

“Interpreters of Occident to the Awakening Orient”: The Jewish Public Health Nurse in Mandate Palestine

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INTRODUCTION

Recent scholarship on Zionism has shown Orientalism to be a pregnant concept through which to study the formation of Jewish society and culture in Palestine and later Israel. As this body of scholarship suggests, Zionist self-perception as an outpost of Western civilization in the Orient has played a fundamental role in shaping both Zionism’s relations to the Palestinians and to its “internal Others”—*mizrahi*, literally, Oriental Jews.¹ Indeed, it was Zionist Orientalism which created the *mizrahi* category in the first place, turning heterogeneous

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¹ Joseph Massad, “Zionism’s Internal Others: Israel and the Oriental Jews,” *Journal of Palestine Studies* 25, 4 (1996): 53–68. Ella Shohat was the first to apply Edward Said’s concept of Orientalism to the study of ethnic relations within Israeli society. See her “Sephardim in Israel: Zionism from the Standpoint of Its Jewish Victims,” *Social Text* 7, 1–2 (1988): 1–36; and “The Invention of the Mizrahim,” *Journal of Palestine Studies* 29, 1 (1999): 5–20. See also: Aziza Khazzoom, “The Great Chain of Orientalism: Jewish Identity, Stigma Management and Ethnic Exclusion in Israel,” *American Sociological Review* 68 (2003): 481–510; Amnon Raz-Karkotzkin, “The Zionist Return to the West and the Mizrahi Jewish Perspective,” in, Ivan Davidson Kalmar and Derek J. Penslar, eds., *Orientalism and the Jews* (Waltham, 2005), 162–81.

Asian, North African, and Palestine's Sephardic Jewish communities into a single, supposedly coherent group in need of modernization and civilization, against which the 'westernness' of European *ashkenazi* Jews was repeatedly asserted. What these studies often overlook is that the Zionist 'civilizing mission' was initially directed at (east) European Jews. Thus, for many of the "culture builders"² who during the mandate years operated in the *yishuv*—the Jewish community of Palestine³—Jewish westernness was deemed a project, something yet to be achieved.

One of the main discourses through which this project was articulated was that of hygiene. As Norbert Elias has shown, in the course of the "civilizing process" hygiene has become a marker of the western European notion of 'civilization,' and therefore has come to constitute an important component of Western self-perception.⁴ It was the internalization of the western European gaze upon self and other which accounted for the ambivalent position within this discourse of eastern European Jews, the majority of Palestine's Jewish population: they were at once subjects of a civilizing mission to the Orient, and objects for hygienic transformation, which would turn the degenerated Jew of the east European ghetto into a regenerated Zionist New Man, modern and Western. "We are here to bring the West . . . *not only to ourselves*, but to the entire backward Orient, which must rise to a clean hygienic life," wrote Dr. Asher Goldstein, editor of the health column of one of the major Hebrew papers, in a piece lamenting Jewish disregard of hygiene.⁵

Moreover, the formation of Jewish ethnic identities in Palestine is often studied either as if identity categories reflected bounded, pre-discursive social entities with their own distinct 'cultures,' or as if they were no more than a discursive play. Scholars have paid little attention to the ways in which discursively constituted identities articulated with changes in social formations and cultural repertoires. Jewish westernization did not simply consist in assuming a Western subject position vis-à-vis the Orient; it also involved deliberate attempts at culture-building and cultural change by various institutions, professional groups, and individuals. Within this framework, Western models for everyday conduct and care of the body were inculcated among the Jewish population, often through the work of mediators, which themselves had to be made. This article looks at the making of one such mediator—the public health nurse.

Educational activities and texts on health and hygiene proliferated in the *yishuv* during the mandate years. Articles and columns containing instructions and advice on health and hygiene, most of them written by immigrant Jewish

² See Jonas Frykman and Orvar Löfgren, *Culture Builders: A Historical Anthropology of Middle Class Life*, Alan Crozier, trans. (New Brunswick, 1987).

³ The meaning of the Hebrew word *yishuv* is "settlement," both as noun and as gerund.

⁴ Norbert Elias, *The Civilizing Process*, Edmund Jephcott, trans. (Oxford, 1994).

⁵ Asher Goldstein, "Af al pi chen" [Nevertheless], *Ha'aretz*, 13, 9 (1935): 2 [my emphasis].

physicians, appeared regularly in the daily press and Hebrew periodicals, most of them written by immigrant Jewish physicians, and dozens of hygiene manuals were published. In addition, several organizations—predominantly the Hadassah Medical Organization, the medical organ of the American Zionist women’s organization ‘Hadassah,’ later joined by the Workers’ Sick Fund—initiated educational activities such as lectures, exhibitions, radio programs, “health weeks,” and much more.

Education in hygiene was often integral to modernization projects in Europe, the United States, and the colonial world. Although these projects differed from place to place, they exhibited similarities, among them the application of hygiene as an instrument for surveilling and civilizing subordinate populations. Scholars of colonial medicine also stress the role of public health discourses and practices in shaping a healthy workforce, in justifying colonial domination, and in enforcing racialized distinctions in the colonies.⁶ These were all aspects of the ‘hygienic project’ of the Jews in Palestine. Yet, in the Hebrew medical discourse, hygiene was constituted not only as an instrument of civilizing and controlling Zionism’s Others, but also as a means of self-fashioning, and of westernization and modernization of the dominant European group.

The hygienic repertoire and the Zionist construction of the New Man were tightly linked: the New Man ideal was figured as the mirror image of the enfeebled and effeminate “diaspora Jew,” a figure that took shape in the light of nineteenth-century European science with its notions of degeneration and eugenics. Zionist physicians in Europe, in line with central-European science, represented European Jews as a degenerating lot, due to various factors that they tied to their anomalous diasporic existence. In the case of eastern European Jews, poor hygienic habits and unsanitary living conditions were central factors that accounted for their attributed physical and mental deformities. Declared one participant in a Jaffa convention of Zionist physicians in 1919: “Our nation has returned to its country sick and deformed, and the idea of national regeneration should encompass its physical cure, the healing of its lungs and the raising of its stature.”⁷

Health and education were two spheres in which the Jewish community of Palestine enjoyed a large degree of autonomy under British rule. With imperial commitment to the Mandates Commission to provide for the welfare of its subject populations, on the one hand, and British reluctance to invest, on the other, the government adopted a policy of delegating much of the medical

⁶ See, for example: Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization and Mobility in the Congo* (Durham, 1999); *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, Kalpana Ram and Margaret Jolly, eds. (Cambridge, 1998); Timothy Burke, *Lifebuoy Men, Lux Women: Commodification, Consumption and Cleanliness in Modern Zimbabwe* (Durham, 1996); John Comaroff and Jean Comaroff, *Ethnography and the Historical Imagination* (Boulder, 1992).

⁷ “Ve’idat rof’im” [Physicians convention], *Ha’aretz*, 26, 11 (1919): 3 [author’s name missing].

work to new or existing agencies—Zionist organizations within the Jewish sector, and mainly medical missions within the Arab one. The influx of Jewish capital and scientific knowledge in the service of constructing the “national home” allowed the highly organized Jewish community to establish and maintain a comprehensive and developed system of health care services with only limited government financial support and supervision. It was mainly through these services that organized educational activity could be effectively carried out among the Jewish population.

As in similar educational campaigns in the United States, two sectors of the Jewish population were given particular attention by Hadassah: children—“the building blocks of the future state”⁸—and their mothers, seen as responsible for not only their upbringing but the domestic sphere as a whole. Here, the dissemination of educational materials was not enough, especially in the case of women from *mizrahi* or *ashkenazi* orthodox communities, where infant mortality rates were highest.⁹ In their case, effective education required practical instruction and close supervision. These tasks were entrusted to a new figure in Palestine: the public health nurse.

Public health nurses functioned as educators within two institutional frameworks: primary schools and Infant Welfare Centers. They taught practical hygiene to school children and mothers at the centers, and held parents’ meetings, consultation sessions, and lectures. The latter addressed subjects such as suitable dress and diet during pregnancy, the healthy organization of the apartment, and baby and infant nutrition. They also organized pupils’ “health societies” to supervise hygiene in the schools, and conducted home visits for instruction and supervision of the hygienic conditions of the home and its dwellers. Nurses were more than once credited with the success of Hadassah’s preventive work. For example, a booklet reviewing the activities of Hadassah in Palestine during the years 1918–1938 says that “thanks to [the nurses’] efforts, the preventive work has improved quickly and thoroughly the level of personal hygiene and public sanitation.”¹⁰ Although precise figures are elusive, throughout the mandate years the ratio of nurses to the Jewish population seems to have been much higher than, and sometimes double, the nurse ratios in the large American cities where most American public health nurses worked.¹¹

⁸ Mordechai Brachyahu, *Avodat hahigiena bevatei hasefer* [Hygiene work in schools] (Jerusalem, 1929), 11.

