

WHY WAS PALESTINE “THE MOST PEACEFUL COUNTRY OF ANY IN THE MIDDLE EAST” 90 YEARS AGO? ^[1]

Probably because everyone there was so busy
getting rid of malaria.

An examination of why the successful national malaria elimination campaign, begun in 1922, more than 90 years ago in Palestine, was so durable.

By Anton Alexander

[1] League of Nations Malaria Commission 'Reports on the Tour of Investigation in Palestine in 1925' page 22

One hundred years ago, Palestine was saturated in malaria, and was either sparsely populated or uninhabitable in many areas.

The British Mandate Census on 23/10/1922 showed a total Palestine population of 757,182, including the military and persons of foreign nationality. [2]

It may assist in an appreciation of the severity of the disease at that time to know that in 1918, malaria caused the collapse of the British Army in Palestine, and which army, only two weeks before, had decisively defeated the Turkish armies in the final battle of World War 1 in Palestine. The campaign in fact was won by troops in the incubation period of Malaria.

Dr Israel Kligler, a Jew and a Zionist, arrived in Palestine in December 1920. He was a public health scientist, and he had developed an impressive reputation whilst working in the USA and South America with the Rockefeller Institute for Medical Research, New York.

Dr Kligler commented that he came to Palestine “... with a view to coming to grips with the malaria situation.unless something was done to check the ravages of malaria, the reconstruction of Palestine would be a costly if not altogether an impossible effort.” (“The Fight against Malaria” – Dr I Kligler -1925)

Dr Kligler’s task ahead of him must have appeared daunting. But of significance, he had come to settle in Palestine – NOT JUST TO VISIT.

In 1925, the Malaria Commission of the League of Nations, the forerunner of the United Nations, was alerted that year to the successful malaria-eradication anti-larval works which had commenced in Palestine three years earlier. The Commission’s experts came to inspect and were very impressed. Professor Nocht, the President of the Commission, added before leaving Palestine: “*Palestine showed the fruits of an energetic and victorious campaign **which would stimulate others to follow the methods there employed.***” (Proceedings of the 11th Meeting of the Antimalarial Advisory Commission – May 19th 1925)

Also in 1925, the Malaria Commission (part of the equivalent of a W.H.O of its day) was unanimous in its praise and concluded its formal Report that the works and methods seen by them “*destroyed pessimism, raised hopes*” and those involved in this work were “... *benefactors not only to the Palestinian population **but to the world as a whole.***” (League of Nations – ‘Reports on the Tour of Investigation in Palestine in 1925’ page 66)

Dr Kligler, the architect of the anti-malaria campaign, explained the initial campaign against malaria was carried out along these main lines:

- (1). Detection and treatment of carriers.
- (2) An anti-mosquito campaign aimed principally at the larvae and destruction of their breeding sites.

and also in particular

- (3) EDUCATION

Dr Kligler throughout repeatedly stressed the significance of education in relation to malaria-elimination.

(2) An anti-mosquito campaign aimed principally at the larvae.

It is important to appreciate from the outset that malaria control involved many questions requiring investigation for each mosquito breeding site. It is often overlooked that the mosquito will travel probably no further than a distance of 2-4 kms radius from its breeding site, and Kligler wrote in 1930:-

*“We have come to realise that **malaria is eminently a local problem**, and that a successful attack (on the mosquito breeding site) is possible only after a careful study of the local conditions combined with systematic experiments with the method or methods most likely to give the desired results.”* The Epidemiology and Control of Malaria in Palestine. Israel Kligler. 1930. Page 135.

The methods used to control by Dr Kligler were based on sound principles eg draining swamps, clearing overgrown canals or diverting springs and wadis, and while not novel in practice, perhaps the degree of implementation and of attention to detail of such methods was unique in a number of ways.

“If the work in Palestine differs from that which had been done previously in other parts of the world, the principal point of departure lies in the fact that investigation preceded action. A new point of departure was indicated, and it was apparent that the exact direction could be determined only after a thorough as well as comprehensive study of the problem.” 1930-Kligler-’Fighting malaria in Palestine.’

But perhaps, however, Dr Kligler’s most unique contribution to malaria control was his emphasis on education, and it is this contribution that seems generally to be either unappreciated or not understood, even today. Unless the malaria control work could be maintained and sustained and it was durable, there was little point in undertaking it in the first place.

