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Jewish Women in Pre-State Israel

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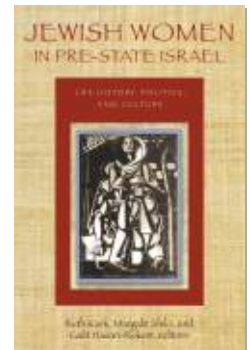
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On Behalf of Mothers and Children in Eretz Israel

The Activity of Hadassah, the Federation of Hebrew Women, and WIZO to Establish Maternal and Infant Welfare Centers — Tipat Halav, 1913–1948

The Activities of Nathan Straus and “Daughters of Zion — Hadassah” on Behalf of Mothers and Children toward the End of the Ottoman Period

In 1908, Henrietta Szold visited Eretz Israel. Henrietta Szold (1860–1945), a native of Baltimore, daughter of a Zionist rabbinical family, one of the founders of the Hadassah organization and its first president, arrived in the country after a trip to Europe. She was shaken by the misery, poverty, and filth in which the people of Jerusalem, Tiberias, and Safed were steeped, and especially by the low state of hygiene that she felt directly affected the public’s general state of health. So Szold conceived a comprehensive plan for public health that would bring relief to the women and children. Her plan began to move toward becoming a reality with the founding of Hadassah, the Women’s Zionist Organization of America, in 1912. Hadassah set for itself the goal of helping the *Yishuv* in Eretz Israel in the fields of education and health and also stroved to work for “a healthy population that would be able to function properly on the personal and public levels, and for the benefit of society that makes possible pleasant motherhood and happy childhood.”¹

Implementation of Szold’s plan began in 1913 with the assistance of the Jewish philanthropist Nathan Straus, who already had earned a reputation as experienced in establishing centers in the United States for the distribu-

tion of pasteurized milk to needy mothers who could not nurse. Straus visited Eretz Israel with his wife Lina in 1912 on his way to Rome to attend an international conference devoted to the war on tuberculosis. On this visit, Straus set up a soup kitchen and a health center that had three departments: hygiene education, eye diseases, and bacteriology.² Upon his return to America, Straus urged Henrietta Szold to begin the immediate application of her plan. So the Hadassah members chose two New York nurses, Rose Kaplan of Mount Sinai Hospital and Rachel Landy, a nurse-supervisor at Harlem Hospital, and sent them to Jerusalem to open a Maternal and Infant Welfare Center on the pattern of the highly successful centers operating in the United States. The two nurses arrived in Eretz Israel in early 1913, accompanied by Straus and his funding; they settled in Meah She'arim in an apartment that he rented for them. The apartment served also as a clinic where they gave guidance to pregnant women and mothers. The center was open to all, regardless of religion or race, and focused on providing the services of midwives, health and hygiene education, home visits to needy mothers, and treatment for schoolchildren suffering trachoma. The nurses worked in cooperation with Dr. Abraham Ticho, an ophthalmologist, and in coordination with the health center. Following Straus's instructions, the nurses patterned their work according to the model developed in New York for the operation of the mother and child welfare centers. So this became the first Maternal and Infant Welfare Center established in Eretz Israel that trained midwives and offered professional guidance by nurses and physicians to mothers and pregnant women in their own homes.

Upon the outbreak of World War I, Rose Kaplan left the country and Rose Landy continued the project with Dr. Helena Kagan, a pioneer in pediatrics, who immigrated to Eretz Israel from Switzerland in 1914.³ In September 1915, when funding had run out, Landy was forced to return to the United States and the clinic was closed.

Dr. Kagan continued to provide medical assistance in the clinic she opened in her home near the Meah She'arim neighborhood, and even trained Jewish and Arab young women to serve as nurses at the municipal hospital. She trained local nurses to work in the schools and continued to manage the midwifery services that the two Hadassah nurses had founded. In 1916, owing to the economic difficulties in the *Yishuv* during World War I, Dr. Kagan expanded the midwifery services to the city of Jaffa, too, and for that purpose obtained a contribution from the Committee on Palestine Welfare of Chicago.

