

# Waqf's Substantial Contribution Toward the Public Healthcare Sector in the Ottoman Empire

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## Abstract:

Health is conclusively proven as an essential element in sustainable development. The great civilization unexceptionally has excellent environmental health issues as physical and mental care is fundamental to human development. In the peak period of the Ottoman Empire, public healthcare was significantly implemented by waqf fund as an alternative to hospital financial support. Sulaymaniye complex was an example consisting of two mausoleums, two specialist schools (one of which is for the study of medicine and the other for the study of hadith), a Quranic school for children, a hospital, a hostel, a shared kitchen, a public bath, an inn, and few rows of small shops. This medical school was also the introductory formal teaching workspace in the Ottoman era. However, there is no in-depth descriptive report on Ottoman waqf management in the health sector. This study systematically analyzes Waqf's role in public healthcare facilities during the Ottoman Empire. Detailed data from books, articles, research reports, and archives supported this library study. The study found that using Waqf in the health sector during the Ottoman Empire played a significant role in providing healthcare services and meeting the community's needs. It also serves as an example of how waqf management can benefit society and support various institutions.

*Keywords: Waqf Contribution, Healthcare, Ottoman Empire*

## Introduction

The Ottoman Empire acquisition was extended from 1300-1922 (Quataert, 2001) as a confirmed powerful empire in military, political, economic, and cultural aspects (Imber, 2019). In addition, this overseas empire implemented one of the most coherent waqf systems in the history of Islamic civilization (Çizakça, 2019; Çizakça, 2006). Therefore, some researchers mentioned that the Ottoman era

was a period with the successful implementation of the waqf system in its government and was called the era of waqf civilization.

Waqf as social funds worked in an official capacity in the financial instrument of the Ottoman era, along with fulfilling people's basic needs through surplus funds and creative innovations (Iskandar, 2022). Sultans and Governors at that time had expanded the scope of Waqf. The assets that may be donated were not only in the form of immovable assets such as land and buildings, but the community also could donate immovable assets such as agricultural equipment and in the form of cash (Iskandar, 2020; Orbay, 2018; Toraman et al., 2007). Hereby, most public facilities at that time, such as healthcare facilities, education such as primary and secondary schools, markets, development of local production, and communal kitchens for the lower middle class, were cumulatively based on waqf funds. Moreover, monthly cash transfer for the poor and retired was also regularly paid from Waqf (Orbay, 2006).

Waqf generously contributed significantly to the city governance policies issue in this era. Roads resurfacing and paving, wells, water pipelines, bridges, buildings, lodging, warehouses, and local industries facilities were all waqf project actualizations (Peri, 1992). This development project has phenomenally succeeded in maintaining a reasonable economic balance. The regard to purchasing power parity properly expanded the people's economic capacity. The job fair and career opportunities were also available, along with more waqf schemes launched and even supplied capital reserve and income.

The Ottoman Empire's waqf effort on healthcare was remarkable, besides extensive repetitive economic development and city governance movement. Accordingly, soul preservation reached a higher stage in *maqashid shari'ah* discourse after religious preservation. Some determined efforts to protect human life, such as healthcare facilities, are considered a crucial public need. Here starts the question, how did the Ottomans manage Waqf for public healthcare facilities? What projects were proposed to protect people's lives? How come these

projects effectively and efficiently work? These hypothetical questions will be answered in this research.

## Literature Review

### *Cash Waqf*

Cash waqf is a charity donated to *Nazir* for poor and needy empowerment through the production plan. In addition, cash waqf thereat was also holding and increasing calculatable waqf assets value. According to (Bulut & Korkut, 2016), the application of it was particularly proposed to offer an interest-free loan system. The collected cash then generated varieties of profitable commercial transactions, for instance *qardh hasan*, *mudharabah*, *murabahah*, and *bidaa* (Akgündüz, 1996; Bulut & Korkut, 2016). *Nazir* primarily provided *qardh hasan* as an interest-free loan for needy business projects using cash waqf (Türkoğlu, 2013).

