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Volume 27, No.4 <[www.dsqsds.org](http://www.dsqsds.org)>  
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## "Tell My Sister to Come and Get Me Out of Here" — A Reading of Ableism and Orientalism in Israel's Immigration Policy (The First Decade)

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THE STATE OF ISRAEL will be open for Jewish immigration and for the Ingathering of the Exiles; The Declaration of the Establishment of the State of Israel (1948)

We should not allow in any way a reverse or adverse selection: that the healthy, the young, the skilled, and the well-off would remain in their communities of exile and the retarded, backward, and uncivilized (*nechshalim*) would be brought to Israel. This would be the complete distortion of Zionism. Eliezer Livnef, *Beterem*, May 15 1952.

Abstract:

In this article, I suggest a new reading of Israeli immigration policy as it existed during its first decade, by highlighting the fundamental role that disability played in its formation. Despite the popular image of Israel as a state of refuge for all Jews, its history reveals that immigration of Jews to Israel was regulated through screening policies and rules. Economic and practical considerations were mixed with ideological biases in favor of productive immigrants that fit the goals of Zionism, and against the sick, the old, and the disabled who were assumed to be inherently unproductive and dependent. Disability was not only a *reason* to exclude some groups from the Zionist project, but also a justification for screening others — a metaphor through which other social groups were rendered useless and inferior. In Israel, it was used to restrict Mizrahi immigrants who arrived from Arab and Muslim countries, in particular, immigrants from Morocco. Through the case of Israeli immigration policy, the article highlights a hidden part of Israel's history and also explores the ways in which social groups are demeaned and ostracized through images of disability, and how these images have operated as badges of inferiority.

### Introduction

Despite the popular image of Israel as a state of refuge for all Jews, a close look at its history reveals that immigration of Jews to Israel was not as open as the ethos of Return leads us to believe. Current critiques of the Law tend to focus on its role in maintaining and reinforcing hierarchies of religion or national affiliation between Jews and non-Jews.

Yet this article attends to the Law of Return's role in justifying and furthering the distinctions that were drawn among Jews. The Mass Immigration of the first years (1948-1951) was indeed celebrated by the public and its leadership, but at the same time was greeted with great fears and concerns. Those concerns were not marginal. The arriving immigrants deluged the country, and the number of Jews doubled within a short period of time. Still recovering from the 1948 War and lacking the resources needed for the absorption of those masses of newcomers, Israel encountered a deep economic crisis. Yet I suggest that economic and practical considerations were mixed with ideological biases in favor of productive immigrants who fit the goals of Zionism, and against the sick, the old, and the disabled who were assumed to be inherently unproductive and dependent. As this article shows, immigration was indeed not free for all, but rather regulated by a complex set of screening regulations and practices that at once reflected and created hierarchies based on health, dis/ability and ethnic origins.

Disability, I propose in this article, following on Douglas Baynton's work (Baynton, 2001), was not only a *reason* in itself to exclude some groups from the Zionist project, but it was used as a *justification* and a *metaphor* to restrict Aliyah from Arab and Muslim countries, collectively called *Mizrachi* (Oriental) Jews. In particular, disability was used to screen the immigrants from Morocco. This article provides a reading of the existing research in the field from a disability perspective. It highlights a hidden part of Israel's immigration history and shows how disability became an organizing principle in its operation. But it also explores the ways in which exclusion and discrimination work. Elsewhere I have started to develop disability legal studies (DLS) as the theoretical framework for a critical analysis of disability and law (Mor, 2006). This article continues that line of inquiry. Israeli immigration policy serves here as a case study that demonstrates the ways in which social groups are demeaned and ostracized through images of disability, as well as how these images operate as badges of inferiority.

The following story provides a microcosm of the issues at stake. On August 8, 2006, a disturbing immigration story appeared in *Ma'ariv Weekend Magazine* (Batito-Frid, 2006b). It was the story of the Vazana family that wished to emigrate from Morocco to Israel during the 1950s, but remained in Casablanca because Israeli immigration authorities did not let them travel with two of the children who were classified as disabled. The family was told they should leave the two children behind or else they could not immigrate.

Three of the siblings who eventually made *Aliyah* brought the story to *Ma'ariv* (*Aliyah* is a culturally loaded term which signifies the immigration of Jews to Israel. I shall return to its meaning below). They told the journalist how the family's journey began when it was approached by Aliyah Emissaries (*Shlichei Aliyah*), representatives of the Jewish Agency, a Zionist body that was, and still is, in charge of *Aliyah*. The Aliyah Emissaries searched for Jewish families abroad, including in Morocco, and encouraged them to make *Aliyah*. Some of the families already wanted to immigrate but needed the help to do so. Others were swayed by the Zionist emissaries, who persuaded them that life in Israel would be better. The Vazana family was excited by the idea of *Aliyah*. It was a family of six children and a widowed mother. Early on, the mother sent Miriam, her second

daughter, to Israel with *Aliyat Hano'ar* (a project that organized youth to immigrate before their parents), when she was just seven years old. The two children who were later denied immigration were the oldest sister, Hannah, who was born with severe mobility impairment in both legs, and David, a younger brother, who was described by the siblings as a "good child" but "restless." David never went to school and wandered the streets, sometimes getting into trouble.

After a while, the mother began preparing to immigrate with the rest of the family, and to reunite with Miriam. She secretly sold the house and anything she had. On the big day, the family cleared the apartment, and everyone wore their finest clothes. At 2:00 a.m., they waited with great anticipation for the Jewish Agency's emissary to pick them up. Finally, at 6:00 a.m., after long hours of waiting, the emissary arrived. According to Alice, one of the sisters:

[He] told our mother that she cannot take Hannah and David with her ... He explained that blind, handicapped, and insane are not allowed to immigrate. He suggested to her to leave them behind and go only with us. Mother was furious. She screamed: "No way! I will never leave my children!" she burst into tears and asked him: "Where shall we live now? How will I get furniture? What shall we do?" ... It was a terrible disappointment I will never forget how in one moment we realized it wouldn't happen.

The family never recovered. The siblings told the journalist that they remained in Casablanca with Jews like them: handicapped, mentally sick, mentally retarded, and other people who were supported by the welfare services. They could hardly find a small room to live in and slowly gathered some furniture. "I hated going to school," said Phoebe. "The children laughed at me, pointed at me. Here is the sister of... I felt different; I felt nothing because I had such siblings."

