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

**Abstract**

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**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 (hereinafter: “the Settlement”) in British Mandatory Palestine intensified after the Holocaust. It was expressed in various ways, particularly through economic and humanitarian aid.

e establishment of medical services for the Jews of the Settlement were : The Women’s Zionist Organization of America. E, they quicklyhealth . Their aim was to help the Settlement build capacity so that Jews could provide these services for themselves in the future. Jewish health services in the Settlement began in 1911 with the establishment of the Clalit Health Fund ( “Clalit”) and later hospitals and a nursing school run by Hadassah.

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**

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. Hadassah also mobilized all its resources in the United States to promote Jewish immigration to the Settlement. After the establishment of the State of Israel in 1948, Hadassah sought to focus its activities in Jerusalem, whereas the Israeli government wanted Hadassah to maintain its hospitals throughout the country and establish a medical faculty in Jerusalem (1, p. 440–461; 2, p.65–101). 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). They included Amamit, which was established by Hadassah in 1931 and provided health insurance to farmers and in immigrant camps. 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). 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). The plan was devised by Dr. Avraham Katzenelson of the Jewish National Council (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).

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

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. Furthermore, negotiations between the Jewish National Council and the British Mandatory government were repeatedly failing because of mutual suspicion and political motives. 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 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. The plan assumed that Jewish immigration would affect many aspects of life in the Settlement, including public health. 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).

Amid rising public interest in the Settlement around questions surrounding medical care for Jewish immigrants, the Jewish National Council established a public committee to discuss the topic. Dr. Theodor Grushka from Hadassah was appointed Medical Director and Supervisor of Health Services (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. The small number of Jewish immigrants, and the fact that the Settlement was preoccupied with other struggles, also contributed to the delay in implementing the plan. 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. Hadassah had already provided $10,000 for nursing services in the Jewish immigrant camps and did not wish to contribute to the overall budget of 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 October 1945, a proposal was discussed to send a delegation from Hadassah in 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; as Dr. Yassky pointed out in his reply, “History had changed since 1916 when Hadassah had to send doctors and nurses from the United States to the Land of Israel,” (17) referring to the fact that there were now local medical personnel who could serve the population of the Yishuv.

In the meantime, the IMS was deteriorating. Its director, Grushka, lacked the authority, the staff, and the budget to develop adequate health services. At the end of June 1945, Grushka wrote: “The personal status of the director of the IMS is that of a bankrupt who is unable to pay their debts” (18). 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).

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:

In the current circumstances, we will soon face the necessity to absorb [the Jewish immigrants] in a very short time indeed. These will be testing times for our movement. Our future will be weighed and measured by our success in absorbing the Jewish immigrants. 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 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 was signed to transfer medical services from the Jewish National Council to Hadassah. Hadassah was to be responsible for meeting the medical needs of Jewish immigrants and for the management of the IMS. The Central Bureau of Hygiene Services and two representatives of the Jewish Agency were to be responsible for overall supervision 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 medical assistance to immigrants who had no rights with another provider, 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. The Jewish Agency would make its financial contribution to Hadassah on a quarterly basis, and in case of budget surplus, the money would be paid back to the Jewish Agency. Those working for the IMS were considered Hadassah employees and received their salaries from Hadassah. Hadassah committed to appointing additional employees at its discretion, except for the director of the IMS, who would be appointed by mutual agreement between Hadassah and the Jewish Agency. It was also agreed that funds allocated to the IMS by the British Mandatory government would be credited to the Jewish National Council’s account for its participation in funding the IMS (24). Following the transfer of the 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. An camp was established in Ra’anana 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, the IMS’s 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. According to reports from that period, about 200 Jews entered the port of Haifa each month. They were all found to be healthy when examined by a physician and were granted permission to enter the country (27).

Acquiring the directorship of the IMS was a dream come true for Hadassah, with the formal ceremony of the signing of the agreement reported in the Yishuv’s morning newspapers (28). Yassky addressed the Hadassah employees with excitement, a written announcing 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 IMS’s offices were located in Hadassah hospital in Jerusalem. This was no mere coincidence: the administrative management of the IMS was assigned to H.S. Halevi from the Hadassah administration, and Chaja Zaslavsky-Kopilevitch of Hadassah was appointed as head nurse. Dr. Yassky appointed an advisory council that he himself headed (29).

