

in America 1850-1984

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THE RISE AND DEVELOPMENT OF
THE JEWISH HOSPITAL IN AMERICA
1850 - 1984

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This work is dedicated to my wife, Janis D. Bridge, who has often carried the load on her back during our journey together. Lovingly, she has challenged me to think and to talk.

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Milwaukee, Wisconsin

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New York, New York

Montefiore Medical Center
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Miriam Hospital
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Jewish Hospital of St. Louis
St. Louis, Missouri

Mount Zion Hospital and Medical Center
San Francisco, California

Hebrew Rehabilitation Center for Aged
Boston, Massachusetts

Mount Sinai Medical Center
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Leo N. Levi National Arthritis Hospital
Hot Springs National Park, Arizona

Menorah Medical Center
Kansas City, Missouri

Sinai Hospital
Detroit, Michigan

Bronx Municipal Hospital Center
Bronx, New York

Jewish Home and Hospital for the Aged
New York, New York

Rose Medical Center
Denver, Colorado

Dr. Arthur J. Linenthal
Boston, Massachusetts

Ms. Judith Bogart
Jewish Hospital
Cincinnati, Ohio

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DIGEST

The roots of communal health care can be traced to biblical times in the Jewish tradition. Prophetic and, later, medieval texts specifically refer to the role a Jewish community should play in providing such care for its members. The first institution known to exist for this purpose in the Jewish community was the 'hekdesch,' a small hospice or almshouse for travellers or the indigent sick. It is thought to have appeared in the first century of the common era. The nature of this primitive institution did not change much until the nineteenth century discoveries of bacteria, sepsis and antisepsis introduced Europe and its Jewish communities to modern medicine. With the German 'Krankenhaus' as a model, modern Jewish hospitals began to spread across Europe.

The first Jewish hospital in America was founded in Cincinnati in 1850. Since then, over sixty Jewish hospitals have opened their doors in this country. There are five major reasons for the establishment of these institutions. They are:

1. missionizing by Christians in other hospitals
2. the need for training positions for Jewish physicians

3. the desire to have an institution that serves kosher food and follows Jewish ritual practice
4. the type of patients found in other hospitals
5. a desire to imitate (and help) the Christians by building similar institutions.

Defining the term "Jewish hospital" is somewhat like defining the term "Jew," since both require confronting a conflict that is hotly debated in today's Jewish community, the conflict between particularism and universalism. If a hospital is to be called Jewish, what, indeed, is Jewish about it? For purposes of this paper, a Jewish hospital is one that combines attributes from the following list:

1. founded primarily by members of the Jewish community
2. built primarily for members of the Jewish community
3. funded primarily by members of the Jewish community
4. a Jewish name
5. governed primarily by members of the Jewish community
6. staffed by an unusually high percentage of Jews
7. viewed as "Jewish" by the Jewish community
8. adheres to Jewish religious or ritual practice to a greater degree than Christian religions or ritual practice
9. a place in which Jewish patients feel comfortable.

It is clear that though a number of Jewish hospitals in America were founded as non-sectarian institutions, they have generally become even more secular over the course of 130 years. This secularization was due, in large part, to the need for funding from outside the Jewish community. With the resurgence of ethnic pride that the general community experienced in the 1970's, however, there has been a small but notable move to incorporate some Jewish ritual practice into the hospital setting. This action only highlights the struggle that exists between particularism and universalism in today's Jewish community.

CHAPTER ONE

PRE-NINETEENTH CENTURY JEWISH COMMUNAL MEDICAL CARE

Throughout history, texts have called the Jew to emulate God's attributes. "Kedoshim t'hiyu ki kadosh Ani Adonai Elohekhem." (Be holy because the Lord your God is Holy); Leviticus 19:2 sets the Biblical standard. But what does being "Holy" mean? The words, "hesed" and "zedakah," usually translated as "mercy" and "righteousness" are frequently used to describe God's treatment of humanity. They are also characteristics that the Jew is told to strive for. Proverbs 21:21 promises the "Rodef zedaka v'hesed" (follower of righteousness and mercy) "life, prosperity and honour." Of Abraham and his descendants, it is said, "v'shomru derekh Adonai, l'asot zedaka u' mishpat . . ." (they will keep the way of the Lord, to do righteousness and justice . . .).¹

The prophet Ezekiel² later chides the Jews for not living up to their responsibility. By referring specifically to the unfulfilled need for health care in the community, he includes sick-care as one of the attributes of God the Jew must emulate. "Et ha-naḥalot lo hizaktem, v'eit haḥolah lo ripeitem." (You have not strengthened the weak nor healed the sick.) Among other reasons, Ezekiel cites this as a factor contributing to the Jews' exile to Babylonia.

Talmudic references to community health responsibilities are also numerous. Because visitation of the sick was said to prolong life (Nedarim 39), "bikkur holim" (visitation of the sick) was encouraged. A Talmudic interpretation of "v'hoda'tah lakhem et ha derekh yeilkhu vah,"³ (You have shown them the way they must walk), explains that it refers to "the visitation of the sick" (BK 100a). The health care issue of a community's role in preparing and burying the dead is also addressed (Moed Katan 27).

The question remains, however, of how this theoretical textual basis for health care has been translated into everyday life in the Jewish community.

Isolated from a hostile general population, the Jews of Talmudic times through the nineteenth century built a separate communal organization.⁴ Included in that communal structure was a means of aiding the poor through 'zedakah.' Community funds (tax revenues), monies from collections at community meals, and donations⁵ allowed the communities to offer help to indigent residents and transients. In addition to providing food and clothing, medieval Jewish communities offered burial rites and sick-care, often employing a communal physician.⁶ During outbreaks of the plague or other diseases, it was the community leadership that moved to fight it.

By 1722, the city of Fuerth had an annual budget for the sick lying-in women, and "particularly for the hospital."⁷ In the 1770's, frequent business visitors to Koenigsberg paid an annual fee of one-half florin for hospital rights.⁸ The Cracow Jewish community hired a physician, Simeon b. Samuel Sanvil, to treat the poor sick in the 1780's, and in 1797, approximately fourteen percent of the community's outlay was given to health care.

By talmudic times (see MK 27), responsibility for burial was shifting to communal burial societies (habruta ikka ba-mata).⁹ It is out of these societies that separate sick-care groups grew. Solomon ben Abraham ibn Adret (1265-1310)¹⁰ writes of burial societies. The Huesca Burial Society (1323) and the Saragossa Shoemakers' Brotherhood (1336) appear to have offered both burial and sick-care or 'bikkur holim' (visitation of the sick).¹¹ In the sixteenth and seventeenth centuries men's and women's societies of this sort flourished in the Jewish community. By 1750 'Bikkur Holim' societies, groups primarily concerned with sick-care rather than burials, and funded, for the most part, by membership dues, existed in Berlin and Dresden. In the late 1700's, a semi-private sick benefit society was established in Fuerth.