In addition, the cash waqf instrument has had a massive impact on humanity since its early widespread introduction in the 15th of the Ottoman Empire (Korkut, 2014). Genca (2014) and Kudat & Ceyhan (2020) mentioned it is important to keep the Ottoman empire's long-term socio-economic system sustainable. In that way, the Ottoman empire launches *mu'amele-i er'iyye* to automatically generate cash waqf and avoid the rate of usury as well. (Sannav & Sezer, 2018). The profit earned from *mu'amele-i er'iyye* is namely "ribah" and the profitable business is called "*istirbah*" (Akgündüz, 1996). According to (Özcan, 2000), this practice was the most preferred cash waqf loan for the needy.

### *Waqf Awaridh*

Waqf Awaridh has been defined as the yield of Waqf that was held in reserve so that it can be used at times of emergency or unexpected events that negatively influence the livelihood and well-being of a community of people. For example, Waqf may be assigned to the satisfaction of specific needs such as medication for sick people who are unable to pay medication expenses and the

education of poor children. Waqf al-awaridh may also be used to finance the maintenance of the utilities of a village or neighborhood.

The purpose of awaridh is also known as financing tax debts and usually had to be paid by neighborhood-village societies, 'awaridh funds' were established. It is noted that those benefited from taxes and expenditures such as unexpected expenses, required infrastructure works, marriage, and debts of indigents. Briefly, funds established for social security and cooperation supplied credits to meet various requirements. The idea of not obliging pawnbroker usuries was coming to the front in the operation of these funds (Karaoğlu, 2020).

### *Healthcare in Islamic Worldview*

Health is one of the most valuable of Allah's grants for his servants. Therefore, the complete religion of Islam stimulates an ideology of life, including in the health sector, which motivates us to express the concern of excellence (*ihsan*) factor (Wanda Yanti, 2018). Muslim will be able to conduct as charismatic *khalifatullah* with perfect physical and mental health. Even this urgency has an important stage in Islamic law as soul preservation (*hifdzu al-nafs*) can guarantee religious matters and has become a primary duty in other objectives of *shari'ah* (Ibn, Ma'ruf, 1403).

Hence, Islam emphasizes preventive health care (*Al-thibb al-wiqa'i*) rather than healing (*Al-thibb Al-'ilaji*) (Nurhayati, 2016). Many hadiths subscribe to this definitive statement about maintaining cleanliness, soul, and body fitness. This concept was formed as the Islamic medical system was early suggested to preserve rather than restore health, which was entirely compatible with Islamic law (Nurhayati, 2016). In other words, the established medical practice concern is to save human life and reduce the suffering of living beings.

Furthermore, Ibn Hajar al-'Asqalani also explained that medical care consists of physical care (*thibb jasad*) and mental care (*thibb qalb*) (Al-Asqalaniy, n.d.). This view seeks to reconstruct the public stigma that the physical is the primary key to healing the disease. Ibn Sina then extended the soul's importance in a prerequisite for the initial perfection of the body (*Kamal Al-awwal li Al-Jism*) (Sina, 1975). He considered both closely correlated with continuous cooperation (Madkur, 1976). The theory has also been evaluated by Ibn Sina in providing ideal solutions to some psychiatric patients and was then known as a pioneer of experimental medicine (Jacquart, 2008).

In another statement, mental illness can be in ignorance, fear, stinginess, jealousy, and other psychological diseases hindering people with noble characters (Thaib & Hasballah, 2007). So, both the soul and the body should run fairly and integrally in humans as they have become a basic need to maintain complete health. Therefore, the ultimate goal of the interest base can be a measurement of urgency based on the principles of *Dharuriyat*, *Hajiyat*, *Tahsiniyat*, and *Takmiliyat* (Reza, 2014).

On a broader scale, the people need the legitimate power of official institutions as a shelter for ensuring public health. The state becomes a legal community attempting to meet the needs by regulating public facilities and social security systems (Al-Mubarak, 1972). Accordingly, the state can conduct socialization and publication of health prevention and assist the healing process through special subsidies. The state also has a crucial role in sustaining people's mental health by protecting them. Waqf can be a preferred practical option for public-friendly financial support for just healthcare services.