The American Zionist Medical Unit

A basic change in the condition of the mothers and children in Eretz Israel occurred in August 1918 with the arrival of the delegation for medical assistance on behalf of the Jewish communities of the United States, the American Jewish Joint Distribution Committee — Special Assistance Committee, the American Zionist Federation, and the American Women's Zionist Organization — Hadassah; the group was called the American Zionist Medical Unit and it came to help the medical services of Jewish community in Eretz Israel.

The medical unit included medical personnel, pharmacists, and medical administrators, chief among them Dr. Isaac Rubinow, a physician and social legislation activist in the United States, who directed the unit together with Henrietta Szold.⁴ As part of the unit's activities in the field of preventive medicine, the team of physicians and nurses began to formulate a comprehensive plan to aid mothers, infants, and children. Its first act in this direction was the opening of a "consultation center for mothers and pregnant women" in the Old City of Jerusalem, operated in conjunction with the Federation of Hebrew Women. The center quickly expanded its areas of activity and set up, within its quarters, a kitchen for distributing milk, which was called "Tipat Halav" (A Drop of Milk), where milk was pasteurized and then distributed to needy children.

Dr. Rubinow, the medical unit's director, planned to establish a country-wide network of mother and child welfare centers that would be operated by nurses specially trained for that, but a decision taken by the World Zionist Congress (Karlsbad, September 1923) thwarted his plans. The congress determined that the medical unit would change from being a temporary relief organization into a permanent one in Eretz Israel, under the direction of Hadassah and that its name would be the "Hadassah Medical Organization." From then on, Hadassah continued, in cooperation with the Federation of Hebrew Women, with the establishment of centers that the medical unit had begun.

Efforts by the Federation of Hebrew Women and Hadassah in Establishing the Centers for Mother and Child

The Federation of Hebrew Women was founded in Jerusalem in 1920 at the initiation of Bathsheba Kesselman, a Hadassah member in the United

States. When she came to Eretz Israel in 1919, Kesselman encountered harsh reality—unsanitary childbirth conditions and high infant mortality rates. Aware of Hadassah's power, Kesselman thought of the idea of setting up a local women's group that would cooperate with Hadassah and offer help to mothers and pregnant women.⁵ The volunteers set as their goals providing assistance to women during pregnancy and childbirth, teaching them how to take care of the newborn from the day of birth, following up the child's development and growth, taking material care of the mother, training her in a profession according to her capabilities, and even helping find her a job.⁶

The organization of this endeavor was initially local in order to cope with the problems at hand, such as mutual aid and help for new immigrant women who had difficulties with Hebrew, assistance in adjusting to the country's climate and improvement of inadequate nutrition, help for pregnant women and women in distress, and provision of food for infants in danger of dying from malnutrition.

At first the idea of establishing such an organization encountered opposition from various women's organization already operating in the country (such as "Ezer Yoledot" [Aid to Women Giving Birth], Federation of Hebrew Women); they argued that the creation of another group would be redundant and that all forces should be consolidated. To overcome this resistance, Kesselman proposed appointing Henrietta Szold, a well-known personality in the *Yishuv*, as president of the organization. Szold's agreement to take on this role cleared the opposition and prepared the way for turning the Federation of Hebrew Women into an auxiliary body for Hadassah. At the founding assembly, held on 14 July 1920, Szold stressed the overwhelming need for as many volunteers as possible to implement Hadassah's plan to establish mother and child welfare centers throughout the country. So it was decided that the Federation of Hebrew Women would be a popular movement that would encompass women from all levels of society and allow any woman who wanted to join to do so; it was also determined that the organization would focus on giving aid to the pregnant woman and her baby and would educate mothers and children about health, hygiene, and sanitation.⁷

Response was great and many volunteers from all around the country joined the ranks of the organization from the outset. The first branches were established in Haifa (1922), Tiberias (1923), Safed (1923), Tel Aviv (1924), and Rehovot (1924), places with large concentrations of disadvantaged populations, mainly of Oriental Jews, who lived under harsh conditions of poor hygiene, malnutrition, ignorance, and superstition.⁸

