To mark the opening of Shaar Ha’aliya in March 1949, Yehuda and Leah Weisberger put on nice clothes, stood formally beside one another, and had their picture taken next to a sign stuck in the sand. It read as follows: The Jewish Agency of Israel / Absorption Department / Shaar Ha’aliya Processing Camp / Haifa. This was a big day for the Weisbergers. After years of having various appointments in the Jewish Agency, gaining experience and moving his way up the ladder, Yehuda was poised to begin the job of a lifetime, director of Israel’s Ellis Island. Since his wife, Leah, was a trained nurse, she would also have an important role to play in the camp, overseeing health care programs for children and new mothers. It was clear to Yehuda that he and Leah were taking part in something historic. He had come to Palestine, alone, when he was nineteen years old, to escape virulent anti-Semitism in his native Poland. Now here he was thirteen years later. His father and sisters had been murdered only a few years earlier, along with almost all the Jews of Europe; and he was standing next to his wife in the Jewish state about to take part in what he described as “the incredible enterprise of the Ingathering of Israel’s Exiles.” Shaar Ha’aliya was going to be the main artery through which Israel’s hundreds of thousands of new immigrants would enter; and Yehuda, a thirty-two-year-old...
man in glasses, a suit, and a tie, was going to be directly responsible for them all.

At this time, everything around Yehuda and Leah was quickly changing. The Jewish state that they had dreamed about and worked toward had finally become a reality. Yet not even a year had passed since its independence, and it was far from clear whether this country would be able to overcome its many, very serious problems. In those months between Israel’s declaration of statehood in May and the Weisbergers’ Shaar Ha’aliya photograph in March, the 1948 war had racked their surroundings with horrifying violence, instability, and explosive demographic transformations. Six thousand Jews—a full 1 percent of the Jewish population of Israel—had been killed in the war. Between 6,000 and 12,000 Palestinian Arabs were killed in that same conflict, and another 750,000 had become stateless refugees living outside of Israel’s borders. In March 1948, a year before the Weisbergers had their photograph taken, Palestinian Arabs had made up the majority of the population of British Mandate Palestine, numbering more than 1,000,000 people. When Yehuda and Leah posed for the opening of Shaar Ha’aliya, there were only 150,000 Palestinian Arabs—now Arab citizens of Israel—within the new borders of the Jewish state. Israel recognized the remaining Palestinians as citizens of the country. But the wounds of the violent 1948 war were fresh and remained deeply unresolved. There was deep distrust and distance between the Arabs and Jews of Israel. The Israeli state put the Arab minority under military rule and turned its attention to its main priority: taking in Jewish refugees and immigrants from across the globe. ²

Today we know that the outcome of the war was actually well-suited to the balance of military and political power: Israel was the stronger side and that is why it won the war. But this was far from what the public knew in 1948 and 1949, so Yehuda and Leah would almost certainly have felt what the majority of Israelis and Jews throughout the world were feeling: this was a David and Goliath story, with one Jewish state attacked by five Arab states; it was almost miraculous that Israel had survived the war; and
it was amazing that so soon after the Holocaust Jews would finally have a country that they could turn to for refuge, a country that, unlike most others, would not turn them away.³

What followed is what is known as the mass immigration. Between May 1948 and January 1952 nearly seven hundred thousand Jews moved to Israel, more than doubling the Jewish population in only a few short years. Modern Jewish immigration to Palestine had begun at the end of the nineteenth century. From 1882 to 1948, over the course of sixty-six years—through Ottoman and then British rule of the land—hundreds of thousands of Jews moved to Palestine, primarily from Eastern and Central Europe, joining the Jewish minority and Arab majority that had been living there for generations.⁴ The first immigrants to the State of Israel, the people of the mass immigration, were from more than thirty vastly different countries in Eastern and Western Europe, the Middle East, and North Africa.⁵ Their stories are of separation from homes, distance from the familiar, uprooting, relocation, and the struggles of growing new attachments and roots. For some, moving to Israel was an inspired act, infused with messianic significance: the return to the Holy Land. For some, it was an act of nationalism, the identification with, and desire to be a part of, political Zionism. For others, it was the last resort after being left with no nationality and no other potential asylum. All were coping with adjusting their hopes and expectations to the harsh realities of foreignness and reconstruction.⁶

Bringing Jewish immigrants to Israel was of paramount priority to the new state. Before the 1930s, many Zionist leaders—most notably David Ben-Gurion—had preferred for Jews to come to Palestine through a process of selective immigration. The candidates for immigration would be prepared and educated before arriving, ensuring that when they did arrive, they would be well suited to contribute to the Zionist mission. But with growing anti-Semitism in Europe, preparing Jews abroad and then bringing them in slowly was no longer a privilege Zionists could afford: the situation was becoming increasingly perilous and there were fewer and fewer
countries where the persecuted Jews of Europe could turn for sanctuary. Historian Dvora Hacohen writes that in 1939, after the horrific pogroms of Kristallnacht had shattered “any illusions there may have been about the Nazi regime” and the British authorities had restricted Jewish immigration to Palestine with the White Paper of 1939, “there was a growing sense of helplessness and alarm in the yishuv.” Things became more desperate when, in April 1943 at the Bermuda Conference between England and the United States, the superpowers “decided that Jewish refugees could not be brought out of occupied Europe because no country would have them.”