⁹ My use of the term *mizrahi* here is anachronistic. Today this term is used to signify ‘*mizrahi* pride.’ Contemporary designations varied. Most frequent was “*bney ha’edot hamizrahiot*,” literally ‘of the Oriental communities,’ which today carries derogatory connotations.

¹⁰ *Esrin shnot sherut refu’i beEretz Israel, 1918–1938* [Twenty years of medical service in Palestine, 1918–1938]. Published by Hadassah; no author. (Jerusalem, 1939), 24.

¹¹ Landsman to Dr. Golov, 26 July 1934, Central Zionist Archives, Jerusalem (CZA) J113/1427; Rachel Pesach, “Mahut harefu’a hatziburit” [The essence of public medicine], 1938, CZA J117/312; “25 Machzorim—409 bogrot siymu et chok limudeihen beveit hasefer la’achayot shel

In what follows, I focus on the Jewish public health nurse in Mandate Palestine. My aim is not to provide a comprehensive account of the nurses' work throughout the period, but rather to analyze the unique figure of the nurse as an agent of cultural and social mediation. The public health nurse was a product of the way in which the American progressive tradition, from which Hadassah emerged, played out in the colonial setting of Mandate Palestine, and particularly of Hadassah's extension of Zionism's 'civilizing mission' to orthodox and *mizrahi* Jews. Her figure embodied the interrelation between emerging ethnic relations within the Jewish society and the gendered division of labor within preventive medicine. Therefore, the public health nurse can serve as a prism through which to examine aspects of Zionist society- and culture-building processes. Through discussion of the nurses I will complicate what I take to be an overly simplistic model of European *ashkenazi* hegemony common to many studies of the *yishuv* and early Israel. Instead, I will analyze the civilizing of *mizrahi* Jews by Hadassah as embodying tensions within a larger process of westernization of the European group.

NURSES AS AGENTS OF MEDIATION

The shift over the last decade "from women to gender"¹² in historical research on Zionism has produced a proliferation of studies on gendered aspects of the Zionist project, and especially on the Zionist gendering of the national subject as male.¹³ However, this shift has not led to a reevaluation of the relationship between women and the national project. With few exceptions, women remain marginalized, both as research objects and in terms of scholars' diagnoses of their place within Zionist visions of "regeneration." Jewish women's participation in public health work in Palestine, as initiators, donors, policy makers, and practitioners, allows us to problematize any postulation of a simple and unidirectional relationship between gendered nationalist discourses and 'women's roles' by illuminating ambivalences and contradictions that characterized women's participation in the national *cum* colonial project.¹⁴

Hadassah beYerushalaim" [25 classes—409 graduates accomplished their course of study in the Hadassah school of nursing in Jerusalem], *Ha'achot* [The nurse] 5 (1945): 41 [no author]; Jacqueline Merrill et al., "A History of Public Health Workforce Enumeration," *Journal of Public Health Management and Practice* 9 (2003): 462–64.

¹² Deniz Kandiyoti, "Contemporary Feminist Scholarship and Middle East Studies," in *Gendering the Middle East: Emerging Perspectives* (London, 1996), 6.

¹³ See, for example: Daniel Boyarin, *Unheroic Conduct: The Rise of Heterosexuality and the Invention of The Jewish Man* (San Francisco, 1997); Michael Gluzman, "Hakmiha leheterosexu'-aliyut: Tzionut veminyut beAlmeuland (Longing for Heterosexuality: Zionism and Sexuality in Herzl's Almeuland)," *Te'oria uvikoret (Theory and Criticism)* 11 (1997): 145–62 [Hebrew]; Raz Yosef, *Beyond Flesh: Queer Masculinities and Nationalism in Israeli Cinema* (New Brunswick, 2004).

¹⁴ See also: Kandiyoti, "Contemporary Feminist Scholarship," 9; *Western Women and Imperialism: Complicity and Resistance*, N. Chaudhuri and M. Strobel, eds. (Bloomington, Ind., 1992).

Middle-class women's organizations such as Hadassah were among the main proponents of the notion that women's foremost contribution to the national project consisted in bearing and raising healthy children. At the same time, many of the women active in the fields of public health and social welfare used their work to leverage professional advancement, and in some cases they attained positions of power in municipal or national arenas. Women's organizations embarked on a civilizing mission to *mizrahi* Jews, thereby asserting *ashkenazi* superiority, and at the same time their activities rendered these groups—which were otherwise not considered 'Zionist material'—a part of the national collective. That public health nurses functioned as key agents of social and cultural mediation was directly related to Hadassah making marginalized sectors objects for educational intervention. More than half of Hadassah's Infant Welfare Centers were opened in neighborhoods with *mizrahi* or *ashkenazi* orthodox majorities. One was opened on the margins of an Arab neighborhood, but its operation was short-lived.¹⁵ Though some of the visitors to centers in mixed towns were Arab women, the overwhelming majority were Jewish.

Both *mizrahi* and *ashkenazi* orthodox Jews were labeled by east European Zionists as "the old *yishuv*," a cultural rather than temporal designation. The majority of the Jewish orthodox community of Palestine had emigrated from eastern Europe during the second half of the nineteenth century, and Jews from Asia and North Africa arrived prior too, but also alongside Zionist immigration waves from Europe. During most of Ottoman rule in Palestine the Sephardic community held political and economic dominance within Jewish society, but in the second half of the nineteenth century their position began to weaken. It further declined with the advancement of Zionist immigration from eastern Europe in the beginning of the twentieth century, and especially after the establishment of British mandatory rule and the foundation of Jewish national institutions. Political power shifted to east European Zionists,¹⁶ who sought to distinguish themselves from what they considered to be manifestations of the 'old,' unenlightened, and unproductive Jewish culture, and from

¹⁵ For a list of the Hadassah Health Welfare Centers in Palestine in 1947, see Benno Grünfelder, *More derech letipul betinokot* [Guide for the care of babies] (Jerusalem, 1947). In 1938, 61.7 percent of the pregnant women and 53.8 percent of the babies registered in the Hadassah centers were *mizrahi*, while within the Jewish society of Palestine they amounted to only 33.3 percent. Since available data distinguishes only between *mizrahi* and *ashkenazi* Jews, the percent of the *ashkenazi* visitors who were orthodox is unknown. *Esrin shnot sherut*, 104.

¹⁶ At the beginning of British mandatory rule, 41 percent of the entire Jewish population of 55,000 were *mizrahi* Jews; in 1936 they were 23 percent of 404,000. This trend changed only after the state of Israel was founded. See: Abraham Polak, *Hayishuv ha'ivri bemotza'ei hamilchama* [The Jewish settlement after the war] (Merhavia, 1945), 19ff.; Yoav Gelber, "Hitgabshut hayishuv hayehudi beEretz Israel, 1936–1947 (The Consolidation of the Jewish Society in Eretz Israel, 1936–1947)," in Moshe Lissak, Anita Shapira, and Gavriel Cohen, eds., *Toldot hayishuv hayehudi beEretz Israel me'az ha'aliya harishona: Tkufat hamandat haBriti (The History of the Jewish Community in Eretz-Israel Since 1882. Part Two: The Period of the British Mandate)* (Jerusalem, 2001), 303 [Hebrew].

the Orient in general. Social and spatial segregation along ethnic lines increased during the mandate years. Both *mizrahi* and *ashkenazi* orthodox Jews were concentrated in the lower and lower-middle classes and, with the exception of some, mainly Sephardic, groups, were generally unassimilated into Zionist society and institutions.

Hadassah's work among marginalized sectors, particularly the predominantly urban *mizrahi* and orthodox communities, resulted from several factors. At a basic level, it carried on the American progressive tradition of educational work among the urban poor. More specifically, Hadassah donors in America—both Zionist and non-Zionist liberal women of the middle and upper-middle classes—preferred to donate money for philanthropic projects, and not to the rural sector, which was identified with socialist ideology and perceived as the spearhead of Zionist colonization.¹⁷ Similarly, Hadassah opening its services to Palestinians reflected the transfer of American notions of 'pluralism' and 'racial equality' to Palestine.¹⁸ At the same time it was seen as lending justification to Zionist colonization and as helping to forestall Arab resistance. Yet Hadassah's work among *mizrahi* communities also had a structural aspect. The work of middle- and upper-middle-class women as health educators among lower classes and immigrants reflected their gender and class positions: what other sectors of the population could women approach from a position of authority?¹⁹ This was an important reason other women's organizations and reformers, too, saw their mission being to work among these same sectors, which were otherwise neglected by the national institutions.²⁰

Jewish women organizations' involvement in health and welfare work in Palestine was part of a wider trend in many European countries and the United States around the turn of the twentieth century: middle- and upper-middle-class women entered the fields of public health and social welfare as voluntary workers, often as health educators to lower-class women and immigrants. From their activities emerged public health nursing based on nurses working within the community, particularly in Britain and the United States, work that would later be institutionalized and handed over to municipal or state authorities.²¹ This reflected the conjunction of several developments: the entry of women into public health work, a turn-of-the-century emphasis on

¹⁷ Carol Bosworth Kutscher, "The Early Years of Hadassah, 1912–1921," Ph.D. diss., Brandeis University, 1976, 129.