The mother kept encouraging the three other children, Phoebe, Alice, and Eli, to go to Israel. They argued with her, saying they would never leave her. But one day, ten years after the former immigration attempt, she bought them tickets, packed three suitcases, and sent them to Israel. She stayed in Morocco caring for David and Hannah. Over the years, she even visited Israel twice. But in 1981, a week after her last visit, she was murdered. David and Hannah stayed in Morocco and lost touch with their family in Israel.

During 2006, journalist Merav Batito-Frid investigated the rarely told story of the *Aliyah* selection criteria in Morocco that prevented people from immigrating to Israel based on health and disability criteria. In July 2006 she published the story in *Ma'ariv Weekend Magazine*, including interviews and pictures of persons left behind (Batito-Frid. 2006a)<sup>1</sup>. All of them live in Home De Vieux, a residential home for the elderly of the Jewish community in Casablanca, Morocco. Among those depicted in the article were David and Hannah. While reading that piece, Phoebe was amazed to recognize the pictures of her lost brother and sister. The title of the piece was a quote from David: "Tell my sister to come and get me out of here." Phoebe knew that he was calling her. She gathered her

siblings and together they approached the Jewish Agency and requested help with bringing Hannah and David to Israel. The Jewish Agency promised to help them.

As this article shows, the story of the Vazana family was not a rare exception. It was rather a typical case in Morocco, a product of Israel's well-planned immigration policy during the 1950s. The following is an analysis of that policy, the environment in which it was created, and the role played by disability within it.

## A. The Ethos of Return

The story of the Vazana family took place just a few years after the Law of Return, 1950, was enacted.<sup>2</sup> The Law begins by declaring that "Every Jew has the right to come to this country as an *Oleh*." *Oleh* is the term for a Jewish immigrant to Israel (*Olim* in plural form, and *Aliyah* is for immigration). But its meaning is not neutral. *Aliyah* literally means "climbing" or "rising," and making *Aliyah* is understood as an act of attaining higher spiritual standing; it is the fulfillment of the most important command of Zionism. The Law of Return was heralded as the ultimate expression of the renewal of the historical bond between the Jewish people and the Land of Israel. According to the Knesset Records (the protocols of the Israeli parliament) at the time of its enactment, the Law was described as the Bill of Rights of the Jews in Israel, as their Magna Carta (Knesset Records, 1950a, 1950b). In those protocols, David Ben-Gurion, the first Prime Minister of Israel, further described the Law as the most basic norm of Israel's legal-political structure — the norm, or principle, that is the foundation for the establishment of the State of Israel. The Law constitutes Israel as the state of all Jews — a place of refuge, where Jews are always welcome. The historical bond between the Jewish people and the Land of Israel was a fundamental component for many Zionist thinkers and it gained wide international support after World War II and the Holocaust. In the words of Ben-Gurion when he introduced the law to the Knesset: "This is a state for the Jews wherever they are and for every Jew who wants it." He further emphasized that, "This law maintains that it is not the state that confers upon the Jews from abroad the right to settle in it, but it is a right inherent to every Jew as a Jew." The Law of Return was designed and presented not as a regular immigration law, but as a law that expresses the continuity of the Jewish people; thus, Jews who chose to come to Israel were not mere immigrants looking for new life opportunities, but rather "*Olim*," persons that return to the Land of Israel, their historical homeland. The link between return and citizenship was established in the Citizenship Law, 1952, according to which every *Oleh* is immediately granted Israeli citizenship.

The ethos of Return was indeed compelling and inclusive, but it was also misleading. In fact, there was a heated debate concerning whether immigration should be open and unlimited or whether there should be screening of *Olim* (Hacohen, 1994; Lissak, 1999). That debate was mostly linked to the economic hardships that Israel encountered during its first years and the crisis in the absorption enterprise, as tens of thousands of *Olim* still lived in temporary housing solutions under poor living conditions and unbearable sanitary environments. But it was also a product of a more principled view with regard to who should be part of the Zionist project — what kind of new Jews are wanted and

whether Israel is fundamentally willing to absorb dependent, "unproductive," "primitive" or "backward" (*nechshalim*) immigrants. Clearly, the immediate consequence of the Law of Return was the preference it gave to Jews over non-Jews, particularly between Palestinian-Arabs and Jews in Israel (Carmi, 2004).<sup>3</sup> Yet less is known about the role of the Law of Return in shaping relationships and in drawing distinctions among Jews. Those distinctions were mainly based on productivity, health, and disability.

Traces of the debates regarding the screening of Olim appear in the Law of Return and are documented in the Knesset Records. Section 2 to the Law maintains that "an Oleh's visa shall be granted to every Jew who has expressed his desire to settle in Israel, unless the Minister of Immigration is satisfied that the applicant (1) is engaged in an activity directed against the Jewish people; or (2) *is likely to endanger public health* or the security of the State" (§2(b), my emphasis). Based on the historic and symbolic role of the Law, some Knesset members (MKs) expressed grave concern regarding this provision, maintaining that since the right of return preceded the existence of the State, it cannot be taken by the State (Knesset Records, 1950a, 1950b). According to one MK, "No Jew has the right to prevent another Jew from making Aliyah." Another MK said: "[The State] cannot take what it did not give."

These concerns were not hypothetical. They were based on actual experience with immigration policy during those years. The debates regarding who should receive an immigrant visa date back to the pre-state era, yet back then, immigration permits were externally imposed by the British Mandate regime. After the establishment of Israel, the issue was subject to the pure discretion of the state's own authorities that were expected to promote unrestricted immigration of Jews (Tsur, 2001: 321). The Aliyah enterprise posed new challenges for the young state that was now required to orchestrate and fund the entire operation. The eventual priorities reflected both economic constraints and Zionist ideals regarding who should take part in the Zionist project. And thus, already in 1948, screening applicants based on health, economic status, and other reasons began (Hacohen, 1998b).

The objections to the public health exception reflected different perspectives. One MK argued that the sick should be treated in Israel, by either cure or seclusion, but they should not be neglected completely. Another MK brought up the issue of future generations, suggesting that the children of those who endanger public health will not necessarily pose similar threats to the public. More critical was an MK who maintained that the category is too wide and open for interpretation. According to him, a list of examples was distributed in the Knesset, but some of these alleged public health issues posed no threat of contamination. Finally, in a most moving speech, another MK presented the tragedies that such decisions involve, both for families that — like the Vazana family — might decide to stay in exile for that reason, and for persons who might be left behind, alone: "Let us just imagine his mental torture that only because he is sick, and in most cases, not by his own fault, for instance, with tuberculosis, we destroyed his happiness." Sick people, contended that MK, must be part of the Ingathering of the Exiles plan.

