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# Mennonite Mission Involvement in Nazareth Hospital

Wayne Speigle

Since 1861 Nazareth Hospital in northern Galilee has been a significant health-care presence in the region, aligned with Mennonite ministries particularly since 1950. The hospital initially began with a married physician and nurse couple.<sup>1</sup> Over time, buildings and specialties were added, until it became a regional medical center. The hospital is currently supported by government funds and international donations, with local and international staff. It has been significantly affected by regional politics, ethnic and religious tensions, and recurring war. In this essay, I first review the history of Mennonite involvement in the hospital and explore several major issues that have arisen in the hospital's ministry. I conclude with a reflection on its future.

## Historical Overview of Nazareth Hospital

### Hospital Expansion and Staffing

The earliest physicians were sponsored in the 1860s by the Edinburgh Medical Missionary Society (EMMS) in Scotland and worked out of their homes.<sup>2</sup> Life expectancy at the time—with tropical diseases prevalent, including cholera, dysentery, and malaria—was twenty-two years old for males and twenty-four for females. The closest hospitals were in Beirut or Damascus.<sup>3</sup>

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1 Dr. Kaloost Vartan and nurse Mary Anne Stewart. See EMMS International, "How EMMS International Began," accessed September 27, 2024," <https://web.archive.org/web/20121210024846/http://www.emms.org/about-us/origins-and-background>.

2 EMMS International, "How EMMS International Began."

3 Melanie Schulze-Tanielian, "Disease and Public Health (Ottoman Empire and Middle East)," International Encyclopedia of the First World War, Version 1, January 8, 2017, [https://encyclopedia.1914-1918-online.net/pdf/1914-1918-Online-disease\\_and\\_public\\_health\\_ottoman\\_empiremiddle\\_east-2014-10-08.pdf](https://encyclopedia.1914-1918-online.net/pdf/1914-1918-Online-disease_and_public_health_ottoman_empiremiddle_east-2014-10-08.pdf).

In 1904 EMMS purchased land for a hospital to be built. The first building was completed in 1912, with additional buildings erected in 1919 and a nursing school established in 1924.<sup>4</sup> Israeli government support began in 1950 and universal healthcare in 1988 (with the requirement that health practitioners be able to read and write in Hebrew). A maternity clinic, kitchen, and specialists in dialysis followed after 1956, with an intensive care unit added in 1976. New doctors came mostly from the Arab community, including a medical director in 1981, when Nazareth Hospital was named the official district hospital during healthcare reform by the Israeli government.<sup>5</sup>

By the 1980s, local Arab doctors with specialty training in surgery, orthopedics, obstetrics, anesthesiology, and general medicine began to replace the expatriate medical staff. This change happened as a result of new licensing requirements of the Israeli Ministry of Health. In 1988 a local physician became the medical director. Currently, Nazareth Hospital is the second largest employer and the main trauma center in the area, serving Nazareth—“home to 46 percent of the Arab population in Israel”—“and the surrounding towns and villages,” adding up to a total of about 264,000 people.<sup>6</sup> In 2001 the founding agency and owner of the hospital, Edinburgh Medical Missionary Society (EMMS), became EMMS Nazareth, and in 2010 Nazareth Trust.<sup>7</sup> In 2021, with over 800 employees, the hospital served 260,000 patients with 150 beds.<sup>8</sup>

## Hospital Funding

Following the war in 1948, Quaker volunteers on their return from Nazareth Hospital to the US formed a small nonprofit called the Holy Land Relief Fund to collect supplies for the hospital. Over the proceeding decades, the fund changed location and leadership several times. Finally, in Pennsylvania in 1989, it was reorganized and renamed the Nazareth Project, Inc. (NPI).<sup>9</sup>

Since 1990, NPI has raised funds for special projects and received financial support from both individuals and foundations. Individuals with medical

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4 “Our History: Healing in the Name of Jesus Since 1861,” Nazareth Hospital EMMS, accessed September 27, 2024, <https://nazhosp.com/home/our-history/?lang=en>.

