**The Emergence of Army Nursing in Israel:**

**Civilian and Military Aspects Combined**

# Abstract

An overview of the history of military nursing in Israel, beginning with the pre-State period (1942-1948), when the nascent defence forces were unorganized and undersupplied, no official policy regarding nursing personnel conscription existed, and there was nowhere yet teaching *military* nursing. It goes on to describe conditions and experiences of military nurses during the 1948 Arab-Israeli War, when the Israel Defence Forces (IDF) was established. Israel was then fighting for its existence alongside coping with massive influxes of new immigrants and the need for nurses was great yet unmet. The paper then follows changes to policy and the development of military training for nurses up to 1958, at which point military nursing was fully established. The research is based on an analysis of documents from the archives of IDF, the Israeli parliament and David Ben-Gurion, articles from periodical newspapers and interviews with nurses in the Israeli medical corps.

# Introduction

Alongside the fighting units that form the backbone of any army, there are myriad auxiliary units essential to the welfare of the fighting members. The army medical unit is one that is crucial, and medical personnel on the frontlines are essential in the timely treatment of battle injuries and the reduction of war fatalities. Military nursing units are an integral part of the medical units: well-trained, dedicated nurses are important to the sound functioning of the medical services both near the frontlines, in battlefield hospitals set up behind the front, or in established military hospitals on the home front.

This paper comes to describe the formation and operation of military nursing units in Israel in the nation’s early years (pre-1948) and up to the point where the military nursing units were fully established (1958). It will describe those nurses' origin and their social background regarding their choice to become a military nurses in those days.

 Before documenting the formation of the military nursing units in Israel, it is well worth observing how such units are developed in other western nations like US, the UK and Canada, that well documented their military nursing's units establishment which Israel has a good collaborations with and sees them as an example for development in diciplines like military and health.[[1]](#endnote-1)

 The American military nurses' corps came into being 2 February 1901, when the impetus for creating nursing unit as an independent corps was to train and qualified nurses specifically for wartime zone. That lesson was learned from the effectiveness of saving soliders life using knowledge and skills of trained nurses in the Spanish-American war in 1898. .[[2]](#endnote-2) Initially, army nurses were volunteers. Many served in the major military hospitals on American soil, but the vast majority served abroad.[[3]](#endnote-3) With the entry of the United States into WWII and the resultant nursing shortage, the Cadet Nurse Corps was founded and signed into law by President F.D. Roosevelt on 1 July 1943. As a result, more than 54,291 American nurses were drafted to serve in the war arenas.[[4]](#endnote-4)

 In Britain, the army nurse corps, entitled Queen Alexandra’s Royal Army Nursing Corps (QARANC), developed in parallel and similarly to that in America.[[5]](#endnote-5) Officially founded 1902, the British nursing service was established on the foundations of the earlier Army Nursing Service (established 1881), which can trace its origins to Florence Nightingale.[[6]](#endnote-6)

 In Canada, the Army Medical Corps was established in 1904 and included a permanent nursing force. By the First World War, thousands of nurses with civilian qualifications were drafted to serve overseas in military hospital wards, tents, ships, and trains. Canadian military nurses received equal salaries and were promoted to ranks equal to that of male military men.[[7]](#endnote-7)

 Besides their basic medical training, military nurses in all three countries underwent military training to prepare them for serving as commanders in military hospitals and cope with military tasks.[[8]](#endnote-8) During World Wars I and II, thousands of American, British, and Canadian army nurses nursed wounded soldiers in war zones all around the globe.[[9]](#endnote-9)

 The military nursing units in these three countries were officially founded and organized as professional nursing forces with the goal to heal and nurse wounded soldiers overseas. In Israel, in contrast, the foundation of military nursing emerged relatively late. Nurses were located inside the country near front lines, but more in the home front, dealing with both civilian and military issues without any protocols or guidelines.

 On 29 November 1947, UN resolution 181 declared that the British Mandate in the Middle East be divided into a Jewish state (Israel) and an Arab state (Transjordan). Even earlier, Jews had been making their way to their Promised Land, sometimes in trickles, but oftentimes in massive waves from Europe (e.g., Aliya A in 1881, Aliya B in 1904), escaping the horrors of the Holocaust during and after WW II, and in mass immigrations from various Arab countries (Yemen, Morocco, etc.).

 Before the declaration of the State, the country, known then as the “*Yishuv*” (settlement), was defended by the underground Haganah army, the “official” defence force of the “unofficial” nation. The Haganah was established in May 1920, during the British Mandate (1920-1948) to protect the many settlements in the Yishuv from Arab (and British) hostilities. A number of “underground” organizations (e.g., Lehi and Etzel[[10]](#endnote-10)) fought alongside the Haganah. In May 1941, the Palmach – the elite fighting force of the Haganah – was established. Many battles took place even before the establishment of the state, with their attendant wounded and casualties.

Following UN resolution 181 on 29 November 1947, the nascent country was flung into an out-and-out war for its very existence: the 1948 Arab-Israeli War (also called the War of Independence). The war ended on 20 July 1949, followed by a period of relative quiet on the fronts, but one that saw a massive influx of new immigrants: survivors of the Holocaust and numerous Jews from Arab countries (Morocco, Iran, Yemen, etc.), all with their own medical problems. Seven years later, in 1956, the Suez War broke out, plunging the country into war once more.

 The fighting forces of the Palmach (and others) were comprised of idealistic volunteers determined to protect the Jewish communities in Palestine. From the very onset, women fought or served in supporting positions (nurses, medical assistants, signal operators, etc.) on the front lines, shoulder to shoulder with men. When the IDF was established in 1948, nurses were sent to serve near areas of conflict. This unique policy was a result of the IDF’s high command policy, and due to the proximity of the front to the civilian rear in the armistice border.