Since this is a history of Jewish hospitals, the physical institution of sick-care in Jewish history cannot be ignored. The name given the medieval sick-care institution is 'hekdesch,' a term built from the Hebrew root 'kds'

(holy), and originally meaning "Temple treasury."¹² The reason for this appellation is unclear, but it is worthy to note that parallels can be found in medieval Christian hospitals, sometimes called Hotel Dieu, Maison Dieu, or Gotteshaus.¹³ Although these sick-care institutions, both Jewish and Christian, are viewed as the hospitals of the Middle Ages, they bore little resemblance to the modern health care facilities of today. They were 'hospitals,' "if by this term we understand care for the sick of a most primitive nature."¹⁴ More accurate terms may be 'hospice,' a "lodging for travelers, the young, and the underprivileged"¹⁵ - both sick and well,¹⁶ or "xenodochium."¹⁷ It was the traveler and, to a lesser extent, servants and the resident sick poor that availed themselves of the 'hekdesht' meager facilities. When resident Jews of any means fell ill, they were treated at home. There were, however, large numbers of itinerant Jews to fill these facilities. Early Palestinian 'hekdeshtim' were visited by pilgrims to Jerusalem and other holy cities. Persecution and expulsions of Jews in the Middle Ages produced a large class of Jewish poor who moved from community to community and from 'hekdesht' to 'hekdesht.'

The earliest solid evidence of such a facility¹⁸ comes from an inscription on the synagogue on Jerusalem's Mount Ophel, probably from the first century of the common era. It describes a room in the synagogue that was specifically

set aside for itinerants.¹⁹ A similar inscription appears in the Stobi synagogue in Yugoslavia, dating from the fifth century. One of the Emperors, Julian, is said to have called the Romans to found an institution "like the Jews, among whom there are no beggars."²⁰ Friedenwald²¹ claims that the Jewish institution is the 'hekdesch.' Furthermore, during the fourth century, St. Jerome ("Epistola," 77), praised the founder of Rome's first charitable hospital, Fabiola, by claiming that she had transplanted "a branch of Abraham's terebinth (a reference to Abraham's hospitality) to the Ausonian Shores."²²

The term 'hekdesch' was first used in Cologne in the eleventh century.²³ The next evidence of a Jewish hospital comes from a deed in Ratebon in 1210 that mentions the Domus Hospitals Judaeorum. A facility is said to have existed in Cologne in 1248, one in Munich in 1381, Trier in 1422 and Berlin in 1499.²⁴ No description of these institutions has been found. It is therefore impossible to know with certainty whether they followed the model of extant Christian hospitals or not.²⁵ It is generally assumed, however, that the service provided by the Christian 'hospital' and the Jewish 'hekdesch' were similar from the fourth through the eighteenth centuries. A huge network of medieval Christian hospitals was established to answer needs created by the Crusades, wars, poverty, and pilgrimages. The same needs, coupled with Jewish persecution, led to the European 'hekdesch.'

There were, however, marked organizational differences.²⁶ First, the Christian hospitals were, and to a lesser extent still are today, built on a strong Church base.

Run by the Church, or at least associated with it, Christian medieval hospitals usually held religious services and had clergy attached to them. The 'hekdesch,' while it employed prayer as a portion of the curative process, may have originated in the synagogue, "speedily emancipated itself institutionally from the 'church.'"²⁷ It also was generally established and run by the Jewish Community Council and a Brotherhood society that divided the administrative and financial responsibilities. Secondly, while Christian hospitals became a "central institution"²⁸ in the Middle Ages, a focus of philanthropy and a training ground for female nursing orders, the 'hekdesch' remained overshadowed by other Hebra Kaddisha programs. Thirdly, the European Christian hospital movement changed during the seventeenth and eighteenth centuries under the influence of Protestantism and its work ethic. A greater responsibility was placed on the poor individual to work his or her way out of poverty. Workhouses and poorhouses began to supplant the Christian hospitals. No such move away from community acceptance of responsibility for the poor is seen in the Jewish community at this time. Whether due to ideological reasoning

or lack of funds, no Jewish workhouses are built. With the Christian hospital in transition, the Jewish hospital, which saw a great expansion across Central and Eastern Europe in the 1700's, had no paradigm on which to pattern itself. It remained "at its best, an inadequate and unsatisfactory institution."²⁹

The number of patients handled by each 'hekdesch' is unknown, but the facilities were usually limited to a very few beds in one or two rooms located, for the most part, outside the town, and often in or near a cemetery. As mentioned, the conditions were generally very harsh. A letter written by a patient of the Altona hekdesch around 1764 describes the state of the patients,³⁰ "We the poor fathers with children, lying-in (pregnant) women with their offspring, nursing mothers with their sucklings, old men and young men, all whom are cast upon the bed of sickness, enduring our ailments, crushed, wasted, also we who are insane and distraught . . ."³¹ So to recognize that the conditions of the Altona hospital were not exceptional, it should be pointed out that a popular Yiddish phrase was coined about the 'hekdesch': "Besser früher starben in der Heim, eider auf der elter in Hekdesch."³² Such conditions persisted until the Jewish hospital entered the fledgling field of modern health care in the late eighteenth, and nineteenth centuries.

FOOTNOTES
CHAPTER ONE

- ¹Genesis 18:19.
- ²Ezekiel 34:4.
- ³Exodus 18:20.
- ⁴Jacob R. Marcus, Communal Sick Care in the German Ghetto, (Cincinnati: HUC Press, 1978), p. 3.
- ⁵Ibid., p. 12.
- ⁶"Sick Care, Communal," Encyclopedia Judaica, 1972, Vol. 14, p. 1498.
- ⁷Marcus, Communal Sick Care, p. 13.
- ⁸Ibid., pp. 124-5.
- ⁹Ibid., p. 58.
- ¹⁰Ibid., p. 61.
- ¹¹Ibid., p. 62.
- ¹²Ibid., p. 161.
- ¹³Ibid., pp. 161, 274-5.
- ¹⁴Ibid., p. 165.
- ¹⁵"Hospice," Webster's Seventh New Collegiate Dictionary, 1965, p. 402.
- ¹⁶"Hekdesh," Encyclopedia Judaica, 1972, Vol. 8, p. 286.
- ¹⁷Marcus, Communal Sick Care, p. 166.
- ¹⁸The Terms "bet-ha-hofsith" (IIK 15:15) and "gerut" (Jer 41:17) are questionable references to a 'hekdesht.' See Jacob R. Marcus, Communal Sick Care in the German Ghetto, (Cincinnati: HUC Press, 1978), p. 161 for a discussion of this.

- ¹⁹Marcus, Communal Sick Care, p. 161.
- ²⁰Harry Friedenwald, The Jews and Medicine, Vol. II, (USA: KTAV, 1967), p. 517.
- ²¹Ibid.
- ²²Ibid.
- ²³"Hospital," The Jewish Encyclopedia, Vol. VI, 1904, p. 479.
- ²⁴Friedenwald, The Jews and Medicine, p. 517.
- ²⁵According to Friedenwald (The Jews and Medicine, Vol. II, (USA: KTAV, 1967), p. 516), three types of Christian hospitals existed in the Middle Ages: a) The hospitals of St. George, of which over 19,000 are said to have existed in the thirteenth century (Initially, they were leper colonies located outside the city. Later, many became asylums for the poor and aged, or they became more of a general hospital.); b) The hospitals of the Holy Ghost (founded about 1200) and of other religious orders; and c) hospitals set up during epidemic outbreaks of the Plague.
- ²⁶See Marcus, Communal Sick Care, pp. 169-170.
- ²⁷Ibid., p. 169.
- ²⁸Ibid., p. 170.
- ²⁹Ibid., p. 171.
- ³⁰See Marcus, Communal Sick Care, pp. 178-194 for a detailed description of "hekdeshim."
- ³¹Encyclopedia Judaica, 1972, Vol. 8, p. 286.
- ³²Friedenwald, The Jews and Medicine, p. 517.

