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

**Introduction**

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, Jews from all over the world began to immigrate to British Mandatory Palestine and (after May 1948) the State of Israel\*. This phenomenon, referred to in Israel as the Great Aliyah (Jewish immigration), was a reflection of Jewish ideological aspirations for a homeland and their practical need for a place to settle and realize their personal dreams. It was not only those who sought to immigrate and create a national center in Israel who felt the strong bond of the Jewish people to this land; Jews in the Diaspora also wanted to help in this endeavor. This drive to help the Yishuv (the pre-state Jewish settlement) and increase immigration to the Land of Israel, which intensified after the Holocaust, was expressed in various ways, particularly through economic and humanitarian aid. The establishment of Jewish health services in the Yishuv began in 1911 with the establishment of the Clalit Health Fund (hereinafter: “Clalit”) and later the establishment of hospitals and a nursing school run by Hadassah: The Women’s Zionist Organization of America. The aim was to support the residents of the Yishuv in Ottoman and later British Mandatory Palestine, and build capacity to allow Jews to provide these services for themselves in the future. Prominent in this context is the story of two American Jewish humanitarian organizations, Hadassah and the American Jewish Joint Distribution Committee (JDC), which were established as aid and rescue organizations and soon became service and care providers.

Hadassah was founded in New York in 1912 as an association of American women volunteers. Most of its resources were invested in developing health and welfare services in the Jewish Yishuv. Henrietta Szold was appointed president at the its founding convention on March 2, 1912, where it was decided that Hadassah would focus on public health and midwifery. This decision determined Hadassah’s activities in the Jewish Yishuv in Ottoman and then British Mandatory Palestine in the coming years. Other important resolutions made at the convention were setting Hadassah’s goals to spread the Zionist idea in the United States and to establish and develop medical-social services in the Land of Israel. Hadassah played a critical role in e[[1]](#footnote-1)\*stablishing medical services in Jewish immigrant camps between World War II and Israel’s

War of Independence. Hadassah mobilized all its resources in the United States to promote Jewish immigration to Ottoman and later British Mandatory Palestine. After the establishment of the State of Israel, Hadassah wanted to focus its activities in Jerusalem, whereas the Israeli government wished Hadassah to maintain its hospitals throughout the country and establish a medical faculty in Jerusalem (1, p. 440–461; 2, p.65–101). The JDC was founded in 1914 with the aim of assisting European Jews and promoting their integration into their countries of residence. During the Second World War and the decade that followed it, the JDC was the main body that funded the immigration of Jews from European, Middle Eastern, and North African countries to Mandatory Palestine and (after May 1948) Israel. The Israel-related activities of the JDC expanded beyond its original objectives, although the organization has always refrained from intervening in politics (3, p. 493–519; 4, p.143–153).

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 through the Yishuv’s Immigrant Medical Services organization (IMS). This article uses an historical approach to document the provision of medical services for Jewish immigrants to British Mandatory Palestine and then the State of Israel between 1944–1953. Unlike most Jewish organizations at the time, Hadassah and the JDC did not restrict themselves to providing assistance and support to the Yishuv from abroad, but actually became direct service providers on the ground. This article makes two main 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 IMS. Following the establishment of the State of Israel in 1948, the need to provide comprehensive health services for a rapidly expanding population within a short space of time provided increased opportunities to Hadassah and the JDC, both of which regarded health and welfare as top priorities and were able to bridge the growing gap between immigrants’ 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.

**Immigrant Medical Services (IMS)**

Both before the establishment of the State of Israel and during its first years, medical services were mainly provided by Clalit, the early form of a health maintenance organization, a nonprofit that covered workers health insurance since 1920 had been part of the Histadrut (General Organization of Workers in Israel) trade union and had a network of clinics and hospitals for Jewish workers. Other Jewish sick funds operating during that time were small, and their activities were limited[[2]](#footnote-2)\* (5, p. 16–17). In addition to these Jewish organizations, medical services were also provided by the British Mandatory government until Israel’s independence.

