settlement turned to the institutions of Hadassah, which had begun its activity in pre-State Israel during the First World War (1918), and the Clalit HMO which was founded in 1911. The pre-State Jewish settlement also used the services of the Magen David Adom ambulance service, which was founded in 19196.**

**The state of health of the Jewish population in pre-State Israel was characterized by a trend of constant improvement. There was also a concomitant improvement in the state of health of the Arab population in comparison with that of the neighboring Arab states. Some of the Arabs in Mandatory Palestine also benefited from the Jewish healthcare services. They were admitted to the Hadassah hospitals and the Clalit Health Services clinics for both humanitarian and political reasons7. The Jewish healthcare institutions’ demands resulted from their desire to develop services at a level akin with the accepted norm in both Europe and America. The British government’s healthcare policy was identical to that of the Crown’s other colonies, according to which the government focused on administrative issues, sanitation, hygiene and oversight.**

**The coordinating entity of the healthcare services in the Jewish settlement in the British Mandate was the JNC’s Healthcare Department. However, the JNC lacked both the authority and the institutions to influence and direct healthcare policy. Hadassah and the HMO operated via the organizations from which they had evolved – Hadassah via its ties in America, and the HMO with the support of the General Federation of Labor in the Land of Israel. The complex state of the healthcare services immediately following the establishment of the State of Israel, led the Zionist leadership to ask that these services should remain under the authority of the Jewish Agency. Eventually, the Ministry of Health was established by the nascent Israeli government, and management of the healthcare services for the new immigrants was transferred to its authority.**

In hindsight, it is clear that the establishment of the IMS was the *only* solution for the absorption of Jewish immigrants amid fears of disease and infection. Only through such a managed process was it possible to provide adequate medical care and ensure that Jewish immigrants could transition to permanent residents with all the necessary medical certificates that this entailed. Otherwise, the nascent healthcare system would not have been able to cope with all of the health problems that arose due to the largescale immigration.

American Jewish volunteer organizations, especially Hadassah, provided vital assistance in establishing the IMS. The Settlement was initially ambivalent toward these American organizations. However, it also desperately needed the physical and economic support they offered (72, p.1-17)

It was the help of Hadassah, JDC, and other organizations that enabled the nascent Israeli government to change its policy from selective to non-selective health immigration, which opened the doors to every Jew who wished to immigrate to Israel.

The establishment of the IMS in 1944 was exceptional in its importance and contribution to the development of medical services in Israel. This is mainly because, after Israeli independence in 1948, the IMS constituted the basis and infrastructure for the establishment of medical services in Jewish immigrant camps in the new state. The period from 1948-1953 saw some 250,000 Jews immigrate to Israel—more than the total population of the pre-state Settlement. Despite the health risks faced by Jewish immigrants in Israel, their new country had few resources. The IMS had to contend with complicated medical conditions amid a severe shortage of cash, equipment, and skilled human resources. The assistance of Hadassah and the JDC was vital (73, pp, 45-75). These organizations worked very closely with Israel’s newly-established state institutions. The IMS and Malben, the institutions established by Hadassah and the JDC, were vital to the success of the Israeli health system. The contribution of the IMS was reflected in key public health indicators, including reduced infant mortality and the eradication of epidemics. The IMS also played a role in the creation of Israel’s current system of medical insurance. In retrospect, it is clear that Israel owes an enormous debt of gratitude to those few medical professionals who did their best to ensure the public health of those Jews who immigrated to Israel after 1948 and, with the help of Hadassah and the JDC, helped secure the future of Israel’s health system.

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