Faced with this grim reality and the limited power Jews held in British-controlled Palestine, Hacohen asks, “How could they fight? What means did [Ben-Gurion] have at his disposal?” The answer was immigration. Ben-Gurion imagined a “rebellion of immigration.” This meant two important things: lives would be saved and the Jewish national homeland would increase its Jewish population. From then on, facilitating unrestricted, mass immigration of Jews to Palestine, and then to Israel, thus became a top priority for the Zionist movement and then a central policy of the state, which set the stage for the mass immigration.

People like Yehuda and Leah Weisberger, who were part of the largely Ashkenazi “veteran” absorbing population, were excited about the realization of a Jewish state and the utopian ideal behind the mass immigration, the “Ingathering of the Exiles” that envisioned the Zionist state drawing in and embracing all Jews seeking shelter. But they were also deeply unsettled by the immigrants, their different cultures and lifestyles, and by how quickly they were arriving and changing Israeli society. This sentiment was identified by visiting American journalist Irwin Shaw: “There is fear in Israel that the old, painfully formed codes of conduct and modes of life will be smothered by the massive immigration of Jews from the Diaspora.”

While all this was happening, as they emerged from the war and took on statehood and massive immigration, the newly independent Israelis had so much more to confront. They were establishing and crystallizing
government bodies, implementing democratic rule, and trying to gain support on the global stage. They were trying to ensure that the various and often bitterly inimical Jewish fighting groups would now work as the unified Israel Defense Forces, when only a few months earlier, they had almost ended up in a civil war. There was the context of the ongoing Arab-Israeli conflict that left many Israelis with the dreadful feeling that another major attack on the country was just a matter of time. In addition to the challenges of housing and health care, there were hard questions about religion and citizenship that had to be answered: What would be the place and boundaries of religion in a Jewish state? How would citizenship be determined? How was a Jew to be defined? How would the Jewish state make a place for its non-Jewish minority? And all these processes of state building, nation building, and self-definition were happening only just barely after the end of the Holocaust—that most profound catastrophe when, from 1933 to 1945, Jews “were robbed of their rights, dispensed of their property, and slaughtered without pity.”

Across Israel, people had dire material needs. There was a severe nationwide economic shortage, a housing shortage, a shortage of food, and a shortage of other basic necessities such as clothes and shoes. An official austerity policy began in 1949. Its aim was to “decrease consumption, increase production, and ensure that the entire population, including needy new immigrants, received the food and other goods they needed.” Although the austerity program was significantly reduced in 1953, it was officially cancelled only in 1959. Under austerity, food supplies were rationed, and a heavy burden fell on homemakers across the country—especially housewives—who spent their days waiting in long, onerous lines for their meager food supplies while constantly struggling to care for their families. Although, as Anat Helman and Orit Bashkin have shown, people often coped with these challenges with levity and humor, throughout much of the country, there was an atmosphere of hardship and scarcity.
The housing crisis was directly connected to both the extreme economic shortage and the huge number of arriving immigrants. Although there were many challenges related to lodgings, the central experience of the housing crisis during the mass immigration is the Israeli transit camps for immigrants, called *ma’abarot*. These long-term but temporary settlements for new immigrants were introduced in 1950. Because nothing else was available, the “houses” were generally tents or tin huts. A powerful association was formed between transit camps and the mass immigration.

The infrastructure for immigrant absorption and settlement that Israel relied on when the country was established in May 1948 was based on what was already in place before statehood. Since the Jewish immigrants to Mandate Palestine in the 1940s had been given all-encompassing support from within the Jewish community, this was the framework for immigrant absorption in the 1950s. Before 1948, new arrivals were temporarily housed in camps that “had one role—to act as a ‘hostel’ in preparation for moving to permanent settlements in the city or country.” Individuals did not need to pay for any of the services or the care they received in the immigrant camps. In May 1948, there were nine such camps throughout Israel—mostly in the center of the country—and more were eventually built, first in the center and then farther north. At the end of 1949, there were eighty-six thousand people in immigrant camps. This system of housing Jewish newcomers in “immigrant houses” or “immigrant camps” changed in 1950 with the creation of the transit camps, which were established as an alternative framework meant to reduce dependency on state funded social services. The government plan was for immigrants to start being more independent and to also be less isolated from other Israelis. A main difference between the earlier model of immigrant camps and the later model of transit camps was jobs. Newcomers were meant to live in the transit camp but support themselves through work in nearby cities or agricultural settlements. Another important difference was a wider geographical distribution of the population. While the immigrant camps
were mostly located in the center of the country, transit camps were dispersed throughout the entire country.27