What is unique about military nursing in Israel is that, almost from the very inception of its service route, it has leaned towards the civilian health sector. This is because almost immediately after the Arab-Israeli War, the massive influx of immigrants presented the country with another major problem. David Ben-Gurion in his perception and vision saw IDF as an essential agent in national and social missions. Therefore military nurses was sent to care of immigrants and toddlers in temporary transit camps and in military hospital that absorbed them. Another unique characteristic of the IDF nursing service is connected to the organization of military medical services in Israel. In Israel, they were established alongside and even as part of civilian hospitals.therfore in emergency and wartime, the close of civilian hospital to the warzone in way that wounded soldiers were evacuated to them, redundant the need for military hospitals and nurses. This is in contrast to other militaries, such as the US and UK, where military training and care services are completely separate from civilian ones. For that reasons, military nurses' major place of action was in the civilian arena and hardly present in the significant military aspects. That had consequences for their short career and low presence on the army.[[11]](#endnote-11)

 Before discussing the many facets of nursing in the IDF (conscription, training, assignment, service, conditions, etc.), an overview of medicine in Israel at that time is presented.

Prior to 1948, there were four prominent civilian medical bodies in the Yishuv: the Workers' Health Fund, Magen David Adom (parallel to the Red Cross), Hadassah, and the National Committee Health Department. Each had been founded by philanthropic, Zionist organizations to supply medical services to Jewish and Arab population in the Yishuv. Each organization faced complex problems due to the influx of peoples from around the globe and their accompanying conditions and diseases. Especially problematic was rampant poor hygiene and the resulting infectious diseases – particularly childhood, intestinal, and eye diseases, trachoma, and various skin infections – all contributed to morbidity, alongside a fair number of injuries.[[12]](#endnote-12)

Figure 1. Injured building worker is taken to the Magen David Adom ambulance for transfer to hospital in Tel-Aviv, 01/04/1947. National Photo Collection of Israel. Photo Dept., Government Press Office. D524-124. Photo by Hans Pinn.

 These four civilian medical organizations also had to cope with many wounded resulting from numerous hostilities between Jews and Arabs, beginning in 1910 when the first Jewish settlement, Degania, was established, and up to (and beyond) the 1948 Arab-Israeli War.[[13]](#endnote-13) The riots of 1929 and 1936-1939, for example, encompassed many communities throughout the country, causing great loss in life and property and numerous wounded. The difficulty the organizations had in evacuating wounded and the many irregularities that occurred regarding the treatment of the wounded emphasized the need for a structured *military* medical organization that would operate *in* the battle areas and be responsible for wartime casualties. As a result, in 1942, the Haganah-Palmach's military force established a medical service, [[14]](#endnote-14) as did the still-underground Etzel and Lehi armies.[[15]](#endnote-15)

 The Israel-Arab War was long and gruelling; the hastily organized, highly undertrained, and minimally supplied newly established military medical personnel realized the need for a medical service that was more advanced and able to provide medical care at any time and place, even at the remotest border settlements. Then, wounded were transported for hospitalization in civilian hospitals, and their care was managed haphazardly. Medical units (doctors, nurses and other medical assistants) that would accompany the fighting forces and quickly evacuate the wounded to *military* hospitals were needed.[[16]](#endnote-16)

 Thus, the Haganah, in February 1948, appointed Dr Scheiber (later known as Dr Sheba) as the first head of the IDF Medical Corps and given the task to establish and administer the IDF’s medical services. As a first step, Scheiber initiated a wide-scale recruitment of physicians under the age of 45 and *unmarried* nurses.[[17]](#endnote-17) By the end of 1948 (by this time, the Haganah had been dissolved and the IDF established), the Military Medical Services numbered 5,814 medical staff members.[[18]](#endnote-18) Dr Scheiber also founded 16 military hospitals country-wide. The largest were those set up at Tel-Litwinsky (later Tel HaShomer) and Tzrifin (formerly the British Sarafand Military Hospital [est. 1918], renamed Assaf Harofeh after the Arab-Israel War, and now called the Yitzhak Shamir Medical Center), which, at their apex, numbered some 3,500 hospitalization beds – almost three times the number of beds (1,166) in the civilian sector.

 A structured setup of military medical operations was formed and included four branches: training, hygiene, specialized equipment, and registration and examination of recruits. Doctrines and protocols were established that covered evacuation of wounded from the battlefield, injury classification, care of prisoners-of-war, documentation, and care of battle casualties.

 Toward the end of 1949, the “Medical Service” became the “Medical Corps,” which operated as an independent body within the IDF. It provided an organized operational perception that was integrated into the IDF’s activity in the front and rear lines. After the 1948 Arab-Israeli War, the Corps’ structure was tightened, its main activity being relegated to preventive care in the units and rehabilitation of the war’s wounded and disabled.[[19]](#endnote-19)

 However, as a lesson learned in war, in 1949-1950 the Medical Corps established a number of medical brigades to provide immediate medical and surgical care in the battlefield when required, thus reducing the number of lives lost on the battlefield.[[20]](#endnote-20)

## The “Medical War” on the Civilian Front

 After a significant portion of the wounded from Arab-Israeli War had been rehabilitated and released, the “tide turned.” There was now a “war” on the civilian front: a pressing need to address medical deficiencies in *civilian* medical area, which were overburdened as a result of the massive *aliyah* (Jewish immigration) beginning after the State was secured.

 The first step was to transfer budget: the General Staff was ordered to reduce the Medical Corps’ scope by lowering the number of medical personnel and decreasing expenses in the hospitals. Second, military hospital beds were reassigned to the Ministry of Health contingent upon two conditions: 1) in times of war and at the Medical Corps’ demand, the hospitals would be returned to IDF authority, and 2) the care and rehabilitation of disabled soldiers would be undertaken by the Ministry of Health.[[21]](#endnote-21) By March 1949, some 1,000-1,200 hospital beds had been transferred from military to civilian use.[[22]](#endnote-22) Some medical personnel were also reassigned.[[23]](#endnote-23) Third, since the two largest military hospitals, Tel-Litwinsky and Tzrifin, were geographically close to each other and neither was at full capacity, Tzrifin was transferred to the Ministry of Health (and renamed Assaf Harofeh), as were two other military hospitals (in Haifa, Nes Ziona). The Military Hospital in Jerusalem was transferred to the Hadassah Medical Union.