The replies to those arguments were also telling. Ben-Gurion responded with a typical practical tone that "without the second provision that gives the law its realistic form, the first provision is merely empty rhetoric." More concretely, he rejected the claim that sick people should be treated in Israel. Although known as one of the most dedicated supporters of free immigration, Ben-Gurion insisted that the desired immigrant is a productive immigrant, someone who is "capable of participating in the project of renewal and of sovereignty for the Jewish people." But it was another MK who captured the thrust of the debate, arguing that as long as it is not a matter of the complete extinction of all exiles, the restrictions are justified. Echoing a prevalent fear among the opponents of free immigration, he raised the concern that "tomorrow some country will send us only the dangerously sick and will not allow the physically and mentally healthy to leave." Eventually, the objections to Section 2 failed and the public health exception remained in place.

Notwithstanding his support of free immigration, Ben-Gurion, nonetheless, opposed the immigration of disabled and sick people. In a closed forum, only four days after the passage of the Law of Return, Ben-Gurion expressed this view more explicitly. In a well-known and widely cited statement, he maintained that when dealing with countries where the Jewish community in exile does not face extinction, the State should not accept sick and old people. But if a community does face extinction, sick and disabled people should be allowed to immigrate, with the exception of Morocco (Hacohen, 1994: 117). In the years that followed, Ben-Gurion even used the Law of Return explicitly to justify his objection to the immigration of sick and disabled persons. In 1952 Ben-Gurion responded to an agreement between the Jewish Agency and the Ministry of Health concerning the Aliyah from Morocco:

Is this what we call Aliyah, bringing the paralyzed because we want to make the numbers seem bigger ... Is this what this country needs? ... How can you sign an agreement with no restrictions concerning health and physical conditions ... *This is against the Law of Return* ... there are 250 thousand Jews in Morocco ... so why should we start with the paralyzed and the blind? (cited in Hacohen, 1994: 310; my emphasis).

On another occasion, in 1953, Ben-Gurion was quoted as saying angrily: "Six people from Persia arrived by airplane, and all of them have inherited syphilis, *this is against our law*" (my emphasis) (Hacohen, 1994: 312). It is no accident that Ben-Gurion specifies Morocco and Persia, since Mizrahi immigrants faced more stereotypes as applicants to make Aliyah, and Morocco, in particular, was the site where such restrictions were most strictly enforced.

## **B. Disability as a Public Health Issue**

The link between the "danger to the public health" exception in the Law of Return §2(2) and disability requires elaboration. A plain reading of the text might lead one to think that the Law was referring only to extremely contagious diseases, a category which itself calls for critical inquiry. But the scope of the concept was, in fact, much broader and fluid. Situated in a specific era and atmosphere, the concept of "public health" and the risks it

involved encompassed anything from life-threatening contagious diseases to vaccine policy (Davidovich & Shvarts, 2004) and hygiene habits (Rozin, 2002).

I suggest that establishing that link would be possible by examining the elaborate immigration guidelines and regulations that were issued during state formation. The very existence of such screening policies or "selection," as it was termed since 1951, is well known to scholars of that era (Hacohen, 1994; Lisak, 1999; Segev, 1986), to families and individuals who experienced it, and to those who remember the political and public debates on the issue. But apart from some critique from a Mizrahi perspective (Malka, 1997; Tsur 2001, 2002; Arnon, 1998), these policies were taken for granted and their impact on disabled persons went largely unnoticed. Indeed, more than unnoticed, disability and health were, in fact, an acceptable basis for screening Olim — they served as a neutral, unquestioned grounds for immigration selection.

According to Hacohen (1994) as early as in 1948, the Ministry of Aliyah issued "Instructions Concerning Visas to Olim and Tourists." They included restrictions based on economic, medical, and religious standards but a particular emphasis was put on strict enforcement of health restrictions that were designed to screen out disabled, sick, and old persons (Hacohen, 1994: 44-46). In January 1949 these Instructions were further amended and elaborated. The new guidelines were entitled, "Medical Rules to Approve Aliyah" (Medical Rules, 1949), and provided a comprehensive set of rules to the physicians that were in charge of the screening process abroad.<sup>4</sup> The introduction to the Medical Rules stated: "We require that every Oleh would be mentally and physically healthy and capable of work. One should particularly observe: ... 4) that the candidate shall have no impairment that totally or partially limits his work capacity." Persons who fell under any of those categories were banned from immigration unless they were given a special permit that was decided individually. A partial list of those cases included: blind persons, amputees, people who were in psychiatric hospitals or who were formerly hospitalized and persons who were suspected to be mentally ill but were never treated by psychiatric hospitals, people with "mental deficiencies" (mental retardation), people with "chronic and severe cases of neurosis with signs of lack of any talents," and people with "severe personality disorders."

The 1949 Medical Rules also attempted to assist the physicians on site to locate and identify persons with medical conditions that were not easily diagnosed. Thus, to inspect a person with "psychosis" but with no prior hospitalization, the physicians were told to notice "a mood that does not fit the general situation, either too happy or too depressed." Mental deficiency was even harder to detect, and to help in its identification, the instructions described such persons as usually "negligent, dirty, and ugly;" some are "with strange physical form, or a too small skull, or wrinkled and twisted face ...." Indications for personality disorders were found among persons who frequently switched from one job to another, who were unsuccessful in life "with no reason," and persons with what were taken to be sexual deviations, such as homosexuality. Although typical to that era, the Medical Rules vividly illustrate the instability, fluidity, and arbitrariness of many of those categories, as well as their potential for cultural and ethnic biases, and the

degree and scope of judgment and discretion that the physicians were granted. They show how these categories were socially and culturally constructed.

Imagine, for instance, David Vazana. What could the Aliyah Emissary who came at 6:00 a.m. to the family's house have known about him? Where did that knowledge come from? Was the data on the family collected without their consent or full understanding, or was it an ad hoc decision based on first impression? While Hannah had a noticeable mobility impairment, David was just "restless," as the siblings described him; something that today, they said, might have been diagnosed as "hyperactive." Nevertheless, he was mandated to stay behind.

As immigration continued, the pressure to restrict it intensified. On November 18, 1951, the Jewish Agency, a central organ of the Zionist movement — which, among other tasks, administered and executed the Zionist immigration policy — issued official selection criteria to screen immigrants (Lissak, 1999: 16; Hacoheh, 1994: 305). The criteria were approved by a joint body of the Jewish Agency and the government (*Hamosad Lete'um*). According to the new selection criteria, 80% of immigrants were to be either pioneering youth,<sup>5</sup> skilled people of young age (under 35), or families whose provider was under 35. With only a few exceptions, all candidates had to commit in writing to two years of agricultural work. The remaining 20% who did not meet those criteria could immigrate only if among their family there was a provider who is capable of working, or if they had family in Israel who requested their arrival and were ready to support them. Still, all candidates for Aliyah had to go through a thorough medical examination and be approved individually as meeting the health criteria. Although the 1951 selection criteria were formulated in a neutral manner, in practice they were implemented selectively. Mizrahi critics of the selection policy argued that the rules were designed with the goal of restricting Mizrahi immigration (Malka, 1997: 59-72; Tsur, 2002:103). The main mechanism to create such restrictions was through the taken-for-granted disability and health criteria.