The first transit camp opened in 1950. By the end of 1951, there were sixty-two, housing 220,517 people. As of 1952, they were slowly dismantled. The acute housing shortage ended in 1953 and interim places of residence—such as immigrant camps or transit camps—were done away with altogether.28 The new immigrants were taken directly to their place of settlement immediately upon arrival in Israel.29 At the end of 1963, eleven years after the dismantling of transit camps began, there were still 15,300 people living in these temporary settlements. People stayed for anywhere from one to eight years.30 The extremely difficult experience of the transit camps is deeply imprinted on Israeli public memory and culture. They are remembered primarily as places of social isolation, hardship, and humiliation.31

Health was another one of Israel’s major challenges and near crises in this time. There was widespread fear that the new country would be overwhelmed by more sick immigrants than it was equipped to care for and that dangerous epidemics would spread. Of the many grave challenges in this period, one of the reasons disease stands out is because good health was so central to what the Zionists had hoped to bring about in the Jewish state; there was a deep hope that they had left poor health and ailments behind in the Diaspora. In Zionist thought, Diasporic life had made the Jews physically and psychically diminished.32 According to nineteenth-century Zionist thinker Max Nordau, Jews in the Diaspora had absorbed the degenerate qualities of the modern age. They had become urbane, superficial intellectuals, distanced from productive labor, with high-strung, nervous constitutions.33 The hope among Zionists was that once the Jewish people returned to the land of Israel, both would be cured; if the Jews were allowed the opportunity to be industrious and active in physical labor, the land and all its inhabitants would prosper.34 Nordau believed that the emergence of an athletic “muscle Jew” was necessary to restore health to the Jewish people in body and spirit.35 Theodor Herzl
brought this philosophy to life in *Altneuland*. In his canonical, utopian Zionist novel, after the Jews settle in the land of Israel, they are transformed from the sickly, frivolous, and ignoble characters of Europe into strong, well-built visions of health.36

With Zionist settlement to Palestine, these ideas were put into practice.37 Science, technology, medicine, and public health were employed to help create the ideal Jewish state and help bring about the “healthy” transformation of the land and the people.38 Early Zionist settlers to Palestine had arrived in a country with a rich medical marketplace, but they dreamed of more.39 They eagerly pursued good health, incorporating European and American concepts of medicine and public health alongside Jewish traditions of caring for the sick, *bikur holim* and *linat tzedek*.40 Jewish doctors, born and trained in Europe, were brought over by philanthropists Moses Montefiore and Baron Edmond de Rothschild as part of their settlement projects in the mid-nineteenth century.41 Over time, more hospitals were opened and health insurance programs were established.42 Parenting manuals were distributed among mothers to instruct them on how best to raise healthy Zionist children.43 “Health Week” forums were held to educate the public on the benefits of physical activity, personal and public hygiene, and nutrition. The prestate Yishuv waged an ardent “war” on disease, most famously malaria, trachoma, and ringworm. They invested significant material, technological, and intellectual resources with the aim of spreading good health and ridding their community of illness.

By the time Shaar Ha’aliya was opened, the belief in the degenerate, sick Diaspora body was a deep-rooted, decades-old tradition. Although this was not always the reality, the popular self-image the Israelis perpetuated was of health and vigorous strength with a conviction of having left illness and weakness behind them in the Diaspora.44 Yet as I will explore more deeply in chapter 2, a large percentage of the immigrants who arrived after 1948 were terribly sick. As such, the mass immigration put the Zionists in a position where they had to confront their own demons.45 Arriving on their shores in the thousands were flesh-and-blood reminders of the
reality that they were trying to distance themselves from: that the “weak” and “diminished” Diaspora Jew is an indissoluble part of the “strong” and “healthy” Israeli and that disease and contagion would be an inevitable, challenging, and—at times—polarizing part of the new state.

With the Holocaust just barely behind them, the war of independence only just won, and the new state being cobbled together, this was a time that was intensely vulnerable for Jewish Israelis; it was filled with deep anxiety regarding what the future would bring. This environment of uncertainty, instability, and seismic change was the setting for mass immigration. As Irwin Shaw put it, immigration was only one “huge, dark puzzle for a nation rich in puzzles.”46 One of the ways that this “dark puzzle” was approached in the 1950s was through the state’s official “melting pot” absorption policy. Education, medicine, language, military participation, religious practice, and culture were all used to transform the immigrants from Diaspora Jews with different backgrounds into a unified nation.47 But the term melting pot is a misnomer that wrongly conveys equity. In fact, the policy, as beautifully described by Henrietta Dahan-Khalev, was often a painful and repressive one of “Ashkenazi-ization.” As an immigrant child from Morocco, Dahan-Khalev was taught, “All that is Mizrahi is retarded, degenerate, and primitive.” She describes the melting pot experience as “an educational, intellectual, and economic steam roller that squashed everything and left no room for any self-development outside of that of a distorting Ashkenazi, Zionist, Israeli, and European hegemony.”48