¹⁸ Nira Reiss, *The Health Care of the Arabs in Israel* (Boulder, 1991), 31–32.

¹⁹ See also Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge, 1998), 139.

²⁰ The most important of them was The Federation of Jewish Women (*Histadrut Nashim* 'Avriot), founded in Palestine in 1920 to help Hadassah with its educational and social work among lower class women.

²¹ George Rosen, *A History of Public Health* (Baltimore, 1993), 350–58; Celia Davies, "The Health Visitor as Mother's Friend: A Woman's Place in Public Health," *Social History of Medicine* 1 (1988): 39–59.

the health of mothers and children, a shift in preventive medicine's orientation from control of the environment toward shaping individual behaviors through education, and the extension of hygiene education to the lower classes. Together, these led to the development of a new type of nurse who enjoyed a high degree of independence, her workplaces relatively free from direct supervision by physicians.

In spite of nurses' important role as agents of a civilizing action, few studies have focused on their role as cultural mediators in colonial situations.²² Most works on colonial nursing make the point that recruiting and training agencies saw nurses as walking symbols of Western virtue. For example, Shula Marks, in her study on the politics of nursing in South Africa, notes the perceived importance of black nurses as harbingers of progress and healing in the struggle for colonial hegemony, and "in the construction of the new colonial subject, and colonial subjectivity."²³ From the earliest days, writes Marks, missionaries who trained nurses deliberately inculcated in them Western values so as to distance them from their communities and create a new middle-class elite. However, Marks discusses nurses' elite status mainly in terms of their growing difference from, and tensions with, the surrounding population.²⁴

Most studies of colonial nursing give little attention specifically to issues of cultural mediation, but they do illustrate the important role women played as mediators of colonial repertoires of domesticity, civility, and hygiene. They help us understand why young European women were attracted to the colonial service, and indigenous women to nursing. They also teach us that cultural mediators often had to be made. For instance, Pat Holden shows how the training of Ugandan women to become nurses involved educating them not only in professional matters but also in "European ways," including leisure activities.²⁵ In other words, nurses functioned not just as health workers, but also as mediators of a whole way of life.²⁶

Yet most studies explicitly or implicitly figure nurses as transmitters of repertoires that were forged in the metropole and imported ready-made into the colonies. Nurses in colonial situations were relatively independent, and were allowed more space for improvisation and initiative than were nurses in

²² On colonial nursing, see Pat Holden, "Colonial Sisters: Nurses in Uganda," in Pat Holden and Jenny Littlewood, eds., *Anthropology and Nursing* (London, 1991), 67–83; Dea Birkett, "The 'White Woman's Burden' in the 'White Man's Grave': The Introduction of British Nurses in Colonial West Africa," in N. Chaudhuri and M. Strobel, eds., *Western Women and Imperialism: Complicity and Resistance* (Bloomington, 1992), 177–88; Hunt, *A Colonial Lexicon*; Sheryl Nestel, "(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa," *Journal of Medical Humanities* 19 (1998): 257–77; Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Houndmills, 1994).

²³ *Divided Sisterhood*, 78.

²⁴ *Ibid.*, 208–10.

²⁵ Holden, "Colonial Sisters," 75–76.

²⁶ See also Marks, *Divided Sisterhood*, 208.

Europe. Nonetheless, little attention has been paid to how these conditions affected their role as mediators, or their interactions with local populations generally.²⁷

As the case of Jewish public health nurses in Palestine demonstrates, nurses were more than conduits for the transmission of pre-configured repertoires. Nurses such as Bertha Landsman, who founded Hadassah's chain of Infant Welfare Centers, or Anna Kaplan, the first manager of the Hadassah Nursing School, helped to shape various aspects of the preventive work. Ordinary nurses, too, did more; their activities ranged from inculcating models of conduct explicitly identified with physical health to attempting to influence parents in diverse areas of their lives, from relations between the sexes to the color of their dress. Although it is sometimes difficult to tell which components of their work were included in their public health training, it seems certain that nurses found much room for initiative. For example, nurse Klinman Yona, in an account of her work in the Old City of Jerusalem, writes, "I decided to become an ardent proponent of the idea of healing the *ashkenazi* [i.e., orthodox] population in Palestine, and for me all means of achieving this goal were legitimate." She tells how with her colleagues she tried to convince parents to grant professional education to their sons.²⁸

Within the context of Zionist self-perception and social distinctions it seems evident that European nurses acted as mediators of Western culture to the *mizrahi* population. However, most nursing students were immigrants from eastern Europe and, as I will show, American Hadassah people considered them "Eastern women," who themselves had to be civilized before they could propagate a Western repertoire. As this example demonstrates, the Orientalist East/West distinction cannot be understood as a static referent to bounded units; it should be analyzed as a dynamic and relational distinction that structures relationships not only between but within geopolitical units.²⁹ By analyzing Orientalism as a dynamic and relational "structuring device," we avoid the image of social and cultural homogeneity implied in many analyses of Orientalist manifestations, without undermining the symbolic and material hegemony of the Western pole.

²⁷ One exception is Hunt's discussion of Congolese nurses in her *A Colonial Lexicon*. Hunt looks at male nurses as one of several types of "middle figures" between colonizers and subaltern populations. These figures were essential in mediating the processes that have made biomedicine "an ambivalent and distinct therapy system in much of contemporary Africa" (p. 160). Hunt's study highlights the complex processes of borrowing, adaptation, and innovation that went into the making of this new colonial social type.

²⁸ Lea Klinman Yona, "Besimte'ot Yerushalaim ha'atika" [In the alleyways of the old city of Jerusalem], *Ha'achot beIsrael* [The nurse in Israel] 2 (1954): 21.

²⁹ For a similar point see, for example: James G. Carrier, "Introduction," in J. G. Carrier, ed., *Occidentalism: Images of the West* (Oxford, 1995), 22–23; Ussama Makdisi, "Ottoman Orientalism," *American Historical Review* 107 (2002): 768–96.

THE PROFESSIONAL NURSE ARRIVES IN PALESTINE

In 1909, forty-nine-year-old Henrietta Szold, daughter of a Baltimore Rabbi and the future founder of Hadassah, toured Palestine together with her mother. Their American progressive sensibilities were shaken by the health conditions, especially in the urban centers. Back home, Szold recounted how, on their way to visit the Jewish Girls' School in Jaffa, her mother was terrified by "a most horrible sight": "children with a wreath of flies around their eyes." Inside the school, however, they could not detect even one girl with afflicted eyes. They were told that a physician visited the school weekly, and a nurse came each day to care for the pupils' eyes.³⁰ This nurse, sent by the Zionist women's organization Jewish Women's League for Cultural Work in Palestine, trained local women in nursing the sick and worked in schools.³¹ But for the most part the professional nurse was hardly known in Palestine. According to Szold, her mother told her: "That is what your group ought to do. What is the use of reading papers and arranging festivals? You should do practical work in Palestine."³² In 1912, Szold's Jewish women's study circle was transformed into Hadassah, a women's organization whose purpose was "to promote Jewish institutions and enterprises in Palestine and to foster Zionist ideals in America."³³ Training professional nurses became one of Hadassah's most important projects in Palestine, and the central pillar of its preventive work.

"Practical work" was one of the main tenets of the American progressive movement, in which public health work occupied an important place.³⁴ In the first two decades of the twentieth century public health nurses played a central role as health educators in large campaigns to reduce sickness by altering individual behavior. Hygiene education was also an important constituent of progressives' Americanization programs for new immigrants, a large percentage of whom were Jews from eastern Europe.³⁵ The term "public health nurse" was coined by the American Jew Lilian Wald, who in 1893 founded the Henry Street Settlement in the Lower East Side of Manhattan, one of the main

³⁰ Marvin Lowenthal, *Henrietta Szold: Life and Letters* (New York, 1942), 67–68.

