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The Visibility of Bedouin Women in the Negev as Reflected in the Private Photographic Collection of Dr Ben Assa

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Abstract
This article presents a private collection of photographs of Bedouins living in the Negev desert in Southern Israel in the 1950s–1960s: the personal collection of the Dutch-born Benjamin Yehudah Ben Assa (1917–1976), a medical doctor known to the Bedouins as Abu Assa. The study explores the forms of presentation of women in his photographs, mostly while being treated in his clinic during his medical practice. The analysis of the photographs relates to lifestyle and traditions of Bedouin women and the way in which these affected his construction of images. The exploration relates to the forms of visibility of Bedouin women in the public sphere, expanding on traditional practices of photographing Bedouin women in the Middle East in the nineteenth and twentieth centuries.

Keywords: Bedouins, photographs, archives, Israel, women, visibility

Introduction
This article presents a glimpse of a rare collection of photographs of Bedouin women, taken by a Jewish Israeli doctor, Dr Benjamin Yehudah Ben Assa (1917–1976), known as Ben Assa or Abu Assa among the Bedouins. The uniqueness derives from the content of the collection and the circumstances in which it was created. Ben Assa photographed Bedouin tribes in the southern desert of the Negev in Israel, in part because of his personal empathy and interest in the Bedouin traditional society, lifestyle, and folklore, and mostly for his medical practice in the Negev desert of Israel. His work was carried out within the Israeli health care system, from 1953 to 1966. Observation of his collection allows a unique peek at the life of Bedouin women and their relationship with the doctor and his staff. Ben Assa’s rapport with the population enabled him...
to photograph the women relatively freely, at his
clinic, at work, and in their homes. His photographs
present a variety of clothing styles, head covers, tat-
too, embroidery, jewelry, old coins, and amulets.
These photographs stand out in their directness and
lack of formality, as well as the unreserved
responses of the women. Ben Assa photographed
the Bedouin population as a whole, though much of
the work encompasses photographs of
Bedouin women.

The analysis of Ben Assa’s collection must be
addressed in context with visual stereotypes of
Bedouin women created by Western photogra-
phers in Palestine before 1948. The study explores
his photographs and aims to understand whether,
under his circumstances as health care provider, he
succeeded in creating an alternative visual represen-
tation of Bedouin women, taking into account the
social status of women in Bedouin society and gen-
der discrimination against them.

Among the tens of thousands of photographs
taken from the mid-nineteenth century to the end
of the second third of the twentieth century in the
Middle East and Palestine, there are relatively few
photographs of Bedouin women. The paucity of
photographs of Bedouin women in the nineteenth
and early twentieth centuries affected visual con-
structions of Bedouin women by Western pho-
tographers, allowing room for stereotypes, which
circulated and influenced image production in the
Western world, as well as cultural practices of
viewing Bedouin women by Western audiences.
In general, Bedouin women, living in a “traditional
male dominated society,” were absent from the
visual public sphere (Abu Rabia-Queder and
Oplatka 2008, 398). Behrend explains that regard-
ing practices of photography and distribution of
photographs of Muslim women, there exists an
“ideal (gendered) modesty, purity and seclusion
that does not allow women to expose themselves
in public” (Behrend 2013, 148). He adds that pious
Muslim men and women have "attempted to
control and reduce the visibility of women in
the public domain” (ibid.).

Historically, Bedouin society has gone through
significant change since the foundation of the State
of Israel. The number of Negev Bedouin on the eve
of the 1948 war is estimated at around 65,000 peo-
ple, whereas only 11,000 were enumerated in the
first Israeli Bedouin census held in 1954. In 1948
some Bedouin fought against the Jews, while others
remained friendly or neutral. Many distanced them-
selves from the areas of fighting, and left the borders
of Israel. By 1964 the Negev Bedouin population
had risen to 20,000. From 1948 until 1966, Israeli
Arabs including the Negev Bedouins lived under the
Israeli military government (Yahel and Kark 2015;
Abu-Lughod 1971). During this period, the
Bedouins and the Arab population were restricted
in travel inside Israel. Until the end of the military
government in December 1966, the Negev
Bedouin, who were perceived as a security threat to
the newly established state, were isolated and
needed special permits to leave their design-
nated areas.

In the first decade of the State of Israel, the
Israeli Health Ministry and the Military Governor of
the Negev made efforts to promote health services
and education among the Negev Bedouin. The
period under study saw, among other things, the
introduction of modern medicine. Our investigation
of records in the archives of the Israeli Defence
Force and the Israeli health care system between
1949 and 1958 reports the administering of vaccina-
tions against polio, flu, typhoid, and treatment of
rabies in dogs and camels. There were successful
attempts to abolish tuberculosis.

The Israeli Health Ministry sought to appoint a
doctor for the Bedouins in the north of the Negev.
Ben Assa willingly took the position. He treated the
Bedouins in their tents and homes. Over the years,
he opened seven clinics for the Bedouins, organized
vaccinations and X-ray vans, which traveled to the
Bedouins as part of his battle against tuberculosis
(Israel Defence Forces Archive 1949–1950 and
Israel State Archive 1958).

Thus, due to the political circumstances in which
he worked, he benefited from intimate relationships
with his patients in their local habitat. The closeness forged during his home visits and travels, in which his staff and family would join him, served as the background for his collection of photographs. His work is unique because it was created in outstanding circumstances. Ben Assa was able to become familiar with their culture, with their Darvish (Bedouin healer), their traditions, and their nomadic way of life, without disrupting it.

The nomadic Bedouin tribes immigrated to the Negev desert in waves, mainly in the last 200 years, from Arabia, the Sinai Peninsula, and Egypt. Their primary economy was based on grazing sheep, goats, and camels, and protection taxes paid to the Bedouin by the farmers to prevent them raiding their fields and stealing their crops. During the first half of the twentieth century, they gradually switched to a semi-nomadic way of life, which included living in mobile tents that were moved around constantly during the seasons (Bailey 1980).