As the Vazana story demonstrates, the consequences of the new selection policy were either the separation of families and the neglect of dependent family members left behind, or the foregoing of Aliyah altogether. Batito-Frid's piece in *Ma'ariv* brings out more of those rarely documented stories. One of them, Aharon Swissa, even remembers how a physician examined him and told him that he could not go to Israel and that he must remain in Morocco. Swissa, indeed, stayed there but lost the ties to his family (Batito-Frid, 2006a: 20).

The selection policy encountered resistance by local families as well as Aliyah Emissaries and officials. Some of them even managed to travel to Israel together. But the cooperation between Aliyah Emissaries and those families was harshly criticized by the absorption authorities and other political figures who perceived it as defiance (Lissak, 1999: 20; Hacoheh, 1994, especially at 100-101, 306-308; Raphael, 1981, especially at 161). In the following years, the criteria were only slightly loosened, by changing the age limit and allowing more disabled people to join their families. The criteria's rationale,

however, remained the same (Malka, 1997: 95-104, 172-173; Hacoheh, 1994:306-314; Lissak, 1999; Tsur 2001; Batito-Frid, 2006).

The result was that disabled and sick people were all included within the category of public health in a highly medicalized fashion. The words "likely to endanger the public health" carried a clear message: disabled and sick people were not perceived as equal in worth to healthy, young, and able-bodied Jews. Their "natural right" as Jews to immigrate to Israel — to make Aliyah — was in fact conditional; it did not precede the state but rather depended on its benevolence.

### **C. Selection in Action: A Multilayered Policy**

The restrictions on immigration based on health and disability described above were situated in a larger context of attempts to control and regulate immigration. These attempts concerned both the quantity and the quality of the prospective immigrants, and they are well documented in historical research of the era (see, e.g., Lissak, 1999; Hacoheh, 1997). Nevertheless, disability was not yet identified as a suspect category, and exact numbers are still missing.

Although passionate and intense, the battle over screening Jewish immigrants took place away from the public eye. The debate between the proponents and opponents of free immigration, as well as the eventual screening policy, were often silenced, and on occasion even denied because they contradicted the ethos of unrestricted immigration and of the Ingathering of Exiles (Hacoheh, 1994; Hacoheh, 1998; Lissak, 1999; Raphael, 1981; Tsur, 2002:100).

The competing demands to restrict or to open immigration were situated in different contexts that yielded different perspectives (Hacoheh, 1997). The autobiography of Yitzhak Raphael, Head of the Aliyah Department at the Jewish Agency, for instance, demonstrates how his views were shaped by and grounded in the hardships of the immigrants in their communities abroad (Raphael, 1981). Similarly, the collection of essays by Giyora Yoseftal, Chief of the Jewish Agency Department of Immigrant Absorption, conveys a more strict approach to immigration and dedicates more attention to the actual obstacles that the absorption enterprise encountered in Israel (Yoseftal, 1963). These controversies resulted in a multilayered picture comprised of gaps between stated and unstated policies and tensions between universal rules and selective enforcement.

The quantity of immigrants that arrived to Israel in its very first years was unprecedented on every scale. During the years 1948-1951, the Jewish population of Israel doubled: from 650,000 residents in 1948 to 1,322,000 in May 1951 (Lissak, 1999: 3-5). This was the era of Mass Immigration. From August 1951 to 1954 and onward, the pace of immigration dramatically declined and was much lower than Israel's own expectations (*Id.*). During the rest of the first decade, between 1954 and 1959, the numbers of immigrants again increased but did not reach the same level as in the first years.

While Israel wanted and encouraged immigration, the flow of immigrants during the era of Mass Immigration was overwhelming and the preparation for those numbers was insufficient. During the first months (until January 1949), Israel was still involved in a war over its very existence in which thousands lost their lives and many more were wounded. Reports from the Aliyah Camps, where the Olim stayed upon their arrival, described a shortage in basic equipment, such as beds, tents, and blankets, bad sanitary conditions, inadequate healthcare services, and at times, even shortages of food (Hacohen, 1994; Lissak, 1999; Sternberg, 1973; Rozin, 2002; Yoseftal, 1963; Segev, 1986). Food supply was so limited that a national rationing system of food quotas and subsidies was established (Naor, 1986). Health conditions were particularly challenging because the immigrants brought with them ample health issues and because of the very poor conditions in the camps (Hacohen, 1994; Lissak, 1999; Sternberg, 1973; Rozin, 2002). Permanent housing and employment solutions were also inadequate. The absorption enterprise encountered a deep crisis of both resources and management.

Opponents of free immigration were usually persuaded by those extreme circumstances, maintaining that both the state and the immigrants themselves would benefit from a more restrictive policy (Tsur, 2001: 353). But against the dark images of the absorption process, supporters of free immigration brought heartbreaking images of Jews abroad who lived in terrible conditions and faced possible political persecution, and for whom Israel and Zionism represented hope (for a particularly vivid portrayal of this contest of images, see Raphael, 1981, p. 151).

The immigration's composition played an important role in those politics. Unlike previous waves of immigration, which were mostly comprised of young unmarried persons from Europe, this time many of them came from Arab, Muslim, and North African countries or were Holocaust survivors. They were also older in age, and included entire families. Consequently, the number of old, sick, and disabled persons among the immigrants was, indeed, higher. According to one estimate, about 111,000 of the immigrants became welfare (*sa'ad*) recipients due to "limited work capability," which was about 15% of the entire immigration, while another estimate counted 10% of the immigrants as living with chronic illnesses (Lissak, 1999: 42-43).<sup>6</sup> The need to care for so many persons who needed urgent healthcare services or who lived on welfare yielded strong opposition among policymakers and the public at large (Hacohen, 1994; Tsur, 2001; Davidovich & Shvarts, 2004). It was argued that the state could not take upon itself such a commitment. According to an editorial in *Ha'aretz* newspaper, for instance:

Israel is ready and capable of continuing to absorb Olim, who come to the country and are ready to undertake any effort of labor ... But Israel is unable to keep absorbing Olim who need welfare and are incapable of the construction effort (*Ha'aretz*, 29 June 1953).

