



Introduction

Historiography and History of Missing Palestinian Bodies

“Past and future inhabit the present. History could be a hall of mirrors, a spiral maze . . . a door that swings back and forth on its hinges.”

Miriam Ghani, 2012

Miriam Ghani makes this point in an interview about her filmic installation “A Brief History of Collapses,” a two-screened, floor-to-ceiling visual memoir produced from the perspectives of two iconic buildings, one in Kassel, Germany, and the second in Kabul, Afghanistan, for Documenta 13. Rather than being linear, she argues, time “bends around the tale or the story’s will” (Ghani 2012). *Buried in the Red Dirt* shows, to use Ghani’s words, how “past and future inhabit the present” in the paradoxical peripheralization and hyperbolization of Palestinian sexual and reproductive life. It makes the case that racism was central to the colonial and settler-colonial order and to the distribution of health, life, and death in British Palestine. Following Ghani’s approach to reconstructing the Afghan film archive, in 2016 I entered research on reproduction and quotidian death in Palestine “slantwise,” “as if approaching a horse with an uncertain temper” (Ghani 2015, 43, 45).

The 1948 establishment of Israel as a settler-colonial state was radical in its psychic and material impact on Palestinians, most of whom were dispossessed and expelled; more than 150,000 were internally displaced within the borders of the new state (Doumani 2009, 4; Masalha 2008, 127–129). For Palestinian generations living under multiple jurisdictions, 1948 is “not a moment but a process that continues” (Doumani 2009, 4–5). The events of 1948 came to be understood as “the foundational station in an unfolding and continuing saga of dispossession, negotiations, and erasure” (Jayyusi 2007, 109–110). I sought to avoid such cataclysmic historical points to tell a story

about life and death, and about missing bodies and experiences, that exceeds authorized frames of collective pain and heroism. This required pursuing the “non-eventful quality” (Stoler 2009, 107) of archival and other coeval sources and creating new ones, and using transnational feminist reading practices to analyze different kinds of texts.

I imagined a primarily document-based research project on reproductive death during the British colonial period in Palestine (1917–1948). I ultimately conducted substantial archival research, analyzing British vital records, Department of Health and Colonial Office reports, news stories from the Hebrew press, thousands of pages of correspondence in Palestine Department of Health files, and Palestinian oral history interviews conducted by activists and researchers since the 1990s. A brainstorming meeting in Jerusalem with Anita Vitullo in July 2016 made clear to both of us that original interviews with elderly women would be necessary to address Palestinian abortion practices during the British colonial period given the non-archival nature of the subject and deliberate lack of record-keeping.

Palestinian historians I consulted similarly believed that existing government archives held in Israel and England provided limited information on Palestinian abortion practices given abortion’s stigmatization and illegality. I ultimately conversed with dozens of informants in person, and hundreds more electronically, and conducted formal interviews in cities, towns, and refugee camps in the Occupied Palestinian Territories, Jordan, Israel, and Lebanon with more than sixty people on matters of healthcare, reproduction, and birth control, including twenty-six Palestinian women born between 1917 and 1933 who met my marital and reproductive criteria.¹

Since death had thinned the ranks of Palestinian women born in 1933 or earlier, Palestinian communities are dispersed throughout the world, and historic Palestine is difficult to navigate given its apartheid segmentations by Israel, I turned to analog and digital oral history (*al-tarikh al-sbafawi*) archives on the Web or held in Beirut, Ramallah,

¹ I interviewed other elderly women who ultimately did not fit these criteria, but whose thoughts and experiences I integrate at various points. I gained entrée with little difficulty to refugee camps in Jordan and the West Bank, but in 2017 and 2018 Palestinian refugee camp entrances in Lebanon were extremely militarized, requiring high-level permission to enter, and Gaza was completely inaccessible due to an Israeli blockade.

Birzeit, and Amman to deepen my understanding of Palestinian daily life during the British Mandate period. I learned much of value from the oral history projects, which proliferated from the 1990s as Palestinian activists and scholars interviewed elders before they died in an effort to record Palestinian life before the establishment of Israel in 1948. The oral histories, which recuperate loss and build narrative memory archives, are valuable but limited by the impulse to tell a collective Palestinian story, which by definition is oriented toward historical events considered geopolitically and nationally salient.

The historiography of Palestine similarly continues to be most concerned with the unfolding Palestine Question, and thus with the many dimensions of anti-colonialism, colonialism, settler-colonialism, and national identity. Reproduction and infant and child death are addressed as side notes in some accounts of the 1936–1939 Revolt and the 1948 Nakba (Disaster), usually within authorized registers of traumatic loss, mourning, and resistance. It is unsurprising that the Nakba and its antecedents, which ended a way of life and set in motion multiple situations, sovereignties, and existential crises for Palestinian communities, is overrepresented to a degree that “simultaneously silences” other “lines of inquiry” (Doumani 2009, 6).² The historical moment continues to exert its powerful will because it bent time, reshaped space, and ruptured life trajectories on a massive scale. Even feminist scholars who study Mandate Palestine, whose works I reference, do so in a political and discursive context overdetermined by the need to make the case for Palestinian justice. *Buried in the Red Dirt* is not immune from this impulse. Nevertheless, I ask questions on scales less examined, mobilize sources that include literature and film, and rely on my interdisciplinary reading and analytical skills to tell a slantwise story about race, reproduction, and death during and since the British colonial period in Palestine.

Buried in the Red Dirt highlights historical actors such as British Zionist Arthur Felix, who led an antityphoid serum experiment in Palestine; US Zionist nurse matron Bertha Landesman, who led Hadassah’s infant and maternal health program in Palestine for decades; and British nurse matron Vena Rogers, who supervised the

² The term *Nakba* was first used to describe the 1948 war by Constantin Zurayk in his 1948 book, *Ma`na al-nakbah* (*The Meaning of the Disaster*). Honaida Ghanim offers an incisive critique of the word’s implications in the Palestine context (Ghanim 2009, 25–28).

nurse-midwifery program in the Jerusalem district. It calls attention to ordinary colonial subjects such as Palestinian nurse-midwife Alice Butros, who unsuccessfully battled with British Department of Health officials as they refused to provide healthcare for a severely ill indigent child at the Jerusalem Government Hospital; Bahiya Affi El-Jaby, a Palestinian midwife who crossed colonial boundaries by internally examining pregnant women and giving ill women and children injections; Yona Tsadok, the Yemeni Jewish lover of Palestinian driver `Adel Sha`on, who died in Jerusalem after she received a wanted abortion conducted by a Jewish German woman physician; and the many Palestinian women I interviewed whose embodied, affective, and analytical reflections are woven in throughout to reorient our understanding of Palestinian reproduction, birth control, illness, and death in modern Palestine.

Buried in the Red Dirt “bring[s] out [the Palestinian] dead” (to appropriate James Baldwin’s phrase) (Hong 2015, 126–127) in ways that scholarship on Palestine has not. A dominant motif foregrounds the *racialized* distribution of ill health and death in Palestine, attenuated by class and gendered/sexual embodiments and positionalities. I show how ideologically and practically, racism and eugenics shaped British colonialism and Zionist settler-colonialism in Palestine in different ways, informing their health policies, investments, and discourses. The book is influenced by Grace Kyungwon Hong’s *Death beyond Disavowal: The Impossible Politics of Difference*, which challenges the disavowal of responsibility for the “exacerbated production of premature death” (7). Hong calls for a politics of life that acknowledges “the uneven but connected dispersion of death and devaluation that make self-protective politics threaten to render others precarious,” especially “occluded and debased subjects” (5–6, 65–66). *Buried in the Red Dirt* also takes seriously Palestinian anti-reproductive desires and practices, including abortion, and critically engages with demographic scholarship that either takes for granted a Palestinian commitment to reproductive futurity or sloppily projects onto Palestinians existing Zionist commitments to Jewish reproduction to fulfill a racialized demographic settler-colonial project in Palestine.

The British colonization of Palestine began late in British colonial history and exhibited path dependence in many ways. The imperial relationship with colonized subjects aimed to assure that on balance much more was extracted than invested. The colonial enterprise was

expected to pay for itself, which meant the colonized were required to subsidize their colonization. Colonial authorities were typically concerned with health and wellbeing in the colonies as conditions harmed their officials and civilian professionals or their labor and economic priorities. Imperial scientific endeavors also motivated interventions. British investment in healthcare in Palestine was limited and infrastructures (water, sanitation, roads, electricity) were built only when they directly served colonial or imperial priorities. Predatory policies, the *raison d'être* of colonial and imperial projects, exacerbated Palestinians' poverty and hunger and facilitated their disproportionate and premature death. British austerity with respect to Palestinian maternal, infant, and child health was at least partly influenced by a usually unstated concern to maintain a balance between Muslim birth and death rates. British authorities certainly imposed the most brutal direct violence they could get away with on Palestinian subjects when they rebelled, but in their day-to-day lives Palestinians suffered most as a result of poverty, illness, and high levels of infant and child mortality.

British policies produced consequential patterns that were not mitigated, I insist, by differences of opinion or tensions among specific colonial officials and civil servants in Palestine, the Colonial Office, or other government offices in London. Whatever their ideological, ethical, or strategic disagreements, multiple examples show that British medical practitioners and civilian employees in the Palestine Department of Health and other colonial offices were crucial to the functioning of the colonial project. Moreover, they benefited economically and professionally from their positions. I do not understand them as largely well-intentioned experts caught up in the empire's unfortunate goals.

The Palestinian colonial experience differs from others of the same period because an important third player was in the mix – the Zionist settler-colonial movement, a racialized project whose goals British authorities largely facilitated. Zionist elites understood that investments in science and healthcare in Mandate Palestine strengthened their case to Western powers as a worthy settler-colonial “national” project. Such investments not incidentally improved the “quality” and quantity of the Jewish population in Palestine. Colonized Palestinians were forced to fight two relatively well-resourced Western projects that for thirty years worked simultaneously even if they were not always in

harmony. The differential impact of funding, infrastructure, and political agency on health and wellbeing was clear.

The section that follows considers dilemmas in Palestinian archives and archive-based research and discusses my archival sources and practices. The second section explores historiography on the British colonial period in Palestine, which is largely silent on quotidian experiences of reproduction and infant and child death. The third section shows how Palestinian women's lives within their natal and marital families, as well as their reproductive experiences, were crucially shaped by often unremitting physical labor to reproduce households without electricity or running water, class status (that often but not invariably mapped onto urban/rural residency), family gender dynamics, gender inequality in collective beliefs and normative practices, and individual personality. It explores as well Palestinian spiritual and metaphysical explanations and practices related to childbirth, illness, and death. The fourth section discusses the global color line and international discourse on race and racism as relevant to Palestine and Zionism in the twentieth century before the British invasion and colonization of Palestine. The final section briefly summarizes the focus of the remaining chapters.

Value and Vexation: Textual and Oral Archives

I turned to archival research with much trepidation after twenty years as an interpretive and ethnographic feminist scholar primarily working with human subjects and informants and textual and visual sources on contemporary questions. As a late adopter of archival research, I approached the work queerly – that is, by refusing a totalizing methodological or theoretical frame, informed by the Pad.ma collective's "10 Theses on the Archive," which defines "archive" broadly. Recognizing the fragmentary nature of records, members of Pad.ma consider archival work fluid and creative by definition, challenge the bounded and fortress-like model of an archive, and argue for diffusion and distribution rather than "consolidation" and "conservation" (Pad.ma 2010).

Archival researchers in historic Palestine face myriad barriers, much more so for Palestinian researchers with West Bank and Gaza Strip identifications, whose mobility is drastically restricted and who are denied access on the basis of being Palestinian (Banko 2012). As a US

citizen from a major university and an experienced researcher in the region, I largely successfully navigated a number of archives and libraries in Beirut, Amman, Jerusalem, Ramallah, and Bethesda, Maryland.³ In Israeli contexts, my focus on mothers, infants, and abortion seemed benign and even interesting to gatekeepers in comparison to studying Palestinian collaborators or property records during the Mandate, except I was denied access to a Hadassah folder at the Central Zionist Archives from the second decade of the twentieth century for reasons of security. Palestine Department of Health documents held at the Israel State Archives (ISA) were only available in electronic form since all researchers were excluded from accessing the physical material in Jerusalem. From a studio apartment in Ramallah in 2017 and an ACOR: American Center of Research residency in Amman in 2018, I used tens of keyword searches to research ISA material online and made many requests for indexed but unscanned material that was almost always provided electronically after a few weeks. I downloaded and closely analyzed ninety-four such electronic files from the ISA, the large majority of which were hundreds of pages long, with memos and letters bearing the initials of multiple officials as they moved through colonial offices in Palestine. The usually dry formulaic language used in these documents and the many colonial reports I analyzed hid as much as it revealed, although I occasionally ran into documents that produced a shiver of the unusual, what Arlette Farge calls “a sensation” of catching “hold of the real” (2013, 8, 65), always in fragments.