In the 1950s, there were few social and cultural changes, and the women in some of the photographs are portrayed in their natural setting, while other photographs show them exposed to modernity and change, in Ben Assa’s clinic. Ben Assa knew the husbands and entire families, and was able to converse in Arabic. He would be entertained in their tents with tea and coffee. The doctor’s friendly relations and ties with the community allowed him direct access to the women as well their complete cooperation. According to his wife, Martha Ben Assa, MD, (interview with with Martha Ben Assa, Jerusalem, 4 March 2015 and March 2018) the women needed their husbands’ consent to be photographed (interview with with Martha Ben Assa, Jerusalem, 4 March 2015 and March 2018). They refused to be photographed by others, such as journalists or photographers from abroad. Ben Assa’s photographs of Bedouin women in his Negev medical practice stepped outside the stereotypical presentation of Bedouin women. Having said that, it is important to consider that the photographer was a European male doctor, observing and documenting women dependent on his medical treatment. Ben Assa had trained as a physician at the beginning of the twentieth century and, according to Martha Ben Assa, believed that the “doctor always knows what is best for his patient.” This reflected the general attitude of physicians, hospitals, and ancillary personnel at that time. In this context, Ben Assa was able to create a collection of photographs that reflected clinical issues as well as aspects of Bedouin life in their natural environment unfamiliar to Western viewers, from a point of view that was personal and humane. Paradoxically, the photographs taken by Ben Assa, kept in a box for more than half a century, did not contribute to the visibility of the Bedouin women, since they were not accessible to the public.

Methodology
Our study involved extensive research in photographic archives of Western photographers of the nineteenth and early twentieth centuries. We examined photographs by Felix Bonfils, Sgt. James MacDonald, and Tancrède Dumas. We were able to make use of material in the Yad Ben Zvi Institute (Courtesy of Dr. Lavi Shay). Another important source was the G. Eric and Edith Matson Collection in the US Library of Congress, which consists of commercial images made by members of the American Colony in Jerusalem and other Western photographers.

We conducted interviews with Ben Assa’s wife Martha and his son Uri, and explored his published medical papers (Ben Assa 1960, 1961, 1964; Hendel and Ben Assa 1960; Groen et al. 1965). Martha Ben Assa was also a physician who worked in a clinic in the city of Beersheba. In addition, we reviewed academic papers that include photographs of Bedouin women in Palestine and the Middle East, and created a database of all the photographs. Ben Assa’s private archive has been transferred to the Yad Ben Zvi Institute, and digitalized. His wife Martha translated the original descriptions from Dutch to Hebrew in 2016, adding notes and explanations. We created a database of Ben Assa’s categorization system, containing digitalized captions of
Martha Ben Assa’s additions alongside Ben Assa’s original captions, including medical diagnoses and information on treatments. Martha’s additions serve as a bridge between his personal codification system and the medical value brought forth in his collection.

The choice of photographs for analysis consists of those that contain enough visual information to merit discussion. The study explores whether Ben Assa succeeded in creating an alternative form of presentation of Bedouin women, based on an original visual lexis of images of Bedouin women. The photographs chosen for the analysis present an alternative form of photography in which the women are shown dislocated from their natural environment and juxtaposed with modernism in his clinic. We studied the visual representation of women, their activity as seen in the photograph, their attire, and their relationship with their surroundings. The visual analysis considers the formal construction of the photograph, the use of angles and distance from the photographer; composition, information to be gleaned from the background and foreground, and analysis of signs and symbols in the image. The analysis is based on socio-semiotic tools, looking for the signs and symbols in the photographs, and aims to understand the context in which the photographs were taken and how the signs are read within this context.

Methodologically, the approach we have taken is an etic approach, in which we are analyzing a multi-layered visual presentation. It comprises the case study of the Dutch doctor who fled Nazi persecution, who is showing us his personal point of view of an ethnic culture in the Negev. The process of analysis is aimed at giving a voice to Ben Assa, to his choices and to his point of view (Gubrium and Harper 2013, 69). An emic approach would aim at understanding the Bedouin culture from within, while we are exploring the Bedouin culture through the eyes and lens of Ben Assa. This indirect access to the Bedouin women distances the research from the subject. It positions the research as an exploration of a process of documentation of an ethnic culture rather than of the ethnic culture itself. The study explores in what way Ben Assa displayed sensitivity towards the Bedouin women by means of his photographs. The silent voice of the Bedouin women is accounted for through his eyes and camera lens. Ben Assa was not an ethnographer, but he still attempted, beyond his motivation in the field of medical research, to document the Bedouin culture out of personal interest and empathy.

**Analysis of photo archives of indigenous populations**

The development of Western vested interests in Palestine and the Middle East coincided with the development of nineteenth-century photography. Analysis of photo archives of local populations from that time addresses issues of regional control and hegemony and the influence of hegemonic practices on photographic conventions. Pink writes that archives “have been characterized as objectifying systems, imposed on the weak by the powerful,” in which social science and the institutions of modern states have “mapped humankind” (Pink 2004, 104). Mapping involves creating visual typologies of genres of human kinds and inventories of images, in which records of people are catalogued and categorized. This in itself is a political act, since the categories in the archives are constructed according to power relations and social hierarchies.

Photography has been used as a colonial practice, in which photographers documented other cultures, situating the subjects of colonialism as others. The critique of colonial photography is that it subjugates the indigenous inhabitants in the eyes of the Western viewers. It manipulates scientific-realistic documentation into forms of control, by creating systems of categorization. The presumed scientific evidence that was considered to be projected from the photographs in fact turns into a method for control of people by accruing knowledge about them, which promotes domination and subordination of populations. Edwards (1992, 7) explains that “a photograph becomes a metaphor of power, having the ability to appropriate and
decontextualize time and space and those who exist within it.”

This mechanism relies on notions of the authenticity and credibility of the photographic images in archives in the eyes of the viewers. Historically, photography was considered a form of science. Photographs were perceived as neutral scientific proof of reality, thus serving as reliable evidence. The camera was considered a positivist tool that recorded the natural world with a high degree of accuracy. Barromi-Perlman explains that, “ever since the invention of photography in the 19th century and its association with the positivist school of thought which allows for the presentation of visual things as truth, photographic archives have accumulated power in Western society” (Barromi-Perlman 2011, 2). Viewers had a naïve faith that photography provided accurate, scientific proof and evidence. Roland Barthes explains that it provided even more than factual evidence; he wrote that every photograph gives the observer “the stupefying evidence that ‘this is how it was’ and the reality of ‘having been there’” (Barthes 1980, 278).