With the establishment of the State of Israel in 1948, the newly-created Israeli Ministry of Health took responsibility for the provision of medical services and building hospitals, primarily using the infrastructure left by the British. IMS, established by the Jewish National Council and the Jewish Agency in 1944, operated until 1953 (6). Its aim was to manage various medical aspects of Jewish immigrants amid fears by the state of morbidity and the spread of diseases, absorption, including medical screening, entry examinations, and medical insurance. IMS was initially managed by a physician from Hadassah, Dr. Theodor Grushka, and became fully managed by Hadassah in 1946. After the establishment of the State of Israel, the Israeli Ministry of Health attempted to leave the management of IMS to Hadassah, but as Hadassah could not accept this responsibility, its management was transferred to the Israeli government in 1949 (7).

Preparations to absorb Jewish immigrants into the Yishuv began before the establishment of the State of Israel. Indeed, even prior to the mass immigration of Jews after Israel’s declaration of independence in 1948, it had become clear that a comprehensive medical system would be required to care for these immigrants throughout their journeys from their countries of origin to Mandatory Palestine. In 1944, the Medical Development Committee of the Jewish National Council recommended the establishment of a new medical service, which would be managed by the health department of the Jewish National Council in collaboration with the immigrant absorption department of the Jewish Agency (8). The plan was to establish medical stations in immigrants’ countries of origin where medical services were inadequate (especially North African and Asian countries). Staff at these stations would examine and triage immigrants, provide initial medical care, attend to urgent cases, isolate those with infectious diseases, disinfect clothing, and provide information. In the pre-state Yishuv and later the State of Israel, Jewish immigrants would receive medical and nursing assistance. Immigrants requiring hospitalization would be transferred to hospitals and, after examination, transferred to places of permanent residency or immigrant camps, where hospital rooms, clinics, special recovery rooms, nurseries, and kindergartens would be established. All Jewish immigrants would be registered with one of the sick funds. The health department of the Jewish National Council would establish a central medical service to implement this program (9). The plan was devised by Dr. Avraham Katzenelson, the director of the health department of the Jewish National Council, who was acting out of a sense of urgency (9).

Funding for the medical services was to be provided by the Jewish Agency. However, the Agency was unable to provide the funds required to ensure the health of the immigrants. Clalit, which provided health services for immigrants, 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 Yishuv was concerned that the prevalence of disease among Jewish immigrants to British Mandatory Palestine would be used by the British government as a reason to ban Jewish immigration (12).

These difficulties, and the desire to ensure mass Jewish immigration to British Mandatory Palestine, led to the establishment of IMS by the Jewish National Council. Hadassah was asked to manage the newly established service. Dr. Chaim Yassky,[[3]](#footnote-3) the medical director of Hadassah Hospital on Mount Scopus, was a visionary who already anticipated the circumstances that would arise following the Second World War. In a presentation to the Hadassah Council, Yassky described three areas of medical needs: prevention, curative treatment, and medical staff education. He envisaged a significant role for Hadassah in these areas and estimated that although Hadassah would not be able to solve all the problems created by the Great Aliyah, it could put immigrants on “the right path” toward taking care of their health. Furthermore, negotiations between the health department of the Jewish National Council and the British Mandatory government were repeatedly failing because of mutual suspicion and political motives. In Dr. Yassky’s opinion, Jewish medical services should be financed by a dedicated, newly established fund and would be provided by different bodies. Clalit would provide ambulatory services, Hadassah would provide preventive medicine, the Jewish Agency and the Jewish National Council would offer rehabilitation, and the government would manage Clalit, while Hadassah would be responsible for hospital services. In June 1944, Dr. Yassky submitted a 12-page document with recommendations for the development of medical services after the War. The plan assumed that Jewish immigration would affect many aspects of life in the Yishuv: public health, economy, politics, agriculture, industry, and construction. Under the assumption that the Jewish population in British Mandatory Palestine after the Second World War would number around 600,000, Yassky’s plan recommended expanding and organizing community health services and adding 900 hospital beds, including 440 beds for tuberculosis patients and 600 beds for those with other diseases, all funded by the government, while 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 after the Second World War, the population of the Yishuv would swell by half a million. These new Jewish immigrants would suffer poor mental and physical health and would require the development of preventive medicine, medical insurance, nutrition, and housing services, along with increased assistance from the government. Hadassah considered an additional source of funding based on donations collected in the Yishuv and the Diaspora. Training of medical staff would be carried out by establishing a medical faculty, expanding the nursing school, opening institutions for continuing education of medical staff, and training of technical medical staff at the Hebrew University in collaboration with Hadassah (13).