It was decided that Tel HaShomer would become the military’s main medical facility, to be used as a continuing education centre for medical staff and, in times of emergency, adjusted to accommodate the hospitalization needs of the IDF. However, in 1953, during the austerity following the 1950s financial crisis, this last military hospital, Tel-Litwinsky/Tel HaShomer, was also transferred to the Ministry of Health.[[24]](#endnote-24)

 Not long after, in 1955-1956, due to rising tensions along the borders because of Fedayeen Death Squads attacks, a governmental committee discussed the need to secure the allocation of civilian hospitalization beds to the IDF during emergencies.[[25]](#endnote-25) Thus, on 5 February 1957, the Ministry of Defence and Ministry of Health signed the “Integration Agreement” by which the Ministry of Health agreed to give full medical and ambulatory (without hospitalization) care to IDF soldiers in times of tranquillity and emergency care at the four hospitals under its authority, including any medical procedures and medications necessary. In exchange for this bundle of medical services, the Ministry of Defence allocated military physicians and nurses to serve in civilian hospitals under the authority of the hospital’s director, without having any of their rights and duties associated with their formal status as soldiers compromised.[[26]](#endnote-26)

# Conscription of women and nursing professionals into the IDF

 From its inception on 26 May 1948, the IDF’s conscription policy included both genders: all able-bodied men and women had to serve. This was a combination of the egalitarian nature of the early pioneers, which was echoed in the official policies in the new state, and practical consideration: any and all available resources were to be harnessed for the war effort.[[27]](#endnote-27) Conscription terms were three years for men and two for women, followed by reserve duty.

When it was initially adpoted, the policy applied to all women, both single and married (but without children), and a Women’s Corps was established as a separate, independent body into which female conscripts were recruited.[[28]](#endnote-28)

 Since nursing was a very common women’s profession, it was natural that nurses (alongside nursing assistants and other hospital professionals) constituted a significant proportion of female conscripts. And because they were considered vital professionals, they were generally recruited to the Medical Corps and not to the Women’s Corps, as were other female conscripts.[[29]](#endnote-29) In fact, some early conscripts were appointed to key positions and helped establish the IDF’s Medical and Nursing Unit.[[30]](#endnote-30)

 However, the military was not the only body desperate for nurses. The civilian sector also needed nurses desperately, and there was ongoing competition between these two sectors for nurses, including competition for nurses from abroad who rallied to support the fledgling state.[[31]](#endnote-31)

What follows is the evolution of the conscription policy for nurses up until 1957, as various officials attempted to solve the nursing and other medical personnel shortage.

***May 1948***. Dr Scheiber suggests to the military general staff ; Human Resources Unit (HRU) that they redefine recruitment policy for nurses. He suggested the following (later accepted):

* Category 1: nurses up to age 40 (single, married with no children): full military service
* Category 2: nurses up to age 40 (married with children) or 40-45 (single, married, with or without children): recruited to civilian hospitals (close to the nurse’s place of residence).

In times of military need, nurses working in civilian positions in civilian hospitals could be freed for recruit by the military by being replaced by the 2nd category above, who would not be too inconvenienced since they were stationed close to their homes.[[32]](#endnote-32)

The recruitment of nurses focused on three main areas:

* Registered and practical nurses who had already served with the Palmach (or British military);
* Volunteer nurses from abroad;
* Female, *non-medical* soldiers in mandatory service (as caregivers or nursing assistants).[[33]](#endnote-33)

***27 September 1948.*** A meeting between Dr Scheiber, representatives of the Ministry of Health, and the head supervising nurses of the civilian factor and the military medical services, the purpose of which was to establish the standard for determining nurse recruitment capacity:

* Per department in a military hospital: three registered nurses, two practical nurses, nine nursing assistants; space for 40 surgical or internal-medicine patients.
* Head nurses: one per hospital with up to 250 beds. One additional assistant head nurse per every additional 150 beds.[[34]](#endnote-34)
* Number of nursing positions (registered/practical/assistants): not specified. (Due to the worsening shortage of nurses in Israel.)

***February 1949.*** Ben-Gurion instructs that all *married* female soldiers be released from service, *except* for commanders and vital professionals, such as nurses.[[35]](#endnote-35) Thus, a large number of nursing professionals remain in the military and are not free to work in the civilian sector, thereby exacerbating the problem in the civilian sector.

 ***June 1949.*** A severe shortage of nurses on both the military and civilian fronts is discussed in the Knesset, with mention of the efforts of Head Nurse, Mrs. Shulamit Kantor in locating and recruiting suitable nurses from the United States.[[36]](#endnote-36) A week later, the same committee emphasizes the severe shortage of nurses in the public health sector and the small budget allotted for training nurses in Israel. However, no operative solutions for the problem are suggested.[[37]](#endnote-37)

***20 July 1949***. Last day of the 1948 Arab-Israeli War. Steps are taken to regulate conscription and training of military nurses (see below). The release of the majority of recruited Palmach personnel includes tens of medical assistants, many of whom decide to continue with nursing. Some apply to nursing schools; those wishing to pursue a military nursing career enter the newly established Military Nursing School (see below, Training) after which, they are integrated into the newly established Medical Corps. Some continue directly into IDF regular service.

