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**Anglo-American Missionary Medicine in Gaza, 1882-1981**

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**Anglo-American Missionary Medicine in Gaza, 1882-1981**

**by**

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## **Abstract**

### **Anglo-American Missionary Medicine in Gaza, 1882-1981**

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For a century, scholars of Palestine have wrestled with the repercussions of missionary efforts in the region. Most scholarship focuses on nineteenth-century educational and ecclesiastical endeavors, as innovations in technology proved mutually transformative. These accounts define the relationship between missionaries, colonialism, and the emergence of the modern state. Less attention, however, has been paid to the impact of medical missions. These institutions interacted with every segment of society while concurrently engaging with practices of religion, law, and medicine. In Palestine, they provoked an ambivalent response amongst the populace who benefited from their medical services but generally disdained their proselytizing practices that tore at the social fabric. Palestinians felt compelled to react to the practices of mission hospitals. The minute records of mission hospitals, paired with Palestinian reactions to their polarizing practices, allow scholars to trace subtle transformations in the making of modern Palestine.

This thesis examines the history of a mission hospital in Gaza, operated by Anglo-American missionaries for nearly a century, and analyzes developments in Gazan society, medicine, and law by gauging responses to missionary medicine. Drawing heavily on

original archival material from the Church Missionary Society (CMS) and Foreign Mission Board (FMB), I interact with a century-long historical record (1882-1981). Rather than focus on the defining political moments in Palestinian history, this thesis takes interest in the quotidian experiences that contextualize the region. These experiences provide new perspective and complement the existing historiography of Palestine.

In addition to this historiography, this thesis interacts with scholarship on missions, modern medicine, and colonialism in the Middle East. I expand on previous scholarship in terms of period and institutional focus. Much attention has been paid to the history of missions during the nineteenth century, but few scholars trace how missions developed into the twentieth century. Studying missions in this century overturns prior conceptions of missionary history while speaking to further developments in the modern Middle East. Second, this thesis brings attention to missionary medicine, which is often subsumed under colonialism. By defining missionary medicine and differentiating it from the colonial project, this thesis strives to better understand its impact on Gaza.

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## Introduction

On 8 February 1954, the responsibility for operating the Sterling Memorial Hospital in Gaza transferred from British to American hands.<sup>1</sup> A seemingly insignificant moment, that never appeared in the headlines of major newspapers, it represented the historical developments that helped define the modern Middle East. The Church Missionary Society (CMS) of the Anglican Communion established the medical mission in 1882 and operated it until 1954, paralleling the height of British colonialism in the Middle East. In 1882, British forces occupied Egypt following the Anglo-Egyptian War, maintaining a degree of *de facto* control over the Egyptian government and military until 1956. The British military occupied nearby Palestine during World War I and proceeded to govern the region until 1948. Britain maintained control over Egypt and Palestine, the two regions bordering Gaza, until the decade following World War II when the United States largely replaced the role vacated by the British Empire. In Gaza, American missionaries from the Foreign Mission Board (FMB) of the Southern Baptist Convention purchased the CMS mission hospital in 1954. The FMB renamed the medical institution, calling it the Gaza Baptist Hospital, and operated it until 1981. This same Anglo-American mission hospital met the medical needs of Gaza for a century, but polarized Gazan society with its evangelical practices.

The records and correspondence of FMB and CMS missionaries offer an uninterrupted account of Gaza between 1882 and 1981, a century that defined the

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<sup>1</sup> J.T. McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954* (Jerusalem: Arab Baptist Mission, May 1954), 1, International Mission Board Minutes.



contemporary territory. The mission hospital, and the missionaries who operated it, found themselves at the intersection of defining transformations in Gazan society, medicine, and law. The mission hospital offered services to and treated every segment of Gazan society. Its narrative provides a unique perspective on the international, regional, and local authorities who shaped modern Gaza in addition to the inhabitants and refugees who resided in the territory during this formative century. First and foremost, this thesis takes interest in describing and analyzing transformations in Gazan society, medicine, and law—missionary records make possible this endeavor.

### **Mission Organizations**

Contextualizing the CMS and FMB helps to understand their aims and aspirations in Gaza. The CMS, the organization that founded the Gazan medical mission in 1882, was established on 12 April 1799. The organization found its spiritual roots in the great revival of John Wesley and others, including Anglican clergy, who wished to renew and redefine their faith in the mid-eighteenth century. These church leaders coalesced under the significance of individual conversion and justification by faith, which encouraged members in the Church of England to evangelize the “Heathen.” The society confirmed in 1812, “It is the duty high incumbent upon every Christian to endeavour to propagate the knowledge of the Gospel among the Heathen.”<sup>2</sup> The CMS delivered on this statement by directing their first missions to “Africa and the East.”<sup>3</sup> The CMS took interest in traveling

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<sup>2</sup> Church Missionary Society, *The Missionary Papers, 1816-1878* (London: Church Missionary Society, 1816).

<sup>3</sup> Rosemary Keen, *Church Missionary Society Archive: General Introduction and Guide to the Archive* (Marlborough, England: Church Missionary Society, n.d.), Adam Matthew.

beyond the British Isles, so it communicated with the British East India Company, which initially dissuaded the missionaries from entering India, China, and Japan. Instead, the missionaries set their eyes on West Africa, specifically Sierra Leone, where several of the CMS founders were directors of the Sierra Leone Company. After Sierra Leone, the CMS proceeded to establish missions in areas of British imperialism including Nigeria, South Africa, Kenya, Uganda, Rwanda, Burundi, Mauritius, Madagascar, Sudan, and the Seychelles. By 1814, the CMS had convinced the British East India Company to allow them entrance into India. The Opium War allowed CMS missionaries to enter China by 1842. In the nineteenth century, the CMS also sent missionaries to its overseas territories in Canada, the West Indies, Australia, and New Zealand. Missions to the Mediterranean and Middle East proved the most difficult for the CMS, but the organization finally gained permanent access to Egypt, Palestine, and other regions in the Ottoman Empire following the Anglo-Egyptian War in 1882. The Veiled Protectorate in Egypt, the term used to describe British interference in Egyptian governance, and the later British Mandate over Palestine, enabled CMS missionaries to establish and maintain their missions in these regions, including the CMS mission hospital in Gaza (1882-1954).<sup>4</sup>

In 1954, the FMB purchased the CMS hospital in Gaza as part of its postwar mission strategy. The FMB was founded at the first Southern Baptist Convention in 1845, the same convention in which Northern and Southern American Baptists separated into two distinct denominations. Prior to the American Civil War, the FMB sent missionaries to

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<sup>4</sup> Ibid.

China and Sub-Saharan Africa, mirroring many of the CMS mission endeavors in the mid-nineteenth century. The Civil War and subsequent Reconstruction Era placed considerable debt on the FMB, and it was not in a financial position to support major overseas missions until the end of World War II (1861-1945). After the Second World War, the FMB experienced a growth spurt during which it sent over one-thousand missionaries abroad by 1955 and several thousand by 1965. The FMB mission strategy followed the Great Commission of Matthew 28, “Therefore go and make disciples of *all nations*, baptizing them in the name of the Father and of the Son and of the Holy Spirit,” which the organization interpreted as establishing a missionary presence in all the nation-states of the world. The FMB sent missionaries to many nations in Latin America, Sub-Saharan Africa, Southern Europe, South Asia, Southeast Asia, East Asia, and the Middle East. Missions to the Middle East concentrated on the Arab Gulf, with mission stations in Yemen, and *al-Mashriq*, with missions in Lebanon, Jordan, Palestine, and Israel. The FMB hospital in Gaza, the Gaza Baptist Hospital, was a small part of the FMB’s strategy to deliver the gospel message to the many nation-states of the postwar world.<sup>5</sup> The directives and accomplishments of the FMB have been documented in a copious number of records, memoirs, and other documents written by missionaries and their supporters.

### **Missionary Medicine in the Middle East**

Scholarship on missionary endeavors, however, expands beyond mission hagiography, as scholars of colonialism reconcile with the consequences of missionaries

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<sup>5</sup> International Mission Board, “175 Timeline,” *IMB*, n.d., accessed February 17, 2021, <https://www.imb.org/175/>.

and their sending organizations. The Middle East is no exception where the historiography of missionary encounters is well-established. Although this historiography has evolved over a century, scholars continue to draw from the records and correspondence of missionaries to glean new arguments on the making of the modern Middle East. Ussama Makdisi, Beth Baron, Heather Sharkey, and Jeffery Culang have provided notable scholarship on Euro-American missionary efforts in the modern Middle East and the repercussions of their encounters.<sup>6</sup> Rather than valorize or demonize the actions of missionaries, these scholars reinterpret the missionaries' relationship with modernity for the sake of Arab history. Makdisi locates the emergence of Arab ecumenism within the writings of Butrus al-Bustani, a *nahda* intellectual who interacted with American Presbyterian missionaries.<sup>7</sup> Baron and Sharkey, on the other hand, note resistance to the missionary message with the origins of the Muslim Brotherhood and concept of religious freedom in Egypt.<sup>8</sup> Culang builds from Baron and Sharkey to show how missionary efforts in Egypt, led by the American missionary Samuel Zwemer, spurred transformational understandings of religious freedom in modern Egypt.<sup>9</sup> Makdisi, Baron, Sharkey, and

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<sup>6</sup> Ussama Makdisi, *Artillery of Heaven: American Missionaries and the Failed Conversion of the Middle East*, The United States in the world (Ithaca: Cornell University Press, 2008); Ussama Makdisi, "Reclaiming the Land of the Bible: Missionaries, Secularism, and Evangelical Modernity," *The American Historical Review* 102, no. 3 (1997): 680–713; Heather J. Sharkey, *American Evangelicals in Egypt: Missionary Encounters in an Age of Empire* (Princeton: Princeton University Press, 2008); Beth Baron, *The Orphan Scandal: Christian Missionaries and the Rise of the Muslim Brotherhood* (Stanford, California: Stanford University Press, 2014); Jeffrey Culang, "'The Shari'a Must Go': Seduction, Moral Injury, and Religious Freedom in Egypt's Liberal Age," *Comparative Studies in Society and History*; *Cambridge* 60, no. 2 (April 2018): 446–475.

<sup>7</sup> Ussama Makdisi, *Age of Coexistence: The Ecumenical Frame and the Making of the Modern Arab World* (Oakland, California: University of California Press, 2019).

<sup>8</sup> Sharkey, *American Evangelicals in Egypt*; Baron, *The Orphan Scandal*.

<sup>9</sup> Culang, "The Shari'a Must Go."

Culang provide a model for how to utilize the records of Euro-American missionaries in a way that privileges local agency.

When analyzing missionary endeavors in the Middle East, few scholars have noted their relationship with modern medicine. Most scholarship on Anglo-American missionaries in this region focuses on ecclesiastical and educational endeavors during the nineteenth century, demonstrating how translation, printing technologies, and pedagogy transformed missions and society. Few scholars of the Middle East have attended to missionary medicine, despite the prevalence of this type of scholarship in India, China, and Sub-Saharan Africa.<sup>10</sup> David Hardiman, for example, built his academic career analyzing missionary medicine in India, where he examines the parallel processes of decolonization as both the missionaries and people whom they treated wrestled through similar projects of legitimation and transformation during the late-nineteenth and early-twentieth centuries.<sup>11</sup> Melanie Tanielian suggests the possibility of this type of research in the Middle East in *The Charity of War*.<sup>12</sup> She notes reactions to starvation and disease during World War I and how these reactions subsequently shaped the Lebanese political landscape. Despite rampant suffering due to famine, she considers the “power of provisioning” as

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<sup>10</sup> Yuet-wah Cheung, *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937* (Lanham, MD: University Press of America, 1988); Walima T. Kalusa, “Missionaries, African Patients, and Negotiating Missionary Medicine at Kalene Hospital, Zambia, 1906-1935,” *Journal of southern African studies* 40, no. 2 (2014): 283–294; David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester; New York: Manchester University Press; Palgrave Macmillan, 2008); David Hardiman, ed., *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, 80 (Amsterdam: Rodopi, 2006).

<sup>11</sup> Hardiman, *Missionaries and Their Medicine*; Nandini Chatterjee, “Missionaries and Their Medicine: A Christian Modernity for Tribal India,” *Social History of Medicine* 22, no. 1 (April 1, 2009): 214–215.

<sup>12</sup> Melanie S. Tanielian, *The Charity of War: Famine, Humanitarian Aid, and World War I in the Middle East* (Stanford, California: Stanford University Press, 2018), 5,17.

those who mobilized aid attained long-lasting social capital.<sup>13</sup> According to Tanielian, those who benefited from the “power of provisioning” included Ottoman administrators, Lebanese merchants, religious leaders, *and* American missionaries who mutually defined postwar Lebanon through their reactions to suffering. Although American missionaries do not inhabit a central position in Tanielian’s analysis, she exemplifies how their actions in wartime Lebanon became a significant aspect of postwar developments. My thesis will build from the example of Tanielian by noting local responses to the mission hospital in Gaza and questioning how these responses denote sociopolitical, medical, and legal developments.

Understanding the relationship between Gazan society and the mission hospital hinges upon the definition of missionary medicine as a distinct category of modern medicine, different from colonial medicine. Numerous scholars have attempted to define colonial medicine and its relationship to the military, economy, and administration of the colonial state. A close connection between medical knowledge and colonial power was often used by colonial officials to justify their actions. Colonial medicine had a distinct goal in colonial society. Whether to protect the colonial enclave or to justify the colonial project as relief for what it claimed were the inherently diseased bodies of their colonial subjects, colonial medicine worked first and foremost to serve the interests of the metropole.<sup>14</sup> Scholars often subsume missionary medicine under the same banner of

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<sup>13</sup> *Ibid.*, 17.

<sup>14</sup> Radhika Ramasubban, *Public Health and Medical Research in India: Their Origins Under the Impact of British Colonial Policy* (Swedish Agency for Research Cooperation with Developing Countries, 1982); Gyan Prakash, “Body Politic in Colonial India,” in *Questions of Modernity*, ed. Timothy Mitchell, vol. 11 (University of Minnesota Press, 2000).

colonial medicine. Although missionary medicine shared many of the characteristics of colonial medicine, I follow the lead of Khaled Fahmy in distinguishing categories of modern medicine. Fahmy distances what he calls “khedival medicine” from the colonial medicine of British India and colonial Sub-Saharan Africa.<sup>15</sup> He explains that unlike colonial medicine, khedival medicine did not deny the sovereignty of the Egyptian people, labeling the Egyptian body as inherently diseased and incapable of self-rule, but instead touted medical pedagogy as open and available to Egyptian physicians.<sup>16</sup> Missionary medicine, on the other hand, exists somewhere between colonial medicine and khedival medicine with a limited but not restricted medical pedagogy that served Gazan society in a universal but categorized manner. Chapter one of my thesis defines missionary medicine and examines the ways in which it manifested and integrated within Gazan society.

### **A Site of Ambivalence**

After defining missionary medicine, chapters two and three expand upon a concept I call a site of ambivalence. My concept builds from Frantz Fanon’s comment, “Western medical science, being part of the oppressive system, has always provoked in the native an *ambivalent* attitude.”<sup>17</sup> Missionary medicine, as practiced by the mission hospital in Gaza, both benefited and disrupted Gazan society. Therefore, I describe the mission hospital as a site of ambivalence. A site of ambivalence maintains contradictory features, in this case an institution committed to medicine and proselytism, which ensure its permanence while

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<sup>15</sup> Khaled Fahmy, *In Quest of Justice: Islamic Law and Forensic Medicine in Modern Egypt* (Oakland, California: University of California Press, 2018).

<sup>16</sup> *Ibid.*, 20.

<sup>17</sup> Frantz Fanon, *A Dying Colonialism*, trans. Haakon Chevalier (New York: Grove Press, 1994), 121.

preserving its imposition. The medicine and proselytism of the Anglo-American mission hospital in Gaza necessitated an ambivalent response from international, regional, and local authorities in Gaza. The inconsistent responses of these officials revealed the nature and capacity of their own legitimacy. With this approach, I emulate the work of Nancy Gallagher who studies colonial medicine in Tunisia.<sup>18</sup> To identify the impact of European colonial medical practices, and the evolution of medical pedagogy in Tunisia, Gallagher examines epidemics as an indicator of social trends. Similar to a mission hospital, epidemics necessitated a response from different segments of Tunisian society. Gallagher uses these responses to write a social history of medicine in Tunisia during the nineteenth century. Through the responses of different members of Gazan society, I follow a similar trajectory as Gallagher to identify sociopolitical, medical, and legal developments in Gaza.

My conception of a site of ambivalence also interacts with recent scholarship on Palestinian history, which focuses on the in-between moments, tracing the quotidian experiences of the people and institutions.<sup>19</sup> These accounts do not intend to decentralize nor depoliticize the defining moments in Palestinian history but rather give new meaning to how individuals and institutions managed change, loss, and destruction. Ilana Feldman exemplifies this approach in *Governing Gaza*, arguing that bureaucratic practices

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<sup>18</sup> Nancy Elizabeth Gallagher, *Medicine and Power in Tunisia, 1780-1900* (Cambridge: Cambridge University Press, 1983).

<sup>19</sup> Ilana Feldman, *Governing Gaza: Bureaucracy, Authority, and the Work of Rule, 1917-1967* (Durham: Duke University Press, 2008); Michael Dumper, "Forty Years without Slumbering: Waqf Politics and Administration in the Gaza Strip, 1948-1987," *British Journal of Middle Eastern Studies* 20, no. 2 (January 1, 1993): 174-190; Randa Farah, "Palestinian Refugees, the Nation, and the Shifting Political Landscape," *Social Alternatives; Brisbane* 32, no. 3 (2013): 41-47.



legitimated authority despite political ruptures during the twentieth century.<sup>20</sup> Feldman describes Gazan governance with the term “tactical government,” defined as “a means of governing that shifts in response to crisis, that often works without long-term planning, and that presumes little stability in governing conditions.”<sup>21</sup> I follow Feldman’s lead by locating practices that legitimized authority in Gaza. These practices become visible via reactions to the Anglo-American mission hospital. As individuals, agencies, and organizations responded to the medicine and proselytism of the mission hospital, they revealed the nature, sources, and capacity of their own legitimacy in Gaza. The historical processes that allowed for the proliferation of missionary medicine in Gaza, but ultimately curbed its proselytizing goals, become apparent by analyzing the mission hospital through the lens of social, medical, and legal ambivalence.

### **Source Material: Possibilities and Limitations**

This thesis relies on archival material sourced from the CMS and International Mission Board (IMB) Archives. Most of the CMS Archives have been digitized and made available through Adam Matthew Publications. The remainder of the CMS collection is stored at the Cadbury Research Library at the University of Birmingham and the Crowther Library in Oxford. Due to COVID-19 travel restrictions, this thesis only includes digitized primary source material from the CMS. Of the digitized material, this thesis primarily focuses on the periodicals of *Mercy and Truth* and *The Mission Hospital*, which were published monthly between 1897 and 1955. The CMS archival sources, which have been

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<sup>20</sup> Feldman, *Governing Gaza*.

<sup>21</sup> *Ibid.*, 3.

perused and dissected by numerous scholars, comprise the primary evidence of the first chapter. The second and third chapters feature original archival material from the IMB Archives (the rebranded FMB). Working closely with an archivist at the IMB Archives in Richmond, Virginia, I accumulated a minute record of FMB missionary activities at their hospital in Gaza. These records include mission notes, missionary correspondence, and other primary source material such as legal records involving the medical institution and anecdotal descriptions of the hospital and its surroundings by travelers and other observers. In all three chapters, this thesis buttresses archival material with select memoirs, in English and Arabic, and government records published by the British Mandate, Egyptian Administration, and Israeli government.

The primary sources of the CMS and IMB archives offer numerous advantages for scholars of modern Gaza. First, they provide an uninterrupted record of Gazan history from the late-nineteenth century to the present. Despite significant regime change during this period, the mission hospital operated continuously for over a century. These primary sources also offer a unique perspective as the Anglo-American missionaries held an outsider and insider perspective. Most of the missionaries were born outside of Gaza and thus carry certain biases when understanding and interpreting the social, medical, and legal landscape of the city and its periphery. At the same time, many of these missionaries were permanently stationed in Gaza, serving most of their working career at this single institution. Furthermore, not all the missionaries in the hospital were born outside of the Middle East. Some of the mission accounts, written in English and Arabic, were compiled by Arab staff members who immigrated to Gaza from Egypt, Syria, Lebanon, and other

neighboring regions to assist the CMS and FMB in operating the mission hospital. These archival records partially address the primary source issues that have confounded scholars of modern Palestine. To address the history of society and law in Palestine, Beshara Doumani calls historians to fill this “major lacuna” with *sijillat al-makakim al-shar’iya* (records of the Islamic religious courts).<sup>22</sup> While Doumani has leveraged *sijillat* to write social histories focused on Nablus, Tripoli, and other cities in Palestine and Greater Syria,<sup>23</sup> similar *sijillat* are currently inaccessible in Gaza due to restrictions of the Israeli government. Missionary records from Gaza allow historians to address some of historical questions related to Gazan society, medicine, and law that are otherwise unanswerable due to source material limitations.

The CMS and IMB archives also present several limitations, which this thesis has attempted to offset with secondary sources and competing perspectives. The most noticeable limitation of the mission archives is their lack of specific patient records. The missionaries meticulously noted statistics of medical care, but rarely recorded the perspective of their patients. Most patient accounts are heavily interpreted through the missionary lens for missionary supporters in the metropole. The lack of patient perspective makes it difficult to judge how individuals in Gaza interpreted the mission hospital, save some isolated accounts. Another problem presented by the missionary archives is their

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<sup>22</sup> Beshara Doumani, “Palestinian Islamic Court Records: A Source for Socioeconomic History,” *Middle East Studies Association Bulletin* 19, no. 2 (1985): 155.

<sup>23</sup> Beshara Doumani, *Rediscovering Palestine: Merchants and Peasants in Jabal Nablus, 1700-1900* (Berkeley: University of California Press, 1995); Beshara Doumani, *Family Life in the Ottoman Mediterranean: A Social History*, First published. (Cambridge, England: Cambridge University Press, 2017).

inconsistent focus. For example, in the mid-twentieth century FMB missionaries paid considerable attention to legal disputes in Gaza. Following the 1967 Arab-Israeli War, these legal considerations largely dissipated in their records, replaced with concerns about economic inflation. A related issue is that of medical goals. Both the CMS and FMB missionaries assert an unwavering commitment to medicine as a means towards evangelism, but the details of their medical strategy remain undefined. Despite failing to define their medical techniques and strategies, clear patterns of patient care emerge in their records. In this thesis, I attempt to fill these gaps to the best of my present ability, recognizing that an oral history of this topic, focused on the perspective of patients, might offer the scholarly panacea for lingering inadequacies in the archival record. Due to time and travel restrictions, this thesis does not include oral history accounts, which may prove invaluable to further developing this study.