Ethnographic, triangulation, and analytical practices helped me situate and theorize documents that were difficult to understand on their own, as was the case with the antityphoid serum letters discussed in Chapter 3. I walked into this research project recognizing that “the archive plays with truth as with reality” and would include the colonized on the terms of the colonizer (Farge 2013, 27). I puzzled through bits of evidence as researchers always must and built an argument by focusing on their “condition of . . . appearance,” even as I was alert to absences and attempts to obscure (Farge 2013, 30, 71; Stoler 2009, 25). I found most useful what Ann Laura Stoler calls archival “surfeits,”

³ During this project I acquired the Jordanian citizenship and passport I was deemed eligible for based on patrimony because of border and residency difficulties I faced in Lebanon, Jordan, and Israel.

excesses the material itself did not explain (Stoler 2009, 10, 47) because they were central to the ideological and material workings of British colonialism and Zionist settler-colonialism in Palestine.

The 1993 Oslo Accords and the fiftieth anniversary of the 1948 Palestinian Nakba led to a proliferation of oral history projects concerned to document the pre-1948 collective history of Palestine by interviewing particularly Palestinian refugees from villages and communities that Zionist forces ethnically cleansed and appropriated. The oral history projects were partly designed to stave off “forgetfulness” and “growing amnesia” in the present among younger Palestinian generations, as well as to challenge Palestinian “bourgeois nostalgia” (Abu-Lughod and Sa’di 2007, 17, 18, 20). Even earlier, researchers used the oral history method to “recover” and “unsilence” marginalized Palestinian voices given the ideological elisions critical to Zionist and to some degree authorized Palestinian nationalist histories (Masalha 2008, 135–136).

The Palestinian Exodus from Galilee, 1948 by Nafez Nazzal, based on his 1970s interviews with men refugees in Lebanon, is one of the earliest results of Palestinian oral history research (Nazzal 1978). Soon after, Rosemary Sayigh published *Palestinians: From Peasants to Revolutionaries* using oral histories she conducted in 1970s Lebanon with women refugees (Sayigh 1979). Sayigh argues that Palestinian national discourse was at the time biased toward “history,” or male memories, activities, and accounts. Women refugees were assumed not to know “the plots,” which resulted in researchers excluding their experiences and voices (Sayigh 2007, 138, 139). Sonia El-Nimr is another early adopter of the oral history method in Palestinian scholarship. Her 1990 dissertation is based on a massive study conducted in 1980s historic Palestine with Palestinian men who were rebels in the 1936–1939 Revolt and with British police officers from the period (El-Nimr 1990).

I translated and analyzed interviews in the Jana, Shaml, Al-Musahama al-Siyasiyya (Palestinian Women’s Political Participation Oral History Project), Nakba, and PalestineRemembered.com oral history projects with women born in 1933 or earlier, listening for discussion of health, death, illness, and reproduction. I discuss notable characteristics of each of these oral history projects in what follows. As a rule, interviewers did not follow up on expressions of quotidian pain unless they fit within a pre-given collective narrative frame. Lena Jayyusi writes that the collective or “communal voice” is a “feature”

in Palestinian accounts of the 1948 expulsions (Jayyusi 2007, 111). Because Palestinians are geopolitically illegible as victims of a collective trauma, the oral narratives make a case for recognition, ending the continuing catastrophe, and undoing “the mythic Israeli narrative” (Abu-Lughod and Sa`di 2007, 11, 12, 23). I learned a great deal about Palestinian life during the Mandate period as well as the commitments guiding scholars and activists involved in these projects. The interviews shaped my analysis of British colonial discourse and its silences, and illustrate the diversity of Palestinian women’s experiences based on class, urban or rural residency, region, family of origin, and personality.

In 1989 Moataz Dajani worked with Sayigh and other intellectuals and activists in Beirut to found the Arab Resource Center for Popular Arts (Al-Jana) (<http://al-jana.org>) as a volunteer project.⁴ Al-Jana developed into a continuing multipronged endeavor of “popular arts and heritage” (*al-funun al-turathiyya*) with Palestinian children in Lebanon to raise their consciousness (*shughul taw`awi*) using active learning methods to teach history, creative expression (theater, film), and critical inquiry/journalism. The project was intended to address the alienation and despair of younger Palestinian generations. Al-Jana eventually published a magazine, widely read beyond Lebanon, and oversaw multiple oral history projects designed to remap with first-generation refugees and to re-enliven for the generations born in Lebanon the wedding songs, folklore, superstitions, saint and sanctuary practices, and embroidery in pre-1948 Palestine.⁵

⁴ Dajani, a Jerusalemite banned from returning to Palestine in 1971 after completing his A-levels at Brumanna High School in Beirut, studied child psychology in Egypt for two years and returned to volunteer in the Lebanon Palestinian refugee camps and to work at the Institute for Palestine Studies. He studied history at the American University of Beirut (AUB) until he was forced to leave in 1983, after which he completed a degree in arts and arts education at George Washington University between 1984 and 1988. Interview with Moataz Dajani on May 17, 2018, in Amman, Jordan.

⁵ Al-Jana conducted four kinds of oral histories: first-generation refugee narrations of uprooting and displacement, first-generation narrations of “folktales” and other aspects of “intangible culture,” refugee women in South Lebanon narrations of their camp lives and work establishing the refugee camps, and biographical interviews with men and women considered important in their refugee communities (Sleiman and Chebaro 2018, 64–65). I read most issues of *Al-Jana: The Harvest*, a magazine published between 1994 and 2009, which are archived at the AUB Jafet Library.

I transcribed three recommended Al-Jana interviews with four Palestinian women refugees born in my period of interest to get a sense of narrative structure and content.⁶ Four prominent themes are worth highlighting from these interviews. First, women reported regular interaction between Jews and Palestinians before the *hijra* (forced migration) of 1948 if they lived in towns and cities that included Jewish neighborhoods or nearby Jewish colonies, with narrators distinguishing between Yemeni and other indigenous or long-settled Jews, and the mostly European Jewish migrants who “changed everything” from the early 1930s as the Nazis rose to power in Europe. Palestinian respondents reported Jewish women who married Palestinian men, Jewish neighbors and school friends, Palestinian women working in Jewish colonies as nannies and domestics, and everyday commerce between Palestinians and Jews. Second, there is an inexorable weightiness in the narratives to experiences of suffering in 1948 and the years that followed. Third, the interviewees, all men who were younger than the interviewees in these cases, were eager to elicit narratives that remapped places and lifeways they believed they would never be able to see or experience. Fourth, questions and answers were often in the collective mode – how “people” grew food, where they marketed it, how they celebrated feasts, and how they interacted with British colonizers and Jewish settlers. Discussion of intimate and personal matters was often truncated by the narrator or the interviewer.

About two hundred Palestinian refugees were interviewed between the mid-1990s and 2004 in the Shaml (in-gathering) oral history project, with material stored at the Palestinian Diaspora and Refugee Center in the Birzeit University Digital Palestine Archive.⁷ The interviews reflect great variation in technical quality (digital recordings that were inaudible, too fast, or blank). Most were missing metadata (such as date of interview) and the questions differed by interviewer. Shaml questions about pre-1948 Palestine aimed to remap collective life in destroyed communities. Women were asked to describe healthcare

⁶ Interview with Amina Hasan Banat (born 1931 in Shaykh Daud, Palestine), residing in the Burj al-Barajneh refugee camp in Lebanon, on December 6, 1997. Interview with Radiya Muhammad Hammad (born 1918 in Saffuriyya, Palestine) and Ghazalah Ibrahim `Abd al-Ba`ti (born 1927 in Bethlehem, Palestine), in the Nahr al-Barid refugee camp in Lebanon on December 2, 1998. Interview with Watfa `Abd al-Mu`ti (born 1925 in Tantura, Palestine) in the al-Baddawi refugee camp in Lebanon on May 9, 2009.

⁷ I am grateful to Suzan Da`na, who helped me access this archive, titled Arshif Mu`assasat Shaml, found here: www.awraq.birzeit.edu/ar/taxonomy/term/943.

practices, weddings (not a particular woman's wedding), and major festivals such as for the (prophets) Nabi Rubin, Nabi Saleh, and Nabi Musa. The collective orientation was signaled by questions that began with *kayf kan* ... (how were ... ?) weddings, for example, or medical care, in the village or town. They were asked about their 1948 expulsion and *hijra* experiences and whether they or anyone else from the village or town had tried to return. They were also asked leading questions about identity and political sensibilities relevant after the 1993 Oslo Accords: did she agree with *tawtin* (resettlement in other countries) and compensation proposals, or did she want to keep the right of return to her village or town?

Despite some problems, the Shaml interviews offer much of value for the patient researcher. Women commonly reported poverty – for example, “people barely had bread,” and illnesses like measles. Women who were late teenagers or young adults during the Mandate period discussed seeing for themselves or their children Jewish German physicians in *kubayniyyat* (colonies), whose medical offices were typically located at the edge of the Jewish settlement. Others reported traveling to Jaffa or Jerusalem as needed for medical care at private Palestinian clinics. Amina Qasem `Abd al-Haq, born in Silwan, Jerusalem, in 1933, had eleven pregnancies and “11 additional pregnancies that did not live.”⁸ Few women in their communities gave birth in hospitals, turning instead to home births with a *daya qanuniyya*, a traditional Palestinian midwife registered with the government. In a difficult pregnancy, women were more likely to turn to “*dayat* who worked for the government” (also termed *qabilat qanuniyyat*), referring to licensed nurse-midwives who had completed a government training course, or Palestinian physicians. Larger villages had three or four traditional midwives in residence, and many interviewed women named them and specific physicians, clinics, and hospitals their community used during the Mandate.

In 2017 I listened to fourteen interviews conducted in 1998 and 1999 with Palestinian women who met my criteria completed by the Palestinian Women's Political Participation Oral History Project under the guidance of Dr. Faiha Abdulhadi.⁹ The results of this massive

⁸ Most of the pregnancies and losses occurred after 1948 given her age and her report that she had the third child during the 1948 war.

⁹ I thank Iman Ammus, Nisreen `Umar, and Melia at the Palestinian Women Research and Documentation Center in El-Bireh for assisting me in finding and listening to the relevant interviews.

endeavor, which focused on multiple decades and geographic sites of Palestinian political life before and after 1948, were published in a series of books in Arabic and English.¹⁰ The project's aim was to put women into the Palestinian nationalist picture, and as such it did not focus on intimate life. The women interviewed were disproportionately more educated than other Palestinian women living in 1930s and 1940s Palestine, often had worked as teachers, and were more likely to be involved in conferences, women's associations, and social work (*'amal ijtima'i*) – that is, community activism and philanthropy.¹¹ The questions and accounts gravitated toward tumultuous moments of political resistance and repression such as the 1936–1939 Revolt (*thawra*) and the 1948 war. While most were not fighters, they had supported battles by giving money, moving weapons, and setting up popular first aid projects. Unmarried women were not asked why they remained unmarried, and women who mentioned loss of children were not asked about the cause.

The Nakba Archive, an oral history video project conducted largely between 2002 and 2005 with first-generation refugees in Lebanon, was led by Mahmoud Zeidan and Diana Allan. Zeidan and Allan trained refugee camp residents to assist with and conduct interviews as part of a collaborative pedagogical orientation to allow people to produce “community histories.”¹² The Nakba Archive includes more than 650 participants from more than 150 Palestinian towns and villages. Nakba Archive interviews recall social, cultural, and political life in Palestine, with some emphasis on gathering eyewitness accounts from refugees who experienced violence such as massacres. Narrators were asked about relations with neighboring Jewish communities and British colonial authorities, the 1948 expulsion, and the early years of exile. Relying on a positivistic (rather than interpretive) coding schema developed by archivists at the AUB Jafet Library, I translated interviews

¹⁰ I focused only on women interviewed about their experiences in the 1930s (Abdulhadi 2006a [Arabic]; Abdulhadi 2006b [English]). Faiha Abdulhadi met with me in Amman and Ramallah between 2016 and 2018 and directed me to specific interviews she believed were relevant to my project. Soraida Al-Hussein tracked down the book series, which I purchased.