The shortage of hospital beds came up for discussion in the first management meeting of the IMS. 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 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. It anticipated that during the 22nd Jewish Congress that was about to convene in Basel in December 1946, the issue of the IMS would be discussed and its budget corrected (33). The advisory committee to the IMS had also been informed about the revised data and calculations that were presented to the Jewish Agency (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. Travel expenses were reimbursed by the IMS for patients required to travel for treatment. Patients sent to a sanitarium for continuing care received IMS funding for up to 15 days’ stay, but travel expenses were not covered. 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). Several issues were not resolved in the agreement. 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. One of the members elected to serve on the council was Dr. Chaim Sheba from Clalit, who contributed extensively to Jewish immigration and the immigrants themselves. He was later appointed as director of Israel’s Ministry of Health (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. In Yassky’s opinion, the deportation of illegal Jewish immigrants to Cyprus that month, and the anticipated arrival of more immigrants to British Mandatory Palestine, necessitated that the Zionist Congress dedicate a session to the IMS (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.

Although Yassky did not travel to the Zionist Congress, he hoped that Hadassah’s representatives would be able to discuss the IMS. He told them: “Now, more than ever, we are of the opinion that the medical team in the immigrant camps should be permanent and responsible for the IMS.” Yassky restated his opinion that the optimal solution was to establish a general council that would deal with the immigrant issue (39).However, a general council was not established until the 1950s.

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 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 budget was cut to £P120,000 for the following financial year.

The budget cut was divided as follows: £P400 to the Atlit hospital; £P3,600 for people with lung diseases; £P860 for convalescence; £P3,200 for help with immigrant housing; £P13,000 for dental care; and £P1,500 for mental health. 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. Yassky was working to establish a field hospital, while Dr. Meir, the medical director of Clalit, proposed a plan to decentralize hospitalization and increase the number of hospital beds. Both alerted the Yishuv administration about the upcoming issues. However, no additional hospital beds were provided.

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). Sentiments within the Settlement at the time were mixed—alongside the great joy and hope for largescale Jewish immigration, there was also anxiety and worry that large numbers of patients would soon overwhelm the medical services. Immediate and expedited action was required by all relevant bodies (44, 45).

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’ 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. Hadassah had not expected a budget increase during the 1948 Arab-Israeli War; however, it was concerned about further deterioration of the IMS’s deficit (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:

It is easy to say: I told you so! 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. Based on collected data, a three-month budget for the absorption of 20,000 immigrants was calculated (52). Hadassah used its contacts with the United States Consulate and the British authorities and attempted to ensure safe passage to Mount Scopus, and Hadassah: The Women’s Zionist Organization of America were asked to act in Washington (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). An additional budget of £P60,000 was provided for a three-month period, but was insufficient.

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. For most of its years of operation, the IMS had experienced economic hardship. 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). A deposit of £P20,000 was earmarked to cover the debts of the IMS. 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. The IMS insisted that immigrants should not leave the camps without a medical permit, although they did not want the camps to be perceived as “concentration camps” (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**

In June 1949, Grushka resigned as director of the IMS, and his deputy, Dr. Sternberg, was appointed as his replacement (25, p.36). The Israeli government took over management of the IMS, but Hadassah continued to manage the pediatric ward at Rosh Ha’ayin (66).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 (67). 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 (68).

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 (69, 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, and their letters became tools in the political struggle between refugee organizations, the Israeli government, and the JDC (70). Meanwhile, caring for severe medical cases, including chronic conditions, mental illnesses, and tuberculosis, had become a significant burden on Israel’s health services. There were also 2,300 Jews with disabilities who were either Holocaust survivors or partisans, for whom the JDC provided professional training so they could support themselves (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 that would put it in a more favorable light in Israel and the United States (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**

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. However, it must be remembered that it was not easy to transfer immigrants from DP or internment camps in a third country to yet another camp in the country to which they had chosen to immigrate.

The second issue discussed in this article relates to the vital assistance provided 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) This issue was no longer valid in the face of economic hardship. Hadassah threatened several times to discontinue its management of the IMS because of the Great Depression in the United States. However, it continued to manage and fund the IMS even after the establishment of Israel. In the words of Dr. Sternberg, the IMS director:

The IMS was established after the Second World War, and its declared mission was to provide full medical services to the many Jewish immigrants who survived the Holocaust, and it was necessary to establish a special organization … There was no doubt that the most suitable organization was Hadassah, given its affinity for American Jewry and for the destiny of the Holocaust survivors (25, p.14).

In 1947, Hadassah Hospital was cut off from its base on Mount Scopus, its director killed during Israel’s War of Independence, Jerusalem was under siege, and at the same time, mass Jewish immigration was getting underway. Every month, about 10,000 Jewish immigrants were arriving on the shores of Israel (25, p.24).

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). 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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