(3) EDUCATION

Dr Kligler's term 'Education' in this context included the active co-operation of the inhabitants (**but only after they understood fully the significance and value of the elimination work**). This co-operation ensured thorough, continuous and systematic control including maintenance of anti-larval measures, and whereby the wadis and canals were gradually put in condition and kept so at very little cost. And it was this that was at the heart of Dr Kligler's continual repetitive emphasis on education. His energies were directed towards ensuring that the drainage and water diversion projects would be maintained and the wadis and drainage canals would be kept from becoming overgrown, because he knew that otherwise the destruction of the mosquito breeding sites would have been only temporary, the exercise would have been pointless and of little value, and malaria would return.

But how was this co-operation practically achieved? In his only textbook on the subject 'The Epidemiology and Control of Malaria in Palestine' published in 1930, Dr Kligler often refers to the importance of education, but does not deal with the approach he took in securing that cooperation. That cooperation was obviously in evidence and was very successful. Both the League of Nations Malaria Commission and the British Mandate Department of Health commented:

- *"All members of the (Malaria) Commission were much impressed with the activity of the Gvt. Health Dept. in relation to anti-malarial work and with its success in enlisting the help ofthe voluntary services of the people themselves. In the opinion of the Commission, what measures of anti-malarial success has been attained in Palestine is due primarily to the creation and development of this Public Health Service, which, while not neglecting other branches of work, has devoted its energies very largely to the systematic control and prevention ofmalaria in particular".* (League of Nations – 'Reports on the Tour of Investigation in Palestine in 1925' – page 25)
- *"..... The lasting effects of swamp and marsh reclamation,filling and clearing stream beds, have so impressed the people by the resulting improvement in health, that their prompt and energetic co-operation is one of the most remarkable features of the antimalaria campaign in this country."* (page 33 of Dept of Health 'A Review of the Control of malaria in Palestine (1918-1941))

Fortunately, over the years, Dr Kligler wrote various articles and papers about his anti-malaria work, and would often hint or refer to his steps in the education procedure, and so by gathering these articles and papers together a clearer picture reveals itself as to how the cooperation came about.

But firstly it may be helpful to examine the population of Palestine at the time Dr Kligler began his anti-malaria work in 1921/2.

Dr Kligler described the population in his 1930 textbook as follows: *"Palestine is a country of mixed peoples, many religions, and all gradations of civilisation. There are Jews from the Orient and Occident, and side by side there are city Arabs, the peasants, and the roving Bedouins. There are Moslems, Jews, and Christians, people of every sect and denomination. And there are as well all gradations of culture, from the Nomadic, pastoral Bedouins to the most modern industrialized groups. A more heterogeneous population can hardly be found anywhere in the world."* (The Epidemiology and Control of Malaria in Palestine. Israel Kligler. 1930. Page 12)

Before WW1, several foreign Moslem groups such as Circassians (i.e. probably 1.5 – 2 million Moslem refugees from the Caucasus, Russia), Algerians and Bosnians were periodically introduced and resettled by the Ottoman Empire into the region, including into Palestine. [3][4] Further, many Egyptians from the Egyptian Army that had invaded Palestine in the 1830s, deserted and remained, and whilst they often maintained their own communities, because they received no assistance from the Ottoman Empire with resettlement, they sometimes found it was easier and more practical to attempt to merge with existing villages.

Also, villages and settlements came and they went: *“..... and there are various records of Circassian, Jewish and German settlements having been “wiped out” or abandoned on account of epidemic malaria, during the thirty years preceding the (1914-1918) war, while in the best watered parts of the country, the numerous “tels” indicating the sites of former Arab villages showed the effect malaria had had in reducing the Arab population.”* (Proceedings of the 12th meeting of the Antimalaria Advisory Commission. Jerusalem 27th May 1926. Page 9)

And new communities would come to try their luck: *“..... Its [village] site has always been determined by the proximity of a suitable water supply; spring, well, or rock-cut cistern. This is still the essential feature of the village. Houses may go, death stalk the land, but the water site goes on for ever. Thus village after village has been built on the same spot.”* (page 5 of Dept of Health ,A Review of the Control of malaria in Palestine (1918-1941))

In 1922, a Census of Palestine was carried out by the British Mandate. It was broken down into towns, villages and Tribal areas and also into classifications of the different religions. The Report of the Census commented on the problems experienced in its preparation and stated it had even been necessary to arrange for enumerators to attend who were of the same faith as that of each family being visited, increasing the amount of work and adding considerably to the difficulties of a correct tabulation. And to add to the problems, the Bedouin of the Southern District refused to cooperate with the Census, and their numbers had to be estimated.

