Health and Zionism

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Chapter Six

The Political Struggle to Establish a Central Hospital for the Negev

Establishment of Hospitalization Services in Beer Sheva

In the last days of 1953, the mayor of Beer Sheva, David Tuviahu, appealed to Moshe Soroka requesting that Kupat Holim establish a general central hospital in the Negev. The rationale behind Tuviahu’s request was that Hadas-sah asked to withdraw from operation of the town’s small one hundred bed hospital due to its commitment to establish a medical center in Ein Karem in Jerusalem, after the loss of Hadassah’s main Jerusalem facility on Mt. Scopus in the 1948 war. The Ministry of Health had told Tuviahu that it did not plan to build a hospital in Beer Sheva in the coming decade, thus the only option in Tuviahu’s hands was to appeal to Kupat Holim.

Yet, Soroka and Kupat Holim feared that if they would become involved in the hospitalization domain in the Negev, it would rekindle tension between the sick fund and the Ministry of Health—particularly in light of the opposition of the presiding minister of health Yosef Serlin to any expansion of Kupat Holim’s hospitalization network—a domain where the ministry itself aspired to be the dominant health agent. When Reuven Kleigler, the manager of Kupat Holim’s Negev District, tried to convince Soroka to agree despite his apprehensions, Soroka claimed: “They’ll kill me; they’ll stone me, if I now enter into the building of a hospital in Beer Sheva.” According to historian Idit Zartal, Soroka’s biographer, ‘they’ was a reference to Ben-Gurion, the Ministry of Health, the Federation of Labor, the doctors, and even the Kupat Holim directorate committee who were tired of struggles and merely wanted a bit of peace and quiet between Kupat Holim and the Ministry. Kupat Holim’s position did not enable the sick fund to respond positively to Tuviahu’s request. Beer Sheva’s needs for a hospital remained an unresolved issue. Six months later, as a result of political changes in the Israeli government, Soroka and Kupat Holim reversed their position and responded favorably to Tuviahu’s request. Establishment of a central hospital for the Negev became a core Kupat Holim goal—a central objective that captured the same place as medical care in the maabarot and immigrant camps occupied in the first years of the State.
Hadassah in the Negev

On October 21, 1948, in the last days of the 1948 war, Beer Sheva was taken by Israeli forces from the invading Egyptian army. A short time after the town was taken; a temporary military hospital was established in Beer Sheva, quartered in a building that had served Turkish authorities in World War I. The hospital was run by the IDF medical corps, providing medical care—hospitalization and first aid, to military personnel and the handful of citizens in the town.

News of the takeover of Beer Sheva and advances by IDF forces elsewhere in the Negev sparked immediate discussion at Hadassah’s annual convention that took place between November 5-9, 1948 in Atlantic City, New Jersey. Hadassah members discussed the State of Israel’s request that the Hadassah Medical Federation establish a hospital in the Negev and take responsibility for funding, administration and operation of the facility. The exact location of the new facility was not cited, and Beer Sheva was not mentioned at all in this regard, despite events in the field, for the wording of the government’s request spoke in general terms about the Negev without citing any specific location. On December 10, immediately after the close of the Hadassah Convention, the deputy director of Hadassah in Israel, Dr. Bezizinsky told Dr. Eli Davis, the new Hadassah director in Israel about the Convention’s decision: “I am very happy to hear about the Convention’s decision to establish a hospital in the Negev area.” In the parts of the letter that followed, Dr. Bezizinsky spoke of “developing the Negev” and the importance of this matter not only for the State of Israel, but also for strengthening Hadassah Medical Federation’s operation in the country. It was decided that the hospital would be named after Dr. Chaim Yaski, who had been the medical director of Hadassah in Israel during the mandate period and had been one of seventy Jewish doctors and nurses massacred by Arabs on their way to the Hadassah Hospital on Mt. Scopus in mid-April 1948.

The prospect that the Hadassah Medical Federation would establish a regional hospital in the Negev immediately sparked opposition within Kupat Holim. Relations between Kupat Holim and the government of Israel were extremely tense ever since establishment of the Military Medical Service (MS) and the competition it generated between the military service and the sick fund. The government’s request that Hadassah establish a hospital in the Negev further amplified existing tensions, and rekindled competition between Kupat Holim and Hadassah over hegemony in the hospitalization domain that began in the 1930s.

On November 29, a short time after the decision fell that Hadassah would be the one to build the Negev hospital, Dr. Meir, who was still serving in the capacity of medical director of Kupat Holim, sent a letter to the president of Hadassah in the United States, Rose Halperin, describing the difficulties
that would arise should Hadassah establish a hospital in the Negev, an area where most of the population were members of Kupat Holim (primarily kibbutzim in the area). According to Meir, establishment of the hospital by Hadassah was in conflict with Hadassah’s own long-standing policy of focusing its operation on providing hospitals in densely-populated urban centers, and according to local need. Establishing a hospital in an area largely void of population such as the Negba area in the northern Negev—a location that had been suggested as a suitable site for the hospital, and the use of the memory of Dr. Chaim Yaski were, in Meir’s eyes, primarily designed for their publicity value, enhancing Hadassah’s name and increasing donations among American Jewry. Moreover, Meir viewed the Negev as Kupat Holim territory, and therefore Hadassah should back off with its plans.

The response of Rose Halperin was swift. She sharply criticized the aggressive tone and lack of manners in Dr. Meir’s letter, challenging his accusation regarding “the desire for publicity” cited by Meir, and the “so-called” use of Dr. Chaim Yaski’s name to advance a hospital in the Negev, and the accusation that this was the means to an end, designed to increase donations to Hadassah. In the closing, Halperin attacked Dr. Meir for Kupat Holim’s unspoken designs to compete with the campaign that Hadassah was conducting in the United States, and argued that financial issues were behind Kupat Holim’s opposition to establishing a Hadassah hospital in the Negev. Between the lines, the Hadassah president indicated that if Kupat Holim did not cease its opposition, Hadassah would take steps to cease the donation campaign on behalf of Kupat Holim in the United States.

It was not unintentionally that Halperin mentioned the donation issue. At the time Kupat Holim was campaigning in order to mobilize 1.5 million dollars to establish a hospital for children with polio among the immigrant population. Hadassah, which at the same time was conducting a campaign to rebuild its operation in Jerusalem after the loss of the hospital complex on Mt. Scopus, feared the potential loss of donors to another health cause competing for the generosity of American Jews. Already in a December 29, 1948, letter to Mrs. Rivka Shulman—Hadassah director in the United States, Rose Halperin openly asked if it was not time for Kupat Holim to cut back its activities in the United States in order to curb damage to Hadassah’s own mobilization campaign. It appears that the controversy between Hadassah and Kupat Holim over who should establish a hospital in the Negev had a serious but undeclared financial dimension.