³¹ Rose G. Jacobs, "Beginning of Hadassah," in Isidore S. Meyer, ed., *Early History of Zionism in America* (New York, 1958), 233. The "Verband jüdischer Frauen für Kulturarbeit in Palästina" was founded in Germany in 1907 in order to initiate projects in Palestine related to the health of mothers and children. Shortly before WWI, several women's groups in different European countries were identified with the Verband. Michael Berkowitz, *Western Jewry and the Zionist Project, 1914–1933* (Cambridge, 1997), 180.

³² Lowenthal, *Henrietta Szold*, 68.

³³ Preamble of the Constitution of Hadassah, quoted in D. H. Miller, "A History of Hadassah 1912–1935," Ph.D. diss., New York University, 1968, 51.

³⁴ Michael Brown, "Henrietta Szold's Progressive American Vision of the *Yishuv*," in Allon Gal, ed., *Envisioning Israel: The Changing Ideas and Images of North American Jews* (Jerusalem, 1996), 75.

³⁵ Tomes, *The Gospel of Germs*, 188–95; Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York, 1995), 109–17.

neighborhoods of Jewish immigrants. The Settlement, which became a signpost in the development of U.S. public health nursing, functioned as a health education center. There and through home visits nurses taught immigrant women how to care for their babies “the American way,” how to tend to their homes, how to maintain personal hygiene, and more.³⁶

One of the first projects suggested at the Hadassah initiation meeting was the foundation of a nursing school in Palestine that would provide professional opportunities for young Jewish women and train a cohort of local nurses.³⁷ A year later Hadassah sent two nurses to Palestine to establish a system of community nursing based on the Henry Street model.³⁸ In one of Jerusalem’s orthodox quarters the two rented an apartment where people came for treatment. They also treated trachoma patients in Jewish and Arab schools, cared for parturient women, trained midwives, and taught young women to serve as “home nurses.” The service was terminated shortly after World War I began, and the nurses returned to the United States.

Among the Jewish nurses who applied to be sent to Palestine was Bertha Landsman, a Russian-born Jew who had immigrated to America with her parents at age seven. Her interview with Szold got her interested in the “colonization experiments” of Jews in Palestine. She had only recently graduated from the school of nursing and so could not meet the requirements, but she resolved to prepare herself to “this thrilling work being done six thousand miles away.” Landsman devoted the following years to attaining practical experience in medical social service work, until in 1920, at age thirty-eight, she departed for Palestine to join the American Zionist Medical Unit organized by Hadassah.³⁹ Landsman’s career exemplifies how nursing in the colonies offered women not only a larger degree of exposure and prestige than did hospital or private nursing, but also independence, authority, and influence.⁴⁰ At the time Hadassah posted its first nurses to Palestine there was already an established tradition of sending nurses to the colonies. At first, they were sent to serve the settler population, but the realization gained ground that if settler health was to be preserved then that of local populations had to be cared for

³⁶ On the Henry Street Settlement, and the development of public health nursing in the United States, see *ibid.*, 110–13; Carole A. Estabrooks, “Lavinia Lloyd Dock: The Henry Street Years,” in Ellen D. Baer, ed., *Enduring Issues in American Nursing* (New York, 2001), 282–308; Rosen, *A History of Public Health*, 336–37, 343, 356.

³⁷ Zipora Shehory-Rubin and Shifra Shvarts, “*Hadassah*” *livri’ut ha’am* (“*Hadassah*” for the Health of the People) (Jerusalem, 2003), 12 [Hebrew].

³⁸ Kutscher, “The Early Years of Hadassah,” 132. The guidelines for the nurses’ activities were those of the state of New York; see Brown, “Henrietta Szold’s Progressive American Vision,” 76.

³⁹ A short untitled biography of Bertha Landsman, Hadassah Archives, New York, RG2/B99/F4.

⁴⁰ Holden, “Colonial Sisters,” 73; Birkett, “The ‘White Woman’s Burden’”; Nestel, “(Ad)ministering Angels,” 262–63. Nathan Strauss thought Landsman was the second most important woman working in Palestine after Szold. See: Landsman to her family, 1 Mar. 1927, Hadassah Archives, New York, RG2/B132/F1.

as well, and Western nurses began to work among them. Pat Holden writes, in relation to the work of European nurses in Uganda, that a desire to enforce a regime of racial segregation led nurse-recruiting agencies to put greater stress on hiring “the right type of women.” This meant women of the higher classes, who answered a long list of demands concerning their appearance, lifestyle, and demeanor.⁴¹ In other words, women were sought who already embodied the necessary mechanisms of distinction and defense, and who therefore could safely be sent to interact with local populations without direct supervision. Thus, the ‘independence’ of nurses in the colonies had a racialized dimension in addition to those of class and gender.

From the beginning of the twentieth century, colonial authorities and missionary societies began to train local men and women in the colonies to become nurses. This reflected a convergence of factors: the expanding scope of provisioning health care to indigenous populations, the desire to enforce racial segregation, and, equally important, the perception that local nurses were evangelists of Western progress.⁴² In most zones of American influence nursing schools were founded through which local nurses gradually came to replace the American ones.⁴³ Besides colonial governments, several philanthropic and voluntary organizations, such as the Rockefeller Foundation and the American Red Cross, sent nurses overseas, and they disseminated the Western model of nursing of the time. Beginning in June 1918, a Red Cross delegation operated in Palestine for one year, which included nurses charged with training local women in their profession.⁴⁴

During World War I the Jewish community was cut off from its sources of support in Europe, and the World Zionist Organization appealed to American Zionists to send medical aid and supplies to the *yishuv*. Hadassah was entrusted with organizing a Medical Unit, which arrived in Palestine in the summer of 1918. In 1921 it was decided to turn it into a permanent health organization—the Hadassah Medical Organization—managed by the organization in America. This soon became the largest provider of health care services in Palestine, its annual budget exceeding that of the Government Department of Health.⁴⁵

⁴¹ Holden, “Colonial Sisters,” 68–71.

⁴² *Ibid.*, 69, 71; Marks, *Divided Sisterhood*, 78–112.

⁴³ Bonnie Bullough and Vern L. Bullough, *The Emergence of Modern Nursing* (New York, 1964), 132–33.

⁴⁴ Nira Bartal, *Chemla veyeda: Reshit miktzoa hasi’ud beEretz Israel, 1918–1948 (Compassion and Competence: Nursing in Mandatory Palestine 1918–1948)* (Jerusalem, 2005), 36 [Hebrew].

⁴⁵ In 1930, for example, the expenses of the GDH amounted to 108,551 LP (Palestine pounds, then equal to the British pound), compared to 109,660 LP spent in the same year by the Hadassah Medical Organization alone, while Jews constituted only 15–20 percent of the general population. Naturally, this gap was manifested in the ratio of services per population, as well as in their quality. For example, according to the Annual Report of the GDH, in 1945 there were sixty-one Infant Welfare Centers operating within the Jewish sector compared to forty-seven within the Arab one, while Jews constituted approximately 33 percent of the population. See “Be’olamenu”

This gave Hadassah much control over health work within the Jewish sector and the power to enforce its models, including that of public health nurses working as educators. In the late 1930s the Workers' Sick Fund began to overshadow Hadassah, but it nonetheless retained primacy in the field of preventive medicine throughout the mandate years due to its chain of Infant Welfare Centers,⁴⁶ and its School Hygiene Department.⁴⁷ The latter constantly expanded the scope of its services until it came to provide them to almost all Jewish schools.

Shortly after its arrival the Medical Unit opened a nursing school in Jerusalem. Its regular course of study took three years. In 1924, a special nine-month post-graduate course in public health nursing opened, to which only the most exceptional students were accepted. According to Landsman, many students applied to the new course because they understood that public health would become the most important occupation for nurses in Palestine. Application rates remained high through the years that followed.⁴⁸

The school was managed according to American methods, and, like all Hadassah institutions in Palestine, its aim, no less important than training nurses, was to educate east European Zionists to American ways of doing things. For Hadassah people, "the American way" meant not only modern medicine but also progressive values of order, discipline, sound financial practices, scientific management, and hard work.⁴⁹ Hadassah emerged from the context of American Jewish philanthropy, which was dominated by previous-generation immigrants from west and central Europe and targeted at the 'not-yet-civilized' new immigrants from eastern Europe. Hadassah sought to extend the civilizing mission of Americanized Jewish women to the Jews of Palestine. While this attitude antagonized different sectors of Jewish society, Hadassah people interpreted this as stemming at least partly from an inability of east European Jews to appreciate American methods and institutions. In 1921 the Zionist "Health Committee" suggested the school be closed for financial reasons, claiming that it was a luxury and that nurses were being trained beyond the absorptive capacity of the country.⁵⁰ In response, Szold wrote:

[In our world], *Sha'arei bri'ut* [Health gates] 2 (1932): 21; Government of Palestine, *Department of Health Annual Report for the Year 1945*, 12.