5 John Wilkinson, *The Coogate Doctors: The History of the Edinburgh Medical Missionary Society, 1841 to 1941* (Edinburgh: Edinburgh Medical Missionary Society, 1991), 43, 51–53.

6 “Our Work: Nazareth Hospital EMMS,” Nazareth Project Inc., accessed September 27, 2024, <https://nazarethproject.org/our-work/nazareth-hospital/>.

7 “Our History,” <https://nazarethproject.org/about-us/history/>.

8 “The Nazareth Trust,” EMMS International, accessed September 27, 2024, <https://nazarethtrust.org/>.

9 “Our History,” <https://nazarethproject.org/about-us/history/>.

expertise, as well as chaplains and other volunteers, have served as hospital personnel for terms ranging from a few weeks to as long as a year. Other individuals have volunteered through the SERVE program.<sup>10</sup> Individuals have also contributed by participating in NPI-promoted events such as biking fundraisers and, more recently, hiking the Jesus Trail. In addition, the organization's 501(c)3 US tax status has allowed for charitable donations that otherwise would not be tax deductible.

At the foundation level, NPI has applied for and been granted significant funds from US Agency for International Development/American Schools and Hospitals Abroad (USAID/ASHA). The purpose of USAID/ASHA grants is to provide

assistance to overseas schools, libraries, hospital centers, and centers of excellence to highlight American ideas and practices, to provide concrete illustrations of the generosity of the American people, to further U.S. Government public diplomacy, and to catalyze collaboration between U.S. citizens and citizens of other countries.<sup>11</sup>

Since 1995, NPI has received grants totaling \$8,341,475 from ASHA. Grants during the first fifteen years were used to expand and equip new areas of Nazareth Hospital, including a new clinical wing and a new OR suite. Beginning in 2013, grants were used to equip new capacities such as a Heart Catheterization Unit and a Pediatric Surgery Unit. In 2019 the Dialysis Unit was expanded with upgraded equipment. More recently the hospital received \$1.5 million to purchase new equipment for the Trauma Unit (including Ophthalmology; Maxillofacial; and Ear, Nose, Throat [ENT] equipment), and the School of Nursing received \$1.5 million to equip new simulation rooms, classrooms, and offices.<sup>12</sup>

## **Mennonite Involvement: Dr. Robert Martin and Dr. Nancy Martin**

Drs. Robert (Bob) Martin and Nancy Martin have played significant roles within the Nazareth Hospital and School of Nursing. They served at the hospital from 1965 to 1968 and again from 1971 to 1978. The Martins returned to Nazareth in 1987, when Bob became Medical Director (1988–1995) and Nancy developed

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<sup>10</sup> The *Nazareth Project Newsletter* 15, no. 3 (Fall 2005).

<sup>11</sup> Dan Galat, “American Schools and Hospitals Abroad,” USAID, accessed October 3, 2024, <https://www.usaid.gov/work-usaid/business-funding/grant-programs/american-schools-and-hospitals-abroad>.

<sup>12</sup> ASHA Awards to The Nazareth Project, Inc., updated April 11, 2024 (document provided by NPI Executive Director).

an RN degree program with the School of Nursing. Nancy later served on the board of Nazareth Trust and Bob on the Nazareth Project board.<sup>13</sup>

In the 1950s and 60s, a “missionary zeal” in the Mennonite church and desire for service experiences coincided with the reality of increasing military draft numbers. Bob and Nancy, with their medical and nursing training, joined other Mennonite workers who were in Tel Aviv. Some were fulfilling draft service requirements, which needed to be approved by the US Selective Service.<sup>14</sup>

Arriving in Nazareth in 1965, the Martins became part of an international community that worked alongside increasing numbers of local physicians and nurses. Along with many other expats, Bob and Nancy stayed through the 1967 war, despite the risks of doing so. They were on the ground immediately after the war to distribute relief supplies from Mennonite Central Committee.<sup>15</sup>

With service requirements fulfilled, the Martins returned in 1968 to the US for medical residency, then were invited to return to Nazareth in 1987. They found that tensions had remained since the 1967 war. The Israeli embassy was also focused on resettling Jewish people in Israel and was less eager to welcome expatriates.