Contrary to a widespread view, the arrival of so many immigrants was only partially spontaneous. Most of the arriving immigrants did not initiate their Aliyah or could not fund it by themselves (Hacohen, 1994; Raphael, 1981; Tsur 2001). The Aliyah Emissaries of the Jewish Agency gathered those Jews, convinced others, and coordinated the entire operation. The reasons to encourage immigration stemmed both from the ethos

of the State of Israel as a place of refuge for all Jews, and also from more practical efforts to serve the Zionist goals of Hebraic labor, settlement, and achieving demographic superiority over the Arab population. The arrival of masses of immigrants suited the rhetoric of free immigration and contributed to the demographic endeavor, but did not match the model of the assumed desired immigrant — a "productive" person who would carry on the Zionist project of labor and settlement.

The growing demands to put restrictions on immigration resulted in a dual system, in which immigration quotas were issued to regulate the flow of immigrants, and selection criteria, as mentioned above, were designed to screen immigrants on grounds of health, disability, and age. Nevertheless, in most places, the restrictions on immigration — both the quotas and the selection criteria — were not enforced either because of the resistance of the Aliyah Emissaries to follow the instructions (Hacohen, 1994) or because of extreme circumstances that Jewish communities abroad faced. The emissaries were indeed invested in their work of enlisting immigrants, but they also had a first-hand impression of the policy's impact on actual people's lives — tearing down families, undermining the organization of local communities, and disappointing individuals who wished to make Aliyah (Raphael, 1981; Hacohen, 1998; Arnon, 1998).

Alongside the 1951 regulations, appeared two main mechanisms of exemption. Particular regions were exempted from the screening rules if they were declared "Rescue Immigration" (*Aliyot Hatzalah*) or "Extinct Community" (*Kehilot Mitchaslot*) (Hacohen, 1998: 21, Hacohen, 1994: 305). The first type was designed for communities in danger or facing severe adversity, and it included the Holocaust survivors who waited in transition camps in Europe for a political solution and Jewish communities under severe persecution, or those living in countries that were about to close their exit gates before Jews, such as Iraq and Yemen. The other exemption was given to Jewish communities in which most members had already left, leaving behind mainly old, disabled, and sick people who had insufficient care and social structure. Such was the case in Bulgaria and Germany (Hacohen, 1994). Eventually, these two categories were applied to most communities in exile, but not to the North African communities (Malkah, 1997; Tsur, 2001; Hacohen, 1994). In Tunisia and Morocco, then, both the quota system and the health regulations were strictly enforced but from most other places, immigration was, indeed, free, and among the immigrants were, indeed, many old, sick, and disabled people.

The result, I suggest, was a complex and multilayered policy. *Declaratively*, the policy favored the opening of the gates. *Officially*, a regulatory regime of quotas and selection rules was established that banned the immigration of sick, old, and disabled people. While *effectively*, immigration remained largely free. Thus, despite the strong rhetoric against disabled and sick immigrants as unproductive and dependent, they were eventually allowed to emigrate from most places. In the years that followed, there was significant pressure to mitigate or abolish the selection criteria or, alternatively, to declare Morocco and Tunisia as Rescue Immigrations by stressing the political instability over there in those years.

When asked about the potential contradiction between the Law of Return and the selection criteria, state officials and politicians expressed denial by stressing that the Law of Return applies only to those who make Aliyah by their own means without the help of the State or of the Jewish Agency.<sup>7</sup> In a special meeting of the Knesset on September 1, 1955 to discuss the restrictions on Aliyah from Morocco, Prime Minister Moshe Sharet said:

These [selection] rules were criticized for contradicting the Law of Return. This is a groundless accusation. It never happened ... that a Jew arrived to the country's gates and found them locked before him .... But here we are [discussing Olim] that the Jewish Agency brings following their request ... Is there a reason in the world that [our] limited resources ... will not be dedicated to absorbing those who can become providers for themselves, who would strengthen the country's economy? .... What reason is there to prefer those who would inevitably become a burden on the public's funds forever? (Knesset Records, 1955: 32).

In reply, an MK from *Herut*, the Revisionist opposition party, asked:

The question is: whether those Olim are serving the State or is the State serving the Olim? If the Olim are serving the State, if we arrange their Aliyah because we need them — then we should choose among them like we choose among horses or cows in a market, they should be healthy, strong, and useful for our purposes. But the land of Israel was given to the Israelites and if every Jew has a share in this country, we should bring all the Olim over here (Knesset Records, 1955: 52-53).

In this history, disability is a silent yet salient feature, a taken-for-granted category of exclusion and an effective method to restrict North African immigration. Unpacking the place of disability in Israeli immigration policy is simple and complicated at the same time. It is simple because it is constantly "out there" with no disguise. Yet it is complicated because there is considerable denial about its operation.

#### **D. Screening of the Fittest**

The policy of screening disabled and sick people was founded on two main types of arguments: practical and ideological. In the previous section, I discussed the practical dimension of the debate. In this section, I search for its ideological foundations.

Clearly, absorbing immigrants who were perceived as dependent and unproductive was understood as contradicting and even undermining the Zionist project. In fact, as the elaborated discussions in the Knesset concerning the Law of Return show, there was wide support for the view that even in the absence of immediate economic constraints, disabled and sick people were generally unwelcome immigrants.

Admittedly, Israel was not unique in screening disabled and sick immigrants. The Mandate Regime in Israel, for instance, had also restricted incoming immigration on grounds of health and disability. The British Immigration Ordinance of 1933, for

example, provided in section 5(1)(a) that "no foreigner . . . shall enter Palestine who is a lunatic, idiot or mentally deficient . . ." Such restrictions were prevalent in many western countries at that time. Other forms of restrictions are still widespread today and only recently have they started facing the challenge of disability critique (Baynton, 2001; Stanton, 1996; Weber, 2004). The main argument, which is widely accepted and generally unchallenged, is that disabled and sick people would be a burden on the receiving country's resources and would not be able to participate equally and contribute to the country. Their perceived unproductiveness, dependency, and lack of rationality make disabled people unwanted immigrants in modern liberal societies. The emphasis is mainly on disabled people as an economic burden, but implicitly there is also an assumption regarding their inadequacy to contribute to the country's political and social life (Stanton, 1996; Weber, 2004).