And the number of different languages must have been a problem for anyone wishing to discuss malaria eradication, maintenance of works, cooperation etc. The Census included statistics showing ‘Languages **habitually** spoken in Palestine’ and listing **40** different languages.

In 1920, a massacre of Jews took place in Jerusalem. A Court of Enquiry was convened to inquire into these disturbances, and the consequent Report stated: *“In the course of the inquiry, the Court sat for a period of fifty days, exclusive of Sundays and examined one hundred and fifty two witnesses speaking no less than eight different languages, i.e. English, French, Arabic, Hebrew, Yiddish, Jargon, Russian and Hindstani: the consequent necessity of working through interpreters considerably lengthening the proceedings.”* (Report of the Court of Inquiry by Order of HE The High Commissioner and Commander in Chief dated 12th April 1920. Page 1)

In 1920, the British Foreign Office published a Handbook entitled ‘Syria and Palestine’ that had been intended for use by the British Delegates at the subsequent Peace Conference on the conclusion of World War 1. Included in the General Observations of the Handbook were the following:

“It is impossible to speak of any common national sentiment in Syria, since its population consists of so many diverse elements, often with conflicting interests and ideals. It may however be roughly divided for the present purpose into (i) Moslem, (ii) Christian (including Orthodox and Catholic), and (iii) Jewish. The majority of the population of Syria is Moslem; but it is by no means homogeneous in race, mentality or organization, even in Palestine. (Syria and Palestine – London: Published by HM Stationery Office 1920)

There was no national identity, no cohesion between the inhabitants other than to their own religion, individual group or tribe. There was no notion of a Palestinian entity or nation, the population was “... of mixed peoples, many religions, and all gradations of civilisation.”, and who happened to be in Palestine at that moment.

And indeed a British Commission in 1929 even commented “Viewed in the light of the history of at least the last six centuries, Palestine is an artificial conception. Under the Ottoman regime it formed part only of an administrative unit, the remainder of which consisted of areas now coming within the jurisdiction of the Governments of other mandated territories. Its frontiers, too, are largely artificial. In many parts they are frequented by nomad tribes who by intergovernmental agreement are allowed unhindered passage across these frontiers for the purpose of exercising rights of grazing In Turkish times the members of all these tribes were Ottoman subjects; today some are technically of Palestinian, some of Trans-Jordanian, and some of Syrian nationality, but it is at least doubtful whether they themselves recognize distinctions of this character.” (Report of the Commission on the Palestine Disturbances of August 1929. Page 6)

Dr Kligler was also obliged to consider the social makeup of many of the inhabitants. And for anyone attempting to work out a suitable approach for explaining the necessity for maintenance of the anti-malaria works, the following should have been considered.

*“In 1920, the structure of Arab society in Palestine was still quasi feudal. At the top of it was a small aristocracy of landowners, who had been admitted long before the (1914-1918) War to the **effendi** or governing class of the Turkish Empire. Next in the social scale came a middle class of professional and business men in the towns and of the more prosperous owner cultivators in the plains. But this class was small; and the great majority of the Arab population were peasantry or **fellaheen**, but mostly tenants or cultivators on the estates of the **effendi**, who in many cases were ‘absent landlords’. The outstanding characteristic of the peasant class was its poverty.” (Page 44, Palestine Royal Commission, July 1937)*

“..... The people west of the Jordan are not Arabs, but only Arab speaking. The bulk of the population are fellahin; that is to say agricultural workers owning land as a village community or working land for the Syrian effendi. In the Gaza district they are mostly of Egyptian origin; elsewhere they are of the most mixed race.” (Syria and Palestine – London: Published by HM Stationery Office 1920)