Amid rising public interest in the Yishuv 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). In addition, a plan was made to provide free hospitalization for Jewish immigrants for a period of six months in Hadassah Hospital (15). Prolonged discussions ensued, and there were no significant changes to how medical services were provided to Jewish immigrants during 1945. The small number of Jewish immigrants, and the fact that the Yishuv was preoccupied with other struggles, also contributed to the delay in implementing the plan. However, the department that had been established within the Jewish National Council began operating under the directorship of Dr. Grushka. Already in its early days, the health department of the Jewish National Council\* asked Hadassah to consider the possibility of collaboration and of funding IMS.

In June 1945, Dr. Eliezer Kaplan (1891–1952), a board member of the Jewish Agency and director of its finance department until the establishment of the State of Israel (after which he served as Israel’s first Minister of Finance), approached Rivka Shulman who was elected president of Hadassah in 1953 after serving as a liaison between Hadassah in Israel and the Hadassah organization in the United States and requested that Hadassah increase its share in funding IMS. Hadassah had already provided $10,000 for nursing services in the Jewish immigrant camps and, although it wanted to participate in immigrant care, did not wish to contribute to the overall budget of IMS. It was proposed that Hadassah direct the entire department. Hadassah’s personnel were under the impression that the Jewish Agency would finance half the cost if Hadassah assumed directorship. Shulman asked Dr. Yassky for his opinion on the matter (16).

In October 1945, a proposal was discussed to send a delegation from Hadassah in the United States to British Mandatory Palestine, whose members would collaborate with the JDC and the United Nations Relief and Rehabilitation Administration (UNRRA) in the preparation of a joint infrastructure for the care of the 100,000 Jewish immigrants 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, IMS was deteriorating. Its director, Dr. Grushka, did his best, but he lacked the authority, the staff, or the necessary budget to develop adequate health services that could meet the needs of the hour. At the end of June 1945, Dr. Grushka wrote: “The personal status of the director of IMS is that of a bankrupt who is unable to pay their debts” (18). On July 27, 1945, he handed in his resignation but was asked to withdraw it and to wait for a meeting with members of the Jewish Agency directorship, who were due to return from London. In September 1945, Dr. Grushka met with Eliyahu Dobkin, the head of the Jewish Agency’s Aliyah Department, who asked that Dr. Grushka submit a proposal for continuing the activity of [[4]](#footnote-4)\*IMS, which he did. However, IMS continued to deteriorate, and in October 1945, Dr. Grushka handed in his final resignation (19). He may well have changed his mind had he known how close the signing of the agreement between IMS and Hadassah was, 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 regarding the transfer of IMS’s management to Hadassah was signed by the Jewish Agency, Hadassah, and the Jewish National Council. Dr. Yassky, the director of Hadassah, 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 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, representatives of the Jewish Agency, Hadassah, Clalit, and the Jewish National Council convened to discuss the problems that would dominate future deliberations: “Among the Jewish immigrants in the camps and in Europe are many disabled people, some of them partisans and fighters” (23).Later, the JDC was recruited to assist with this challenge. The policy formulated in the meeting was that 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, the agreement was signed. It was intended to regulate the transfer of 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 effective management of IMS. The Central Bureau of Hygiene Services and two representatives of the Jewish Agency were to be responsible for overall supervision of IMS. IMS would be responsible for examining the immigrants upon arrival in British Mandatory Palestine, and for provision of medical services in immigrant housing and in 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, preventive medicine, and for supervising hygiene in immigrant camps and housing.  IMS, under Hadassah’s management, would not operate outside of British Mandatory Palestine, and the medical examination of Jewish immigrants abroad would be carried out by Jewish Agency’s Aliyah Department. Health services would be funded to immigrants for one year, at the end of which IMS would have no further medical 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 family members to partially cover the costs of medical services. The amount to be paid would be determined according to an individual’s sick fund 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 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 IMS, who would be appointed by mutual agreement between Hadassah and the Jewish Agency. It was also agreed that funds allocated to IMS by the British Mandatory government would be credited to the Jewish National Council’s account for its participation in funding IMS (24). Following the transfer of IMS management to Hadassah, Dr. Grushka was reinstated as director of IMS.