## Research Methodology

This qualitative research has a historical approach through previous literature, scientific articles, theses, dissertations, and other reports about Waqf during the Ottoman Empire in the health sector. Waqf's precise details of the Ottoman empire are still library stocked in the Turkish archives board. The data has been collected, examined in depth, and studied to gain more accurate information on what happened with Waqf in the health sector during the Ottoman period. The deduced information will then be described in an extensive systematic report.

## Finding and Discussion

### *Waqf during the Ottoman Empire*

In the golden age of Islam, public healthcare, educational institutions, and medical practices were all barely covered by Waqf (Orbay, 2006; Othman, 2013; Toraman et al., 2007). At that time, the alms donation and Waqf contributed affirmatively to many social welfare topics during the Abbasid, Fathimiyah, and Mamluk eras in the 9th – 13th centuries. So then, Harun Al-Rashid has a similar

positive resolution in Waqf and empowerment as established Bimaristan Al-Manshuri at Egypt in 668 hijra. Throughout Islamic cultural history, hospital as public health center was once entitled in multiple terms such as: *Bimaristan*, *Maristan*, *Darussihha*, *Darulâfiye*, *Me'menul-istirahe*, *Daru't-tibb*, *Darulmerza*, *Sifaiye*, *Sifahane*, and *Bimarhane* (Benli, 2016).

During the Ottoman Empire, Bimaristan was expendable and transformed into a multi-functional complex simultaneously intended for educational and religious reasons. The Suleymaniye complex in Turkey was the successful application of an integrated socioreligious public sphere model as it provided sheltered housing for the waqf management board (Necipoğlu-Kafadar, 1985; Orbay, 2013). The Suleymaniye Complex was also designed to be the center of the empire. It was built on the one hand to serve the local mahalle, the commercial and residential neighborhood, through its connection to the sultan and in being the place of most advanced theological and scientific learning (Mårtelius, 2015). Furthermore, three public facilities were accommodating healthcare support: 1) Hospitals (*Daru's-sifa*), 2) Medical schools (*Daru't-tip*), and 3) Pharmacies (*Daru'l-akakir*) (Dinç et al., 2006). In addition, the Suleymaniye public library also contained health reading source materials. Shadiya Mohamad Saleh Baqutayan et al, in their research, stated that most hospitals were under waqf encouragement. This elaborate transparent system was a satisfactory outcome of early experience and message as also applied in Malaysia (Baqutayan & Mahdzir, 2018).

The studies above reveal waqf fund's major significance inappropriate public facilities offer and reducing variable estimated costs. However, the clear illustrations above generally focus on the portrait of facilities, labor, and ends up with a similar phrase "*all healthcare services in the Islamic world were strongly supported by waqf*" Unfortunately, there is no detailed explanation of the fund's source. The deficiency of administration valid data relatively obstructed waqf-based health sector research more than the scope of education.

### *Model of Waqf in Ottoman Empire*

The waqf model first implemented during the Ottoman era was common as Prophet Muhammad Shallallahu alaihi wa sallam exemplified land and building Waqf. This Waqf was practiced by donating land and buildings development for people empowerment. Appropriately, the charitable purpose *waqf* (*waqf khairi*) was lately

introduced and then evolved into a cash waqf model and *waqf awaridh* (Orbay, 2018).

### Charitable Purpose Waqf

Charitable Purpose Waqf (*Waqf Khairi*) is an endowment intended for public need satisfaction, such as mosques, schools, hospitals, bridges, and so on. Prophet Muhammad *Shallallahu alaihi wa sallam* once specifically directed Umar bin Khattab to spare garden profit for poor people's benefit. The hadith clearly illustrated that Umar's Waqf was purposed for charity work (waqf khairi) and lifelong public interest (Aldeen et al., 2020). This model of social financial support was widely implemented in the early Ottoman Turk's establishment. At that time, Sultan and his relatives mostly contributed to this philanthropic of Waqf by developing lands, buildings, and other public facilities. Therefore, this distinctive charity was known well as the Sultanate waqf (Yayla, 2011).