CHAPTER TWO

MODERN JEWISH HOSPITALS IN EUROPE

By the eighteenth century, the Jewish hospital had undergone little change in its fourteen-hundred-or-more year history. In part, this was probably due to the fact that medieval European Jewish communities had little access to funds that could build bigger and better facilities. To a greater extent, however, it was the general lack of medical know-how during this period that prevented the 'hekdesch' from changing. Illustrative of this is the fact that, well into the eighteenth century, the Christian hospital "remained a combination of an almshouse, an old-age home, and a true hospital for the care of the sick."¹ It wasn't until the second half of the nineteenth century that medicine moved into the age of modernity. Louis Pasteur and Robert Koch had become heroes for revealing the basic properties of microbes. Lister, using "Pasteur's evidence for the ubiquity of airborne microbes,"² introduced antiseptic surgery with his 1867 study, "On the Antiseptic Principle in the Practice of Surgery." Using phenol (carbolic acid) as an antiseptic, he greatly reduced post surgical infection, allowing surgery to become an other-than-last-resort procedure. Of all scientific advances to date, antiseptic and aseptic surgical techniques

probably played the most influential part in transforming the medieval hospice into a modern hospital that people, both poor and wealthy, enter with the hopes of improving their health.

Even before Lister's discovery, however, the seventeenth, eighteenth and nineteenth century European hospital was readying itself for modernity. Following the Reformation, municipal and national governments became more involved in running hospitals. Although the form of sick-care remained unchanged, the French government and German municipalities opened more hospitals. England followed suit in the 1700's. The first bedside teaching facility was opened in Leyden in 1626, an event that allowed doctors and nurses to study and learn under controlled conditions. Prior to the germ theory of disease, "the impetus for the reorganization and modernization of hospitals came toward the end of the eighteenth century, largely as a result of John Howard's exposé of the offensive conditions prevailing in hospitals, lazarettos³ and prisons."⁴ The work of Pastor Fliedner and his wife, of Germany, and of Florence Nightingale helped to bring about hospital reforms and nursing standards.

Jewish hospitals were also growing in number during this period, beginning in Western Europe and spreading "eastward with the eighteenth century Enlightenment, when Jews could look forward to a permanent settlement and

better economic prospects, and when at the same time the idea of the modern, scientific 'house for the sick' (Krankenhaus) was taking root."⁵ The Jews of Breslau opened a 250-bed hospital in 1726. London's Sephardic community established a "modern" hospital in the 1740's. Berlin and Vienna followed in the latter half of the eighteenth century. Paris' first Jewish hospital was founded in 1836, the Amsterdam Jewish community started a hospital in 1840, and in the next year, one opened in Hamburg. In Eastern Europe, medieval Jewish hospitals had existed for over two hundred years. By 1933, there were forty-eight Jewish hospitals in Poland,⁶ including one 1,000 bed facility in Warsaw.

The first Jewish hospital in America was founded in Cincinnati in 1850, before the days of antiseptic or aseptic surgery. In addition to caring for the sick, and like its medieval counterpart, the 'hekdesch,' the Jewish Hospital was a shelter for the poor and transients. Influenced by both the European Krankenhaus which the hospital directors may have had direct contact with and which they saw mirrored in American general hospitals,⁷ and the European Jewish hospitals, the American Jewish hospital moved into the modern age in the late 1800's. On the Krankenhaus model, American Jewish hospitals of the late 1800's and early 1900's were, for the most part, built as exemplars of modern medicine.

FOOTNOTES
CHAPTER TWO

¹Encyclopedia Americana, (International Edition), 1965, Vol. 14, p. 428.

²Bernard D. Davis, M.D., et al., Microbiology, (Hagerstown, Maryland: Harper & Row, 1973), p. 7.

³A hospital for patients with contagious diseases named after Lazarus (Lk 16:20). See Judisches Lexicon, Band III, (Berlin: Jüdischer Verlag, 1927), p. 883.

⁴Enciclopedia of the Social Sciences, 1932, Vol. 7, p. 466.

⁵"Hospitals," Encyclopedia Judaica, 1972, Vol. 8, p. 1034.

⁶Ibid.

⁷The first hospital opened in the United States was the Pennsylvania Hospital of Philadelphia in 1751.

CHAPTER THREE

WHY JEWISH HOSPITALS?

In 1825, the number of hospitals in the United States could be counted on the fingers of two hands. Philadelphia's Pennsylvania Hospital had opened in 1751 and the New York Hospital in 1791. Within the next thirty-four years, six more were built, two in New York and one in each of the cities of Boston, Baltimore, Cincinnati and Savannah. Like in Europe, these hospitals were for the poor; Americans of means were treated in their homes by private physicians. Unlike the medieval European hospitals, they were generally not for travellers or pilgrims, but rather for residents of a city. While the number of these institutions increased steadily throughout the remaining three-quarters of the nineteenth century, the need for hospital services certainly exceeded the beds available. Port cities and industrial towns were growing, fed by a constant stream of European, and later, Asian immigrants. Hopeful workers, lured to these areas, came with little money. What they often did bring with them was sickness, diseases brought on by malnutrition and exposure, and communicable illnesses acquired in crowded conditions of the passage from Europe. Tenement living in American cities did little to stem the spread of disease. In reality, the close quarters and

lack of sanitation only aggravated the situation. Industrial America had, by the mid-1800's, created the need for a sick-care system that the government had taken no steps to organize.

In 1849, there was an epidemic of Asian cholera. One year later, the Jews of Cincinnati (there were between 3,300 and 4,000 Jews in Cincinnati in 1850¹) established a hospital. In New York, the epidemic, spread by the unsanitary living conditions of the poor, took over 5,000 lives.² The "city inspector of internments" of New York

discloses the fact that there were 1,400 deaths (report of one week's statistics, July, 1849), of which 714 are represented as cholera, and a large proportion of the remainder, diseases of the same family.³

By the time Jews' Hospital opened in 1852, there were only five hospitals treating the indigent sick of New York City.⁴ In 1893, after the great wave of Eastern European Jewish immigration had begun, the Lebanon Hospital of New York issued its first annual report. It stated that,

The increase in hospital accommodation has not kept pace with the rapid increase in population. All our hospitals are crowded to their greatest capacity; and it is a most lamentable fact that convalescent patients are often discharged to make room for others who are more ill than they.⁵

The lack of sick-care facilities was also very obvious in Los Angeles of the early twentieth century. Many tuberculosis victims had come to the area for the prescribed sunshine and dry, clean air. There were, however, no

organizations or institutions to care for the indigent tuberculars. They were literally dying in the streets.⁶ A group of young Jewish men and women organized the National Jewish Consumptive Relief Association of Southern California in 1912 "for the purpose of raising funds and establishing suitable quarters for the aid, cure and comfort of our brothers and sisters afflicted with tuberculosis."⁷

Metropolitan newspapers also wrote of the need for increased sick-care. The Denver Post of October 10, 1920 reports that:

With every passing day those citizens who come in contact with the serious side of life realize the necessity for increased hospital facilities for caring for the sick of the city. Among the most alert of this group is a committee of prominent Jews who, 12 October, will launch a campaign to raise an additional \$50,000 for equipping and furnishing the Beth Israel Hospital.⁸

Eleven years later, The Kansas City Post (August 26, 1931) writes about Menorah Hospital of Kansas City:

The hospital was undertaken only after a survey had been made by experts, which revealed that the Kansas City facilities were inadequate to take care of local needs.⁹

As late as the early 1950's, a survey made by the Hospital Council of Greater New York, revealed Nassau and Queens Counties to be the "most underhospitalized areas in the East."¹⁰ The Long Island Jewish Hospital opened in 1954.