¹¹ Some of the women had moved to Palestine with parents or husbands as children or adults from Lebanon or Syria, or they had Hijazi origins.

¹² Zeidan continues to take his camera when he receives a request to interview an elderly refugee. Interview with Mahmoud Zeidan in Beirut, January 12, 2018. Also see www.nakba-archive.org/?page_id=956.

with the only three women who met my age criteria and had discussed health or reproduction.¹³

These refugees, most from northern Palestine, reported that Jewish settlers regularly hired Palestinian women to serve as domestic workers, to care for their children, and to do laundry. The women discussed their weddings, and one even mentioned the suffering she experienced with an abusive husband. They went to Jewish physicians as needed for themselves or their babies when there were no Palestinian physicians. The refugee women interviewed mostly used traditional Arabic remedies (*wasfat `arabiyya*) and healers who directed them to physicians when they could not resolve an illness. The center of gravity in these accounts is again the suffering and shock of the moment of expulsion and the *hijra* that followed. The interviewees frequently expressed nostalgia for land, foods, and hometowns, colored by the diasporic travails of dislocation, poverty, exclusion, and war in Lebanon. One of them described the collective dread that shaped her life in the refugee camp: “we sit in fear and terror here.”

The richest set of oral histories for my purposes are available online through the PalestineRemembered.com project, largely in video, although women make up a small proportion of the hundreds of available interviews.¹⁴ In 2018 I translated every interview conducted with women born between 1916 and 1933, a total of thirty that occasionally included a sister or a husband. These interviews were conducted between 2003 and 2011 by `Abdel Majid Dandais, Sa`id `Ajjawi, Fawwaz Salameh, and Rakan Mahmoud, with Mahmoud as the interviewer or co-interviewer in the largest number. Most of the women lived in cities and refugee camps throughout Jordan, while

¹³ The interviews did not always include full metadata. I listened to an interview with Amina Husayn Shamali, born circa 1927 in the village of `Ilmaniyya, Palestine, recorded on April 27, 2003, by Amneh Ahmad al-Khatib; an interview with Badi`a Nayfah, born circa 1929 in Qaqun, Palestine, living in the Burj al-Barajneh refugee camp, recorded on May 14, 2003, by a woman (Jihad); and an interview with Tamam Ahmad al-Haj, born circa 1918 in `Amqa, Palestine, recorded on February 15, 2004. I am grateful to Kaoukab Chebaro and Sarah Soueidan, who helped me navigate the Nakba Archive and Al-Jana archival material.

¹⁴ The oral histories are usefully organized by district of origin and further indexed by town, village, or neighborhood. Of fifty-seven interviewed refugees originally from the Jerusalem District, only one was a woman, and no woman was interviewed from the Hebron District. www.palestineremembered.com/OralHistory/Interviews-Listing/Story1151.html.

a few resided in Damascus and one in Lebanon. The women largely originated from peasant families in Palestinian villages and small towns, although some came from the Palestinian urban bourgeoisie in Jaffa, Jerusalem, Tiberias, or Ramleh. A minority worked as teachers before and after 1948.

The PalestineRemembered.com interviewers were uneven in their follow-up questions when women opened threads that veered into intimate matters. Nevertheless, many questions elicited discussion of schooling, as well as religious, holiday, leisure, wedding, conflict resolution, and spiritual healing practices during what some women termed *wakit al-ingliz* (the time of the English). Women described doing paid and unpaid work such as farming, bread-making, laundry, sharecropping, sewing, and transporting water to their homes, sometimes multiple times a day. They explained that their facial tattoos were made by artisans in summer-traveling Romani bands, acquired as teenagers without asking their parents for permission.¹⁵ Interviewers asked about access to running water and sewage systems, electricity, paved roads, and transport. The answers provide a sense of dramatic infrastructural differentials between villages and their urban centers (e.g., Tiberias and its villages), as well as between Jewish and Arab communities. A Haifa District villager described going with her father to a Jewish colony to see “Dr. Sarah” to treat her ill son: “I had no idea what his illness was. He was throwing up. I saw how they were living and I realized we were not living.”¹⁶

Similar to the other Palestinian oral history interviews I analyzed, PalestineRemembered.com interviewers asked about Palestinian-Jewish interaction. Women reported that commerce was common, but not on the terms of equals, and social visiting was rare. Palestinians in some northern towns purchased grapes and apples from Jewish German colonies and occasionally visited them for medical treatment. Palestinians in Tiberias patronized Jewish-owned salons and fabric merchants, as well as private Jewish physicians and dentists. Poorer women reported they worked as domestics and launderers for Jewish residents and better-off Palestinians. Jewish settlers purchased

¹⁵ Practically every woman discussed the tradition of making or having made for her by Palestinian seamstresses seven dresses of seven different solid colors for a trousseau.

¹⁶ Ratibah `Abdel Rahman Mahmoud Abu Fanneh, born 1928 in Chuftr/Kufr Qari`. Interviewed in the Husn refugee camp in Irbid, Jordan, on April 4, 2007, by Rakan Mahmoud.

eggs, chickens, cheese, and bread from Palestinians. Women who lived in mixed communities distinguished relations with Jews of Yemeni and other Arab backgrounds, whose language was Arabic and whose life-ways were similar, from those with Jewish migrants from Europe. They expressed abiding affection for Jewish neighbors and friends in towns and cities where communities lived in some proximity to each other and Jewish children attended government schools. In some communities, Muslim and Christian Palestinians helped Jewish residents keep the Sabbath.

Women featured in the PalestineRemembered.com project reported multiple healthcare practices during the British colonial period, including using traditional providers of Arabic medicine (*al-tibb al-`arabi*) for bone-setting, circumcision, childbirth, and physical and psychological illnesses, as well as Arabic home remedies. For serious medical situations (e.g., appendicitis or difficult pregnancies), they visited missionary hospitals, Arab and Jewish private physicians, and British government hospitals. While women were asked about *dayat* (midwives, who they often named) and childbirth, these discussions were rarely developed, possibly because all the interviewers were men and may have considered further discussion a source of embarrassment for the women. Women familiarly distinguished between a *daya qanuniyya* and a *qabila qanuniyya*, indicating internalization of status distinctions instituted by British authorities.

In almost every PalestineRemembered.com interview I analyzed, the woman mentioned she had at least one child who died of illness (typhoid, measles, tuberculosis, influenza, appendicitis) before or during the 1948 expulsion and *hijra*, or in the early years of waiting in refugee settlements or moving from place to place. Najmeh Yousef Saleh al-Jabir was interviewed by her son Sa`id `Ajjawi in Irbid, Jordan, on March 16, 2007. Born in 1930 in the village of Kawkab al-Hawa in the Beisan District, she migrated in 1948 with her firstborn, Muhammad, who became ill with fever when they lived in tent encampments in Jericho for five years. She used home remedies and then took him to a physician, but he “got worse and was screaming mother, I want to drink water (*yama badi ashrah mayi*) . . . he was screaming and I was screaming. I fainted. His father finally came. I went crazy over Muhammad when he died. He was a big boy (*chbir*) [about four], playing with the goats and moving around . . . I would wake up at night asking ‘where is Muhammad?’ He died there, God accept him.”

Women often remembered the war and *hijra* as traumatic periods of profound suffering. A refugee from a village near Haifa explained: “We left from fear. My mother was always afraid for her son because he always spoke up fearlessly. So she made us leave.”¹⁷ She described her first visit back to Firdis years later as “like *laylat al-`ama* [the night of blindness], it was devastating.” Jumping back to the days immediately following the family’s *hijra* from the village, she continued. “We died from crying when we knew we could not get back.” A Gaza villager randomly commented that “many more people would have died” if the *hijra* had occurred in colder months rather than May through July. She added that there were “no days after the *hijra* where you ate and were full. There was not enough food.”¹⁸

The protocol for the PalestineRemembered.com is preoccupied with mapping pre-1948 communities, villages, and towns, looking for “facts” using “a restricted notion of history” that excludes the so-called domestic sphere (Sayigh 2007, 139). Many questions were about directionality and topography: locations of homes, hills and wadis, saints’ shrines, mosques, paved roads, sources of water, and number of kilometers between places. Did the community have a public café (*qahwa*) or public salon (*diwan*), a bathhouse, a church? Was a road, town, water source, Jewish settlement, or other landmark to the east, west, north, or south? While a few women easily answered some of these questions, most did not experience their home of origin in this manner and found the questions confusing. As in other oral history projects, women were asked whether they would accept compensation to give up their claims to property in villages and towns and provided a range of nuanced responses.

Palestinian oral history and interview-based projects are subject, like any other method, to what Abbad Yahya calls “marginalization” and “suppression” organized around the assumption of national unity and “national commitment” (Yahya 2017). His oral history interviews with Palestinian men and women refugees originally from the village of Mughallis, for example, found some peasant women who challenged

¹⁷ Ghazaleh `Ali Hamdan Sa `beh (Umm Na`il), born 1922 in Firdis. Interviewed on August 22, 2007, by Sa `id `Ajjawi in Irbid, Jordan.

¹⁸ Interview with Muhammad Salem Rabbah `Abdeljawad (born 1925) and Mariam Musa Rabbah `Abdeljawad (born 1932), married four months before the Nakba in Sawafir al-Shamali, Gaza. Interviewed on November 25, 2007, by Rakan Mahmoud in the Nuzha neighborhood of Amman.

the dominant narrative of 1948 as ruining their lives. For them, the Nakba served just deserts to a previously powerful Palestinian family from a nearby village because it too became disfranchised. The Nakba shifted “power relations and social positions” for these villagers, who experienced “injustice and oppression,” including “forceful land acquisition” and being compelled to give up wives and daughters for marriage to powerful Palestinian men from the village of Beit Jibrin. Moreover, most girls and women in Mughallis did not inherit portions of land they had rights to, thus the Nakba did not translate into loss of property for them. Women more than men from the same village violated national unity frames by discussing how their families experienced upward social mobility after 1948 as they moved to towns and cities, studied, and worked hard to become “learned and knowledgeable” (Yahya 2017, 98–102). Yahya argues that oral history is uniquely able to address the phenomenology of individual experience if researchers follow evidence of less normative positions and remain alert to urban, elite, and male biases. Bourgeois “nostalgia,” he contends, often represses class conflict in pre-1948 Palestine (Yahya 2017, 104).

Healthcare, Science, and Medicine in British Palestine

Palestinian society during the British colonial period remained ethnically, ideologically, religiously, and culturally diverse, with urban-rural differences and class conflicts. Sherene Seikaly argues against idealizing and “flatten[ing] the topography of Palestinian social” and political life during the British colonial period (Seikaly 2016, 4, 13, 75). Islah Jad, for example, finds that “the Palestinian urban middle class” came to agree with British calls for “advancement” and “modernization,” reinforcing a sense of urban superiority in relation to villagers (Jad 2005, 9). Ela Greenberg shows how Palestinian modernists were supportive of a maternal reformation agenda promoted by foreign missionaries, teachers, nurses, and social workers (Greenberg 2010, 135–136). Palestinian physicians, teachers, nurses, and other experts promoted a health and hygiene approach to mothering in lectures and lessons at girls’ schools, in articles in Arabic newspapers, and on a program on the British-sponsored Palestine Broadcasting Service (Seikaly 2016, 136–137, 144–146, 161–162).

The genealogy of the commitment to modern maternalism and health and hygiene, certainly among Arab physicians in Southwest

Asia, predates the British colonization of Palestine. After all, they studied in Ottoman, European, and Russian medical schools, as well as missionary medical schools (such as the American University of Beirut and St. Joseph University, the latter established in 1883), which were thoroughly committed to modern science and producers of modern scientific knowledge. Palestinian elites and professionals, almost always men, lived in and helped shape the same intellectual times and spaces as non-Palestinian elites and professionals. The British Empire demoted them to the status of colonial subjects in a tiered system that facilitated Zionist interests by law and policy and treated Zionist organizations as closer to British interests.¹⁹

Historical scholarship on Ottoman and British colonial Palestine illuminates institutional and political-economic dynamics that shaped Palestinian health and reproduction. German, Austrian, British, French, Italian, and US Christian missions established hospitals during the Ottoman period, and later added maternity wards and children's clinics, primarily in Jerusalem, Bethlehem, Haifa, and Nazareth. Arab and Muslim elites recognized that missionary institutions had conversion and imperialist agendas, as Philippe Bourmaud shows in a rich analysis of local resistance that delayed for ten years the building of a medical mission in late Ottoman Nablus (Bourmaud 2005, 133–135). Missionary institutions were historically protected by their foreign governments in Palestine and their hospitals were “near-sovereign” after they successfully navigated the arduous permission process with Ottoman authorities (Bourmaud 2009, 293, 294, 301). Wealthier Palestinian municipalities such as Nablus created public hospitals to undermine missionary and foreign influences, although even these hospitals were compelled to appoint French sister nurses given the disreputable nature of the occupation for “Syrian women” (Bourmaud 2009, 280–281).²⁰

¹⁹ Moreover, a handful of powerful British figures in Mandate Palestine, such as the legal advisor to the military administration in Palestine and Attorney-General Norman Bentwich (1918–1931) and the first high commissioner, Herbert Samuel (1920–1925), were in fact committed Zionists who were British Jews.