“For the sake of convenience it is usual to speak of the Moslem population as ‘Arabs’, though the actual Arab element in the blood of the people is probably confined to what is really a landed aristocracy,” (Report of the Court of Inquiry [into the Jerusalem disturbances] by Order of HE The High Commissioner and Commander in Chief dated 12th April 1920. Page 2)

In 1929, there were further massacres of Jews in various towns in Palestine. A Commission of inquiry was arranged, and the consequent Report broadly confirmed the above: *“Though it is customary to apply the term ‘Arab’ to the Moslem section and to a large part of the Christian section of the people of Palestine, it is doubtful whether the true Arab element in the population today includes much more than the small landed aristocracy and the leading families through whom for the most part the Ottoman Government ruled the country.”* (Report of the Commission on the Palestine Disturbances of August 1929. Page 8)

Notwithstanding all this diversity, Dr Kligler maintained his continual repetitive emphasis on education. His energies were directed towards ensuring that the drainage and water diversion projects would be maintained and the wadis and drainage canals would be kept from becoming overgrown, because he knew that otherwise the destruction of the mosquito breeding sites would have been only temporary, the exercise would have been pointless and of little value, and malaria would return.

There didn't seem to be a single uniform way to deal with the population other than on a one to one basis. Each person had to understand what was the problem, namely, why the works were necessary and why the maintenance was essential. With such a mix of backgrounds and levels of education (or sometimes lack of it), Dr Kligler had to deal with each person individually, at that person's own personal pace.

Therefore in order to ensure he secured the cooperation of everyone, Dr Kligler and his team decided instead to engage with the inhabitants as much as possible on a personal, individual basis, rather than rely on intermediary representatives from each different community. *“There were included the crowded native villages with their backward inhabitants, as well as the more modern settlements. This heterogeneous population naturally complicated the problem; some elements were more responsive and more easily influenced, others less so. On the whole, however, all sections of the population manifested some interest in the work, once the native suspicion was allayed.”* (Dept of Health, Malaria Research Unit Haifa, Annual Report 1923, page 19)

And to these ends, Dr Kligler wrote in 1921 just before commencing this first demonstration of his elimination methods *“The work will be initiated with an illustrated public lecture; printed illustrated pamphlets on malaria will be distributed, and if possible posters and exhibits will be prepared. In this way general **and individual** education will be an integral part of the campaign.”* (Report on the preliminary survey of Migdal and surroundings by Dr I Kligler. 24/2/1921)

Dr Kligler was resigned to the fact that dealing with the inhabitants individually would take longer, but he knew he had to be thorough and secure that essential cooperation. He wrote of his experience in taking blood samples *“Blood and spleen examinations in a Moslem village in Palestine is a special event which begins with sitting about in the Sheikh's house, talking, drinking coffee and talking some more. Only after these preliminaries are over and after the first man, brave enough to have himself stabbed for blood, has been found, does the work begin in earnest. The first ‘victim’ is always sure to bring others.”* (Journal of Hygiene 1924 - Malaria in Rural Settlements in Palestine. [2. The parasite and the spleen rates.] IJ Kligler JM Shapiro and I Weitzman. Page 291)

GOVERNMENT MACHINERY TO ENSURE COMPLIANCE WITH MAINTENANCE OF THE ANTI-MALARIA WORKS.

The Palestine Mandate on behalf of the League of Nations was operated from 1920 to 1948 by a British civil administration after the defeat of the Ottoman army in 1918.

Measures introduced by the British Mandate authorities in 1920 before Kligler arrived included: *"...arrangements for rectifying the existing confusion in regard to the land system of the country, and the state of undetermined or scattered ownership to which the bad cultivation of much of the land is due."* (League of Nations - Reports on the Tour of Investigation in Palestine in 1925 - Page 25)

Two years later, the Government of Palestine published the 'Public Health Antimalarial Advisory Ordinance 1922'. By that time, Dr Kligler had already become part of the Mandate Health Department's Antimalarial Advisory Commission which planned and co-ordinated these anti-malaria works. Dr Kligler was therefore consulted and advised on the drafting of the Ordinance.

The first section is extremely significant and relevant:

"1. Every occupier or, in the absence of the occupier, every proprietor ofland..... shall take all precautions in accordance with this Ordinance or the regulations to prevent the breeding of mosquitoes."