The notions of the truthfulness of the photograph serve as the underlying paradigm for the analysis of the photographs of Ben Assa. Ben Assa served the Bedouin population within the framework of the Israeli health care system, which contributed to improving Bedouin health. His images might be criticized unjustifiably as representing Israeli hegemony over the Bedouin population. Yet the particular clandestine social life of the archive of Ben Assa—kept in a box for 60 years—prevented it from serving mechanisms of society. The visual material that he created did not actively subjugate the Bedouin population, since it was never exposed to anyone other than his family circle.

Ben Assa’s photographs do not constitute an archive, but rather a collection. The extensive variety of subject matter, categorizing, classification, and content turn his work into a private endeavor rather than a recognized archive. Ben Assa created a personal and inconsistent categorization system. Analysis of the handwritten captions shows that the information is descriptive in nature, paying attention to information regarding actions he observed and photographed, written in Dutch on masking tape stuck to the plastic frame of the glass slide. The 450 written descriptions varied in nature. Many were general, such as: “Bedouin on tractor,” “two Bedouin men standing near wall,” “unpaved road.” Some include medical diagnoses. Ben Assa often paid attention to folkloristic aspects such as attire, specifying a head shawl, amulets, traditional attire, Western attire, belt, or jacket. Staff and family members are named, while the Bedouin are described generically—Bedouin man, Bedouin woman—indicating that he observed them and described their actions ethnographically. There is no hierarchy in the captions and the photographs found in the box were not sorted by topic. More than half the photographs were of medical conditions, while the others depict daily life, Bedouin culture, work, the environment, and traditions.

We consider Ben Assa’s work as a collection rather than an archive, a private collection. The historical, cultural weight of a public archive does not apply to this case. Furthermore, we wish to consider his collection as a case study of a doctor in the Negev. There were other doctors working on behalf of the Israeli health system, who took photographs from their angle. None created such a collection and none of their photographs were as renowned as those of Ben Assa. Since his work was a private collection, he was not seeking to create a participatory form of work, or to create a collaborative democratic process of work.

The collection is largely comprised of color 6 × 6 cm glass slides taken with a Zeiss Ikon Ikoflex camera. At a later point, Ben Asa began using 35 mm color slides for his documentation. The impression is that beyond the photos important to his medical practice, he was also motivated to document all aspects of the day-to-day life of the Bedouin people.
Nineteenth-century conventions of photographing Bedouin women in Palestine

Legions of photographers were drawn to the Holy Land and Palestine during the nineteenth century—missionaries, amateurs recording a stop on the Grand Tour, academics pursuing archaeology, military surveyors, foreign consuls, and settlers. These foreign photographers focused on depicting landscapes, archaeological ruins, holy places, and biblical sites (Barromi-Perlman 2017). The photographers were motivated by Messianism, biblical and historical interests, all of which influenced the choice of topics and forms of representation of local inhabitants. By viewing photographs, the European and American public could participate in the same visual imagery that eventually became a common, culturally constructed conception of what the Middle East and its inhabitants looked like, in lieu of actually traveling there. The photographs tended to present an “Orientalist” approach to the region and its inhabitants.

Western photographers often depicted the inhabitants as primitive beings, presenting images of antiquity and traditional ethnic types, idle people, and dilapidated buildings, all of which perpetuate stereotypes (Barromi-Perlman 2017). Shay (2016, 160) explains that Western photographers “produced photos for a Western audience [depicting] the place as holy, Oriental, neglected … usually depicting its inhabitants either as ‘types’ or objectifying them to prove the truth of the Bible.” Aburabia writes that a cultural exclusion process of Palestinians began in the nineteenth century. Bedouins were portrayed as “stagnant, primitive and backward” (Aburabia 2015, 92). These concepts affected photographic practices, which were applied by Western photographers touring the land, serving Western aspirations of expansion and control of the Middle East. Shay distinguishes between local photographers working in Palestine, and foreign, Western photographers. The local photographers created a familiarity and identified with the photographic subjects, treating them with respect.

Ben Assa’s work functions in between the definition of local and Western photographer, representing Western codes of documentation as well as respect for the culture and the local inhabitants.

The Bedouin woman in Figure 1 covers her face. She is unidentifiable as a person to the photographer, but certainly belonged to the group of black ex-slaves among the Negev Bedouin. The slight tilt of her body signifies a compliance with the photographer. This photograph constitutes an encounter with two different cultures, that of the Bedouin woman and that of the male Western photographer; created for Western audiences and in accordance with their preferences. The physical distance between the photographer and the woman and the empty space in the background signify the social and cultural distance that existed between them.

Figure 1. Bedouin woman carrying baby and water jar. Courtesy of the Library of Congress. Created/published: approximately 1900 to 1920.
Western photographers encountering Bedouins often photographed them as exotic inhabitants of the Middle East, as part of an Oriental, remote culture. Photographs of Bedouin women from the late nineteenth century usually showed images of women covered by burqas and veils, taken from a distance. Orientalist practices of photography presented a patronizing and superior attitude of the Western world towards the people in Palestine, a period in which European imperialism expanded and acted on a global scale. Western tourist photography was defined by Orientalism, which Behdad and Gartlan (2013, 12–13) describe as “a network of aesthetic, economic, and political relationships that cross national and historical boundaries.” Nineteenth-century photographs of Bedouin women often were made as a result of brief encounters, in passing on the road, near a well, in a field, or as the subjects performed women’s tasks and chores. Other practices included posing Bedouin women, often hidden behind clothing and ornaments. Male domination is part of the social structure of the patriarchal Bedouin society. The discrimination against women, as explained by Abu Rabia-Queder (2007), is part of their marginalization in a male-dominated Bedouin society. In the ingrained culture of Bedouin women, they were expected to hide their faces when encountering strangers and photographers. The social obligation to remain “hidden” is a potent sign of the discrimination they experienced.

Kark and Fischel (2012, 84) explain that Bedouin women “wore the burqa” (covering nose and mouth) and avoided meeting and speaking with men, particularly strange men. The face was covered using a shawl (burqa in Arabic) embroidered with silver and gold thread, ornamented with old coins, small pieces of gold, and trinkets. Belting (2014) explains that facial ornaments, decorations, and particularly masks serve a role in the relationship between body and image. The mask’s relation to the face cannot be reduced to either a concealment or redefinition and change. The real face is not necessarily the one hidden by the mask. If by “real” we refer to a shared, social meaning, it may be the face created by the mask that is “real” (Belting 2014, 23). Thus, for women, using ornaments and shawls to cover their faces can be seen as a means to refrain from revealing themselves to foreign men. What the viewer sees is not a hidden face but the “real” appearance of women, which allows them to observe the foreign male photographer and the viewer without themselves being viewed or identified.