²⁰ As was the case during the Ottoman period, British colonial authorities found it difficult to recruit Palestinian women to work in government hospitals as nurses because the educated classes considered it menial and subjecting them to “gossip among [Arab] men in the wards,” reducing their chances to marry. Moreover, British nurses typically supervised Arab nurses in segregated wards for Palestinian patients (Fleischmann 2003, 55–56).

Although missionary institutions remained under the authority of foreign powers during the British colonial period, Palestinians ironically came to see them as “national” entities because they employed Palestinian professionals and were not Zionist institutions. Missionary healthcare institutions were under-resourced and overextended in British Palestine because they had “very largely relieve[d] the Government from its responsibility of providing accommodation in its hospitals for the country’s general sick.”²¹

A less trodden path of investigation is the degree to which Palestine, like other colonized settings, was a laboratory of extraction and advancement for imperial science and medicine. A 1926 article published in *The Lancet* by British colonial physician John MacQueen, who spent the remainder of his career in Palestine and became the government’s director of medical services in the 1940s, offers an illuminating early illustration of colonial medicine’s impulses. The article describes a native male traditional healer among Palestinians in the village of Duwaymeh (south of Hebron) named al-Hakim (Doctor) Shaheen. Shaheen had taken pus from the smallpox infection of a “negress” in December 1921 in order to inoculate villagers, including more than three hundred children, using tools such as thorns, photographs of which are included in the article. Shaheen reportedly charged villagers “an egg or two” for each inoculation procedure (MacQueen 1926, 213).

British health officials were fascinated with Shaheen’s knowledge and incubation and preservation skills. Nevertheless, they imprisoned him for a month, “considerably” enhancing his reputation in the village (213). Although one must read the article carefully to determine this, Shaheen’s method was effective for most inoculated villagers in that they acquired a greatly weakened version of smallpox. The inoculation campaign was controversial, however, because the unnamed Black Palestinian woman whose bodily fluid was used seemed to have acquired a strong strain of the virus and a “few [of those inoculated] had almost certainly died,” although MacQueen reported no evidence of this and admitted that the British team “were too late on the scene to observe . . . ourselves” or “obtain a reliable

²¹ Government of Palestine Report, Report on Palestine Administration, July 1920–December 1921. London, 1922. In *Palestine and Transjordan Administration Reports 1918–1948, Vol. 1* (1995), 269.

account of the course of symptoms following inoculation” (212, 213).²²

A line of research inquiry foreclosed by a focus on major geopolitical historical moments, illustrated by the Duwaymeh smallpox case, is the limited usefulness of a modern versus backward understanding of Palestinian cosmologies and practices in relation to healing, illness, science, and medicine. *The Lancet* article reports that Palestinian villagers “readily agreed” to a smallpox vaccine developed by scientists with a different strain of smallpox virus in (colonial) Egypt when they saw it was effective. An initial “lymph” that Palestinian health workers under British supervision had administered to them after scouring the village for hiding children “proved quite unsatisfactory,” and “several children developed true small-pox” (213). Not incidentally, the Duwaymeh medical intervention resulted in a sole-authored publication for MacQueen made possible by the work of two Palestinian physicians whom he thanked at the end of the article, Drs. “Ayoub and Mossauba, on whose devoted shoulders fell the heavy load of the routine work” (214).

The Duwaymeh smallpox case serendipitously came up during a February 7, 2018, interview I conducted with Sabha Muhammad Ahmad Hbeid in the Baq`a refugee camp.²³ Hbeid was born in the village of Duwaymeh in 1944, although her ID card gives her birth date as 1940. Her family manipulated Jordanian government officials circa 1957 so as to acquire a birth certificate that legally made her four years older, allowing an imam to marry her as a thirteen-year-old to a twenty-five-year-old man.²⁴ Hbeid was among the most charming of my interviewees and one of about seven women I interviewed who did not meet my age, marital, and reproductive criteria.²⁵

²² For a published scholarly treatment of this case, see Davidovitch and Greenberg (2007).

²³ Baq`a is north of Amman, two kilometers of winding road away from the village in which I lived for part of my childhood.

²⁴ Many Duwaymeh villagers moved to `Arroub after their 1948 expulsion, which came under Jordanian jurisdiction in 1950. Hbeid said that performance of adulthood included having her chest stuffed with cotton. She ran away in terror when she learned of her impending marriage to “an old man.” She said her husband abused her until he died. She reported that her mother had one daughter who died of measles (*hasabat*) in infancy, “before I was born.” The mother nursed other babies since “she had so much milk.”

²⁵ I relied on community and family guesses to find women who met my criteria. I did not have the heart to end interviews with eager interviewees when I learned

Answering my question about her memories of childhood diseases and deaths, she shared a story she was told by an older mother-in-law (her father-in-law had married four women because some “did not have babies”). The mother-in-law had two young boys who “got sick. They said they got smallpox. They were quarantined in Duwaymeh in a small room they made like a hospital for all the people sick with smallpox. [Who put them there?] The villagers did it in order not to infect others. It was very infectious. They had brought a Black woman who had smallpox. [Why?] They used a matchstick to take from her smallpox and infect others so that they would heal. They would remove it from her palm. [She gently took my hand and poked my pen into my palm.] They would take from her – [Was she Palestinian?] Yes, she was Palestinian. They didn’t know where she was from but she had to leave her own village when she got smallpox. All of this became *labakh*.²⁶ [Did the boys heal?] No, they died. So this was a mistake. They didn’t know.”

I draw a number of general points from this case and other evidence. First, scientific knowledge based on empirical observation was part of the repertoire of unlettered Arab healers. Second, local communities widely respected such “traditional” scientific knowledge. Third, Palestinians of all classes used and valued effective biomedical interventions. Finally, respect for both traditional and modern allopathic medicine coexisted with a variety of “nonrational” spiritual and touch healing practices and beliefs, including appeals and protections designed to protect women and children from known and unknown forces. The following section explores some of these indigenous concerns and approaches in relation to pregnancy, childbirth, and health using a phenomenological approach.

Cosmologies of Reproduction, Maternity, and Loss

This section uses scholarship and my ethnographic research to dwell on Palestinian women’s health and reproduction accounts and sensibilities. I caution against reading it as a romanticization of pregnancy and childbirth or an account of nationalist mourning for the dead. For one

during the interview they were younger (or in one case never married), given the generosity of my hosts and interlocutors.

²⁶ I believe this is a colloquial term for the pus-derived inoculation serum, but I cannot be sure.

thing, this is not how women understood life and death or told their stories. The ethnographic work quickly checked any assumptions I held about women's pregnancy and childbirth desires and their affective responses to pregnancy, miscarriage, and child death.

Relying solely on written records marginalizes nonliterate people who primarily use oral expression and certainly women, "who leave fewer written records" behind than men (Fleischmann 1996, 352–353). I interviewed Palestinian women born between 1917 and 1933 in historic Palestine, some of whom had become experienced healers themselves, about folk health knowledge, practices, and beliefs, as well as how, who, where, when, and why individuals in their families and communities used "traditional" or "modern" health providers, especially during the British colonial period.²⁷ I probed women's memories

²⁷ I interviewed the following twenty-six women who married and had at least one birth before 1948: Victoria Khalil Basir (born 1917, interviewed in Taybeh on March 31, 2018), Amneh `Awadh Khalifeh (born 1917 in Marj [Haifa], interviewed in Suf refugee camp on January 31, 2018), Fatima `Ali Hammad (born circa 1918 in Tamoun [Nablus] and interviewed in Tamoun on June 27, 2017), Khadra `Awadh al-Saleh (born 1920 in Toubas [Nablus], interviewed in Husn refugee camp on January 31, 2018), Wathha Hussein Mathi (born 1921 in Sharrar [Nazareth], interviewed in a town near `Afula on June 14, 2017), Najla Wadi` Khoury (born 1923 in Jifna, interviewed in Amman on July 1, 2017), Zaynab Sa`id Abu-`Ajamiyya (born 1923 in Mughallis [Ramleh], interviewed by Skype in Saudi Arabia on May 14, 2018), Rahmeh `Isa al-Ya`coub al-Yatim (born 1924 in Beit Sahour [Bethlehem], interviewed in Irmemin, Jordan on May 18, 2018), Zahweh Hanna Salah (born 1924 in Ramallah and interviewed in Ramallah on June 18, 2018), Jamileh `Ali Zbeidat (born 1924 in Sakhnin [Galilee] and interviewed in Sakhnin by Skype on May 19, 2018), Kamila Muhammad al-`Othman (born circa 1925 in Deir al-Ghusoun [Tulkarem] and interviewed in Deir al-Ghusoun on March 27, 2018), Fatima `Abdelwafi `Anati (born circa 1925 in Lyd, interviewed in the Jalazon refugee camp north of Ramallah on June 22, 2017), Widad Abu Dayyeh (born 1926 in Beit Jala [Bethlehem], interviewed in Al-Tur [Mount of Olives], Jerusalem, on June 11, 2017), Nadia Shibli Khalil Kayleh (born 1927 in Birzeit [Ramallah] and interviewed in Birzeit on March 24, 2018), Miladeh `Isa Ya`qub Hilweh (born 1927 in Birzeit and interviewed in Birzeit on March 24, 2018), Wasayif Ihmaydeh Ahmad Dallal (born 1927 in Mukhmasiyya [Ramallah] and interviewed in the `Aqabet Jabr refugee camp in Jericho on June 18, 2017), Yumna `Abd al-Rahman (born circa 1928 in Jiflik [Nablus] and interviewed in `Ayn Basha, Jordan [lives in the Baq`a refugee camp] on February 7, 2018), Evelyn Salloum Shalhoub (born 1928 in Haifa and lives in Haifa, interviewed in Jerusalem's Old City on June 6, 2018), `Aysha Mahmoud `Eid al-Kafri (born 1928 in `Annaba [Lyd], interviewed in the Am`ari refugee camp in El-Bireh on June 28, 2017), Jamileh Mahmoud Ahmad (born 1928 in Deir al-Ghusoun and interviewed in Deir al-Ghusoun on March 27, 2018), Hamda Muhammad

of their mothers' reproductive histories and their knowledge of illness, death, and healthcare in their childhoods. I asked women to chart their own reproductive histories, including miscarriages, child illnesses, and child deaths, as well as childbirth, healthcare-seeking and birth control practices. The women expressed their reproductive desires, pain about child loss, happiness or unhappiness with husbands, and frustration with lack of control over frequent pregnancies, stories that circulated among womenfolk and grown children. The interviews ultimately work, I contend, as rejoinders to the dry metrics, self-serving explanations, and racist prose of colonial and settler-colonial documents, as well as to scholarship on British colonial Palestine that does not attend to intimate life.²⁸

Women's reproductive experiences and healthcare-seeking practices during the British colonial period were shaped by material circumstances, social networks, and their cosmological orientations to their own bodies, other bodies, and forces in the spirit world. With a few exceptions, the Palestinian girls I interviewed as elderly women were married off by a father, older brother, or uncle at between twelve and sixteen years old, with the average age around fourteen. Husbands were usually older, in good cases as few as four or five years older, but in many cases much older (none of the twenty-six women had

ʿOdeh (born 1929 in Burqa [Nablus] and interviewed in Beitin [Ramallah] on June 22 2017), Umm Maher ʿUbeidi (born 1929 in Jerusalem and interviewed in Jerusalem on July 6, 2016), Fatima Khamis Zaydan (born 1929 in Dayr Yassin [Jerusalem] and interviewed in El-Bireh on June 17, 2017), Wasfiyya ʿAbdullah Hasan Abu Saʿ (born 1931 in Deir al-Ghusoun and interviewed in Deir al-Ghusoun on March 27, 2018), Ruqayya Ismaʿil (born circa 1932 in Toubas [Nablus] and interviewed in the Husn refugee camp in Jordan, on January 31, 2018), and "Umm al-Khayr" (born 1933 in Qubeibeh [Bethlehem] and interviewed in Qubeibeh on June 9, 2017).