The isolated area of Shaar Ha’aliya was the first stop in the melting pot process. A Jewish Agency report outlined its two main aims: “How to turn the new immigrant into a citizen of Israel in only a few days, and how to protect the Yishuv from diseases.”49 It was more than just a place where new immigrants would spend a few days to undergo basic processing, it was an isolated space where people were meant to leave behind their Diasporic “ailments” before crossing the border into Israel.
Facing Shaar Ha’aliya, 1949–1962

Arrival

Immigrants arrived at Shaar Ha’aliya after reaching Israel on ships at the Haifa port or on planes at the Lod airport. From there, they would get onto a truck that would drive them to the camp. Shaar Ha’aliya was situated near the Haifa shore, right next to a beautiful view of the Mediterranean Sea. The camp itself was huge. It was built to hold five thousand people and had administrative buildings, hundreds of cabins, medical facilities, synagogues, and dining halls. When the immigrants arrived, their first stop in the camp would be the reception desk where their name and personal information would be recorded for the camp’s statistical department. At this point, they would be given a personal card, a document on which the various camp departments would record information throughout their stay. Next, they might receive a document explaining, in Hebrew, what to expect in Shaar Ha’aliya: “New Immigrant. Welcome to Shaar Ha’aliya. You have been sent here with the express purpose of undergoing the medical examination [. . . ] Do not request an exit permit. Exiting is forbidden until you leave here in a couple of days. To where? Family, a kibbutz or a transit camp. This will be determined after you undergo the final medical exam.”

Registration took place whenever boats arrived: in the middle of the night, early in the morning, in the afternoon heat, on the Sabbath, and even religious or national holidays. The policy and intention was that the immigrants would be greeted with food and drink; sometimes this was possible, and sometimes it was not. At registration the new arrival would be lent equipment that they would need for the duration of their stay at Shaar Ha’aliya: a mattress, a sheet and blanket, a lantern, a fork and spoon, a plate and mug. Then it would be time to find and get settled in the camp lodgings.

Where a person slept would depend on how crowded the camp was at the time of their arrival. Although things had been carefully planned, any hope for an efficiently running system quickly fell through very soon after
the camp opened.55 The enormous rate of immigration was overwhelming, and it became impossible to evacuate the immigrants already staying there before new ships arrived. Some people did complete their processing and leave the camp in a number of days, but many others ended up staying in Shaar Ha’aliya for weeks or months at a time. Because of language and general miscommunication, people did not always understand where they were supposed to be and when. They missed compulsory appointments and had to wait for another day before they could leave the camp. Others refused to leave until they were given the housing assignments in Israel that they wanted.56 Very soon after it opened, the camp overflowed with people.57 It was built to accommodate no more than five thousand, but at its peak, it housed ten to twelve thousand. So depending on when a person arrived, the possibilities for where they would stay were cabins, tents, or any other haphazard arrangements when there was nothing else available.58 One family was housed in the police cabin when nothing else could be found.59 Another woman spent her first night at Shaar Ha’aliya outside, sleeping on her luggage.60

Each cabin held around thirty beds.61 Conditions in the tents and cabins were notoriously poor. They were dirty, tents collapsed in winter storms, dirt floors turned to mud, and people and their belongings were soaked.62 Sometimes there were makeshift dividers, like sheets or blankets, to create a semblance of privacy.63 In some cases, a person would have shared lodgings with others of the same background or, at least, people who shared a common language. But someone might also end up in the tent or cabin with people who were completely foreign, with no common language to be able to break barriers and initiate contact. The people who went through Shaar Ha’aliya came from all the immigration countries in Israel of those years. The largest communities to go through Shaar Ha’aliya were from Iraq, Romania, Poland, Turkey, and Iran. There were North African immigrants from Egypt, Libya, Tunisia, Algeria, and Morocco.64 One log entry from 1954 lists twenty-seven different countries that were represented in the camp over a period of six months with places as diverse as China,
Belgium, Morocco, Austria, Spain, Persia, France, and Yemen. The waves of migration through Shaar Ha’aliya naturally corresponded with the national waves of immigration. The Polish and North African immigrants arrived largely in 1949 and 1950. Then there was a new wave of Moroccan immigration after 1955. The largest waves of Iraqi and Romanian immigration took place at the same time, in 1950–1951.

The fact that there was foreignness and a lack of a common language doesn’t necessarily mean that there was no kindness and intimacy. The stories of immigrants in Israel during the 1950s are so full of accounts of the kindness of strangers and general acts of human goodness that one can assume that in the Shaar Ha’aliya tents and cabins, there were day-to-day acts of warmth to put one another at ease. In this way, the discomfort caused by the lack of privacy could have been at least partially relieved. But for another person, the scenario could have been very different. Reports indicate cases of violence, prostitution, and theft. There were people who intimidated and attacked their peers. And so the shared living space could have been not only just uncomfortable but genuinely frightening if someone had to sleep unguarded next to potentially threatening strangers.