Soon, the Federation of Hebrew Women members, under the leadership

of Bathsheba Kesselmen, applied themselves vigorously to working among the mothers in Jerusalem. Their volunteer work was conducted in coordination and cooperation with Hadassah: Hadassah provided the medical service and the Federation of Hebrew Women administered the social work and helped in the operation of the mother and child welfare centers. The volunteers began to disseminate information. In the streets of the Old City, they tried to locate pregnant women and convince them to accept medical supervision from Hadassah physicians at the Rothschild-Hadassah Hospital. They persuaded pregnant women to come for examinations during the final months of their pregnancy and to give birth in the hospital. The women who took care to be examined regularly were promised economic and material aid that included medicines, bedding, and underwear for themselves and their newborn. After the birth, volunteers made home visits and provided help for the mother, the newborn, and the entire family, with activities including the buying of groceries and taking care of the other children in the family.⁹

The daily meeting between the mothers and members of the Federation of Hebrew Women proved that it was not enough to deal only with pregnant women and those giving birth and that the provision of information and guidance should be extended also to women who were already mothers. To that end, centers for advising mothers were set up in neighborhoods, on the assumption that with the establishment of the neighborhood center, its services would be available to every mother. The first center was set up in June 1921 in an apartment in the Old City of Jerusalem, and it fulfilled three functions: giving guidance to pregnant women; giving infant-care training and advice to mothers; and pasteurizing milk and distributing it to needy infants. The work at the center was shared by the Hadassah nurses and volunteers from the Federation of Hebrew Women. The nurses carried out the medical tasks that included weighing the new baby, following its development and giving it inoculations, and assisting the volunteer physician, Dr. Helena Kagan. The volunteers did the administrative-social work that included registering the women who had given birth and their infants, producing the "newborn cards," writing monthly reports, recruiting volunteers, and collecting the payment for the pasteurized milk, a fee determined according to a family's social welfare situation.¹⁰ Members of the women's federation even used to register every birth that took place in the Rothschild-Hadassah hospital and personally invite to the center each woman who had just given birth. If a few weeks had passed after the delivery and the woman had not come to the center, a nurse was sent to her house for a home visit, and the nurse convinced her to come to the center.

Initially, there was poor response on the part of the mothers, as they were still influenced by superstitions and archaic customs. They opposed any change and refused to accept the advice of the young, unmarried nurses, arguing that those young women had not yet given birth themselves. They also were against weighing and measuring the infants for fear of the evil eye.¹¹ The mothers expected to receive real material aid when they came to the center, and they were greatly disappointed when all they got was advice and instruction from the doctor and the nurse!

To encourage the visits and to lessen the women's vehement opposition, it was necessary to promise material assistance. And indeed, the nurses promised the mothers that they would receive, free of charge, all the necessities for the baby (diapers, clothing, bathing needs) as well as pasteurized milk, if they would give birth in the hospital and if, after the birth, they would come regularly to the center with the baby for the continuation of treatment and for advice on childrearing. Only after the nurses had succeeded in gaining the trust of the mothers in their ability and desire to promote their children's health did the visits begin to become regular.¹²

At first, service at the centers was given to Jewish and Arab women no matter what religion or race. Since they gave birth at home, the Arab mothers, Muslim and Christian, came to the center under the influence of their Jewish neighbors or private doctors. Starting in August 1923, an Arabic-speaking nurse was appointed to work with them. As a result of the constantly growing number of Arab mothers, reaching over one hundred, in 1924 a center was opened for them at the Nablus Gate in the Old City.¹³

One of the main problems suffered by a large part of the mothers was their inability to nurse owing to inadequate nutrition and diseases. The pediatrician Dr. Helena Kagan taught the mothers how to get help from a supplement of cows' milk rich in protein, calcium, and thiamine (vitamin B); but the economic situation did not allow most of the mothers to buy cows' milk and to Dr. Kagan's dissatisfaction they bought goats' milk, which was cheaper. To overcome this problem, it was decided to organize the distribution of milk to needy mothers.

The Federation of Hebrew Women assumed responsibility for organizing the distribution of milk through the "Drop of Milk Committee" that it set up among its volunteers. In the Old City counseling center kitchen, a *Tipat Halav* (A Drop of Milk) station was set up, the necessary amounts of milk were prepared by adding water and sugar for each infant, according to the doctor's instructions. The funding came from Flora Solomon, the wife of Harold Solomon, director of the Commerce and Industry Office in the

Mandate government in Eretz Israel: She financed the equipping of the milk kitchen and the distribution of the milk. Flora Solomon was also the head of the team of volunteers who poured the milk into sterile bottles and gave them out to the needy mothers in return for a token payment. Bathsheba Kesselman's initiative instituting a contribution called "milk collectors" for the benefit of women in Jerusalem helped overcome the project's financial problems.