Because the end of the war also saw the transference of military hospital services to the civilian Ministry of Health, this significantly influenced nurses’ roles in the IDF, even evoking questions of whether nurses are necessary to the military’s service, the definition of their role, and their contribution at times of war and tranquillity.[[38]](#endnote-38)

***2 August 1949***. Due to the shortage of nurses in Jewish immigrant camps, the Knesset discusses the claims of National Organization of Nurses (civilian) secretary, Mrs. Dvora Yapan, who represented the nurses position all over the country and harshly criticizes the government policy of recruitment nurses intention by governmental order due to the shortage of nurses in time of critical demands of them. Her words:

"If this is a state of emergency and the government is interested in recruiting nurses, the registered of whom are mostly married, the government must guarantee fair conditions for these women. Why should all of the work burden a few nurses alone? Most of them responded to the order when they had to join the army, to go out to camps in Europe, to go to Cyprus (i.e., civilian nurses who sent to take care in Jewish refugee camps overseas by the American Jewish Joint Distribution Committee, Sick Funds, and Hadassah organizations), and of that small population, they are now required to go to camps in the country. Did the authorities not notice that the number of new nurses is decreasing? Did they notice the conditions at the nursing schools? […] the government must change its approach toward the nursing profession".[[39]](#endnote-39)

 At the conclusion of that debate, the public services committee members decide to establish a secondary committee to mediate between the Nurses Organization and the Ministry of Health regarding fair wages to nurses, proper work conditions, transferring young nurses in mandatory service to camps, releasing 20 public nurses from the military, and establishing governmental institutions for the nurses’ children.

***1951***. In a further attempt to minimize the (still ongoing) shortage of nurses, Ministry of Defence director Eliezer Perry suggests to Minister of Health Josef Burg that the number of nurses could be doubled by: 1) establishing a nursing school near every hospital, and: 2) increasing student capacity at the Military Nursing School from 150 to 300, thus reducing the number of nurses that would have to be recruited from civilian hospitals to the military. However, head medical officer, Colonel Dr Abraham Atzmon, objects to Perry’s suggestions for financial reasons. The suggestion is declined and, for many years, there was only the one military nursing school at Tel HaShomer.[[40]](#endnote-40)

***1957***. A suggestion is made by Colonel Dr Padeh, head of the Medical Corps, to recruit *all* nursing school graduates. However, this is deemed unacceptable to the nursing leadership. Mrs. Yehudit Bin-Nun Greenberg, representative of the National Committee of the Nurses’ Organization, writes to the Ministers of Health and Defence, saying that nurses (including mothers of children) are known to fulfil their duty at times of emergency even if they had not previously been recruited for service. She explains her opposition to a massive general nurses' recruitment by saying that the nursing profession is unique and requires greater consideration than other professions.

HRU responds that the IDF will recruit only *some* nursing school graduates, based on need. Any nurses recruited beyond the IDF’s needs will be returned to the hospital to serve out their mandatory military duty in a civilian venue. HRU also points out that nursing graduates *are* given special consideration: in contrast to other female (non-nursing) recruits, they are only obligated for one year of service, and also have seen their recruitment postponed for the three years they studied at nursing school.[[41]](#endnote-41)

 Thus, in 1957, mandatory service nurses served alongside their non-recruited colleagues at integrated (civilian-military) hospitals and in the same departments. However, this was problematic: nurses doing military service at civilian hospitals frequently felt great frustration due to wage gaps and differences in work conditions. [[42]](#endnote-42)

In 1948, there were a total of 263 nurses serving in military hospitals.[[43]](#endnote-43) In the archival files, no systematic and accurate registration is found regarding the number of nurses who were recruited to the military annually, but partial data suggests that of the approximately 150-200 nurses who graduated nursing school annually, only 10%-15% of them were recruited. For example, in 1957, 28 registered nurses were recruited for mandatory service in the IDF, 20 of whom were referred to civilian hospitals and eight were integrated into the various military units.[[44]](#endnote-44)

 In summary, the recruitment and organization of nurses was difficult to achieve during the IDF’s first decade. The high demand for nurses in both civilian and military sectors led to "competition" over the nursing workforce.

Who were the IDF military nurses?

An intensive search of nursing registration's documents or personal details was not found in the IDF nor other relevant archives in Israel. However, we retrieved 27 former military nurses to shed a light on the military nurses activities during the state's first decade.

From interviews emerged that the majority of the nurses (24 of 27) was burn in Palestine. Only 3 nurses were born in Eastern Europe. Family of the nurses were immigrated from Western Europe after first world war or before that. Majority of them were living in central Israel and belongs to the upper-middle class of the Israeli society. From nurses' point of view and from their families perspective, nursing was consider as a worthy and respectable profession in which they could save life and military nursing considered in their point of view a fulfillment of a national mission regarding taking a part in building the Jewish nation and caring the soldiers that fought on that idea.

# The training of military nurses – 1948-1958

## From Medical Assistant to Graduate Nurse – The Influence of Their War Experience on the Decision of Women to Go into Nursing

 The 1948 Arab-Israeli War saw the inclusion of 263 nurses, some of whom had been students when they were recruited, and most of whom (if not all) did not have battlefield training. They were assisted by of non-professional volunteers and recruits, many of whom had no nursing training or experience.

 Once relieved of duty, many of the nursing students who had left their studies in the middle of their courses, returned to complete their (civilian) studies. For many of young women who served as medical assistants, their military experience paved the way for them to choose nursing as a profession and they went on to study at one of the nine nursing schools that had been set up in the country. Indeed, among the 32 graduates of the first cohort from the Military Nursing School in Tel HaShomer on 24 April 1952, the majority of them had been medical assistants and/or “nurses” in the patient rooms in the Palmach field hospitals.[[45]](#endnote-45)

## The Establishment of the Military Nursing School

 When the IDF became the official defence force, the training of military nurses and nurses’ assistants was integrated into the IDF. Expert and senior nurses took up key positions in the IDF’s newly founded medical and nursing units. They took part in the establishment and training of the first generation of military nurses and were the line of command in nursing at the early years of the IDF.[[46]](#endnote-46)

 Prolonged attempts to reach the capacity of nurses that the IDF needed from among the graduates of civilian nursing schools were accompanied by objections from healthcare bodies, which were desperate for more nurses.[[47]](#endnote-47) The severe shortage of nurses (300 more registered nurses were required) alongside the growing demand for hospital beds for both the military and civilian population were some of the main factors for the establishment of the Military Nursing School in April 1949 at Tel HaShomer Hospital.