Kupat Holim’s desire to establish a hospital in the Negev was spurred by the rapid growth of the Tel Letvinsky Hospital. Tel Letvinsky had recently begun to operate at full capacity and attracted much public attention, prompting many doctors to leave Kupat Holim to work at the hospital. It was believed that establishment of a Kupat Holim hospital in the Negev would enable the sick fund to regain and bolster its stature in
the competition over hospitalization services in the State of Israel, serving as a counter-balance to Tel Letvinsky.

Kupat Holim’s opposition to Hadassah establishing a hospital in the Negev immediately became an issue at governmental levels. On December 13, the Negev hospital question was discussed in a meeting of Minister of Health Shapira and Minister of Finance Kaplan—members of the Provisional government, and Hadassah’s representative in Israel, Gershon Agronsky. The two Ministers clarified to the Hadassah representative that there was no government commitment of any kind to Kupat Holim on this issue. The following day, December 14, the issue was dealt with in a conversation between Minister of Health Shapira and Prime Minister Ben-Gurion. Ben-Gurion confirmed that there was no basis for Kupat Holim’s objections, and stipulated that Hadassah would build the hospital in the Negev as planned. Ben-Gurion’s directive was understandable—reflecting his and the government’s tense relations with the sick fund, and the prime minister’s position that Kupat Holim should not be given a foothold in the Negev. Hadassah was a largely non-partisan organization that had no political aspirations within the Israeli political power matrix. Moreover, it possessed its own financial resources and the hospital would not further burden already pressed local reserves. Thus, Hadassah was far more suitable for the task on both counts from Ben-Gurion’s perspective.

On December 17, 1948, Hadassah released a memorandum that emphasized Hadassah’s decision to build a hospital in the Negev. It cited that attempts to discuss the matter with Kupat Holim, and particularly with Dr. Meir, were to no avail. According to the memo, Kupat Holim’s opposition was aroused only when the possibility of establishing the hospital near Kibbutz Negba was raised. The memo stressed that since the future location of the hospital had yet to be settled, and the Negba option had been dropped in the meantime, as long as the exact site remained unsettled, Kupat Holim’s objections were irrelevant to the issue. In addition, it was cited that Hadassah did not view itself bound to consult Kupat Holim on the issue; it conferred solely with the Jewish Agency and Settlement Institutions on the matter. The memo did not respond to accusations from both sides that competition over financial issues was behind the controversy between Kupat Holim and Hadassah.

On December 20, in a meeting attended by Agronsky, Dr. Davis (Hadassah’s director in Israel), Levi Eshkol (chairperson of the Jewish Agency), and Dr. Y. Weitz (chairperson of the United Jewish Appeal) it was decided that the Negev regional hospital would be established in Beer Sheva. It was decided that as the first step, Hadassah would take over administration of the clinic and twenty-five-bed military hospital on the site of the former British Mandatory hospital in Beer Sheva (a building that had housed the Turkish administration during World War I); in the second stage, Hadassah would build a new hospital that would serve the entire Negev region.
In October 1949, a year after the takeover of Beer Sheva, and following preparations and extensive deliberations between the IDF and Hadassah, Hadassah took over the military hospital in Beer Sheva, including its present buildings and inventory. The facility was named in memory of Dr. Chaim Yaski, as planned. Kupat Holim also opened a sick fund clinic in Beer Sheva, headed by Dr. Shatal that operated under the administrative authority of the Judea District. The twenty-five-bed civilian hospital opened by Hadassah and the clinic opened by Kupat Holim, were the first steps towards termination of the military government that had administered the town until then, and marked the beginning of civilian governance and Beer Sheva’s growth as a city.

The first residents of Beer Sheva following the IDF takeover of the city were demobilized soldiers. Responding to pressure from the demobilized soldiers, who demanded that the government take a clear and unequivocal stand on the future of the city and how it would be developed, on February 26, 1950, the government declared that Beer Sheva was a civilian authority, under the mayorship of David Tuviahu. Granting Beer Sheva municipal status as a local council led to the settlement of thousands of new immigrants in the city, whether in homes abandoned in the old Turkish quarter in the course of the 1948 war, or whether in the maabara constructed on the outskirts of the city. At the same time, it was decided that the city would serve as the administrative, commercial and health service center for the entire Southern Region.

The first wave of new residents to arrive in the city was 6,500 Jewish immigrants from Iraq, Yemen and Romania, and Libya, and other North African countries. Absorption woes and the special health needs of the immigrants immediately became a subject on the public agenda—including the performance of health services in the city, and particularly the ability of the Hadassah Hospital to meet fast growing needs for hospitalization facilities in the Negev, the largest geographic district in the entire state.

The sheer size of the Negev and the distribution of its population—scattered from Gedera to Eilat in small communities, in new agricultural moshav settlements and maabarot, kibbutzim and development towns; the makeup of the population. Most of the inhabitants were new settlers and new immigrants in the throes of absorption with meager resources—material and coping skills and there were serious shortages of transportation to Beer Sheva and to the center of the country limiting actual access to medical facilities. Moreover there was a shortage of medical personnel throughout the country, but particularly in the south and lack of a suitable building for a hospital—all of which made the entire issue of access to hospitalization in
the Negev far worse than in any other part of the country. While the Beer Sheva hospital doubled its bed-capacity within a short time, its operation, situated in the city’s former Turkish governmental headquarters without even infrastructure for running water and electricity, raised serious doubts as to the future of the hospital. The mayor, David Tuviahhu, noted: “Beer Sheva residents haven’t complained. Most don’t even know it is possible to complain. The new immigrants among them have not yet gotten over the anxiety of the passage to another country, to a new life. Most of them haven’t even raised their heads above their daily troubles . . . But we the old-timers can not see the straits of hospitalization.”

At the end of 1952, as mass immigration came to a close, the population of Beer Sheva was 14,500 residents and the overall population of the Negev area—26,000 persons. The hospital had grown to a fifty-bed facility, but this was insufficient to solve the shortage of hospitalization facilities in the Negev.