But the work at the hospital continued. International contacts in the following years led to development of cardiac and renal specialties. Continued connection to Mennonite Medical Association resulted in short- and long-term service opportunities for physicians and nurses, as well as other volunteers. This created a continuing source of ongoing supporters for Nazareth Hospital.<sup>16</sup>

After Nancy earned graduate degrees in nursing, she was asked to return to Nazareth to further develop a nursing program. The nursing school had begun in 1924 to train practical nurses for the hospital. It was (and still is) the only Arab-language nursing school in Israel. Because changing language requirements and immigration constraints were resulting in fewer expat nurses, a resident registered nursing program was needed. Classes in that program were in English, which was challenging for students whose first language was Arabic, and the nursing exam was conducted in Hebrew.<sup>17</sup>

The Martins brought administrative changes that were not always easily accepted—toward more democratic and less hierarchical styles. Centuries of dominance by foreigners under the Ottoman empire had conditioned locals to

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13 Robert Martin, *Together in Galilee* (Morgantown, PA: Mastof, 2020).

14 Martin, *Together in Galilee*, 55–58.

15 Martin, *Together in Galilee*, 70–73.

16 Martin, *Together in Galilee*, 80–97.

17 Martin, *Together in Galilee*, 108–23.

more authoritarian leadership, and implementing greater participatory governance took time and small steps.<sup>18</sup>

The mix of foreign workers alongside those of Jewish and Arab background has provided additional stress that required sensitive management, especially during repeated wars in the Mideast, when loyalties to different perspectives came into tension.<sup>19</sup> This mix of cultures has also provided many opportunities, such as an Arab/Jewish soccer match sponsored by hospital staff on the eve of the Gulf War in 1991. Sensitivity to political tensions remains at the forefront of the organizational management today.

## Nazareth Village Built on Hospital Grounds

Visitors, volunteers, and tour groups tended to visit traditional sites in Nazareth but not stay long. In 1994 a vision began to emerge for a “living history museum” on grounds that were owned but not yet developed by the hospital. As the hospital is an extension of the healing ministry of Jesus of Nazareth, the village was seen as focusing more on how Jesus might have lived. An ancient winepress was identified as well as terracing from wine grapes and the remains of a first-century farm, including a stable and winepress. Archeological work began, along with some reconstruction using ancient methods. Pottery found during the digs dated to the Early Bronze Age.<sup>20</sup>

Nazareth Village began as a dream of Dr. Nakhle Bishara,<sup>21</sup> who envisioned showing people what first-century Nazareth was like. That dream came to fruition through the leadership of Nazareth Village’s first Director, D. Michael Hostetler (a Mennonite photographer and filmmaker),<sup>22</sup> and was made possible by significant fundraising in the US and Europe. This fundraising was supported by Mennonite Board of Missions and the newly formed Miracle of Nazareth International Foundation, alongside a local board.<sup>23</sup> The doors of Nazareth Village opened to the public in 2000.

A tour of the Village includes a visit to a synagogue in first-century style, fields, and a tomb; and guests receive authentic meals served in an open-air room.

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18 Martin, *Together in Galilee*, 114–15.

19 Martin, *Together in Galilee*, 124–26.

20 Stephen J. Pfann et al., “Surveys and Excavations at the Nazareth Village Farm (1997–2002): Final Report,” *Bulletin of the Anglo-Israel Archaeological Society* 25 (2007): 19–79.

21 “Our Vision,” Nazareth Village, accessed October 3, 2024, <https://nazarethvillage.com/about/vision/>.

22 Martin, *Together in Galilee*, 149.

23 Miracle of Nazareth International Foundation, <https://www.causeiq.com/organizations/miracle-of-nazareth-international-foundation,352046656/>.

The Village also offers workshops with staff and volunteers, with many North American volunteers working alongside local staff. Since its opening, Nazareth Village has hosted local school children and visitors from across the globe, as many as one hundred thousand annually.<sup>24</sup>

## Issues During a Century of Healthcare Work in Nazareth

The following significant issues have arisen over the past century of healthcare work in Nazareth.