## **Structure**

The following chapters offer a chronological and thematic analysis of the Anglo-American mission hospital and Gazan society. I study a century of the hospital's history, from 1882 to 1981, and in each chapter focus on a different theme: society, medicine, and law. The first chapter (1882-1954) describes the establishment of the hospital and defines missionary medicine as a distinct category of modern medicine. It then analyzes how missionary medicine categorized and interacted with an evolving Gazan society. The second chapter (1954-1967) introduces my central concept, the site of ambivalence, to evaluate missionary medicine in Gaza and how it legitimized local, regional, and international authorities in Gaza. This chapter takes specific interest in the era of the

Egyptian Administration and how it legitimized its authority in Gaza through medical practices. The third chapter (1967-1981) continues the narrative of the Gaza Baptist Hospital as it navigated legal transformations after the Israeli military occupied the territory. This chapter focuses on property law and how the Israeli occupation impacted the legitimacy and effectiveness of local governing bodies. The conclusion (1981-present) provides a brief description of the hospital after FMB missionaries vacated it, before summarizing the accomplishments of this thesis.

## Chapter I

Before 1882, the Church Missionary Society (CMS) of the Anglican Communion had failed to establish a permanent mission in the eastern Mediterranean. The society, founded in 1799, sent missionaries to West Africa, the West Indies, New Zealand, and India before attempting to enter the Ottoman Empire. The regions under Ottoman control required extreme caution as the missionaries lacked the support of British imperialism. The CMS attempted to enter the empire through Malta, which they described as the headquarters of their Mediterranean Mission. In Malta, they built a printing press in 1815 to publish scriptures intended for distribution in the empire. In 1819, CMS missionaries attempted to establish mission stations in Ottoman Turkey but were forced to return to Malta by 1821.<sup>24</sup> Four years later, in 1825, the CMS established missions amongst Coptic Christians in Egypt and Orthodox Christians in Ethiopia. However, mission work in Malta and Ethiopia ceased in 1840 and the Egyptian mission was relinquished in 1862. Early missions focused on translating and distributing scriptures in vernacular languages.<sup>25</sup> These CMS missionaries lacked significant financial support, and often aggravated local and Ottoman authorities who interpreted their mission efforts as little but societal disruption.

In 1882, the CMS saw a new opportunity for mission work. British forces occupied Egypt following the Anglo-Egyptian War thus initiating a period described as the Veiled Protectorate. Under the protectorate, CMS missionaries returned to Egypt and its bordering

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<sup>24</sup> Rosemary Keen, *Church Missionary Society Archive: General Introduction and Guide to the Archive*.

<sup>25</sup> Paul Sedra, *From Mission to Modernity: Evangelicals, Reformers and Education in Nineteenth Century Egypt* (New York: I. B. Tauris, 2011).

regions with new mission strategies.<sup>26</sup> Support from British colonial officials, paired with technological innovations, allowed the CMS to establish permanent missions in Egypt and the Ottoman Empire, including a medical mission founded in Gaza.

The CMS hospital founded in Gaza comprises the focus of this chapter, which defines missionary medicine as a distinct category of modern medicine and then analyses how CMS medical missionaries understood and engaged Gazan society. Missionary medicine in Gaza was neither “enclavist,” in that it only supported British imperial interests, nor universal, as it favored a certain type of patient.<sup>27</sup> CMS missionaries categorized Gazan society with dichotomies: wealthy and impoverished, urban and rural, male and female, Muslim and Christian. Within each pair, the missionaries geared their medical attention toward what they perceived as the subordinated position. They maintained a commitment toward serving the poor, rural, and female members of Gazan society, with the support of a Christian staff.

Missionary medicine, while it operated in a universal fashion, making modern medical care available to the entire population, it consciously postured itself as the medicine of the marginalized. Unlike colonial medicine, it transformed over time, coopting suitable authority based on present needs. The CMS hospital in Gaza garnered support from the metropole, Ottoman authorities, local officials, and colonial administrators during its half century of existence. What led to the demise of the hospital, when the CMS conceded

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<sup>26</sup> Sharkey, *American Evangelicals in Egypt*.

<sup>27</sup> I borrow the term “enclavist” from Fahmy who uses the term to differentiate Khedival medicine from colonial medicine. He, therefore, ties Khedival medicine to his universal conception of modern medicine. Fahmy, *In Quest of Justice*, 18.

to sell their institution to American missionaries, was not the termination of the British Mandate in Palestine, but the rapid transformation of Gazan society. The immutable calculus of British missionary medicine could not withstand a society that consolidated under anti-Zionism and anti-colonialism emerging from the war on Palestine.<sup>28</sup>

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In 1881, Rev. Dr. R. Elliot, a British medical missionary, arrived in Gaza with ambitions for a medical mission tied closely to British colonialism in the region. Elliot and other British medical missionaries cited General Charles Gordon, a British officer and administrator, as the inspiration for their medical mission to Gaza. When Gordon passed through Gaza, he noticed it “lacked a medical man and evangelistic work” and he encouraged the Church Missionary Society (CMS) to establish a medical dispensary.<sup>29</sup> Gordon took interest in Gaza for its strategic importance to British colonialism in Egypt. Colonial officials desired control over Gaza, especially Rafah in southern Gaza, to secure their investments in the Sinai Peninsula. The CMS worked alongside these colonial interests, but for its own purposes. In August 1881, the CMS Committee of the Medical Missionary Association raised £500 for the establishment of a medical mission in Gaza. The committee appointed Elliott to serve as the leader and sole physician of the mission. It supplied Elliot with £50 per year to purchase medicine and medical instruments to work in

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<sup>28</sup> When I write the war on Palestine, I refer to Khalidi’s description of the ongoing, hundred years’ war on Palestine from 1917 to the present. Rashid Khalidi, *The Hundred Years’ War on Palestine: A History of Settler Colonialism and Resistance, 1917-2017*, First edition. (New York: Metropolitan Books, Henry Holt and Company, 2020).

<sup>29</sup> R.G Sterling, “History and Present Outlook of the Gaza Medical Mission,” in *The Mission Hospital*, vol. XXVI (Church Missionary Society Periodicals, 1922), 75; Church Missionary Society, *The Church Missionary Atlas* (Church Missionary Society Periodicals, 1896), 75.



the “old Philistine city” of Gaza.<sup>30</sup> While missionaries frequently connected cities like Gaza to their biblical names and inhabitants, mostly for the benefit of their Christian readership in the metropole, they were under no illusion of the contemporary situation in Gaza.<sup>31</sup> They identified the city of “20,000 Moslems” as a rare opportunity for medical evangelism amongst a non-Christian population.<sup>32</sup>

Although the success of British medical missionaries in Gaza relied upon British colonial power, these missionaries saw their role in separate terms, viewing Gaza as an isolated location to conduct medical proselytism amongst Muslims. The first medical missionary in Gaza, Elliot, was soon replaced by Rev. Dr. R.G. Sterling who would serve the hospital for over two decades.<sup>33</sup> Sterling, a trained surgeon, arrived in 1891 and established the first modern hospital in Gaza called *Dar ‘Abd an-Nur*.<sup>34</sup> Like most medical missionaries, he saw medicine as a means towards evangelism. He was ordained a minister in the Anglican Church before subsequently taking a medical degree.<sup>35</sup> From the onset, he described Gaza as unique from other CMS missions in Palestine and Egypt, an “almost purely Mohammedan Mission.”<sup>36</sup> For Sterling and the other medical missionaries who joined him in Gaza, their mission derived its value not from its connection to the Bible

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<sup>30</sup> Church Missionary Society, *Medical Missions at Home and Abroad*, vol. 1 (London: Church Missionary Society, 1885), 49.

<sup>31</sup> Stockdale, *Colonial Encounters Among English and Palestinian Women, 1800-1948*.

<sup>32</sup> Church Missionary Society, *Medical Missions at Home and Abroad*, 1:49.

<sup>33</sup> Church Missionary Society, *The Mission Hospital*, vol. XXVI (Marlborough: Church Missionary Society Periodicals, 1922), 75.

<sup>34</sup> Sterling, “History and Present Outlook of the Gaza Medical Mission,” 75; Church Missionary Society, *The Church Missionary Atlas*, 75.

<sup>35</sup> Church Missionary Society, *Mercy and Truth, Vol.I 1897* (London: Church Missionary Society, 1897), 77.

<sup>36</sup> Church Missionary Society, *The Church Missionary Atlas*, 75.

Lands nor its extension of British power in Palestine. Rather, its value lay in its ability to operate amongst an otherwise unreached Muslim population. Other Anglo-American missions that attempted to evangelize Muslims in Palestine and Egypt had failed. Due to pressure from Ottoman and local authorities, they developed evangelism strategies targeting local Christian to reach Muslims indirectly.<sup>37</sup> Sterling anticipated Gaza, a borderland between Palestine and Egypt, to become a conduit for future missions to Muslims in the region.

The introduction of British missionary medicine in Gaza met opposition, but CMS missionaries turned to the Ottoman government for support. Sterling established the CMS hospital in Gaza within a private residence and noted “incredible opposition” to the erection of hospital services.<sup>38</sup> British missionaries working across Palestine experienced intense scrutiny for their proselytizing missions, especially from local officials. Ottoman authorities followed suite and closed many CMS schools during the late nineteenth century. However, missionary medical institutions avoided the same degree of censure from Ottoman administrators. In 1896, the CMS hospital in Gaza treated a relatively small number of patients, with 343 in-patients and 615 operations, but their services were enough to garner the support of the Ottoman government who granted the hospital a *firman* (charter).<sup>39</sup> Ottoman authorities condoned the interventions of British missionary medicine in exchange for medical aid in the empire’s periphery. With time, their medical capabilities

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<sup>37</sup> Makdisi, *Artillery of Heaven*; Sedra, *From Mission to Modernity*; Sharkey, *American Evangelicals in Egypt*.

<sup>38</sup> Church Missionary Society, *The Mission Hospital*, XXVI:75.

<sup>39</sup> Church Missionary Society, *The Mission Hospital, June 1936* (London: Church Missionary Society, 1936), 125.

outweighed their more controversial religious practices. In Nablus and Gaza, missionaries recorded that even local Muslim officials “who formerly were prominent opponents, have in some cases entered the hospital as patients.”<sup>40</sup> Medical missionaries sought admiration from the local Gazan population, but did not hesitate to buttress their efforts in Gaza with the support of Ottoman officials. The Ottoman *firman* allowed missionary medicine to operate despite local opposition.

Eventually, Muslims in Gaza began to tentatively accept the medical practices of the missionaries, while maintaining a degree of separation from their proselytizing efforts. The British medical missionaries aimed to expose all patients to the gospel message. They would regularly pray and read bible verses to both in-patients and out-patients.<sup>41</sup> These passive attempts at evangelism proved ineffective as most patients looked “stolid” as they listened to the missionary message.<sup>42</sup> Although Muslim patients in Gaza understood the proselytizing efforts of the CMS hospital, they continued to visit the complex with stipulations. Many Muslim patients objected to “dying under a Christian roof” and asked to be escorted outside of the hospital premises during their final moments.<sup>43</sup> At the time of death, the medical missionaries would make a final effort to convince their patients of the gospel message. Wary of this tactic, Muslims in Gaza sought medical attention at the CMS hospital with a strong degree of skepticism.

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<sup>40</sup> Church Missionary Society, *Church Missionary Atlas, 1896* (London: Church Missionary Society, 1896).

<sup>41</sup> *Ibid.*

<sup>42</sup> Church Missionary Society, *Mercy and Truth, Vol.I 1897*, 110.

<sup>43</sup> *Ibid.*, 170–171.

While modern medicine had the potential to reach patients in a universal manner, missionary medicine in Gaza was often more selective in its coverage. The medical missionaries divided their understanding of Gazan society into binaries: rich versus poor, urban versus rural, male versus female, and Muslim versus Christian. Within each binary, the missionaries preoccupied their medical attention on a single group, often favoring what they perceived as the marginalized position in society. They mostly served poorer Muslims who comprised a majority of the Gazan population and lacked alternative medical options.<sup>44</sup> Beyond Gaza city, the medical missionaries took interest in reaching Muslims in villages as well as Bedouin tribes who would “travel several days journey to reach the medical mission.”<sup>45</sup> Within these poor and rural populations, the missionaries were especially concerned with Muslim women.<sup>46</sup> In CMS periodicals they repetitiously made known the need for female missionaries to reach Muslim women.<sup>47</sup> They regularly recorded stories of indifference women experienced in Gazan society to garner the support of their readership and encourage the participation of female missionaries in the medical mission. In one issue, an observer of the CMS hospital in Gaza writes:

Poor little Narsara [presumably a young woman from a village near Gaza] has left us after a stay of three months in the Hospital. As her wrist would not heal, the doctor found the hand would have to be amputated, and, as her mother would not consent, she has gone to her home, two days’ journey distant. Her mother said, ‘She

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<sup>44</sup> Ibid., 109.

<sup>45</sup> Ibid.

<sup>46</sup> Ibid., 110.

<sup>47</sup> Church Missionary Society, *Mercy and Truth, March 1902* (London: Church Missionary Society, 1902), 79.

would rather give her to the dogs than that she should lose a limb.” The doctor said, “She would probably die.” The mother replied, “let her die.”<sup>48</sup>

The British missionaries preferred to treat and proselytize Muslim women with the assistance of Arab Christian physicians and missionaries. Surgeons, like Sterling, lacked fluency in Arabic so he would hire Arab Christians to work in the hospital and translate the gospel message of the British missionaries. Miriam Haddad, an Arab Christian from Syria, served in the hospital as a nurse during the late nineteenth century.<sup>49</sup> The medical missionaries shared an intense preference for Christian staff members in the hospital, which often limited hiring opportunities as Gaza lacked a significant Christian population. Overall, medical missionaries targeted those who they perceived as subordinate in society. This preference developed into a twofold strategy. On the one hand, the missionaries offered an invaluable service to populations who lacked access to modern medical practices prior to the CMS hospital. On the other hand, the missionaries believed that poor, rural, and/or female members of Gazan society were more susceptible to the gospel message. The missionaries felt those with weak social ties, already socially isolated, would be more interested in the Christian message of redemption and transcendence. Missionary medicine consciously postured itself as the medicine of the downtrodden, not the elite.

Offering medical care to Gazan women was a constant concern of missionary medicine. British missionaries prioritized developing separate men’s and women’s wards

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<sup>48</sup> Church Missionary Society, *Mercy and Truth*, Vol.I 1897, 170–171.

<sup>49</sup> Church Missionary Society, *Mercy and Truth*, March 1902, 79.

within the CMS hospital. These wards provided the respective sexes with privacy but also allowed the missionaries to access the individual, separated from the family structure. However, in the early twentieth century, the missionaries were forced to eliminate the women's ward. Once located on the upper floor of the hospital, furthest from the entrance, the ward needed to be dismantled due to structural issues in the hospital building.<sup>50</sup> The single-floor hospital could not administer a women's ward, so the missionaries raised support with their readership in the metropole. They wrote that they were limited in their ability to treat women at the hospital due to the lack of women's ward and adequate female staff, which only included Haddad and two British missionaries.<sup>51</sup> Without an adequate women's ward, the female missionaries developed strategies to reach young women in Gazan society. They first established a new primary school within the hospital compound, which quickly attracted 400 girls and 50 boys.<sup>52</sup> The hospital continued to admit a few female patients despite the lack of a women's ward. The missionaries constantly adapted their medical services to both meet the needs of Gazan society and serve their interests of converting socially isolated patients. After employing these strategies for nearly a decade, the missionaries boasted that most converts to the Christian message were recruited from the young.<sup>53</sup> Of this population, a significant number came from their work with women in the ward and primary school.

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<sup>50</sup> Ibid., 78.

<sup>51</sup> Ibid., 79.

<sup>52</sup> Church Missionary Society, *Mercy and Truth, March 1907* (London: Church Missionary Society, 1907), 87.

<sup>53</sup> Church Missionary Society, *Church Missionary Gleaner, 1915* (London: Church Missionary Society, 1915), 69.

In addition to women, the medical missionaries targeted rural areas in the periphery of Gaza city. These areas initially attracted the British missionaries due to their sheer population. Sterling wrote that the population of “the city, villages, and Bedouins nearby is estimated at 150,000 to 200,000.”<sup>54</sup> Of that total, the city comprised only a third with 50,000 inhabitants. In the early twentieth century, the missionaries desired a new hospital building in Gaza and needed to increase their patient volume to justify large donations from the metropole. Sterling began to take several weeks a year to visit the rural areas and spread the news of the CMS hospital. In 1904, Sterling commenced “an itinerating tour among the Bedouin in the Wilderness of Beersheba” accompanied by “a newly baptized convert Selim, and a servant Ahmed.”<sup>55</sup> As the missionaries traveled, they met with different tribes and set up a medical tent to perform out-patient operations.<sup>56</sup> News of the medical mission attracted more patients from the villages and tribes to visit the hospital in the city. The missionaries recorded stories of Bedouins in a manner that disparaged the patriarchal oppression of the region. In one such incident they record:

A dear little Bedouin woman, who has been with us now more than three months, came with a very bad tubercular knee; every effort was made to save it without amputating, but without success. On asking her why she did come before, she said she wanted to, but her people would not bring her until her cries and screams from the pain became such that they could stand her no longer. Her husband used to visit her every fortnight, and always seemed much disappointed to find she was still alive. He wanted to marry again but was afraid to do so until he knew something definite about her, as he did not want to have two wives to provide for.<sup>57</sup>

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<sup>54</sup> Church Missionary Society, *Mercy and Truth, March 1902*, 78.

<sup>55</sup> Church Missionary Society, *Mercy and Truth, June 1904* (London: Church Missionary Society, 1904), 178.

<sup>56</sup> *Ibid.*

<sup>57</sup> Church Missionary Society, *Mercy and Truth, October 1908*, vol. 12, 1908, 309–310.

As an afterthought the doctor notes that she “had much teaching [of the gospels] and fully believes and accepts what she has heard.”<sup>58</sup> Anecdotes about serving the periphery of Gaza, paired with the statistics of treating rural patients, allowed the hospital to inflate its patient numbers and justify support from the metropole. Often, villagers and Bedouins who attended the hospital were not privy to the proselytizing methods of the missionaries before traveling to Gaza city.

To clarify, British missionary medicine still welcomed elite members of Gazan society despite dedicating their efforts toward marginalized patients. After operating in Gaza for nearly a decade, Sterling noted that most patients are poor but the “Effendi and Turkish soldiers also come for treatment.”<sup>59</sup> In addition, these segments of Gazan society participated in the proselytizing efforts of the hospital to a certain extent. Sterling led prayers in the men’s ward where he recorded as many as forty-five persons who inhabited the space to hear the message. Several among those gathered were members of the *effendi*.<sup>60</sup> The term *effendi* described men of high education or social standing in the eastern Mediterranean. This segment of Gazan society had been the most vociferous in their opposition to missionary medicine a decade prior. However, the universal promise of missionary medicine, not technically limited to any segment of Gazan society, in addition to the availability and quality of CMS medical practices, led to the proliferation of missionary medical services in Gaza and its periphery. The medical missionaries desired

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<sup>58</sup> Ibid.

<sup>59</sup> Church Missionary Society, *Mercy and Truth, August 1899* (London: Church Missionary Society, 1899), 200.

<sup>60</sup> Ibid.



to inculcate support from all segments of Gazan society. With relative ease, they garnered support from the Ottoman government but needed to prove their services in Gaza to gain longstanding approval from the community; the benefit of their medical services needed to outweigh the societal disruption of their proselytism.

Missionary medicine, thus, differed significantly from colonial medicine and any conception of Palestinian or Egyptian medicine. The missionaries, in many ways, shared a similar lexicon as colonial medicine. Sterling described Gaza as a “land of fanaticism and prejudice [where] a hospital is surely the Gospel’s greatest and most easily grasped ‘object-lesson.’”<sup>61</sup> The missionaries pointed out the superstitions of the people who, for instance, were averse to washing with water out of fear that their wounds could drink the water.<sup>62</sup> Despite their prejudices, they did not believe the Gazan body was inherently diseased.<sup>63</sup> They understood Gaza through the heart of the people, which they described as rock-hard “through the deadening power of Mohammedanism [*sic*].”<sup>64</sup> Missionary medicine did not wish to control the body but rather the mind. Unlike colonial medicine, they did not technically limit their medical practices to certain segments of the population. Instead, they attended to pressure points in Gazan society for the sake of the mission. They described their evangelism strategy as a “sowing-time” over rocky ground, believing that the harvest would come with time.<sup>65</sup> The only way to penetrate the Muslim heart, they wrote, was “by

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<sup>61</sup> Church Missionary Society, *Mercy and Truth*, July 1910, vol. 14, 1910, 214.

<sup>62</sup> Church Missionary Society, *Mercy and Truth*, Vol.I 1897, 110.

<sup>63</sup> Fahmy, *In Quest of Justice*, 16–17.

<sup>64</sup> Church Missionary Society, *Mercy and Truth*, November 1899 (London: Church Missionary Society, 1899), 264.

<sup>65</sup> Church Missionary Society, *Mercy and Truth*, March 1902, 79.

the agency of the Medical Mission and by women's work."<sup>66</sup> Similar to Palestinian or Egyptian medicine, the missionaries served and healed the people of Gaza and its periphery for the sake of their health and well-being. However, what separated missionary medicine was its unwavering belief that modern medicine was merely a means toward proselytizing ends. Modern medical practices, according to the missionaries, derived their salience from the Christian message and only served to point individuals toward the saving power of the gospel.

Unfortunately, missionary records failed to give voice to their patients, recording their stories strictly for the benefit of the mission. In the anecdotal tales of Gazan patients, the missionaries clearly script the telling and interpretation of the story toward their British readership as in the aforementioned anecdotes of Narsara and the Bedouin woman. In the less subjective accounts, we find statistical evidence for the utility of the hospital. The British missionaries record that "The [hospital] beds are always full, and sometimes an overplus of a dozen or more lie on the floor on mats."<sup>67</sup> At the turn of the century, eye problems were the biggest issue amongst the Gazan people.<sup>68</sup> "Between 500 and 600 operations for trichiasis (operation on the eyelids) were done in 1900," writes Sterling, "which in every case represents a saving of the sight and a cessation of pain and discomfort."<sup>69</sup> In addition to eye problems, William Watson, a British traveler in Gaza, records patients suffering from "ulcers, abscesses, teeth, ears, malaria," and other various

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<sup>66</sup> Ibid.