The Hospitalization Crisis in Beer Sheva at the Beginning of the 1950s

At the outset of 1953, the mayor of Beer Sheva David Tuviahhu began to pressure the Hadassah Medical Federation to expand the existing hospital. Hadassah architect drew up preliminary plans to an additional storey and expansion of the facility to a two-hundred-bed hospital. At the same time it was recommended to David Tuviahhu that until construction was finished, prefabs be added to increase the bed capacity of the hospital. Tuviahhu rejected this suggestion citing that they were unsuitable for the hot Negev climate. Therefore the only solution was conventional construction that would expand the existing hospital. The same year, Hadassah Medical Federation was in the midst of establishing a medical center in Ein Karem to replace their Mt. Scopus facility.

Construction at Ein Karem was scheduled to take a full decade. Hadassah was prepared to build the second storey for the Beer Sheva hospital, but told Tuviahhu that they “would be involved for about ten years in this construction, and until it is finished, we will not be able to free ourselves to construct a new hospital in Beer Sheva.” There was clearly a need to find an alternative solution or to approach Kupat Holim.

Back in the closing days of 1953, David Tuviahhu had already approached Moshe Soroka for the first time in an attempt to hammer out a solution to the severe shortage of hospital beds in Beer Sheva, with Kupat Holim’s help. The concept was that Kupat Holim would build a central hospital for the Negev in Beer Sheva. It was clear to both Tuviahhu and Soroka that the chief obstacles were Prime Minister David Ben-Gurion who viewed the Negev as territory whose development should be solely in the hands of state agencies;
Minister of Health Yosef Serlin who aspired to nationalize Kupat Holim’s existing facilities in the Negev—for whom establishment of a Kupat Holim hospital in Beer Sheva would only complicate this vision; and the senior civil servants in the Ministry of Health who objected to any expansion of the sick fund’s hospitalization facilities. Ironically, another member of this ‘coalition’ was the Federation of Labor—Kupat Holim’s parent organization.

*The Israeli Government’s Position*

In the mind of Ben-Gurion, the Negev was viewed as the hub of mamlachiut, or statism. He held that “the government and not Kupat Holim . . . has the duty to build a hospital in Beer Sheva that will serve all Negev inhabitants.” On the contrary, he felt that Kupat Holim should not be allowed to build a hospital in the city. In Ben-Gurion’s mind, Beer Sheva residents should wait patiently until the Ministry of Health could build a hospital in the city, although there was no date for such a move in the foreseeable future. Handing the Negev over to Kupat Holim was unthinkable, in Ben-Gurion’s mind.

The resignation of Ben-Gurion as prime minister in January 1954, and the appointment of Moshe Sharett in his place, did not change the situation. While Sharett had no position on the issue, neither for nor against, it would seem that Sharett had enough on his hands without this, and would not have sought to cross Ben-Gurion on this issue, particularly since a month after his resignation, in February 1954 Ben-Gurion returned to the cabinet as Sharett’s Minister of Defense. Furthermore, coalition woes and a series of government crises that developed between Mapai and its coalition partners under Sharett’s leadership, left health matters onto the sidelines.

Between 1950–55 there were three election campaigns, and the government changed hands six times—Ben-Gurion resigning four times and Moshe Sharett—twice. Major coalition crises broke out in October 1950, February 1951, December 1952, December 1953, June 1955 and November 1955. In August 1954, the Mapam party split, creating Achdut Haavodah along side Mapam. Mapai’s power witnessed ups and downs, and in the wake of July 1955 elections for the third Knesset, Mapai won only 40 of the parliament’s 120 seats. Under such conditions of political turmoil and weak Coalition governments, there was absolutely no likelihood that the issue of a central hospital for the Negev built by Kupat Holim could be raised on the public agenda or would enjoy any serious discussion.

In addition, the position of the Minister of Health Yosef Serlin, a member of the General Zionist Party, was adamant. Serlin was completely opposed to Kupat Holim entering Beer Sheva. The thrust of Serlin’s health policy was, from the start, to expand the Ministry of Health’s control over the entire health system, curtail the domains where Kupat Holim operated, and work
towards nationalization and transfer of Kupat Holim’s operation to the state. He even championed a bill in the Knesset and established a committee to prepare a compulsory health insurance bill under the auspices of national insurance to sever the fiscal link between Kupat Holim and the Federation of Labor—joint dues that made access to health care a mobilization tool for the federation, enabled the federation to control Kupat Holim’s budget and agenda, and even channel the lion’s share (60 percent) of the joint dues to non-health matters. Senior officials in the Ministry of Health who viewed Serlin as a natural successor to Dr. Sheba, gave Serlin their complete backing.

While Dr. Sheba, the prime opponent of Kupat Holim, left the Ministry of Health in mid 1953 to assume the directorship of the hospital complex at Hashomer, the policy foundations he had formulated together with senior officials in the ministry prior to his resignation continued to serve as the guiding principles for the Ministry of Health vis-à-vis Kupat Holim’s destiny and Beer Sheva’s health needs. A Kupat Holim hospital in Beer Sheva had absolutely no chance of receiving governmental approval.

The Federation of Labor’s Position

Opposition to Kupat Holim building a hospital in Beer Sheva was voiced even on the sick fund’s home turf—within the Federation of Labor, Kupat Holim’s parent organization. Even before the Beer Sheva hospital issue arose, the future of Kupat Holim was generating concern within the Federation of Labor.

In September 1954, after a meeting between Soroka and the federation’s secretary, Mordechai Namir, regarding the relationship between Kupat Holim and the Federation of Labor, Soroka wrote a colleague:

I found you shaken, and your confidence undermined after you heard the opinions coming from the Lord of the Manner. For me this is nothing new and I’ve been immersed in this controversy for more than ten years, and in certain periods, even in a harsher manner. . . . In the not so distant past, they were fearful of the collapse of Kupat Holm that would bring calamity on the federation, while now they fear a too-strong Kupat Holim and because the member sees and knows the federation via Kupat Holim. . . . In my humble opinion, Kupat Holim doesn’t have a lot of avenues or options. ‘To be’ means: the continued existence of Kupat Holim, its expansion and its development, ‘to cease to be’ means: transfer of its roles to the state (as was done to education), and then the problems are solved in a simplistic and run-of-the-mill manner, and is there someone who would dare to do this today?!

When Reuvein Kleigler, the director of the Negev region of Kupat Holim, tried to convince Soroka to respond positively to Tuviahu’s request that Kupat
Holim build a hospital in Beer Sheva, Soroka spoke to him frankly about his apprehensions, that the Ministry of Health and the government would torpedo the plan in concert. To this Soroka said, one must add the federation and even Kupat Holim’s own directorate who wanted to avoid any action that would increase tensions already existing between the Ministry of Health and Kupat Holim or that would lead to a clash between the Federation of Labor’s leadership and the government. In Soroka’s opinion, the sick fund’s position did not enable it to respond positively to Tuviahu’s request. Therefore the issue of a hospital for Beer Sheva remained unresolved.