⁴⁶ The Workers' Sick Fund and the Women's International Zionist Organization (WIZO) operated Infant Welfare Centers also, but not as many as Hadassah.

⁴⁷ For a recent study of Hadassah's activities in Palestine, see Erica B. Simmons, *Hadassah and the Zionist Project* (Lanham, 2006).

⁴⁸ According to a report from the beginning of the 1940s, one reason for the popularity of public health was the convenient working hours, especially for mothers, since it did not require night shifts. Bartal, *Chemla veyeda*, 200.

⁴⁹ Michael Brown, *The Israeli-American Connection: Its Roots in the Yishuv, 1914–1945* (Detroit, 1996), 144.

⁵⁰ The Zionist 'Health Committee' was in charge of coordinating the various health agencies that operated within the *Yishuv*. It was one of the subcommittees of the National Council, a representative body elected by Knesset Israel, the assembly of local communities acting for the Jews of

“If only they don’t completely destroy that Nurses’ Training School for which we all have sweated and bled. . . . the training school is something they don’t understand. It is thoroughly American and therefore at once incomprehensible to the Russian-Jewish mind.”⁵¹ According to Szold, the Health Committee claimed that enough good nurses were coming into the country from Russia. But, as is clear from her reaction, these nurses did not fit the type of nurse that Hadassah sought to shape through the school.

“BE THAT WHICH YOU TEACH”

The Hadassah School of Nursing was the first professional school for women in Palestine. According to Szold’s vision, “only well-nigh perfect human beings should be accepted for training.”⁵² Of the 400 women who applied to the first class, only thirty-five were accepted, of whom twenty-two graduated.⁵³ For some applicants nursing studies were the second best alternative to studying medicine. One of them, young Rachel Pesach, marched eight hours from her home to the residence of Hadassah representatives in Tiberias in order to apply.⁵⁴ Until 1943, most of the students were immigrants from eastern Europe. As the 1940s began, the percentage of the locally born students began to rise, and by 1948 they made up 90 percent of the graduating class.⁵⁵

The school perceived its mission to be not only to train women in the nursing profession, but also to produce nurses who would embody the hygienic ideal. Landsman often asserted that the extent to which the nurse herself observed the rules of hygiene would determine her success at work. “Be that which you teach,” she told her students.⁵⁶ Since they were to become transmitters of embodied knowledge, the physical condition and cultural capital of the candidates played a role in their selection and in the process of their education. Only single, childless women between ages nineteen and thirty could apply.

Palestine. The executive of the National Council was charged with executing the decisions of the National Council and Knesset Israel.

⁵¹ Lowenthal, *Henrietta Szold*, 188.

⁵² Henrietta Szold, “Speech at the First Nurses’ Graduation, 1921,” *Ha’achot beIsrael* [The nurse in Israel] 6 (1960): xiii [The speech is published here in English].

⁵³ Over the following years the number of applicants diminished significantly. The ratio between applicants and women accepted usually ranged between 17 and 50 percent. Nira Bartal, “Hahachshara hate’oretit vehama’asit shel achayot yehudiot beEretz Israel bitkufat hamandat, 1918–1948, bir’i hitpachuto shel beit hasefer la’achayot al shem Henrietta Szold beYerushalaim (Theoretical and Practical Training of Jewish Nurses in Mandatory Palestine, 1918–1948, through the Prism of the Hadassah School of Nursing, Jerusalem),” Ph.D. diss., Hebrew University, 2000, 404 [Hebrew].

⁵⁴ Nira Bartal and Judith Steiner-Freud, *The First Graduating Class. Hadassah School of Nursing, 1921* (n.p. and n.d.), 3–5, 12.

⁵⁵ Itzhak Feinberg, ed., *Achayot mesaprot al chamishim shana leveit hasefer la’achayot al shem Henrietta Szold, Yerushalaim* [Nurses tell about fifty years of the Henrietta Szold Hadassah School of Nursing, Jerusalem] (Jerusalem, 1969), 75.

⁵⁶ Landsman, “A Few General Rules for Teaching,” n.d., CZA J117/312.



Photo 1 Nurse in front of the center in Machaneh Yehudah, Jerusalem, 1930 (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

Candidates had to present a high school diploma, and those who did not hold one had to pass proficiency examinations in Hebrew, Hebrew literature, and the Bible. Reading and writing ability in a Latin language was required.⁵⁷ They were also subjected to a careful physical examination: “excellent health and no physical deformities” was one of the strictest admission requirements.⁵⁸

The Hadassah School of Nursing was based on the Nightingale model, which emphasized practical training, subordination to physicians, and strict discipline in boarding school conditions, in order to “shape the students personality.”⁵⁹ Students were required to follow orders they were given promptly and without asking any questions, “to move about calmly, speak in a low voice

⁵⁷ “Beit Hasefer La’achayot Hadassah” [Hadassah School of Nursing], 14–17, CZA J117/538.

⁵⁸ Bertha Landsman to Carla Epstein, 18 Jan. 1933, CZA J113/177; Dr. Yassky to Dr. Yoffe, 26 Feb. 1933, CZA J113/177.

⁵⁹ Bartal, *Chemla veyeda*, 123–26.

and make their best effort not to make any noise.”⁶⁰ Every morning they gathered in the main hall for a thorough inspection of their appearance. Their daily schedule was rigid and meticulous (they were required to bring a watch with a seconds indicator). They had to go to bed early and were forbidden to receive guests in their rooms. When leaving the boarding school for anywhere except the hospital they had to indicate their whereabouts in a special book, and sign it upon return. Once a week they were allowed to leave the school in the evening, providing they were back by midnight.⁶¹ Although some of these stipulations were later dropped, strict discipline was maintained throughout the mandate years.

In various texts Hadassah people wrote about the school, it was presented not only as an institution which provided professional training for women, but also as an instrument in the modernization of Palestine and the civilizing of the Orient in general. For example, Shulamith Cantor, principal of the school from 1934–1948, wrote in 1940:

As the first professional school for women in Palestine, it aroused sensational interest. Professional education for women was an unheard of thing in that part of the world. For generations Eastern women had lived a sheltered and cloistered life; their area of movement was the home and the courtyard; they took no part whatever in the social, political, and economic life of the community. This condition had been accepted as natural for women from time immemorial. But the recognition that nurses constitute the backbone of medical service brought an ever-increasing pressure on Hadassah to train nurses.⁶²

Hadassah leader Alice Seligsberg, who headed the Medical Unit until 1920, wrote in a 1921 piece, “to teach Palestinian girls to work and to become economically independent, was a means of elevating the position of women in the Orient.” She ended her article by asking whether it was “too much to hope, that these young women will bring not only healing to sick bodies but also—in their contacts with all the peoples, races, sects of the Near East—understanding of souls, reconciliation, interpretation of East to West, and Occident to the awakening Orient?”⁶³ I will return to the notion of the nurses as ‘mediators’ between Occident and Orient. Here I want to underscore how Hadassah people perceived the Jewish settlement in Palestine as an integral part of

⁶⁰ “Takanot Beit Hasefer La’achayot shel Hadassah” [Ordinances of the Hadassah School of Nursing], 1925, CZA J117/355. Especially under Kaplan, punishments for inappropriate behavior were more severe than those for professional mistakes such as giving the wrong medication, even when the nurses failed to report them. Bartal, *Chemla veyeda*, 129.

⁶¹ “Takanot beit hasefer la’achayot Hadassah al shem Henrietta Szold” [Ordinances of the Hadassah Henrietta Szold School of Nursing], 24 Dec. 1937, CZA J117/355; Feinberg, *Achayot mesaprot*, 61–64; 67–70.

⁶² Shulamith L. Cantor, “A Nursing School in Palestine,” *American Journal of Nursing* 40 (1940): 882.

⁶³ Alice L. Seligsberg, “A Modern Training School for Nurses in Jerusalem,” *American Journal of Nursing* (July 1921): 722–23.