The exclusion of disabled and sick people is supported by, and in fact grounded in, a broader framework of contemporary liberal political theory that still denies disabled people a place in the social contract. As Martha Nussbaum compellingly exposes in *Frontiers of Justice* (Nussbaum, 2003), even John Rawls's famous "veil of ignorance" is inapplicable to disability. According to Rawls, since disabled people cannot contribute equally to society, they lack the *mutuality* requirements, and therefore it is legitimate on the part of the majority of citizens to exclude them from the social contract (Rawls, 1996; see, e.g., at 183). Nussbaum critiques Rawls and instead suggests her capabilities approach as a more inclusive approach; however, even Nussbaum refrains from arguing that Rawls's theory should therefore be abandoned, but rather suggests that the two theories can and should co-exist. Similarly, Naama Carmi's recent critique of the Law of Return, which is entirely based on social contract theory, accepts without reservations that disability and health are generally reasonable grounds for screening immigrants (Carmi, 2004).

Clearly, political theory is just one among a variety of forces that shaped and were shaped by negative attitudes towards disabled people. As discussed by many scholars, the 19th century was the era in which the category of disability took its current shape and acquired its current meaning in western societies (Davis, 1995; Stone, 1984; Longmore & Umansky, 2001). The rise of medicine and science, of industrialism, capitalism, and individualism, and the emergence of the welfare state have all informed and contributed to that process. Their impact was therefore significant on the Zionist movement as well, which was another product of that era.

Neither was Israel unique in construing and maintaining a link between nationalism and body politics (Yuval-Davis, 1997). As products of the 19th century, most western national movements were carrying projects that were based on strong assumptions and aspirations regarding health and able-bodiedness. (Davis, 1995: Chapter 4). The improvement in health brought about by science also contributed to the generation of new scientific-based ideologies that were preoccupied with improvements to the human race. Maybe the most extreme expression of that direction was the rise of eugenics. The goal of eugenics was to improve the human race through better breeding. Sterilization and incarceration of "defective" persons, usually poor or immigrants, people with criminal

records, and disabled people, were part of the scheme to purify and perfect society. These ideas were prominent in the United States and in Europe, and were most horrifyingly executed by Nazi Germany (Ordovery, 2003; Stern, 2005).

Eugenics was not a significant strand in Zionism. But ideas about the productivity of Jews, and of mental and physical reform through bodily images — as the famous expression "Jewry of Muscles" conveys — were grounded in the same scientific atmosphere and were impacted by its tenets (Falk, 2006).

The tasks that Zionism advocated, such as productivity, physical labor, self-defense, and security, represented a vision of the Jewish people as an earthly, self-sufficient, and productive nation. They also required a certain type of *Man*, a fighter-worker person that did not resemble the pale, spiritual, soft image of the exilic Jew (Shapira, 1997; Almog, 1997). This vision was inaccessible to disabled people and the images it employed were exclusionary (Mor, 2006).<sup>8</sup> Sometimes health and disability were even more explicitly employed. Starting from the 1920s, there was a growing body of literature in Palestine that concerned health, hygiene and family planning which was clearly influenced by eugenic ideas (Falk, 2006: 146-154). In a parenting guide entitled *Mother and Child* from 1934, written by the prominent physician Dr. Yosef Meir, the question "who should be allowed to bear children?" was answered as follows:

For us, [the Jews] eugenics, in general, and avoiding transmitting hereditary diseases, in particular, have a greater value than to other nations ... Doctors, sports educators and national politicians should advocate the following idea: do not bear children if you are not sure they are going to be healthy in their body and soul (Cited in: Falk, 2006: 151).

Although the answer above expresses an extreme view, it fits in the general landscape of images and ideals that left no space for "deformed" or "imperfect" bodies. Disability stood in total contradiction to the language and images employed by the Zionist vision. It was "a reminder of the Jew's 'crippled' condition in pre-Israel times," as Meira Weiss has argued (Weiss, 2002: 91).

The close connections between immigration, nationalism, and eugenics are important here, since productivity, independence and rationality played major roles in them all, as well as in Zionism. Most importantly, disability became an organizing principle in all of these endeavors, since it was simultaneously an aim in and of itself, and a means to achieve other goals. Just as disabled people were targeted as inferior and worthless, disability was the justification for rendering other groups, such as women, immigrants and racial minorities, inferior and worthless as well (Baynton, 2001).

What is, then, unique about the Israeli case? First, it is unique in the perceived commitment of Israel to serve as a state of refuge open to all Jews (Tsur, 2002). It is not a typical immigrants' country that fears the flooding of its gates. It is a state that was established particularly for that cause, that rhetorically celebrated that cause, and that dedicated much effort to reach out to Jewish communities abroad, convincing them to immigrate, and facilitating their Aliyah and their absorption in Israel.

A second unique feature of the Israeli case is that Zionism's ideology was founded as a reaction to disability-related stereotypes that were directed at Jews in Europe. European culture perceived Jews as sick and deformed, as having mental illnesses and physical impairments; the presumed inferiority of the Jews was based upon those grounds. The Zionist movement's effort to transform the Jew's image from pale, sick, and feminine into healthy, beautiful, masculine, and strong was, in fact, a reaction to those stereotypes (Gilman, 1993; Boyarin, 1997; Almog, 1997). Ironically, Zionism did not challenge the equation between disability and inferiority, but rather adopted it and only sought to distance the Jews from it by "curing" them of their pathologies (Mor, 2005: Chapter 2).

I suggest then, that the contradiction in Israeli policy and rhetoric between saving the Jewish people and screening out the sick and disabled is rooted in the scientific and political climate of the era, and in the particular and complex tensions within Zionism as a movement of personal and national revival through physical and mental reform.

### **E. Ableism and Orientalism Entangled**

In 1948 the Zionist Executive Board (*Havaad Hapoel Hatziyoni*) issued a welcoming statement:

To our brothers in Arab countries we shall say: ... The gates of the State of Israel are open before you, ... get ready for the day when there is peace and the road to Aliyah shall be open before you as well (cited in: Malka, 1997: 48).

But the professed desirability of those Olim was undermined through the language of productivity, fitness, and labor-related skills, in which the categories of health and disability played a fundamental role. While disabled and sick people were indeed unwelcome immigrants, other unwelcome groups, mostly from North African countries, were depicted as disabled and sick as a way to justify the restrictions on their immigration.

#### **E.1. Selection in Action in Morocco**

Morocco was a central site in which restrictions on immigration were implemented. In 1948, the Jewish community in Morocco included about 270,000 persons. It was one of the largest in the world and potentially a major resource for Aliyah. The growing interest in Aliyah was due to various changes during the 20th century, including the decline in the political status of Jews, the rise of Moroccan nationalism, religious sentiments following the establishment of the state of Israel, and the exposure to Zionism through Aliyah Emissaries (Tsur, 2001; Lissak, 1999: 48-53). During 1948-1956, about 98,000 Jews made Aliyah. But because of the high natural growth rate, in 1956, when the gates of Morocco were closed, there were still 240,000 Jews remaining in Morocco (Malka, 1997: 154), among them, 100,000 were registered for Aliyah, of which 50,000 had already obtained immigration certificates but had not had the chance to use them (Malka, 1997: 205).