In February 1955, Pinchas Lavon resigned as minister of defense and the government of Israel again faced one of its worst crises. In June of the same year, a new government was formed led by Moshe Sharett. Dov Yosef, a member of Mapai, was appointed for the short-term as minister of health. When the crisis worsened, Sharett resigned from the prime ministry, and a new government headed by Ben-Gurion was established in November of the same year. Israel Barzilai, a member of Mapam and a personal friend of Tuviahu, was appointed minister of health. The appointment was a labor-socialist victory that, unlike the previous appointments of ministers of health (from religious and non-socialist parties), carried the potential for a change of heart vis-à-vis Kupat Holim and the Beer Sheva hospital issue.

From the time of the establishment of the state, Mapam, unlike Mapai, had opposed the vision of state health insurance as envisioned by the government and the Federation of Labor under the Kanev Commission. Its opposition rested on Mapam’s belief that it was essential and prudent to maintain the power of the Federation of Labor and its stature as the leading labor institution in the country—as a strategic power base should the labor socialist parties fall from power. The prospect of a Kupat Holim hospital in the Negev was in keeping with this strategy; logically, strengthening the sick fund would strengthen the Federation of Labor—Mapam’s primary goal.

In mid-1955, prior to Barzelai’s appointment—at the height of the political crisis and in the midst of the interim period following the resignation of Serlin when Dov Yosef was holding the health portfolio on a temporary basis, Moshe Soroka approached Dov Bigon, the Federation of Labor’s delegate in the United States and requested that Bigon try to locate a source of funding for building a hospital in the Negev. Soroka surmised that the frequent political changes within the government were likely to change attitudes regarding a hospital in the Negev in Beer Sheva under the auspices of Kupat Holim, at least for a brief moment. If this one-time window of opportunity appeared it was important to prepare the fiscal infrastructure in advance so that Kupat Holim could step forward at the critical moment, fully prepared to immediately begin drawing up plans for the hospital.

On June 30 of the same year, in a letter to a colleague, Soroka mention his motivations in writing for the first time, and the steps that should be
taken to pave Kupat Holim’s path to the Negev: “I can’t pride myself that everything is now clear to me, and it’s still hard to guess how things will fall, but my thoughts move ahead and I have set for myself a guideline for action towards the long-awaited goal in the hopes that there will be an award for our endeavors.”

Soroka also noted another failure in Kupat Holim’s attempts to establish hospitalization facilities in the Negev, that is, a maternity hospital in Ashkelon. Soroka emphasized that the Ministry of Health had prodded the South African Zionist Federation, the Zionist entity spearheading settlement activity in Ashkelon, to oppose Kupat Holim’s initiative, charging that it was out of the question that the hospital have a political orientation and demanding “that the hospital will belong to klal Israel (all people of Israel), not to Kupat Holim itself”—that is, it should be in the hands of the Ministry of Health. Soroka indicated that the new Ashkelon orientation was out of hope that it would serve as a “bridgehead to the Negev that would be expanded in the future to a regional hospital,” while at the same time alleviating pressure on Kaplan Hospital in Rechovot that at the time was the closest facility to Negev residents. In the margin of his letter Soroka added in handwriting a note to Dr. Berman, a member of the medical management of Kupat Holim: “Read this letter for your personal information only, so you should know about the business, should fortune smile on us and should we succeed in this.”

When the Ashkelon strategy failed, the only option remained Beer Sheva. In the summary of his letter to Dr. Berman, Soroka stressed that the Beer Sheva hospital would not only relieve pressure on Kaplan but also entrench Kupat Holim’s position in combating Serlin’s efforts towards nationalization.

Kupat Holim’s efforts to find funding for its Beer Sheva hospital plans were redoubled in the wake of Hadassah’s declaration in mid-1955 that it was withdrawing totally from Beer Sheva and Hadassah’s rejection of a Kupat Holim proposal that the two organizations collaborate in building a new hospital in the city.

In August 1955, Dov Bigon contacted David Dubinsky, president of the Ladies Garment Workers’ Union and began to lobby for his support. Dubinsky and his union were willing to donate one million dollars for the establishment of a hospital in the Negev that would be named after their union and its president. According to Bigon, the decisive argument that convinced Dubinsky was that the hospital would be “a cornerstone in the development program and security of the Negev.” Bigon cited in his letter that convincing Dubinsky was not easy. The American labor leader had told the federation delegate that while most of the union’s functionaries—90 percent in fact—were Jewish, most of the union’s membership—80 percent—were not, making it hard to convince them that such a contribution was justified.

Other Federation of Labor entities that were also working to convince Dubinsky to contribute to their endeavors rather than to Kupat Holim,
undermined the sick fund’s efforts to secure Dubinsky’s support for the Negev hospital. Among the other lobbyists were Abba Chushi, the powerful labor mayor of Haifa, who was working to convince Dubinsky to back a sports stadium in Haifa, while Yitzhak Marom was lobbying to gain Dubinsky’s support for equipping schools in the federation’s occupational high school network, Amal. The was no intervention of federation leaders in the competition to re-channel the garment worker donation to other federation projects in the midst of negotiations between Dubinsky and Kupat Holim. Federation leaders preferred not to get involved and certainly did nothing to help the sick fund secure the funding, either assuming that if negotiations failed, no one could accuse them of being responsible, perhaps even hoping that the matter would be dropped, eliminating a confrontation over the Negev hospital controversy by default, so to speak.

The appeal to Dubinsky to donate to the building of a hospital in the Negev, without citing the exact location—Beer Sheva—was the upshot of the Federation of Labor’s position. Every plan by Kupat Holim to mobilize funding in the United States hinged on federation approval in advance. Opposition within the Federation of Labor was liable to trip up such a plan. A year earlier, the federation and Mordechai Namir had vigorously opposed Kupat Holim building a hospital in Beer Sheva, and still oppose this in principle, but from another perspective: That is, they no longer opposed building a hospital in the Negev; they opposed building it in Beer Sheva. According to Namir, a hospital still had to be built south of Beer Sheva, closer to Dimona and Yerucham and even to Kibbutz Sde Boker, the residence of Ben-Gurion. Despite Namir’s pressure to change the location of the proposed hospital, Soroka continued to hold that the best location was Beer Sheva. To bring the federation around and skirt any further controversy, Soroka preferred to pretend that he was mobilizing funding for a hospital in the Negev without mentioning Beer Sheva. “Under prevailing circumstances our suggestion to Dubinsky must be general “to build a hospital in the Negev, without marking the exact spot,” Yitzhak Chaskin, the federation’s representative in the United States, wrote Soroka. And, Soroka approved. Soroka planned that Dubinsky would bring his donation to the federation’s convention that stood to take place in November of the same year. The federation and the government would not be in a position to turn down such a gift.