Various waves of immigration brought different medical problems, creating difficulties for Hadassah in managing IMS as originally planned. In 1946, British policy restricted Jewish immigration to a quota of 1,500 immigrants per month, and therefore only 18,000 Jews arrived in British Mandatory Palestine during that year. Illegal Jewish immigrants were transferred to Cyprus. An immigrant camp was established in the central settlement of Ra’anana for about 500 infants and their parents who had been returned from detention camps in Cyprus. Apart from caring for the people in this camp, IMS’s activities were limited (25, pp.14-15). Data from the Jewish Agency’s Aliyah department show that in 1946, a total of 18,200 Jews arrived in British Mandatory Palestine: 3,106 legal immigrants, 12,706 illegal immigrants, 1,485 tourists, and 903 returning residents (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 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). Dr. 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).

IMS’s offices were located in Hadassah hospital in Jerusalem. This was no mere coincidence: the administrative management of 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 IMS. IMS intended to establish six camps for about 600 immigrants. Each was to have a clinic, wards, and accommodation for medical staff with a canteen and a storage room. In some of these camps, space would be allocated for pediatric facilities and maternity rooms (30). It was agreed that three plans would be prepared for the expansion of the health services: building a central hospital, the construction of temporary barracks near the existing facilities, and the expansion of existing institutions in accordance with their development plans (31).

It soon became clear to Hadassah how inaccurate the early assumptions about costs had been. Preliminary estimates that had put 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 המטבע היה שווה בערכו ללירה שטרלינג האנגלית וצמוד אליה באותה תקופה ) were wrong. Hadassah increased the estimate to £P40,000 per year (about £P3,300 monthly), but in reality, the monthly expenditure was £P9,600. On top of that, maintaining a hospital in the Atlit detention camp further increased the annual cost by £P108,000 (32). In addition to the high costs involved in the medical management of IMS, Hadassah invested resources in expanding buildings and infrastructure. Hadassah anticipated that during the 22nd Jewish Congress that was about to convene in Basel (December 1946), the issue of IMS would be discussed and its budget corrected (33). The advisory committee to IMS had also been informed about the revised data and calculations that were presented to the Jewish Agency (34).

The establishment of IMS required changes in the cooperative relationship with Clalit. Some of the health services provided by Clalit became the responsibility of Hadassah. New rules of procedure for IMS, constructed by the organizations, 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 who were sent directly to permanent housing were examined by local sick fund physicians. Immigrants who did not undergo physical examination during the first month after their arrival were not entitled to sick fund health services.