The women in Figure 2 appear to be looking back at the photographer, passively. Evidently, they stopped their walk along the road and posed for the photograph. They do not engage with the photographer, though they consent to being photographed. The woman in the center is covering her mouth and looks sideways, as if embarrassed; the other two women are observing the photographer while posing for the photograph. Their attire

Figure 2. Bedouin women carrying water. From D. Trietsch, Bilder aus Palaestina (Berlin: Orient-Verlag, 1910), 37.
consists of a mélange of veils, shawls, and dresses that intertwine. They are standing close to each other. They are gazing at the photographer with dismay; it appears as if they are surprised by him as much as he is surprised by them. Considering the fact that it was taken in 1910, it is possible that these women were not accustomed to photographers or white men in their region. Rose (2012, 155) explains that there is a relation between image and audience; it is an internal relation, which manifests a mutual constitution of visual images and spectators. In this case, the Western audience is used to submissive presentations of Bedouin women, to be viewed from afar, as exotic subjects. The visibility of the Bedouin women in Figures 1 and 2, the gaze, and the body posture, were dependent on the photographer. Yet the construction of the hidden image was also dependent on the women and what they allowed the photographers to see, not only on what the photographers wished to see. This dynamic existed within the restrictions and cultural codes of the tribes, the permission of the Bedouin men, and the austerity and strictness directed at Bedouin women.

Mulvey (1989, 19) wrote that women in Western culture are used to being looked at, that looking is generally seen as an active male role while the passive role of being looked at is immediately adopted as a female characteristic. The pleasure of looking is meant to satisfy the active male gaze, looking at the passive female. The gaze in itself is a question of control and is code for power struggles. The gaze participates in creating gender identity and relates to what she describes as voyeurism, a way of seeing, which is active and distances and objectifies the viewer from what is looked at. Women are dependent on how men see them; the woman functions as an image while the man is the bearer of the look (ibid., 20). Thus, men enjoy the “active power of the erotic look … giving a satisfying sense of omnipotence” (ibid.). Mulvey explains that the female gaze is the same as the male gaze, meaning that women look at themselves through the eyes of men. The woman serves as an icon “displayed for the gaze and enjoyment of men, the active controllers of the look” (ibid., 21). The submissive gaze in this case does not build on the reciprocity of image-making culture, since the women never saw the photographs. It was one-sided in the sense that it only served the male gaze of the photographer as well as the Western viewers, disabling the Bedouin women from controlling their appearance or the distribution of their images. This is consistent with the marginalization of women in their own society. Thus, the women in the photographs are watched by their own society and observed by strangers.

El Aref (1933, 123–126) explains that the appearance of the women in the tribe, in the fields, on the paths, at work, or at the well, is subordinate to circumspection and social pressure. The women’s lack of control over their appearance is embedded in thousands of years of customs and traditions, into which they were born, all of which applied during the time frame of the study. Abu Rabia-Queder writes:

The collective code in Bedouin society plays an important role in female marginalization. … The collective code also infiltrates the individual’s life; any person who wants to be honored in his/her group has to obey the group’s codes by displaying unconditional loyalty to the tribe, and any shameful behavior weakens the power of the group. To prevent this, women are watched constantly and are married only to their relatives. Bedouin women have only restricted access to the public sphere, especially to education and employment. … Thus, these codes place the Bedouin woman in a paradoxical position: while she has an important role as preserver of the honor of the family and the tribe, she is also extremely marginalized by lack of appropriate conditions. (Abu Rabia-Queder 2007, 71)

Aref el-Aref, who was the Beersheba sub-district officer of the Mandatory regime in the years 1929–1939, wrote two comprehensive books on the Negev Bedouin. According to him, the Bedouin
culture is largely superstitious. They are known to believe that the world circulates around the woman, the house (tent), and the horse, all of which have an effect on the luck of the man (el-Aref 1933, 251–255). A man's luck depends on his wife, and if he is out of luck he should send his wife away, the horse should be sold, and the tent should be evacuated. El-Aref explains that the Bedouin women were allowed to sit among the men within family circles. If a stranger would appear, even a male tribesman, she was required to divert her face and cover it with her sleeve so that he would not be able to see her face. She would participate in family events, her face half-covered. She could unveil her face only within close family circles.

El-Aref included in his first book (El-Qada Bein el Badu [1933, 128]) a photo of a fully covered Bedouin woman from the el-Jarawin tribe (Figure 3). This led to an incident about which we learn from Professor Leo Haefeli, the translator of his book into German (el-Aref 1938, 139). El-Aref requested that Haefeli not include photos of Bedouin women in the German edition of his book:

… the governor [el-Aref] brings the picture of a Bedouin woman of the Bint ‘Ali Su’alik from the Dscharawin Bedouins. She came to me, he writes, and showed me her case: A member of her family had accused her of adultery and she was not an adulterer. She has won the process. . . . (El-Aref, 1933, 128)

The last photograph from the nineteenth century, Figure 4, shows women sitting close together in a circle. They are seated on the ground, not paying attention to the photographer. Photographic equipment in 1893 was cumbersome, thus the lack of spontaneity in the photograph. The women are dressed in similar clothes and are the same height; they cannot be distinguished from each other. Bedouin women were subjugated to two cultural codes that govern Bedouin life: the sexual code and the collective code (Abu Rabia-Queder 2007, 72) The photograph does not allow the viewer to connect with the women in the image. It is taken at an angle from above, so that the tent visually hovers over them, relatively
diminishing them in the composition. The women are partaking in a meal. They are seated close to each other, and two of them have their backs to the photographer. Overall, in this photograph, the women appear devoid of feminine sexual characteristics or individuality. The photographer does not interact or communicate with the women, but rather observes as an outsider. His physical detachment establishes the women in the photograph to Western viewers as a people living in a remote culture and land.