During 1948-1951, the quotas for North African communities were particularly low. The selection for the quotas was made based on the 1948 Instructions Concerning Visas, the 1949 Medical Rules that regulated the screening of disabled and sick persons, and later on by the 1951 selection criteria, which in the years 1952-1954, served mainly for screening immigrants from Morocco and Tunisia (Malka, 1997; Tsur, 2001). Consequently, due to strict enforcement, the actual number of immigrants was even lower than planned by the state. According to some scholars, the result was a decline in immigration (Arnon, 1998; Tsur, 2001; Malka, 1997; Hacoheh, 1994). Although some families were able to persuade the immigration authorities to allow disabled and old family members to join them, most of them were unsuccessful or gave up in advance. Following the decline in immigration, the criteria were amended and became less rigid by elevating the age limit for "old" persons from 35 to 40, and later to 45. Also, some disabled people were allowed to join their families if the family had a provider who was capable of working (Lissak, at 20; Malka, 1997: 95-96). In addition, a campaign to declare Morocco and Tunisia as Rescue Immigration was carried out by representatives of the Moroccan community in Israel with the help of Aliyah officials like Raphael and his successors (Malka, 1997) but these efforts yielded only limited results of minor amendments to the rules. The official position remained that except for some rural areas, the Jews in Morocco neither needed rescue nor faced extinction (Raphael, 1981; Malka, 1997).

By 1953, the focus had shifted to entire villages. Consequently, some villages in south Morocco and Tunisia were declared appropriate for Rescue Immigration. This was because their political situations had deteriorated, but also because their populations were viewed as more productive and suitable for manual labor and particularly agricultural work (Tsur, 2001: 373-382). But even then, entire families of sick, disabled and dependent persons were denied Aliyah and individuals with mental illnesses or tuberculosis, who had no place guaranteed for their hospitalization within Israel, were also rejected (Arnon, 1998). Moreover, according to Arnon, once Israeli authorities realized that the number of sick and disabled within a village was higher than expected, and that in some places healthy and wealthy families chose not to immigrate, the status of the village was changed and it was no longer listed under Rescue Immigrations. In 1954-1956, a new immigration plan termed *From the Boat to the Village*, was launched, in which immigrants from Morocco were channeled to settle rural agricultural communities and were barred (through administrative measures) from settling in cities in the heart of Israel (Arnon, 1998). Throughout the years individuals who were denied Aliyah were supposed to be transferred to, and absorbed in, local Jewish communities in Morocco. But that plan failed since local communities were slow to comply, and since the absorption and integration of those who did transfer were unsuccessful (Arnon, 1998).

In 1955, the pressure to classify the immigration from Morocco as Rescue Immigration, due to the changing political climate, has increased (Malka, 1997:158; Hacoheh, 1998: 303, 307-309). The Knesset even held a special meeting to discuss the fate of Morocco's Jewish community on September 1, 1955, but it yielded no immediate results (Knesset Records, 1955). Eventually, in 1956, Morocco won its independence and closed its gates;

soon after it was finally declared a Rescue Immigration. In the years that followed, immigration was possible only in secrecy, with the help of underground forces.

## E.2. Moroccan Jews — Stigma and Exclusion

The firm restrictions on the immigration of North African Jews were grounded in a larger social and cultural context. In fact, the Olim from Morocco faced the most extreme measures of social and political scrutiny. The receiving community's fears of a flood of immigration were translated into derogatory treatment of all Mizrahi Jews, but those who came from Morocco suffered the most. They were treated not only with arrogance as exilic Jews who needed to be transformed, but also with paternalism as primitive people who needed to be educated and civilized (Shohat 1989; Dahan-Kalev 1999; Smooha, 1978). Thus, a disturbing piece was published in *Davar*, the labor movement's daily newspaper, by Eliezer Livne, then a Knesset Member,

We should not agree in any way that out of all people, the part that is morally or physically backward (*mefager*<sup>9</sup>) and dubious (*mefukpak*) would be immigrating to Israel. ... The problem is not essentially financial, but rather social and spiritual. *Israel is not a refuge for the backward and unproductive circles of the Diaspora communities, but a center for their pioneers and the best among their sons*. Even if foreign elements would become involved to generously support all the 'social cases' — we should not accept these offerings for principled reasons (*Davar*, 9 November 1951; my emphasis).

Mizrahi, and particularly Moroccan Jews, were treated as the Other from within. The veteran citizens were disappointed that the Olim were not the pioneering type of immigrants, as they expected (i.e. young, healthy, idealistic, eager to fulfill the Zionist goals of labor and settlement), and the immigrants were also dehumanized and objectified as an instrument in the service of Zionist project. More particularly, Mizrahi immigrants were portrayed as lazy, immoral, unproductive, unaesthetic, unpleasant and even lacking the fitness and motivation to become good fighters (Lissak, 1999: 58-60; Rozin, 2002). The immigrants from Morocco faced particularly negative stereotypes and were viewed as unstable, emotional, impulsive, non-trustworthy, and heavy drinkers (Lissak, 1999: 61).

The stereotypes that the immigrants faced created a negative image of the entire Aliyah (Lissak, 1987; Tsur, 2001). In a widely cited series of reports for *Ha'aretz*, journalist Arie Gelblum expressed a most extreme view about the Olim from North Africa: "We are facing a people whose primitiveness is unprecedented, the level of their education borders on absolute ignorance, and what is worse is their lack of talent to learn anything intellectual ... they are absolutely subjected to the rules of wild and primitive instincts." (*Ha'aretz*, 22 April 1949). Daily newspapers were the primary way for veteran citizens to obtain information on the newcomers, and such reports had a great impact on public opinion (Rozin, 2002: 196; Segev, 1986: 159-161; Lissak, 1987). Gelblum's opinions were criticized by others, who sometimes used another type of stereotyping which depicted the immigrants as childish and lacking intelligence and maturity (see Davidovich & Shvarts, 2004).