<sup>67</sup> Church Missionary Society, *Mercy and Truth*, August 1899, 200.

<sup>68</sup> Ibid.

<sup>69</sup> Church Missionary Society, *Mercy and Truth*, March 1902, 79.

accidents.<sup>70</sup> Accidents, injuries, and diseases that would otherwise lead to fatality, were treated and relieved at the missionary hospital. Despite opposition to the missionary message, their medicine became invaluable within Gazan society.

The growing patient count, paired with a dilapidated hospital building, pushed the missionaries toward requesting funding for a more permanent medical mission. In 1900, Sterling recorded that the hospital had seen 1,200 in-patients (only 36 beds) and 28,390 out-patients.<sup>71</sup> Since 1896, in less than five years, the hospital had quadrupled its patient load but faced serious structural concerns. Due to the “very unsatisfactory condition” of the hospital, the missionaries found it necessary to disassemble its upper story which had housed the women’s ward.<sup>72</sup> Sterling began to appeal to CMS supporters in the metropole, listing various examples for the significance of the medical mission to Gaza and beyond. In 1900, Sterling recorded patients from North Africa, Egypt, and Turkey who traveled many hours to visit the hospital, most of whom were pilgrims visiting Mecca and Jerusalem. He explains that the CMS hospital in Gaza was the only modern medical institution between Port Said and Jaffa, a seven days’ journey apart. Its location made it a direct caravan and pilgrimage route out of Egypt.<sup>73</sup> He writes that the hospital was currently treating in-patients from “Persia, North Africa, villages six to ten hours distant, Bedouins,

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<sup>70</sup> Church Missionary Society, *Mercy and Truth, March 1907*, 88.

<sup>71</sup> Church Missionary Society, *Mercy and Truth, April 1901* (London: Church Missionary Society, 1901), 94.

<sup>72</sup> Church Missionary Society, *Mercy and Truth, December 1901* (London: Church Missionary Society, 1901), 266.

<sup>73</sup> Church Missionary Society, *Mercy and Truth, August 1900* (London: Church Missionary Society, 1900), 183.

and Gazans.”<sup>74</sup> The strategic positioning of Gaza, between Palestine and Egypt, was the focus of Sterling’s appeal.



Illustration 1: New CMS Hospital building in 1907.<sup>75</sup>

Sterling requested a new hospital building for four years until his desires came to fruition. The hospital eventually received funding from William Watson of Newcastle who organized a fundraising drive to support the new construction in 1904. The following year, in 1905, the CMS received a second *firman* from the Ottoman government to commence construction.<sup>76</sup> The new hospital building was completed in 1907, made from solid stone.

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<sup>74</sup> Church Missionary Society, *Mercy and Truth*, March 1902, 79.

<sup>75</sup> Church Missionary Society, *Mercy and Truth* (October 1908), vol. 12, 1908, 312.

<sup>76</sup> Church Missionary Society, *Mercy and Truth*, December 1905 (London: Church Missionary Society, 1905), 354.

It faced east to west, receiving a significant breeze year-round.<sup>77</sup> The breeze helped ventilate the hospital, which continued to make improvements. In 1912, a new out-patient block was added that the missionaries described as a “commodious and well-ventilated out-patient hall.”<sup>78</sup> The new structure, and developing hospital complex, allowed the missionaries to comfortably accommodate forty hospital beds. After the first year in the new hospital building, they saw 23,646 out-patients and performed 532 major operations, more than doubling the production of the CMS hospitals in Nablus and Salt.<sup>79</sup> The new building assured the missionaries of their mission’s performance while attracting more patients from Gaza city.<sup>80</sup>

After the erection of the new hospital building in 1907, British missionary medicine operated in Gaza much to the expectations of its leadership. To compensate for the new structure, the missionaries began to charge a small fee for admissions into the wards (in-patient care). Sterling and his staff saw patients five days per week, setting aside each Saturday for major operations. The number of patients visiting the hospital continued to grow with 613 in-patients and 27,317 out-patients in 1909.<sup>81</sup> Vision problems continued to comprise the majority of patient care. Sterling writes, “A particularly distressing feature of the medical work this autumn has been the number of patients coming daily with partial

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<sup>77</sup> Church Missionary Society, *Mercy and Truth*, October 1907, vol. 11, 1907, 306.

<sup>78</sup> Church Missionary Society, *Mercy and Truth*, July 1912 (London: Church Missionary Society, 1912), 209.

<sup>79</sup> Church Missionary Society, *Mercy and Truth*, October 1908, 12:312.

<sup>80</sup> Church Missionary Society, *Mercy and Truth*, May 1909 (London: Church Missionary Society, 1909), 133.

<sup>81</sup> Church Missionary Society, *Mercy and Truth*, July 1910, 14:214.

and complete loss of sight owing to the prevalence of a severe form of ophthalmia.”<sup>82</sup> With new surgical techniques and equipment, the missionaries treated many patients suffering from partial or total blindness, comparing their medical success to their evangelical prowess. Sterling, an ordained minister before receiving a medical education, always saw medicine as a means towards evangelical ends. British missionaries like Sterling believed they assisted in returning sight to the blind in more ways than one. In terms of “seeing” and believing the missionary message, they recorded “eighteen baptisms of converts from among the Moslems and one Jew since the Medical Mission was founded.”<sup>83</sup> Between 1907 and 1914, the CMS hospital in Gaza operated exactly as the medical missionaries intended. Paraphrasing the sentiment of the missionaries, the medical institution healed the physically and spiritually blind, opening their eyes to the saving power of the gospel message and modern medicine.

The outbreak of war in 1914 put missionary medicine in Gaza on a temporary hiatus. Leading up to the war, the CMS hospital limited in-patient care and focused on out-patients.<sup>84</sup> In 1915, twenty-five CMS missionaries were imprisoned in the Ottoman Empire. Six of whom were imprisoned in Palestine, including “Dr. Sterling of Gaza [who was] actually kept in prison for several days.”<sup>85</sup> Eventually, Sterling and the other CMS

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<sup>82</sup> Church Missionary Society, *Letter from the Front: Being a Selection from the Annual Letters from the Missions* (London: Church Missionary Society, 1912), 221.

<sup>83</sup> Church Missionary Society, *Mercy and Truth, August 1913* (London: Church Missionary Society, 1913), 282.

<sup>84</sup> Church Missionary Society, *Mercy and Truth, November 1914* (London: Church Missionary Society, 1915), 357.

<sup>85</sup> Church Missionary Society, *Church Missionary Gleaner, 1915*, 34.

missionaries were released at the behest of the America Consul in Jerusalem.<sup>86</sup> Upon release, they escaped custody through Egypt. The only CMS missionary who remained in Palestine during the war was at the CMS Orphanage in Nazareth.<sup>87</sup> The war represented a severe, yet temporary, disruption to missionary medicine in Gaza.

After the war, the CMS hospital in Gaza mirrored the city in its destruction. The Ottoman military controlled and administered the hospital when the CMS missionaries fled Palestine. It continued to offer significant medical relief to those in Gaza city and its periphery until the Third Battle of Gaza starting 1 November 1917. Under pressure from British forces, Ottoman troops dismantled the hospital and used its ceilings to build iron girders for trenches.<sup>88</sup> British forces eventually broke the Ottoman defense lines and occupied Gaza on 7 November. The occupation allowed CMS missionaries to return to Palestine in 1917, but the British military dissuaded civilians from entering Gaza until 1919. When the CMS missionaries first viewed Gaza, they wrote upon their arrival: “Gaza has been the sacrifice of Palestine. The city has been left without an inhabitant.”<sup>89</sup> With the hospital complex in ruins, the missionaries used their out-station in the village of Mejdal, ten miles north of Gaza, to continue medical services.<sup>90</sup> While the CMS medical missionaries worked at the out-station in Mejdal, the Syrian and Palestine Relief Fund attended to the CMS hospital in Gaza. It “put up some mud roofs over the least damaged

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<sup>86</sup> Ibid., 60.

<sup>87</sup> Ibid.

<sup>88</sup> Sterling, “History and Present Outlook of the Gaza Medical Mission,” 76.

<sup>89</sup> Church Missionary Society, *General Review of the Missions* (Marlborough: Church Missionary Society Periodicals, 1919), 84.

<sup>90</sup> Church Missionary Society, *Mercy and Truth, July-August 1918* (London: Church Missionary Society, 1918), 80.

rooms...and decided to rebuild part of the out-patient block for accommodation for the staff on their arrival.”<sup>91</sup> The missionaries, with support from British relief efforts, sought to reassert themselves as the primary medical providers in Gaza.

The CMS hospital in Gaza resumed operations in December 1919 under the same pretenses of the prewar institution. Sterling died in 1917 before returning to Gaza, but his son, also named Dr. R.G. Sterling, resumed the medical mission.<sup>92</sup> When the younger Sterling arrived in Gaza on 4 December 1919 he began treating out-patients immediately. He converted the old CMS church into the men’s ward, one of the CMS school rooms into the women’s ward, and another school room into the operating theatre.<sup>93</sup> Sterling described the condition of the hospital structure following the war:

Only the shell of the old building remained, and even that had nearly all to be pulled down owing to serious cracks in the walls, but luckily the foundations which were exceptionally good were unharmed, and this has saved a big expense.<sup>94</sup>

By 1921, Sterling and his staff were still only treating a few patients, comparative to the previous capacity of the hospital, with 20 beds, 89 in-patients, and 7,148 out-patients for the year.<sup>95</sup> The medical mission lacked the financial resources to restore operations to its prewar level, prompting the missionaries to ally themselves with governing powers in Gaza.

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<sup>91</sup> Church Missionary Society, *The Mission Hospital*, XXVI:75.

<sup>92</sup> Sterling, “History and Present Outlook of the Gaza Medical Mission,” 76.

<sup>93</sup> Church Missionary Society, *Mercy and Truth, August 1921* (London: Church Missionary Society, 1921), 183.

<sup>94</sup> *Ibid.*

<sup>95</sup> *Ibid.*, 214.



The medical missionaries turned to the British government in Palestine following the dissolution of the Ottoman Empire and a lack of sufficient financial support from their donors. The missionaries first received medicine and surgical supplies through the British Red Cross, but rebuilding the hospital seemed impossible due to the shortage of material and high prices in Gaza.<sup>96</sup> The fortunes of the hospital changed when Sir Richard Harman Luce, the Director of Medical Services in the Palestine Campaign, identified the CMS hospital as an integral part of the rebuilding process in Gaza.<sup>97</sup> He promised that the hospital would be “well-patronized” as it was the city’s only general hospital.<sup>98</sup> With financial backing from the British government, the ground floor of the hospital was refurbished and a new operating theatre erected.<sup>99</sup> By 1925, a new women’s ward was completed along with electric lights powered by an on-site engine room. The former women’s ward, converted into an isolation room, raised the bed count to sixty-three, more than tripling the operating capacity of the hospital.<sup>100</sup>

Financial aid from the British government began to transform the nature of missionary medicine in Gaza, as the CMS hospital conformed to government interests. The British Mandatory government established a military hospital in Gaza, which treated British soldiers exclusively. At times, the government would ask the CMS hospital to treat

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<sup>96</sup> Church Missionary Society, *Mercy and Truth, August 1920* (London: Church Missionary Society, 1920), 178.

<sup>97</sup> R.H. Luce, “Visits to Mission Hospitals in Egypt and Palestine,” in *The Mission Hospital*, vol. XXVI (Church Missionary Society Periodicals, n.d.), 38.

<sup>98</sup> There was an infectious disease and a camp hospital for eye cases but there was not another general hospital until 1946 Church Missionary Society, *The Mission Hospital*, XXVI:184–5.

<sup>99</sup> *Ibid.*, XXVI:184.

<sup>100</sup> Church Missionary Society, *The Mission Hospital, August 1925* (London: Church Missionary Society, 1925), 188.

British soldiers and government officials to aid the Mandatory hospital. However, the missionaries never recorded the Mandatory hospital assisting with their Palestinian patients creating an imbalance of patient care. One missionary described the impact on the CMS hospital, “This has meant very busy work, and overflowing wards, patients having had to be accommodated in the verandas. No needy patient has ever had to be refused. The Government have given generous grants to meet the added expense involved.”<sup>101</sup> In 1923, the hospital received approval from the Mandatory government to offer a nursing school. However, it was required to implement a government-approved syllabus.<sup>102</sup> Although the missionaries developed a close reliance upon the Mandatory government, they attempted to maintain their Christian identity. The nurses were all “Christians—some Protestant, some Greek”<sup>103</sup> comprised of Arabs and some Armenians, many of whom had been raised in British missionary orphanages.<sup>104</sup> The hospital maintained a Christian staff, led by British doctors and made possible through the services of Arab and Armenian nurses.

After the war, the missionaries noted a heightened sense of distrust for missionary medicine among the Muslims of Gaza city, so the missionaries made serving the villages a priority. Miss Cooper, a CMS missionary stationed in Gaza, writes:

Most of our patients are villagers, and wandering Arabs. They are very grateful for all that is done for them, but they are slow to learn anything new, and some of them do not want to learn; they tell us plainly that they are afraid that we are going to

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<sup>101</sup> Church Missionary Society, *The Mission Hospital, August 1924* (London: Church Missionary Society, 1924), 190.

<sup>102</sup> Church Missionary Society, *The Mission Hospital, August 1923* (London: Church Missionary Society, 1923), 190.

<sup>103</sup> Church Missionary Society, *The Mission Hospital, August 1924*, 190.

<sup>104</sup> Church Missionary Society, *The Mission Hospital, May 1938* (London: Church Missionary Society, 1938), 106.

make them Christians, and when they go back to their villages they will be beaten by their husbands.<sup>105</sup>

While the residents of Gaza city had grown wary to the missionaries' proselytizing efforts, the missionaries found villagers and Bedouins to be more willing participants in the mission. On a bi-weekly basis, British physicians and Arab evangelists would itinerate in the surrounding villages. In 1926, the hospital staff spent twenty-six days traveling during which they visited thirty villages.<sup>106</sup> In addition to providing out-patient services, the hospital staff would inform the villagers of the medical capabilities of the hospital, hoping to draw their sick and injured out of the villages and into the care of the missionary hospital.

In the late 1920s, the CMS missionaries described their hospital as rebuilt and reestablished as a center for missionary medicine in Gaza. In 1928, Sterling left the hospital after completing many of the essential repairs, transferring to the CMS hospital in Jaffa. He was replaced by Dr. A.R. Hargreaves, another British missionary physician who previously served at several CMS hospitals, in March 1929.<sup>107</sup> In 1932, the missionaries described the hospital compound as reaching its full potential as a complete "mission unit."<sup>108</sup> By this time they had established a renewed primary school, after repairing the ruins of the old school building, and a church room for the evangelical congregation. To encapsulate their accomplishments, the missionaries renamed the hospital, now the Sterling

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<sup>105</sup> Church Missionary Society, *The Mission Hospital, August 1923*, 190.

<sup>106</sup> Church Missionary Society, *The Mission Hospital, August 1926* (London: Church Missionary Society, 1926), 188, 230.

<sup>107</sup> Church Missionary Society, *The Mission Hospital, June 1936*, 127.

<sup>108</sup> Church Missionary Society, *The Mission Hospital, August 1932* (London: Church Missionary Society, 1932), 189.

Memorial Hospital, to honor the influence of the Sterling family on maintaining the medical primacy of the CMS hospital in Gaza. At this point, the missionaries could project a clear imagining for the present and future of missionary medicine in Gaza.

British missionary medicine sought to treat the body, mind, and spirit of Gazan society, but Islam and the family unit proved the largest obstacles preventing these aspirations. The missionaries saw the dominance of British rule in Palestine as the battering ram for breaking the power of Islam in the region. Beyond Palestine, the missionaries perceived the efforts of the British Empire as synonymous with their own mission.

Hargreaves writes:

Within the British Empire there has been established in every country a government medical service which is planned to be nation-wide and free. Consequently much medical work which formerly was undertaken by missionaries is now undertaken by the government.”<sup>109</sup>

Rather than perceiving the absorption of missionary medicine into British colonial medicine as a dilution of the Christian message, Hargreaves held that the British government *was* the continued expansion of “Christian civilization.”<sup>110</sup> Missionary medicine had paved the way, setting the example for the medical infrastructure which would transform Palestine, and other regions of British subjection, into an extension of “Christian civilization.” Missionary medicine achieved this goal by breaking down “recalcitrant” family bonds in these “uncivilized regions.”<sup>111</sup> When a patient entered the

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<sup>109</sup> Church Missionary Society, *The Mission Hospital, February 1939* (London: Church Missionary Society, 1939), 37.

<sup>110</sup> *Ibid.*

<sup>111</sup> Church Missionary Society, *The Mission Hospital, May 1938*, 108.

missionary hospital, they became physically distant from the family. One missionary wrote that outside of the family, patients would “thrive better with individual hospital care.”<sup>112</sup> Within the hospital, the missionaries dispersed men and women into separate wards in which they could isolate individuals, at moments of physical weakness, and introduce them to the saving power of modern medicine and the Christian message. True healing of the body, mind, and spirit, the missionaries claimed, arose from the all-encompassing practices of missionary medicine.

Despite the missionary desire for civilizational transformation via the agency of the mission hospital, Gazan society rejected their efforts. In the early 1930s, the missionaries noted general instability in the political situation. Resistance to the British Mandatory government made Arabs hesitant to visit the CMS hospital.<sup>113</sup> At first, the missionaries described this hesitancy as stemming from issues beyond the hospital, “amid the bad feeling aroused through clashes between the military and police authorities on the one side, and inhabitants of the town on the other, the hospital is a neutral ground of peace and goodwill.”<sup>114</sup> The perception of the hospital as a neutral ground, however, did not mirror reality. In 1932, Palestinians in Gaza boycotted the hospital following the conversion of a young Muslim within the complex.<sup>115</sup> In response to the conflict, and distrust of the British medical missionaries, the hospital hired Dr. Muir Waheed of Beirut. The missionaries

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<sup>112</sup> Ibid.

<sup>113</sup> Church Missionary Society, *The Mission Hospital, August 1930* (London: Church Missionary Society, 1930), 190.

<sup>114</sup> Church Missionary Society, *The Mission Hospital, 1939* (London: Church Missionary Society, 1939), 203.

<sup>115</sup> Church Missionary Society, *The Mission Hospital, August 1932*, 190.

described their new physician as a local “Palestinian doctor” who took full responsibility for the hospital when the British missionaries left in 1937 due to the Arab revolts.<sup>116</sup> Hospital operations continued under Dr. Waheed during the Second World War, when British physicians, nurses, and staff members remained in the metropole.

When British missionaries returned to Gaza after the Second World War, they discovered a Gazan society that no longer adhered to their stagnant conceptions. British missionaries had once divided Gazan society into binaries, taking advantage of those with weaker social ties for the sake of proselytism. In 1946, the missionaries noted several transformations that jeopardized their operations. They witnessed the growth of Arab nationalism that united Arab Muslims and Christians under the banner of anti-Zionism.<sup>117</sup> From the missionary perspective, Arab Christians no longer invested their efforts in sharing the gospel with their Muslim neighbors. They also found a rise in what they described as “communist propaganda,” noting a widespread admiration for the policies of the Soviet Union.<sup>118</sup> Most disheartening, the missionaries recorded that “a number whose parents and grandparents were Christians...are now Moslems, largely because of the lack of regular, systematic Christian instruction.”<sup>119</sup> The differences between Muslims and Christians that the missionaries had once exploited disappeared under shared national ambitions.

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<sup>116</sup> Church Missionary Society, *The Mission Hospital, September 1937* (London: Church Missionary Society, 1937), 218–219.

<sup>117</sup> Church Missionary Society, *CMS Historical Record 1946-1947* (Church Missionary Society Periodicals, 1947), 102; Makdisi, *Age of Coexistence*.

<sup>118</sup> Church Missionary Society, *CMS Historical Record 1946-1947*, 102.

<sup>119</sup> *Ibid.*, 105.

Missionary medicine in Gaza began to lose its salience within a society no longer susceptible to missionary exploitation.

The CMS hospital anticipated difficulties following the termination of the British Mandate, but it also saw the impending moment as an opportunity to redefine missionary medicine in Gaza. Months prior to the outbreak of war, the missionaries noted “Dark clouds...piling up on the political horizon.”<sup>120</sup> The British missionaries remained hopeful, however, that the end of the British Mandate would allow them to disassociate with the British government and return to the politically flexible status of missionary medicine. One missionary wrote, “the hospital ought to be at full strength. When the British Government gives up the Mandate, the the [*sic*] missionary workers will have even more responsibility and opportunities than ever.”<sup>121</sup> Since the end of the First World War, the CMS hospital in Gaza had operated effectively under the British Mandate, with only a small degree of separation. Nonetheless, missionary medicine continued to differentiate itself from British colonial medicine by blatantly insisting on the primacy of proselytism over medical care. With the end of the British Mandate, the CMS lost significant financial support but anticipated new opportunities for missionary medicine.

By 1949, the CMS hospital became overwhelmed with the medical responsibility of treating Palestinian refugees who had fled to Gaza in order to escape the war on Palestine. The missionaries, regarding the refugee crisis, wrote “The strain imposed on an

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<sup>120</sup> Church Missionary Society, *CMS Historical Record 1947-1948* (Church Missionary Society Periodicals, 1948), 109.

<sup>121</sup> *Ibid.*

already depleted staff was most exacting, and the financial crisis very serious.”<sup>122</sup> The CMS hospital in Gaza not only lost financial support from the British Mandate, but it was isolated from its CMS hospital network in Palestine. The withdrawal of the British Mandate meant the cessation of all CMS stations in the newly formed Israel.<sup>123</sup> The CMS realigned its mission in Gaza with their efforts in Egypt, but it took time to develop medical supply chains.<sup>124</sup> The strain forced the missionaries to search for new sources of financial support, which initially came in the form of an agreement with the American Friends Service Committee.<sup>125</sup> Later, the hospital came to an agreement with the United Nations’ (UN) relief efforts in Palestine. The CMS struggled to redefine its evangelical efforts in the midst of taxing medical strain.