One of the most significant cases of *waqf khairi* in the Ottoman Empire arose from Sultan Sulaiman I (1520-1566) donation, empowering people through Waqf of his name and her wife's. In addition, some wealth was donated to individual waqf managers (*nazir/mutawali*) and others to institutional waqf managers associated with the government. Furthermore, the Suleymaniye complex in Istanbul clearly indicated the durability of waqf benefits (Yayla, 2011). This complex consisted of numerous extensive public facilities such as mosques for religious activities, educational institutions for a collaborative classroom, hospitals for treatment, public kitchens for nourishing food supplies, the grave of the sultan's wife and relatives, and many more (Singer, 2012; Yayla, 2011).

### Value Chain Health

The value chain is an analytical model approach (Porter, 2008) to find added-value steps to a particular company for competitive progress. This is an internal process supporting an industry or product. For example, an expected value chain analysis in the health sector is Wharton School Study applied a method based on the mixed private healthcare system in the US (Burns et al., 2002).

Then, the value chain analysis in health, according to the Wharton School, consists of 5 steps: 1. Players (government, employers, individuals, and employees); 2. Fiscal Intermediaries

(guarantors, health management organizations, and pharmacies); 3. Providers (hospitals, hospital systems, hospital facilities); 4. Purchasers; 5. Producers (pharmaceutical manufacturers, medical devices, medical manufacturing) (Burns et al., 2002). In the context of the Ottoman Empire, the role of Waqf in the healthcare sector, providing added value and improving healthcare services, will be examined more deeply in the coming discussion.

### *Social and Health Issues in the Ottoman Empire*

Ottoman Empire people known to be religious were a way of life in a society that always prioritized religion in all their actions. Therefore, health problems in the Ottoman community are unique to discuss. People who experience health problems tend to accept the disease they suffer as fate. On the other hand, the role of the Sultan as the holder of power over the Ottoman territory provided health facilities that could be used by everyone, both from the palace and the public. White (2010) explained that the findings from the literature, which stated that the people during the Ottoman period only accepted tactics and did not take prevention or treatment, may not be thoroughly analyzed is not entirely true. This is still a matter of debate due to the lack of solid evidence to be justified (White, 2010).

Based on the literature review on health issues that occurred during the Ottoman period, it was found that several infectious diseases had occurred in the community, namely the bubonic plague and pneumonia (White, 2010). In addition, several diseases caused by bacteria and microbes have occurred due to a lack of public knowledge about maintaining cleanliness. Even mental illness occurred in the community then (Afacan, 2010). The plague outbreak hit the Ottomans was caused by rapid demographic growth at end of the 15th century to the end of the 16th century. However, White (2010) stated that demography was not the only cause of the outbreak, several other problems had also been the cause of the epidemic. such as unhealthy living conditions and so on.

Health problems that occurred in the Ottoman community were common in every society. The Ottoman government which is an imperial system has shown its role in providing services to the community in the provision of public facilities including health facilities (Schulze-tanielian, 2014). This can be seen from the education of several health facilities such as hospitals and supporting facilities such as medical schools and pharmacies. The hospital at that time was



not like the modern hospital today which can accommodate many patients, it can only accommodate patients from the royal family and the surrounding community. Interestingly, if patients are out of town, they can get treatment for free and use lodging around the hospital which was also built for travelers using waqf property.

In terms of sources of health workers, hospitals do not seem to be able to recruit many workers to work in hospitals. There was no literature explaining why hospitals cannot recruit many health workers, even though in terms of capacity, hospitals in Istanbul alone have hundreds of beds. The question that requires deeper exploration. If it is said that the reason is funding, it is improbable, because all hospital operations are financed with waqf funds. The income from waqf assets can cover hospital operations and the salaries of doctors and other hospital staff. Even more interesting, patients who have just been discharged from the hospital will be given a certain amount of money that can be used to meet the necessities of life during the entire recovery period. All the funds issued come from waqf assets.