²⁸ It would not have been possible to find the many people I interviewed without the assistance of people who took me around and introduced me in villages and refugee camps, told me fascinating stories, diligently called, texted, and emailed me back with contact information and even documents, connected me with their relatives, booked rides for me in isolated villages, and kindly hosted me at impromptu meals. Some of these generous folks are: Ayat Nashwan, Najah Muhammad Al-ʿAzzeh, Khayriyya ʿAmr, Lina Saʿadeh, Buthina Canaan Khoury, Amneh Sharaqah, Diala Shammas, Ibtisam Zaydan, Maysoon Samour, Ghada Khoury, Habab Khoury, Huda Abu El Halaweh, Hala Hanoon, Khalid Farraj, Nawal Shahin, Sr. Hildegard Enzenhufer, Usama Zahran, Riyadh ʿAli ʿAbed Bani ʿOdeh, Sami Shunnar, ʿAziz Wahdan, Ahlam Bisharat, Sahar Hassan, ʿAysheh al-Rifai, Maya Abu-ʿAjamiyya, Dina Zbeidy, Miriam Shibli-Kometiani, and Ghaliyya (Umm Muhammad).

a living husband when interviewed). Girls had little recourse if they were unwilling, although some reported running away or behaving obstreperously. Approximately a third of the women discussed being unhappily married because they wanted someone else, did not want or like the man they lived with, were forced into marriage by a family member (one of these reported having a promiscuous husband she ultimately divorced), or were regularly abused by their husband. On the other hand, most women expressed affection for their husbands and a few indicated they were satisfied with their sexual lives.

Most of the women across religions and classes birthed their children at home, usually with the assistance of experienced and admired women healers and midwives – Christian and Muslim – from the 1930s to 1950s. Because even a modest payment to a *daya* was a hardship for the very poor, she was in such cases called only to cut the umbilical cord, if at all. As in the oral history archives, women reported that they and their families saw multiple kinds of healthcare providers, including one respondent born in the late 1920s whose natal and marital family members saw “Dr. Samuel” for nonreproductive healthcare at his clinic in Ramallah, and the frequently mentioned traditional midwife Sultaneh for childbirth.

Most women explained birth, health, illness, and death as in God’s hands, even when they tried every method in their knowledge, network, and power to address a problem. Geographic location, access/availability, and reputation of the provider mattered, as did the nature of the illness, its perceived seriousness, and whether there was local ability to heal it. Village women were most likely to travel for healthcare when they or a child were extremely ill, they suffered a reproductive disorder that could not be resolved by local healers, or they had a history of difficult pregnancies. One respondent, born in the mid-1920s in a village near Ramleh, reported her pregnant mother dying in her mid-thirties while on the road to seek medical assistance in a Jewish colony, “which was about thirty minutes from our *balad* by walking.” As a young girl she rode to the colony with her father, brother, and pregnant mother in a borrowed cart (*carra*) and horse until they were forced to make their way back to the village when her mother died before they reached their destination.²⁹

²⁹ Palestinians associated physicians with death during the Mandate because most only went to see one when nothing else worked, in contrast to the high rates of

Striking in interviews is the tremendous amount of physical labor in and outside homes that was primarily the responsibility of girls and women, in contrast to the idealized image of the cared for and protected pregnant woman and new mother. Women's physical labor socially reproduced households in the broadest terms, extending well beyond cooking and childrearing to farming, caring for animals, bringing water to the household, and hauling wood for fuels since electrified Palestinian villages were the rare exception during the British colonial period. Such unremitting work, combined with lack of money and limited transportation between hilly, distant villages and their town centers, limited girls' and women's access to midwives, doctors, hospitals, and medications.

Spontaneous miscarriages and stillbirths were common and not documented by Government of Palestine Department of Health reports and vital records. Women I interviewed experienced miscarriages as unremarkable unless they were having difficulty sustaining a pregnancy or the miscarriage occurred in a late gestational stage. Women who lived in rural Mandate Palestine reported miscarrying (*al-walad binzil*) while they were working on farmlands (*hasida*) or carrying wood for fuel or water. An interviewee born in the late 1920s in a village near Ramallah reported her mother miscarrying multiple times because "We were farmers and shepherds who followed the animals and carried a lot on our heads, including wood; she miscarried from exhaustion." One of my oldest interviewees reported "losing" one of her pregnancies in the 1940s "because I used to work in the fields. Someone told me to go home because I was bleeding. I rode a donkey home. On the way, I started to have pains. I got off the donkey, may it be far from the hearers, and stood near a rock. I sat and dropped what I dropped [*nazalet il nazalteh*] and buried it in the red dirt [*samakeh*]. I got back on the donkey and went home. My husband's sisters took care of me. I sat two or three days at home and took myself back to the fields." Although this woman knew she was pregnant, many women only learned they were pregnant when they miscarried, and did not typically see a midwife or medical professional afterward. In contrast to their responses to miscarriages, mothers and older children, if the latter were

physician use by European Jewish residents of Palestine. Interview with Sharif Abdelqader Ahmed Kanaana in El-Bireh on June 10, 2017.

in the room during an interview, remembered in vivid terms children who died from illnesses or accidents.

While the peasant Palestinian women in the Bethlehem village of Artas studied by Finnish anthropologist Hilma Granqvist in the 1920s did not necessarily want many children, they believed pregnancy “proved” a husband was sleeping with a wife and avoided him taking another wife. They had many pregnancies given the high infant mortality rate (Granqvist 1950, 80). Fifty years later an ethnography by Sharif Kanaana and his colleagues found that Palestinian village women in the West Bank understood children to provide continuity of the self and family line, social unity, and people who will mourn their death (Kanaana et al. 1984, 21–23, 30). They considered children to bring beauty, amazement, and joy into life (*zinat al-hayat*) and lighten the load of elderly people (42).

Because children were a valued and assumed dimension of marriage, difficulty in becoming pregnant or sustaining a pregnancy was a source of pain, divorce, and plural marriage. A newly married peasant woman who did not become pregnant relatively quickly was subject to unsolicited questions, advice, and treatment suggestions (*wasfat* and *ilaj*) (34, 36, 62, 63–65). As British nurse matron Vena Rogers wrote in 1934 about Palestinians: “To be sterile is a great disgrace; anything is done to prevent this. When sterile the uterus ‘sits in sorrow,’ mourning for lost children . . . If the wife is unhappy, the uterus grieves and in sympathy refuses to become impregnated” (Rogers 1934, 103). Rogers describes “many strange things” women used to induce pregnancy (103).

In 1920s Palestine preference for boys was prominent because “boys build the house and girls leave to build another family’s house,” boys provide “working hands” for peasants, and boys become “defenders of the house,” although Palestinians also had sayings about the blessings of a woman whose firstborn is a daughter (Granqvist 1947, 55, 79; Canaan 1927, 159n2, 162–163). In Palestinian peasant societies then and now, boys produce *izweh* for their parents and paternal relatives, a social power that relies on number of men in a clan (Kanaana et al. 1984, 23–25). Women’s songs recorded in the ethnographic study extol desire for many boy children who can provide farm labor, social standing, and future support (*sanad*) to aged parents (26, 28). Boys continued to be understood as stabilizing a woman’s position in her marital family, tying the husband to her and protecting her from the

possibility he would take a second wife (29). Brothers supported each other and their sisters, retained land within a family line after marriage, and were (are?) understood to confirm the masculinity (*rujula*) of a father in peasant communities (30, 31, 32).

My interviews with women born between 1917 and 1933 evidenced multiple examples of decisions around healthcare seeking, reproductive control, and pregnancy determined by a strong bias for boy children, as discussed in Chapter 5. A Palestinian refugee in Jordan born in the late 1920s whose family had been pastoralists in an area near Nablus was one of the most difficult interviews I conducted since she was unhappy and chronically ill. Because she had three daughters (no miscarriages or stillbirths), her much older husband continuously threatened to marry another woman, although he never did because she refused to give permission. A grown daughter in the room expressed her wish that her father had married an additional wife because “she would have had brothers for us.”

That said, a number of women shared accounts where the illness or death of a girl infant or child, or losing her to the husband’s family upon a mother’s widowhood or divorce and remarriage, sat as an emotional weight of grief decades later. A villager from northern Palestine, married off by her brother at twelve to a “very old” (about forty) man in an exchange (*badal*) marriage because the brother wanted to marry the man’s sister, had a firstborn daughter who died of an illness at around one year old. The second daughter was an infant when the husband himself died of an illness. The widow’s mother-in-law and sister-in-law collaborated with her brother to marry her off and leave the baby behind: “I was widowed and my brother came, God have mercy on him, my mother-in-law told him you must marry her off. My brother-in-law wanted to marry me badly but his mother and sister did not agree. They forced me to leave my daughter behind so young and marry this man. I did not want to get married, I did not want to get married. My mother-in-law insisted, saying you cannot stay for one daughter. If it was for a son, maybe, but not a daughter. What could I do?”

Given my focus on Palestinian infant and child death, it is important to discuss many women’s fear of the figure of the Qarina, also called the *tabi`a* (follower) in colloquial Arabic (a woman haunted by her Qarina is *matbu`a* [followed]) and the evil eye, the main negative otherworldly

forces understood to explain lack of pregnancy, miscarriages, and mother, infant, and child illness and death (Granqvist 1950, 110–114). Women who had multiple miscarriages or lost babies regularly blamed the Qarina, who “cannot tolerate that women are happy, and as women’s happiness consists to a great extent in having children, this is the tender spot where she hurts, by trying to kill their little ones” (112–113). As a result, “great fuss” and “overpreparation” were discouraged for expected children (Granqvist 1947, 99). Palestinian women were assumed to be in danger during and soon after childbirth, as indicated by the expression “For forty days her grave is open.” Postpartum women were expected to stay out of sight and take care of themselves and their babies (104–105). Mothers wiped rather than washed infants clean because of their “special fear” of the dangers of “being wet” (Canaan 1927, 174).

This “djinniyeh,” writes Palestinian physician and ethnologist Tawfik Canaan about the 1920s, “is dreaded by all the inhabitants of Palestine,” who hung, pinned, and hid charms around babies. Even the Muslims among them turned to Christian saint shrines with ill children to protect them from the forces of death (Canaan 1927, 159, 181, 182, 183; Granqvist 1950, 82).³⁰ Women hung silver or other shiny objects in a child’s hair to reflect back “the first glance” of the “admiring” eye rather than absorb it (Granqvist 1950, 110). A raggedy, unclean child was better protected from attracting the notice of the evil eye or a Qarina. Parents dreaded compliments on the looks of their children, fearing they made them vulnerable to death (Canaan 1927, 174–175; Granqvist 1950, 111).

Kanaana and his colleagues continued to find the Qarina “to be among the strongest of unknown forces that affects the woman or the child. She is a female from the other world (the hidden world) who is in conversation with the world of jinns. She is also called *al-ukht* (sister); each woman and man have their own Qarina,³¹ who may be good or a problem, as in the earthly world. A woman suffers if her Qarina focuses on her because she is jealous for her gold, nice clothes, or makeup. The Qarina’s most effective harms are to prevent a woman from getting pregnant, kill her fetus, or hurt her child” (Kanaana et al.

³⁰ Canaan, who provided free medical care to the needy, accumulated a famous collection of amulets as gifts from grateful Palestinian patients.

³¹ *Qarina* comes from the Arabic word for *pair*. I heard examples where the gender of the jinn did not match the gender of the mother or person possessed.

1984, 76).³² In a 1990s ethnography of spirit possession in the village of Artas, people explained jinns and demons to Celia Rothenberg as “degraded men” – children of Eve whom she denied and hid from Adam in shame. They “enter” a regular person when they have the opportunity. The solution is to call out God’s name often, pray, beg pardon, and behave properly in order not to injure them or allow them an opening to hurt one’s child (Rothenberg 2004, 30–31).

A number of unlettered Palestinian women insisted “I did not believe in this” or “I didn’t know her” when I asked about the Qarina, or they believed in the evil eye but not in the Qarina. Other women explained pregnancies to have been ended by the Qarina, who tried to choke them in their sleep or beat them on their bellies because of jealousy. Muslim and Christian women reported the Qarina to be particularly active when they had an exhausting day. A villager born in the late 1920s in the Ramallah area and her grown daughters described such experiences. “You used to tell us that you dreamt of a Qarina that pressed against your face like this,” one daughter prompted her mother, who elaborated. “She always came when I was pregnant. The prayer would protect me. I learned about her from the midwife.” The daughter added, “When we were younger, when Mama had just laundered and was tired, she would say that in the night the Qarina came to me, as if it was a nightmare [*kabus*].”