Even if there had been sufficient facilities for all the indigent sick who resided in the United States

during the late nineteenth and early twentieth centuries, many still may have been refused care. Admission to the few existing city hospitals was usually limited to those who had resided in the city for a substantial period of time, often no less than one year. The Beth Israel Hospital Association of New York reported that one purpose of the Hospital would be "to admit immigrants, as the other city hospitals refused them unless they had resided one year in the city."¹¹ Similarly, Solomon Levi wrote of the City Hospital of Cincinnati in 1878:

The regulations of the City Hospital in this city (and most likely in any other city) prohibit the admission of any except citizens of such sick who have sojourned in the city for a period of time.¹²

In many cases, even if sick-care was available and the patient could prove residency, the facilities were located so far away from some population centers that they were difficult for many to reach. Before Beth-El Hospital opened in New York in 1921, the residents of East New York and Brownsville were forced to travel a considerable distance for sick-care. Evidently the closest facility was St. Mary's Hospital on St. Marks Avenue.¹³ A second reason given for the establishment of Beth Israel Hospital of New York was "the apparent great necessity of having a hospital convenient to the crowded tenement district of the city."¹⁴ The need for hospitals in urban America was real. But, what about the need for Jewish hospitals?

It would be very comforting to be able to say that there was one reason, or even two, that led to the establishment of the more than sixty Jewish-affiliated hospitals in America today. This, however, is not the case. There are, instead, no less than five major circumstances that led to the founding of these institutions. None of the five characteristics chosen for discussion here are either ubiquitous nor absolute. Instead, it is believed that at least one of the circumstances played a substantial role in the history behind each of the Jewish hospitals opened in the United States in the past 135 years.

The list includes:

1. missionizing by Christians in other hospitals,
2. medical training for Jewish physicians,
3. the desire to have an institution that serves kosher food and follows Jewish ritual practice,
4. the type of patients in other hospitals,
5. a desire to imitate (and help) the Christians by building similar institutions.

These five characteristics can only be cogently discussed in the light of two very basic premises; the aforementioned need for hospital facilities which led to the overcrowding of existing facilities, and the responsibility that American Jews felt to take care of their own.

Chapter One of this thesis explores the textual basis for sick-care in ancient and medieval ages. The traditional texts point to the Jewish community's acceptance of responsibility for the welfare of fellow Jews. It was a sense of responsibility honored by the Roman Emperor, and one that spawned Jewish sick-care societies, the 'hekdesch' and the modern European Jewish hospital.

Not wishing to go against the Jewish tradition of aiding the poor sick and not wanting to anger the predominant Christians by expecting them to care for indigent Jews, the corporate Jewish society 'took care of its own' in Europe (see Chapter Two). Speaking of Jewish hospitals in Europe following a trip to Frankfurt am Main, Adolphus S. Solomons, a founding member of Jews' Hospital (Mount Sinai) of New York,

told of the shame he had felt when he had to admit there were no such hospitals in the United States and how he then and there determined that, 'God willing,' such a reproach upon his native land should not long exist if he could do aught to prevent it.¹⁵

So the sense of responsibility for the welfare of fellow Jews, unlike the corporate structures of the Jewish community, did cross the Atlantic to America. Documentation that predates Adolphus S. Solomons by some two hundred years, however, suggests that the notion of responsibility for Jews by Jews did not come entirely from within the

Jewish community. In response to an attempt by Peter Stuyvesant to rid the Dutch American Colonies of Jews, a group of Jewish shareholders of the Dutch West Indies Company wrote the directors of the company, requesting their veto of Stuyvesant's proposal. In a letter to Stuyvesant, dated April 26, 1655, the Directors of the Dutch West Indies Company did overturn his proposal, thereby allowing Jews to live in the colonies, provided that they take care of their own poor, as did all churches in the "territories."

We would have liked to effectuate and fulfill your wishes and request that the new territories should no more be allowed to be infected by people of the Jewish nation, for we foresee therefrom the same difficulties which you fear, but after having further weighed and considered the matter, we observe that this would be somewhat unreasonable and unfair, especially because of the considerable loss sustained by this nation, with others, in the taking of Brazil, as also because of the large amount of capital which they still have invested in the shares of this company. Therefore after many deliberations we have finally decided and resolved to apostille upon a certain petition presented by said Portuguese Jews that these people may travel and trade to and in New Netherland and live and remain there, provided the poor among them shall not become a burden to the company or to the community, but be supported by their own nation. You will now govern yourself accordingly.¹⁶

The Dutch West Indies Company would only allow Jews into New Amsterdam if it didn't have to care for them or support them. This task was, by external decree, left to the Jewish communities of Holland and the colonies.

Although this 'encouragement' for Jewish sick-care on this continent came from 'without,' this responsibility was, for the most part, promoted from within the Jewish community. The Jewish Hospital of Cincinnati opened in 1850, with the stated purpose "of alleviating the indigent poor sick of the Jewish faith."¹⁷ The first officer's report of Lebanon Hospital of New York continues:

All nations and all times have revered charity as the highest virtue. Our feeling of fellowship for all mankind incites us to help the weak, feed the hungry and clothe the naked; but it is reverence for human life that teaches us to nurse the sick with tenderest care. Our sympathies go out to the poor; but sickness and poverty combined touch the deepest feelings of the human heart.¹⁸

For some founders of Jewish hospitals in America, the desire to help the Jewish "indigent sick" came directly from the Jewish texts through European Jewish sick-care models. In other cases, it grew out of a fear that the indigent Jews would become a burden on the general society. (As a matter of fact, the poor Jews that came to the Dutch territories in the 1650's were initially cared for by Christian charities.) This, in turn, could lead to a resentment of the entire Jewish community for dumping its problems outside its door. Mr. Nathan Loeser, the President of the Board of Trustees of Cleveland's Mount Sinai Hospital, claimed that the non-Jewish hospitals were taking care of a large number of Jewish patients without receiving a proportionate share of Jewish contributions. Based on a report

of Mr. A.S. Newman of the Hebrew Relief Association, he also explained that, "while the Jewish people of Cleveland were contributing to Jewish hospitals \$565.00 per year, non-Jewish hospitals were expending on Jewish charity patients approximately \$10,000 per year."¹⁹

Whichever the motivation, a positive desire to help fellow Jews or a fear of burdening the general society, the United States Jewish community did feel an obligation to care for its own indigent sick. As Solomon Levi wrote, "We consider it our pride to take care of our sick and needy, and have in all ages and all countries on the globe, adhered to this principle to this very day."²⁰

Keeping in mind the shortage of hospital beds in nineteenth and twentieth century America and the basic obligation that Jews felt to care for their sick, we can now turn to specific issues that led American Jews to open Jewish hospitals.