### *Waqf in the Ottoman Health System*

Waqf during the Ottoman period had a comprehensive function. The function of Waqf is not only as a social institution that provides aid and benefits from the waqf property but also functions as a social and financial institution. This function has been running since the establishment of the Ottoman sultanate by establishing Waqf for the benefit of the public. The provision of public facilities such as roads, bazaars, hammams, educational institutions, and hospitals was established by elite groups and members of the Sultanate (the sultan, concubines, his mother and elected members, or palace employees (the grand vizier) by using their waqf property to build all these facilities (Shefer-Mossensohn, 2014). The large number of waqf assets established by the Sultan and the elite from the kingdom has made several writers call Waqf the sultan's Waqf at that time.

In the context of health, Waqf is also an inseparable part. Based on (Shefer-Mossensohn, 2014) and (Rafeq, 2015) research, hospitals as Ottoman health centers, both public hospitals and royal hospitals, were all built from waqf property. The Ottoman government still used several hospitals from the Seljuk empire for healthcare. At this time the hospital was widely used for the kingdom and for soldiers injured in war (Aslan & Erdem, 2017). Based on the literature, several hospitals have been built and functioned very well to provide

services to the community, such as hospitals in the capital, in Bursa by Sultan Beyazid I, in Edirne by Sultan Beyazid II, in Istanbul by Sultan Mehmed II and Sultan Suleyman. In addition, outside the capital, there are also several hospitals such as Bimaristan al-Nuri (Damascus), Bimaristan al-Qaymari (Damascus), Daru's-sifa in Manisa founded by Sultan Suleyman, in Mecca by Grand Wazir Sokullu Mehmed Paşa, in Tunisia by Governor Hamuda al-Muradi (Shefer-Mossensohn, 2014).

The Sultan, the kingdom's elite, founded the hospital's construction during the Ottoman period. The establishment of the hospital has used waqf assets. It can be seen from the *vakfiyye* (waqf records) that all hospitals during the Ottoman period used waqf assets. Interestingly, all hospital education projects only involve women from the royal family. This means that most hospitals can be said to have been founded by the wives of the sultans or women in the kingdom. There is no explanation as to why men are not involved in this.

The establishment of hospitals during the Ottoman period was an effort by the government to protect soldiers and their people from disease and to encourage the construction of better public facilities. The project of establishing a hospital using the waqf fund is not random, but all the infrastructure and costs that will be spent on constructing these facilities have been calculated and estimated wisely (Disli, 2015). According to (Ali Haydar, 2003), starting in the early 15th century, the Ottoman Empire had established more than 20 hospitals as a form of importance for providing health services and for scientific purposes. One of complete healthcare projects was built during Sultan Suleyman's reign, the Suleymaniye waqf Complex. In the Suleymaniye waqf complex, there are hospitals and several other supporting facilities such as schools, public kitchens, mosques, pharmacies, and guest accommodations (*tabhane*).

Benli, (2016) explained that *Dar al-Shifa*, which is part of the Suleymaniye complex, has emerged as an institution that must be investigated given the importance of public health and the medical knowledge it provides. According to the regulations of the Suleymaniye complex, there are 1 chief doctor, 3 doctors, 2 ophthalmologists, 2 surgeons, 1 pharmacist, 1 technical pharmacist who prepares medicine and syrup, 5 pharmacist assistants, 1 warehouse clerk, 1 finance officer, and 1 housekeeper (Yılmaz, 2013).