The federation’s agreement in principle to mobilize funding for a hospital that would be established in the Negev did not come without strings attached. According to previous financial agreements between Kupat Holim and the Federation of Labor, 60 percent of all donations raised by Kupat Holim in the framework of the federation’s campaign went to the federation. Under the terms of such an arrangement, the 40 percent of the one million dollar donation that would be left in the hands of Kupat Holim would be insufficient to complete construction of the hospital. Therefore, at the
beginning of negotiations with Dubinsky, Kupat Holim sought to exchange the donation for a long-term loan. Since the agreement with the Federation of Labor spoke solely of donations, the entire contribution would remain in the hands of the sick fund if it was a loan, enabling Kupat Holim to build a large hospital in the Negev without any delays in construction. The federation, however, refused to go along with this tactic, and Kupat Holim was forced to give in, in order to receive the agreement in principle of the federation to the plan.

Based on the agreement between the administration of the federation’s campaign in the United States and comrade Dubinsky for participation of one million dollars over four years in the establishment of a hospital in the Negev named for Dubinsky, it is agreed as follows:

1. In the sum of one million dollars that the federation campaign will receive from Dubinsky, Kupat Holim’s part will be—$400,000 (four hundred thousand) dollars.

2. Kupat Holim will receive its part from the campaign in practice [according to] every sum that Dubinsky puts into the campaign [SS actually deposits], in accordance with its relative portion.

3. From any supplement that the campaign will receive from Dubinsky for this purpose above the above-mentioned one million dollars, Kupat Holim will receive one-fifth of the above sum.39

Soroka had agreed to this ‘internal arrangement’ with much misgiving, and wrote the heads of the federation mobilization campaign in New York after signing the agreement voicing his worries, saying,

It is unfortunate that this fact regarding the scope of the investment was not related to Dubinsky and his colleagues, who were unaware that his donation constitutes only a part of the investment, and the rest would be invested by the federation membership. The mistaken impression has been created among Dubinsky’s people that they alone are establishing the hospital through this donation . . . Kupat Holim is consciously entering into this financial burden, with the hope and confidence that that all the federation and public forces will assist it in establishing this enterprise, which has a positive value for the development needs of the Negev. And we have entered into this matter upon which we have embarked, with this belief before our eyes.40

Thus, the federation’s agreement that Kupat Holim establish a central hospital in the Negev was based on clear fiscal provisos. Moreover, although in December 1955 there was open talk that the hospital would be built in Beer Sheva, the federation took pains to continue to employ the general term ‘hospital in the Negev’ in all the agreements and letters dealing with the hospital. The wording
of the two agreements does not employ the words ‘Beer Sheva’ at all. One can attribute this to the clout of Mordechai Namir who opposed establishment of a hospital in the city, or other parties who hoped that the location of the hospital would be changed, if the location in the agreement was kept general. Another possible reason behind the vague wording was Ben-Gurion’s known objection to building the hospital in Beer Sheva. Consequently, members of the federation’s executive chose to use the general term ‘Negev’ in order not to further exacerbate relations between the federation and the government. In deliberations of the federation’s executive and in Ben-Gurion’s diary there is no mention of this issue, thus these assumptions have yet to be substantiated.

In October 1955, at the height of the government crisis, Soroka took two other steps to further the vision of a Beer Sheva hospital. First of all, he mobilized the support of Dr. Giora Yoseftal, chairperson of the Jewish Agency’s Absorption Department. Secondly, he obtained the agreement of Pinchas Sapir, at the time, director-general of the Ministry of Finance. Yoseftal expressed his unreserved support for building a Kupat Holim hospital in Beer Sheva. He justified his support noting that,

The Jewish Agency has nothing to do with the problems of Kupat Holim, but the immigrants are our problem. Out of every 12 inhabitants of the Negev, 11 are new immigrants. When the state was founded, there were only 6,500 Jews in the Negev, while now there are 75,000 there. By 1950 we will have 90,000, and the Jewish Agency can’t place the entire problem in the hands of Kupat Holim without giving assistance.41

Yoseftal also expressed his disappointment that the Ministry of Health had not succeeded in solving the shortages of health services for new immigrants in the Negev, and the hopes that Kupat Holim’s entrance into the Negev would solve the immigrants’ distress. He cited that this was the sole consideration behind his support for Kupat Holim over the issue.

Soroka’s appeal to Sapir was also crowned with success. Soroka asked Sapir to assist him in securing a loan through AMPAL (a subsidiary of Bank Hapoalim), guaranteed by the Jewish Agency, to cover the sums missing for completion of the hospital construction. Sapir approved the fiscal arrangement and even expressed his own support “for establishment of a hospital in the growing settlement area in the Negev.”42 Sapir’s agreement and Yoseftal’s support made it possible for Soroka to prepare a draft agreement between Kupat Holim and the Beer Sheva Municipality. In October 1956, Soroka sent a copy of the draft of the agreement to Tuviahu: “Dear comrade Tuviahu, Attached here I am transmitting to you for your perusal a draft of the agreement regarding establishment of a hospital in Beer Sheva. I have omitted several details that were discussed in person. Please peruse it before our meeting. With regards. M. Soroka.”43
Upon completion of the first draft of the agreement, Soroka turned to architect Arieh Sharon to draw up preliminary plans for the hospital. Although he was sure that his efforts would bear fruit, Soroka was still apprehensive about committing himself to Sharon as to the exact location of the hospital, and therefore he requested a general plan and not one that was tailored to the physical layout of a particular building site. Sharon, who had worked with Soroka on previous projects, accepted the unconventional request and commenced work on the blueprints. Thus, the elementary conditions for establishing a hospital in Beer Sheva were consummated, and the only barriers remaining were Ben-Gurion’s and the Ministry of Health’s opposition.

The establishment of a new government on November 3, 1955, and the appointment of a member of Mapam, Israel Barzelai, as Minister of Health provided the window of opportunity in the political constellation that Soroka had been waiting for.