The agreements with the UN and American Friends as well as the developing political situation in Gaza, overturned the evangelical calculus of the mission. The CMS missionaries explained, “Ward services have been stopped, as our agreement with the Quakers [American Friends] includes the U.N. prohibition on such activities.”<sup>126</sup> Ward evangelism, the centerpiece of British missionary medicine in Gaza, came to an unceremonious end. While the missionaries tried to maintain some degree of private evangelism, they ceased their public efforts.<sup>127</sup> The war on Palestine, and subsequent

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<sup>122</sup> Church Missionary Society, *CMS Historical Record 1949* (Church Missionary Society Periodicals, 1949), 191.

<sup>123</sup> *Ibid.*, 203.

<sup>124</sup> *Ibid.*, 197.

<sup>125</sup> *Ibid.*, 191.

<sup>126</sup> *Ibid.*, 210.

<sup>127</sup> Church Missionary Society, *CMS Historical Record 1950-1951* (Church Missionary Society Periodicals, 1951), 196.



political boundaries, brought new difficulties in crossing beyond the bounds of Gaza city.

The CMS hospital was effectively cut off from the villages.<sup>128</sup> One missionary summarized the new situation:

From being a little mission hospital serving the 66 villages of South Palestine and competing with Govt. institutions in the town and further afield, we have become the central point for all refugee work among the quarter million people of the nine camps and the crowded home town....Only a few months back we considered 20 as a big number to be seen as out-patients, but now Doctor must give orders to limit the giving of cards if she doesn't want to have to deal with 300 or more.<sup>129</sup>

The methods in which British missionary medicine targeted Gazan society, by focusing on rural populations and evangelizing women in the ward, were no longer available. The CMS hospital had little time to adapt its evangelism strategies as the demands of the refugee crisis grew larger. The number of out-patients the hospital once treated in a year became the monthly count.<sup>130</sup> This precarious and overwhelming level of hospital care was not sustainable. The CMS missionaries in Gaza were barely kept afloat by shipments of medical supplies from the CMS hospitals in Egypt and the financial support of the UN and American Friends.

In the early 1950s, the CMS conceded that its ambitions for missionary medicine in Gaza had reached their end. The political situation in Egypt, following the Free Officers Coup of 1952, made the future of missionary medicine in Egypt, and by extension Gaza, tenuous. The CMS noted that all hospital bills were currently paid by the UN, but they

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<sup>128</sup> Church Missionary Society, *CMS Historical Record 1949*, 198.

<sup>129</sup> *Ibid.*, 210.

<sup>130</sup> Church Missionary Society, *CMS Historical Record 1950-1951*, 189.

believed this arrangement to be temporary.<sup>131</sup> Unable to subsidize long-term medical in the hospital, the CMS looked to sell the institution. It desired to maintain the Christian witness, which became possible when the Foreign Mission Board (FMB) of the American Southern Baptist Convention (SBC) took interest in the hospital.<sup>132</sup> Baptist missionaries began to work in the hospital in 1952 and then, in 1954, the CMS formerly sold its hospital to the FMB.<sup>133</sup> The CMS described the end of their mission in Gaza in the following way: “The hospital, now handed over to the Southern Baptists, is continuing as a Christian missionary institution, carrying the tradition of the past, though in a different tradition of churchmanship.”<sup>134</sup> The CMS hoped that the FMB might continue its legacy of missionary medicine within an ever changing Gazan society.

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Although missionary medicine in Gaza often relied on British colonial power, both in the late-nineteenth century and during the British Mandate, it forged a unique strategy for medical care. Missionary medicine adapted to existing power structures, whether British, Ottoman, or local, to offer medical services while maintaining its proselytism. Missionary medicine was offered to the entire Gazan population, yet it consciously postured itself as the medicine of the marginalized. It saw rural, poor, and female members of Gazan society as the ideal candidates for patient care. Neither “encalvist” in practice nor

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<sup>131</sup> *Ibid.*, 197.

<sup>132</sup> Church Missionary Society, *CMS Historical Record 1952-1953* (Church Missionary Society Periodicals, 1953), 270–271.

<sup>133</sup> Church Missionary Society, *CMS Historical Record 1953-1954* (Church Missionary Society Periodicals, 1954), 276.

<sup>134</sup> Church Missionary Society, *CMS Historical Record 1954-1955* (Marlborough: Church Missionary Society Periodicals, 1955), 286–287.

universal in intention, missionary medicine existed somewhere between colonial medicine and a conception of local or national medicine.<sup>135</sup> Resilient and adaptive, it preserved a status quo that Gazan society neither wholly welcomed nor rejected due to the ambivalent nature of its medical and evangelical practices. When the CMS sold the medical institution to the FMB in 1954, the new mission organization continued the ambivalent practices of missionary medicine. The sustained practices of missionary medicine into the twentieth century, allow me to describe the mission hospital, in subsequent chapters, as a “site of ambivalence,” which necessitated a response from Gazan society due to its polarizing practices.

The interaction between the CMS hospital and Gazan society serves witness to significant transformations during the late-nineteenth and early-twentieth centuries. Typically, Anglo-American missionaries depicted eastern Mediterranean society on a religious basis, categorizing its inhabitants within the rigid categories of Muslim, Christian, and Jew. Due to the demographics of Gaza, which lacked a significant Christian population, British missionaries at the CMS hospital defined Gazan society through class, geography, and gender. They derived their missionary medicine from these categories, which they attempted to bifurcate and exploit for the benefit of their evangelical efforts. The missionaries endeavored to define the essence of Gazan society, which proved an elusive and futile task. These rigid depictions were categorically overturned as Gazan society coalesced under the sentiments of anti-Zionism and anti-colonialism. Gazan

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<sup>135</sup> Fahmy, *In Quest of Justice*, 19.

Muslims and Christians, long bifurcated and exploited by colonialism and missionary medicine, renewed a sense of *ulfa* (concord, familiarity) under the tremendous pressure of war and conflict in Palestine.<sup>136</sup> The CMS hospital failed to separate itself from the British colonial legacy, and ceased to exist by 1954. However, the mission hospital in Gaza continued under American missionaries who employed new forms of missionary medicine with the tacit support of the UN and Egyptian Administration.

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<sup>136</sup> I borrow this term from Butrus al-Bustani who called Muslims, Christians, and Druze toward a renewed sense of *ulfa*. His call comes amidst the Mount Lebanon Civil War, a consequence of European ideas and the Tanzimat reforms. Similar to Bustani, *ulfa* emerges in Gazan society under the crucible of war. Makdisi, *Age of Coexistence*, 69.

## Chapter II

The defining moments in twentieth-century Gaza—the abolition of the Ottoman Sultanate and formation of the British Mandate in 1922; the atrocities of *al-nakba* (the catastrophe) in 1948; and the consternation of *al-naksa* (the setback) in 1967—demand scholarly attention. Recent work, however, has focused on the in-between moments, tracing the quotidian experiences of the people and institutions.<sup>137</sup> These accounts do not intend to decentralize nor depoliticize the defining moments in Palestinian history but rather give new meaning to how individuals and institutions managed change, loss, and destruction. This approach is exemplified by Ilana Feldman in *Governing Gaza* in which she argues that bureaucratic practices legitimated authority despite political ruptures between 1917 and 1967.<sup>138</sup> This chapter follows Feldman’s lead, locating practices that legitimated authority in Gaza during the Egyptian Administration (1948-1967).

To locate these practices, this chapter employs original archival material, the mission records and correspondence of the Gaza Baptist Hospital (1954-1967).<sup>139</sup> Inspired by Ussama Makdisi and Beth Baron, this chapter works *through* the mission hospital to

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<sup>137</sup> Feldman, *Governing Gaza*; Dumper, “Forty Years without Slumbering”; Farah, “Palestinian Refugees, the Nation, and the Shifting Political Landscape.”

<sup>138</sup> Focusing on both continuity and change, Feldman describes Gazan governance with the term “tactical government,” defined as “a means of governing that shifts in response to crisis, that often works without long-term planning, and that presumes little stability in governing conditions.” Feldman, *Governing Gaza*.

<sup>139</sup> The mission hospital played and continues to play a crucial role in the medical landscape of Gaza; however, abiding closely to its chronology deprives local agency. I hope in future work to write the social history of medicine in Palestine by balancing mission hospital records with local medicine. Despite the limitations of this project, Beshara Doumani inspires my interest in writing history cognizant of Palestinian agency. Doumani, *Rediscovering Palestine*, 7–9.

analyze Gazan society under the Egyptian Administration.<sup>140</sup> It describes the mission hospital, with its medical and evangelical practices, as a site of ambivalence that both benefited and disrupted Gazan society.<sup>141</sup> A site of ambivalence maintains contradictory features, in this case an institution committed to medicine and proselytism, that ensure its permanence while preserving its imposition. Authorities in Gaza—such as landowners, the Egyptian Administration, and the United Nations Relief and Works Agency (UNRWA)—responded inconsistently to this imposition, betraying the nature and capacity of their own legitimacy.

Analyzing responses to the mission hospital elucidates two legitimating practices: medical care and property ownership. Examining the former unveils the dynamic relationship between the mission hospital, Egyptian Administration, and UNRWA. The mission hospital, like the Administration and Agency, legitimated its authority in Gaza based on practices deemed valuable—medical treatments.<sup>142</sup> Concurrently, propertied Gazans disputed with the medical missionaries over the rightful owners of the mission hospital's land. The property dispute evidences the legitimating yet restrained practice of land ownership during this period.

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<sup>140</sup> Ussama Makdisi, *Artillery of Heaven: American Missionaries and the Failed Conversion of the Middle East*, The United States in the world (Ithaca: Cornell University Press, 2008); Beth Baron, *The Orphan Scandal: Christian Missionaries and the Rise of the Muslim Brotherhood* (Stanford, California: Stanford University Press, 2014).

<sup>141</sup> Although different, Nancy Gallagher's work helped my conceptualization of the colonial mission hospital's role. In a similar way, Gallagher looks at epidemics as an indicator of societal trends as they necessitate a response from different segments of society. Nancy Elizabeth Gallagher, *Medicine and Power in Tunisia, 1780-1900*, Cambridge Middle East library (Cambridge: Cambridge University Press, 1983).

<sup>142</sup> These legitimating practices mirror what Melanie Tanielian describes as the "power of provisioning" during times of war and conflict, where provisioners establish authority via humanitarian aid and charitable giving. Tanielian, *The Charity of War*.

As the missionaries recorded medical statistics, documented property disputes, and contemplated their evangelical successes and failures, the contours of Gazan society emerged between the lines of their records and correspondence. Read carefully, the hospital records reveal the daily experience of Gazans under the Egyptian Administration. Therefore, through the lens of the mission hospital, I argue that propertied Gazan sought authority through landownership, while the Egyptian Administration and UNRWA claimed authority through the medical treatment of Palestinian refugees in Gaza.

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By 1953, the UNRWA had observed Gaza for four years and recognized the need for continued humanitarian efforts. The Agency stated the obvious: the Gaza Strip was too small and barren even for its original population.<sup>143</sup> Due to the diminished hinterland and influx of 200,000 refugees, who comprised over two-thirds of the population, rehabilitation seemed impossible.<sup>144</sup> The need for humanitarian efforts was met with the tenacity of the Foreign Mission Board (FMB), the mission organization of the American Southern Baptist Convention (SBC). In 1953 George Sadler, a member of the FMB executive committee, wrote Canon Max Warren of the CMS to inquire about purchasing the Sterling Memorial Hospital.<sup>145</sup> The FMB had established missions, both educational and medical, in Jordan,

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<sup>143</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1952 to 30 June 1953* (New York: United Nations, June 30, 1953), para. 83, UNISPAL.

<sup>144</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1953 to 30 June 1954* (New York: United Nations, June 30, 1954), para. 43, UNISPAL.

<sup>145</sup> George Sadler, "Letter to Canon Max Warren June 16, 1953," June 16, 1953, 1, Gaza Station reports 1953-1959, IMB.

Lebanon, and Israel. For them, establishing a mission in Gaza not only expanded their influence in Palestine but offered the possibility of mission work in Egypt due to the impending future of the Gaza Strip. The FMB was willing to staff the hospital in Gaza but did not have the financial resources to fund operations, therefore they reached out to the UNRWA. On 8 February 1954, the responsibility for operating the hospital transferred from the CMS to the FMB.<sup>146</sup> The agreement was predicated on the UNRWA's offer to contribute \$100,000 annually for operations. The FMB, for their part, provided \$10,000 annually for operations as well as the salaries for hospital staff.<sup>147</sup> While the FMB controlled hospital operations, the UNRWA directed its focus, instructing the FMB to serve Palestinian refugees living in the *mu'askerat* (military camps) of Khan Younis and Rafah.<sup>148</sup> When the FMB assumed responsibility for the hospital it was already one of the largest surgical centers in Gaza, and likely performed a third of all general operations during the 1950s.<sup>149</sup> The UNRWA entrusted the FMB with the responsibility of treating a large proportion of the refugee population, a population that grew significantly over time.

While the hospital offered significant medical relief, its leadership envisioned it as a source of spiritual healing as well. The CMS established the hospital as a site of

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<sup>146</sup> J.T. McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954* (Jerusalem: Arab Baptist Mission, May 1954), 1, IMB Minutes.

<sup>147</sup> J.T. McRae and George Sadler, *1953 Gaza Mission Hospital Report* (Gaza: Arab Baptist, 1953), 3, IMB.

<sup>148</sup> IMB Archives, *History of the Gaza Baptist Hospital* (Gaza, 2001), 2, IMB.

<sup>149</sup> The UNRWA listed the hospital as having 92 of 612 hospital beds in Gaza during 1954 but starting in 1958 the Agency detailed bed usage allowing us to estimate that the hospital performed at least a third of all general operations in Gaza during the 1950s. UNRWA, *Annual Report 1952-3*, para. 111; McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 2; UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1958 to 30 June 1959* (New York: United Nations, June 30, 1959), sec. V. Table 3, UNISPAL.



evangelical modernity and hoped to continue their legacy through the FMB. Before selling the hospital to the FMB, the CMS noted the weakness of the Gazan congregation but trusted the Southern Baptists to serve the local population while continuing to welcome Anglican clergy.<sup>150</sup> The FMB, on the other hand, had no intention of maintaining the Anglican presence in Gaza.<sup>151</sup> They saw the CMS hospital as an evangelical failure with few confessions of faith and only two baptisms during its century-long tenure.<sup>152</sup> The FMB desired to rewrite the history of the hospital, beginning with a new name, the Gaza Baptist Hospital. They intended to revamp its evangelical potential by using it as the epicenter for numerous ministries.

The first FMB missionaries in Gaza, led by Dr. J.T. McRae, arrived with a road map for the mission. They set their eyes on constructing a nursing school, maternity center, and additional operating room.<sup>153</sup> They recognized the impossibility of public preaching, as proselytism was illegal in Gaza, but saw an opportunity to reach patients in a “bed to bed” ministry and weekly Sunday School.<sup>154</sup> Both British and American missionaries ignored local prohibitions on proselytism, but the FMB missionaries believed the CMS was too conservative in their approach. Rather than relegate proselytism to the private hospital wards, the FMB envisioned new avenues for evangelism. They quickly established a

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<sup>150</sup> Church Missionary Society, *CMS Historical Record 1954-1955* (Marlborough: Church Missionary Society Periodicals, n.d.), 283.

<sup>151</sup> J.T. McRae, L.A. Lovegren, and Finlay Graham, *Minutes of the Executive Committee of the Arab Baptist Mission February 1-4, 1955* (Arab Baptist Mission, 1955), 6, IMB Minutes.

<sup>152</sup> International Mission Board, *The Witness in Gaza*, Mission: History of Work 1862-2001 (Gaza: International Mission Board, 2001), 2–8, International Mission Board Archives.

<sup>153</sup> McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 2.

<sup>154</sup> *Ibid.*, 1.

nursing program, the first and only nursing program in Gaza.<sup>155</sup> In addition, the FMB inherited an elementary school from the CMS with a kindergarten and two grades of 125 students.<sup>156</sup> The missionaries saw unlimited potential for the mission, but knew evangelical success would take time. Dr. McRae believed that local Arab evangelists were key to utilizing the full potential of the hospital and school. He and other FMB missionaries, however, were hesitant about the reliability of local Arab Christians, concerned that they lacked the subtlety to operate effectively in Gaza.<sup>157</sup> The missionaries envisaged the hospital as a permanent fixture in Gazan society, hoping to establish a quid pro quo in which patients tolerated evangelism in exchange for medical treatment.

During the early years of the FMB mission to Gaza, the missionaries were more concerned about societal acceptance than the UNRWA's approval. The Agency permitted Christian proselytism as long as it did not undermine the local government.<sup>158</sup> In fact, the Agency supported numerous Christian missions to work amongst Palestinian refugees. The medical and educational services of Christian missionaries apparently outweighed their potential for societal disruption. The UNRWA desired "practical philanthropy"—a term Melanie Tanielian uses to describe charitable work that eventually breaks the relationship between giver and recipient—to create self-sufficient contributors from the Palestinian

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<sup>155</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1954 to 30 June 1955* (New York: United Nations, June 30, 1955), sec. 11. Table 7, UNISPAL.

<sup>156</sup> McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 3.

<sup>157</sup> Other scholars of medical missions, like David Hardiman, have noted this phenomenon. In many cases mission hospitals were the final vestige of a colonial mission and medical missionaries were hesitant to leave their work in local hands. *Ibid.*, 15; Hardiman, *Missionaries and Their Medicine*; Hardiman, *Healing Bodies, Saving Souls*.

<sup>158</sup> McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 3.

refugee population.<sup>159</sup> The Agency assumed that Christian missions would provide services and employment opportunities for Palestinian refugees. Against its wishes, however, many missions like the FMB preferred evangelical staff members over Muslims who comprised nearly 98% of the Gazan population. To improve the ratio of evangelical staff members, the FMB initiated an exchange program sending nurses from their hospitals in Jordan and Lebanon to Gaza.<sup>160</sup> The UNRWA did little to ensure the hiring of Palestinians in Gaza, and the FMB maintained that the refugee population was unfit for employment without proper training.<sup>161</sup> In fact, “distributive charity,” ensuring a continuous relationship between recipient and giver, advantaged Christian missions in Gaza who directly benefited from the refugee need for medical care.<sup>162</sup> From the perspective of the Palestinians in Gaza, neither the Baptist hospital nor the UNRWA adequately addressed local concerns.

Despite initial optimism, the medical and evangelical aspirations of the mission hospital were quickly jeopardized as the Egyptian Administration took greater control of Gazan land. During the early 1950s, the Administration assumed responsibility for Gaza’s charitable endowments or *awqāf* (singular *waqf*), naming the Egyptian military governor of Gaza as head of the local *waqf* committee. The Administration took further control of

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<sup>159</sup> Tanielian uses the terms “distributive charity” and “practical philanthropy” to analyze local relief initiatives in Beirut and Mount Lebanon during WWI. Tanielian, *The Charity of War*, 177.

<sup>160</sup> McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 21.

<sup>161</sup> This article, despite its fixation on communism in Gaza, notes the lack of employment opportunities offered by the UN. Al-Ittihad, “ghaza - al-jahim aldhī y’āish fihi lāj’ iuw filastin,” *Al-Ittihad*, June 4, 1954, 2; Dr. McRae cites the lack of medical experience among many Palestinian refugees to justify hiring foreign staff members. McRae, *Minutes of the Arab Baptist Mission Jerusalem, H.K. of Jordan May 24-27, 1954*, 21.

<sup>162</sup> Tanielian, *The Charity of War*, 177.

Gazan *awqāf* in 1954, eliminating *waqf al-dhurri* (the family endowment).<sup>163</sup> The dissolution of family endowments disrupted Gazan society, shifting power from the local *waqf* committee to the individual Gazans who now owned these properties. The decision also profoundly impacted the mission hospital as two-thirds of its property were deemed *waqf dhurri* and disturbed to private owners. Gazan courts deliberated whether the land belonged to the hospital or the *waqf* inheritors, a decision the FMB missionaries feared would imperil their mission. Following the decision, Dr. McRae wrote desperately in the annual station report, “No Baptist Church, no conversions to our knowledge, no new mission stations...the Government does not want us in Gaza and we have no assurance that we will be here next month.”<sup>164</sup> Without support from the Administration, the impending court decision loomed over the future of the medical mission.

In 1955, after working in Gaza for a single year, the FMB missionaries feared an abrupt end. In the annual station report Dr. McRae wrote desperately, “No Baptist Church, no conversions to our knowledge, no new mission stations...the Government does not want us in Gaza and we have no assurance that we will be here next month.”<sup>165</sup> Though the mission elementary school doubled to 250 pupils, it proved a Pyrrhic victory. Soon afterwards Egyptian law required teaching the Qur’an in Gazan schools; the FMB decided to close the elementary in response.<sup>166</sup> The same year the Egyptian Administration

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<sup>163</sup> The abolition of *waqf dhurri* in Gaza was an extension of the Egyptian decision to abolish *waqf ahli* in Egypt. The two terms are tantamount in meaning. Dumper, “Forty Years without Slumbering,” 178–179.

<sup>164</sup> J.T. McRae, *1955 Gaza Station Report* (Gaza: Arab Baptist Mission, 1955), 16, IMB.

<sup>165</sup> J.T. McRae, *1955 Gaza Station Report* (Gaza: Arab Baptist Mission, 1955), 16, IMB.

<sup>166</sup> James B. Young, *1956 Gaza Mission Report* (Gaza: Arab Baptist Mission, 1956), 1, IMB.

restricted Muslims from attending Sunday School classes.<sup>167</sup> In defeat, Dr. McRae described the experience with Ephesians 6:12: “For we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high places.”<sup>168</sup> Unbeknownst to the medical missionaries they would soon face more darkness—war.

After Egyptian President Gamal Abdel Nasser announced the nationalization of the Suez Canal on 26 July 1956, France, Britain, and Israel readied for war. On 29 October, Israel initiated the 1956 Suez Crisis by invading Gaza with the intent to eradicate opposition, which often resulted in the summary execution of civilians.<sup>169</sup> During the four-month occupation, the government hospital in Gaza, Al-Shifa, was abandoned. At the request of the UNRWA, the FMB medical missionaries assumed responsibility for both their own hospital and Al-Shifa where they treated patients and maintained over 200-beds.<sup>170</sup> The FMB sent doctors from their hospital in Ajlun to help with the increased operating load. From early November to mid-December, the Baptist doctors and nurses performed the majority of general operations in Gaza. They noted many atrocities as they treated hundreds of Palestinians who lost fingers, hands, and eyes due to the conflict.<sup>171</sup>

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<sup>167</sup> Ibid., 2.