Although many historians assume that the chief reason for the establishment of Jewish hospitals was the missionizing of sick Jews by Christians in public and Christian hospitals, relatively little primary proof of this is available. Still, it is not hard to believe that such practices were widespread. First, there are examples of such missionary work being done among desperately ill Jews. Second, even if missionary work was common in hospitals, it is understandable that a minority

group like the Jews would not want to complain too loudly about the majority's persecution of its members. Even if Jews were willing to openly admit that Christian missionaries were trying to draw deathbed confessions and conversions out of Jewish patients, they would not want to publicize this negative Christian trait as the basis for establishing a Jewish hospital. Instead, it is probable that they would speak in terms of their positive concern for humanity as the hospital opened, a concern that also may have been very real. To have emphasized that the American Jewish hospital was created to counter Christian missionary work would have been tantamount to charging the general Christian society with anti-Semitism. Especially in the melting pot atmosphere of America, such a charge would not have been well received.

Still, some spoke out about such occurrences. Dr. Joshua I. Cohen, a physician, gave a speech when the cornerstone was laid for Baltimore's Asylum for Israelites in 1866.

Many of us know the instances in which poor co-religionists, stricken down upon the bed of illness in the hands of strangers, have been greatly annoyed and their last moments embittered by the obtrusion of sentiments, in the vain attempt to draw them away from the God of their Fathers. It was the occurrence of a case of this kind which a few years ago warmed us up to the necessity of making provisions to protect ourselves.²¹

Jacob Hirschorn, a volunteer in the Mexican-American War, writes of a more subtle Christian influence in hospitals. Having contracted yellow fever in New Orleans following the war, Hirschorn was admitted to that city's 'La Charite' Hospital. There his nurse, a Catholic sister, would read to him from the Christian Bible for "an hour or so in the afternoons."²² Rather than formally complain of this gentle indoctrination into Christianity, he claims: "I seemingly listened very attentively to her, but inwardly, I muttered to myself: 'Geh veg mit deiner Schabbes Schmues.'"²³

Perhaps the person that spoke most eloquently about this problem, and indeed about the need for Jewish hospitals in general, was a man who initially opposed them and later helped to found Philadelphia's Jewish hospital. He was Isaac Leeser, rabbi and editor of The Occident, a Jewish periodical published in Philadelphia. In an article entitled "Jewish Hospitals" published in The Occident of October, 1865, Leeser writes of "general hospitals"²⁴:

. . . But there is (another) annoyance of a moral character, religious rather we should say, where direct interference is resorted to by missionaries and tract distributors, who, in spite of all precautions of stewards and nurses, will insist on leaving their pestiferous wares on beds of sufferers.²⁵

In an earlier article he claims that:

. . . every Jew must be anxious to have around him in the moments of suffering those who sympathize with him . . . And he must ardently desire not to have his hours of illness embittered by the appeals of those who prowl about sanitary establishments, and omit no opportunity to preach their unwelcome doctrines to all ears . . . not to mention the dread which the conscientious invalid must feel of being tampered with in moments of unconsciousness, as there are zealots who would not hesitate to baptize, as they call it, a Jew or heretic, or infidel, in extremis, to prepare his soul for heaven.²⁶

In a plea for the establishment of Jews' hospitals, Leeser continues:

We require, therefore, not a mere negative protection against molestation which, after all, may not be secured, but a positive right to watch over our sufferers, and give them all the aid, watchfulness, and religious consolation they need without being hindered by the presence of those who could disturb them in exercise of religion, since our own hospitals will be Jewish in the full sense of the word.²⁷

Leeser was writing for an audience that was probably 100% Jewish. In this context, he could afford to be honest in a way that most founders of Jewish hospitals could not. Many of them were merchants with strong ties to the non-Jewish community, ties upon which their livelihood often depended. Leeser's writings were meant to be "in-house." As long as he was writing for Jews, he was free to write that Christians were using subversive missionizing techniques on Jews. If his writings are indicative of what was happening in the general society of his time,

Christian missionizing must have played an important role in moving American Jews to open their own hospitals.

It is said that Jewish physicians needed hospitals in which to train because they were not allowed onto the staff of many Christian or general hospitals.²⁸ While, here too, specific acts of discrimination are rarely documented, references to such practices are substantial in form and number. As is the case with missionary work in the non-Jewish hospitals, the evidence of such discrimination against Jewish physicians is too great to deem it apocryphal. It must be pointed out, however, that without exception, this issue did not play a part in the founding of any American Jewish hospitals in the nineteenth century. Only during the twentieth century did the exclusion of Jewish physicians from the staffs of general and Christian hospitals play a role in the establishment of Jewish institutions. There are at least two reasons for this. First, through the nineteenth century, there was little need for any physician to be on a hospital staff. Most physicians apprenticed to someone with a private practice who treated patients in their homes or in his office. Even this was unnecessary, for no enforceable standards existed in the medical profession. In the mid-1800's, many physicians had less than a high school equivalent education, in addition to a six-month or full year training program.²⁹ In 1847, the recently formed

American Medical Association attempted to set standards, but it was not until 1873 that the first state (Texas) required physicians to take and pass board examinations.³⁰ By the turn of the century, hospitals were seen by some as the training grounds for medical students and physicians hoping to pass these examinations. Jewish doctors and students needed such practical education. In addition to a rise in the number of hospitals and the standardization of medical training, a sharp increase in American anti-Semitism motivated the twentieth century Jewish community to establish hospitals for Jewish physicians. Until large groups of Eastern European Jews immigrated to the United States in the late nineteenth and early twentieth centuries, anti-Semitism in America was not an organized active force. That is not to say that the German Jewish 'nouveau riche' were accepted into Christian social circles. They weren't, but this exclusion was a symptom of a general insulation from any outsiders, and was not solely or specifically anti-Jewish. Discrimination against Jews in housing, university education and "industry, insurance, and banking"³¹ following the Eastern European immigration is well documented. The fact that many of the prominent leaders of leftist urban politics were Jewish did not help to quiet overt anti-Semitism in twentieth century America, especially following the Russian Revolution and the Depression of

1929. The German-American Bund, the American arm of Germany's Nazi Party, attracted followers during the troubled financial times of the 1930's. This rise in anti-Semitism was stemmed only by the outbreak of World War II, when thoughts turned away from economic hardships to global politics and national defense.

Harry Saltzstein, a physician and founder of Detroit's Sinai Hospital, writes:

Several studies were made here of the origin and development of Jewish hospitals in other cities. Cleveland started one in 1912, Pittsburgh in 1935, Milwaukee in 1936. The usual reason was that 'Jewish doctors had difficulty in becoming members of other hospitals.'³²

He also claims that he observed this during "the first week"³³ he was in Detroit. The President of the Board of Trustees of Cleveland's Mount Sinai Hospital, in agreement with the above statement, claimed that Jewish physicians lacked opportunities for training in a hospital setting because of discrimination against them in various local hospitals.³⁴ The situation was evidently identical in Louisville, Kentucky, where . . . "Jewish doctors, though few in number, were denied staff privileges in most hospitals . . ."³⁵ Dr. Robert Aks, the present Administrative Resident of Menorah Medical Center of Kansas City, Missouri, strengthens the argument by claiming that some local hospitals carried out this discrimination until very recently:

. . . it is well known that a prime reason for the establishment of the Jewish Memorial Hospital was because other hospitals in the community would not allow Jewish physicians on their medical staff. Only (until) a decade ago did some of the hospitals allow selected Jewish physicians on staff.³⁶

Tina Levitan points out that this lack of opportunity to gain staff privileges was also compounded by an increasing number of Jewish physicians.³⁷ Jewish doctors needed staff positions in hospitals. The Jewish community found them such situations by building new hospitals. The creation of staff positions for Jewish physicians may thus be added to the list of reasons for the establishment of Jewish hospitals in America.