**The life and work of Benjamin Yehuda Ben Assa**

Born in Holland to an Orthodox Zionist family in 1917, Ben Assa began agricultural training after completing high school, intending to emigrate to Palestine, but later decided to study medicine. While active in a Zionist student group, he met Martha, also a medical student, whom he would later marry. The couple fled Holland when the Germans invaded in May 1940, managing to escape over the Pyrenees into Spain. Although they were arrested and imprisoned there, they eventually managed to settle in Britain, where Ben Assa joined the British Navy as a doctor. At the end of the war, he volunteered to serve as a doctor with the Navy in Indonesia. The couple resided in Makassar (Sulawesi Island) in Indonesia between 1946 and 1947. They emigrated to Israel in 1950, where Ben Assa initially worked at Rambam Hospital in Haifa. When the Health Ministry advertised an opening in Beersheba to provide health care for the Bedouin, he and his family decided to move there in 1954.

As a government-appointed physician, Ben Assa commuted four times a week, along with his staff of nurses, paramedics, secretary, and aides, to the health clinics he had established within the health service, as well as making home visits to the Bedouin camps. He became well acquainted with the people, and in particular the women. He was called “Abu Assa” (the “father of Assa” instead of Ben Assa, i.e. the son of Assa) by the Bedouins. E. Pratt wrote in 1957, in the *Bamahane* newspaper an article describing Ben Assa’s relationship with Bedouin women: “Ben Assa’s waiting room was more like a club. It was a rare opportunity for the women to leave their tents, the husband or fathers without being accompanied, to engage in a conversation with a friend. Women would come from wide and far, traveling many kilometers on their donkeys, in order to wait for several hours in the waiting room.” In the course of his practice, he documented the life, culture, tribes and individuals, habits, common diseases, and care of the Bedouins. Ben Assa created ties with the Darawish (Bedouin healers) and collaborated with them both from a desire to understand their customs and forms of treatment with herbal medicine and in hopes of obtaining their cooperation (Eretzisrael 1965). He published a number of papers in medical journals on Bedouin health and the effects of living in desert conditions. He struggled to combat the rampant tuberculosis among the Bedouins, and his work received international recognition. He received the Dutch Albert Schweitzer Foundation prize in 1966.

Uri Ben Assa, interviewed in March 2015, provided additional details about his father’s work:

My father built clinics in the Negev in Israel and donated money to the Jordanians to build a new-born health clinic for the Bedouins, since they crossed the border regularly. My father understood that the Bedouins travel to Jordan regularly and are in need of a clinic there and that he felt obliged to personally contribute to creating a basis for a humane rapport between Jews and Arabs. My father “raised” Dr Yunis Abu Rabia. Like others, who were mentored by my father, they worked for him in his clinics. He helped them to be accepted to medical school, and made sure they were employed. My father was the only doctor and he would tour with nurses and aides and arrive once a week at each clinic. The Bedouins would come to the clinics on camels and on foot. The Bedouins were not as sick then as they are now, they had fewer heart diseases or...
none at all. My father owned two jeeps, purchased from the Israeli Defense Force surplus and he used that to travel. We as children often accompanied him. He used to travel a lot in the south and photographed sick people and healthy people, mostly between 1956 and 1965.

The relationship my father had with them had an anthropological nature to it. Our families befriended the Bedouin. As children, we were hosted by them, we slept in their tents. He was an amateur photographer. He presented his medical photographs at conferences; we used to look at each slide separately. He bragged that he was the only man that Bedouin women agreed to unveil themselves for: He would buy coins from them, sewn onto their veils. He had a large collection of Ottoman coins sold off the women’s veils as well as Ottoman antiques, which he collected. None of the photographs were posed.

My parents used to consult each other on treatments, since they were both practicing doctors. There was a case of a man with a serious wound in his leg. His leg needed to be amputated. My father chose to cast the leg but left the cast open and treated it with iodine. The cast prevented movement, the opening allowed ventilation and they saved the leg. That was an example of their life and their practice. He also worked with the daravish—the medicine men. They had their own traditional methods of treatment. He told me that when he administered medicine, they would leave it on top of the tent, under the moonlight, overnight before swallowing it.

Martha Ben Assa added in an interview held in 2015:

He tried to introduce contraceptives and birth control. A gynecologist colleague would accompany him on his tours and examine pregnant women. The women did not dress up for the photographs, this was their normal attire. Every woman had one dress and she wore it for a year and it often smelled bad, often of goat feces.

Martha Ben Assa explained that she was in charge of the photo albums, organizing the photographs and adding the texts, later transferred to his son Uri, where they remained in his possession. Ben Assa had his prints developed at a local photo store in Beersheba. “Most of his photographs were taken for his own personal use; he did not present them or screen them but shared them with his children. We had no slide projector.” In a later interview, she added that “he photographed mostly for medical purposes and for lectures. He liked to photograph and to use it as a tool in his work. He enjoyed their cooperation with the Bedouins and trust.”

Analysis of Ben Assa’s photographs

Ben Assa’s photographs were made in connection with his work as a physician. They show Bedouin women in uncommon situations, in regard to traditions of photographing Bedouin women. Women were photographed attending the clinics; they consented to exposing themselves during medical treatments. They were photographed with their babies and children, and when speaking with the nurses. Ben Assa was thus able to accumulate a trove of visual material that went beyond documentation of medical conditions and the course of treatment to a body of visual ethnographic material, presenting a juxtaposition of cultures, in his clinic. His familiarity with the tribe, their dependence on him, and years of doctor–patient relationships developed into friendships. He was able to photograph freely in their homes, to observe and document attire and rituals, while presenting nuances of their lives, such as particular forms of attire, and bonding with their children, which were not common in forms of portraiture of these women.

In Figure 5 we see that he photographed the back of a woman, focusing on her head shawl. In the shawl we can see a key, belt clasps, and buttons sewn in. It consists of a collage of cloths, which are attached asymmetrically. The collected amulets in
the back, the conglomeration of items sewn into the shawl, and the striking red cloth on the right side of the woman's head all turn this into an odd photograph. In the background we can discern Ben Assa's desk, telephone, sink, a desk calendar, and other objects. The photograph juxtaposes Bedouin ethnic culture with modernity, which appears in the form of a dark desk, crossing the frame diagonally. The woman's ethnic culture is positioned vertically in the center of the frame, controlling the composition while remaining disconnected from the background.