 While the students learned medical and nursing techniques in this hospital, they did not receive much training in military matters. Nevertheless, the graduating class of nurses automatically got their officers ranks. Nurses who graduated from civilian nursing schools went to the officer course for nurses that was inaugurated in the Military Medical School in 1955. (The Military Medical School was established in 1953 and located on Sarafand).

Thus, the women (men did not recruit as nurses until the late 1960s) who saw their calling not only as nurses, but as military nurses, had two options. The first was to attend a regular (civilian) school of nursing and then follow that with the IDF officer course for nurses. The second was to attend the only military school of nursing, at Tel-Litwinsky (Tel HaShomer) hospital.

For example, after the war, Shoshana Bar ,who had been posted to the Abu Gosh Monastery field hospital during the 1948 Arab-Israeli war, continued her service as an IDF officer and became head nurse at the Sarafand (Assaf Harofeh) operating room. Esther Kantor, after her dismissal from the military, continued on to nursing school, having discovered her true vocation.[[48]](#endnote-48) Similarly, Dvora Rabinowitz and Atida Ilam who had served together as medical assistants, chose, in 1949, to study in the first year of the military school for nurses.[[49]](#endnote-49) Additionally, some of the (already) qualified nurses continued directly to the IDF’s regular army service. The interviewed nurses who were served at military hospitals and from 1949 served at the ministry of health hospitals- their natural and functional place of action. They testified that in their day to day routine, they did not practice any 'military medicine' rather than usually civilian medicine including caring of trauma and illness patients. Therefore, they felt no difficulty as women in the military framework.

## The Military Nursing School at Tel HaShomer

The first (and only) military nursing school to be inaugurated was set up in 7th April 1949 at Tel-Litwinsky (Tel HaShomer)[[50]](#endnote-50) in booth numbers 26 and number 27.[[51]](#endnote-51) Dr Scheiber (Sheba) appointed Nurse Malka Zagagi to be head nurse of the hospital and commander of the Military Nursing School. This in light of her organizational skills demonstrated during the battles in the 1948 war, and her success in operating the Ziv military hospital in Jerusalem, a task that led to her promotion to major.[[52]](#endnote-52)

Nurses were recruited to teach in the nursing school. Especially notable were a number from Hadassah Hospital in Jerusalem:[[53]](#endnote-53) Esther Botoshenski, Ruchama Lachman, Miriam Zemmel, Yehudit Goldberg, and Mira Paz.[[54]](#endnote-54) Studies commenced once every six months, in March and September. The School’s curriculum matched the demands of the Ministry of Health and was similar to the one taught in all the nursing schools in the country.[[55]](#endnote-55) However, classes on military subjects − training in small arms, field craft, and topography − were added to the regular curriculum. There were also advanced classes for commanders, which consisted of military history studies, jurisdiction and the rules of military discipline, and women’s status in the IDF.[[56]](#endnote-56) The first cohort graduated in 1952 and numbered the abovementioned 32 registered nurses.[[57]](#endnote-57)

The studies were accompanied by many difficulties, as described by Rachel Eliahu, a graduate of the seventh cohort:

[This way] "we could fulfil our duty to serve the army and at the same time, learn a profession. …We marched on military parades and received a dwelling place, four girls in a “half tent”- a concrete base, surrounded by a meter of built area, and the rest was a tent … without lavatories or showers…. We had hot water maybe once every week or two, but we got used to it. Our rooms were located behind the hospital kitchen, an area which in those days places the hospital staff's living neighborhood. There was one and only gate of the hospital near the military gate through which we entered and exited. Sometimes when there was a shortage of staff in one of the wards, one of the instructors would come to the same gate and catch the girl who had received an exit permit and send her back to work in the wards. We would try to avoid her as much as we could. We received 4.10 Lira per month: female soldier’s rate. [We would] work at the units from 06:30 to 14:00, and then study for two or three hours more and that was the end of the day. The theoretical studies were taught to us by the physicians, and it was delightful. Both Dr Sheba and Dr Padeh gave us lectures. The practical studies were taught by the supervisors…. In theory, we were taught to always wash our hands. In practice, there were no sinks or running water, and, later, only one sink for every couple of rooms. We also studied home economics: preparing food, how to determine the proper diet for each patient. But in reality, the food was very modest and not sufficiently varied.Our home vacations were once every two weeks and we would arrive by hitchhiking. At the end of the first year of study, the probation examination was conducted. In this exam, Mrs. Zaggi and the instructors examined each student on a number of theoretical questions on different situations. Sometimes we were also asked to demonstrate some technical skill" .[[58]](#endnote-58)

Figure 2. Second Lieutenant Meira, superviser a student for a syringe, 26/10/1952. National Photo Collection ofIsrael, Photo Dept., Government Press Office, D524-005. Photo by Fritz Cohen.

The needs of the hospital often dictated the students’ daily schedule, which was a major portion of the hospital’s human resources. They were often sent to other hospitals or to the transit camps to assist.[[59]](#endnote-59)

By 1953, six cohorts had graduated from the Nursing School military program (approximately 180 nurses).[[60]](#endnote-60) On June 21st, 1953, the School and Tel HaShomer Hospital became civilian and transferred from the Medical Corps to the Ministry of Health [[61]](#endnote-61) and with it, the only military nursing school in the country also became civilian.

