

Metzora

April 16, 2016

### This Week's Text

זֹאת תְהִיָה תּוֹרַת הַמְצֻרָע, בְּיוֹם טְהֻרָתוֹ וְהוּבָא אֶל-הַכֹּהֵן

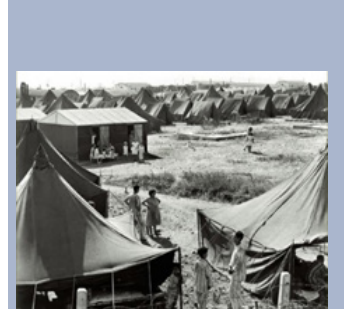
*Leviticus 14:2 These are the instructions for the leper on the day of his cleansing when he is brought to the priest.*

### Linking Our Text to Modern Israel

In this week's portion, Metzora, we learn about the biblical ceremony whereby a leper who has been confined in a quarantine camp outside the general community is purified and re-admitted into society. The ancient priest who declared the leper cured brings two birds. One is slaughtered and the other dipped in its blood and set free. Then, the leper launders his clothes, removes all the hair from his body through careful shaving, and brings a sacrifice to the sanctuary. Only then is the leper, who had been living in isolation with his disease, able to rejoin the community. This ritual of cleansing and purifying enables a kind of rebirth into society.

After the establishment of Israel in 1948, mass immigration ensued. In March of 1949, in a hurried attempt to have some measure of control over the thousands of immigrants arriving each month, Israeli officials set up a central processing camp called Shaar Haaliya ("Gate of Immigration") in the north near Haifa. This holding area allowed Israeli officials to screen Jews who came by right of return to Israel. Public health needs required that the peoples in this new sovereign state be kept safe. Yet mass immigration from 30 different countries, many fleeing poverty, persecution, and displaced person camps threatened a profound public health crisis. Though the isolation area served as a public health necessity, this confinement challenged the ideals of a welcoming and inclusive homeland for every Jew wishing to immigrate.

New immigrants expected seamless acceptance and integration into their Jewish homeland. In the context of the Holocaust and the treatment of Jews who fled the homes in Arab lands, Shaar Haaliya met with shocked disappointment, fear, anger, and criticism. They were unprepared to live in camps surrounded by barbed wire fences. Contemporary reports contradict one another as to the function of these areas as a quarantine zone. No references to quarantine exist in the Shaar Haaliya medical files yet reports from representatives of the Jewish Agency, the press, and the immigrants themselves clearly describe it as such.



Shaar Haaliya circa 1950; Public Domain

**Additional Resources:**  
Rhona D. Seidelman, PhD,  
[Conflicts of Quarantine The Case of Jewish Immigrants to the Jewish State](#), American Journal of Public Health, February 2012

Rhona D. Seidelman, PhD published in American Journal of Public health in 2012: “even though Shaar Haaliya may not have been officially categorized as a quarantine station by Israeli public health policy, its isolated, fenced-off, and police-guarded perimeter - which was motivated and defended largely on the basis of health concerns - demonstrates that it was, in fact, a quarantine.” The transition from isolation to acceptance into the public sphere involved medical examinations, registration, housing assignments, and customs declaration.

Built to accommodate 5000 people, Shaar Haaliya at times held between 10,000 and 12,000 immigrants. Cases of typhoid, malnutrition, lice, and other skin diseases were diagnosed and treated, helping prevent advanced and complicated cases for many individuals and thwarting an outbreak in new communities throughout Israel. Though the camp was intended to hold inhabitants for a few days, due to overwhelming numbers of newcomers and a limited staff of 400, some cases of detainment carried on for several weeks. By 1950 more than 220,000 people had been held and processed at Shaar Haaliya. Life inside the camp was strained - for employees, volunteers, and the newcomers. By March of 1955, in response to a decrease in immigration, the number of immigrants declined, as did the number of employees. Just a couple of years later, the only people processed at Shaar Haaliya were the elderly, infirm, and those with no family in Israel. In 1962 all operations at Shaar Haaliya ceased and the camp closed.

For new immigrants leaving Shaar Haaliya, reentry into general society wasn't at all like that of our biblical ancestors afflicted with leprosy. The elaborate ritual of ancient times was replaced with a bureaucratic process that facilitated the integration of newcomers into Israeli society. Assimilation was aided by thousands of youth who volunteered to assist immigrants in learning the Hebrew language and Israeli culture.

Our tradition challenges us to become a kingdom of priests and a holy nation. This is the work that each of us must do - extend a welcoming hand to those who are outsiders and to the sick. We must find a way to protect those around us, but so, too, must we model through our own lives and policies that the return and healing can be executed with dignity and sensitivity. This Torah portion challenges us to think about keeping Israel safe from those who may spread diseases. It also teaches us about politics, communal compassion, public healthcare, and respect for newcomers.

### **Discussion Questions:**

1. Are there times today when people need to be kept out of the general community because they pose a danger to others? In cases of criminal behavior this is left to law enforcement. But who should determine that a person ought to be isolated in cases of social disruption or health concerns?
2. With the influx of tens of thousands of immigrants to Israel in the early years after its establishment, could there have been alternative means of accomplishing what Shaar Haaliya set out to do?