Multiple women I interviewed explained young children to have died from a specific disease or from God, and others to have been afflicted by the evil eye, the Qarina, or the “Kashra” (Granqvist 1950, 81). One interviewee from an area between Jerusalem and Bethlehem explained that her one-year-old son, “born big,” had attracted the evil eye and became ill and died: “He was five kilos. While me and my husband’s women relatives were bathing him, his father came in with a man who startled the baby and cursed him with the evil eye [*hasaduh*] when he exclaimed to my husband, ‘this boy of yours is a man [*hatha ibnak zalameh*].’ The boy got sick with *lafhet hawa* [possibly pneumonia, although she described him as crumpled, unable to stretch his arms or legs and refusing to nurse]. We took him to Dr. Salib al-Sa’ideh in Jerusalem and he died while we were there.”

An interviewee from the Ramleh area explained that her twins almost died at three days old: “Their father [a teacher] was at the school . . . I had dreamed when I was pregnant that a man came and

³² My translation and synopsis.

beat my stomach and pulled out a piece of flesh from my chest. As I was watching the infants their faces became yellow and then flush red. Something was choking them. When their father arrived, he wrote a paper and put it under their heads. Thank God, after that, there were no problems.”

A respondent born in the mid-1920s in coastal Palestine reported that of two of her children who died, a girl became ill with measles and a boy was “touched by the evil eye.” She had left him asleep with his sister after bathing, dressing, and nursing him. She went to visit a friend. The baby awakened and threw up when a woman came by to ask for the mother. After his sister bathed and dressed him, “he began to laugh, got a fever and died the following day at sunset.”

A villager born in the late twenties in the Tulkarem area explained that her one-year-old son died without getting ill because she herself was *matbu`a* or had a Qarina who wished her ill: “I would see her as something rotten [*ishi kham*], a snake or a monster, and I would be afraid because they were chasing me. The boy deteriorated [he went *wara, wara*], he changed, he stopped eating and died within a few days.” A son she’d named the same as the child who died also died as a one-year-old, this time after an illness, despite her regularly taking him to see an Armenian Palestinian physician in the city named “Dr. Da`das.” In addition to visiting the physician, the parents sought a reading (*fatahna*) by a shaykh in Nablus who said the respondent had a Qarina and wrote her a hijab.³³ She reported additionally losing three sets of twins during pregnancies in the 1950s.

Mothers renamed ill children in order to disguise them from these forces and vowed to sacrifice an animal and share the food with the larger community if such a child survived, called a *nidhr* (Granqvist 1950, 114–126; Kanaana et al. 1984, 79–80). The resulting children are called “vow or beggar children” (*shehadeh*), who some Muslims in the village of Artas baptized if they survived (Granqvist 1950, 126–127). Women deemed to have a Qarina may turn to a *tahwita* (or hijab), as did

³³ This is a thickly folded triangle of paper on which are written holy words or letters. Muslim midwives, according to Avner Giladi, have a long history of using amulets (*ruqya*) – recitations from the Quran in the form of a spell or in written form (*talasim*), which are “justified by the Quran itself, by the hadith literature and by religious scholars, particularly compilers of *Tibb nabawi* collections, thus adding a spiritual dimension to their roles” (Giladi 2015, 139, 140–143).

my respondent from Tulkarem, call God's name (*bismillah al-rahman al-rahim*), or read *ayat* from the Quran (Kanaana et al. 1984, 77–78). Christian women have similar practices with different prayers, as indicated by some of my interviewees.

Granqvist's famous scholarship on the Bethlehem village of Artas expressed the dominant Western biblical nostalgia of the period and the modern/backward epistemological frame she shared with Canaan, a Palestinian. Canaan, for example, described how midwives cut the navel cord "after binding both ends with a non-sterilized cloth band, or more often with a cotton cord . . . Many still burn the cut surface of the cord with the flame of a candle. In this primitive way they unknowingly sterilize the certainly infected wound" (Canaan 1927, 165). He did not offer the possibility that midwives burned "the cut surface of the cord" because they learned it protected women from infection. Similarly, he wrote, Palestinian children acquired immunity "despite filthy conditions" and the "ignorance of the midwives," whose women patients surprisingly did "not succumb to puerperal infection" (186). In keeping with Western "mothercraft" advice, Canaan encouraged scheduled feeding, although he was not judgmental about swaddling (171, 172, 173, 174, 176).

Palestinians I interviewed greatly respected traditional midwives and healers who had earned community trust by their humility, quality of care, and positive health outcomes. Hacks and quacks quickly earned bad reputations. At the same time, elderly Palestinians who lived during the Mandate gave every indication that they and their elders used every tool at their disposal to address pregnancy, childbirth, and illnesses – traditional healers and midwives, home remedies, amulets, prayers, pharmacies, and the expensive government or private allopathic medical care that was rarely available to most of them. However, they also recognized their limited control. They described hunger and poverty as well as fevers, measles, tuberculosis, malaria, pneumonia, and associated digestive illnesses that produced high infant and child mortality as coming in unpredictable "waves" (*amwaj*). Discourses of native scientific and medical backwardness typically served ideological purposes for colonizers and the modernizers who mobilized them.

Colonial Palestine and the Global Color Line

Race is central to the plot in *Buried in the Red Dirt*. I take as axiomatic that racial projects articulate with sexuality given their concern with

biological and social reproduction or, in Michel Foucault's terms, biopolitics: who people have sex with or marry, who has babies and how many, who deserves citizenship, who is worthy of health and life, and who merits illness and premature death (Foucault 1978, 138, 139, 140, 145).³⁴ White racial and population anxieties and discussions of race more generally were increasingly prominent at global conferences by the turn of the twentieth century. Marilyn Lake and Henry Reynolds write that the "assertion of whiteness was born in apprehension of imminent loss" as colonized peoples continued to revolt (Lake and Reynolds 2008, 2). The racist dimensions of international politics were manifest and explicitly challenged during the many months of intensive meetings at the Versailles Peace Conference of 1919 – at which was established the scaffolding of postwar colonial and imperial arrangements, including the British Mandate over Palestine.

White powers often described the struggle for "world domination" as a "race war" in the late nineteenth and early twentieth centuries (93, 242). British imperialists distinguished between white and nonwhite (or "coloured") peoples and assumed the former should rule and the latter should be ruled, defining "Syrians" and Afghans, for example, as "nonwhites" (9, 6). White supremacy and race consciousness informed national and international discussions about geopolitics, economics, birth and infant mortality rates, the nature of justice, and the social implications of "contact" between populations as Euro-American empires expanded and cross-continental migration became more feasible (e.g., 10–11). These debates among intellectuals, scientists, journalists, professionals, military leaders, and politicians translated into immigration and citizenship policies, international labor regimes, and geopolitical conflicts.³⁵

³⁴ Foucault theorizes expansively on reproduction, children, life, medicine, medicalization, and health and their relationships to the fostering of economic and political power. See, for example, "The Politics of Health in the Eighteenth Century" (in Rabinow 1984).

³⁵ Race-based immigration restrictions did not necessarily align with a sensibility that nonwhite peoples were essentially or fixedly inferior to whites. For example, Charles Pearson's widely read 1892 book *National Life and Character* used his vantage point as a white settler in Melbourne to challenge "Anglo-Saxon" "pride of race" and argue that "black and yellow races" had the capacity to develop their own trade economies, competing with and circumscribing "the industry of Europeans." The book nevertheless "encouraged racist thinking of a kind that his own forecast called into question" by dividing the world into "white and non-white" and was used to justify

Although white racial supremacy was a global concern in the first twenty years of the twentieth century and was absolutely relevant to Zionism and the workings of the Palestine Mandate, scholarship on the British and Zionist colonization of Palestine has rarely addressed these projects as racial and racist, with specificities, to be sure, but in alignment with other Western imperial and settler-colonial projects. Irrespective of anti-Semitism and the historically situated and to some degree malleable nature of whiteness as a social construct, Zionist settler-colonialism was understood by its advocates and their British and US allies to be a *white socioeconomic project*. Racism in Mandate Palestine expressed itself through civilizational discourse, extraction from the native population, the biopolitics of colonial categorizations and counting, and the systematic maldistribution of life, death, and wellbeing by investment priorities. Such maldistribution by priority is underplayed as a *systemically racist dimension* of settler-colonialism and colonialism in Palestine.

Racism and white supremacy have been “trans-statal” and “global” from their genesis (Jung 2015, 193, 194). In 1900, W. E. B. Du Bois famously termed as “the color line” that “belts the world” the ways “differences of race” were used to deny “to over half the world . . . opportunities and privileges” in presentations at the first Pan-African Congress in London and the third meeting of the American Negro Academy in Washington, DC (Du Bois 1900a, 625; Du Bois 1900b, 47–48). Black, brown, and yellow peoples, Du Bois argued, will be “beneficial” to “human progress” and influence “the world of the future by reason of sheer numbers and physical contact,” pointing to the global salience of racial comparative population discourse at the time (Du Bois 1900a, 625). The “color line” was always “plural,” argues Moon-Kie Jung, shaped by reigning systems of accumulation and extraction: slavery, colonialism, settler-colonialism, and imperialism (Jung 2015, 195).

Du Bois’s 1900 accounts reproduced Orientalist tropes of Asian “moral and physical degeneration” and “dumb submission” with the exception of Japan (Du Bois 1900b, 49). He commended British and Belgian imperialists for ending slavery and introducing “rapid

immigration restrictions and establish or maintain white colonies in the “Temperate Zone” (in Lake and Reynolds 2008, chapter 3). Pointing to early “comparative” global white anxiety regarding population, Pearson emphasized that “the lower races of men [“Africans, Indians and Chinese”] increase faster than the higher” (78–79).

development of trade and industry” in parts of the African continent. Instead of condemning US imperialism (“new ownership”) in Puerto Rico, Hawaii, Cuba, and the Philippines, Du Bois aspirationally called for “sympathy and alliance” with the “masses of dark men and women” as they are “united under the stars and stripes for an America that knows no color line in the freedom of its opportunities” (49–53). More critically in the same period, colonial subject and West African and Caribbean intellectual Edward Blyden, speaking before the 1903 meeting of the British African Society, called out the ignorance of Europeans who believed in “absolute racial difference [and] his own absolute racial superiority,” physically, intellectually, and psychologically (quoted in Tilley 2011, 222; also see 225–226).

By 1910, Du Bois harshly condemned white supremacy as a “religion” in his essay “The Souls of White Folk,” which he updated and published in *Darkwater*, informed by the brutality of World War I (Du Bois 1920, 1921). He analogized the “modern” white man to a thieving “Prometheus” “tethered by a fable of the past” and insisting on his divinity: “Neither Roman nor Arab, Greek nor Egyptian, Persian nor Mongol ever took himself and his own perfectness with such disconcerting seriousness as the modern white man” (Du Bois 1920, 497–501). Du Bois recognized that the extraordinary danger of white supremacy emerged from demographic, economic, and psychological senses of “threat,” including from “little Japan,” whose government’s “eventual overthrow ... became a subject of deep thought and intrigue, from St. Petersburg to San Francisco” (504).

Substantial historical evidence indicates elite white defensiveness in the face of “colored” challenges to global power arrangements in the fin-de-siècle and early twentieth-century world. This was the case despite the fact that “racial thinking could take stronger and weaker forms” – for example, in colonized Africa – and colonial states “employ[ed] multiple and contradictory definitions of race, tribe, and ethnicity” (Tilley 2011, 220; Tilley 2014, 779). The 1911 Universal Races Congress at the University of London, a famous site of international elite exchange on race and racial amity, included multiple plenary sessions with more than fifty English-language papers submitted in advance by researchers and political leaders.³⁶ Although the

³⁶ The papers were read by the more than two thousand attendees, with additional hundreds of intellectuals, politicians, lawyers, and religious leaders who paid to

majority of papers challenged racial supremacy and the coherence of race as a category, the opening address by Sir Phillip Stanhope (Lord Weardale) expressed white global anxiety regarding the “remarkable rise of the power of the Empire of Japan, the precursor, it would seem, of a similar revival of the activities and highly developed qualities of the population of the great Empire of China” (quoted in Lake and Reynolds 2008, 252).