Health services in the camps were provided exclusively by IMS on behalf of Hadassah. Physicians asked the new Jewish immigrants which of the sick funds they would like to join, and the Jewish Agency then insured them for the first three months after they had left the camps. Those who were unwell, and women in labor, were admitted to their local hospitals free of charge. Travel expenses were reimbursed by IMS for patients required to travel for treatment. Patients who were 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 sick funds and their treatment needs were funded by the Jewish Agency until they had recovered. Emergency dental treatment was provided to the immigrants by IMS at their time of arrival to the country. However, 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 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 an additional budget. In Dr. 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 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 an adequate financial solution.

Although Dr. Yassky did not travel to the Zionist Congress, he hoped that Hadassah’s representatives would be able to discuss 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 IMS.” Dr. 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, representatives of IMS had still not been included in discussions about establishing immigrant camps and their sanitation, and 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 IMS’s existence (41). Tuberculosis was an issue of great concern to Hadassah, with a rise in the number of Jewish immigrants with that disease creating a severe shortage of hospital beds (42).

Toward the end of 1947, IMS estimated that if Jewish immigration to British Mandatory Palestine continued at a rate of 15,000 new immigrants each year, an additional 150 hospital beds for patients with tuberculosis would be required. Hadassah intended to add 100 new beds for these patients. Patients with tuberculosis remained in Hadassah Hospital on Mount Scopus in Jerusalem for extended periods, with an average stay of more than six months. Jewish detainees with tuberculosis were also transferred to British Mandatory Palestine from Cyprus, and the number of hospital admissions was higher than the number of discharges. In addition, 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, IMS’s budget was cut to £P120,000 for the following financial year.

The budget cut was split 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 with their sick fund and were entirely dependent on the services provided by IMS (44).

In September 1947, the United Nations Special Committee on Palestine (UNSCOP) submitted a report to the United Nations recommending the termination of the British Mandate and the partition of the territory between Jews and Arabs. Jewish immigration was set to increase, and the Jewish Yishuv had no medical solutions to the problems that were expected to arise. Dr. 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.

Echoing the dire predictions voiced by the Yishuv’s physicians, the medical delegation to the deportation camps for illegal Jewish immigrants in Cyprus published a report that emphasized the shortage of hospital beds and questioned the country’s readiness to receive patients. A report submitted by Dr. Landzcorn and nurse Rebecca Linkowska (Lynn), who were working in DP camps in Germany, raised similar concerns (43). Sentiments within the Yishuv 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 the relevant bodies (44, 45).

Based on the previous working years’ experience, a plan was drawn up for the absorption of 150,000 Jewish immigrants. The construction of a new hospital was no longer discussed, and instead plans were made to increase the number of beds in existing hospitals. At that time, the British Mandatory government discontinued the construction of a new hospital near Tel Litvinsky (Tel HaShomer), as well as the building of a hospital for patients with tuberculosis 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 IMS worsened. The organization attempted to cut its expenses, acting rashly and paralyzing the activity of its management. No source of help or additional funds were available to IMS. Safety concerns on the eve of the 1948 Arab-Israeli War (known in Israel as the War of Independence) made it impossible for all the relevant bodies to convene a meeting and resolve the difficult situation. Hadassah was forced to cover the additional deficits of IMS (47, 48).

Following the adoption of the Partition Plan for Palestine by the United Nations, Hadassah was busy preparing its operational plan for deployment after the establishment of the State of Israel (49). The Hadassah Council, which convened in May 1948, resolved not to reduce its services and to increase its budget for that year to $3 million. This resolution and the increased budget allowed Hadassah to increase its involvement in providing medical services after the establishment of the State of Israel (50).