### 1. Colonialism

In the early years of international mission, religious groups and charities often provided mutual support with the colonizing countries. This created a legacy of colonialism that continues to be challenging:

As historians of colonial medicine have shown, colonial medicine occupied a place within a more expansive ideological order of the empires. Colonial efforts to deal with the health of developing regions were closely linked to the economic interests of the colonizers. Health was not an end in itself, but rather a prerequisite for colonial development. Colonial medicine, or “tropical medicine,” as it was called during the late 19th century, was concerned primarily with maintaining the health of Europeans living in the tropics, because these individuals were viewed as essential to the colonial project’s success. The health of the colonized subjects was normally only considered when their ill health threatened colonial economic enterprises or the health of the Europeans. Accordingly, the success or failure of health interventions was measured more in terms of the colonies’ production than by measuring the levels of health among the native population.<sup>25</sup>

ASHA grants, though not exactly “colonial” in their goals, “highlight American ideas and practices . . . provide concrete illustrations of the generosity of the American people . . . further U.S. Government public diplomacy, and . . . catalyze collaboration between U.S. citizens and citizens of other countries.”<sup>26</sup>

Though grants need to be approved and their use verified, the focus on collaboration can enhance mutuality and mitigate against hierarchical relationships.

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24 “Plan Your Visit,” Nazareth Village, accessed October 3, 2024, <https://nazareth-village.com/plan-your-visit/>.

25 Nadav Davidovitch and Zalman Greenberg, “Public Health, Culture, and Colonial Medicine: Smallpox and Variolation in Palestine During the British Mandate,” *Public Health Report* 122, no. 3 (May–June 2007), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847484/#>.

26 Galat, “American Schools and Hospitals Abroad,” <https://www.usaid.gov/work-usaid/business-funding/grant-programs/american-schools-and-hospitals-abroad>.

Grant objectives are identified by those closest to the work in the hospital, involving a range of personnel from diverse backgrounds. For example, while the dialysis unit has a sign on its door “USAID from the American People,” it is wholly run by hospital personnel.

## 2. Foreign and Local Leadership, Merits, and Shortcomings

As part of a mission hospital, early medical personnel at Nazareth Hospital were expatriates from Europe and later from the US, who often became involved through personal influence and professional connections.<sup>27</sup> Over the past century, medical personnel have increasingly been from local populations—nurses trained in Nazareth and physicians elsewhere in the Middle East and Europe. Though cultural patterns and stereotypes continue, leadership has become more inclusive and egalitarian. Nazareth Village staff are mostly local alongside international volunteers, and the current director, Maha Sayegh, is a local woman who has been involved in the organization for two decades. The current CEO of Nazareth Trust, Waaseem Dibbini, is Palestinian, as are members of the senior management team.<sup>28</sup>

A mix of local and foreign leadership is being considered for future roles. At the same time, there are distinct benefits to an international presence among staff, given the multicultural dynamics of the region. When a local hospital within an Israeli system is owned and governed by a Scottish mission group, international influences can be both suspect and influential.

## 3. What Is the Mission: Evangelism or Health Care?

While the goal of Nazareth Hospital (Trust and NPI) has been to provide medical care, their work has often been alongside others who would want to “make Christians.” When NPI representatives met with a US rabbi to explore mutual interests and potential support for Nazareth Hospital, an immediate question was, “Is this about proselytizing?” Though the answer was negative, some supporters desire a distinctly Christian witness. Should the chapel (NPI is currently raising funds for its renovation) include Jewish, Muslim, and Christian symbols? Should the NPI board edit its mission statement to be more explicitly evangelical to appeal to wealthy evangelical donors?<sup>29</sup>

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<sup>27</sup> Martin, *Together in Galilee*, 111–28.

<sup>28</sup> “Our Leadership,” Nazareth Trust, accessed October 3, 2024, <https://nazareth-trust.org/about/team-2/>.

