

Bar Ilan University

"There is a solution for each Settler"

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Community Aspects of Gush Katif Evacuees Rehabilitation

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Abstract

The study on the topic of "Community Aspects of Gush Katif Evacuees Rehabilitation" examined the rehabilitation process undergone by the communities of "Kfar Darom" and "HaGush HaMeuchad". The study followed the rehabilitation process of the evacuees, beginning from the time of Israel's unilateral disengagement from the Gaza strip (hereinafter referred to as "the disengagement"), which took place during the Hebrew month of Av, in the Hebrew year of 5765 (August 2005), and till Av, 5767 (August 2007).

Study Background, Goals and Outline

Two fields of knowledge have been integrated into this study: Community and Rehabilitation of Populations.

The community is a vital and complex social entity (Bauman 2000, Gilchrist 2004).

The rehabilitation process of displaced communities is characterized by a wide spectrum of tasks, a multitude of organizations that are involved, and multi dimensionality (Drabek & Evans, 2005; Quarantelli, 1985; Peterson, 1999). A successful rehabilitation process is based on cooperation and mutual accord between the affected communities and the aid organizations (Buckle 2001; Pyles 2007).

Although the importance of communities in rehabilitation processes has been recognized, there is still a lot of knowledge missing, in order to understand the ways in which these communities operate, and the reciprocal relations that exist between them and aid organizations, over an extended rehabilitation process (Pyles, 2007; Rubin, 2009).

The goal of this study is to improve the understanding of the rehabilitation process undergone by displaced communities, while focusing on the following points:

- The role the community plays in the rehabilitation of individuals and families, and the role it plays in relation to the aid organizations.
- The communities' rehabilitation process – the reciprocal relations and the reciprocal influences existing between the communities and stakeholders that are involved in the process.

The study was conducted according to the Constructive - Qualitative method, which is appropriate for studying dynamic, multi dimensional social processes (Sabar Ben Yehoshua, 1999, 2001; Shkedi, 2003). The theoretical foundation on which the study is based is the Complex System Theory (Luhmann, 1995; Battram, 2003; Ritzer, 2006).

The study compares the rehabilitation process of communities with different background variables: the Kfar Darom community is a religious community. It fought against the disengagement and is a highly cohesive community. On the other hand, the community of "Hagush HaMeuchad" is loosely knit. It was formed on the basis of families that had followed the government's instruction. Both communities stayed in the city of Ashkelon for most of the duration of the study.

The examining of the "rehabilitation system" included the organization of the entire community of Gush Katif evacuees, as part of the "Settlers' Committee", the governmental aid organizations (ministries and local authorities) and the civilian aid organizations.

This study features five unique attributes:

- Community as choice – the evacuees were offered the option of an independent rehabilitation route, outside the framework of the community.
- A medium term study – most of the studies in this field focus on aid offered to the evacuees in the short term (immediately after being displaced). This study covers a period of two years.
- A duration study – this study followed the rehabilitation process for the entire duration of its first two years.
- Conducted in real time – the study documents the points of view held by the Stakeholders, as the events were taking place.
- A complex point of view – the use of Complex Systems theory and appropriate research tools enabled the identification of the effects of the complex reciprocal relations which exist between the parties with interest that are involved in the process.

Study Findings:

1. The most prominent finding was the evacuees' clear preference to remain within the communal framework, over taking the route of independent rehabilitation.
2. Communal rehabilitation occurs simultaneously in the material, organizational, emotional and value systems dimensions. All these dimensions ceaselessly influence each other in a reciprocal manner. This multi dimensionality is characteristic of the reciprocal relations that exist within the rehabilitation system. The government's activity was focused on the material aspects of the communities' rehabilitation and paid little attention to its other aspects.
3. Three models of communal behavior were observed during the rehabilitation process: "past based" communities, which rely on continuity and constancy; "future based" communities, which draw the strength to get through the rehabilitation process out of preparing themselves for a joint future; and "present based" communities that work towards achieving common interests, within the rehabilitation process.
4. It was found that the background variables of each community affected rehabilitation more than the level of prior preparation. These variables are: Locus of control, community resilience, social capital, socio economic status, values and beliefs.
5. Leadership – the status of the community leadership has been eroded throughout the rehabilitation process, mainly during the times of transition (the 'Moses Syndrome'). Both communities saw a rise in female leadership.
6. The functional division of leadership – the communities' leadership divided the responsibility within itself, according to the rehabilitation aspects mentioned above: spiritual leadership to handle the ideological aspect, task oriented leadership on the organizational and material fronts, and social leadership to deal with the emotional aspects of rehabilitation.
7. Social solidarity – support systems for weaker populations were developed and maintained in both communities.