With an increase in the number of Jewish immigrants, and 8,000 more expected to arrive from the detention camps in Cyprus, IMS had to open clinics in five new immigrant camps without an adequate budget increase. Hadassah had not expected a budget increase during the War of Independence; however, it was concerned about further deterioration of 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 Dr. Yassky’s opening address to the board of directors of IMS 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 *aliyah* 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 Dr. 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 liberation of Jewish detainees on Cyprus and the increased immigration. The budget deficit of IMS between October 1947 and January 1948 was more than £P2,500 owing to the increased number of immigrants that was beyond expectations. There were many unwell people among these immigrants, mainly patients with tuberculosis, and a large number needed hospitalization. The dangerous security situation made it difficult to transfer patients to Hadassah safely. 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 the attacks by Arab Militias trying to cut Jerusalem off during the War of Independence. The journey from the Hadassah Hospital on Mount Scopus to the Jewish-controlled sector of Jerusalem had become dangerous, and most hospital beds were occupied by wounded Jewish soldiers.At the same time, the number of immigrants kept growing. The absorption of immigrants during the 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 to meet requirements. Hadassah felt that it had reached the end of its financial capabilities and considered two options: one for it to continue managing IMS, provided that the Jewish Agency committed to cover its high expenses, which were expected to exceed the approved budget; the second to release Hadassah from its responsibility for IMS. Hadassah feared that any further diversion of its own budget to IMS would jeopardize emergency health services at Hadassah hospital and paralyze Hadassah’s activities (55). A month later, Dr. Yassky informed the Jewish Agency that Hadassah was reducing its participation in funding IMS to £P80,000 (56). However, these were Dr. Yassky’s last days. (57). Four days later, on April 13, 1948, Arab soldiers ambushed a humanitarian medical convoy making its way to Hadassah Hospital on Mount Scopus, killing 78 people, including Dr. Yassky.

In 1948, during the War of Independence, immigration peaked. By the end of this period (,-30 בנובמבר 1947, יום למחרת החלטת החלוקה ועד 20 ביולי (1949 about 700,000 Jews had immigrated to the fledgling State of Israel. As the population grew, health issues increased. For most of its years of operation, IMS experienced economic hardship. During this time, the demographics of the immigrant population changed. In the years following the War of Independence, increasing numbers of Jewish women and children immigrated to Israel. The physical and mental state of these immigrants was poor, and many were malnourished. Among the immigrants who came from enemy countries,(בעיקר מדינות ערביות באסיה, במזרח התיכון ובצפון אפריקה approximately 40 percent suffered from tuberculosis, skin, eye, and kidney conditions, and children suffered from weakness and rickets caused by nutrient deficiencies (58).

The issue of the immigration of Jews servivors of WW2, many of them Holocaust survivors, a significant proportion overall with severe illness, who had been cared for by the JDC in Europe, had first came up for discussion when the British government announced their date of departure from Mandatory Palestine (May 15, 1948), as the Israeli Ministry of Health was being established. During the second ceasefire in the War of Independence, which commenced on July 19, 1948, the heads of Hadassah and the Jewish Agency discussed the future of IMS (59). A week later, an agreement was signed between the newly-established State of Israel and Hadassah, which stipulated that Hadassah would continue to manage IMS, and the Israeli Ministry of Health would finance any budget shortfall (60). Under the agreement, a deposit of £P20,000 was earmarked to cover the debts of IMS, but by mid-September 1948, Hadassah had not received any money. The heads of Hadassah despaired of ever receiving the long-awaited funding, and following much discussion, they informed the Israeli Minister of Finance that from October 1, 1948, Hadassah would no longer be financially responsible for IMS (61).The Israeli Ministry of Health, which was still being established and was preoccupied with providing health services to the many citizens (Jews and Arabs alike) who had been wounded in the War of Independence, requested that Hadassah continue to manage IMS at least until the end of 1948. Hadassah acquiesced, provided that the Jewish Agency financed any expenses that exceeded the budget (62). On May 13, 1949, after the appointment of Eliezer Kaplan as Finance Minister, his ministry announced that the Jewish Agency, rather than the government, would fund IMS. Thus, the funding situation was back to where it had started, and IMS was on the verge of another crisis—except this time, its employees were occupied with the mass immigration that began after the War of Independence.