In Figure 6 we see a woman holding her baby to the camera. The woman is smiling and appears content. She exposes her face and is shyly looking downwards, with a glimpse of pride, holding the baby upwards towards the camera. The baby appears distressed. The subject in this frame appears to be the baby but in fact it comprises the mother and the baby, since she is holding it at an angle, which is uncommon and possibly unsafe. The baby is taken out of its comfort zone for the moment of exposure. All of these factors indicate that the act of photographing was not common practice for them so that the moment and the action of taking the photograph stand out in their intensity. In the background, the words “treatment room” (Hadar Ti’pu’lim) in Hebrew and smaller Arabic letters can be discerned. Once again, the photograph presents a juxtaposition of cultures, which coexist only in conjunction with each other in Ben Assa’s clinic.

Dermatological diseases were documented for medical research, as well as other illnesses with external clinical features. The doctor documented diseases that spread into various parts of the body, limbs, and mostly neck. Patients were cooperative and exposed whatever part of the body was affected, including genitalia and breasts. They exposed lesions, inflamed and deformed organs, infected wounds, and more. Ben Assa researched their diet and its effect on bone diseases, specifically on the development of osteomalacia due to poor nutrition during the drought years, with a lack of calcium and vitamin D (Groen et al. 1965). He photographed distorted spines and limbs and published these photographs when describing the dietary habits of the Bedouin.

Figure 7 is an image published in a medical journal in 1965 (Groen et al. 1965). The bare-breasted woman was photographed to show the distortion resulting from osteomalacia and osteoporosis. Of the photographs surveyed for this study, this is a rare example of a woman unclad. She appears submissive; her physical condition is quite evident. This photograph was not found in his photographic archive, but was published in a medical journal, and it stands out as being a scientific image.

The white sheet separates the woman from the background, so that she is disconnected from her natural ambience. Modesty was surpassed in this photograph by scientific research; the need to show...
Osteomalacia Among the Bedouin of the Negev Desert

Clinical and Biochemical Observations

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Etiology

OSTEOMALACIA, considered the analogous condition of rickets in adults, is a clinical syndrome in which new bone matrix, though being formed, shows a defective calcification.

The disease is now well defined by its clinical, roentgenological, and biochemical symptoms and signs. As for its pathogenesis, two main theories prevail at present. According to one investigator it is caused by a combination of factors, eg, lack of sunlight and lack of dietary calcium and vitamin D due to their inadequate absorption from the bowel and/or excessive loss in prolonged lactation and numerous pregnancies. According to the second concept, osteomalacia is the specific result of vitamin D deficiency attributable to the combination of a lack of sunlight and a low vitamin D intake, a defective absorption or utilization, or an excessive loss of the vitamin. Calcium deficiency may occur simultaneously and increase the severity of the ensuing syndrome. It is not however a necessary part of the cause, and the symptoms and signs of calcium deficiency are different from those of rickets and osteomalacia.

Unlike rickets, most cases of osteomalacia do not occur in temperate climatic zones where sunlight is only available for limited periods of the year. On the contrary most cases of osteomalacia occur in parts of the world where sunlight is abundant. The reason for this is that the insufficient exposure of the patients to the sun is due, not to weather conditions, but to the social customs prevailing in these areas, which force women to spend most of their time indoors and to cover the whole body and face by dark clothing when they go out (Fig 1, and 3).

Even when entirely protected from exposure to ultraviolet light, the human individual, like the animal, need not develop vitamin D deficiency if sufficient vitamin D is available in his food supply. Therefore, osteomalacia rarely develops unless these two conditions coincide in the same individual, viz, lack of sunlight and a diet deficient in vitamin D. This explains why the disease has been described most frequently among certain groups of the population in China, and India, and has been seen in the Western world in epidemic form only during the unusual circumstances of the first and second World Wars.

Similarly, osteomalacia has been found in Pakistanis residing in Scotland, probably caused by the combination of insufficient exposure to the sun and a deficient vitamin D intake. In Israel the disease has not been observed, to our knowledge, among the Jewish population, but cases have been described by Salzberger et al. among the Bedouin living in the Negev desert.

During the last years we have been able to diagnose and observe eight women suffering from this condition. In this paper we do not wish to recapitulate the known clinical features of the disease, but rather draw attention to the circumstances under which osteomalacia occurs among the Bedouin and to report on

Figure 7. Photograph of woman in medical article.
Fig 10.—Typical severe kyphosis in an elderly woman as a result of osteomalacia (in this case probably combined with osteoporosis). Nature which sets in motion processes of biological destruction and repair of a nature similar to that in callus formation. The first stages of the process develop normally, but at the stage where the newly deposited osteoid should be calcified, the process is blocked.

Thus, just as in rickets where the phenomena are most pronounced in the areas of increased turnover of bone, viz., in the growing epiphyses, in osteomalacia the changes are most marked in areas where under the impact of mechanical strain and the ensuing repair, the turnover processes are also increased. Mechanical strain, which normally results via an increased turnover in fortification of the bone in the strain-bearing places, in osteomalacia is causing local decalcification and deposits of osteoid which are large enough to become visible as Looser zones on the x-ray picture. Where generalized replacement of bone by osteoid occurs and the mechanical strain continues, deformities of the chest, pelvis and vertebral column are caused (Fig 7, 9, 10, and 11). This concept of the role of mechanical strain in the pathogenesis of the Looser zones is similar to the one which is held for the sequence of events in the so-called fatigue or stress fractures. Neither Looser zones nor stress fractures are true fractures as there is no break in the continuity and the periosteum remains intact. Both result from a primary damage to the crystalline structure and are followed by biological necrosis and resorption of the bone and callus formation. But whereas after a stress fracture a real bone containing callus develops, the callus cannot progress beyond the stage of osteoid in the pseudofractures of osteomalacia.

Biochemical Studies

Table 2 summarizes the results of the determinations of serum calcium, phosphate, and alkaline phosphatase. A low serum phosphate was found in seven patients. In three of these the serum calcium was initially below 9 mg/100 cc, while in the other four it was normal.
the curved spine superseded the need to respect Bedouin codes of behavior. This photograph serves as an example of the fact that Ben Assa was foremost a doctor and his interest was that of a physician. He treated his female patients with respect, according to Martha Ben Assa. He would only examine girls in the presence of their mothers. When necessary, he would conduct breast exams.

The left-hand photograph, Figure 8, shows a woman with a scarred neck. Ben Assa produced many similar photographs of swollen necks, of both men and women. In all these photographs the patients divert their face and the attention is focused on the neck.