### Waiting in Line

When it came time to eat, the immigrant would go to get food from a central kitchen and dining hall. They had a separate food card glued to their personal card that was stamped for every meal. Once all meals had been stamped, the food card was torn off and the immigrant had to go to the camp office to arrange for a new meal card. The plan was that all meals would be consumed in the hall. In practice, families would usually send a representative who would bring back the food rations to the living quarters. While the original intention was that the immigrants and the staff would eat together, by June 1949, a separate dining hall was opened for the staff, with the explanation that the number of immigrants had grown so significantly that there was a problem with space. Special effort was put into ensuring that the entire premises were kosher. The food that
was given in the camp was simple and limited, in keeping with the austerity guidelines in the country at the time. There was bread, margarine, soft cheeses, eggs, fish, olives, vegetables, and jam.71

It would have been impossible for these foods to be satisfying or pleasing to all people from such different culinary traditions. Immigrants complained about the food and much was thrown away. As a result, the food at Shaar Ha’aliya remained a very central part of the memory of the immigrants who had been there.72 But food also had other significance, as a tool for state policy. In 1950, when overcrowding became a major problem, a policy was introduced where immigrants who refused to leave Shaar Ha’aliya for their permanent places of residence would not get food.73 This measure was initiated as a way to solve the issue of overcrowding in the camp by forcing people out. It also shows a shift in the country’s absorption policy to try to decrease the immigrant’s dependence on state funds.

The way this system worked was that when people arrived at Shaar Ha’aliya they would be given only the number of coupons that would bring them to the time of their medical examination. The remaining coupons were contingent on appearing for the examination.74 If, for health reasons, a person were instructed to stay on in Shaar Ha’aliya, they would be given additional coupons. If not, they were given only coupons to last until they were scheduled to leave the camp—up to three days. If anyone refused to leave on the scheduled day, they were no longer eligible to receive food in the camp.

In these various ways, food played a significant role in the immigrant’s experience at Shaar Ha’aliya. While it does show the new, poor state providing for its immigrants, it also shows the state using the denial of nourishment as a mechanism for control. The eating environment at Shaar Ha’aliya shows the immigrant seeking out the family unit, rejecting the common dining hall for the family tent. The food itself symbolized the newness and foreignness of the immigrant’s experience, as the sensual pleasure of eating, the comforting act of consuming familiar tastes and textures, became unappealing or strange.
Yet before anyone was able to get to the food in the dining hall, they would have to wait in line. One photograph of Shaar Ha’aliya shows at least fifty-eight people in line and another has more than one hundred—and these are only the people visible to the camera. Meal times were not the only occasions where the immigrants had to deal with long, crowded lines. There are accounts of long lines for the medical examinations and for the final processing committee. Journalists mentioned them in articles, employees referred to them in reports, and immigrants complained about them in letters. The grueling line became a symbol of Shaar Ha’aliya. These lines resulted from overcrowding, misunderstandings, poor communication, and eagerness to leave Shaar Ha’aliya as soon as possible. Because of language barriers, people did not always understand where they were supposed to be and when. Sometimes people would arrive at their appointments early—because they were eager to finish the processing as quickly as possible and leave the camp—and they would end up waiting for hours. Lines were an inextricable part of the immigrant’s experience at Shaar Ha’aliya. They were a place where people interacted with one another. They could last for hours. They were numerous and tedious and they wore people down as they waited indeterminately. Though they eventually ended, it was at the end of the waiting that the new immigrant, often exhausted and frustrated, interacted with the Shaar Ha’aliya staff and processing bodies.

Work

Many of the employees were themselves immigrants, with varying degrees of newness. There were health care workers, office administrators, kitchen staff, as well as police officers. It is not clear exactly how many people were employed at Shaar Ha’aliya, but it would appear that the largest count, in 1950, was around four hundred, when the number of immigrants at the camp was at its peak. Work at Shaar Ha’aliya was a complicated mixture of myth and reality. On the one hand, it gave the employee a certain sense of honor because it was an opportunity for the individual to take part
in the Zionist mission of Jewish immigration to the land of Israel. From a practical perspective, it provided the security of a paying job with vacation time and opportunities for promotion during the difficult economy of Israel’s first years. On the other hand, the work at Shaar Ha’aliya was very difficult. The camp was isolated, attendance was required at 7 a.m. and arriving to work even ten minutes late meant losing an entire day’s salary.78

What made the work even more challenging was the camp’s cramped, uncomfortable environment. The staff who worked there were under extreme pressure.79 In many cases, there wasn’t a common language between the immigrants and the camp personnel, and often there seemed to be no way to bridge the huge cultural gaps that separated people. Inevitably, there was tension between the staff members, between the staff and the director, and of course, between the staff and the hundreds of immigrants arriving at the camp nearly every day.