## Officers Course for Nurses

 As of June 1953, those who wished to pursue a military nursing career went to civilian nursing school for their professional training and then took a six-week officer’s course for medical personnel at Tzrifin, where they received their military training: firing a weapon, topography, navigation, jurisdiction and the rules of military discipline, and so forth. The course’s cadets were mostly nurses, although there were also pharmacists, lab technicians, and x-ray technicians.[[62]](#endnote-62) Sorely missing was the topic of managing a military clinic or field hospital.[[63]](#endnote-63) Graduates were given an officer’s rank (second lieutenant) upon their recruitment into the IDF.[[64]](#endnote-64) Most were sent to serve at the integrated hospitals. [[65]](#endnote-65)

# Nursing in War Zones: military nursing in Israel from 1948-1956

 Alongside the aforementioned establishment of the Military Medical Corps, the role of nurses in the setting up and operation of medical services cannot be overlooked. Nurses were vital in the day-to-day care of the wounded, assisted in surgeries, and quite often “administrated” the “hospital,” setting up, organizing, and managing overall patient care, whether at battlefront medical units or large hospital departments. Indeed, it is the quality and dedication of nurses upon which quality-of-care rests.

 The remainder of this paper addresses historical aspects of military nursing in Israel (including some personal experiences). It describes the roots and history of nursing in the timeframe under discussion, conscription policies, and the development of formal schooling for nurses interested in military service.

 Organized military nursing in Israel is rooted in two arenas: international and local.

On the international level, many Jewish women of the *Yishuv* helped the British army and Mandatory government in Palestine fight Nazi Germany during the WWII. About 4,000 Jewish women joined the Auxiliary Territorial Service (ATS) and The Women's Auxiliary Air Force (WAAF). Nursing was the most common female profession and many women found themselves nursing or in ambulance positions throughout the Middle East and Europe.

 In addition, hundreds of female conscripts from the Yishuv served locally as nurses in British military hospitals in Palestine.[[66]](#endnote-66) These women accumulated extensive experience in treating patients suffering from complex trauma and wound infections.[[67]](#endnote-67) When the Israeli state was established, some of these nurses became administrators of Israeli nursing schools and military nurses in the IDF.

 In addition to nurses who served in British hospitals, many others joined the Haganah-Palmach and the Haganah in their operations, accompanying fighting forces into the battle zone. These women displayed vast amounts of resourcefulness and courage when treating the wounded, especially since battles took place on many fronts and supplies and medicines were often scarce.[[68]](#endnote-68)

 The term “nurses” must also be expanded to include “nursing assistants,” many of whom came, willingly and enthusiastic, yet with very little medical knowledge. With courage, tenacity, and resourcefulness, they contributed much to the care of the wounded.

 At this point, there was no special training for nurses regarding the care of battlefield casualties; they mostly relied on practical knowledge and ingenuity. Unfortunately, there are no statistics available for the number of nurses or para-nursing personnel serving at that time.

## Nursing During the 1948 Arab-Israeli War

In May 1948, when the fledgling State of Israel was tossed into a war for its very existence, there had not been time to properly organize treatment centres, let alone accumulate supplies. The medical corps rallied to do their best and the need for and contribution of nurses and medical assistants was vital.

 Nurses who had served in the British hospitals of the Mandate now served with the IDF alongside other graduates of civilian nursing schools, such as Hadassah (in operation since 1918) and Beilinson (since 1936).[[69]](#endnote-69)

However, during the initial stages, many “nurses” were simply motivated young people who rallied for the state-in-the-making. Even with no nursing knowledge, many offered their services to help the wounded, and were recruited out of necessity. They were forced to cope with gruesome casualties of war with barely any medical training.

Following are some personal reminisces to illustrate the situation then:

### Nir-Am Field Hospital, Negev, Southern Front

Nurse Rachel Barzilai, completed her studies at Hadassah Nursing School in 1938. She was assigned in 1948 to Nir-Am in the Negev to assist in caring for wounded fighters on the southern front. She recounts difficulties coping in the patients’ room: the unsafe shed, a hastily set-up shelter with 20 beds, the lack of skilled help, and the number of wounded. Medicines, when they could get them, were dropped by plane, but packages often fell into Egyptian territory. They received penicillin, but had no idea what to do with it. Time was of the essence and time was something they did not have enough of – sometimes not even to eat. She was the only registered nurse there, and her assistants were young women from the German Aliya. As she rememberd: " I asked the medics to wake me up for any new upcoming wound to us. Many wounded people from all the surrounding kibbutzim (Saar, Ruhama) would bring us. I will not forget a guy who lost both his legs and when the doctor who treated him in the "operating room" asked him how old he was, he replied: 17 and 3 days old. Both me and the doctor cried and we had to change our wet masks ...."[[70]](#endnote-70)

### Jaffa Area, Operation Hametz, Central Front

 Lea Akser, a 1946 graduate of Beilinson nursing school, describes caring for casualties of Operation Hametz (April 1948), whose goal was to cut off Jaffa from the surrounding Arab villages.

 The wounded were brought to the “hospital” at Tel-Litwinsky. When Akser arrived there with one other nurse, there were only deserted shacks and a concrete floor. All the equipment had been looted by Arabs. Replacement equipment (gurney, bandages, etc.) were rushed from Beilinson Hospital (civilian). However, without proper supplies, the only treatment she and her assistants could administer was to stop blood loss through compression before transferring the wounded to Beilinson. As she remembered one of her injured solider: " One of the injured who was injured by a bullet penetrating his groin told me: "Nurse, I will no longer be on the parents' committee." In the morning, I went to the shack in Beilinson that was opened to treat the wounded and this guy was not there. He died of blood loss ".[[71]](#endnote-71)

###  Abu Gosh Monastery Field Hospital, Jerusalem Front

 The Jerusalem area was also a highly active front during 1948. There was already a hospital, Hadassah, in Jerusalem, but the Arabs had blockaded access, preventing evacuation of wounded to the hospital. An improvised field hospital was established near the battlefront in the Abu Gosh Monastery, despite the nuns’ opposition to the invasion to their space. Eight female second- and third-year students from Hadassah Nursing School arrived to assist.[[72]](#endnote-72)

Food and laundry, fortunately, were supplied by the kibbutzim in the area. Most of the casualties were the results of shooting, mines, and accidents, and needed surgical care. There was a severe shortage of medical supplies: supplies were not received regularly, and what they did receive was expired despite the fact most came from Hadassah Hospital.[[73]](#endnote-73) Even more ludicrous, surgical sets often did not fit the needs of the wounded. For example, they sometimes received gynaecological sets or tonsils removal kits; the nurses often had to use resourcefulness to manage with that they got. Nurse Tziesa Kalter recalls commenting once that she didn’t think “they would be required to perform many abortions.” Nevertheless, she made use of the equipment for other needs.