The policy lines of the seventh government, under the leadership of David Ben-Gurion included a proposal for compulsory health insurance legislation under the auspices of National Insurance that would preserve the autonomy of Kupat Holim. To a large extent this was a repeat of Kanev’s proposal that had fallen two years prior; however, this time the initiator was Serlin, who hoped to bring about legislation of a national health insurance law that would null the independent existence of Kupat Holim and bring about its nationalization. While the Kanev plan’s findings had been added to the guidelines of the new Coalition government which embraced renewal of a legislative initiative, the Coalition’s guidelines did not call for nationalization of Kupat Holim as Serlin planned; rather, they stipulated that “the insureds’ organization will be realized via their own organizations.” The new government’s position was, therefore, more amenable to Kupat Holim, and the underlying ‘threat’ to nationalize Kupat Holim was sidelined again, as it has been in the past. Israel Barzelai was willing to negotiate with Kupat Holim over the hospital that the sick fund was prepared to establish in Beer Sheva. The only stumbling block was Ben-Gurion who opposed Kupat Holim gaining a foothold in hospitalization services in the Negev—opposition that did not lessen over the years.

At the end of January 1956, several months after the new government took office, Kupat Holim, appealed—the first time openly and officially, to Minister of Health Israel Barzelai, and other government agencies, in regard to the hospital in Beer Sheva. Kupat Holim surmised that Mapam’s empathy towards Kupat Holim as a labor institution and Mapam’s support for the independence of mutual assistance institutions by the labor classes, would make negotiations with Israel Barzelai smoother, and accelerate official approval from the Ministry of Health that was required if construction of the hospital was to go forward.
In unofficial overtures towards Pinchas Dagan, a member of Mapam who was Barzelai’s personal aide, and with the director-general of the Ministry of Health a short time after the government was sworn in, the sides came to understand that the Ministry of Health would respond positively to Kupat Holim’s request to build a hospital in Beer Sheva, while the ministry would take upon itself to build a hospital in Ashkelon. The minister of health’s response was swift, within two days of the decision he wrote Soroka,

I congratulate you on the initiative that you have taken to establish a hospital in Beer Sheva. It seems to me that establishment of this hospital, together with the hospital that will be established by us in Migdal-Ashkelon, will constitute an important contribution to solving hospitalization problems of key settlement development areas of our country. With all my salutations, Y. Barzelai, Minister of Health.

Barzelai’s letter, however, was almost clandestine, for there were no copies sent to other parties, as was customary (to the minister of finance, the prime minister, federation of labor institutions, the Jewish Agency or others). It appears that Barzelai chose to keep the decision under wraps in order to sidestep unnecessary political clashes that were liable to undermine plans, prior to presentation of the program to the government for final approval.

Parallel to the appeal to Barzelai, Kupat Holim also appealed to the IDF. Moshe Soroka wrote Chief-of-Staff Moshe Dayan:

As it is known, Kupat Holim is preparing a program to establish a hospital for the Negev in Beer Sheva, with the assumption that work will begin in the month of May approximately. We have no doubt that a hospital in Beer Sheva must take into account various defense aspects, both in planning and construction. We would therefore appreciate if you refer us to the person who is authorized by the army with whom we can be in contact regarding all matters as to design of the building.

Soroka’s appeal to the army was not solely a tactical measure. From the beginning of his lobby to establish a Kupat Holim hospital in Beer Sheva, Soroka had argued that such a hospital was a security imperative—addressing the needs of the army in general, and for treatment of Israelis injured in attacks by Palestinian infiltrators and IDF personnel injured in the course of retaliatory raids against infiltrator bases in Gaza and the West Bank, in particular. The security dimension was also used by federation personnel in meetings with Dubinsky and the Ladies Garment Workers Union. Chaskin and Bigon held that the security issue was the decisive factor that convinced Dubinsky to honor his promises of support. Soroka did not, however, use the security issue solely due to its emotional leverage value; he sincerely felt that a hospital in Beer Sheva was important for the army’s
needs. At the same time, Soroka most probably had a latent agenda that meshed well with the military’s needs at the time—aspirations, in the back of his mind although not expressed openly, to reestablish sick fund services to military personnel that were taken from Kupat Holim in 1948 and transferred to the Military Medicine Service (MS) that later became the IDF’s Medical Corps—a role that would both contribute to the sick fund’s finances, and enhance Kupat Holim’s image as a non-sectarian national institution providing services to all sectors of society—military and civilian. Providing services to the IDF in the Negev would also improve the sick fund’s position as a hospitalization service-provider, breaking the monopoly that government facilities held on health care services for draftees and military career personnel. At the same time, Soroka undoubtedly hoped that the IDF’s support for Kupat Holim’s initiative would contribute to the processes of obtaining final approval of the government. Also, it is possible that he planned to use collaboration with the IDF to expand the original hospital plan, adding another storey, arguing that the additional infrastructure was designed to provide for the army’s needs. The IDF indeed responded positively to Soroka’s offer and collaborated with Kupat Holim in the planning of the hospital’s operation, so as to meet the army’s own needs. Yet, the army did so only a year later, in May 1957—only after the government had approved establishment of the hospital, and only after Ben-Gurion—who again also held the defense portfolio in addition to the prime ministry—withdrawed his opposition. Unfortunately, Ben-Gurion only changed his mind in the wake of the Sinai Campaign (October 1956) which proved Soroka’s claims that location of a hospital in Beer Sheva was a security imperative.

April-May 1956 were months of growing tension regarding security. April 1956 was marked by a rise in terrorist activity from the Gaza Strip. Most of the casualties were civilians in Jewish settlements in the northern and western Negev—kibbutz settlements, and moshav settlements of new immigrants. Israel responded with retaliatory actions. Security issues became the prime issues on the national agenda. In May 1956, Pinchas Lavon was elected secretary-general of the Federation of Labor. The political tension between the federation and the government increased due to the political impact of the Lavon Affair. Soroka, who had hoped to get approval of the Cabinet for the Beer Sheva hospital plan in order to begin construction, feared being overtaken by events. He sent an urgent letter and a series of telegrams to Beer Sheva mayor David Tuviahu urging the mayor to speed up procedures and finish all the official arrangements to hasten commencement of construction, saying, “There is reason to fear that changes of personalities in the country will take place and difficulties are liable to be created, . . . Please therefore avail yourself of all possible means to bring our matters to conclusion.”
On June 11, 1956, almost three years after the issue of a hospital was first raised, Kupat Holim appealed formally to Prime Minister David Ben-Gurion, directly:

Colleagues have told us (and thus something was published in this matter in the newspaper ‘LaMerchav’) on your reservations concerning the establishment of a hospital by Kupat Holim in Beer Sheva, and we consider it right and proper to bring to your attention the following details: [that] the hospitalization situation in the Negev region is very severe and already borders on catastrophe that will worsen with the development of the Negev and increase in its population . . . [and that] Kupat Holim, which bears responsibility for hospitalizing its members in the Negev which constitute 98 percent of settlement there, cannot remain indifferent in the face of the severe situation . . . We know there are several misunderstandings regarding the work of Kupat Holim, and we are very saddened that the pioneering enterprises of Kupat Holim that behooves it [take] such great effort is regarded with misunderstanding already from the start. We hope that the details we have brought before you will clarify the matter and we would be happy to submit additional details to you should we be asked for such.