Health services in the camp were overseen by the government and the Jewish Agency’s Immigrant Health Services as well as Kupat Holim Clalit, the largest and most powerful sick fund at the time.80 The main aim of the health care services was to determine who would require treatment for infectious diseases and who would require hospitalization. During medical examinations, doctors were looking for signs of ringworm and trachoma, blood samples were drawn to test for syphilis and gonorrhea, and minograph exams were conducted to identify tuberculosis.81 The minograph, a small photo-roentgenography machine that was much cheaper and quicker than getting X-rays, was used to conduct the preliminary chest examinations.82 Large X-rays were then ordered in a smaller number of cases when the minograph came out suspect.83 If your minograph did not show any signs of tuberculosis, you would be vaccinated with BCG.

Additional medical services located on the Shaar Ha’aliya premises included a mother-infant care center (tipat halav) as well as a hospital and isolation building. In 1952, a large center for treatment of children with ringworm and trachoma was opened in a fenced-off section of the camp.84
Except for this institute, Shaar Ha’aliya was not intended as a location for long-term care. However, in contrast to situations like those in Ellis Island, for example, medicine did not act as a gatekeeper that weeded out immigrants for deportation. At Shaar Ha’aliya, medical examinations were meant to identify cases of disease that would then be treated in various health care facilities throughout the country.

**The Ringworm and Trachoma Institute, Shaar Ha’aliya, 1952–1960**

There were, however, two diseases that were targeted for treatment right on the Shaar Ha’aliya premises. In January 1952, the Jewish Agency opened the Shaar Ha’aliya Institute for the Treatment of Ringworm and Trachoma, Israel’s central health care facility of this nature for immigrant children. Here, thousands of children received medical attention as part of their immigration process, and (as will be discussed further in chapter 4) its story—particularly because of ringworm treatment—is at the heart of an ongoing saga of trauma and controversy in contemporary Israel.

Trachoma is a highly contagious bacterial infection of the eyes. In the early twentieth century, it was one of the leading causes of acquired blindness, particularly among children. Ringworm of the scalp, or *Tinea capitis*, is a fungal infection that also primarily affects children. It tends to appear on a person’s head as hairless, shiny, greasy-looking patches. By the 1840s, ringworm was identified as a fungal disease caused by various tinea species. It almost always occurs before the age of fifteen, spontaneously clearing by puberty. And although it is highly contagious, it poses no physical danger.

As carriers of very visible, contagious diseases, trachoma and ringworm patients have long been ostracized and stigmatized throughout the world. For example, in the early twentieth century, immigrants with ringworm or trachoma were denied entry into the United States (trachoma was listed under the category of “dangerous” contagious diseases, while ringworm
was listed as a “loathsome” disease). In the Israeli establishment of 1952, you see a continuation of this stigmatization; they were framed as the ailments of people seen as impoverished, backward, and dirty.

The decision to open the separate ringworm and trachoma institute on the Shaar Ha’aliya premises was directly tied to the selective immigration policy: “Barring the immigration of those sick with one of those two diseases would bring the immigration from North Africa to a halt, for there the diseases are so common that there is almost not a single family that is not infected.” Since ringworm and trachoma were both so prevalent as well as curable over a relatively short period of time, the Ministry of Health and the Jewish Agency’s Absorption Department reached an agreement: instead of barring the entry of these children, they would open a center in Israel where, immediately upon arrival, they would receive treatment for these diseases. The southern section of the Shaar Ha’aliya camp was the chosen location, on a plot of land that had already been earmarked for a general health care center for the treatment of young immigrants.

In December 1951, Dr. Chaim Sheba (then deputy director-general of the Ministry of Health) wrote to Israeli health care representatives in France by way of the Jewish philanthropic organization OSE (Oeuvre de Secours aux Enfants): “We are prepared to receive, every month, 100–150 cases of ringworm and treat them in Israel. Dr. Josephtal has agreed for them to be concentrated in Shaar Ha’aliya.” Sheba’s plan was that, in time, these people would eventually become a productive part of the workforce: “While it seems that we are bringing in the sick, we are actually saving the Israeli nation a lot of money, and it may be that you can find other types that right now are an economic and moral burden, and you may in fact find that it is precisely the institutions in Israel that get them back into a state fit for work. So, of course you will be bringing people who are apparently sick . . . but you will still be easing the State of Israel’s burden, from an economic standpoint.” Although the initial plan for the center, as outlined
by Chaim Sheba, was to focus on ringworm, it evolved into a place where trachoma would also be treated, since there were many children who also had trachoma or who had both diseases. Additionally, various documents attest to the fact that the camp also gave medical care to youth with sexually transmitted diseases. From the time that it opened in 1952 until the time it closed in 1960, around twelve thousand children were treated at Shaar Ha’aliya’s Ringworm and Trachoma Institute.