**Table 1. Health School Employees (Darut-tıp) Süleymaniye**

No	Position	Total	Daily Salary (Akçe)	Total
1	Lecturer (Mudaris)	1	20	20
2	Danışmend	8	2	16
3	Gatekeepers (Bevvab)	1	2	2
4	Cleaner/Sweepers (Ferraş)	1	2	2
5	Noktacı	1	3	3

Source: (Yılmaz, 2013)

**Table 2. Hospital Health Workers (Darussifa) Süleymaniye**

No	Position	Total	Daily Salary (Akçe)	Total
1	Primary Doctor	1	30	30
2	Second Doctor	1	15	15
3	Third Doctor	1	10	10
4	Main Ophthalmologist (Kehhal Evvel)	1	6	6
5	Secondary Ophthalmologist (Kehhal Sani)	1	3	3
6	Main Surgeon (Cerrah evvel)	1	6	6
7	Socondary Surgeon (Cerrah sani)	1	3	3

Source: (Yılmaz, 2013)

Shefer-Mossensohn (2014) disagreed with the argument that the hospital in the Suleymaniye complex is part of the waqf system. He explained that all costs incurred by the hospital were funds issued by the kingdom. According to Miri, the statement regarding hospital funding which is a waqf fund, is not by the recorded evidence. The author thinks Miri does not understand the waqf system and considers the costs incurred by the Sultan for hospital fees as a budget from the kingdom. However, in *vakfiye*, a medium for recording waqf assets, it is stated that all costs incurred for hospital operational purposes are from waqf funds. In fact, according to Buharali (2005) bathing, shrouding, deodorizing corpses and shrouds of people who died in hospital, and the waqf property also bears the cost of digging graves. Waqf also covered the funeral costs of poor

patients who died at their homes.

In addition to hospitals and medical schools, the waqf property contained in the Suleymeniye complex is a pharmacy or a place used to produce medicine known as *Darul Akakir* (drug house). *Darul Akakir* produces medicine for hospitals in Istanbul and distributes it to hospitals outside Istanbul. *Darul akakir* was also known as the main manufacturer of medicines during the Ottoman Empire (Benli, 2016).

Disli (2015) stated that during and after the construction of the hospital along with its facilities, the costs to be incurred for workers were already included in the calculation of the waqf property. The calculation of expenditure of the waqf property given by the wakif has been calculated and recorded in the *wakfiye*. This shows that the management of waqf property for the construction of hospitals during the Ottoman period was not carried out thoroughly but full of calculations. Even all the rooms that doctors will use, patients, cooks, and guests who will stay overnight have been planned from the start.

Researchers conducted a study on all hospitals built during the Ottoman period, the Suleymeniye complex is not the only hospital waqf complex complete with facilities, madrasas, mosques, public kitchens, pharmacies, and other facilities. Balsoy (2019) stated that the Haseki hospital complex built by Haseki Hürrem Sultan (Roxalana) has similar facilities. Initially, this hospital was intended for all people, but later it was only devoted to female patients. Haseki Hospital was built from Waqf. In addition, several other hospitals with medical school facilities are Fatih Hospital in Istanbul and Bayezid II Hospital in Edirne. Another hospital complex has a pharmacy room but only two hospitals with a drug manufacturing room.

### *Value Chain of Healthcare of Ottoman*

The existence of health facilities during the Ottoman period has shown a health system that can help patients to get treatment until the healing phase. In terms of the linkage of health facilities and activities with the value chain, there is a chain that has added value to the Ottoman health sector. The hospital in the early Ottoman period only stood alone with several other waqf buildings, but during the Suleyman sultanate period, a health school and pharmacy were

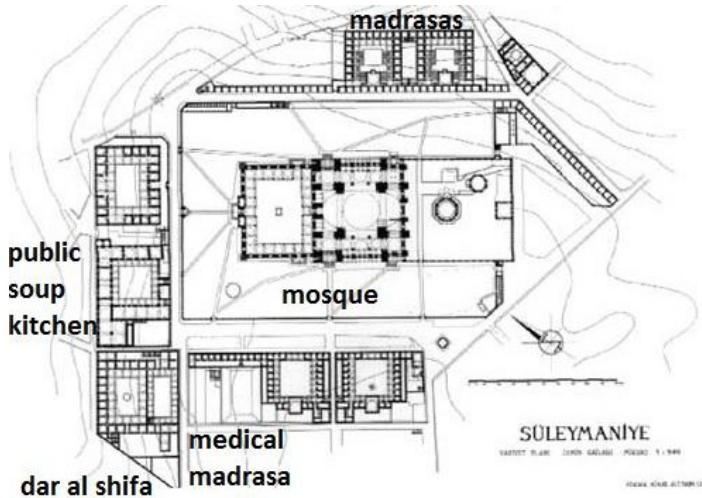
established in one complex. This policy has added value to the chain of health activities from the third step, namely the provision of health facilities, and the fifth step of the health value chain, namely the provision of medicine producers in the Suleymaniye waqf complex.