After the establishment of the State of Israel, IMS operated clinics and health services in 21 immigrant camps, but struggled with a severely depleted workforce and increasing requirements for hospitalization (63). Medical services in the camps included examining health certificates, administering vaccines for smallpox and typhoid fever, testing for signs of infectious diseases, disinfecting immigrants with DDT, isolating patients with contagious diseases, and performing blood tests and chest X-rays. IMS and its management were adamant 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). What was needed more than anything were services for new immigrants who could not go through the regular process of immigration, in particular those with complex conditions and disabilities. These services required additional funding.

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

In June 1949, Dr. Grushka resigned from his role as director of IMS, and his deputy, Dr. Sternberg, was appointed as his replacement (25, p.36). The Israeli government decided to take over management of 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 the problems. Demands on the budget and on the provision of medical care for the immigrants were growing (67). The solution to these problems came from a second American Jewish organization, the JDC. The JDC expressed a willingness to establish inpatient institutions for new immigrants, provided it was accepted as a full partner in the management of the service (68).

During Israel’s War of Independence, the JDC 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. Similar to other aid organizations, the JDC also increased its involvement in the rescue of European Jews. Unlike Hadassah, the JDC did not operate within the borders of Israel until 1949 (69, p.44).

Four days after Israel’s first Independence Day celebration of May 14, 1949, the Health Department of the JDC convened a conference in Munich. The conference discussed the difficult situation in Israel and decided to slow down Jewish immigration, even though at the time, the JDC was in the process of closing down the DP camps and reducing its personnel. With the closure of 28 of the 62 DP camps in Europe, an immediate solution was required. However, pressure from candidate immigrants seeking to be allowed 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).

From 1949, caring for severe medical cases, which had been dubbed “hardcore cases,” became a significant burden on the health services in Israel. These cases included patients with chronic conditions, those with mental illnesses, children and adults with tuberculosis, and older people whose families remained in Europe. Many of the latter group were over 60. according to Dr. Silverman’s report on tuberculosis surveillance in the American zone in Germany (1949 May 18) about 200 of them had no relatives, and only about 200 were in good health. Another group included 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).

It was now clear that the process of immigration had to be expedited and that bringing Jews with medical conditions and disabilities to Israel was the only viable solution. The chain of events leading to the adoption of a policy of medical selection and a ban on immigration of people with medical conditions provoked anger and frustration among candidate immigrants who tried any avenue that would allow them to enter Israel. At this time, the JDC was searching for a new mission. The establishment and management of a new organization designed to deal with Jewish immigrants with disabilities was an opportunity for the JDC to open new pathways that would put it in a more favorable light in Israel and among its community of origin (72, p.14–15). At the end of 1949, the Jewish Agency, the Israeli government, and the JDC agreed to establish a new institution to care for immigrants with severe medical conditions (73, 74). The new organization was named Malben, (a Hebrew acronym for Organization for the Care of Handicapped Immigrants). With the establishment of Malben, the geographic restriction of the JDC’s activity came to an end. It also marked the beginning of the JDC’s operation in Israel, which started under the framework of Malben and was later expanded to other areas (72, p.10-11; 75). JDC was designated as manager of Malben. Although the agreement was signed in November 1949, it was effective retroactively from May 1948 (76, p.48). The Israeli government finally took control of the management of Malben in 1976, and the JDC in Israel switched to other areas of activity.

The first question raised in this article was whether the establishment of IMS as a solution for the absorption of Jewish immigrants amid fears of disease and the spread of infectious diseases among them, which is also an issue faced by other immigrant populations.

In hindsight, it is clear that this was the *only* solution. Only through such a managed process was it possible to provide adequate medical care and ensure that Jewish immigrants could transition to becoming 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 question relates to the vital assistance provided by American Jewish volunteer organizations, especially Hadassah, to establish the service. The article describes the ambivalence of the Jewish Yishuv toward these American organizations. However, as Eliyahu Dobkin of the Jewish Agency’s Aliyah (immigration) department noted, the Yishuv also desperately needed the physical and economic support these organizations offered (72, p.1-17) This issue was no longer valid in the face of economic hardship. Hadassah, which operated IMS until the establishment of the State of Israel in May 1948, threatened more than once to discontinue its management because of the economic crisis in the United States.[[5]](#footnote-5)\* However, Hadassah continued to manage and fund IMS even after the establishment of Israel. In the words of Dr. Sternberg, IMS’s director:

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). In summary, this paper argues that 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.