She also recalls:

" …I got to thinking how I could impassion the nuns and monks. I had the idea of including them in our work. We asked them to feed the wounded, bathe them, and change their sheets. [We were so shorthanded, that] a wounded person could lay an entire fortnight on sheets soaked with blood. The inclusion of the nuns gave them a strong drive, in my opinion. They suddenly felt that they were doing something meaningful rather than just feeding themselves with matters of the spirit".[[74]](#endnote-74)

### Dorot Field Hospital, Southern Border

Dvora Rabinowitz had no medical knowledge, yet she knew she wanted to serve as a “nurse.” In 1947 she was stationed in the village of Gil’adi (northern border) and later on in Dorot (near the southern border):

"I was sent to Gil’adi village to a shack where all of the wounded from the battles in Sa'asa and Malkia lay. Two girls were there with me. We lived in sheds in the kibbutz’s grove. We had no training because we had just finished high school and the only thing we knew was how to put on a Band-Aid…After a short while… I was promoted to “nurse” even though we didn’t even have knowledge or books to study from. The head nurse was Bracha Ramot (later Prof. Ramot, MD). She taught us how to give injections. Unfortunately, what they forgot to tell us is that after assembling the needle, it needs to be covered. We got to a wounded 100-200 meters from us in the trenches and a shell exploded nearby and threw sand onto the syringe, compromising its sterility. They also used to describe medication by saying “go give the white pill to the wounded in the fourth room near the window, and the blue pill to the one lying next to the tree.”[[75]](#endnote-75)

###  Palmach Rehabilitation Home, Nes Ziona

Esther Kantor, a medical assistant, took on the responsibility of organizing and managing a recovery home for the disabled and wounded (Palmach’s No. 14 rehabilitation home for injured soldiers) during the 1948 Arab-Israeli War. Esther tells of her position as the sole “nurse” in an institution that she had just established:

"The home was established and was successful in a way I couldn’t anticipate. It was a warm home for 60 wounded and disabled. We were four girls managing it. I was responsible for the health area. We recruited a lovely physician, Dr Heiman, a homoeopath who immensely helped those in recovery.

We were at war, the hospitals were at full capacity, and the wounded started arriving at our home even before we finished renovating. I was meant to be responsible for the medical side of things since I had finished a Palmach (first aid) medical assistance course. To this day, I can’t understand how I had the courage to do it. I suppose we didn’t think it through and didn’t imagine that the wounded we encounter would be so severely injured".[[76]](#endnote-76)

## Military Nurses in the Transit Camps: 1949-1952

 One of the most crucial assignments for the military nurses (alongside other military health personnel) was assistance in transit camps for the numerous immigrants. There, the situation was grave regarding sanitary conditions. Since many of immigrants and Holocaust survivors arrived in Israel in poor physical health,[[77]](#endnote-77) there was a great risk of spreading infectious diseases among the immigrantswho were living in the harsh conditions of the transit camps.

The Medical Corps was harnessed for the improvement of the sanitary conditions at transit camps as early as 1950. By 1951, the Medical Corps’ staff were scattered over 64 transit camps.[[78]](#endnote-78) The recruitment of physicians and nurses,[[79]](#endnote-79) enabled better monitoring of the care of chronic patients was, as well as medical supervision of transit camps’ infant rooms, kindergartens, and schools.[[80]](#endnote-80) The hospital at Tel-Litwinsky was also harnessed to care of this great Aliyah.

 Between June 1949 and September 1950, the operation known as Operation Magic Carpet (Operation on Wings of Eagles) airlifted some 49,000 Yemenite Jews to Israel. For the care of these Yemenite immigrants, three booths were set up at Tel-Litwinsky. However, the high mortality rate of infants as a result of infections, typhoid, and malaria motivated the healthcare agencies to open, within 24 hours of Dr Sheba's decision, a children’s department within Tel-Litwinsky Hospital.[[81]](#endnote-81)

Figure 3. A Nurse  in Yehud demonstrating to young immigrant mothers how to diaper their babies, 01/10/1950. National Photo Collection of Israel, Photo Dept., Government Press Office, D824-017. Photo by Zoltan Kluger.

 The students who had graduated from the first seven graduating classes of the Military Nursing School also played a central role in caring for the immigrants' children. Due to the lack of beds, three toddlers would be put into one bed with cardboard dividers During the summer, dozens of children suffered from diarrhoea and dehydration, and the students were called to give them food and drink. With the outbreak of the polio epidemic in the 1950s, the students sat near the ailing children and resuscitated them with bellows, and during power outages, operated the iron lung manually.

 During the winter of 1950-1951, major flooding occurred at the Saqiya and Khayriyya transit camps, and students of the military nursing school were sent there to help.[[82]](#endnote-82)

 Between 1952 and 1957, the transit camps were dismantled and its residents were now members of the general population. Military nurses had completed this important role in this “national mission.”