Dr Kligler wished to ensure that there was someone responsible for every bit of land in Palestine. The occupier, usually the fellahin (peasant), would have the responsibility but if the land was vacant, then the owner, perhaps an absentee Arab effendi (land owner), would be responsible, and would have to deal with the maintenance of the anti-malaria works to the standard required by the trained inspectors of the Mandate Health Dept. Failure to carry out the work after warnings, whether by Jew, Arab, or other, could result in prosecution and a fine.

The reasoning behind making the occupier primarily liable (as opposed to the absentee landlord – which was a long stop if everything else failed) was because the occupier was more likely to be intimately connected or involved with the land, and therefore more available in all likelihood to deal with maintenance if necessary. Dr Kligler was not interested in theoretical threats to an absentee landlord who may or may not eventually deal with maintenance, and anyway that may have taken too long to enforce. Dr Kligler wanted, demanded immediate attention to the maintenance of the anti-malaria works and he knew he would be more successful by firstly explaining the problem to the occupiers, making sure they understood and then relying on their cooperation.

It was occupation, not ownership, of the land or property that usually made a person liable. If a person wanted to use it, there were responsibilities attached.

The time, patience and energy that Dr Kligler and his team must have devoted to the occupiers, often the "lower orders" in that society in explaining the reasons for the maintenance, will have demonstrated great respect for the occupiers on Dr Kligler's part.

(An important point. The Br. Mandate, when commenting on the costs of malarial control in Palestine, made the following aside *"...it is only by placing all antimalarial work under the control of an organised Government Dept that country-wide success can be obtained in dealing with a disease like malaria "*. Each independent anti-malaria organisation in Palestine, instead of conducting its project on its own, carried out its work only under the control and coordination of the Palestine Department of Health. In effect, any anti-malaria organisation would have made itself available and of use to the Dept of Health – page 33, Dept of Health. A Review of the Control of Malaria in Palestine 1918-1941)

It may at this stage be helpful and clearer to read an extract from a paper written by Dr Kligler in 1923 on the topic of Education:

*“An important element in these demonstrations was the educational propaganda carried on along with the work. The demonstration started with a popular illustrated lecture on malaria, its causes, prevalence and modes of prevention. Two pamphlets on malaria, one illustrated, were printed and distributed freely among the inhabitants. **During the examination the doctor spoke to each individual explaining the purpose and import of the work.** Throughout the year the malaria inspector would visit various delinquent families and impress them with the dangers resulting from their carelessness. A special Health Day was set aside on which lectures on malaria and other infectious diseases were given to the school children. After the lecture the children made an inspection tour of the (settlement) in company of the teacher and the malaria inspector, in the course of which the latter pointed out breeding places and demonstrated methods of control. In brief, every opportunity was taken to keep the issue alive. For the first time, malaria assumed the importance of a real and preventable disease which should be eradicated.”*- Malaria Control Demonstrations in Palestine 1923.- 1. Malaria Control and its Cost. I.J.Kligler

And Dr Kligler provided further examples of what such education could include:

- *“First in importance among the activities of the (Malaria Research) Unit were the Malaria Control Demonstrations (near or at the mosquito breeding places),They also served as an excellent means of practical education of the public at large in the value of malaria control. The educational value of the demonstrations is perhaps equal in importance to the immediately practical results obtained.”* ‘Dept of Health, Malaria Research Unit, Haifa, Annual Report 1923’ Page 3.
- *“..... illustrated lectures on malaria, its causes, prevalence and modes of prevention; by illustrated pamphlets; and by personal interviews and visits to delinquent families by local malaria inspectors. Palestine had its own Health Day with lectures, visits to breeding places and demonstrations of methods of control.”* (“The Fight against Malaria” – Dr I Kligler -1925)

To Dr Kligler, every inhabitant counted, every person mattered. Dr Kligler’s respect for everyone may be demonstrated in the following comment in the extract below by how surprised the League of Nations Malaria Commission was in 1925 on its inspection in Palestine. The exclamation mark inserted by the Malaria Commission into its final Report (and noted **in red** here) against ‘Bedouin tribes’ below leaves an unfortunate impression that the Malaria Commission would have expected the Bedouin tribes/local population to have been left out as insignificant or could have been ignored when dealing with the anti-malaria work. Dr Kligler’s attitude on the other hand was that the local population would have been suffering with malaria as much as anyone else, and whatever was necessary to involve that local population would have to be done.