Ben Assa often photographed his staff at work, conducting routine check-ups, treating patients, during consultations, and during breaks. The staff in Figure 9, on the right, appear in their uniforms, which stand out in comparison to the dark attire of the Bedouin child. The photograph shows the staff treating a child while the woman, who might be his mother, is standing passively in the background. The nurses create a barrier with their chairs, in which the child is positioned. The mother allows the nurse and doctor to attend to her child without interrupting or interfering in any way. This indicates a form of cooperation that existed between the Bedouins and the medical staff.

Figure 10 shows the medical staff observing a woman using a sewing machine. They appear to be immersed in her work, observing and assisting her at the same time. It is unclear whether the sewing machine was part of her everyday culture and they were learning how to sew from her, or the other way round. The woman and the machine are at the center of the image and the focus of attention. The garment being sewn is a traditional Bedouin garment. This photograph indicates the involvement of the medical staff and their interest in the Bedouin...
women and their practices. Martha Ben Assa explained that her husband was interested in folklore, clothes, and amulets, all of which were more common among women. This made the Bedouin women an interesting subject for him.

Observing Figures 11 and 12, we can see how the body language and the return of the gaze create different situations. The Bedouin woman on the left (Figure 11) takes up the lower part of the frame; the background constitutes a chair and an examination table. She appears anxious. There exists a series of images of women seated in the chair in Ben Assa’s clinic. The visual signs are similar in all of them: the distance from the camera lens, the angle, the signs in the back, the composition. The similarity in presenting his patients indicates that there was a consistency in the way he viewed them. The staff in Figure 12 on the right fill the frame; their eyes sparkle, and they appear happy and content. Each one is positioned in a different body posture; there is little space between the photographer and the nurses. They are aware that they are being photographed and seem at ease, in comparison to the Bedouin woman in Figure 11. These photographs present how people from different cultures respond to being photographed. Their demeanor, body postures, smiles, and gaze all affect the way in which they are perceived by the viewer. This is an example of how the viewers see the Bedouin women through Ben Assa’s eyes, based on his relationships with his patients.

Figure 13 presents Ben Assa in his clinic, treating a young woman, standing in front of him. This photograph from his private album shows him at work. The woman’s face is revealed. The photo contains internal visual contrasts—the white coat of the doctor versus the black garment; the seated doctor versus the standing patient. She smiles courteously while he is talking and she is listening. She appears ill at ease with the situation, which was possible since Bedouin women were not accustomed to posing and being photographed. El Aref explains that the visibility of the woman is complex. She can be seen unveiled in the tribe, with no face cover, conversing with men, buying and selling in the market, busy with her chores. At the same time, she is disenfranchised from inheriting land, although according to the Muslim law she is entitled to it, and
has no say in her own marriage (El Aref 1933, 123–126). Ben Assa did not attempt to change their culture, being familiar and sensitive to the Bedouin traditions and superstitions regarding women.

In Figure 14 we see a woman smiling at the photographer while weaving. Martha Ben Assa explained in her recent interview that her husband was personally interested in weaving. In Ben Assa’s photograph, the woman can be seen looking back at him, smiling; the woman in the background can be seen smiling as well. The photograph is taken at eye level; the woman fills the center of the frame while her craft fills the front part of the frame. Her craft is her trademark; her outstretched arm indicates that she owns her work and craftsmanship.

Images of women at work were common, though women were most commonly photographed carrying out chores. Under the Bedouin sexual code, perceptions of honor and shame dictate behavior, which also defined the daily workload of the Bedouin women—which was extensive, and harder than that of the city dwellers or non-nomadic people (el Aref 1933). Kark and Fischel explain:

Bedouin women carried a large burden of the herding, watering and feeding of camels, goats, and sheep raised by their tribes, maintained the upkeep of their tents or shacks, and made cheese and other goods to sell for cash needed by their clans. (Kark and Fischel 2012, 83)

Hence, images of women carrying out tasks related to herding, watering of animals, and domestic chores remained consistent over time, with few images of change or signs of modernity.

Observation of Ben Assa’s private photo albums shows that images of his private life and professional life were intertwined. His wife and four children were involved in his professional endeavor. The children were often hosted by Bedouin families.

In Figures 15–17, we see the Ben Assa children in Bedouin dress for the Jewish holiday of Purim. The Bedouin clothing as costumes is thus a visual sign of the “other.” This action separates the realism of Bedouin life, as represented in his archive, from the realism of his private life. It creates a cultural distinction between being Jewish and celebrating a Jewish holiday and the reality of the people to whom the clothes belonged. The clothes become symbols of another culture that is distant and remote, into which one can dress up. The desert in the background, and the working-class neighborhood of the family residence, serve as signifiers of the Jewish settlement in the desert, in which the Bedouins’ culture serves as a prop for a Purim party. These photographs indicate the complexity of working alongside the Bedouins, being familiar with them, yet living in a city, Beersheba, that was quickly expanded into the Jewish capital of the desert. This series of photographs stands out not only in what it shows but also in the choice of the subject matter. Ben Assa’s collection of color slides included private photographs of his family over the years. Yet this is almost the only series of photographs in which his private family world and the Bedouin world connect visually. In this case, the importance of the photographs goes beyond how they show to what they indicate—the interface of cultures, his professional career, and his private family life. As far as the collection goes, this set of photographs signifies the extension of the Bedouin culture...
into the Israeli culture of that period, by using Bedouin clothes as a prop for a Jewish holiday.

In Figure 18 we see a family friend and Ben Assa’s son on a camel. It indicates how the integration and endorsement of Bedouin culture went far beyond the professional sphere and became personal and familiar. Ben Assa’s familiarization with the Bedouin people and the immersion of their culture into his private family life are visually presented in this photograph of his son on a camel. Since the image of a Jewish Israeli child on a camel was common among Israeli tourists visiting the Negev, the referents of this image consist of a wider audience. The image in the case of Ben Assa reflected a gradual endorsement of Bedouin culture in his private sphere. The relevance of these photos is that they were created and exist in the collection, beyond the visual information in them.