## ***IDF Nurses’ Service at “Integrated” Hospitals***

Between 1949 and 1956, when military hospitals were under the jurisdiction of the civilian sector, the majority of military nurses worked in civilian hospitals as part of their military service. Although military nurses had act the same as civilian nurse, while the majority of recruited nurses served at civilian hospitals, military nurses considered as an important "key" manpower in the medicine corps. By recruiting nurses, the army 'paid' to the hospitals for soldiers' treatment and the medicine corps got in promise positions for practice and expertise its military physicians in those hospitals departments. In addition, even the fact that after closing the military hospitals and although the fighting zone was close to civilian hospitals, medicine corps commanders could not imagine the corps without nurses. As they said by interviews, because of the fact that there is no military corps without nurses and because nurses took a part in building the medicine corps since its foundation and because general surgeon knew personally the elder nurses, they could not afford to withdraw them from the military organization. They fought to have them recruited to the army even they had no military significant mission. Actually, military nurses' national-civilian mission, paved their way outside the military service and slowed their development inside the military organization.[[83]](#endnote-83) While the contribution of the military nurses was important in the civilian hospitals in the centre of the country, it was particularly so at hospitals operating in peripheral areas of the country, where few – if any – registered nurses lived.

As an example, in 1959, upon graduating from her studies at the Tel HaShomer nursing school, Nurse Aliza Toledano was posted to Poriyah Hospital in Tiberias. Three years later, she was promoted to head nurse. According to her, within one year of service, the military nurses significantly improved the level of performance at the hospital.[[84]](#endnote-84) In fact, the majority of recruited nurses were sent to “integrated hospitals.” A few of them, about 14 nurses per year, were sent to patient rooms on military bases, and only one nurse per year was assigned to instruct at the military instruction base (Instruction Base 10).[[85]](#endnote-85)

Figure 4. Lieutenant Shifra Rosenberg helping one of the patients to walk at Tel-Hashomer hospital, 1/02/1955. National Photo Collection of Israel, Photo Dept., Government Press Office, D524-003. Unknown Photographer.

Although the concept behind the idea "integrated hospitals" was, theoretically, justified, the policy of allocating nurses, as an essential medical human resource, from the military authority to the civilian ward, had a major influence on the Israeli military nursing's future. The policy essentially meant that the function of the civilian health system depended on military nurses. This hindered the nurses’ professional development and their ability to attain significant military positions in the Medical Corps. Furthermore, the majority of recruited nurses found themselves serving in a civilian arena with its day-to-day routine demands; they did not have any experience with nursing demands in emergencies. This meant that, ironically, during emergency times, the majority of nurses recruited were civilian, based on their professional experience in the operation room or intensive care units. This met the military hospital’s needs, despite the nurses’ lack of military background and training. Indeed, working in the military milieu was sometimes a totally new experience for them, and they were force to assimilate into the military setting quickly and under pressure of the circumstances (war or other emergency).

However, the hands of both the head of the military nurses and the head of the medical corps were tied due to the integrated hospitals agreement, which remained valid and enforced in the military nurses’ service for decades (until approximately 2000).

## The Sinai Campaign (Also known as Operation Kadesh, the Suez Crisis, the Second Arab-Israeli War, and the Tripartite Aggression) 1956

Continued terror attacks along the Israeli-Egyptian border exacerbated tensions between the two countries. In 1956, when the Egyptians nationalized of the Suez Canal and with support from Britain and France, Israel invaded Sinai, Egypt. The war that broke out was very short: from 29 October to 5 November 1956.[[86]](#endnote-86)

Nurses on reserve duty (nurses in regular military service served in civilian hospitals), were transferred from their jobs in civilian hospitals to manage the treatment and evacuation of the wounded. The nurses were divided between three stations: the first, a primary treatment station near the battlefront, where a nurse and a doctor provided preliminary care by stopping bleeding, treating them for shock, administering blood transfusions, stabilizing the injured, and then transferring them to evacuation planes, often under enemy fire.[[87]](#endnote-87) The second was in the evacuation planes, which had five nurses and one doctor, who were able to simultaneously treat up to 25 wounded as they were loaded onto the plane. The third station was the influx station for the wounded located at an air force base in central Israel. Some of the nurses had no military experience and were for the first time part of the IDF's first military rescue and evacuation unit. Neonatal nurse, Rina Arbel recalls:

"The flight duration was not long, but it was very dynamic and surrealistic. I was trying to locate bleeding in the wounded, and at the same time trying not to fly through the open door of the airplane. I had no military experience nor military training. I actually received my officer’s rank without doing an officers course. Even so, it was the IDF’s very first air evacuation".[[88]](#endnote-88)

# Summary and Conclusions

The history of military nursing in Israel began with the volunteer efforts of both trained nurses and untrained volunteers who tended the wounded before the declaration of independence in 1948, and has continued since. The above describes the evolution of the nurses’ service and training throughout the early years of the State.

Almost from its very inception, and except for times of war when medical personnel were needed on the frontlines, the service route of the military nurse leaned towards the civilian health sector. Another unique characteristic of IDF’s nurses’ service is that the organization method of the military medical services in Israel, which were established alongside that of the civilian hospitals and not as separate training and care services. These are in direct contrast to the policy in many other militaries, such as the United States and the United Kingdom, where military medical personnel serve only the military population.

 The closing of the military hospitals was a turning point for the nurses’ professional future at the IDF. From then on, most recruited military nurses indeed operated on behalf of the military (i.e., fulfilling their mandatory service), but served mainly in a civilian framework. On the other hand, at times of war (during the first decade), most of the nurses who served in field hospitals near the front were quite often civilian nurses with no military experience. This was a result of the lack of professional human resources. Throughout, there was a certain tension between the military and civilian sectors over “possession” of medical human resources.

The contribution of the military nurses for the care of fighters was marked by their resourcefulness and improvisational skills. They fulfilled a multitude of social and national tasks, amongst them caring for wounded, caring for immigrants in transit camps, and helping at the integrated peripheral hospitals, and their dedication and, often, selfless devotion is a source of admiration despite the hardships and changing conditions for military nurses that they had to endure.

However, as a military institution, at the end of the IDF and the State of Israel’s first decade, and after experiencing two wars, the Israeli military nursing was still not fully organized, there was no special training for military nurses, and there were no organized plans for recruitment and professional functioning for nurses during wars and time of conflicts.

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**Notes:**

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