<sup>168</sup> McRae, *1955 Gaza Station Report*, 16.

<sup>169</sup> Ḥusayn Abū al-Naml, *Qitā' Ghazza* (Bayrūt: Markaz al-Abḥāth, Munazzamat al-Tahrīr al-Filasṭīniyah, 1979), 144–146; Khalidi, *The Hundred Years' War on Palestine*, 94; UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1956 to 30 June 1957* (New York: United Nations, June 30, 1957), UNISPAL.

<sup>170</sup> James B. Young, *1956-1957 Gaza Report* (Gaza: Arab Baptist Mission, 1957), 11, IMB Minutes.

<sup>171</sup> al-Munazzamah al-Filasṭīniyah li-Ḥuqūq al-Insān, *Al-Kitāb al-Aswad: Al-Majāzir al-Isrā'īliyah Fī al-Qarn al-'ishrīn* (Bayrūt: Dār al-Ḥamrā', 2001), 183; Arab Baptist Mission, *Executive Committee Meeting May 18 Thru 21, 1957 Gaza, Egypt* (Gaza, 1957), IMB.

War brought quick change for the medical missionaries who now felt indispensable after once fearing an abrupt end in 1955.

In response to the war, the United Nations General Assembly announced the creation of the United Nations Emergency Force (UNEF) on 7 November 1956. The UNEF sought to secure a resolution to the conflict, beginning with the removal of French and British forces from the Suez Canal. By March 1957, the UNEF had entered Gaza where thousands cheered their arrival, reported Dr. James Young, the superintendent of the Baptist hospital during the occupation.<sup>172</sup> The content of the cheers, however, evaded Dr. Young's records as the people welcomed the return of the Egyptian Administration rather than the UNEF, chanting "down with the Eisenhower Doctrine," "we want Egypt," "long-live Abdel Nasser," and "Egypt is our mother."<sup>173</sup> Despite the chants of the people and UNEF pressure, the Israeli forces remained in Gaza for a tense period:

One day after the conquest of Gaza an IDF [Israel Defense Forces] officer entered the hospital compound and began demanding something of Dr. [James] Young in Hebrew. Not knowing the language, Dr. Young was trying to puzzle out the officer's meaning just as one of the Arab doctors came by and said, "Hello," to the pair. This was the wrong thing to do as it turned out. The Israeli officer, in a sudden fury, took a notion to start whacking the Arab doctor with his swagger stick. As the officer bore down on the doctor, Dr. Young leaped between them and tried to push the Israeli officer away. The escorting IDF soldiers then jumped on Dr. Young, accusing him of striking an Israeli officer (an offense punishable, presumably, by facing a firing squad at sunrise). Dr. Young was attempting to explain that he had not hit anyone but was only trying to prevent the Israeli officer from beating the doctor, when rescue arrive. Col. Maurice Brown, commander of the contingent of United Nations Forces in Gaza, drove up in his Jeep and demanded an explanation. After pulling the Israelis off Dr. Young, Col. Brown

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<sup>172</sup> Young, *1956-1957 Gaza Report*, 1.

<sup>173</sup> Al-Ittihad, "līsqat mubd' a iyzahāwr," *Al-Ittihad*, March 15, 1957; E. L. M. Burns, *Between Arab and Israeli*, First. (Beirut: Institute for Palestine Studies, 1962), 264.

got matters calmed down. Incredibly, he even wrung out an apology from the Israeli officer.<sup>174</sup>

The UNEF soldiers, whom historian Jean-Pierre Filiu likens to American soldiers with light blue painted over stars and stripes, applauded the Baptist medical missionaries and participated in their mission.<sup>175</sup> The missionaries reported that UNEF personnel attended their Sunday services, which had resumed during the Israeli occupation.<sup>176</sup> While members of the UNEF enjoyed the mission services of the Baptists, the UN cared more for their medical practices that legitimated their authority. The UNRWA made sure to note the successful treatment of many refugee patients despite war.<sup>177</sup> The international authority of the UN was not established by “liberating” Gaza from Israeli occupation, but instead by practices of medicine extended towards Palestinian refugees.

The restored Egyptian Administration in Gaza also saw the value of medical practices. When Nasser traveled to Gaza in 1957, he visited the Baptist hospital and “expressed his appreciation for the care given to the wounded.”<sup>178</sup> He walked through the hospital, stopping:

by the bedside of an old refugee who had just undergone a suprapubic prostatectomy. He asked the man his name and then said, “Is there anything I can do for you?” The man replied, “I need an enema.” Abdul Nasser laughed and resumed his walk.<sup>179</sup>

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<sup>174</sup> International Mission Board, *The Witness in Gaza*, 10.

<sup>175</sup> Jean-Pierre Filiu and John King, *Gaza: A History*, Comparative politics and international studies (New York: Oxford University Press, 2014), 102.

<sup>176</sup> Young, *1956-1957 Gaza Report*, 10.

<sup>177</sup> UNRWA, *Annual Report 1956-7*, Annex B. Health.

<sup>178</sup> Young, *1956 Gaza Mission Report*, 1.

<sup>179</sup> International Mission Board, *The Witness in Gaza*, 9.

Perhaps apocryphal, but the anecdote serves as poignant illustration of the struggle for authority in Gaza. Nasser visited the Baptist hospital, both approbating its medicine and condoning its blatant proselytism, for the sake of Palestinian refugees. He approached the bedside of a refugee patient and asked him a question expressing his care. However, the patient's practical and vulgar answer betrayed the rhetorical nature of the question. Nasser laughed and resumed his walk, reminding the patient and hospital staff that their services would remain a medical statistic in the struggle for authority in Gaza.

After Gaza returned to Egyptian control in 1957, the partnership between Egypt and the UNRWA crumbled as Nasser sought regional authority. The restored Egyptian Administration immediately appointed Major General Mohammad Hassan 'Abd al-Latif to govern Gaza. The administration then instituted the Health Services Department of Gaza (*da'irat al-khadamat as-sihiya*) and appointed Dr. Haīdar 'Abd al-Shāfi, a Palestinian physician born in Gaza, to serve as the director. The new health department quickly challenged the UN by seizing control of the UNEF hospital, a 70-bed refugee medical center.<sup>180</sup> Egypt also decided to no longer recognize the legal status of the UNRWA and denied Agency staff permission to enter Gaza.<sup>181</sup> This alarmed the UNRWA who made the situation clear at the 1958 General Assembly:

It must again be reported, with regret, that the Agency has continued to encounter serious difficulties as a result of the apparent unwillingness of the Egyptian authorities to recognize the status of the Agency as a subsidiary organ of the

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<sup>180</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1957 to 30 June 1958* (New York: United Nations, June 30, 1958), sec. V.11, UNISPAL.

<sup>181</sup> *Ibid.*, sec. IV.63.



United Nations, or to accord to the Agency the privileges and immunities which flow from that status, and which are necessary for the fulfilment of its duties.<sup>182</sup>

Although the UNRWA continued to operate in Gaza, it faced various constrictions from the Egyptian Administration during the late-1950s and 1960s. Nasser took advantage of these restrictions to seize medical authority from the UNRWA, a significant step towards legitimating his pan-Arab authority. Nasser's authoritative reputation led to the formation of the United Arab Republic (UAR) between Egypt, Syria, and occupied Gaza on 1 February 1958. Essential to Nasser's credibility as leader of the new pan-Arab state was his stance on the Palestinian refugee situation. With increasing control of health services in Gaza, the newly formed UAR under Nasser derived authority through its medical treatment of Palestinian refugees.

Nonetheless, the medical legitimacy of the UAR in Gaza was complicated by the Baptist hospital as its missionaries became increasingly aggressive in their proselytism. Ed Nicholas, the first ordained Baptist minister in Gaza, organized the Gaza Baptist Church in 1959.<sup>183</sup> Nicholas cleared out the old Anglican sanctuary, replacing the pulpit and pews with a baptistry and curtains.<sup>184</sup> More so than patients in the hospital, he identified the nursing school as the most promising site for evangelism. The nursing school, as a matter of fact, proved controversial in 1959. In what the missionaries described as retaliation for firing a Muslim nurse, the Egyptian Administration deported a female nurse.<sup>185</sup> The

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<sup>182</sup> Ibid., Annex H.2. A.

<sup>183</sup> IMB Archives, *History of the Gaza Baptist Hospital*, 2.

<sup>184</sup> Ed Nicholas, Frances Crawford, and August Lovegren, *1959 Gaza Station Report* (Arab Baptist Mission, 1959), 37, IMB.

<sup>185</sup> Ibid.

missionaries deployed gender and religion in the conflict.<sup>186</sup> They broadcasted the intolerance of the Administration who expelled an “innocent female nurse” because they fired a male Muslim nurse guilty of disorderly conduct.<sup>187</sup> Amidst the nurse controversy, ‘Abd al-Latif summoned Dr. David Dorr, the new superintendent of the Baptist hospital, and Nicholas to meet. He told the missionaries to cease preaching and focus on their medical responsibilities. He also objected to the “Baptist” name of the hospital, calling it too religious.<sup>188</sup> The missionaries initially believed the meeting was the pretext for their expulsion from Gaza. Considering the Egyptian Administration’s seizure of the UNEF hospital in 1957, the missionaries feared the Administration would soon find justification to expropriate their hospital.

Nevertheless, the FMB missionaries were not expelled by the Egyptian Administration, and they believed the people of Gaza played a part in their permanence. One missionary noted support from Abu Ali, a guard at al-Shifa with connections to smugglers in Gaza. Described as a “Mafiosa [*sic*] don” Abu Ali and his “cronies” advocated for the work of the Baptist hospital and afterwards “threats to close down the institution withered away.”<sup>189</sup> While the story of Mafioso Abu Ali sounds too good to be true, multiple sources speak to the ambivalent response of Palestinians towards the FMB

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<sup>186</sup> Baron focuses on an event in which a young Egyptian orphan was severely punished at a missionary school. Afterwards, the scandal was politicized and used as justification by many, including the Muslim Brotherhood, for the extradition of foreign influence. Similarly, Baptist missionaries in Gaza politicized controversial events for the benefit of domestic (American) and international support. Baron, *The Orphan Scandal*.

<sup>187</sup> Nicholas, Crawford, and Lovegren, *1959 Gaza Station Report*, 37.

<sup>188</sup> International Mission Board, *The Witness in Gaza*, 11.

<sup>189</sup> *Ibid*.

missionaries. Farra Sarraf, the hospital lawyer, informed the FMB missionaries that many Palestinians supported the idea of a church within the hospital but not a hospital within the church.<sup>190</sup> At one point congregants from the Greek Orthodox and Roman Catholic churches of Gaza attended Baptist services when their respective congregations lacked a priest.<sup>191</sup> But later when the Roman Catholic church received a priest, he and his congregation repudiated the work of the Baptist mission.<sup>192</sup> Christians, nonetheless, made up less than two percent of the population in Gaza. As far as the Baptist missionaries were concerned, the opinion of the Muslim population was more crucial. The missionaries continued to invite Muslims to their weekly Sunday Schools until the Administration categorized them as educational programs, thus requiring the teaching of Qur'an.<sup>193</sup> The Baptists renamed the services *salat al'atfal* (Children's Prayer) and continued operations.<sup>194</sup> Overall the public response to the Baptist mission was ambivalent, but the value of their medicine still outweighed their disruption.

Despite the evangelical practices of the FMB, the Egyptian Administration and UNRWA pushed FMB medical missionaries to treat a larger number of Palestinian refugees. In 1958, the hospital reported that its 92-beds were almost constantly filled. Additional patients laid in stretchers throughout the hospital halls and many patients,

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<sup>190</sup> Farra Sarraf spelled as written in the letter. Ed Nicholas, "Letter to Dr. Cornell Goerner," July 22, 1960, 1, IMB.

<sup>191</sup> McRae, *1955 Gaza Station Report*, 16.

<sup>192</sup> Nicholas, Crawford, and Lovegren, *1959 Gaza Station Report*, 1.

<sup>193</sup> Ed Nicholas, *1960 Gaza Report* (Gaza: Arab Baptist Mission, 1960), 26, IMB; Muḥammad 'Alī 'Umar. Farrā, *Turāth Filasṭīnī: Lawḥāt Tuṣawwiru Jawānib Muta'addidah Min Ḥayāt al-Mujtama' al-Filasṭīnī Qabla al-Nakbah* ('Ammān, al-Urdun: Dār al-Karmal, 1989), 190.

<sup>194</sup> David Dorr, *1961 Gaza Medical Report* (Gaza: Arab Baptist Mission, 1961), 2, IMB.

regardless of their condition, were turned away due to lack of beds, nurses, or operating schedules.<sup>195</sup> Nonetheless, in 1959 the Administration and Agency assigned the hospital more work in gynecological and obstetric care, against the wishes of the hospital.<sup>196</sup> They also required the hospital to treat surgical and complicated obstetrical cases from Gaza City and the *mu'askerat* of Jabaliya, al-Shati, Khan Younes, and Rafah.<sup>197</sup> The hospital steadily treated an increasing number of refugee patients. Between 1961 and 1963 outpatients grew from 12,056 to 31,694; total operations from 3,415 to 5,227; and infant deliveries from 275 to 609.<sup>198</sup> Most of the time the hospital operated with one or two surgeons meaning each surgeon performed an average of seven operations a day in 1963.<sup>199</sup> In fact, most surgeons who worked at the hospital took a year furlough after a year of service. The demands of treating Palestinian refugees certainly did not leave much time to care for their long-term health.

Treating Palestinian refugees continued to operate like a statistical game between the Egyptian Administration and UNRWA. Egyptian publications censured the efforts of the UNRWA, promising to rid refugees of their dependency on UN aid.<sup>200</sup> In 1961, the

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<sup>195</sup> Arab Baptist Mission, *1958 Gaza Mission Report* (Gaza: Arab Baptist Mission, 1958), 3, IMB.

<sup>196</sup> Nicholas, Crawford, and Lovegren, *1959 Gaza Station Report*, 1.

<sup>197</sup> IMB Archives, *History of the Gaza Baptist Hospital*, 2.

<sup>198</sup> Ed Nicholas, *1965 Gaza Mission Report and Budget* (Gaza: Arab Baptist Mission, 1965), 2, International Mission Board Archives.

<sup>199</sup> The hospital recorded 5,291 operations in 1963 (2,961 in the operating room), therefore, my estimate is conservative. Arab Baptist Mission, *1963-1964 Gaza Station Report* (Gaza: Arab Baptist Mission, 1964), 12, IMB.

<sup>200</sup> In English and French, UAR sources broadcasted disdain for the UNRWA response to the refugee crisis, describing the hypocritical stance of the UN as it allegedly supported the interests of Israel over the concerns of Arab refugees. United Arab Republic., *The Palestine Problem and the Case of the Refugees.*, PL 480-UAR (Cairo: Information Dept., 1961); United Arab Republic and Maşlahat al-Isti'lāmāt, *Le problème des réfugiés arabes de Palestine.* (Le Caire: Administration de l'Information, 1962); Filiu and King, *Gaza*, 113.

Administration stunned the Agency when it announced that starting 1 February 1962 it would care for all refugee patients. The government faced opposition from the refugees, reported the missionaries, and the matter was dropped.<sup>201</sup> However, a couple months later the Administration announced that after 1 April 1962 all refugee patients would receive Egyptian care. Again, the claim was dropped.<sup>202</sup> During this period the medical missionaries felt pressure to perform statistically, meeting the expectations of the authorities in Gaza. In 1962 statistics for the hospital seemingly doubled when outpatients increased from 12,056 to more than 25,000.<sup>203</sup> Previously the medical missionaries had not counted revisits but felt pressured to include this number in the total, thus artificially inflating their production.<sup>204</sup> Yet again recording statistics of medical treatment outweighed concerns for practices which prioritized long-term care and solutions.

Despite the pressure to maintain everyday operations at the hospital, the FMB sustained its evangelical practices. The missionaries handed gospel tracts to all patients and their families and encouraged ambulatory patients to attend church services.<sup>205</sup> To improve the effectiveness of these services, the FMB appointed Hana Ibrahim, an Egyptian pastor from Beni Suef, to head the Gazan congregation. Upon assuming his role as the lead pastor of the Gaza Baptist Church, Ibrahim recorded a congregation of 70 to 80 members for each Sunday gathering.<sup>206</sup> He also noted Egyptian officials who attended the Baptist church for

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<sup>201</sup> James B. Young, *1962 Gaza Station Report* (Gaza: Arab Baptist Mission, 1962), 2, IMB.

<sup>202</sup> Ibid.

<sup>203</sup> Ibid.

<sup>204</sup> Nicholas, *1965 Gaza Mission Report and Budget*, 2.

<sup>205</sup> Ibid.

<sup>206</sup> This information comes from Samy Ibrahim's book about his parents' journey in Egypt and Gaza. This section entitled "ikhtibār al-qis Hana Ibrahim" (The Experience of Pastor Hanna Ibrahim) was written by

significant events and holiday celebrations, support he interpreted as solidarity with the Baptist medical mission in Gaza.<sup>207</sup> Ibrahim faced some opposition from the people of Gaza but was comforted by his relationship with Egyptian officials.



Illustration 2: Gaza Baptist Church in 1958.<sup>208</sup>

With tacit support from the Egyptian Administration, the missionaries made a serious commitment towards developing the evangelical potential of the nursing school during the 1960s. First, they acquired an acre of land from the Armenian Patriarchate to

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Hana Ibrahim and edited/recorded by Samy Ibrahim. Samy Ibrahim and Hana Ibrahim, *Fi khidma al-fādī, al-Ṭab‘ah 1*. (Boston; madinat našir, mišr: Eagles Publications; maṭāb‘ alūks, 2019), 111.

<sup>207</sup> Ibid.

<sup>208</sup> Cornell Goerner, 1958, Dargan Library, LifeWay Christian Resources, Nashville, TN

build a residence for nursing students.<sup>209</sup> The Baptist nursing school remained the only nursing school in Gaza, a three-year program that attracted students from Lebanon, Jordan, Egypt, and Gaza. The school rarely lacked male applicants, but the missionaries desired more female applicants, especially from Gaza.<sup>210</sup> Despite a relative degree of success, the missionaries struggled to grow their nursing program as the Baptist nursing degree was initially only recognized in Gaza. The missionaries were surprised in 1964 when the Egyptian Minister of Nursing Education visited the school and granted it official recognition in Egypt.<sup>211</sup> Recognition for the program, which emerged from Egypt's strategy during the 1960s to provide relief, employment, and education opportunities to Palestinians in Gaza, allowed graduates of the program to work outside of Gaza more easily.<sup>212</sup> At the same time the missionaries enjoyed evangelical success with their nursing program. Between 1964 and 1967 over thirty of the student-nurses made professions of faith and were baptized in the church.<sup>213</sup> Although the Baptist missionaries recorded professions of faith from Muslims in Gaza, they did not record their baptisms. During the 1960s the Baptist missionaries seemed less disturbed by the Egyptian Administration but baptizing Muslims would certainly sow discord. The social consequences of baptism were

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<sup>209</sup> Arab Baptist Mission, *1963-1964 Gaza Station Report*, 1.

<sup>210</sup> Most female applicants were from Lebanon and Egypt. Nicholas, Crawford, and Lovegren, *1959 Gaza Station Report*, 37.

<sup>211</sup> Arab Baptist Mission, *Executive Committee Meeting Beirut Nov. 18-19, 1964* (Beirut: Arab Baptist Mission, 1964), 1, IMB.

<sup>212</sup> The UAR identified relief, employment, and education as three sequential goals for the future of refugees and citizens of Gaza. United Arab Republic., *Qitā' Ghazzah*. (al-Qāhirah: Maṣlaḥat al-Isti'lāmāt, 1966), 29–32.

<sup>213</sup> David Dorr and Ed Nicholas, *1965 Gaza Report* (Arab Baptist Mission, 1965), 21, IMB; Marilyn Sheaffer-Farag, *Report of the Baptist School of Nursing-School Year 1966-67* (Gaza: Gaza Baptist Hospital, n.d.), IMB; Nicholas, *1965 Gaza Mission Report and Budget*.

dire for Muslims who even after sincere acceptance of the Baptist message, opted to avoid outward expressions of faith.

Just as the FMB missionaries felt confident in the permanence of their mission, relatively undisturbed by the Egyptian Administration, Gazan landowners challenged their practices. When the FMB purchased the hospital from the CMS, they became aware of the legal complications of land ownership in Gaza. Two-thirds of the hospital grounds were deemed *waqf* property and divided amongst many owners. The hospital lawyer, Farra Sarraf, recommended the missionaries settle the land disputes with each landowner. Unsatisfied with the legal advice, the missionaries consulted a local *qadi* (judge) who advised them to develop the land, solidifying their claim. Legal documents from the Ottoman era remained undiscovered, so local courts deliberated over the rightful owners of the land until 1965 when they ruled in favor of the Palestinians.<sup>214</sup> The courts confirmed that two-thirds of the hospital land were *waqf* property, and due to the abolition of *waqf dhurri* in 1954, the courts divided the hospital property amongst many inheritors.<sup>215</sup> Following the decision, Dr. Dorr received a letter from Abdul Razzak El-Alami, one of the inheritors, who requested payment for his family's share of the property.<sup>216</sup> In fact, the missionaries received several requests for payment from the inheritors of the property but decided to ignore them as the owners were divided and powerless to enforce the legal verdict.

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<sup>214</sup> Nicholas, *1965 Gaza Mission Report and Budget*, 2.

<sup>215</sup> Dorr and Nicholas, *1965 Gaza Report*, 22.

<sup>216</sup> Name spelled as written in his letter: Abdul Razzak El-Alami, "Letter to Dr. David Dorr May 1966," May 1966, IMB.