The first year, milk was also provided to infants living in neighborhoods outside the Old City. Buckets full of ice in which nestled bottles of milk were loaded onto a donkey's back; that way some sixty babies received the daily amounts of milk they needed. In August 1921, a second "Drop of Milk" center was opened in the courtyard of the Rothschild-Hadassah hospital. The center served as a milk distribution point for the New City children and as a place where mothers obtained advice and guidance. In July 1923, the Federation of Hebrew Women initiated the opening of a third center in the New City's Mahaneh Yehuda neighborhood, which served for distributing milk and for providing weekly advice to mothers, including doctors' examinations.¹⁴

During the first two years of the milk kitchens' operation, the milk was delivered to the mothers' home. But later it was decided to concentrate the distribution of the milk in the counseling centers for mothers. The mothers who came to buy milk received, on the same occasion, guidance from Federation of Hebrew Women volunteers and medical services—from the Hadassah nurses and doctors. This combination contributed to enhancing awareness of the medical services. Gradually, the name *Tipat Halav* [Drop of Milk] was preferred over the other names ("Counseling Center for Mothers and Pregnant Women" and "Center for the Care of Newborns"), and after the centers were transferred to the administration of Hadassah, it became the official name of the entire service. It is by this name, *Tipat Halav*, that the system continues to be known today as well.

In managing the milk project, the main problem of the Federation of Hebrew Women came to light: lack of sufficient financial sources. The distribution of the milk greatly increased the number of mothers visiting a center, and a pressing need was created to enlarge the budget to meet the increasing demand and to raise funds from new and additional sources. Bathsheba Kesselman, who visited the United States in 1922, decided on her own initiative to collect money among the women's groups of New York for the establishment of a "Milk Fund" for needy infants in Eretz Israel. Hadassah opposed separate fundraising and considered it an attempt at excessive interference by the Federation of Hebrew Women beyond what had been agreed

upon between them. In 1923, with no other option, the Federation turned over the operation of the “milk kitchens” as well as the fundraising for the distribution of milk exclusively to Hadassah.¹⁵ The women’s federation continued to work voluntarily alongside Hadassah for the expansion of the entire project until it was transferred, in 1952, to the Israel Ministry of Health.

The Federation of Hebrew Women succeeded in drawing to its ranks many volunteers with welfare and social awareness who wanted to participate in the various activities for the needy. The close cooperation between the Federation of Hebrew Women and Hadassah created a network of mother and child welfare centers throughout the country that provided medical services, and childrearing advice and guidance for mothers.¹⁶ The cooperation between the two women’s federations encouraged the volunteering of women from all levels of society for community projects and indicated the need for the creation of an umbrella organization of women’s associations in Eretz Israel for improving the status of women, for obtaining the right to vote, and for organizing women’s volunteer activity for the benefit of the public. On Purim 5284 (March 1924), the first national convention of the Federation of Hebrew Women took place, and Henrietta Szold, who headed the Federation of Hebrew Women, stressed this need among the organization’s aims: “The main goal is to organize the women of the country and to unite the existing federations into a single national federation. Without an umbrella organization it is impossible to carry out any productive work in the country, and it is difficult to make connections with the women from abroad.”¹⁷ So it was that during the 1920s, the cooperation between the different women’s organization became increasingly close, and in 1933 it was decided to establish the Federation of Zionist Women, a joint organization of national Women’s International Zionist Organization (WIZO) and the Federation of Hebrew Women.¹⁸

The Health Education Work of Hadassah among Mothers and Children

Health services for the mother and her infant were one of most closely defined branches of Hadassah endeavor in Eretz Israel, and this stemmed from awareness that taking care of the health of the mother and child is the foundation for a healthy population and the basis for developed medical work. By implementing its health and education program, Hadassah aspired to train mothers for childrearing and to teach them healthy habits to pro-

mote their health and to improve their quality of life. The mother and child welfare centers that Hadassah established with the help of the Federation of Hebrew Women served as the principal, most important means for attaining this goal.