I am mainly concerned with discussion of Jewish settler-colonialism at the 1911 Universal Races Congress. *Drawing the Global Colour Line: White Men’s Countries and the International Challenge of Racial Equality* (Lake and Reynolds 2008) offers essential insights that invited my own race-specific questions about the two decades that preceded the British Mandate and intensified Zionist colonization in Palestine. Lake and Reynolds write that Du Bois was impressed with many participants at the 1911 Congress, including (in his words) “two Egyptian Feys”³⁷ who “were evidently negroid, the Portuguese was without doubt a Mulatto, and the Persian was dark enough to have trouble in the South.” Among the presenters who deeply impacted Du Bois and, I contend, informed his ardent Zionism, was the British Jewish novelist Israel Zangwill (Lake and Reynolds 2008, 258, 257).

Zangwill’s paper, “The Jewish Race,” was rhetorically crafted to first make a case for Jews as a superior race that required “a territory” to “live its own life” (Zangwill 1911, 271). Expressing the eugenicist logic of the era, Zangwill wrote that in comparison to “the yet uncivilized and brutalized masses of Europe, when, for example, the lowest infant mortality or the healthiness of its [Jewish] school children is contrasted with the appalling statistics of its neighbours, there is sound scientific warrant for endorsing even in its narrowest form its [Jewish] claim to be ‘a chosen people’” (268–269, 275). In the second half of the

be affiliated with the Congress (Lake and Reynolds 2008, 251). Presenters were predominantly white US, French, and Anglo-Europeans, but included Hungarian, Haitian, South Asian, Chinese, Japanese, US indigenous, Turkish/Ottoman, Persian, Egyptian, Russian, Black South African, and Brazilian people. “First Universal Races Congress, University of London, July 26–29, 1911. Abstracts of Papers.” <https://credo.library.umass.edu/cgi-bin/pdf.cgi?id=scua:mums312-b007-i068>. “Papers on Inter-racial Problems, Communicated to the First Universal Races Congresses held at the University of London, July 26–29, 1911.” Edited by G. Spiller. <https://babel.hathitrust.org/cgi/pt?id=hdv.32044019018068&view=1up&seq=11>.

³⁷ I wonder if the written or intended word was “Beys,” an Ottoman honorific.

essay Zangwill switched rhetorical gears to align with the racial constructionist orientation of most Congress papers (including by Franz Boas) and Jewish European anthropologists such as Maurice Fishberg (see Falk 2017, 71, 87). Zangwill asserted the “comparative superficiality of all these human differences,” that “every race is really akin to every other” (otherwise how could Jews so easily assimilate?), “every people is a hotch-potch of races,” and Jews were mainly “white” but included other ethnic groups and colors (Zangwill 1911, 276).

Given Jewish whiteness, Zangwill continued, Jewish religious difference is more important for “surviv[ing] the pressure of so many hostile *milieux* – or still more parlous, so many friendly” (277). Zangwill presented Jews as having limited options: they could assimilate, which in settings of lower “civilization” (such as Central and Eastern Europe) was a recipe for their “degeneration” to the level of the majority. In advanced settings, on the other hand, “emancipation” had brought “dissolution” of Jewish difference through assimilation.³⁸ Zangwill concluded his essay in the white settler-colonial spirit of the times: A “Jewish State, or at least a land of refuge upon a basis of local autonomy,” was “the only solution left to address this dilemma” (279). Zangwill had in fact established the Jewish Territorial Organisation (ITO) in 1903 to acquire land for a Jewish settler-colony “under British protection,” especially for “refugees from Russian persecution,” somewhere other than Palestine given Ottoman resistance to such a project in “Zion.”³⁹ Zangwill’s 1911 essay illustrates the importance of a kind of Jewish social-eugenic maintenance project as a driving impulse for Jewish settler-colonialism, not only anti-Jewish racism.

Du Bois also attended the months-long 1919 Versailles Peace Conference that helped determine the fate of postwar Palestine as a reporter for *The Crisis* newspaper and co-organizer of the Pan-African Congress, which met in parallel in Paris to petition for Black political self-determination, protection of African natives from state injustice and violence, and affirmation of Black resource rights (Lake

³⁸ The “nature of Judaism started to change” from the mid-eighteenth century in Western Europe “when a process of juridical emancipation of the Jews was initiated.” As a result, “old patterns of Jewish life started to crumble” as options for Jewish lifestyles, religious practices, professions, and trades were liberalized and Jewish “alienation” decreased. Such loss of difference was less likely in “the lands of Islam” and Eastern Europe (Falk 2017, 11, 12) for different reasons.

³⁹ Letters and the ITO, by Israel Zangwill, *Fortnightly Review*, May 1865–June 1934, London, Vol. 79, Issue 472 (April 1906): 633–647.

and Reynolds 2008, 306, 307). Du Bois's opinion on Zionism can be inferred from the concluding sentence of his February 1919 presentation at the Pan-African Congress, "Africa, Colonialism, and Zionism." Alluding to the Marcus Garvey Movement, the essay argues against the colonization of Africa by African-Americans while expressing sympathy for the diaspora's orientation to the continent: "The African movement means to us what the Zionist movement must mean to the Jews, the centralization of race effort and the recognition of a racial fount" (Du Bois 1919, 637–640).

Du Bois's 1948 essay "The Case for the Jews" expresses a committed Zionist sensibility thirty years later. He passionately insists that the "right" answer vis-à-vis Palestine is "terribly simple." Palestine should be the grounds of a Jewish state because "everyone knows the way in which the history of the Jewish religion is wound about Palestine" (Du Bois 1948, 461–464). The essay reprises the greatest Zionist and Orientalist discursive and ideological hits, including: "Among the million Arabs there is widespread ignorance, poverty and disease and fanatic belief in the Mohammedan religion, which makes these people suspicious of other peoples and other religions. Their rulership is a family and clan despotism which makes effective use of democratic methods difficult." In contrast, "there is no question of the contribution which he ["the wandering Jew"] made to modern civilization." Du Bois seemed to have absorbed the options for Jews from Zangwill's essay at the 1911 Universal Races Congress: "Should he lose himself in the surrounding population and through that give up his peculiar culture and religion; should he keep to himself, an integral unit; or finally, should he try to found a state of his own?" (462). In sum, Du Bois's vigorous criticisms of imperialism and the global color line excluded the British and Zionist colonization of Palestine.

I conclude this section by exploring the 1919 Versailles Peace Conference itself to substantiate my claim that white supremacist thinking deeply informed the approaches of white imperial powers toward Palestine and Zionism. The "Great Powers" at the 1919 Conference, the Allied victors from World War I, were the United States, the British Empire, France, Italy, and Japan, although Japan was not considered an equal. The conference was attended by "signing delegations" from more than thirty political entities, including the four British white settler-colonies (Dominions) of South Africa, Australia, Canada, and New Zealand and the Arab delegation, another eighteen

uninvited groups listed as “national representatives,” and three “non-national representative” groups, the Pan-African Congress, Western and US suffragists, and the Zionist movement.⁴⁰

The “blueprint” for the Allied postwar geopolitical order, the League of Nations and its Mandate system, was authored by racist war hero Jan Smuts, an Afrikaner from South Africa, at the behest of the British government. Published in December 1918 as *The League of Nations: A Practical Suggestion*, the document became a worldwide bestseller. Its stated purpose was to establish “a means to prevent future wars” (Lake and Reynolds 2008, 298; Smuts 1919). Smuts’s use of the terms “self-determination” and “no annexation,” drawing on Woodrow Wilson’s Fourteen Points released in January 1918, offered thin ideological cover for European and US imperialist aims to control postwar geopolitics and resources. The “peoples left behind” by the dissolution of the Russian, Austrian, Ottoman, and German empires, Smuts rationalized, were “largely incapable or deficient in the power of self-government” (Smuts 1919, 8–9).

The Japanese delegation created an international stir at Versailles when it called for anti-racial discrimination language in the Covenant of the League of Nations, and thus equal status in postwar Allied geopolitical arrangements (Shimazu 1998, 13). More than a top-down Japanese imperial initiative, “the question of racial equality dominated domestic debate in Japan from November 1918 until May 1919,” with Japanese citizens demanding that any peace accord “abolish all forms of racial discrimination,” including against Japanese nationals who lived in other countries (Lake and Reynolds 2008, 284–285, 286–288). Japan was itself an imperial and colonial power interested in “equal access” to lands that would be redistributed from the losers of World War I. Japan had colonized Korea in 1905, annexed it in 1910 (the Korean Provisional Delegation attended the Versailles Conference as a nonvoting national group), and quickly moved to take over trade and industries in China’s Shandong Province after Germany was defeated and hoped to do the same in Pacific territories (Burkman 2007, 5–6, 150, 241n94).

⁴⁰ The white-ruled Union of South Africa (a British Dominion) was among the signatory delegations, as were Black-ruled Liberia and Haiti. “List of Participants to Paris Peace Conference, 1919–1920.” <https://tinyurl.com/yxqa7c9o>.

Nevertheless, “Japan’s cause became a universal one. Supporters and opponents alike came to see the proposal for an end to racial discrimination as a universal crusade” (Lake and Reynolds 2008, 285–288). Naoko Shimazu shows that between late January and the end of April 1919, the Japanese delegation made three formal bids at the Versailles Conference to append to an existing clause on religious freedom (Article 21), and later to the preamble, an equality clause in the final Covenant of the League of Nations. Their efforts were to no avail, despite progressively weakening the language. The delegation originally requested making “no distinction, either in law or in fact, on account of their [all alien nationals of states, members of the League] race or nationality.” In response to strong white resistance, especially from the United States, the British Empire, and white British Dominions, the Japanese delegation instead called for language that endorsed “the principle of equality of all nationals of States members of the League.” The final failed bid asked that “equality of all nations” be included in the covenant (Shimazu 1998, 13, 16–33).

Delegates from the United States and from the British Empire and its Dominions publicly and privately rejected the proposals. They and their constituents at home expected the envisioned League of Nations to reject challenges to white supremacy domestically and internationally, including existing race-based immigration, labor, and naturalization policies (Shimazu 1998, 14–15, 18–20; Lake and Reynolds 2008, 288–297). Discussing the Japanese proposal with Woodrow Wilson’s diplomatic emissary and friend Edward M. House, British foreign secretary Arthur Balfour deemed as “outmoded” the principle of racial equality. Although “all men of a particular nation might be considered to be born free and equal, he was far from convinced that an African ‘could be regarded as the equal of a European or an American’” (Lake and Reynolds 2008, 291–292).

Smuts played the most important go-between role in resisting all Japanese entreaties to include antidiscrimination language in the League of Nations Covenant (Lake and Reynolds 2008, 299).⁴¹ Australian prime minister W. M. Hughes was the most belligerent in

⁴¹ Smuts remained opposed “throughout his political career” to the principle of racial equality. When white Dominion leaders met at “the Imperial Conference in London in 1921, it was he alone who stood out against the policy of granting equal rights to Indian immigrant communities across the Empire” (Lake and Reynolds 2008, 302).

assuring that no such language would be accepted (Shimazu 1998, 24–25). The US delegation led by Woodrow Wilson was similarly determined not to allow it to come to fruition (Shimazu 1998, 30–31; Lake and Reynolds 2008, 301–302). During the final plenary session of the Commission of the League of Nations on April 11, created to draft and finalize the Covenant, the Japanese delegation insisted on a recorded vote on the “equality of all nations” language. France (two), Japan (two), Italy (two), Brazil (one), China (one), Greece (one), Serbia (one), and Czechoslovakia (one) voted to add the anodyne prose to the preamble (eleven of seventeen present votes).⁴² As chair, Wilson did not call for a “negative vote,” which served to keep off the record the positions of the British Empire, the United States, Portugal, and Romania. British and US representatives had nevertheless made their opposition clear, and Wilson repeatedly raised the possibility of the language being used to challenge the Monroe Doctrine. After the majority affirmative vote to append the Japanese language, Wilson declared that any such amendment to the Covenant required “unanimous consent” to be “valid” (Shimazu 1998, 30–31; Lake and Reynolds 2008, 300, 301; Miller 1928, 375–392).

Smuts argued in the 1918 blueprint for the League of Nations that the peoples of Palestine and Armenia were too “heterogeneous” to be consulted regarding any future arrangement. Thus “autonomy in any real sense would be out of the question [for them], and [further] the administration would have to be undertaken to a very large extent by some external authority. This would be the case, at any rate for some time to come, in Palestine, where the administrative cooperation of the Jewish minority and Arab majority would not be forthcoming” (Smuts 1919, 13–14). During a meeting in San Remo in April 1920, US and British diplomats, under the auspices of the League (established in January 1920 without US endorsement), finalized Palestine’s fate as a Class A Mandate awarded to Britain. The arrangement was approved by the League of Nations Council in July 1922 and came into force on September 29, 1922, although the British had already invaded Jerusalem in 1917 and set up a military administration.