The comment further down suggests that substandard or incomplete work, whilst unacceptable to Dr Kligler, would have been very acceptable to those European countries inspected by the Commission previously in 1924. And so it is important to be reminded that Palestine/Israel is free of malaria, due to Dr Kligler’s very very thorough approach:

“As to the other anti-malarial works we visited in rural districts, where lack of funds prevented the carrying-out of the scheme in such a thorough way, even there we found many points of interest, of which the most important was the fact that the authorities had succeeded in interesting the local population (sometimes semi-nomadic Bedouin tribes!) in anti-malarial work and induced them to carry out irrigation and drainage schemes, which, although by no means complete, might be compared favourably with several important works shown to us last year [in other countries] as successful anti-malarial operations. Here [in Palestine], on the contrary, the authorities, in some instances, refused to consider them as such but simply as a means to educate the population to a more complete insight, which would enable them to give in future their wholehearted co-operation as soon as this should be wanted”. (Malaria Commission – League of Nations – Reports on the Tour of Investigation in Palestine in 1925. Page 37”)

Dr Kligler strove to keep the whole question of observation and maintenance of the anti-malaria works alive, and thereby ensure such observations and maintenance were undertaken as a matter of natural regular routine by the whole population.

The British Mandate in 1941 wrote *“Thus public co-operation was an essential and early feature (of the campaign of malaria-elimination in Palestine). In rural areas, headmen, both Arab and Jewish, were soon with little persuasion turning out squads of villagers and settlers to clear and drain small wadis ... in the vicinity of their homes, a procedure which was rapidly developed into an annual seasonal occurrence on the cessation of the spring rains, to a set plan.* “(page 19, Dept of Health. A Review of the Control of Malaria in Palestine 1918-1941)

In 1925, the Malaria Commission of the League of Nations reported *“In the beginning of the work, many difficulties were encountered, but by patient instruction and demonstration, most of them were gradually overcome and at present the people, whether urban or rural, Arab or Jew, are ready and willing to carry out requirements of the Medical Officers of Health both in respect of their private premises and on communal lands.”* (Malaria Commission – League of Nations – Reports on the Tour of Investigation in Palestine in 1925. Page 15)

Despite the extreme violence that already had taken place in 1920 and May 1921, in late 1921, Dr Kligler began in earnest his anti-malaria campaign, including its emphasis on education of the population, and resulting cooperation. And from 1922 to 1929, 8 years, these were years of peace.

By 1926, according to a Palestine Royal Commission [5], the British Government felt able to reduce the forces available for maintaining order to a very low strength because,

“For some time past, Palestine has been the most peaceful country of any in the Middle East”!!

In 1928, the British Health Department could report:

“We rely almost entirely on voluntary labour by the villagers and colonists , it is seldom that we are disappointed in obtaining voluntarily all the labour required for the annual clearance of streams, wadis etc. and for new minor works in connection with swamps.” (Dept of Health, Annual Report 1928, page 32.)

“It is of interest to record that there was not a place where the work had to suffer on account of unwillingness of the people to cooperate and to contribute towards the work. Generally,

there is a better understanding and appreciation of benefits of the antimalarial work and the utmost efforts are made on the part of the people to give their share.” (Dept of Health, Annual Report 1928, page 97.)

The 1922, the Palestine Dept. of Health Annual Report spoke of certain financial curtailments which included at hospitals and dispensaries on account of the demand for general economy put forward by the Government. But by 1923, even though the 1923 Annual Report spoke of more financial economies, the standard of antimalarial work had been maintained at a high level, due greatly to the ready cooperation of the people themselves.

Dr Kligler had always viewed this cooperation as a priority, absolutely essential, the possibility had been discussed of seeking funds from Baron Rothschild in France specifically for anti-malaria propaganda when there was hardly funding to maintain the health services generally. In 1921, when Dr Kligler was setting out his budget for his first demonstration in Palestine of his elimination methods, he allowed for an amount of \$19,500 to include hospital maintenance, doctors, nurses, drugs and laboratory use. Of that amount he earmarked \$2,500 (almost 13%) for education, including exhibits, pamphlets, travelling expenses etc for lecturers.