The health education endeavor began with providing care for the pregnant woman from the start of her pregnancy, extended to the newborn, to the child in the “age of transition” (two to four years old), and ended with treatment of children of kindergarten age (four to six). School children became the responsibility of the school’s hygiene department.¹⁹

Hadassah determined goals for its work and took zealous care in implementing them: (1) to teach and inculcate the rules of basic hygiene; (2) to support, aid, and guide the pregnant women during her pregnancy; (3) to teach and instruct mothers about infant nutrition; (4) to encourage natural feeding and to lengthen the period of nursing; (5) to train mothers for the move from natural feeding to artificial nutrition; (6) to insure the provision of pasteurized milk and to teach proper food preparation by the mother in her home; (7) to educate and instruct mothers in raising their children; (8) to teach mothers how to prevent diseases caused by improper nutrition and ignoring the rules of hygiene; (9) to make house calls to become familiar with the needs of the impoverished family and to support it; (10) to promote the health of every child in the family, to discover problems for the purpose of correcting them and dealing with them; (11) to work to improve the mother and child welfare center and to encourage mothers to use its services.

The care for the pregnant woman was not aimed only at conducting a healthy, sound pregnancy, a birth without complications, and care after birth for maintaining the mother’s health—but derived from the premise that the contact and connection between the mother and child welfare centers, the doctor, and the nurse, on the one hand, and the pregnant woman, on the other, were laying the foundation for guiding the mother in care of the newborn.

Principles of Hadassah’s Effort in the Mother and Child Welfare Centers

From the beginning of its work in Eretz Israel, Hadassah determined basic principles for its health education work and uncompromisingly held to them. Women’s organizations that agreed to cooperate with Hadassah had to accept its operational methods and principles unquestioningly:

- *Service at the health centers is provided free of charge and to everyone, with no difference as to religion or race.* In the words of Zelda Goldman, a nurse at the Haifa mother and child welfare center, “We have a rule here: to accept anyone who turns to the center, with no difference as to type, ethnic group, and race,” and as stated by the chief nurse, Bertha Landsman: “We do not distinguish between poor and rich . . . The Hadassah Medical Organization does not demand payment for this educational work.”²⁰ Material aid (milk, diapers, clothing) was handed out *only* to needy mothers who came regularly to receive instruction and advice.
- *A uniform system of infant welfare was instituted in all centers in the country.* A uniform system of feeding (natural and artificial), a uniform system of dressing and diapering. The Kupat Holim physicians who cooperated with the center were *obliged* to work according to the system implemented at the centers.
- *Home visits* by the public health nurses were the “cornerstone of the effort.”²¹ They came under the rubric of the informational work of the centers all over the country and were an integral part of preventive medicine activities. Home visits made it possible to impose a uniform method of operation in the centers throughout the country.
- *The health effort was intended to educate the entire family towards a healthy life and to instill in it a healthy way of life.* Each family constituted an individual unit, and the nurse supervised its health. Through home visits, the nurses learned of the family’s material, social, and health situation.
- *The work was aimed at the healthy child.* The centers did not provide medical treatment, they did not accept sick children, and medicines were not distributed, as explained by Bertha Landsman, the chief nurse, “Our motto was care for the healthy child,” and in the words of Dr. Baruch Ostrovsky, “I held to a sacred principle, not to give [medical] treatment at Tipat Halav.”²² And indeed, over time the mothers understood that the purpose of the doctor’s examination was not therapeutic but rather for giving advice and instruction about the nutrition and general condition of the infants.

WIZO Activity for the Establishment of Mother and Child Welfare Centers and Infant Homes for Working Mothers

WIZO began to operate in Eretz Israel in 1920 following a decision taken at the organization’s founding conference in London to establish a central bu-

reau in Eretz Israel. Activity began in Tel Aviv and Jaffa through individual volunteers, since Jerusalem already had an active branch of the Federation of Hebrew Women and in Haifa the first inklings of activity were noticeable. The volunteers were local residents who instructed the mothers, mainly among the new immigrants, in childrearing. Only in 1927 did the volunteers arrange themselves into an organizational framework, calling it "National Federation." The group was subordinate to WIZO in London. The organization in Eretz Israel met opposition from the two other women's bodies: the Federation of Hebrew Women, which saw it as a competitor for financial resources and personnel, and Hadassah, which did not appreciate a women's organization based in Eretz Israel having connections with an organization abroad, particularly in Europe. Despite this, cooperation among the bodies developed over the years, and in 1933, it was decided to establish the Federation of Zionist Women, a joint organization of national WIZO and the Federation of Hebrew Women.²³