The land dispute did not disappear after the court decision. One of the most prominent landowners, Ghazi Shawa, purchased *waqf* land from other shareholders.<sup>217</sup> By 1966, he owned approximately one-third of the total, substantially more than the next largest shareholder.<sup>218</sup> Shawa was among a small number of Palestinians who valued the land of Gaza and had the financial means to acquire it. For them, dignity for the land was tantamount to the dignity of the people. Landownership gave Shawa and other propertied individuals an authentic claim to legitimacy in Gaza, but they remained powerless without support from the Administration.<sup>219</sup>

More concerned with regional rather than local approval, the Administration continued to ignore the interests of local landowners in Gaza. Nasser, who remained preoccupied with claiming sole authority of Gaza, decided to evict the UNEF in early 1967. Historian Nathan Shachar claims that the decision was motivated by a lack of respect in the Arab world, as rivals taunted Nasser for “taking shelter behind the UN[...]emasculating the Palestinian resistance[...]and] guaranteeing Israel’s security.”<sup>220</sup> Removing the UNEF from Gaza allowed Nasser to claim sole authority in Gaza, legitimated by his support for Palestinian education, medicine, and resistance. Egyptian authority in Gaza, nonetheless, proved brief. At 12:35 P.M. on 6 June 1967 Gaza fell to Israel on the second day of the

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<sup>217</sup> Selling *waqf* property was common in Gaza during this era due to economic pressure. Dumper, “Forty Years without Slumbering.”

<sup>218</sup> David Dorr, *Report on Ghazi Shawwa 31 March 1966* (Gaza: Gaza Baptist Hospital, March 31, 1966), IMB.

<sup>219</sup> The administration frequently criticized the UNRWA for its refusal to help Gazans who lived in the sector before the refugee crisis but, like the UNRWA, prioritized refugee relief over local concerns. United Arab Republic., *Qitā' Ghazzah.*, 31.

<sup>220</sup> Nathan Shachar, *The Gaza Strip: Its History and Politics: From the Pharaohs to the Israeli Invasion of 2009* (Brighton: Sussex Academic Press, 2010), 69–70.

1967 Arab-Israeli War, putting all existing authority into question. The second Israeli occupation of Gaza proved the end of the Egyptian Administration in the strip.

The UNRWA also recognized the 1967 War as a significant challenge to their medical practices in Gaza. The Agency evacuated most of its personnel in late May, but some FMB missionaries, like Dr. Dorr and Dr. Merrill Moore, remained in Gaza. During the conflict, the missionaries used the church as an overflow area with hospital beds lining the sanctuary.<sup>221</sup> Pastor Ibrahim, who continued to lead the Gazan congregation during the war, recorded over 500 Palestinians who sought refuge in the church to avoid Israeli bombs.<sup>222</sup> L.W. Whymark, a UNRWA officer, also observed the status of the Baptist hospital and church during the war:

The hospital had been the centre of intensive mortar and shell fire from Israeli forces who were endeavoring to knock out UAR guns in the vicinity. Four shells or mortars landed and exploded in the Hospital Compound, injuring one member of the hospital staff, but caused no damage to Hospital buildings: numerous other shells and mortars had exploded in the vicinity of the Hospital, but the Hospital continued to function[...]. The Baptist Hospital was full to overflowing. Casualties had started arriving during the evening of 5 June and the flow continued during subsequent days. The main hospital in Gaza, the Shifa Hospital was placed under heavy security after the Israeli Army captured Gaza, as a number of UAR and PLA officers sought to evade arrest by taking refuge there. This meant of course that the burden of work on the Baptist Hospital increased enormously and was dealt with by Dr. Dorr and his staff.<sup>223</sup>

Whymark concluded his letter by making his intentions clear. He did not enter the hospital wards following the conflict because he did not want to see the “misery and suffering of the patients,” but he wished to make the “dedication and courage” of Dr. Dorr and his staff

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<sup>221</sup> David Dorr, *1967 Gaza Hospital Report* (Gaza: Gaza Baptist Hospital, 1967), 4, IMB.

<sup>222</sup> Ibrahim and Ibrahim, *Fi khidma al-fādī*, 113.

<sup>223</sup> Leonard William Whymark, “Letter to Finlay Graham 21 June 1967,” June 21, 1967, IMB.

known.<sup>224</sup> The number of operations during the 1967 War went unrecorded but the service of the medical missionaries was not easily forgotten in Gaza.<sup>225</sup>

When the war ended, the status of the hospital resembled Gaza in many ways. First, there was significant material damage to overcome. Dr. Dorr noted damage to the hospital complex including broken windows and several collapsed walls. The destruction required “repairing, remodeling, and the purchasing of movable equipment, rather than major construction.”<sup>226</sup> The missionaries opted for temporary repairs rather than permanent fixtures due to the uncertain future of the hospital. Second, the future of evangelism in Gaza was in jeopardy. Many Sunday services closed as UN attendees and the families of Arab Christians departed Gaza. Church membership shrunk to thirty-five including missionaries.<sup>227</sup> The female nursing staff decreased from twenty-four to seven, thirteen of whom were repatriated to Egypt and Lebanon, which led to the closure of the obstetric section and women’s ward.<sup>228</sup> Lastly, the Baptist missionaries, like many Palestinians in Gaza, were resolute despite uncertainty. Pastor Ibrahim construed the war as a crucible for the gospel message, describing the emergence of a spiritual *nahda* (renaissance) from

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<sup>224</sup> Ibid.

<sup>225</sup> The medical services of the Baptist hospital are remembered in many Arabic novels, including their medical practices during the 1967 War. Two of the following sources, *Istikhbārāt al-Isrā’īliyah* and *al-Nakhlah al-‘āqir* record the story of Hamza Yūnis, a member of the *fidā’iyūn*, who spent time at the Gaza Baptist Hospital after receiving an injury during the 1967 War. Ibrāhīm Abū Jābir, *Mashrū‘ ihyā’ al-dhākīrah al-Filasṭīniyah: jurḥ al-nakbah*, al-Ṭab‘ah 1., vol. 3, Mawsū‘at ihyā’ al-dhākīrah al-Filasṭīniyah (al-Jīzah: Markaz al-I‘lām al-‘Arabī, 2007), 149; Kāmil. Aḥmad, *Istikhbārāt Al-Isrā’īliyah Wa-Mukāfahatuh* (Bayrūt, Lubnān: Manshūrāt Filasṭīn al-Muḥtallah, 1982), 155–156; ‘Abd al-Karīm ‘Īd. Ḥashshāsh, *al-Nakhlah al-‘āqir: riwāyah* (Syria: s.n., 2002), 203.

<sup>226</sup> Dorr, *1967 Gaza Hospital Report*, 1.

<sup>227</sup> Ibid., 4.

<sup>228</sup> Ibid., 2.

overwhelming fear.<sup>229</sup> Dr. Dorr looked forward to the post-war era, hoping for “greater liberty to proclaim the gospel.”<sup>230</sup> In a far-greater manner, Palestinians in Gaza longed for dignity following many years of undue suffering. For them, the 1967 war also proved a crucible of authentic resistance against colonial subjugation.

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From 1948 to 1967, the narrative of the FMB mission hospital dynamically intersected with local, regional, and international authorities in Gaza. Its role as a site of ambivalence, an institution committed to medicine and proselytism, necessitated a response from local landowners, the Egyptian Administration, and the UNRWA. Their responses revealed contradictory commitments, evidencing their struggle for authority in Gaza. The responsibility for offering medical treatments to Palestinian refugees, though not the only legitimating practice, granted tangible, albeit divisive authority. Ignored in the battle for medical responsibility were the claims of Gazan landowners, who despite an intimate connection to the land and its people were restrained in determining its future. Palestinian refugees, meanwhile, became an object in the struggle for authority—counted, ruled, proselytized, treated, mistreated, and ignored.

For the sake of Gaza and beyond, the FMB mission hospital plays a multifarious role in understanding the historic process of decolonization. After the collapse of the British Mandate in Palestine, as was the case in all former colonies, new governments required legitimating practices to authorize their rule. Ilana Feldman identifies bureaucratic

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<sup>229</sup> Ibrahim and Ibrahim, *Fi khidma al-fādī*, 112.

<sup>230</sup> Dorr, *1967 Gaza Hospital Report*, 5.

continuity as a practice that legitimated authority in Gaza; this chapter adds the centrality of medical treatments and property ownership. While these practices, among others, legitimated the authority of postcolonial governments, the Gazan, and more broadly Palestinian experience, is more specific. The source material of the mission hospital brings attention to the role of local Gazans, landowners and refugees, who were restricted from full participation in these legitimating practices. This chapter, following Ussama Makdisi and Beth Baron, makes legible these restrictions on Gazan society *through* the lens of the Gaza Baptist Hospital. Rather than evaluate the hospital itself, for its services as a medical institution or its proselytism as mission venture, this chapter analyzes responses to the hospital, attesting to the disenfranchisement of the Palestinians and manifold trajectories of decolonization.

### Chapter III

Hours prior to the 1967 Arab-Israeli War, Baptist missionaries at the Gaza Baptist Hospital celebrated the wedding of Nasser Farag, an Egyptian working for the FMB, and Marilyn Shaffer, an American missionary.<sup>231</sup> War loomed over the hospital and its staff, potentially jeopardizing its continued operations. They nevertheless took comfort in the wedding celebration, which for them evidenced the successful assimilation of their American mission into Gazan society.

In many ways, the wedding also represented authority in Gaza before 1967. The Egyptian Administration, in partnership with the United Nations Relief and Works Agency (UNRWA), governed Gaza by meeting its educational and medical needs. Practices of medicine, in particular, legitimated the authority of these foreign entities in Gaza which faced little resistance outside of local Gazan officials. The Gazan *waqf* (religious endowment) administrators were among the local officials who challenged and shaped the directives of the Administration and Agency. These entities converged at numerous intersections, including the Gaza Baptist Hospital, which received funding from the Agency, tacit support from the Administration, and legal challenge from the Gazan *waqf* administration.

Baptist missionaries in Gaza carefully navigated this intersection, a location I describe as a “site of ambivalence.” In other words, the hospital both benefited Gazan society with medical practices and disrupted it with proselytizing efforts. These polarizing

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<sup>231</sup> Merrill Moore, *1967 Gaza Hospital Report* (Gaza: Gaza Baptist Hospital, 1967), 1, International Mission Board Archives.

practices necessitated a response from local and foreign authorities in Gaza. Before 1967 the Baptist missionaries appeased the Agency and Administration, represented by the marriage of Farag, an Egyptian working in Gaza, and Shaffer, a UNRWA supported Baptist missionary. However, the hospital faced legal opposition from the Gazan *waqf* administration, which challenged the missionaries' claim to the hospital property. The 1967 War put all Gazan law and authority into question. This chapter examines the evolving relationship between Gazan law, authority, and medicine following 1967.

The records of Baptist missionaries at the Gaza Baptist Hospital—concerning medicine, property disputes, and evangelism—help unveil the daily experience of Gazans in the wake of the 1967 War. In this chapter, through the perspective of the mission hospital, I argue that the 1967 War and subsequent Israeli occupation nullified practices of landownership in Gaza, leaving a political vacuum in which controlling the Palestinian body offered the only means of legitimacy. Pre-established institutions, like the Gazan *waqf* administration, were effectively marginalized by the Israeli military occupation. The practice of landownership, a traditional source of legitimacy and authority, became untenable in Gaza. Relatively novel organizations, such as the Palestine Liberation Organization (PLO) and Muslim Brotherhood, claimed authority in Gaza by utilizing the Palestinian body as a focal point of resistance. The Israeli military administration and UNRWA also competed with these local entities for control over the body via medical practices as legal practices became arbitrary and ineffective. The Gaza Baptist Hospital found itself a witness, participant, and, ultimately, a victim within this postwar political calculus.

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Before 1967, developments in the privatization and nationalization of *awqāf* (religious endowments; plural of *waqf*) threatened the continued operations of the Gaza Baptist Hospital. In the early twentieth century, *awqāf ahlīa* (family endowments; singular *waqf ahlī*), known as *waqf dhurrī* in Gaza, posed an issue for both individuals and the state. An individual could endow *waqf ahlī* for the benefit of his or her progeny, setting preconditions for the duration and nature of the endowment.<sup>232</sup> The beneficiaries of *waqf ahlī* did not own the endowed property but received its benefits, often in the form of financial compensation.<sup>233</sup> However, due to the lack of private ownership, and the numerous beneficiaries tied to a single endowment, these properties were often mismanaged. In Egypt, for example, *waqf ahlī* “became a means to avoid the law of inheritance, or the land tax,”<sup>234</sup> which meant that the Egyptian state lost considerable taxable land. Individual beneficiaries of *waqf ahlī*, similar to the Egyptian state, had little control over *waqf ahlī* and began to call for its abolition.<sup>235</sup> In 1923, Egyptian law shortened the disposition period of *waqf ahlī*, allowing an endowment beneficiary to become a full possessor in five years rather than the previous thirty-three.<sup>236</sup> In 1946, Egyptian law banned the creation of new *awqāf ahlīa* and then, in 1952, it abolished *awqāf ahlīa* allowing

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<sup>232</sup> Monica M. Gaudiosi, “The Influence of the Islamic Law of Waqf on the Development of the Trust in England: The Case of Merton College,” *University of Pennsylvania Law Review* 136, no. 4 (April 1988): 1233.

<sup>233</sup> *Ibid.*, 1239.

<sup>234</sup> Muhammad Amin Tawfiq, “The Awqaf in Modern Egypt,” *Islamic Quarterly* 42, no. 4 (January 1, 1998): 260.

<sup>235</sup> *Ibid.*

<sup>236</sup> *Ibid.*



for its privatization.<sup>237</sup> Under the new abolition, the beneficiaries of *waqf ahlī* became private owners of the endowment. Upon death, however, the *waqf* owners could only endow one-third of their property holdings to their progeny. The newly created Ministry of Awqaf, working on behalf of the Egyptian government, acquired the remaining two-thirds of the property.<sup>238</sup> The privatization and nationalization of *awqāf* directly impacted the property of the Gaza Baptist Hospital. In 1954, the Egyptian Administration extended the abolition of *waqf ahlī* in Egypt to abolish *waqf dhurrī* in Gaza. The abolition meant that the property of the Gaza Baptist Hospital, over which Gazan courts deliberated whether it belonged to the hospital or an endowment, could fall under the private ownership of Gazans or, eventually, the national ownership of the Egyptian Administration. The Baptist missionaries feared that the privatization or nationalization of the hospital property could jeopardize their claims to the hospital.

In 1965, after deliberating for over a decade, Gazan courts decided that two-thirds of the land presently used by the hospital were endowed property belonging to *waqf* beneficiaries.<sup>239</sup> Due to the abolition of *waqf dhurrī*, the beneficiaries of the hospital property became its private owners. The missionaries received letters from several property owners who requested payment for their shares.<sup>240</sup> One of the most prominent owners of hospital property, Ghazi Shawa, purchased shares from the other beneficiaries and owned one-third of the total by 1966.<sup>241</sup> Shawa was a member of a prominent family, which held

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<sup>237</sup> Ibid.

<sup>238</sup> Ibid., 262.

<sup>239</sup> Dorr and Nicholas, *1965 Gaza Report*, 22.

<sup>240</sup> El-Alami, "Letter to Dr. David Dorr May 1966."

<sup>241</sup> Dorr, *Report on Ghazi Shawwa 31 March 1966*.

political and economic standing in Gaza city. The Shawa family competed for authority and the right to govern Gaza with foreign entities like the Egyptian Administration, which saw the abolition of *waqf dhurrī* as a measure to reform land use and assume greater control over it. The practice of landownership directly corresponded to legitimacy and authority in Gaza. The abolition of *waqf dhurrī*, however, proved precarious for the new landowners in Gaza, like Shawa, who often owned minuscule portions. At the Gaza Baptist Hospital this same phenomenon occurred as a multitude of *waqf* inheritors possessed tiny allotments of hospital property. Owning miniscule, unsubstantial pieces of property, paired with the desperate political and economic situation in Gaza, pushed many owners to sell shares without authorization from the court.<sup>242</sup> The Baptist missionaries feared that if *waqf* shares were consolidated under a single owner, their claim to the hospital would become precarious.

The Baptist missionaries consulted a Gazan lawyer, Faraj Sarraf, and a local *qadi* (judge) for legal counsel. Sarraf recommended they settle with the *waqf* inheritors by purchasing shares and selling valuable land previously acquired by the hospital complex.<sup>243</sup> In particular, the Baptist missionaries owned a tennis court along a busy thoroughfare that many of the inheritors desired in order to develop storefronts. But the Baptist missionaries, unsatisfied with the Sarraf's legal advice, decided to consult a local *qadi* who advised them to develop the hospital land and solidify their claim to it.<sup>244</sup> The Baptist missionaries

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<sup>242</sup> Dumper, "Forty Years without Slumbering."

<sup>243</sup> Franklin Fowler, *Gaza Baptist Hospital Visit to Gaza, April 6-12, 1967* (Gaza, April 17, 1967), 4, International Mission Board Archives.

<sup>244</sup> Dorr and Nicholas, *1965 Gaza Report*, 2.

preferred the more cost-efficient advice of the *qadi* and decided to expand hospital services while ignoring the *waqf* inheritors. They opted for the principle of possession, which carried into the post-1967 era.

Abruptly, the outbreak of war in 1967 put all existing authority in Gaza into question. The Baptist hospital administrator, Dr. David Dorr, recorded the experience laconically, “The hospital has always worked under an Arab government. After the war of June 5, we now find ourselves in Israeli territory.”<sup>245</sup> A later account of the event provides more detail regarding the suddenness of the invasion and its impact on the hospital:

Suddenly an Israeli army unit appeared at the main gate. An officer came into the hospital to announce that (1.) the Israeli army was now in charge of the city, and (2.) any need of the hospital should be directed to him. The doctors told him of the critical need for water. To everyone’s amazement, shortly thereafter, an Israeli water truck drove in to fill up the cistern.<sup>246</sup>

The Israeli invasion came with many questions in terms of the nature and duration of the subsequent occupation. The Baptist hospital decided to press forward in service to the Gazan community and towards its evangelical mission.

The Israeli military largely filled the role vacated by the Egyptian Administration, leading the FMB to believe that the principle of possession would continue to hold sway under the new political order. As its first action in Gaza, the Israeli government appointed a military Governor to replace the position held by the Egyptian Governor-General.<sup>247</sup> Prominent families in Gaza, like the Shawa family, who could have claimed their right to

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<sup>245</sup> Dorr, *1967 Gaza Hospital Report*, 1.

<sup>246</sup> International Mission Board, *The Witness in Gaza*, 13–14.

<sup>247</sup> Dumper, “Forty Years without Slumbering,” 182.

govern based on practices of landownership and significant involvement in political and economic issues, failed to form a united front against the Israeli occupation. Without unification, legal and administrative entities, like the Gazan *waqf* administration, were “obliged to accept a delicate *modus vivendi* with the Israeli military government.”<sup>248</sup> Administrations in Gaza, like the *waqf* administration, had previously relied on the Egyptian Administration for financial support due to the loss of significant revenue earning property in 1948. The early Israeli administration in Gaza acted in a similar manner to the Egyptian Administration, leading the Gaza Baptist Hospital to pursue a similar principle of possession in laying claim to the hospital property. Furthermore, hospital leaders questioned the permanency of the Israeli occupation in Gaza, based on the temporary occupation in 1956, believing that the Egyptian Administration may be restored following a brief period. Due to the present considerations, the hospital continued to develop its claims to the property.

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<sup>248</sup> Ibid.



Illustration 3: Gaza Baptist Hospital (undated).<sup>249</sup>

The occupation dragged into months and then years, during which the Baptist missionaries continued to develop the hospital complex to solidify their claims to the property. The missionaries began by renovating existing structures. They built a second floor on a building for out-patients, which included office space for two doctors and three rooms for a new laboratory program.<sup>250</sup> The laboratory program included on-site equipment for “hematology, urinalysis, and stool specimen” analysis.<sup>251</sup> The three rooms were dedicated for several purposes: “One room [was] used for bacteriology, weighing

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<sup>249</sup> Southern Baptist Historical Library and Archives, Nashville, TN

<sup>250</sup> R.C. McGlamery, *1969 Gaza Hospital Report* (Gaza: Gaza Baptist Hospital, November 4, 1969), International Mission Board Archives.

<sup>251</sup> Judith Adams, *1970 Annual Report of Gaza Mission Laboratory Report* (Gaza: Gaza Baptist Hospital, 1970), International Mission Board Archives.

reagents, and [the] cleaning, drying and sterilizing of glassware. The second room [was] used exclusively for chemistry. The third room [was] a combination blood bank and blood donor room.”<sup>252</sup> The program provided these services and trained local students, certifying them to work as laboratory technicians.<sup>253</sup> Into the late 1960s, the hospital complex continued to expand its services by founding the “first physical therapy unit in the Gaza Strip” and renaming the nursing school, which “became known as the Baptist School of Allied Health Sciences” to encompass their new programs.<sup>254</sup> Faced with a precarious political situation, the missionaries opted to strengthen their claim to the hospital property in anticipation of future legal battles over its true ownership.

The Baptist missionaries also expanded their efforts beyond the hospital complex, believing a stronger influence in Gazan society corresponded to strengthening their claims to the hospital property. The UNRWA noted “enormous difficulties” caused by the shortages of textbooks in Gaza.<sup>255</sup> The Baptist missionaries responded to this shortage in part by opening a lending library in 1969 under what one source called a “euphonious name,” The Center of Culture and Light [possibly *markaz al-thaqāfa wa al-nūr* in Arabic].<sup>256</sup> The missionaries opened the lending library on a busy thoroughfare near the present Islamic University of Gaza. Anne Nicholas and Isam Farah founded and headed the library, intending for it to be “a means of witness to them [Muslims in Gaza] through

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<sup>252</sup> *Ibid.*

<sup>253</sup> *Ibid.*

<sup>254</sup> International Mission Board, *The Witness in Gaza*, 14.

<sup>255</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1969 to 30 June 1970* (New York: United Nations, June 30, 1970), para. 24, UNISPAL.

<sup>256</sup> International Mission Board, *The Witness in Gaza*, 14.

Christian literature.”<sup>257</sup> Although the center responded to the textbook shortage in Gaza, they sought to meet this need with an evangelical agenda. The missionaries explained that:

At first, many of the Muslims were afraid we would try to convert them or their children, using the library as a front the way Communists do. We have assured them the library is for everyone and no one will be forced in any way to read or to study anything they do not choose themselves.<sup>258</sup>

Instead, the missionaries wanted to engage Muslims in conversation and through “personal connections.”<sup>259</sup> Christian literature, posters, decorations, and tracts were on display throughout the library. Despite describing their efforts in different terms than the coercive practices of “Communists” in Gaza, the missionaries certainly saw their attempts within the bookstore through an evangelical lens. This means of evangelism, the missionaries believed, was only possible due to Israeli rule in Gaza.