Oriental space, and Hadassah itself as an agent of Western civilization, which trained “local” women to act as mediators between East and West. For example, E. M. Bluestone, director of the Hadassah Medical Organization in Palestine in the years 1926–1928, wrote:

Ten Years of experience have shown that both pupil nurses and graduates throw themselves wholeheartedly into their work, looking upon themselves, not only as professional workers, but also as co-partners with other pioneers in bringing Jewish Palestine into the front ranks of civilization. Thus the preventive and educational sides of the Hadassah activities find zealous protagonists in them, since often they themselves have been the first objects of its teaching. That is, these girls, though often of superior mental capacity and book-education, have lacked a knowledge of the manners and habits of the Western world. These things they have learned eagerly in the Hadassah School for Nursing and it is a matter for pride that the amenities of the West should have been taught these pioneers in their ancestral land, so recently merely a neglected corner of Western Asia.⁶⁴

For Bluestone, then, Western superiority consisted not in “mental capacity” or literary education, but rather in amenities and manners. Anna Kaplan, the first principle of the school, presented a similar slant in a 1925 report: “Several attempts have been made at Self-Governing but with very little success. It is something new in this country. But we are educating [the students] gradually to it—and it is already well on its way.”⁶⁵ Zipora Bak-Kipnis, a student in the first class, wrote in a piece on the early days of the school that the American staff regarded the students “as if they were savages.”⁶⁶ American commentators often noted that the students lacked proper manners, and particularly discipline.

For the students, getting used to the strict discipline of the school was not an easy task. According to graduates, they had often broken the rules. “It was clear that for women like us, who were already completely independent before entering the school, it was hard to accept such regulations which restricted us and made us ‘little’ again,” wrote one of the graduates of the first class. She described the encounter between the students and the American staff as a meeting between “two entirely different worlds”: “East and West—with their different spirits.”⁶⁷ This student, too, contrasted East to West, but later in the text it becomes clear, that by “East” she was referring to “eastern Europe,” and contrary to Cantor’s notion of “Eastern women,” for her the “Eastern spirit” represented the independence and insubordination of the students and their determination to struggle for their interests. The strict discipline was a constant cause for conflict between the students’ committee and the management, especially during Kaplan’s times. She apparently objected to the very

⁶⁴ E. M. Bluestone, “The Hadassah School for Nursing at Jerusalem,” *American Journal of Nursing* 28 (1928): 1094.

⁶⁵ Quoted in Bartal, “Hahachshara hateoretit vehama’asit,” 327.

⁶⁶ Zippora Bak-Kipnis, “Zichronot mitkufato harishona shel beit hasefer” [Memories from the early days of the school], *Ha’achot belsrael* [The nurse in Israel] 6 (1960): 28.

⁶⁷ Feinberg, *Achayot mesaprot*, 62.

foundation of the committee on the grounds that it interfered with issues beyond its concerns.⁶⁸ For Kaplan, it seems, “self-governing” actually meant “self-control” and obeying the school’s regulations.

The Hadassah School of Nursing was founded on the eve of a transformation of nursing from a trade with an ethos of service and subordination to physicians to a field that stressed professionalism. In her speech at the first graduation ceremony, Szold emphasized the comprehensive professional training of the nurses, but felt compelled to justify it:

Among the criticisms to which the American Zionist Medical Unit . . . as a public institution has been subjected, was that in its Nurses’ Training School it laid too much stress upon professional training and discipline. It paid little heed, the critics said, to the qualities conveyed by the term Sister of Mercy. My dear girls, I appeal to you to reply to the critics. Will you not tell them that in the course of your three years’ training you learned that proficiency is the mother of mercy; that incompetence breeds cruelty? And I appeal to those who were our patients in our hospitals to say whether our nurses are sisters of mercy or not.⁶⁹

At the same time, one can still hear the vocational language in Szold’s speech when she talks about Nursing as “the profession you have chosen for your life work.”⁷⁰

In the same speech, Szold emphasized, “the quality of mercy is not produced by doctrine alone.” No less important in her opinion was the nurses’ character: “young women with exalted ideals, with an unimpeachable sense of honor, rigid truthfulness, unwavering conscientiousness, divine patience, toleration, calm dignity, judgment, strength moral and physical.” Later in the oration Szold’s list of traits turns out to represent a basic opposition between the professional nurse and the “sister of mercy”: “Only such women, at once tender and strong, becoming ‘trained nurses,’ will at the same time be ‘sisters of mercy,’” and she extols: “that combination of the strong and the sweet, of intellect and sentiment, of knowledge and sympathy, which is the flower of human culture.”⁷¹

This focus on the nurses’ traits displaced the field of reference from the students’ social position to their character. The strict admission requirements and strong competition between candidates ensured that only women from ‘good homes’ were accepted. In a text titled “From the Annals of the School,” the writer—a Hadassah nurse—refers explicitly to the social background required in order to achieve the nursing ideal, and its relation to ‘discipline’ and ‘self-control’:

It was already clear [i.e., before the Arab revolt] that only the elite among the county’s women entered the school and remained there. The selection of candidates was

⁶⁸ Bartal, *Chemla veyeda*, 272–73; see also Zippora Bak-Kipnis, “Zichronot,” 28–29.

⁶⁹ Szold, “Speech at the First Nurses’ Graduation, 1921”: xii.

⁷⁰ *Ibid.*: xiii.

⁷¹ *Ibid.*



Photo 2 Center nurse giving washing lesson to mothers, 1936 (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

meticulous, and the school's strict discipline functioned as a filtering process through which those students not strong enough in spirit to endure the pressure of the requirements dropped out. Those who did manage to endure and continue their studies became immune through self-discipline and self-control. Due to these factors, only the best of women graduated.⁷²

But if the nurse's social position and professional training were the source for "strength," "intellect," "knowledge," and "calm dignity," what accounted for the tenderness and sweetness, the sentiment and sympathy? These were considered part and parcel of her 'woman's nature.' In other words, for Szold, while the nurse had to possess the social and cultural competences required to make her into a professional, she could not forget 'to be a woman.'

MAINTAINING THE HEALTH OF THE PEOPLE

Students who registered for the public health course had to commit to serve wherever Hadassah chose to station them after graduation, for a period of two years. Most graduates were sent to primary schools or Infant Welfare Centers, and some nurses worked in both. Their work was arduous but well paid, especially when compared to women in most other sectors of the labor

⁷² Feinberg, *Achayot mesaprot*, 13.

market.⁷³ Rebecca Adams Stockler, in her study on the work of public health nurses in Palestine, writes that the shortage of physicians in the field of public health, combined with the high status of the nurses, resulted in their being more independent than their American colleagues.⁷⁴ In the United States in the early twentieth century the relative autonomy of nurses made public health nursing a model in the struggle to attain professional status for the field.⁷⁵ Bearing this in mind, we can appreciate the independence of Jewish public health nurses in Palestine. Little wonder that physicians often voiced objections to nurses trespassing on what they considered their own professional domain.⁷⁶

Mordechai Brachyahu, on the other hand, often referred to public health nurses as the most important agents of the hygienic project, without whom even the physician's work was of little worth. The nurses' reputation was reflected not only in professional rhetoric, but also in public demand for them. Not only were Hadassah's Infant Welfare Centers well visited by all sections of the Jewish population, but there were also cases where *ashkenazi* women petitioned Hadassah to open a center in their neighborhood. Landsman turned them down on the grounds that *mizrahi* neighborhoods had a greater need. In contrast to Landsman's department, the School Hygiene Department was elitist in its priorities, and sent nurses first to what Landsman termed "the better type of schools."⁷⁷ This order of priorities was further supported by the Department's policy, from 1929, of charging parents a monthly fee for nurses' work. For Brachyahu, himself a Russian Jew professionally trained in Switzerland and Germany, the primary objects for hygienic education were eastern European children, not *mizrahi* ones. He considered work among the latter to be largely "Sisyphean."⁷⁸ Even after the institution of the fee, the nurses were highly sought after in schools of different social and ethnic constitutions. Nonetheless, when poorer schools applied for a nurse despite the parents' inability to pay, the department turned them down.

⁷³ On the status of the nurses in the 1920s, see Bartal, *Chemla veyeda*, 41. For a comparison of salaries of the nurses and those of women in other professions, see Deborah Bernstein, *Isha beEretz Israel: Hash'e'ifa leshivion bitkufat hayishuv (The Struggle for Equality: Women Workers in the Palestine 'Yishuv')* (Tel Aviv, 1987), 118–19 [Hebrew].

⁷⁴ Rebecca Adams Stockler, "Development of Public Health Nursing Practice as Related to the Health Needs of the Jewish Population in Palestine, 1913–1948" (Tel Aviv, 1977), 136.

⁷⁵ Bartal, *Chemla veyeda*, 52.

⁷⁶ See, for example, Ch. Elkayam, "Michtav chozer" [Returning letter], Feb. 1925, CZA J113/1424; "Pratei kol shel yeshivat hava'ada lemeditzina vehigiiena tziburit" [Protocol of the meeting of the committee for medicine and public hygiene], n.d., CZA J117/194; "The Physicians Organization and the Infant Welfare Center" [n.p. and n.d.], CZA J113/1404.