The details that Soroka mentioned were statistics on the hospital bed ratio in the Negev—which was the lowest in the country, one bed per thousand inhabitants compared to five per thousand in Jerusalem, and 3.4 in Tel Aviv. The document also cited the inability of the existing Hadassah hospital to fulfill hospitalization needs; the desire of Hadassah to be relieved of its responsibilities in Beer Sheva; and the donation promised by Dubinsky. Soroka also noted that the matter had been discussed at length between the Ministry of Health and Kupat Holim, and the sick fund was ready and prepared to begin construction. Ben-Gurion was in no hurry to reply. In his diary he made no notation of the issue. Soroka, who feared that Ben-Gurion would bring down the plan on the verge of realization, leaked the contents of his communiqué to Ben-Gurion to all supporters of the plan in Beer Sheva, hoping that the information would spark a wave of appeals to the prime minister to approve the program and lift his opposition. Particularly interesting is the response of Minister of Health Israel Barzelai, who had given his agreement to Kupat Holim back in February 1956. Barzelai wrote:

At other opportunities, and even before the prime minister I expressed my clear opinion, that I advanced your program with favor and good wishes, and that I am of the opinion that it is worthy from all standpoints of the finest assistance and support of the government. While we do not have at our disposal this year any development budget, yet we hope that the situation will be rectified, and then we will try to assist you to the best of our abilities. I would be happy to hear about headway of things towards beginning implementation.
Yet, a copy was only sent to the director-general of the Ministry of Health. No copy was sent to the prime minister’s office. In his letter to Soroka, Barzelai did not mention his green light to Kupat Holim in February of the same year, or the agreement to divide the Negev between Kupat Holim and government health services (putting Beer Sheva in the hands of the sick fund and Ashkelon in the hands of the government health agencies). The tone of the letter was lukewarm, measured, and to a large extent evasive. In the letter Barzelai underscored the government’s budgetary problems as if Soroka’s letter was a request for government financial backing, not a request for political backing. In fact, Kupat Holim had not requested and had no plans to request Ministry of Health financial assistance for construction of the hospital. Just the opposite: From the start, it was made clear to Barzelai that construction would be based solely on self-capitalization, without any government assistance. Kupat Holim’s willingness to forego any government assistance was one of the strong points that Soroka often raised in discussion in his attempts to convince decision-makers to approve a Kupat Holim hospital in Beer Sheva. Idit Zartal, the historian who researched and wrote a biography of Soroka’s life, notes that Barzelai carried out all his political moves concerning the Beer Sheva hospital in the shadows, almost in secret—whether due to Ben-Gurion’s looming presence and opposition, or because this was his leadership style. Zartal notes that the first meetings between Barzelai and Soroka were conducted outside Barzelai’s offices, whether in Tel Aviv cafes or during visits to Beilinson Hospital where Barzelai had been hospitalized after he fell ill. In any case, Barzelai’s treatment of the issue was restrained, even slow—designed to prevent unnecessary political clashes over the issue.

On July 10, a month after Soroka appealed to Ben-Gurion, Barzelai sent an explanatory letter to Ben-Gurion, in which he presented all the reasons behind the severe shortage of hospitalization facilities in the Negev and the inability of the ministry to solve the problems due to lack of development budgets. In the closing, Barzelai cited that “in this state of affairs I accepted with favor and good wishes Kupat Holim’s program to establish a hospital in Beer Sheva and I believe that it is worthy of our full assistance and support.”

Ben-Gurion, however, was not convinced. On June 25, in a personal letter to Mordechai Namir, Soroka wrote:

It had been clarified to me that Ben-Gurion did not suffice with my reply regarding establishment of a hospital in Beer Sheva, and he assigned Comrade Teddy Kollek to find out additional details, including the matter of Kupat Holim as a whole. . . . I believed it was proper and correct to let you know about this so that if God forbid, the program of establishment of a hospital in Beer Sheva will be impaired more than anyone else, the federation in the United States will suffer from this, that after its commitment to Dubinsky nothing will come of it. Just recall what publicity was made of the matter at the time and recall the great reverberation [it created] and to the best of my knowledge,
Dubinsky convened this week the first part of the money in the conventional American ceremonials (a press conference and so forth) and it will be hard to explain this.  

Indeed, the Federation of Labor had a lot to lose, both prestige and its part of Dubinsky’s donation.

There was a solid foundation to Soroka’s fears that developments would lead to an open clash with Ben-Gurion. Ben-Gurion had to give in on his plans for institution of a state health system including a change in the status of Kupat Holim and its link with the Federation of Labor. In mid-1956 the chief state statistician, Dr. Beki, was requested to prepare a secret survey on the cost of Kupat Holim’s health services. The purpose of the survey, prepared with the assistance of Dr. Btesh, director-general of the Ministry of Health, was to examine the cost of Kupat Holim services compared to the cost of government services. Proof, in objective parameters, that Kupat Holim’s services were more costly than government services could provide would supply justification for giving priority to government services and establish the groundwork—on professional rather than political grounds, for introducing statism into the health domain—that is, nationalization of Kupat Holim or separation of the sick fund from the Federation of Labor. Soroka who was concerned not only about the fate of the Beer Sheva plan, but rather the fate of Kupat Holim as a whole, sent a detailed memorandum to Ben-Gurion in which he presented the facts and figures of the sick fund’s operation. In addition he asked Teddy Kollek to arrange a face-to-face meeting with Ben-Gurion to explain the figures and put Kupat Holim’s case before the prime minister in the best light possible.

I want to request and beseech you, that before you finalize editing of the material in order to present it to the prime minister, you allow me a word to explain the figures and the data I have submitted, for as a person familiar with these matters, I know from my experience, that carrying out a survey of this kind, can create inaccuracies due to misunderstandings as a result of the survey being based solely on mute numbers.