The initial steps of WIZO's volunteer work in Tel Aviv began in 1924 in the area of providing welfare for a woman who had just given birth. In that year, a WIZO emissary from New Zealand opened a center for the welfare of pregnant women in the Neveh Shalom neighborhood. For that purpose, two nurses were sent to England on behalf of WIZO to study a special work method, the "Plunkett system," used in England, New Zealand, and Australia, for treating women giving birth and their infants.²⁴ On 5 December 1926, WIZO set up an infant welfare center on Nehemiah Street in Kerem ha-Temanim and provided service for infants only up to the age of two. A third center was opened on Ha-Carmel Street. Dr. Theodor Zlocisti directed the centers that WIZO established in Tel Aviv.²⁵ Later, WIZO's work was extended to Haifa and Jerusalem.

In 1926, working mothers in Jerusalem turned to Hadassah with a request that it find an answer to the problem of children of working mothers. The economic crisis in Eretz Israel from 1924 to 1927 forced many mothers to go out to work to help support the family. So WIZO was asked to compile work procedures that would fit the needs of working mothers and provide an overall solution for childcare outside the family framework. From 1927, WIZO opened day-care centers, first in Tel Aviv and later on throughout the country. The day-care centers were intended for the sole use of working mothers; the centers provided all the educational services for preschoolers, including medical treatment. Supervision and care for nursing children and toddlers were given by nursemaids who had been trained in the WIZO school for nursemaids in Jerusalem. In addition to the ongoing daily care, the caretak-

ers advised the mothers on nutrition, care for the ill child, and the development of the personal connection between the child and the working mother.

The Federation of Hebrew Women, which united with WIZO in 1933, continued with the dissemination of information among the mothers in the poverty-stricken neighborhoods and with convincing them to come to the Tipat Halav centers in the area where they lived. A large contribution by the WIZO women of Australia made it possible to increase the number of centers in Tel Aviv and Haifa. In addition to guidance, medical supervision, and milk, the centers provided food and clothing to the needy in return for a symbolic payment.

Within a decade, WIZO's Tipat Halav centers had become one of the principal bodies helping working mothers all around the country. In 1937, WIZO operated twelve centers, dealt with some 1,370 infants, and made about 7,000 home visits.²⁶ WIZO also ran two infant homes, in Jerusalem and Tel Aviv, which cared for stray children, orphans, and infants from distressed regions and from new immigrant families, whose nutrition was inadequate. In the Tel Aviv infant home, a section for premature babies was opened and babies were taken to it from the country's hospitals.

In 1952, with the transfer of Hadassah's centers for mother and child to the Israel Ministry of Health, WIZO also transferred its centers to the ministry but continued to operate its day-care centers, children's home, welfare centers, and clubhouses for youth and for women throughout the country.

Afterword

The decision to establish the State of Israel on 15 May 1948 prompted Hadassah and WIZO to discuss the issue of the functioning of the health services as part of the state that was coming into being. It was clear that these services would have to undergo essential changes to fit into the new framework.

In accordance with the decision of the Israel government, led by David Ben-Gurion, it was decided to turn the public health service into a national service. In 1950, Hadassah began to transfer its medical services to the Ministry of Health and retained only hospitalization services in the big cities. The process was completed by 1952, and the Tipat Halav centers and the health services that Hadassah had directed in the schools were handed directly over to the Ministry of Health and became a state service in every respect. Following Hadassah, WIZO transferred the Tipat Halav centers it had run to the Ministry of Health and retained only its children's homes for

working mothers.²⁷ With the transfer of the service to it, the Ministry of Health declared that it intended “to establish an available, accessible service for the entire population of mothers and children, with no discrimination as to religion and race.”²⁸ Although the movement of the Tipat Halav services to the Ministry of Health did not go through a legislative process, the Israeli public accepted it as a “service that had to be provided.” Over 90 percent of the country’s mothers made use of this service. It continues to function today and is a basic element in the maintenance of children’s health in the State of Israel.