<sup>29</sup> The project’s mission statement (see “Our Mission,” Nazareth Project, Inc., accessed September 30, 2024, <https://nazarethproject.org/about-us/our-mission/>) states:

Nazareth Project promotes a Christian ministry of healing, peace and reconciliation in the Holy Land through supporting health care and health education services in the Galilee region of Israel.

Nazareth Hospital has chosen to emphasize the work—health care and healing—as an expression of Christian values, aiming to include a broader constituency. NPI philosophy has been consistent with that of Mennonite Central Committee, to “partner with local . . . agencies—their understanding of community resources, needs and context helps shape programs that meet real needs and make a lasting difference,”<sup>30</sup> and with Mennonite Mission Network, to “participate in holistic witness.”<sup>31</sup>

#### 4. Advocacy and the Murky Territory around Zionism and Treatment of Palestinians

Nazareth Hospital treats any patient and does not discriminate in staffing based on religion or ethnicity:

Following the teaching and example of Jesus of Nazareth, the Trust . . . aims to reach out to the local population and to the wider world, irrespective of faith, political persuasion or tradition, through healthcare, education, proclamation and service.<sup>32</sup>

The mission of the hospital is to be a multicultural, multireligious practical presence. The proven and practical track record of the hospital appeals to supporters who do not want to take sides, who want to promote peace in the region. This is especially challenging when there is more intense conflict between the Israeli government (on which the hospital depends for support) and Palestinians in the West Bank and Gaza (which includes hospital staff, along with relatives of staff). What does advocacy look like in the US when we also represent people who may be vulnerable to political fallout? The stance of the NPI board and supporters is to promote the work of the hospital as a practical ministry that includes every ethnic and religious group, while at the same time encouraging individuals to follow their conscience in other ways.

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In the spirit of Christ, we support compassionate medical services available to all persons, regardless of religion, culture or ethnicity.

We bear witness that wholeness and healing for humanity is most completely found in Jesus of Nazareth.

30 “Where We Work,” MCC.org, accessed September 30, 2024, <https://mcc.org/what-we-do/where-we-work>.

31 “Mission and Vision,” MennoniteMission.net, accessed September 30, 2024, <https://www.mennonitemission.net/about/Mission%20and%20Vision>.

32 “Our Mission: Health Care, Healing and Education,” The Nazareth Trust, accessed October 3, 2024, <https://nazarethtrust.org/about/mission/>.



## Reflections on the Future of Nazareth Hospital

As an international institution, Nazareth Hospital will continue to deal with the dynamics of historical colonialism and institutional hierarchies. However, significant personnel and egalitarian leadership practices have provided models that have been appreciated, and current staff relations seem healthy. The new plan to name a Palestinian executive along with an international director can build on a partnership that offers both challenges and positive potential.

In addition, while the religious and ethnic tensions of Nazareth and Israel/Palestine are bound to continue providing issues to work through, such tensions will also likely mitigate against any notion of proselytizing. While proselytizing would not technically be illegal, there are considerable pressures against trying to convert others. Those who volunteer and work at Nazareth Hospital are clear about their motivations yet, at the same time, practically humanitarian and respectful of others' faith. While some potential donors may not endorse this accommodation, others welcome the focus on addressing health needs apart from religion or ethnic background. This respectful approach should be appreciated by Anabaptist supporters.

Challenging political dynamics may be the most difficult to navigate. The hospital relies on positive relations with the Israeli government financially and administratively. These relations have at times shifted unpredictably, leaving leadership staff to speculate about motivation and how to respond. They have sought to keep their focus on health care and to avoid political stances, especially on social media. International supporters follow their lead. Though some can be frustrated at inability to positively influence policy, the privilege of supporting a productive and caring effort helps mitigate the frustration.

Though in the future Nazareth Hospital must contend with the perennial volatility of the region, its history is one of resilience. In the midst of significant challenges, it has become a respected and valued institution because of its organizational ethos of respect for every person; the collegiality among its staff; and strong international support. Its philosophy and mission are especially appealing to Anabaptists who are drawn to medical service.