The actual place was built for up to five hundred children and had a staff of twenty to thirty individuals. It was made up of “dormitories, shower-rooms for patients and staff, offices and a barber-shop.” There was also a sports field and a social hall. Children were meant to be isolated in the center until the end of their treatment—from a month to three months for ringworm and around two months for trachoma. This isolation was not easy. On Israel’s independence day the children were forced to watch the parade while sitting inside cars, away from the others. There was a Purim holiday where the only people the children were allowed to have come and celebrate with them were the Jewish Agency representatives and health care workers. But it would seem that by Passover of 1955, those stringent rules had been at least partially relaxed and the majority of the children from the institute were given permission to go and celebrate the holiday with their families in towns and immigrant transit camps.

The purpose of the center went beyond the purely clinical—it was envisioned and operated as a “medical-educational institute.” In the letter from 1951 that outlined the plan to found the institute, Dr. Chaim Sheba defended its establishment as a way to “productivize” new immigrants and turn them from the infirm into able-bodied citizens capable of contributing to the economy. Numerous documents refer to the educational dimension of life in the camp, including agricultural training, to promote a love of the land and pioneering skills; a cultural program with crafts, song, and dance; as well as Hebrew language lessons: “For the duration of
the two months that every child had to stay in the camp until the end of treatment, he acquires for himself a knowledge of the language and the land as well as habits for working the land—which in future will turn into a love of the land—the homeland.” This combination of medicine and education became a way to influence the process through which the children would become ideal Israeli citizens: healthy, Hebrew-speaking pioneers. Indeed, the ringworm and trachoma institute was said to have two aims: “Healing the body and spiritual preparation for life in Israel.”

Photographs of trachoma patients at Shaar Ha’aliya show children in a line waiting for their turn with a nurse who is administering drops. These children received their treatment several times throughout the morning over a period of around twenty-seven days. In these photographs the children do not look very happy, but the experience is not often referred to in documents on Shaar Ha’aliya or recalled in oral testimony—a fact that suggests that the medical treatment for trachoma was largely felt to be unremarkable. This is hardly the case for ringworm.

The treatment for ringworm given in Shaar Ha’aliya, as in other ringworm facilities in Israel during that period, was the Adamson-Kienbock technique. This accepted, biomedical remedy of its day was severe. It included shaving the child’s hair, waxing the head, and applying irradiation. Originally, children in the institute had been taken to Haifa for radiation treatment as a temporary arrangement until Shaar Ha’aliya became equipped with X-ray machines. Eventually, Shaar Ha’aliya acquired three X-ray machines for the ringworm patients.

From the perspective of the children, this medical treatment was awful. It was extremely painful, aggressive, invasive, and scarring:

They shaved my head, held me forcibly, and spread some glue on my head . . . She pulled my hair by force, and actually scalped me . . . After plucking out my hair she held me like this [demonstrates] between her legs. She grabbed my head between her knees and plucked with the tweezers like I was a chicken. If I’d dare to move I’d get a what for . . .
was laid down on a table and tied up like a lamb ... and then I remember some round contraption being put on my head ... like an old fashioned hair drier, and it felt like electrical stings.²⁴

Three nurses who worked in the ringworm and trachoma center retained similarly harsh memories of the medical treatment. They recall trying to comfort crying, distraught children while actually feeling that what the children were going through was “awful” and “traumatic.”¹⁵

For the young patients, a factor that made the trauma of the treatment even worse was that it left them bald. A woman who immigrated from Morocco in 1953 recalls how humiliating it was for her—as a young, developing, eleven-year-old girl—to have no hair: “We always went around with a head-covering and we wouldn’t take it off. The moment we would take them off they would say to us: ‘Hey. You have a light bulb on your head. You aren’t human beings.’ They were simply ... you know there were children who were very cruel ... very ... other children who hadn’t had it done to them ... and it continued and continued.”¹⁶ The misery that the children experienced because they were bald was captured by the Israeli novelist Eli Amir in his novel Scapegoat. In a conversation between two boys—both immigrants from Iraq—Nuri, the novel’s protagonist, learns the reason for the head-coverings that were so popular among the immigrant children:

“You all get a crew cut?” I asked.

“Even the girls,” he replied.


“Ya’allah with this life.” Now I understood the meaning of all the head-coverings.

“Lice, flies, plague, leprosy, ringworm, shmingworm ...” sangsonged the boy, Reuven.

“Enough!” I screamed.

“Let them go to hell. In Baghdad my mother worked in the community’s clinic. Doesn’t understand why the baldness,” he said.”¹⁷
This dialogue shows the despair caused by the shaved heads, the perceived link between the immigrants and disease as well as the immigrants’ skepticism of the health care treatment given to them in their new home. One woman poignantly captures the injury caused by the ringworm treatment: “Why did they do that to me? I had beautiful curls, why did they do it?”