The value of Fiscal Intermediaries is that waqf assets have supported all hospital needs by managing finances for hospital operational needs. Disli (2015) explained that the estimated funding needs of the hospital have been calculated in detail from the beginning of its construction to the operations that will be spent to run the hospital. It is known that the hospital as a health center during the Ottoman era was better known as a social center, so the hospital generated no income. Instead, all income from the rental of waqf buildings was used for hospital operations, including the salaries of hospital heads, employees, doctors, and the compensation provided by the hospital to patients who are undergoing a recovery period.

Based on this finding, it can be concluded that the value chain in the health sector during the Ottoman Empire had fulfilled all the *value chains* needed in the medical field. However, in terms of the quality of the facilities owned by modern hospitals as it is today, no comparison can be made and requires further study. An important point that needs attention is that all health facilities can be fulfilled only by using waqf assets. Fulfilling these health needs is not only infrastructure but also costs that must be incurred for all hospital employees and patients who need living expenses during the recovery period.

The construction of health facilities such as hospitals, health schools, pharmacies, and other public facilities in a nearby location has effectively positively impacted health services. In terms of the use of the building, the hospital building, and the health school building were built side by side, this is to make it easier for doctors who are also teachers in health schools to teach and practice or treat patients. Meanwhile, the pharmacy is in the same building as the hospital (*See figure 1 and figure 2*).

Figure 1. Site Plan of Suleymaniye Complex



(Source: Kan & Binan, 2014)

Figure 2. Medical Madrasa and Dar al-shifa in Suleymaniye Complex



Source: Website of Suleymaniye Complex

The completeness of other public facilities such as mosques, public kitchens, lodging places, schools for children, shopping buildings, and hammams adjacent to hospitals can make it easier for patients who want to seek treatment to easily take advantage of other

facilities because they are very close (Kan & Binan, 2014).

This showed that Waqf has played a major role in the health sector during the Ottoman period. The role of Waqf is so large that it can be used as a lesson for the management of Waqf today. One of the services that Waqf can finance for the present is the provision of lodging houses for patients who are underprivileged and far from their homes. In addition, the management of corpses by using waqf assets to buy mortuary equipment and providing funds for people who take care of the corpses needs to be considered. This will help grieving family members because one of their family members has died.

## Conclusion

Good waqf management during the Ottoman Empire has made that period a prosperous Islamic civilization in developing and meeting the community's needs through Waqf. Waqf in the health sector is one sector that has been developed to protect and care for soldiers and their people who are injured and require medical treatment. Historically, the hospital, the main center of health during the Ottomans, was a legacy of the Selcuk empire. During the reign of the Ottoman, this hospital was revived to treat soldiers wounded by war. The hospital at that time was not a health center but was better known as a social institution that helped people to get treatment. The image of the hospital as a social institution is because all hospitals and their facilities are built using waqf funds. Establishing a hospital during the Ottoman period was necessary because several infectious diseases had occurred in the community, namely the bubonic plague and pneumonia.

As people's property that must be used to benefit the community, Waqf has played a significant role. All hospitals that existed during the Ottoman period were built with waqf assets and the records of the waqf assets used were all recorded in waqf records called *vakfiye*. Not only hospitals, all other facilities such as mosques, madrasas, health schools, pharmacies, public kitchens, libraries, lodging places, and other facilities have also been built with waqf assets. All expenses incurred in managing hospitals, such as salaries for hospital heads, doctors, surgeons, cooks, pharmacists, and schoolteachers, are also paid for by Waqf. This has shown that Waqf in the health sector during the Ottoman Empire played an

extraordinary role.

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