The Jewish patient's search for a kosher diet and comfortable Jewish surroundings is another oft-mentioned reason for the existence of Jewish hospitals. It should be pointed out that these concerns were voiced primarily by the Orthodox and Eastern European Jews who were oftentimes one and the same. Used to a traditional Jewish lifestyle in the ghettos and shtetls of Russia and Poland, these Eastern Jews sought to hold on to practices mandated by Jewish law. Because of their desire to follow a kosher diet and observe traditional ritual practices, such as thrice-daily prayer, head covering, no work on the Sabbath, many of these Jews remained isolated from the ways of the Christian majority. For the non-traditional Jews who, in the late nineteenth and early twentieth

centuries, were chiefly Western European emigrants, the availability of kosher food and the opportunity to follow traditional Jewish ritual were not compelling reasons to build Jewish hospitals.

The most eloquent spokesman for the traditional viewpoint was a man who was from Germany, Isaac Leeser. In an appeal for funds for The Jews' Hospital of New York, he writes:

The forms and ceremonies of the Jewish religion are not confined to their public worship and ritual; they form part of individual and domestic arrangements, and their observance is impracticable, save in their own habitations, and amid their own people. It is this peculiarity which created the necessity for a Hospital for their own use and accommodation.³⁸

The "forms and ceremonies of the Jewish religion" foremost in the minds of some founders were kashrut, autopsy and burial, and to a lesser extent, language. Holiday observance could be assumed to have been of interest, but issues surrounding the Sabbath and other holidays are generally not discussed. Instead, the abovementioned three practices are focused upon. Although the Jewish Hospital of Brooklyn was "developing into a Class A institution,"³⁹ the Orthodox Jewish founders of the city's Beth El, Beth Moses and Israel Zion Hospitals saw a need to organize Jewish hospitals with kosher kitchens. This desire for kosher facilities also seems to have played an influential

role in the founding of Boston's Beth El Hospital⁴⁰ and Mount Sinai of Chicago.⁴¹

Leeser also writes of the need for Jewish hospitals to insure the proper burial of the dead, that is without unnecessary autopsy and among other Jews:

A gentleman of this city (Philadelphia) told us a few days ago, in this connection (conduction of autopsies), that a few years ago it was his duty as an officer of a society to visit a sick member who was in a hospital, and once when he came again, the patient had departed this life, and on proceeding to where the remains were placed he found them stripped of clothing and so disfigured by the dissection which had been made that it was impossible to make the 'Taharah' (ritual cleansing).⁴²

Emphasizing his personal distaste in the light of such actions, he admits that

. . . we feel an irresistable repugnance to have the bodies of our friends given over to our physicians to satisfy an idle curiosity, and we honestly believe that thousands of partial dissections of the dead take place which have no scientific object in view, or are so cursorily made as merely to satisfy the attending physicians of the probable cause of death . . .⁴³

In his resolution before the meeting of Philadelphia's Har Sinai Lodge No. 8 of B'nai B'rith in 1864, Abraham Sulzberger calls for the establishment of a Jewish hospital in that city while summarizing all of the aforementioned reasons for such an institution.

Whereas, A Jewish Hospital has been found to be a necessity in the cities of New York and Cincinnati, and in the large cities of Europe, and

Whereas, All the causes that make such an institution a necessity there are in full operation here, and

Whereas, Within the last six months, three Israelites of this city have died in Christian hospitals, without having enjoyed the privilege of hearing 'Shema Yisrael,' the watchword of their faith and nation, and

Whereas, It reflects on the greatest discredit on so large a Jewish population as that of Philadelphia, to force friendless brothers to seek, in sickness and the prospect of death, the shelter of un-Jewish hospitals, to eat forbidden food, to be dissected after death, and sometimes even to be buried with the stranger.

Therefore be it

Resolved, That the District Grand Lodge, No. 111, of the Independent Order of B'nai B'rith, acting on the Benevolence and Brotherly Love, which are the motto of the Order, take immediate steps to secure the co-operation of all Jewish societies and individuals for the purpose of founding a Jewish hospital.⁴⁴

The fourth reason given for the establishment of Jewish hospitals in the United States was written on a notice in October, 1878, that was signed by Jacob Furth, August Binswanger, and Dr. H. Sonneschein, founders of St. Louis' Jewish Hospital. The notice called for a hospital because:

destitute, aged and infirm Israelites must use City Hospital which is filled by the worst elements of a mixed population and are (sic) not . . . the proper retreats for proper Israelites.⁴⁵

Many Jewish leaders considered the sick Jewish poor more worthy than the sick non-Jewish poor, possibly because city hospitals were populated by a fair number of mentally unstable patients as well as criminals. Again, Isaac

Leeser writes on the subject of non-Jewish hospitals, this time of the anti-Semitism found in them.

These (inmates of general hospitals), in general, are not the highly cultivated, but mostly persons of humble circumstances among whom deep-rooted prejudices still prevail, especially if they are European immigrants.

Calling Jews to look at the real and not the hoped-for world of fraternity, he claims:

The progress of enlightenment, of which we hear so much, has not yet succeeded in eradicating prejudices, and no one is wise enough to predict the time when it shall be able to do so.⁴⁶

He feels that there is no way to stem the effects of such prejudice on sick Jews without opening separate Jewish hospitals, for there is no assurance that "other patients (in general hospitals) may not annoy Jewish ones in small matters, so as to make their stay highly unpleasant."⁴⁷

Leeser believed this "prejudice" to be so strong, that, in military hospitals during the Civil War, he felt it caused among Jewish patients, "a hesitancy to confess our religion for fear of taunt or shame, false, indeed, yet powerful enough to act as a check on them . . ."⁴⁸

The Jewish community did not want its "worthy" poor to have to mix with the hostile dregs of the general society. A logical solution would be to build indigent Jews institutions of their own that could be controlled by people that understood them.

American Jews added a brand new dimension onto the communal sick-care responsibility felt by European and Middle Eastern Jews. For the first time, Jews spoke of giving sick-care to poor non-Jews in addition to poor Jews. For many founders of Jewish hospitals in America's theoretical melting pot, the people in need of help were not 'Jews,' but the unfortunates of 'humanity.' This was a dramatic move toward universalism and away from the particulars of the corporate European Jewish community. The will of Judah Touro, which detailed the donation of land and building to the Touro Infirmary made no mention of Jews other than including the word 'Hebrew' in the name of a proposed hospital:

I give and bequeath to found the 'Hebrew Hospital of New Orleans' the active property purchased for me at the Succession Sale of the late C. Paulding, the building now known as the 'Touro Infirmary' . . . , the said contemplated Hospital to be organized according to law, as a charitable institution for relief of the indigent sick.⁴⁹

It was a show of pride to the general community that Jews could help take care of "their" (the Christian) poor sick in addition to their own. What better way of proving one's success in and acceptance by the American community than by giving aid to the majority group? That would certainly prove that the Jewish minority group had "made it." At the 1892 ceremony marking the laying of the cornerstone for the Jewish Hospital (now the National Jewish Hospital)

in Denver, Rabbi W.S. Friedman spoke of the universalistic outlook of the Hospital Association:

The idea of the Hospital had its birth in November, 1889, and the desire of its founders was to rear a Temple unbounded by any creed. This Association is not sectarian as the name might indicate. As pain knows no creed, so is this building the prototype of the grand idea of Judaism, which casts aside no stranger no matter of what race or blood.⁵⁰

The same sentiment is expressed by a newspaper headline about the opening of Denver's Beth Israel Hospital:

"Beth Israel, Like Abraham's Tent, Will Be Open to Sufferers Without Distinction As to Race or Creed."⁵¹

Pride in these institutions and in the fact that they served Christians was widely acknowledged.