Especially in the beginning, the Baptist missionaries viewed the 1967 War and subsequent occupation in separate terms than the community in which they operated. When the repercussions of 1967 began to set in, the missionaries responded optimistically. They believed that: “Some people found their faith challenged severely by the Arab defeat” and were more receptive to the gospel message.<sup>260</sup> They interpreted the Israeli occupation as a boon to their evangelical mission. Anne Nicholas, the founder of the Baptist library, writes: “[t]he big source of encouragement for evangelism in Gaza is the increased freedom to

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<sup>257</sup> Anne Nicholas, *1969 Gaza Hospital Report* (Gaza: Gaza Baptist Hospital, October 23, 1969), International Mission Board Archives.

<sup>258</sup> James W. Smith, *In Their Midst: Interfaith Fellowship in Israel 1955-1989* (Nashville: Fields Pub, 2015), 177.

<sup>259</sup> *Ibid.*

<sup>260</sup> Merrill Moore, *1967 Gaza Hospital Report* (Gaza: Gaza Baptist Hospital, 1967), 3, International Mission Board Archives.

witness without fear of governmental restrictions. It seems possible now for the first time to begin other centers of ministry and service in this Muslim area.”<sup>261</sup> In particular, she referred to the Baptist lending library, which the missionaries believed was only possible due to Israeli governance. In general, the Baptist missionaries interpreted Israeli rule as an opportunity to operate more freely in Gaza with fewer repercussions for open proselytism.

While Baptist sources recorded the early Israeli occupation of Gaza with hopeful anticipation, relishing the potential for unencumbered evangelism, reality differed significantly. Following the 1967 War, Israeli political leaders considered a wide range of solutions to their concerns regarding Gaza, ranging from incorporation into Israel to mass relocation of the Gazan population.<sup>262</sup> Regardless of the approach, Israel needed to bring Gaza under its suzerainty, which began violently in 1967 and lasted until 1972.<sup>263</sup> UNRWA staff members recorded how the Israeli military brought Gaza under its control, with a “succession of incidents and security measures, such as curfews, interrogations, detentions, and, on some occasions, the demolition of houses which followed.”<sup>264</sup> Gazans responded accordingly as “strikes and incidents of violence were an almost continuous feature of life.”<sup>265</sup> These descriptions were recorded by UNRWA staff members who also “could not

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<sup>261</sup> Nicholas, *1969 Gaza Hospital Report*.

<sup>262</sup> Filii and King, *Gaza*, 135.

<sup>263</sup> *Ibid.*, 144.

<sup>264</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1967 to 30 June 1968* (New York: United Nations, June 30, 1968), para. 15, UNISPAL.

<sup>265</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1968 to 30 June 1969* (New York: United Nations, June 30, 1969), sec. Letter to Dr. Laurence Michelmores 20 August 1969, UNISPAL.



escape some of the consequences such as arrest, detention and imprisonment.”<sup>266</sup> For Gaza, the period between 1967 and 1972 resembled a continuous state of war in which Israel governed the populace through force and military law.

Tension in Gaza reached a boiling point at the end of the period between 1971 and 1972, when Ariel Sharon took over the Southern Command of the Israeli Defense Force (IDF). This period became known as the “Dirty War” during which Sharon, in close communication with Defense Minister Moshe Dayan, worked to eradicate the Palestine Liberation Organization (PLO) in Gaza.<sup>267</sup> Sharon imposed strict curfews, which extended to twenty-four hours in some refugee camps.<sup>268</sup> Rather than conducting raids to remove PLO members and their supporters from these camps, Sharon employed army bulldozers to level dwellings suspected of harboring enemies of the Israeli state.<sup>269</sup> The bulldozers also paved circular roads around refugee camps and grids within them to facilitate Israeli military control when navigating these densely populated areas.<sup>270</sup> These tactics became part of the daily experience for refugees, especially those living in the camps of Shaati, Rafah, and Jabaliya. The Israeli military also enacted measures to control Gazan elites and residents. In 1971, Sharon put Ragheb al-Alami, the mayor of Gaza, under house arrest for refusing to connect to the electricity grid of Israel.<sup>271</sup> Baptist missionaries recorded the presence of Israeli *mista’arvim* (derived from the Arabic word *musta’ribin*, those who live

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<sup>266</sup> *Ibid.*

<sup>267</sup> Shachar, *The Gaza Strip*, 80–81.

<sup>268</sup> Filiu and King, *Gaza*, 140.

<sup>269</sup> *Ibid.*, 141.

<sup>270</sup> Shachar, *The Gaza Strip*, 80.

<sup>271</sup> Filiu and King, *Gaza*, 141.

among the Arabs), comprised of Mizrahi Jews, Bedouins, and Druze working undercover for the Israeli state. These undercover forces stopped, strip-searched, and interrogated the residents of Gaza City.<sup>272</sup> The “Dirty War” effectively brought Gaza under greater Israeli influence at the expense of Gazan dignity, privacy, and lives.

The totalizing control of the Israeli state over the Gazan populace also extended to Gazan law, which directly impacted the Gaza Baptist Hospital. The Israeli military preserved the system of law in Gaza but voided its significance.<sup>273</sup> Rather than formally intervene by changing the Gazan legal system, Israel effectively marginalized the entire system by “channeling all the important issues [...] to the Israeli military courts.”<sup>274</sup> These courts operated with laws “inherited from different sources: some from the British, some adapted from the Egyptian administration and some military orders created to fill the gaps.”<sup>275</sup> The Israeli military applied these laws through a rigid application of Emergency Regulations in which they began transferring areas of jurisdiction from civil courts, like tax assessment and customs, to military courts.<sup>276</sup> While finding documentation to describe the exact nature of these courts is presently impossible, Gazan lawyers have compared the military courts to “a theatre [where] the verdict has been scripted in advance.”<sup>277</sup> The Gaza Baptist Hospital also experienced these trends in Israeli law through silence in their

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<sup>272</sup> Ray G. Register, *Clothed in White* (Nashville: Broadman Press, 1991), 148.

<sup>273</sup> Sarah Adamczyk, “The Shari’a Courts and Personal Status Laws in the Gaza Strip,” *Norwegian Refugee Council* (January 2011): 10.

<sup>274</sup> Glenn E. Robinson, “The Politics of Legal Reform in Palestine,” *Journal of Palestine Studies* 27, no. 1 (1997): 53.

<sup>275</sup> Richard Locke and Antony Stewart, *Bantustan Gaza*, Third World books (London: Council for the Advancement of Arab-British Understanding, 1985), 47.

<sup>276</sup> *Ibid.*

<sup>277</sup> *Ibid.*, 49.

historical records. Before the early 1970s, legal disputes in Gaza dominated the mission records, which saw the *waqf* administration in Gaza as the greatest challenge to their claims to the hospital complex. Suddenly, in the early 1970s, legal disputes disappeared completely from the historical record of the hospital, replaced with new concerns unrelated to law. This shift corresponds with how the Israeli military courts operated in Gaza, prioritizing state interests over those of Gazans and curtailing the enforceability of existing Gazan law .

To understand the impact of Israeli military law on the *waqf* administration in Gaza, it is helpful to compare it to the situation in the West Bank. Following the 1948 War, the *waqf* administrations in Gaza and the West Bank were restricted when they lost considerable landholdings. By 1965, Israel had expropriated 93% of Palestinian *awqāf* under the Absentee Property Law.<sup>278</sup> The 1967 War brought remaining Palestinian *awqāf* under Israeli suzerainty.<sup>279</sup> Although the *waqf* administrations in Gaza and the West Bank survived the occupation, they lost legal backing and the ability to operate effectively. A *mutawallī* (*waqf* trustee) of a *waqf dhurrī* in Jerusalem explained the issue: “if you have a rent problem with a tenant, and you take legal action against him, the court decision can hardly be enforced.”<sup>280</sup> The prominence of Israeli military courts in Gaza and the West Bank neutralized the power of local courts in enforcing property law verdicts.

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<sup>278</sup> Haitam Suleiman, “Conflict over Waqf Property in Jerusalem: Disputed Jurisdictions between Civil and Shari’a Courts,” *Electronic Journal of Islamic and Middle Eastern Law* 3 (2015): 100.

<sup>279</sup> Dumper, “Forty Years without Slumbering,” 174.

<sup>280</sup> Suleiman, “Conflict over Waqf Property in Jerusalem: Disputed Jurisdictions between Civil and Shari’a Courts,” 108.

The fate of the *waqf* administration in Gaza, however, differed significantly from that in the West Bank. Following the Israeli occupation of the West Bank, the Jordanian government continued to finance and protect its *waqf* administration. The Egyptian Administration did not play the same role in Gaza, leaving the system in a “weak and vulnerable position.”<sup>281</sup> Additionally, the Gazan *waqf* administration was incorporated into the Egyptian military prior to the 1967 War. As Michael Dumper explains, “[w]ith the office of the *ma'mur al-awaqf* [Gazan *waqf* administration] already accountable to the Egyptian military government, the way was open for the Israeli military government to take the same position.”<sup>282</sup> The Gazan *waqf* administration lost the majority of its income-producing land in 1948 and relied on the Egyptian government for financial aid until 1967. After 1967, the *waqf* administration needed Israeli support. Although published records are presently unavailable, Michael Dumper concludes, based on numerous interviews, that although the *waqf* administration in Gaza enjoyed some degree of autonomy, there has been significant Israeli intervention in appointments and salaries.<sup>283</sup> Israel financially supported the Gazan *waqf* administration following 1967, influencing its decisions and marginalizing the enforceability of property law; however, the exact degree of this control is largely unknown.<sup>284</sup>

Due to the marginalization of the Gazan *waqf* administration, the Baptist missionaries ceased to consider it a threat to their operations. From 1967 to 1972, the

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<sup>281</sup> Dumper, “Forty Years without Slumbering,” 181.

<sup>282</sup> *Ibid.*

<sup>283</sup> *Ibid.*, 184.

<sup>284</sup> Suleiman, “Conflict over Waqf Property in Jerusalem: Disputed Jurisdictions between Civil and Shari’a Courts,” 109.

Baptist missionaries worked fervently towards solidifying their claims to the hospital property with renovations and new additions. After 1972, the missionaries ceased their initiatives corresponding to the property despite. They stopped developing and initiating new programs at the hospital complex, they limited outreach beyond the hospital to the bookstore, and they took no interest in documenting legal disputes in their records. The Israeli government diminished the authority of the *waqf* administration, as part of their own efforts to control Gazan land, which ironically benefited the missionaries in the short term.<sup>285</sup> Local authorities in Gaza no longer had the ability to reprimand and remove the FMB missionaries, resistance organizations in Gaza focused on the Israeli occupation, and the missionaries saw new opportunities to work without consequence. Practices of landownership, which once threatened hospital operations, lost salience as the Israeli military administration penetrated Gazan law.

The missionaries, working closely with their sending agency, the Foreign Mission Board (FMB), began to reconfigure their directives in accordance with Israeli domination. The Gaza Baptist Hospital was previously part of the Arab Baptist Mission of the FMB, which operated in Gaza, Lebanon, and Jordan.<sup>286</sup> In the early 1970s, the FMB reconfigured the Arab Baptist Mission by removing the Gaza Baptist Hospital from its jurisdiction, placing the hospital within the Baptist Convention of Israel (BCI). FMB missionaries in Nazareth, Ashkelon, Jerusalem, and Cana traveled relatively unencumbered between these

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<sup>285</sup> *1973 Report of the Gaza Baptist Mission* (Gaza: Baptist Congregation of Israel, March 30, 1973), International Mission Board Archives.

<sup>286</sup> Finlay Graham, "Letter to Dr. J.D. Hughey and Rev. Wm. Marshall 6 August 1970," August 6, 1970, International Mission Board Archives.

(re)connected cities.<sup>287</sup> Dr. Franklin T. Fowler, a FMB missionary based in Jerusalem, writes about the “pleasure of driving” from Tel Aviv to Gaza following the war.<sup>288</sup> The Baptist missionaries believed there was a legitimate possibility for Gaza to be incorporated into Israel.<sup>289</sup>

The mobility between Gaza and Israel was not only enjoyed by the Baptist missionaries, but part and parcel of Israeli political strategy. Following the “Dirty War,” Defense Minister Dayan reversed Israeli strategy and initiated an open-door policy to integrate Gaza and the West Bank into the Israeli economy.<sup>290</sup> He desired to defuse the political situation by opening the newly occupied areas to the now larger Israeli state. The Israel Ministry of Religious Affairs was among the first Israeli institutions to take advantage of this policy. The ministry encouraged interchange between Islamic seminaries in the West Bank, Gaza, and within Israel itself.<sup>291</sup> This policy also had implications for the students within the Baptist medical schools. Dr. Merrill Moore, a surgeon in the Baptist hospital, records: “[s]ome of our graduates have now begun to inquire about registration in Israel. Because of this we will be doing everything necessary to meet Israeli registration requirements so our graduates can take the Israeli Board Examinations if they choose.”<sup>292</sup>

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<sup>287</sup> Moore, *1967 Gaza Hospital Report*, 2–3.

<sup>288</sup> Franklin Fowler, “Letter to Dr. Hughey 3 May 1968,” May 3, 1968, 1, International Mission Board Archives.

<sup>289</sup> *Ibid.*, 3.

<sup>290</sup> Sara Roy, “The Gaza Strip: Critical Effects of the Occupation,” *Arab Studies Quarterly* 10, no. 1 (1988): 61; Filiu and King, *Gaza*, 147.

<sup>291</sup> Alisa Rubin Peled, “‘Shari’a’ under Challenge: The Political History of Islamic Legal Institutions in Israel,” *Middle East Journal* 63, no. 2 (2009): 253.

<sup>292</sup> Merrill Moore et al., *1971 Gaza Mission Report* (Gaza: Gaza Mission, November 15, 1971), 2, International Mission Board Archives.

For many Palestinians in Gaza, entering the Israeli economy was a difficult decision. Those who decided to enter Israel for employment opportunities often faced scorn from the PLO, which garnered considerable influence in Gaza leading up to 1972.<sup>293</sup> Nonetheless, working within Israel promised higher salaries and other economic benefits. The Baptist missionaries in Gaza took full advantage of these policies and aligned themselves closely with Israeli interests.

In 1972, however, the dangerous reality of operating in Gaza under Israeli occupation became apparent to the Baptist missionaries. On a January evening, Ed Nicholas, the pastor of the Gaza Baptist Church, drove the hospital minibus through the Jabaliya refugee camp en route to Tel Aviv. He was accompanied by his two teenage daughters and Mavis Pate, the Baptist hospital operating room supervisor. Nicholas planned to drop his daughters off at their boarding school in Tel Aviv and then retrieve oxygen for the hospital with Pate. Before reaching the outskirts of the refugee camp:

Ed caught sight of something out of the corner of his eye. Two shapes stepped out from the orange grove to his left. Suddenly, to his horror, he realized they were preparing to fire at the car! He shoved the accelerator to the floor! One volley of shots raked the vehicle at head level, the other at seat level. In a split second Mavis turned as if to shout at the girls to get down! She was hit in the head, chest, and thighs. She fell forward across the seat. Ed also was hit, but he tried to cradle Mavis's head in his arms and guide the car. With a tire shot out, he managed to maneuver the car several hundred yards down the road until it ground to a halt.<sup>294</sup>

A group of Israeli soldiers rushed to the scene. They were already on high alert as Ruth Dayan, the wife of Defense Minister Moshe Dayan, had been shopping in Gaza and left

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<sup>293</sup> Shachar, *The Gaza Strip*, 80–87; Filiu and King, *Gaza*, 163.

<sup>294</sup> Register, *Clothed in White*, 164.

thirty minutes prior to the attack. The soldiers rushed Nicholas, his daughters, and Pate to the Beersheba hospital. Minister Dayan and his staff met the missionaries at the hospital and helped them get in contact with the regional head of the FMB, Dr. J.D. Hughey.<sup>295</sup> Nicholas required surgery and physical therapy but survived the attack. Pate passed away that evening in the hospital.

The Baptist missionaries returned to Gaza the next day and buried Pate behind the nursing school. They received permission from the mayor of Gaza to bury her on private property as the Protestant cemetery had been desecrated.<sup>296</sup> Shortly after the funeral, the missionaries received a letter from the PLO, taking responsibility for the incident and “assuring the hospital that the attack was a mistake and the Baptist Hospital personnel had not been their target.”<sup>297</sup> The PLO had assumed any car leaving Gaza after dark was Israeli due to the curfew, either “military, government employees, or settlers,”<sup>298</sup> and they had wanted to avenge several who were killed in Jabaliya that morning.<sup>299</sup> The Baptist missionaries operated in Gaza with a different set of requirements than the general public. The strict Israeli curfews did not apply to them, but their legal liminality eventually placed them within the crosshairs of violence in Gaza.

The missionaries, who once operated under the radar in Gaza, between the Palestinian-Israeli conflict, found themselves at the center of the situation. Several months

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<sup>295</sup> *Ibid.*

<sup>296</sup> *Ibid.*, 168.

<sup>297</sup> Kenneth R Mullican and Loren C Turnage, *One Foot in Heaven: The Story of Bob Lindsey of Jerusalem* (Baltimore: PublishAmerica, 2005), 179.

<sup>298</sup> *Ibid.*, 178.

<sup>299</sup> Register, *Clothed in White*, 172.



after Pate's funeral, the missionaries experienced the military governance of Israel firsthand. Israeli soldiers broke into the Gaza Baptist Church on Easter Day and unveiled a secret room, hidden behind a row of lockers, where the two young men who killed Pate were hiding. Unbeknownst to the missionaries, local staff members at the hospital had been feeding and providing the young men with hospital blankets, dishes, and silverware.<sup>300</sup> When the Israeli soldiers opened the secret room, the stench of excrement penetrated the air as they had been concealed for months. The soldiers shot and killed one of the men while capturing and imprisoning the other.<sup>301</sup> The *Jerusalem Post* later identified three young men as taking part in the incident: "Fuad Hamid, age 22; Rashid Sidaw, age 19; Azalah Ghidian, age 18."<sup>302</sup> The third young man did not fire at the hospital minibus but knew the details of the incident and informed Israeli intelligence of the location of his two companions.<sup>303</sup>

After the incident within the hospital complex, the Baptist missionaries received an indication from the Israeli government that it might expropriate the Baptist hospital in an effort to develop Israeli medical services in Gaza.<sup>304</sup> Missionary correspondence on the issue remained vague, so it is difficult to ascertain the seriousness of this expropriation and whether it was related to the death of Pate and subsequent harboring of PLO guerrillas

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<sup>300</sup> International Mission Board, *The Witness in Gaza*, 14.

<sup>301</sup> Register, *Clothed in White*, 173.

<sup>302</sup> International Mission Board, *The Witness in Gaza*, 14.

<sup>303</sup> *Ibid.*

<sup>304</sup> 1973 *Report of the Gaza Baptist Mission*, 63.

within the hospital compound.<sup>305</sup> This was not the last time the Baptist hospital found itself caught between Israeli military rule and Palestinian resistance.

Based on their records, however, Israeli military rule did not distress the Baptist missionaries who instead grew increasingly concerned with the economic situation in Gaza. The 1973 War had a limited impact on the Baptist missionaries and their hospital,<sup>306</sup> but subsequent inflation due to the conflict made operations more difficult to nearly impossible. Prices dramatically increased after the war, forcing the hospital “to increase employee salaries by 133%.”<sup>307</sup> Dr. Moore wrote, “The war has meant an increase of 20% or more in the cost of living, 40% increase each in gasoline, kerosene, diesel, and electricity.”<sup>308</sup> The UNRWA reported that massive inflation affected both “refugees and Agency finances. The Israeli pound was devalued by 43 percent in November 1974 and again by 2 percent in June 1975 and the possibility of further monthly 2 percent devaluations was indicated by the Government of Israel.”<sup>309</sup> In response to continued inflation, Israeli authorities began to charge refugees fees at government hospitals in 1976:

The fees which will mainly concern the refugees are a hospital charge of £1.20 per day and a medical consultation fee of £13. This innovation deprived the refugees of free services previously enjoyed at in- and out-patient government services in

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<sup>305</sup> Merrill Moore, *1972 Gaza Annual Report* (Gaza: Gaza Baptist Hospital, November 1, 1972), 1–2, International Mission Board Archives.

<sup>306</sup> J.D. Hughey, *War Again in the Middle East* (United States: Foreign Mission Board, October 10, 1973), International Mission Board Archives.

<sup>307</sup> International Mission Board, *The Witness in Gaza*, 14.

<sup>308</sup> Moore, *1972 Gaza Annual Report*.

<sup>309</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1974 to 30 June 1975* (New York: United Nations, June 30, 1975), para. 27, UNISPAL.

Gaza unless they registered with the Department of Social Welfare of the Israeli authorities.<sup>310</sup>

This new policy enabled the Israeli government to address some economic concerns with medical fees, but it also helped initiate the process of documenting and gaining greater control over refugees in Gaza. The UNRWA responded to the Israeli government by introducing “a refund scheme” on 1 July 1977 to alleviate the economic detriments of Israeli policy upon refugees.<sup>311</sup> However, these initiatives and rising costs required the UNRWA to make budget cuts elsewhere.

In 1976, the UNRWA began cutting funds to the Gaza Baptist Hospital due to financial considerations and underlining concerns with its proselytizing practices. The Agency first ceased support for the Baptist nursing school, laboratory, and x-ray rooms,<sup>312</sup> which required the Baptists to suspend the nursing program in Fall 1976.<sup>313</sup> The UNRWA also limited financial support for refugee patients, forcing the Baptist hospital “to provide over \$100,000 charity toward UNRWA patients” in 1976 and approximately \$115,000 in 1977.<sup>314</sup> The budget constraints forced the hospital to trim down the staff to essential members. By 1977, the hospital employed only three physicians (one missionary, two

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<sup>310</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1975 to 30 June 1976* (New York: United Nations, June 30, 1976), para. 86, UNISPAL.

<sup>311</sup> UNRWA, *Annual Report of the Director of the United Nations Relief and Works Agency for Palestine Refugees in the Near East 1 July 1976 to 30 June 1977* (New York: United Nations, June 30, 1977), para. 102, UNISPAL.

<sup>312</sup> *1977 UNRWA Subsidy to the Baptist Hospital* (Gaza: Gaza Baptist Hospital, 1977), International Mission Board Archives.

<sup>313</sup> Thomas Adkins, *1977 Baptist Hospital Gaza Report* (Gaza: Gaza Baptist Hospital, 1977), International Mission Board Archives.