Ben Assa’s devotion and total commitment to his work with the Bedouins was unprecedented, but his work came to an end. “The resignation of the physician who had been ‘the Bedouin’s champion’
in the health system, faithfully guarding their best interests, had a detrimental effect on the Bedouin … The four clinics that were opened with much pomp and ceremony stand closed, gathering dust” (Shvartz et al. 2003, 63). Shvartz et al. write that “curative care was transferred to the Kupat Holim [public health care system] in 1972. All the other functions that Ben Assa had performed for the Bedouin were closed down. At that time, Kupat Holim, the primary health fund in the country, provided health services to 80 per cent of Israel’s inhabitants” (ibid., 61). Ben Assa’s position as full-time physician for the Bedouin population, assisted by a trained nurse and entire staff, was never refilled, which led to “widespread dissatisfaction of the Bedouin with the quality of free treatment provided by government-run curative services” (ibid., 65). Thus, his devotion, expertise, and actions at that point in time enabled him to create his unique collection, which could not have come into being under any other circumstances.

Summary and discussion
Ben Assa’s private collection stands in contrast to norms of visual representation of Bedouin women, in a society that has remained conservative and traditional. Ben Assa gained the women’s cooperation, smiles, and return of the gaze. The photographs he took of women in the clinic, confronting modernity, deconstruct traditional Western visual canons. Ben Assa, known as Abu Assa, was appreciated by the Bedouin people. The photographs of his female patients derived from a long-term relationship. In some of the images presented in the study, the women appear smiling; they reveal their faces, some look back knowingly at the photographer. Ben Assa, the doctor and the person, humanized them and their heritage and folklore, while introducing modern medical and public health care. His photographs present the subtle impact of modernism in their life as well as the hegemony of the Israeli government, as seen in the Hebrew signs in the clinics.

The naiveté of Ben Assa’s endeavor and professional medical work during that period enabled him to construct this unique collection. His position allowed him privileged access to the private sphere of the women in the community. This direct access did not generate a selection process; there were neither preferred images or hierarchy in his work, and he served as his own critic. Being trained as a scientist, he took a realistic approach to his documentation. He believed in the power of the camera to accurately document physical diseases, as well as to describe life and culture. His style of documentation was straightforward and realistic.

Foucault (1972, 7) criticizes documentation, writing that: “The document, then, is no longer for history an inert material through which it tries to reconstitute what men have done or said.” Foucault adds that “history is now trying to define within the documentary material itself unities, totalities, series, relations” (ibid.). Ben Assa’s photographs were not aimed at documenting a distant culture that remained culturally stagnant, by recording its material traces, but rather a living dynamic culture. In a sense, he redefined the materiality of their life by changing their dynamics, by building clinics, introducing modern medicine and medical staff to their culture. Ben Assa’s visual
documentation displays a unique dynamic of relations between doctor and patients in the Negev, during that specific period in Israeli history. The analysis demonstrates how the relations he forged with the Bedouins served as a platform for his documentary material. Since his work was a private collection, he was not seeking to create a participatory form of work, or to create a collaborative democratic process. Having said that, he did empower the Bedouin community, working with them and with their darawish. He did not attempt to alter the hegemony of Israeli society over the Negev Bedouin people, only to care for their health. The specific conditions of his work created an encounter between Israeli modern medicine and Bedouin culture, in a particular period in Israeli history. This period in time served as a platform for the existence of coevalness (Fabian 1983, 34). The contemporaneity of Ben Assa’s medical practice and Bedouin culture and their relationships enabled them to share their cultures in a mutual time. He made efforts to learn their culture, to learn their language, to introduce his family to them, and introduce them to his family and to his home.

The photographs can be considered unique not only in their style, content, and forms of expression, but because they were kept in a box and were not intended for media or public display. Ben Assa created his own memoirs in photographs; his personal experiences were commemorated in his photographs. Ben Assa succeeded in putting the women in the limelight in his collection, enabling the viewer to empathize with them, giving them dignity by showing his respect and compassion towards them in his photographs. The private sphere of the Bedouin women, his personal visual memoirs, and his profession as a doctor existed in collaboration and harmony, in his tin boxes, organized by him and preserved for over half a century by his life partner Martha Ben Assa.

The analysis generates understanding of photographs taken in good faith, by a man who devoted his career to the care of the Bedouin people. Unfortunately, we believe that it would be difficult to replicate this body of work today because of the tension and animosity between the Israeli authorities and the Bedouins over Bedouin land claims, unemployment, and poverty. There have been many attempts by the Israeli government to alter the nomadic lifestyle of the Bedouins by moving them to permanent dwellings, by building schools and developing higher education (Yahel and Kark 2017). From the beginning of the twentieth century, the Bedouin began to sedentarize, a process that accelerated in the 1960s with the establishment of Bedouin townships, so that during the period of Ben Assa’s work, some Bedouin tribes were already permanently settled, whereas others maintained a nomadic lifestyle that was consistent with the traditional one.

This collection could fall into the lines of Israeli attempts at folklorizing the Bedouins in the Negev, by theoretically claiming that Ben Assa was perpetuating their traditional lifestyle through his photographs. Yet our study reveals that Ben Assa was determined to dignify their culture, as well as invest his own efforts to improve their health conditions, in years of drought, malnutrition, and typhoid epidemics. The study demonstrates that Ben Assa’s work presented a secluded phenomenon, created in a time bubble, before the end of the Israeli military government in 1966. There existed no precedent for his work, nor was there a doctor so devoted to his task in the Negev, for so many years within the Israeli health care system. Ben Assa, who fled the Nazis and was a devout Zionist, was a non-political, amateur photographer and humanist. Thus, in the collection, Ben Assa offers the opportunity to glimpse into a time capsule, a culture, and a personal journey, kept in a tin box for more than 60 years.

Disclosure statement
No potential conflict of interest was reported by the authors.
Archives

Interviews
Barromi-Perlman and Kark with Martha Ben Assa, MD, Jerusalem, 4 March 2015.
Barromi-Perlman with Uri Ben Assa, Ramat Hasharon, 22 March, 2015.
Kark with Martha Ben Assa, MD, Jerusalem, 12 March 2018.

Notes
1. This study was made possible thanks to the assistance and contribution of Martha Ben Assa, MD, and Uri Ben Assa, who gave us access and permission to use the photographs in their collection and private family albums. We dedicate this paper to the memory of Dr. Martha Ben Assa, who passed away in Jerusalem in October 2018 at the age of 101.
2. Yunis Abu Rabia, MD, was the first Bedouin physician in Israel and opened the first Bedouin medical clinic in Rahat, near Beersheba.

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References