Despite the obvious distress caused to the children from this unattractive physical appearance, marking them as foreign and contagious, it has been asked whether the stigma would have been any less if, instead of the baldness, the children had been left with traces of ringworm—also a very visible stigma. As mentioned earlier, ringworm of the scalp was categorized as a “loathsome contagious disease.” That is to say that ringworm was considered so repugnant that the mere sight of it, and the threat of its being transmitted, made it “loathed” the world over—even when it was known to be not actually dangerous. The repellent power of this disease has shaped what Charles Rosenberg has referred to as “the total experience of sickness.” Ringworm victims have had a painful “total experience” throughout history.

The treatment method used at Shaar Ha’aliya—a central point in the Israeli controversy—was not an Israeli invention; under the guidance of global health organizations, standard, international medical procedures were adopted. Moreover, the Shaar Ha’aliya Institute was not the only facility in Israel that treated people with ringworm and trachoma. Its significance lies in its focus on new immigrants, primarily immigrants from North Africa and the Middle East. The children treated at Shaar Ha’aliya were all newcomers—either immigrants whose families had passed through Shaar Ha’aliya or immigrant children from the transit camps. These children were taken from their families and brought to Shaar Ha’aliya for the period of treatment. There is also evidence that the Ministry of Health had wanted Arab children with ringworm and trachoma to be treated at Shaar Ha’aliya as well, but because of a lack of space,
this request could not be honored. No similar request could be found for Jewish children born in Israel. This fact raises important issues. Use of the ringworm and trachoma center was not determined by geographical accessibility; immigrant children from all over the country, including the then remote southern region, were brought there for treatment. Thus the decision not to have Israeli-born sabra children treated there could not be explained by practical, logistical considerations. The idea that the Shaar Ha’aliya Ringworm and Trachoma Institute was conceived for only immigrant and Arab children signifies its conceptual role as an isolated space for marginalized social groups: immigrant children primarily from Arab countries as well as Arab children who were citizens of Israel.

The fact that the Shaar Ha’aliya Institute focused on immigrant children meant that the trauma from the illness and the treatment procedure exacerbated the trauma of immigration. Parents and children were often separated from one another immediately after they had just arrived in the new and foreign country. The separation, which lasted up to several months, was very severe. In many cases, the parents lived in towns that were hours away and Shaar Ha’aliya was difficult to access by what was then an underdeveloped public transportation system. Few, if any, would have had access to private vehicles. Although there were some telephones at Shaar Ha’aliya, their use was very limited, and there is no indication that the children and their parents could have been in contact by phone. This rupture to the newly displaced family unit was traumatic for children and parents alike. The administrators’ and the caregivers’ approach to the children at the Shaar Ha’aliya Institute was not intentionally malicious. Nevertheless, the physical and emotional harshness of the treatment method for so minor a skin condition are an important reminder of how misguided and detrimental biomedicine can be.
Shaar Ha’aliya Bet

In 1951, the same year that the plan for the Ringworm and Trachoma Institute was finalized, the crowding at Shaar Ha’aliya became intolerable and a temporary camp was opened to help reduce the number of people at the main camp. This camp, called Shaar Ha’aliya Bet (literally, Shaar Ha’aliya “B”), remained open through part of 1952. It was located close to Haifa, in Atlit, in what had formerly been the British detention center for illegal Jewish immigrants. By 1952, the population of Shaar Ha’aliya was significantly reduced, the combined result of the change in immigration policy (selective immigration was introduced in November 1951) and the declining number of immigrants to Israel. Slowly, tents were brought down, staff laid off, and buildings closed. In 1955, only several hundred immigrants went through Shaar Ha’aliya, as opposed to the tens of thousands of previous years. The number of staff was similarly reduced, so that by March 1955, Shaar Ha’aliya had only twenty-six staff members, excluding the ringworm and trachoma center. In these later years, the only immigrants brought to the camp were those who the Jewish Agency considered “problem cases” in terms of processing, such as people with disabilities and elderly individuals who did not have family to care for them.

Shaar Ha’aliya was officially closed in 1962 after slowly petering out. On one of the last days before it was dismantled, Yehuda Weisberger went to Shaar Ha’aliya with a journalist and two former colleagues. The camp stood uninhabited, a relic from a different time. The three men reminisced as they walked in the emptied space, through deserted huts and offices and quiet pathways. Thirteen years had passed since the camp had opened, since the day Yehuda and Leah Weisberger posed solemnly for the photograph by the Shaar Ha’aliya sign, documenting its opening. Now a middle-aged man, a father of two children, the camp had given Yehuda much to remember as he walked through the hollowed-out premises. He
had been a part of an extraordinary chapter in the founding of the Jewish state, one that imprinted the lives of nearly half a million people, and he looked around with pride and regret. After the men finished their stroll, bulldozers would come through to reclaim the landscape. They would pull down the cabins, flatten the buildings, dismantle the fence. And with that, Israel’s “gate of immigration” was finally closed.\textsuperscript{129}