It was only in July 1956 that the survey work of Dr. Baki began in earnest, and what Soroka in fact wanted was to meet with Ben-Gurion in order to mitigate any criticism in advance. From the ongoing correspondence between Teddy Kollek, the director-general of the prime minister’s office, and Soroka it seems that while Soroka was appealing to Ben-Gurion, Ben-Gurion was busy appealing to Hadassah to change its position regarding the building of a hospital in Beer Sheva in order to prevent Kupat Holim from building its hospital. According to Kollek, Hadassah Women clarified to Ben-Gurion that their work on the establishment of a medical center in Ein Karem prevented them from continuing to work in Beer Sheva, and Hadassah was
determined to close the hospital there.\textsuperscript{63} Therefore the only player on the field, by default, was Kupat Holim.

In July 1956 preparations for the Sinai Campaign were at their height and demanded all of Ben-Gurion’s attention and energies. In his typical manner, Ben-Gurion solved situations such as this in a simple and practical manner: defense matters took priority over everything else. The question of Kupat Holim was sidelined and the hospital became a marginal issue that there was no point in discussing for the time being. In light of circumstances, and with no other solutions on hand to deal with the hospitalization problem in Beer Sheva, Ben-Gurion went along with plans in the meantime. On July 15, Teddy Kollek told Moshe Soroka, in Ben-Gurion’s name, that the prime minister accepted the Beer Sheva plan. Kollek was frank in explaining why the prime minister had agreed: Hadassah was unable to carry out the project. That is, he agreed for lack of an alternative:

Therefore, the prime minister applauds Kupat Holim taking upon itself to build this hospital. The prime minister requests in regard to construction, that construction be carried out according to the austerity appropriate to our country, and for this purpose, I suggest that perhaps you should submit the building plans to another look to prepare them for modest construction.\textsuperscript{64}

Ben-Gurion did not write a personal letter to Soroka or to Kupat Holim and made due with the message delivered by Teddy Kollek. Whether disregard was intentional—a deliberate slight of the sick fund, or whether his mind was too occupied with other more burning matters—is unknown, for there is no reference to the matter in his diaries. Ben-Gurion’s intentions remain an enigma.

After Ben-Gurion’s agreement for the Beer Sheva hospital plan was secured and the plans were completed, Kupat Holim broke ground on the project immediately, before there were any more delays. It did not submit the plans to the prime minister’s office as Teddy Kollek had suggested. Soroka feared that such a step would lead to further delays, and might even put the entire project in jeopardy. On July 23, 1956, Soroka wrote directly to Teddy Kollek, without any referral to the prime minister himself: “I affirm with gratitude the prime minister’s blessings for establishment of the hospital in Beer Sheva, and we will endeavor, giving appropriate attention to carry out the prime minister’s wishes, that the hospital will be built in a modest manner suitable to conditions in our country.”\textsuperscript{65} The letter was clearly designed to delicately and diplomatically avoid any further attempts by the prime minister’s office to intervene directly in the building program.

In September 1956, Dr. Beki’s findings regarding the cost of health services under Kupat Holim was presented to the prime minister in memorandum form. The memorandum, as expected, proved that “State health will be cheaper than health via the Kupat Holim system. In practice, the public
and the state carry Kupat Holim on their back.” The question of the future of Kupat Holim was again on the public agenda. Soroka had been right in his decision to avoid submitting building plans to the prime minister’s office—as requested and to begin construction forthwith to create facts on the ground that could not easily be reversed.

On July 23, 1956, on the same day that Soroka wrote Teddy Kollek his thank you letter, and two months before Beki published his findings, ground was broken and construction of the hospital commenced. Except for a short break during the Sinai Campaign, work advanced according to schedule. Three years later, in October 1959, the building was completed. The dedication ceremony took place in the presence of David Dubinsky, Pinchas Lavon, the heads of the Federation of Labor, Mapai’s senior leadership and guests from abroad. The richness and grand scale of the event symbolized the victory of Kupat Holim and the Federation of Labor in overcoming all obstacles. David Ben-Gurion’s absence was marked. He did not cite the reason for his absence at the ceremony, whether this was because he had not accepted the building of the hospital, or due to the prominent presence of Pinchas Lavon—his political rival. According to Idit Zartal, both reasons played a role in Ben-Gurion’s boycott of the ceremony.

Soroka could not afford an alienated Ben-Gurion. Ben-Gurion and the Negev had become one-in-the-same, two symbiotic images, tied together by a Gordian knot. Operation of a central hospital in Beer Sheva could not function and flourish without the blessing of Ben-Gurion. In April 1960, six months after the opening of the hospital, and after a multitude of forays to win over Ben-Gurion, the prime minister agreed to make an official state visit to the new hospital. Through the good offices of his wife Paula, Ben-Gurion agreed that a bust with Ben-Gurion’s likeness would be displayed in the entrance foyer to the hospital.

Soroka wrote Goldwasser, Kupat Holim’s representative in the United States: “I don’t believe I have to explain to you what it means that HaZaken agreed to erect his sculpture in a Kupat Holim hospital, and that Paula, his wife, was the initiator and doer of this thing. The impact of this fact on our endeavors is at this time priceless.”

In February 1960 the terms of collaborative work with the IDF was finalized. The Kupat Holim Central Hospital of the Negev had become a fait accompli.

Epilogue

The Central Hospital of the Negev established by Kupat Holim indeed reinforced the stature of Kupat Holim as a key player in the country’s health service that had to be contended with. Kupat Holim’s control of the Negev was total for a good number of years. Moreover, Soroka’s appraisal—that
such a hospital would reinforce the sick fund’s position as a whole, transforming it into an organization that would be too large and too weighty to be merely dictated to, proved to be a correct assessment. The struggle over the Negev hospital was the last time that voices were heard in government circles striving openly to curtail the sick fund’s expansion efforts under the argument that it should diminish its operation and transfer its functions to state auspices.

If the establishment of a Kupat Holim hospital in the Negev was the tipping point that won the sick fund its rightful place in the health domain, this was not true from Ben-Gurion’s perspective. Although Ben-Gurion settled in the heart of the Negev and lived in Kibbutz Sde Boker south of Beer Sheva for an extended period in his later years, when he fell ill, he refused to be hospitalized in the Beer Sheva hospital. He received all his medical needs from his friend Dr. Sheba at Tel Hashomer Hospital near Tel Aviv. Even after the death of Sheba, Ben-Gurion remained faithful to Tel Hashomer and refused to receive treatment at any Kupat Holim facility. His wife Paula, on the other hand, maintained a lengthy relationship with the Beer Sheva medical center. She was hospitalized there from time to time, and even died there—a form of identification and vote of confidence that was recognized in the decision to name one of the hospital’s out-patient clinics in her memory.