<sup>314</sup> *Ibid.*

national) and twenty-eight nurses (six missionary, twenty-two national) who served 1,800 in-patients and 30,000 out-patients.<sup>315</sup> Official correspondence remained optimistic, but Dr. Thomas Adkins, the new hospital administrator, seemed less assured in a personal letter to Dr. Hughey:

I believe we are fooling ourselves in thinking we can fulfill the medical obligation that is here at our door, with less and less personnel. And certainly, the witness is not enhanced with more and more “busyness” in the medical load. Something has got to change. I don’t have the answers. Normally I am optimistic about the future, because ‘where there is a will, there is a way,’ but perhaps His Will is not clearly interpreted here, and we need help to understand it.<sup>316</sup>

The health care services that the Baptist missionaries initiated to solidify their claims to the hospital property and expand the surface area of their evangelism, like the nursing school, laboratory program, and lending library, ironically led to their financial ruin when the UNRWA retracted support. The financial support of the UNRWA, which allowed for the FMB to cover the majority of refugee medical care, allowed the FMB to direct its own financing towards additional programs. When the UNRWA retracted supported, the FMB needed to redirect its own financing to the hospital, first and foremost. While the mission organization attempted to maintain its ministries outside of the hospital, which it believed necessary to maintain its influence in Gaza and ensure future claims to the hospital property, the financial situation proved overbearing.

Official correspondence between the FMB, its missionaries, and the UNRWA maintains that the decision to cut hospital funding was strictly motivated by financial and

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<sup>315</sup> *Ibid.*

<sup>316</sup> Thomas Adkins, “Letter to J.D. Hughey,” February 8, 1977, 3, International Mission Board Archives.

logistical concerns. However, reading between the lines suggests that the UNRWA also cut funding due to the bold evangelical efforts of the missionaries within occupied Gaza. In Summer 1977, Dr. Lloyd Callow of the UNRWA requested that “the Baptist Hospital’s scope of functions, standards of staffing, and costs be reduced.”<sup>317</sup> In responses to the “scope of functions and standard of staffing,” Dr. Adkins defended his methods for patient care writing:

It is a personal, and a corporate, conviction here at Baptist Hospital, that the patient is a person of worth and should be treated as such [...] Our personal integrity and Christian ethic compels us to maintain the highest level of care of which we are capable.<sup>318</sup>

Dr. Callow responded to the convictions of Dr. Adkins and the Baptist hospital by cutting all UNRWA funding in 1978.<sup>319</sup> Although proselytism was never addressed directly, by neither the missionaries nor UNRWA, Dr. Adkins maintained that “[t]he problem is financial. But it involves the Christian witness directly.”<sup>320</sup> The UNRWA wished to continue its medical authority in Gaza, which began during the Egyptian Administration (1948-1967). The Israeli attempts to dictate medical care in Gaza challenged the authority of the UNRWA; the evangelical efforts of the UNRWA supported Baptist hospital also chipped away at its legitimacy. By 1978, the UNRWA addressed these concerns in part,

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<sup>317</sup> J.D. Hughey, “Letter to Thomas S. Adkins 2 June 1977,” June 2, 1977, International Mission Board Archives.

<sup>318</sup> Thomas Adkins, “Letter to Dr. Lloyd Callow 30 June 1977,” June 30, 1977, International Mission Board Archives.

<sup>319</sup> *Ibid.*

<sup>320</sup> Thomas Adkins, “Letter to Dr. J.D. Hughey, Dr. Finlay Graham, Mr. Cecil Hamiter, Dr. Ohlen Wilson, Mr. Harold Hurst, Dr. Franklin Fowler 1 April 1981,” April 1, 1981, International Mission Board Archives.

removing its affiliation with the Baptist hospital and continuing to offer refugees free medical care despite increasing Israeli control over the Gazan medical infrastructure.

The Baptist hospital shifted its model following the UNRWA funding cut, only serving private patients as a general surgical institution. In 1978, hospital beds remained the same at 75, but in-patients diminished from 1,800 to 986 and out-patients from 30,000 to 19,549.<sup>321</sup> Out-patients decreased again from 19,549 to 8,559 in 1979.<sup>322</sup> The hospital operated at about half its previous capacity, and its medical significance likewise diminished in Gaza. Once the largest medical institution in the Gaza Strip, serving patients from Gaza City and the refugee camps of Shaati, Rafah, and Jabaliya—the Baptist hospital now became a small private institution with exorbitant prices. The price of medical care turned most Gazans away from treatment at the Baptist hospital, especially refugees who could obtain much more affordable care at government and UNRWA medical facilities. According to the Baptist missionaries, the UNRWA and economic inflation proved a “pair of monsters” that “were to eventually devour the hospital.”<sup>323</sup>

As a private hospital, the Baptist missionaries recognized that they could not sustain operations. After weighing all scenarios, including downsizing the staff<sup>324</sup> and diversifying medical care,<sup>325</sup> the FMB decided it impossible to maintain control over the institution.<sup>326</sup>

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<sup>321</sup> 1978 *Gaza Statistical Report* (Gaza: Gaza Baptist Mission, 1978), International Mission Board Archives.

<sup>322</sup> 1979 *Gaza Statistical Report* (Gaza: Gaza Baptist Mission, 1979), International Mission Board Archives.

<sup>323</sup> International Mission Board, *The Witness in Gaza*, 15.

<sup>324</sup> *Ibid.*, 16.

<sup>325</sup> Thomas Adkins, *1978 UNRWA Termination Report* (Gaza: Gaza Baptist Hospital, May 31, 1978), International Mission Board Archives.

<sup>326</sup> International Mission Board, *The Witness in Gaza*, 16.

By the late 1970s, there appeared three possibilities: 1) returning the hospital to the Church Missionary Society (CMS), the British mission organization from whom the FMB originally purchased the hospital; 2) expropriation into the Israeli medical infrastructure; or 3) forcibly losing the hospital to the Muslim Brotherhood in Gaza. In 1978, Bishop Faik Haddad of the Episcopal Diocese of Jerusalem first expressed interest in operating the Gaza Baptist Hospital.<sup>327</sup> He reminded Dr. Adkins that the FMB purchased the hospital from the CMS (part of the same Anglican Communion as the Jerusalem Diocese) with an agreement to pay the CMS \$100,000 after clearing a title to the hospital property. Because the FMB was unable to clear a title after twenty-five years and had never paid the CMS for the property, Bishop Haddad, with support from the CMS, recommended the FMB issue him the “Power of Attorney” for the hospital property in Gaza.<sup>328</sup> Foremost, the Baptist missionaries desired to maintain hospital operations, but returning the hospital to the Anglican Church, thus maintaining its Christian identity, became a preferable alternative.

Other potential outcomes appeared less desirable to the Baptist missionaries. In the late 1970s, the Muslim Brotherhood in Gaza sought control over the Gazan medical infrastructure. In 1979, the Brotherhood attempted to overtake the Palestine Red Crescent Society (PRCS) in Gaza, removing Dr. Haīdar ‘Abd al-Shāfī from his leadership position.<sup>329</sup> The Brotherhood was initially unsuccessful in overtaking the PRCS but maintained its resolve to gain greater control over Gazan medicine. The Baptist

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<sup>327</sup> J.D. Hughey, “Letter to Mr. G.A. Hill 3 April 1978,” April 3, 1978, International Mission Board Archives.

<sup>328</sup> Olivia Hitchcock, “Letter to Dr. Finlay Graham 30 April 1980,” April 30, 1980, International Mission Board Archives.

<sup>329</sup> Filii and King, *Gaza*, 171.

missionaries were concerned that the Brotherhood would later attempt to control their hospital.<sup>330</sup> Alternatively, the Israeli military government posed a threat to the continuation of the hospital. Since 1972, Israeli officials in Gaza had intimated the possibility of expropriating the hospital, but their actions became more serious in 1980:

In February a Palestinian activist hiding behind the hospital wall, hurled two hand grenades that exploded on the other side, killing an Israeli officer, his companion, and an Arab bystander. Several people were injured and cared for in the hospital. That evening an officer of the Israel Defense Force (IDF) appeared at the hospital with a jeep-load of soldiers and military police. He announced that in accordance with standard policy, they must destroy any structure used by terrorists. The bulldozers would be coming the next day to tear down the hospital wall.<sup>331</sup>

An unnamed physician at the Baptist hospital contacted the United States Embassy in Israel for assistance, to which the embassy responded that he needed to settle the issue with the local police—the IDF. The physician decided to contact the media and lay in front of the hospital when the bulldozers arrived, but “[f]or various reasons, best known to themselves, the IDF never carried out the planned destruction much to the relief of the doctor whose courage remained untested.”<sup>332</sup> Needless to say, by the late 1970s the Baptist hospital found itself in a dire situation, caught between various suitors seeking a new direction for the medical complex.

The financially vulnerable position of the Baptist hospital, combined with the threat of the Israeli military and Muslim Brotherhood, pushed the FMB to return the hospital to the CMS, who subsequently turned the institution over to the Jerusalem Diocese. One

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<sup>330</sup> The Muslim Brotherhood in Gaza attempted to overtake the Gaza Baptist Hospital, later known as Al Ahli Arab Hospital, in 1983. International Mission Board, *The Witness in Gaza*, 16–17.

<sup>331</sup> *Ibid.*, 16.

<sup>332</sup> *Ibid.*



Baptist missionary described the end of the Baptist mission in colorful terms: “Axed off at the knees by UNRWA and emasculated by its ‘friends,’ Baptist Hospital succumbed to fatal financial hemorrhage.”<sup>333</sup> The term “friends” refers to the local Gazan Christians who, in the estimation of the Baptist missionaries, aroused violent hostility in the Gazan community against the Baptist hospital, eventually leading to its demise.<sup>334</sup> By the time the Baptist missionaries sold the hospital, they had a poor reputation in Gaza due to their proselytism and declining medical services. The Jerusalem Diocese quickly distanced themselves from the Baptist hospital as “the old sign with the name ‘Gaza Baptist Hospital,’ was painted over and replaced with the new name, ‘Al Ahli Arab hospital.’”<sup>335</sup> While the Jerusalem Diocese took control of hospital operations, they allowed seventeen Baptist missionary personnel to remain at the hospital.<sup>336</sup> They also initially permitted the Baptists to run the School of Health Sciences, which had “about 60 students at a time in the school, a three year professional nurse program, and a two year technician program for laboratory, x-ray, and operating room technicians.”<sup>337</sup> The diocese strictly curtailed evangelism and worked actively to cease baptisms and other missionary church services.<sup>338</sup> In 1986, Al Ahli Arab Hospital received subsidization from the UNRWA for refugee

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<sup>333</sup> *Ibid.*

<sup>334</sup> *Ibid.*

<sup>335</sup> Smith, *In Their Midst*, 317.

<sup>336</sup> *Ibid.*

<sup>337</sup> Thomas Adkins, *1981 Final Annual Report* (Gaza: Gaza Baptist Mission, 1981), 2, International Mission Board Archives.

<sup>338</sup> Samir Kafity, “Letter to Rev. Maxirson 27 January 1982,” January 27, 1982, International Mission Board Archives.

medical care.<sup>339</sup> Al Ahli Arab Hospital operates in Gaza to the present day where it is still referred to as the Baptist hospital.

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Following the 1967 War, the Baptist hospital continued to operate at the intersection of various authorities. The removal of the Egyptian Administration left a political vacuum, leading to a violent competition for authority between the PLO, Muslim Brotherhood, and Israeli State. Each of these political entities sought control over medical practices in Gaza, which by extension offered control over Palestinian bodies. Like the Gazan *waqf* administration, the Baptist hospital and UNRWA became increasingly marginalized within this new political calculus that no longer valued practices of landownership. Existing processes of Gazan law and legitimacy were overturned and transformed by authorities jostling for control. Medical services remained a legitimating practice, but they became increasingly synonymous with the Israeli medical infrastructure. Israeli military law, likewise, trivialized landownership and existing property laws. The diminishing authority of landownership correlated with the growing significance of the body as a site of resistance. Through medical care, the Israeli state desired to control the Palestinian body, which remained outside of its purview.

The records and correspondence of the Gaza Baptist Hospital provide unique insight into Gazan law and authority after 1967. Rather than utilize its records for the sake of its own history, this chapter has offered an original solution to answer the call of Beshara

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<sup>339</sup> International Mission Board, *The Witness in Gaza*, 18.

Doumani while addressing present restrictions on Gazan court records.<sup>340</sup> The Baptist hospital provides an imprecise lens for examining law and authority in Gaza, building from the foundation of Ussama Makdisi, Beth Baron, Heather Sharkey, and Jeffery Culang by utilizing missionary sources for the sake of local history.<sup>341</sup> The Baptist hospital's role as "site of ambivalence," with its commitments to medicine and proselytism, required a measured response from authorities in Gaza. Unlike the era of the Egyptian Administration, the evangelical disruptions of the missionaries under the Israeli occupation finally outweighed the benefit of their medical services. The missionaries' social capital earned from the "power of provisioning," to borrow from Melanie Tanielian's useful concept, no longer justified evangelical intrusion.<sup>342</sup> The Baptist hospital leaves a complicated legacy in Gaza, but one that allows for careful analysis into the legitimating practices that defined developments in Gazan law, authority, and medicine following the 1967 War.

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<sup>340</sup> Doumani, "Palestinian Islamic Court Records."

<sup>341</sup> Makdisi, *Artillery of Heaven*; Baron, *The Orphan Scandal*; Sharkey, *American Evangelicals in Egypt*; Culang, "The Shari'a Must Go."

<sup>342</sup> Tanielian, *The Charity of War*.

## Conclusion

Despite selling the Gaza Baptist Hospital, the FMB maintained a presence in Gaza and directly supported the new Al Ahli Arab Hospital until the First Intifada in 1987. During this period, the hospital witnessed the continued struggle for political, legal, and medical authority in Gaza. In 1983, FMB missionaries recorded the efforts of the Muslim Brotherhood in removing Christian medical practices. The Brotherhood, according to the FMB, initiated a nursing student strike in which the students repetitively chanted “Down with Christians! We Hate you!”<sup>343</sup> The nursing school, one of the few institutions the FMB continued to administer, was crucial for the continued legitimacy of foreign intervention in Gaza. After influencing the nursing school, the Brotherhood attempted to remove remaining expatriate physicians by “manufacturing charges against them.”<sup>344</sup> When the allegations failed to remove the FMB surgeons, members of the Brotherhood stormed the hospital and attempted to assassinate the acting hospital director, Dr. Botros Armanious, but according to the FMB “the killers did not cut deep enough and botched the job.”<sup>345</sup> Dr. Armanious, who worked for the Jerusalem Diocese not the FMB, commended the American missionaries for their resilience under the pressure of the Muslim Brotherhood who had attempted to bolster their authority in Gaza by controlling medical care. The resiliency of Al Ahli Arab Hospital temporarily improved the relations between the FMB

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<sup>343</sup> The FMB translated the chants, which we can assume were originally in Arabic. It is unclear whether the chants used an Arabic word for “Christians” or perhaps a more specific word limiting their protest to the American missionaries in Gaza. Regardless, the inclusion of this quote indicates the tense situation in Gaza as it related to the American missionaries at Al Ahli Arab Hospital in the 1980s. International Mission Board, *The Witness in Gaza*, 17.

<sup>344</sup> *Ibid.*, 16–17.

<sup>345</sup> *Ibid.*

remnant and local hospital administration, but the developing situation in Gaza eventually proved incompatible with the presence of evangelical missionaries.<sup>346</sup>

The Jerusalem Diocese, despite relying on the initial presence and medical expertise of the FMB missionaries, desired to forge a new path for Al Ahli Arab Hospital. They urged the FMB to cancel chapel services and remove Bible studies from the nursing school curriculum, siding with the Palestinian community rather than their Christian affiliation with the FMB. The Baptist missionaries felt “their wings clipped” by the measures and new directives of the hospital.<sup>347</sup> They also experienced what they described as a “rise of religious fundamentalism” in Gaza, which resulted in verbal, social, and occasional physical attacks on Christians.<sup>348</sup> In 1987, Al Ahli Arab Hospital requested financial assistance from the FMB who declined to continue their direct support. Hostility toward foreign missionaries, restrictions from the Jerusalem Diocese, and the impending Intifada, pushed the FMB toward formally abandoning their mission to Gaza. Lacking medical services to justify proselytizing efforts, the last Anglo-American evangelical mission to Gaza dissipated.

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The mission hospital established by the CMS in 1882 evolved under various Christian organizations during its first century of existence, witnessing and participating in the evolution of Gazan society, medicine, and law. This thesis argued that during this

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<sup>346</sup> Ibid.

<sup>347</sup> Ibid., 17.

<sup>348</sup> Ibid.

transformational period the mission hospital offered a unique form of modern medicine, missionary medicine, which operated somewhere in between a conception of colonial medicine and local, Gazan medicine. Missionary medicine in Gaza was neither limited nor universal. The missionaries offered medical treatment to every segment of Gazan society, but they geared their medical prowess toward members of the society whom they perceived as more susceptible to the gospel message. CMS missionaries (1882-1954) categorized Gazan society into the dichotomies of wealthy and impoverished, urban and rural, male and female, and Muslim and Christian. Based on these dichotomies, the CMS missionaries directed their attention toward poor, rural, and female members of Gazan society, while offering medical pedagogy exclusively to Christians. A similar calculus of missionary medicine existed during the era of the Gaza Baptist Hospital (1954-1981). FMB missionaries continued to employ wards to separate patients from their family units. Instead of serving patients from rural areas in the periphery of Gaza city, the FMB missionaries developed strategies for treating refugee patients who had fled to Gaza following the atrocities of *al-nakba*. Unlike the CMS, the FMB adapted to the refugee crisis and offered medical pedagogy to Muslims and Christians, but they designed their pedagogical directives with additional interests in mind. The FMB offered a nursing school and lab technician training program in which Muslim and Christian students lived within the hospital compound. In addition to medical training, the missionaries subjected their students to Bible studies and other evangelical events. FMB missionary medicine proved more universal than the earlier conceptions of the CMS, but the missionaries touted similar proselytizing ends.

After defining the practices and concerns of missionary medicine, this thesis noted its controversial place in Gazan society. The imposition of missionary medicine, which tore at Gazan social fabric by physically and spiritually separating individuals from the family unit, necessitated a hostile response from those governing and residing in Gaza. The proselytizing practices of the medical missionaries led to a general degree of distrust in the community. Taking advantage of patients during their most vulnerable moments led many to repudiate the coercive practices of CMS and FMB missionaries. Some members of Gazan society genuinely heard and accepted the evangelical message of the missionaries, but still faced social isolation and persecution due to their decision. However, at the same time, the beneficial medical practices of the missionaries preserved their evangelical imposition, insuring the longevity of their mission. The CMS Hospital offered the first modern medical treatments in Gaza, the only modern medical institution between Port Said and Jaffa during the nineteenth and early-twentieth centuries. The quality and scope of operating capabilities brought thousands of patients to the hospital who enjoyed its universal benefits. When the FMB took control of the hospital in 1954, its medical missionaries offered invaluable services to thousands of refugee patients. The logistical demands of refugee medical care in Gaza enabled the FMB to operate with the approval of governing entities.

Due to the polarizing medical and evangelical practices of the mission hospital under the CMS and FMB, this thesis described the hospital as a site of ambivalence. In this case, a site of ambivalence referred to a polarizing institution that necessitated a response from different segments of society. Gauging social responses with this concept allowed

this thesis to move beyond an institutional history of the mission hospital to comment on Gazan society, medicine, and law. In the first chapter, the mission hospital testified to the composition and evolution of Gazan society. Unlike the rigid categories the missionaries used to describe Gazan society, the records of the mission hospital suggested fluidity and subtle transformation over time. This transformation disrupted the calculus of CMS missionary medicine as Palestinians coalesced under the banner of anti-Zionism.

After the CMS left Gaza, the FMB continued the practices of missionary medicine in a manner that provoked ambivalent responses. In the second chapter, the mission hospital found itself a tool in the legitimating processes of various authorities in Gaza. The UNRWA and Egyptian Administration condoned the proselytizing efforts of the hospital because the statistics of refugee medical care justified their administration and governance. Additionally, practices of medicine in Gaza allowed the UN and Egypt to legitimize their regional and international authority. In the third chapter, the narrative of the mission hospital testified to the local Gazan authorities whose interests were largely ignored by the UNRWA, Egyptian Administration, and, after 1967, the State of Israel. Local Gazan authorities, like the *waqf* administration, challenged the proselytizing disruption of the Gaza Baptist Hospital via practices of property law. Rightful Palestinian claims to the hospital property confounded FMB missionaries who appealed to regional and international authorities, like the Egyptian Administration and UNRWA, to avoid property seizure. Following 1967, practices of Gazan law were redirected under the Israeli military complex. The sudden subsumption of local law, which had legitimized authority in Gaza for centuries, opened a legal and political vacuum in which new authorities, like the PLO



and Muslim Brotherhood, asserted legitimacy based on the Palestinian body. Legitimacy derived from the land shifted to the body, a transformation that directly impacted the medical mission. During the mission hospital's century of existence, it found itself at the center of the struggle for authority in Gaza. Approbated for its medicine and repudiated for its proselytism, the hospital provoked ambivalent responses that serve as a barometer for evolving conceptions of society, medicine, and law in Gaza.

While it is impossible to reduce a century of Gazan social, medical, and legal history to a single argument, especially when that history is based on the limited records of a mission hospital, it is possible to identify trends that led to the formation of the modern territory. Most histories of Palestine focus on the transformational wars and political moments that defined the region. This thesis, based on the records of a mission hospital, took a different approach, complementing political histories of Palestine with a narrative that noted subtle developments in Gazan society, medicine, and law. When analyzing the mission hospital, the concept of authority becomes pivotal. As Ilana Feldman argues, authority is derived from legitimating practices rather than pivotal events.<sup>349</sup> For centuries, authority in Gaza derived from practices related to the land. Practicing property law gave local officials, like the *waqf* administration, legitimacy when determining the direction of Gaza. When the Egyptian Administration curtailed these practices, and the State of Israel derailed them, the source of authority in Gaza shifted from the land to the body. The mission hospital witnessed the complexity of this evolution. Local authorities once

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<sup>349</sup> Feldman, *Governing Gaza*; Richard Sennett, *Authority* (New York: Vintage Books, 1981).

challenged the mission hospital through property law, questioning the legitimacy of foreign intervention based on property ownership. The hospital survived these challenges by touting the legitimacy of medical practices as they healed Palestinian bodies in Gaza. When Israel occupied the land of Gaza, curtailing and redirecting legal processes, the Palestinian body became a stake in the struggle for authority, accessible in part through practices of medicine.

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