⁷⁷ Landsman to Yassky, "Proposals for Reorganization of School Hygiene Nursing," 10 Apr. 1932, CZA J113/346. The services the department granted to those schools which did not receive a public health nurse were periodic examinations of the children by a physician, and visits by "practical nurses," that cured trachoma and skin diseases, and did not engage in teaching hygiene.

⁷⁸ Brachyahu, *Avodat hahigiiena*, 29.



Photo 3 Nurse during home visit, Old city of Jerusalem, ca. 1930s (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

Yet the image of the nurses as social and cultural mediators was more ambivalent than their popularity suggests. I would like to illustrate this through texts pertaining to their capacity as home visitors. Both school nurses and center nurses conducted home visits. School nurses visited the home of any child who was absent for more than two days, but also homes of healthy children whose hygienic conditions were considered lacking. After the visit the nurse had to provide the school physician with as detailed a description as possible of the family's way of life. In 1932, for example, each nurse made sixty visits per month ("which is too little," stressed Landsman).⁷⁹ Center nurses visited the homes of expectant mothers during the seventh month of their pregnancies, and again right after birth. In the following years they visited each family that was registered in the center several times each year. A visit was also conducted whenever a mother failed to arrive at the center for a scheduled examination.⁸⁰

During home visits the nurse had to check the family's compliance with the most important rules of hygiene: that the apartment was clean, lighted, and airy; that each family member had a private toothbrush; that children did not sleep in

⁷⁹ Landsman to Yassky, 10 Apr. 1932, CZA J113/346 [Hebrew].

⁸⁰ Shehory-Rubin and Shvarts, "*Hadassah*" *livri'ut ha'am*, 157–60.

the same room with their parents and each child had their own bed; that the family took steps necessary to combat flies, and so on. If a family had a small baby then she had to check, for example, whether “time discipline” was kept, that is, that the mother breast-fed at regular intervals; that she weaned the baby on time, fed and clothed it ‘correctly,’ and did not pick it up whenever it cried. Whatever unhygienic conduct she detected she had to act to correct.⁸¹ It is beyond this paper’s scope to discuss the extent to which nurses succeeded in inculcating these models, but the sources indicate that in at least some cases nurses became important and influential figures in the lives of individual families and the community more generally.⁸²

More than any other aspect of the nurses’ work, home visits represented their independence and authority as educators and supervisors who carried knowledge with scientific status into people’s lives. “The hospital nurse cares for the patient who asks her for help, gives him concrete help, alleviates his suffering, and finds immediate satisfaction,” explained a lecture titled “The Nurse and the Public Health Work and the Difference between Her and the Hospital Nurse,” adapted for the students by Rachel Pesach, who became a teacher in public health nursing. “The public health nurse is different: she goes to the people, penetrates the masses, tries to explain to them their mistakes, and often reveals to them their diseases, their dispositions which they had not noticed (syphilis, lepra). She explains the damage caused by their negligence of the hygienic rules, etc.”⁸³ In this text, central components of the public health nurse’s power were that her object was “the people” rather than single patients, and that she entered homes to diagnose dispositions and diseases in people who had no idea anything was wrong with them. Although the authority of the public health nurse was based on the distinction between curative and preventive medicine, ‘patients’ themselves were often unaware of this.

Despite physicians’ frequent resistance to what they considered nurses’ excessive independence, none objected to the home visits being their exclusive realm of operation, and we must ask why. Both Brachyahu and Landsman talk of the intimacy—a kind of ‘women’s bonding’—that would prevail between mothers and the nurses.⁸⁴ A different explanation can be discerned in

⁸¹ For a detailed discussion of the work of the nurses, particularly their home visits, see Adams Stockler, “Development of Public Health Nursing Practice.”

⁸² Adams Stockler writes that the nurse who was able to maintain relations of closeness and understanding with the family was considered an important person, such as the “wise women” or the mother-in-law (*ibid.*, 139).

⁸³ “Ha’achot veva’avoda hatziburit vехаhevedel beina uvein achot beveit hacholim” [The nurse and the public health work and the difference between her and the hospital nurse], adapted by Rachel Pesach, n.d. (ca. mid-1930s), CZA J1/1855.

⁸⁴ Mordechai Brachyahu, *Beit hasefer ve“hagan”*: *Hilchot bri’ut gufanit venafshit* [The school and the kindergarten: ways of physical and mental health] (Jerusalem, 1942), 14. On the perception of the health visitor as the mother’s friend in England, see Davies, “The Health Visitor as Mother’s Friend.”



Photo 4 Nurse in courtyard, 1930 (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

Dr. A. B. Rabinowitz's review of Brachyahu's book *Hygiene Work in Schools*, in which he writes, "The 'Hadassah' nurse plays an important role in the work of healing the nation. In her work within the field of public medicine she is an organic, inseparable part of the Jewish public . . . The nurse is the most important link in the chain of apparatuses through which hygienic work is carried out in the schools. She is not only the helper of the physician, without whom his work is impossible, but also a mediator between the civilized environment and the pupil's family."⁸⁵ In other words, female nurses were entrusted with the task of "penetrating the masses," since unlike male physicians they were not placed entirely above the masses. Having been transformed from

⁸⁵ A. B. Rabinowitz, "Sfarim: 'Avodat hahigiena bevetei hasefer' me'et Dr. Mordechai Brachyahu" [Books: 'hygiene work in schools' by Dr. Mordechai Brachyahu], *Ha'isha* [The woman] 3 (1929): 40–41.

“Eastern women” into “pioneers of Western civilization,” they had to act as mediators, interacting with the lowest sections of the population, and entering the feminine territory of the home, from which physicians preferred to stay away.

In both professional and lay rhetoric the public health nurse was often associated with the poor hygienic conditions of the Orient and the civilizing of *mizrahi* Jews. Irma Lindheim, president of Hadassah from 1926–1928, wrote after a visit to a center in Jerusalem, “the magic wand of science illuminates the dark corners of the world and a woman’s hand is holding the torch.”⁸⁶ Brachyahu wrote in many places that the nurses were particularly important in the Orient, where the level of personal hygiene was very low. When Colonel George Heron, head of the Government Department of Health, spoke at the fourth graduating ceremony of the Hadassah School of Nursing he linked the nurses’ work to the cultural backwardness of the people, and emphasized that they had to provide a living example by their character and personality.⁸⁷ As scholars of colonialism have observed, in various colonial contexts white women found themselves in an ambivalent position of racial superiority and gender inferiority.⁸⁸ Here the ambivalent position of the nurses accounted for both the privilege and the necessity of the division of labor within preventive medicine. On one hand, their work was considered important enough to make sure that it was only carried out by well-educated women of the social elite; on the other, it represented the logic of a sexual division of labor where women ‘care’ for those who need to be ‘taken care of’ (children and infantilized populations), as well as the social logic whereby occupiers of a lower social position are those who do the ‘dirty work.’

Public health nurses, then, carried “civilization” and “scientific progress” directly into homes. According to nurse B. Tamir, nursing students were at first deterred by the idea of working among *mizrahi* communities, and were doubtful of their chances of success, but after many arguments with Landsman they were convinced of the “power of the educational impact, and the thorough and certain course of evolution.”⁸⁹ Consequently “maintaining the health of the people”—“people” here signifying both “the nation” and “the masses”—became an important component of the national ethos of public health nurses. Pesach, for example, wrote that public health nurses who did not maintain close contact with physicians in their work should be more independent

⁸⁶ Irma Lindheim, *The Immortal Adventure* (New York, 1928), 89.

⁸⁷ Quoted in Simmons, *Hadassah and the Zionist Project*, 20–21.

⁸⁸ See, for example, Vicente L. Rafael, “Colonial Domesticity: White Women and United States Rule in the Philippines,” *American Literature* 67 (1995): 639–66; Ann Stoler, “Making Empire Respectable: The Politics of Race and Sexual Morality in Twentieth-Century Colonial Cultures,” in Anne McClintock, Aamir Mufti, and Ella Shohat, eds., *Dangerous Liaisons* (Minneapolis, 1997), 343–73.

⁸⁹ B. Tamir, “Ha’achot Bertha Landsman (leyovla hashishim)” [Nurse Bertha Landsman (to her fiftieth anniversary)], *Ha’achot* [The nurse] 3 (1942): 9.