As was demonstrated in the Annual Reports, the anti-malaria work was maintained due to the cooperation that had been secured on account of the efforts of Dr Kligler.

- Dr Kligler should have been able to turn to the Mufti of Jerusalem, Haj Amin el Hussein, appointed in January 1922 as the leader of the Moslems in Palestine, for assistance but presumably Dr Kligler’s instincts told him otherwise. The Mufti had already been found guilty by the British of incitement in the massacre of Jews in 1920, and he made no secret he despised the Jews. A British Commission enquiring into the massacre of Jews in 1929 implicated the Mufti with a share of responsibility, and that the Mufti was influenced by his ‘desire to annoy the Jews’. He generally failed to cooperate with malaria-elimination works and condoned violence thereby hampering anti-malaria work. He was obstructive regarding the work and his incitement to violence was such that when the authorities attempted to arrest him in 1937, he fled and eventually spent the duration of World War II in Nazi Germany assisting the Nazi war effort.
- (As if to show his true colours, the Mufti became the representative of the Muslim Brotherhood – of which today’s Hamas in Gaza is an offshoot.)
- The strength of the cooperation can be judged by the fact that, despite intimidation of the population as part of the Mufti-inspired violence, and the resulting necessity for protection for the anti-malaria workers, the occupiers of the land (both Arab and Jew) understood the importance of the work, and continued to cooperate with Dr Kligler’s anti-malaria work. But it is worth noting the Mufti was a leader who clearly did not speak on behalf of those he was supposed to represent, as evidenced by the fact that the population continued to cooperate, and despite the activities of the Mufti to discourage cooperation.

To conclude, the following extract from the Malaria Commission Report in 1925 after its Palestine inspection will serve to demonstrate to what extent Dr Kligler’s anti-malaria education at the time was, perhaps, not appreciated or not understood, and which perhaps, even now in 2015, is still the case.

“..... we were told [presumably by Dr Kligler] that the anti-malarial work in rural districts was easier than in urban ones, because the results obtained there are permanent, whereas in the towns a constant supervision is necessary.

In the face of a statement like this [it] flatly contradicts all my personal experience of the durability of drainage works of the kind considered here [in Palestine] to be permanent and to require little supervision, and yetthe anti-malarial work in these rural districts cannot be judged unless this point is absolutely settled.” (Malaria Commission – League of Nations – Reports on the Tour of Investigation in Palestine in 1925. Page 44”)

There seemed to have been a whiff of disbelief on the part of the Malaria Commission of Dr Kligler’s claim of permanence about the anti-malaria work. Or did the Malaria Commission consider Dr Kligler’s claim was merely exaggerated, and that the passage of time would have shown such claims as worthless.

The Commission appeared to dismiss, or to call into doubt, the idea that the anti-malaria work was durable. The Commission was unable at that moment to grasp or imagine the strength of the cooperation that existed in Palestine resulting from Dr Kligler’s education. The Commission could not envisage that the cooperation Dr Kligler had created could withstand many attacks on it from eg apathy, complacency, the Mufti. But the cooperation endured and the drainage works remained, durable, and rendering them as good as permanent.



[1] League of Nations Malaria Commission ‘Reports on the Tour of Investigation in Palestine in 1925’ page 22

[2] From the British Mandate Census as at 23/10/1922, the Palestine population was 757,182. By 2012, the population of the same place and area was approximately 12,500,000!! In a period of about 90 years, the population grew more than 16 times.

[3] Interestingly, it was the Circassians, Moslems from Russia, in 1878 who were the first to settle in the long-abandoned Roman ruins of the ancient city that was to become the Jordanian capital Amman.

[4] The Circassians who settled in Palestine, in view of their military expertise, were often employed as guards and policemen, but were also resented by other groups and communities in Palestine on account of their violent nature. Apparently the Algerians’ relationships with their neighbours were not always the friendliest, and indeed it was members of the Algerian community in 1875 at Safed that attacked the Survey Team of the Palestine Exploration Fund, seriously injuring Lieutenants Kitchener and Conder and causing the survey and drawing of the maps of Western Palestine to be suspended for many months.

[5] Palestine Royal Commission Report July 1937 page 187.