8. Civilian aid organizations significantly supplement governmental aid. The organizations got organized quickly to provide aid. They were wise enough to make use of the displaced communities' systems, and were useful in many fields over a significant period of time.
9. Emergent aid organization – a few days after the day on which the disengagement occurred, the "Lemaan Acheinu" (literally translated as "For Our Brethren") aid organization was established. This organization directed thousands of volunteers in a wide range of activity fields. "Lemaan Acheinu" served as coordinator for a widespread aid network that included many civilian aid organizations, and was also in touch with governmental aid organizations. "Lemaan Acheinu" aided the leadership of the displaced communities in its rehabilitation, and served as the foundation for the establishment of the "Settlers' Committee".
10. A significant gap was revealed, between the intention declared by the government to support the rehabilitation of the communities, and its difficulty in preparing for and actually realizing this intention. This gap is due to three central reasons:
 - Governability – the government finds it difficult to perform activities that go beyond its routine procedures.
 - Intention – the government has fundamentally adopted the point of view of restitution, not rehabilitation.
 - Adaptation – the government finds it difficult to identify communities, recognize them as entities that are entitled to support, and adapt its activity to the various and changing needs of the different communities.
11. The Evacuees' Affect on Government Policy – the Settlers' Committee and representatives of the communities, in cooperation with the Lobby of Cross Partisan Knesset Members, forced the government to work towards rehabilitation within the communal frameworks. This was done consistently, from the stage of legislation, throughout the rehabilitation process, and till the signing of the "Knesset Members' Pact" and the establishment of a national inquiry committee.

Conclusions:

Community Conduct in Rehabilitation Processes – The community is an important and active factor in the rehabilitation system, and is one of the basic human needs of a displaced population. Community patterns that were in place prior to the event continued to characterize its conduct after the event had occurred. A community going through a rehabilitation process is simultaneously and intensely occupied with the past, present and future. For this purpose, the communities structurally adapted, as was demonstrated in the division of work teams for the purposes of commemoration, life in the present and planning for the future.

The community leadership's conduct plays a significant role in the rehabilitation process. The community's leadership deals with challenges within the personal, communal and external realms. The various stages of the rehabilitation process each require the appropriate style of leadership, as well as the ability to balance the insistence on community interests, with need for making compromises, in order to maintain continuity throughout the rehabilitation process.

The Dynamics and Reciprocal Relations within the Rehabilitation System –

Relationships based on trust within the communities, between the communities and the aid providing elements, and within the aid system, are necessary for ensuring a successful rehabilitation process. Lack of trust and the lack of a fundamental attitude of integration and connectivity within the rehabilitation system, have hurt the rehabilitation process. The bureaucratic structure of governmental organizations hinders their ability to provide effective aid to the communities, and work together with other aid organizations. Civilian aid organizations can serve as "middlemen" and are quick to construct multidisciplinary, cross sectorial aid networks.

The Emergent Aid Organization - the factors that enabled quick and effective organization were: the cultural proximity and good ties between the communities and the elements providing aid, operational simplicity, the decentralization of activity and the concentration of information.

Two research tools for presenting and analyzing the findings were developed and tested, as part of this study. They were found to be effective:

The TIIC Model – the TIIC model is a tool for analyzing differentiation (segregation) and integration within the rehabilitation system, according to four parameters: Tasks, Institutions, Integration and Connectivity. The use of this model enabled a comparison between the populations that were being examined, as well as the detection of changes of conduct throughout the rehabilitation process. It also enabled the examining of reciprocal relations among the elements involved, and served as a basis for comparison between the study findings and the relevant literature.

The Multi Dimensional Pattern – these four components - the material, organizational, emotional and value system dimensions – characterize the stakeholders that are involved in the rehabilitation process and largely influence the ability of these parties to establish effective reciprocal relations. Using this pattern helped in presenting the multi dimensionality of community rehabilitation. A model for studying and understanding the communal phenomenon may be proposed. Also, the model serves as a foundation for a qualitative approach to researching social networks.

Some of these conclusions call for further studies in order to strengthen the inclusion ability. The tools developed and applied in this study, i.e. the multi dimensional model and the TIIC model, are sure to improve the more they are used.