Photo 5 Nurse during home visit, 1928 (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

and therefore more knowledgeable in all subjects, since it was their responsibility to “stand guard in order to maintain the health of the people.” The nurse, she wrote, with “her serious conduct and strong alertness, with her directions designed to fit the situation and her intent to be close to the family, can influence the public no less than can its judges.”⁹⁰

If nurses' lack of enthusiasm for work in *mizrahi* neighborhoods proved only temporary, they seem to have remained reluctant to work with Palestinians. Evidence is scant regarding their encounters with Palestinian women, but the few sources reveal a gap between Hadassah's notion of racial equality as legitimizing Jewish colonization and the nurses' perception of their mission. For example, when Haim Yassky, general manager of the Hadassah Medical Organization, visited the centers in Haifa in 1934, nurses asked him whether they should make “special difficulties” for the Palestinian mothers who were visiting in growing numbers. He replied that Palestinian mothers should be given equal treatment since Hadassah “for various reasons” wanted more Palestinians to use the centers.⁹¹ Still, we do not know the nature of nurse-Palestinian

⁹⁰ Pesach, “Ha'achot veba'avoda hatsiburit.”

⁹¹ Haim Yassky, “Tizkoret 'al habikur beCheifa bayamim 11–12.6.34” [Memorandum on the visit in Haifa on 11–12 June 1934], CZA J113/1403.

interactions, or how they may have differed from nurses' contacts with *mizrahi* women.

FRIEND AND SUPERVISOR

The ambivalent position of the nurse was manifested in repeated formulations of her role as "friend and supervisor" to the families. As I have argued here, the nurse was to function as an embodiment of "civilization" in her interaction with "the masses." At the same time, due to her "cultural level" she was required to practice "self-forgetfulness" in her encounters with families. Concepts of "self-sacrifice" and "self-forgetting" were part of the ethos of modern nursing from its inception.⁹² In the context of Zionist colonization, the concept of self-sacrifice, which was not necessarily coded as feminine, enabled nurses to articulate their contribution through the metaphoric figures of the "soldier" or "pioneer." For instance, Tamir writes: "The nurse, this faithful soldier, was never deterred by working conditions and never asked the purpose of her mission. She went wherever her service was needed, even before the command was given, spent night and day tending those with blackwater fever, and risked her health in malaria-stricken regions."⁹³

However, in the case of the public health nurse's encounter with "the masses," "self-forgetfulness" stood for something different: to forget her social position and feelings of cultural superiority so that she could develop intimate relationships with the families she visited. As phrased in Pesach's lecture just quoted, contrasting public health and hospital nurses, "The public health nurse in her work must forget her private egotism, and sometimes her pride, as she comes in contact with the masses."⁹⁴ Only by forging an intimate relationship could the nurse obtain necessary information, get to know a family, learn its ways, and try to change them. The extent to which 'intimacy' embodied nurses' position within the hierarchical ethnic and gender relations through which they operated is evident in excerpts from two articles published in the 1940s. The first article, by Shulamith Cantor, is about the Hadassah School of Nursing:

In Palestine a nurse is more than her profession prescribes. Where ancient superstitions still prevail, where faith in acceptance of modern scientific treatment is not yet general, a nurse must not only examine, treat, and instruct in matters of physical ills, but must be a counselor and guide, friend, teacher and confidante in the personal and social problems of her patients. She must understand the psychology of the people under her care. She cannot brusquely thrust the twentieth century of science into a medieval pattern

⁹² See, for example, Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (Houndmills, 1998), 41ff; Brian Turner, *For Weber: Essays on the Sociology of Fate* (Boston, 1981), 194.

⁹³ B. Tamir, "Chalutzit" [Pioneering], *Ha'achot* [The nurse] 5 (1945): 16.

⁹⁴ "Ha'achot vecha'avoda hatsiburit."



Photo 6 Nurse during home visit, 1930 (Courtesy of Hadassah, The Women's Zionist Organization of America, Inc.).

of thinking. She must be patient, friendly, and tactful in weaning her patients from folkways to scientific practice.⁹⁵

The second article, by Dr. Sarah Berman, is about coordinating work in the health centers. She discusses the damage nurses cause when they exceed their authority, writing, "If the nurse should act in a domain that is intended for the physician, or vice versa, chaos will eventually result, and the work of the center will be undermined. The power of the nurse at the health center stems from her intimate relationship with the mothers. This relationship allows her to greatly influence the mothers in the fields of instruction and education. Thanks to this relationship the nurse acts as a bridge linking the public and the physician, across which the latter receives all of the questions the nurse is unauthorized to answer."⁹⁶

⁹⁵ Cantor, "A Nursing School in Palestine," 884.

⁹⁶ S. A. Berman, "Lete`um ha'avoda bemerkazei habri'ut" [On the coordination of the work in the health centers], *Harefu'a* [The medicine] 31 (1946): 12.

At the same time, nurses were not to ‘forget themselves’ entirely—they had to maintain effective distance and relations of authority; they were never to forget their status. As Pesach declared in her lecture: “although the nurse should maintain an intimate relationship with the family she visits, she must always maintain her distance and social position in the family’s attitude toward her, in order to protect her dignity.”⁹⁷ We must remember that nurses visiting homes were not backed by the power of a state. While they worked with groups that could hardly accept a young, unmarried woman going unaccompanied from house to house trying to teach experienced mothers how to raise their children, their professional training and social standing allowed them to speak from a position of authority. To teach effectively they had to establish an invasive intimacy with the mothers, but at the same time limit that intimacy and establish boundaries so as to preserve their authority. This required them to maneuver between intimacy and distance, between “feminine tenderness” and the power of position and profession. The need to construct the nurse as “friend and supervisor” was expressed in instructions regarding the minutest gestures during home visits. For instance, Landsman taught her students that in order to create an intimate and earnest atmosphere they had to take a seat, even if not asked to, but first they were to check that the chair was clean.

CONCLUSION

Such detailed practices cannot be understood solely as implementations of a preexisting disciplinary discourse; rather they seem to have emerged from real interactions between nurses and mothers, and their tensions. They underscore the importance of studying the processes through which cultural repertoires are mediated. The injunctions regarding nurses’ home-visit conduct illustrate how both they and the mothers brought their social selves and embodied dispositions to these encounters. In this context, the portrayal of the nurse as “friend and supervisor”—in Palestine and elsewhere—did not simply represent an elaborated disciplinary technology; it also expressed her position within the social and professional fields she operated within.

Previous scholarship on Zionism has understated women’s roles as social and cultural agents within nation building processes. Hadassah was one of the most important Jewish women’s organizations engaged in large-scale social and cultural work during the mandate period. It brought to Palestine models forged in the American progressive context, including that of public health nurses as educators in hygiene of mothers and children. Hadassah had no political power and little prestige in the *yishuv*, but its financial resources allowed it to enforce some of its key models on other institutions, such as

⁹⁷ “Ha’achot vecha’avoda hatsiburit.”

the Workers' Sick Fund, which had previously provided only curative, not preventive services.

In professional and lay rhetoric, hygiene education of the Jewish public was attributed both economic and demographic significance, as a means to reduce sickness and combat infant mortality, especially in the sanitary conditions of early-twentieth-century Palestine. Yet, in the colonial context of Zionist society and culture building, the semiotic function of hygiene as a signifier of 'modernity,' 'civilization,' and 'the West,' served no less, and perhaps more importantly as an impetus to its inculcation from above, and sometimes its reception from below.

In Hebrew hygienic discourse hygiene was presented as first and foremost a means to invigorate, modernize, and civilize the national subjects—east European Jews. It was mainly Hadassah that extended hygienic education to *mizrahi* and orthodox communities through the work of public health nurses. Although these nurses worked among all sectors of the Jewish population, their most important role was as educators of 'unenlightened' Jewish groups—through personal example as much as training. Consequently, they became closely associated with the civilizing of Oriental Jews.

As I have argued, in the context of Zionist westernization in a colonial setting, Orientalism functioned as a dynamic structuring device that created distinctions between not only European and Oriental Jews, but also 'Western' and east European Jews. This point is demonstrated by Hadassah's perception of nursing students as "Eastern women" who had to be molded into embodiments of Western virtue. For Hadassah, the training of east European women to become nurses was seen as an elevation of the position of Oriental women. In reality, when Hadassah made elite *ashkenazi* women into civilizers of *mizrahi* women, it contributed to the consolidation of ethnic hierarchies within Jewish society. The civilizing of *mizrahi* Jews by means of hygiene education, then, was not a simple case of cultural coercion by a Western group; rather, it contributed to constructing *ashkenazi* identity as 'modern' and 'Western.' At the same time, Hadassah and a handful of other women's organizations were among the few Zionist bodies to regard *mizrahi* and orthodox communities as part of the national collective.

As mediators between a Western repertoire and marginalized Jewish communities, the position of public health nurses was ambivalent: on one hand they gained access to well-paid, prestigious, and independent professional work, with a national ethos of "healing the nation"; on the other, this ethos itself manifested the ambivalence of "going to the people," of "penetrating the masses," in order to perform the dirty work of civilizing projects.