But the Olim were also explicitly depicted as diseased and disabled. As one op-ed in *Ha'boker* daily newspaper expressed: "This immigration has been allowed without screening people: a large place was given to all the ill-fated: the frail elderly, chronically ill, handicapped, and other social cases" (*Ha'boker*, 16 November 1951). Another op-ed by Eliezer Livne, maintained:

We should not allow in any way a reverse or adverse selection: that the healthy, the young, the skilled, and the well-off would remain in their communities of exile and the retarded, backward, and uncivilized (*nechshalim*) would be brought to Israel. This would be the complete distortion of Zionism (*Beterem*, 15 May 1952).

The link between disability and health and the "quality" of Mizrahi immigrants was also given a scientific flavor by some public figures. For example, Dr. Haim Shiva, the General Director of the Health Department, was influenced by scientific-genetic ideas and their role in social-planning policy. In his fierce objection to unrestricted immigration from Morocco, he insisted on the link between mental and physical disabilities with genetic problems and national decay. Shiva advocated a stricter enforcement of the selection criteria and broadening the medical examination of potential immigrants to include social and cultural factors (Tsur, 2001: 326-329; see also Falk, 2006:146-154).

Another example of the impact of science on the image of Mizrahi immigrants is the heated symposium which was initiated by *Megamot* (Trends), an academic journal of education, on the subject of *The Ethnic Differences in our Nation*. In that symposium, five major scholars expressed their views on the subject, focusing on the "primitiveness" of the immigrants. One of them, Karl Frankenstein, explored the meaning of "primitiveness" and the relationships between the primitive mentality of the child, the mentally retarded, the mentally ill, and the Mizrahi immigrant (Frankenstein, 1952). Frankenstein stressed that the comparison is not complete but he nonetheless found similarities that are mainly related to all sorts of intellectual capacities, such as the inability to generalize or to rationally organize diverse phenomena through induction or deduction, and the lack of a sense of a distinct self. All five contributors agreed that Mizrahi immigrants were of lesser developmental stage and therefore should abandon their backward mentality and be cured by acquiring the more advanced European culture and values (Segev, 1986: 157-158).

In public debates, health- and disability-related arguments were used interchangeably with ethnically-focused rhetoric, depending on the context and the agenda of the speaker. In the following example, the supporters of restrictions on immigration stressed the perceived dangers to public health, disguising the consequences of ethnic exclusion through the seemingly neutral language of public health. Thus, an editorial in *Ha'arets* praised a decision to medically examine the youth that came before their parents with *Aliyat Ha'noar* together with their parents who might wish to follow their children afterwards, maintaining that "this decision takes us towards the goal of fulfilling the principle of selective immigration in its fullest sense .... Public health is more important than statistics" (*Ha'arets*, 18 March 1953). Soon after, an editorial in *Davar* expressed a pro-immigration view, maintaining that: "North-African Jewry is facing extinction, their

material and social situation is severe, ... but they firmly believe in Israel that would save them, many of them already sent their children before them ... even though the separation from their kids was difficult" (*Davar*, 7 May 1953).

Like the public, Israeli political leadership and immigration officials, too, often shifted from an individual assessment to a collective diagnosis. In 1954, Prime Minister Moshe Sharet said that the selection should continue "with all cruelty," which is in fact "a form of mercy" towards the "person who suffers, who is ill-fated, who is sick or old, who is frail and has no income," because remaining in his place holds a much better future for him than being uprooted from there (Malka, 1997: 112). The very implementation of the selection criteria also suggests that Jews from Morocco were, indeed, treated as inherently and collectively ill and disabled and as presenting a danger to the public health. Therefore, cruelty to the entire community was justified. As the following statement by Yehuda Braginsky, one of the heads of the Jewish Agency's Absorption Department shows, at times it seemed as if being Moroccan was a disease in itself:

I do not believe in curing all the Jews from Morocco. Once curing ends, they will immediately contaminate each other again. If we wanted to perform a massive social operation, curing all Moroccan Jews, it could have been efficient, but our funds are insufficient for that purpose. ... Why are they sick? Because two cultures were met here, and such an encounter leads to moral degeneration (Tsur, 2002: 96, cited from a protocol of the Jewish Agency 4.11.1951).

The role that disability played in the discourse surrounding immigration policy was greater than merely preventing disabled people from immigrating to Israel. As this article shows, disability was also used as a tool to limit immigration of persons from Morocco and Tunisia, and to demean entire populations of immigrants. Moreover, the restrictions on immigration from Morocco and Tunisia became a major site in which assumptions and biases against disabled and sick people were most vividly and even blatantly expressed. Yet what this investigation shows is not that immigrants from Morocco were not, in fact, disabled or sick, and therefore did not deserve such treatment. It rather exposes how disability served to justify the exclusion of entire communities from the Zionist immigration enterprise, and how it operated as a fundamental organizing principle of it.

So why did the Vazana family not complete its Aliyah? How did their mother visit Israel, but never immigrate with David and Hannah? We can only imagine the impact that the trauma of the first rejection by the Aliyah Emissary had on her. It might have just discouraged her from trying again. But maybe it also instilled in her the fear that Israel is a good place for her healthy and nondisabled children, but not a welcoming place for sick and disabled persons.

# This work was supported in part by the Ed Roberts Postdoctoral Fellowship in Disability Studies, at the Institute of Urban and Regional Development, University of California at Berkeley, funded by NIDRR #H133P020009.

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## Endnotes

1. Batito-Frid and the editors of *Ma'ariv* expected the story to become a national sensation. What happened was that the Lebanon war of summer 2006 broke out that same week and the impact that the piece could have had was missed.
2. The exact dates of the story are not totally clear. According to Merav Batito-Frid, the journalist who presented the story, the family was unable to provide an exact timeline.
3. More recently, these critiques concern also the status of mixed-couples and migrant workers (See Carmi, 2004).
4. These physicians were called Confided Physicians (Rofei Emun).
5. Pioneering youth are motivated youngsters who make Aliyah for idealist Zionist reasons or youth whose profile fits the ideal type of immigrant so that he or she has the potential to join the Zionist missions of settlement and labor.
6. The large variety of illnesses and the shortage of healthcare equipment and services are documented in detail in the autobiography of Abraham Sternberg, the Head of the Immigrant Medical Service at the Jewish Agency Department of Immigrant Absorption (Sternberg, 1973).
7. Malkah notes with irony that in Morocco there was no Israeli consulate so the option of obtaining a visa independently and making Aliyah by oneself was, in fact, impossible (Malkah, 1997: 71)
8. A different place was designated for those who became disabled as a result of fulfilling those collective tasks, such as disabled veterans and disabled workers. Their injuries were part of the narrative of renewal (Mor, 2006).
9. The original term in Hebrew is *mefager*, which literally means *retarded* in English but does not translate well here. Therefore in Hebrew it is a much more loaded term for the purpose of this analysis.