**Summary**

The establishment of 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, IMS constituted the basis and infrastructure for the establishment of medical services in Jewish immigrant camps in the fledgling State of Israel. The Great Aliyah of 1948-1953, which was the realization of the Zionist dream, reached its peak immediately after the end of Israel’s War of Independence, and during it 250,000 Jews immigrated to Israel. Indeed, by the end of this period, more Jews had immigrated to Israel than the total population of the pre-state Yishuv. Despite the health risks faced by Jewish immigrants in Israel, their new country had few resources, and those of IMS, the organization mandated to meet their medical needs, were therefore also very limited. IMS staff had to deal with the issue of medical complications, amid a severe shortage of cash, equipment, and skilled human resources. Against this background, the assistance of Hadassah and the JDC was vital (73).

In examining the activities of these organizations during the formative years of Israel and Israeli institutions, it is clear that they worked very closely with Israel’s newly-established state institutions. IMS and Malben, the institutions established by Hadassah and the JDC, made an essential contribution to the success of the Israeli health system. The contribution of IMS was reflected in key public health indicators, including reduced infant mortality, the eradication of epidemics, and contributed to the creation of the nascent state's system of the medical insurance. In retrospect, we can conclude that Israel owes an enormous debt of gratitude to those few medical professionals who did their best to ensure the public health of those who arrived during the mass Jewish immigration to Israel after 1948 of the many and, with the help of Hadassah and the JDC, helped secure the future of Israel’s health system.

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1. \* מדינת ישראל של היום נקראה עד הקמת המדינה ארץ ישראל או פלשתינה בתקופת השלטון הבריטי שהחל כשלטון צבאי בשנת1917 ומ1920 הפך לשלטון אזרחי עד 1948.ארץ ישראל נחשבה למושבת כתר בריטיתבאותן שנים וביתר עוז לאחר הקמת המדינה. התושבים היהודים שכונו היישוב עשו ככל יכולתם להביא יהודים נוספים למדינה. אלו כונו עולים ולאחר קום המדינה עולים חדשים. המאמר מתמקד בטיפול הרפואי באותם עולים. [↑](#footnote-ref-1)
2. \* נוספת שפעלה בתחום הטיפול בעולים הייתה קופת חולים עממית שהוקמה עי הדסה בשנת1931 ונועדה לספק שירותי בריאות לאיכרים שלא היו חברים בקופת חולים של ההסתדרות הכללית. היא פעלה מטעם הדסה במחנות. [↑](#footnote-ref-2)
3. Chaim Yassky (1869–1948) was an ophthalmologist who immigrated to British Mandatory Palestine from Kishinev in then-Imperial Russia (now Moldova) and in 1938 was appointed director of the Hadassah hospital on Mount Scopus. On April 13, 1948 during the War of Independence, he was killed in an attack on a humanitarian medical convoy that was on its way to the hospital. [↑](#footnote-ref-3)
4. \* the Jewish National Council (, Va'ad Le'umi), also known as the Jewish People's Council was the main national executive organ of the Assembly of Representatives of the Jewish community (Yishuv) within Mandatory Palestine. [↑](#footnote-ref-4)
5. \* , המשבר הכלכלי העולמי החל בארצות הברית בשנת 1929 ונמשך עד שנת 1939 והשפיע על כל העולם למשך שנים בישראל הושפעה הדסה מהקשיים הכלכליים וצמצמה את פעילותה בארץ. [↑](#footnote-ref-5)