An earlier article about a fundraising banquet emphasizes the fact that New York Jews had raised sufficient monies to establish and run the Jews' Hospital without any city or state help. This is the pride of Jews who built an American institution for Jews and non-Jews (by this time) that rivaled the best Christian and general hospitals of the day.

Und wer dem juengsten Banquet beiwohnte das zu Guensten israelitschen Hospitals gegeben wurde, hat sich ueberzeugt, dass dem Judenthum eine herrliche Zukunft in diesem Lande bevor steht. - An 14,000 dollars wurden an jenem Abend vor dem zahlreichen Gasten gezeichnet; eine Summe, die selbst London bei keinem aenlichen Feste noch je zusammen gebracht hat.

Das Hospital ist eine Zierde der New Yorker Juden; sie erhalten es aus eignen Mitteln, ohne Unterstuetzung von Seiten der Stadt oder Staates, und dennoch werden Christian wie Juden in dasselbe aufgenommen und unentgeltlich behandelt.⁵²

The group of Jews who founded these non-sectarian hospitals, for the most part, kept the ideals of Jewish responsibility in mind, but also sought to copy the model of Christian sick-care in America. After all, the Christian denominations, most notably the Roman Catholic, all had hospitals: Jews felt that they should have hospitals, too. They would provide another sign of the Jews' acceptance of and by the American social structure. These Jews wanted to open hospitals similar to the best Christian hospitals with one notable exception; their institutions would truly be a non-sectarian haven for all of America's sick. As David A. Gee states,

. . . the growing Jewish communities moved to provide some facilities that could parallel the medical institutions developed by the non-Jewish elements of the cities in which they resided.⁵³

Isaac Leeser was not a proponent of a non-sectarian hospital, but the institutional model he based his ideas on was the Christian hospital.

. . . we do not see the least reason why Jewish people should not do for each other what all other large denominations do for themselves, namely, to bring the aid of religion to bear on their adherents . . .⁵⁴

Even Leeser spoke in universalistic terms when comparing Jewish institutions to existing hospitals:

. . . the honor of the Jewish people is involved in respectably maintaining this Hospital - the only private one in Philadelphia open free to the afflicted of every nation, tongue and creed.⁵⁵

A discussion of the reasons for the founding of Jewish hospitals in America would not be complete without some mention of the people that founded them. Some names and organizations have been given as examples in this chapter. More will be reported in the capsule histories of the establishment of each institution. Still, it is important to identify and group different 'types' of founders in order to better understand why they established Jewish hospitals. They are as follows:

1. Physicians
2. Community Leaders
3. Women's Societies
4. Men's Societies
5. Orthodox Jews

With the exception of a few,⁵⁶ all of the hospitals can be divided according to the groups of founders listed above:

1. Physicians

The Hospital for Joint Diseases, New York (1906)
 Bronx-Lebanon Medical Center (1911)
 Hillside Hospital, New York (1927)
 Mount Sinai, Miami Beach (1946)
 Rose, Denver (1949)
 Sinai, Detroit (1953)

2. Community Leaders

Jewish, Cincinnati (1850)
 Mount Sinai, New York (1855)
 Albert Einstein, Philadelphia (1867)
 Touro Infirmary, New Orleans (1869)
 Michael Reese, Chicago (1881)
 Montefiore, New York (1884)
 Lebanon, New York (1893)
 National Jewish, Denver (1895)
 Mount Zion, San Francisco (1897)
 Beth Israel, Boston (1902)
 Cedars-Sinai, Los Angeles (1902)
 Jewish, St. Louis (1902)
 Mount Sinai, Milwaukee (1903)
 Jewish, Louisville (1905)
 Barnert Memorial, Paterson, New Jersey (1908)
 Mount Sinai, Hartford, Connecticut (1923)
 Menorah, Kansas City, Missouri (1927)
 Jewish Chronic Disease, New York (1929)
 Mount Sinai, Miami Beach (1946)
 Rose, Denver (1949)
 Sinai, Detroit (1953)
 Long Island Jewish (1954)

3. Women's Societies

Jewish Home and Hospital, New York (1870)
 Beth Israel, Boston (1902)
 Mount Sinai, Cleveland (1903)
 Hebrew Rehabilitation, Boston (1905)
 Montefiore, Pittsburgh (1908)
 Blythedale, Valhalla, New York (1913)
 Deborah, Browns Mills, New Jersey (1922)
 Beth Israel, Denver (1923)
 Miriam, Providence, Rhode Island (1925)
 Jewish Memorial, Boston (1929)
 Jewish Chronic Disease, New York (1929)

4. Men's Societies

Albert Einstein, Philadelphia (1867)
 National Jewish, Denver (1895)
 Levi Arthritis, Hot Springs National Park,
 Arkansas (1914)

5. Orthodox Jewish Groups

Beth Israel, New York (1890)
 Mount Sinai, Chicago (1914)
 Maimonides, New York (1911)

A number of the hospitals are listed in more than one category. An example is the Jewish Chronic Disease Hospital, which was founded by a group of leading Jewish women in association with a local businessman. Another example is the National Jewish Hospital, which was originally the project of "the most prominent Jews in Denver,"⁵⁷ but was opened under the auspices of B'nai B'rith.

The physician founders apparently established their hospitals for one principle reason: they saw a need for increased sick-care in the Jewish community and a hospital was the best means of providing it. Another reason, and one that is mentioned by one of the founders of Detroit's Sinai Hospital (and also earlier in this chapter), is the lack of training opportunities for American Jewish physicians in the first half of the twentieth century.

The community leaders who helped found Jewish hospitals by giving of their time and money must, like the physicians, have been driven by the desire to see more adequate health care in the Jewish community. As with individuals included in all of the other groups, some must also have been seeking the personal glory that philanthropic activities on behalf of the poor and sick (both Jews and non-Jews) offered them in both the Jewish and general communities.

Only one national men's society was directly responsible for the establishment of Jewish hospitals in America - the B'nai B'rith. This organization helped found and run hospitals in Denver, Hot Springs National Park, Arkansas, and Philadelphia.

Most women's societies that were involved in opening hospitals began as visiting, or 'bikkur holim' societies. They expanded when the demand for sick-care became too great for the visiting-group, or when they sought better quality or permanent care for the poor sick. Such is the case of Blythedale Children's Hospital, Valhalla, New York, and Mount Sinai Hospital, Cleveland. It is interesting to note that, in order to gain access to building and operating funds, some of these groups found it necessary to turn over some of the leadership power to men in the community. This happened in Pittsburgh with the Montefiore Hospital and in Providence, Rhode Island at the Miriam Hospital.