⁴² The Commission was composed at this point of the five “Great Powers,” each with two votes, and nine additional countries, each with one vote (nineteen total). Paul Hymans, who represented Belgium, and Smuts, who held one of the two British Empire votes, were absent.

To my knowledge, no Arab world–focused source on the 1919 Versailles Peace Conference has addressed the prominent racial debates.⁴³ Alexis Wick finds that scholarship rarely explores with nuance the multifaceted Arab diplomatic negotiations, positions, and constraints before and during the fateful conference (Wick 2004, 3). The Arab delegation, composed of Arab nationalists, included two plenipotentiaries, Prince Faisal of Damascus, a reluctant participant explicitly chosen by the British Empire to represent his father, Sharif Hussein of Mecca (10), and Rustum Haydar, born in Baalbek. The Nablusi `Awni `Abdulhadi was Faisal’s general secretary to the conference and the five advisors included Faisal’s personal physician, Damascene Ahmad Qadri (11, 20). While Faisal was only fluent in Arabic, Haydar, `Abdulhadi, and Qadri, friends of the same generation, had studied and lived in Paris beginning in 1910, been active together in Arabist movements in multiple settings, and were fluent in the languages and ways of Western Europe, Istanbul, Damascus, Jerusalem, and Beirut (11).

Rather than summarizing dimensions of the fateful conference that Palestine scholars usually focus on, or Wick’s valuable study, I looked for evidence of what may be called “race consciousness” among members of the Arab delegation in Versailles in three sources. The “Arab Memorandum to the Paris Peace Conference,” submitted in early January 1919 by Prince Faisal and his “translator,” British agent T. E. Lawrence, indicates the delegation was not operating on the same logic as Zionist or British imperial participants with respect to “race.” The memo recognized the existence of social, economic, and cultural differences among the peoples of “Arab Asia” and insisted on the need for the communities to determine their political leaderships and “frame of government.” “Arab unity,” it argued, was premised on “closely related Semitic stocks, all [for the most part] speaking one language, Arabic,” noting that the “peoples” (in the plural) in different geographic areas had increasingly been able to “communicate common ideas readily.” Regarding Palestine, “the enormous majority of the

⁴³ I am indebted to colleagues and friends who helped me with sources to explore this matter, including Beshara Doumani, Rashid Khalidi, Alexis Wick, and Sean Swanick. In a compressed time period, Suzan Abdi carefully read the Versailles sections of two Arabic memoirs for any mention of the Japanese-initiated discussion or of race consciousness generally, and we met virtually to discuss the possibly relevant passages.

people are Arabs. The Jews are very close to the Arabs in blood, and there is no conflict of character between the two races. In principles we are absolutely as one.”⁴⁴

Rustum Haydar and `Awni `Abdulhadi’s memoirs yield no mention of the Japanese antidiscrimination debate that was prominent at multiple points from February through April 1919 at the Versailles Conference. This lack is a mystery but may have been partly the result of not being represented on the Commission that wrote the Covenant language. The records at my disposal do not indicate whether they attended relevant plenaries or discussed the matter in informal settings. Given that the Arab delegation was in its own high-stakes negotiations with the British Empire, which had deceitfully promised Arab self-determination in return for participation on the side of the Allies during the war, not discussing the Japanese antidiscrimination proposals may have been a strategic decision. It is difficult to be sure without systematically examining additional primary sources.

Haydar and `Abdulhadi were familiar with French racism given their longtime residency in France, aware of French brutality in colonized Northwest Africa, and likely understood the nature of British colonial rule in Ottoman Egypt and the Sudan. Haydar’s memoir entries from the Versailles period show his keen recognition of French racism against even the most cosmopolitan Christian Arab. He noted as well that the “American viewed the Frenchman like the Frenchman viewed the Easterner,” as an inferior. After writing that he spoke with “Madame Fisher,” who boasted of her missionary work in the United States and hoped for entrée to Arab lands, he commented, “The Americans think the Arabs are imbeciles (*hamajan*)” (Safwat 1988, 557, 567, 592). In `Abdulhadi’s memoir entries from the same time, he wrote that the French assumed Arabs lived like people did “in the middle ages or earlier.” He noted that European elites repeated ad nauseam the canard that they occupied other peoples not for imperial benefit but to advance their wellbeing. In another comment in this vein, he observed that the French seemed to think the Arabs naively accepted their claims that their only interest as colonizers was to raise the

⁴⁴ Notably this is followed with language (likely from Lawrence) accepting imposition of foreign trusteeship in Palestine that is similar to phrasing in British treaties that came into legal force. “Arab Memorandum to the Paris Peace Conference,” January 1, 1919: https://en.wikisource.org/wiki/Arab_Memorandum_to_the_Paris_Peace_Conference.

standards of “backward lands,” even as France “dreams of adding Greater Syria to its acquisitions” (Qasimiyya 2002, 49).⁴⁵

Importantly, the European war victors hosting the Versailles Conference decided which political entities would have signatory power and which French and British colonial subjects were allowed to cross international borders to attend. The British authorities, for example, banned delegates from the First Congress of the Muslim-Christian Associations (MCA) in Palestine from leaving (Porath 1974, 85). Similarly, elected delegates from “the various parts of Arab Asia” of the “Young Arab Society” were refused permission to attend (Wick 2004, 9n21). The MCA Congress, which was called in Jerusalem in late 1918 to prepare a Palestinian position for Versailles, was infiltrated by Zionist, French, and British agents, although they could not completely control the results (Porath 1974, 79–85). The MCA and the Young Arab Society were dominated by urban elite men, and the MCA included religious leaders as well (Porath 1974, 80; Totah 2018, 435). We do not know if the attendance of these delegates or more radical Arab activists at the Versailles Conference would have influenced the official Arab delegation or the race controversy. Other subaltern and colonized groups had used the Conference as an opportunity to congregate and make political demands, even if they ultimately had little influence on the outcomes.

Even white US and European intellectuals, scientists, and politicians increasingly criticized “race prejudice” and “race discrimination” beginning early in the twentieth century (Tilley 2011, 221–223). By the 1919 Versailles Peace Conference certainly, British colonial politicians recognized, to borrow Helen Tilley’s words, that egregiously racist policies threatened the stability of the colonial order by making “governing far more difficult.” At the same time, policies of social equality or parity threatened to “undermine” the (extractive and violent) logic of colonial relationships – the colonizer must be above the colonized. When such hierarchy was shaken, the “prospects of [the colonized person’s] future usefulness

⁴⁵ Abdulhadi was at the table or behind the scenes at the most important diplomatic and conflict high points involving Palestinians from 1910 through the early 1960s (e.g., Abdul Hadi and Aouni Bey 1932). He became involved in militant Arab nationalist groups against “Turkification” before the war, first in Istanbul and then in Paris, while studying law and afterward (“Awni Abd al-Hadi,” www.paljourneys.org/en/biography/9835/awni-abd-al-hadi).

[to the colonial state] is destroyed” (226, 227). This helps explain why criticism of racial prejudice by some colonial elites “was insufficient to undermine the social hierarchies of colonial states” (225). Despite rebellions against racist systems and challenges to racial thinking, “expansive projects of racial state building around the world” continued in the twentieth century: “colonial and national categories of difference actually proliferated on the ground, increasingly sorting populations by alleged racial taxonomies and granting rights and privileges accordingly” (Tilley 2014, 779). These observations certainly apply to British-colonized Palestine, its indigenous peoples, and all the so-called Mandate relations established by white imperial powers after World War I. Mandate Palestine is too often analyzed and theorized without considering this deep imbrication in the international racial-imperial-colonial order, a global color line that remains alive if not well.

Life, Death, and Futurity

Chapter 1, “We Are Far More Advanced,” begins by reconstructing the 1933 story of a Palestinian nurse-midwife in Ramallah, Alice Butros, who destroyed the face of a British training doll after a severely ill infant from Ramallah was repeatedly turned away from the Arab section of the Jerusalem Government Hospital because her indigent mother could not pay the admission fee. The chapter examines the political economy of ill and healthy babies, which included British developmental colonialism and welfare austerity toward Palestinians, and contrasts that with elaborate Zionist healthcare institutions for Jews in the same period guided by competitive demographic and cultural goals. Zionist organizations invested generously in Jewish maternal and infant healthcare in Palestine, facilitated by British policies and funded by Jewish communities in the United States, Europe, and white British Dominions. The chapter ends by examining two cases, one from early and one from late in the Mandate, where Palestinian elites challenged British and Zionist claims that health and healthcare were apolitical, as well as colonial and settler-colonial associations between health status and backwardness or superiority.

Chapter 2, “Making the Country Pay for Itself,” opens by summarizing a mid-1940s conflict between British superintendent Vena Rogers and Egyptian nurse Insaf Ali because the latter was using a speculum,

refusing to wear the regulation uniform she was required to pay for, administering an antisyphilis medication, and generally behaving as if she were an independent professional making a living rather than a colonial subject in her position as an infant welfare nurse in the town of El-Bireh. The “efficiencies and economies” orientation of British welfare policy in Palestine, the first section shows, contributed to Palestinian starvation, illness, and death. Colonial austerity and extraction coexisted with civilizational and primitivist rhetoric regarding Palestinian nutrition and hygiene practices, the focus of the second section. The final section discusses the gendered-racialized British regulatory approach toward Palestinian traditional and licensed midwives even as the colonial government invested the absolute minimum in infant and maternal healthcare, and fleshes out other occasionally prominent archival examples of unruly midwives.

Chapter 3, “Children Are the Treasure and Property of the Nation,” begins by reconstructing two Lister Institute antityphoid serum trials conducted on human subjects in hospitals in 1934 and 1935 with the approval of the highest government officials in London and Jerusalem, and considers their results and implications. The chapter explores the demographic obsessions of British colonial authorities in Palestine, including the special anxiety produced by higher Palestinian birthrates. Comparative snapshots of birth, mortality, and disease rates based on religious category from the late 1920s to the late 1940s point to dramatic patterns. Eugenicist sensibilities, the chapter shows, were prominent among British imperial and Western Jewish elites before the Mandate and shaped the work of Zionist healthcare institutions in Palestine. The final section discusses the close relationship between eugenicist agendas and transnational breastfeeding and mothercraft campaigns, which made appearances in Zionist and British archival records in Palestine.

Chapter 4, “Technically Illegal,” shifts the book’s focus to anti-reproductive desires and practices. It uses scholarly and legal sources and a historical lens to examine Muslim, Christian, and Jewish religious traditions and state legal regimes over time on sex, contraception, and abortion relevant to historic Palestine. As in every other part of the world, abortion laws and policies were substantially shaped by profane institutional, material, and ideological interests – challenging dominant “culture” and “tradition” explanations.

Chapter 5, “I Did Not Want Children,” focuses on birth control in discourse and practice in historic Palestine during the British colonial period and since. One section explores abortion stories, largely relying on accounts in the Hebrew press during the Mandate period, including a prominent case involving a Jewish Yemeni young woman, her Christian Palestinian lover, and the Jewish German physician prosecuted by a British colonial court on the allegation that she conducted an abortion that had gone wrong. The chapter delves into Zionist pronatalism in the face of Jewish refusal to procreate in Mandate Palestine, with attention to early 1930s correspondence regarding the showing in Tel Aviv of the 1929 Swiss film *Frauennot – Frauenglück*, which advocated “medical abortion.” The final section uses interviews I conducted with elderly Palestinian women and other sources to foreground Palestinian anti-reproductive desires and birth control practices from the 1940s to the present.

Chapter 6, “The Art of Death in Life,” argues that for Palestinians scattered under different sovereignties after 1948, the reproductive family became more important as a source of survival but was not the basis of a reproductive demographic futurity. As was the case before 1948, class, regional, and educational differences and age of marriage led to great variability in Palestinian reproductive desires and fertility outcomes. The chapter critically examines the ideological elisions, obsessions, and empirical problems in demographic and public health scholarship on post-1948 Palestinian fertility, which too often project onto Palestinians a desire to battle with Israel demographically. It contemplates death, reproduction, and liberation in Afro-futurist, Afro-pessimist, and queer scholarship to inform understanding of Palestinian reproduction and death after 1948. The final section examines a selection of Palestinian literature and film produced after 1948 to argue Palestinians were more likely to dwell on life in conditions of death rather than to celebrate biological proliferation.