Institutions listed under "Orthodox Jewish Groups" above, were, by no means, the only hospitals that Orthodox Jews helped found. Rather, these were institutions that were established by groups that specifically spoke of opening hospitals that would follow the practices of traditional Judaism in contrast to Jewish hospitals already found in their cities.

FOOTNOTES
CHAPTER THREE

¹Mary Ethel Sharon, "A History and Recollection of the Early Days: In Honor of the 125th Anniversary of the Jewish Hospital of Cincinnati," presented by The Jewish Hospital of Cincinnati Medical and Dental Staff Bulletin, (July, 1975), p. 5.

²Joseph Hirsch and Beka Doherty, The First Hundred Years of The Mount Sinai Hospital of New York, 1852-1952, (New York: Random House, 1952), p. 7.

³Ibid.

⁴Ibid., p. 7-9.

⁵Tina Levitan, Islands of Compassion, (New York: Twayne Publishers, 1964), p. 107. (Also see Second Report: Lebanon Hospital in the City of New York, [New York: J.F. Pearson & Co., 1895].)

⁶City of Hope, "A Unique Investment in Service to Humanity," Unpublished history of the City of Hope provided by City of Hope Hospital, 1979. (Also see Milton L. Anfenger, The Birth of a Hospital, [The story of the birth of The National Jewish Hospital in Denver, Colorado], 1942, [publication unknown - reprint sent from hospital], introduction.) (A.J.Ar.)

⁷City of Hope, "City of Hope History," (unpublished), provided by City of Hope Hospital, 1958. (A.J.Ar.)

⁸Beth Israel Hospital and Geriatric Center, A Prospectus for Services to the Aging, provided by Beth Israel Hospital, Denver, Colorado, 1981. (A.J.Ar.)

⁹Menorah Medical Center, Menorah: 50th Anniversary, (a brochure provided by Menorah Hospital, Kansas City, Missouri, 1981). (A.J.Ar.)

¹⁰Levitan, Islands of Compassion, p. 272.

¹¹Ibid., p. 89.

¹²David A. Gee, 216 S.K.: A History of the Jewish Hospital of St. Louis, (St. Louis, 1981), p. 9.

- ¹³Levitan, Islands of Compassion, p. 214.
- ¹⁴Ibid., p. 89.
- ¹⁵Hirsch and Doherty, The First Hundred Years, p. 18.
- ¹⁶Publications of the American Jewish Historical Society, (Number 18; American Jewish Historical Society, 1909), p. 8.
- ¹⁷Sharon, "A History and Recollection of the Early Days," p. 5.
- ¹⁸Levitan, Islands of Compassion, p. 107.
- ¹⁹"Notes of Mt. Sinai Hospital of Cleveland, Ohio," (American Jewish Archives), Cleveland - Mt. Sinai Hospital: Scrapbook of the History and Activities, May, 1903 - December, 1968, (Microfilm).
- ²⁰Gee, 216 S.K., p. 9.
- ²¹Harry Friedenwald, The Jews and Medicine, (Vol. II, USA: KTAV, 1967), p. 518.
- ²²Morris U. Schappes, A Documentary History of the Jews in the United States, 1654 - 1875, (New York: Schocken, 1971), p. 273.
- ²³Ibid.
- ²⁴The Rev. Isaac Leeser, "Jewish Hospitals," The Occident, Vol. XXIII, No. 7, (Philadelphia: 1865), p. 292.
- ²⁵Ibid., p. 293.
- ²⁶"Cincinnati," The Occident, Vol. 8, (1850), p. 26. (About the founding of The Jewish Hospital).
- ²⁷Schappes, A Documentary History of the Jews, p. 295.

²⁸Jewish hospitals also provided nursing positions for Jewish women. This is not given as a reason for opening Jewish hospitals, however. It instead appears to be a by-product of their establishment. The situation is described in relation to Boston's Beth Israel Hospital:

"(The Nurses' Training School) gave to Jewish girls for the first time the opportunity to become nurses under completely friendly auspices. Hitherto, they has often complained of hostility and prejudice in non-Jewish institutions with the result that there were only eight registered Jewish nurses at that time." (1918)

Herman Dara, The Early Days of the Beth Israel Hospital, (USA (Boston): private printing, 1950), p. 13.

²⁹Hirsch and Doherty, The First Hundred Years, p. 30.

³⁰Ibid.

³¹"Anti-Semitism," Encyclopedia Judaica, 1972, Vol. 3, p. 126.

³²Harry C. Saltzstein, M.D., "The Origin and the First 20+ (Plus) Years of Sinai Hospital of Detroit," Bulletin, Sinai Hospital of Detroit, Vol. 24, Number 2, (April, 1976), p. 60.

³³Ibid.

³⁴"Notes of Mt. Sinai Hospital of Cleveland, Ohio," Cleveland - Mt. Sinai Hospital, (Microfilm).

³⁵Herman Landau, Adat Louisville, (Louisville, Kentucky: Grieb Printing Co., 1981), p. 113.

³⁶Letter of Robert S. Aks, Administrative Resident, Menorah Medical Center, Kansas City, Missouri, August 3, 1984, (In the collection of the American Jewish Archives, Cincinnati, Ohio).

³⁷Levitan, Islands of Compassion, p. 257.

³⁸"The Jews' Hospital in New York," The Occident, Vol. XIV, (Philadelphia: 1856), p. 398.

³⁹Levitan, Islands of Compassion, p. 257.

⁴⁰Dara, The Early Days of The Beth Israel Hospital, p. 6.

⁴¹Mount Sinai Medical Center of Chicago, "What About Mount Sinai Hospital," (unpublished article - date unknown), provided by Mount Sinai Medical Center of Chicago, (A.J.Ar.).

⁴²Schappes, A Documentary History of the Jews, p. 297.

⁴³Ibid., p. 296.

⁴⁴"Dedication of The Jewish Hospital (of Philadelphia);" The Occident, Vol. 25, (Philadelphia: 1867), pp. 200-201. (Resolutions presented by Abraham Sulzberger to the Har Sinai Lodge, No. 8 of B'nai B'rith.)

⁴⁵Gee, 216 A.K., p. 10.

⁴⁶Leeser, "Jewish Hospitals," p. 293.

⁴⁷Ibid., p. 292.

⁴⁸Ibid., p. 294.

⁴⁹Letter from Suzanne Stewart, Public Relations Director, Touro Infirmary, New Orleans, Louisiana, September 6, 1984. (In the collection of the American Jewish Archives, Cincinnati, Ohio.) (Also see Walter Mucklow Burnett, Touro Infirmary, [Baton Rouge, Louisiana: Moran Publishing Corp., 1979], p. xiii.)

⁵⁰Anfenger, The Birth of a Hospital, p. 17.

⁵¹Beth Israel Hospital and Geriatric Center, A Prospectus for Services to the Aging, p. 40.

⁵²"Unser Hospital und die Westlichen Gemeinden," Die Deborah, (June 3, 1859), p. 332.

⁵³"Inland: New York, Nov. 4," Die Deborah, No. 14, (November 19, 1858), p. 108.

⁵⁴Gee, 216 S.K., p. 6.

⁵⁵Leeser, "Jewish Hospitals," p. 294.

⁵⁶"Remarks of Alfred T. Jones, President of Hospital, at the Dedication of The Jewish Hospital of Philadelphia, May 28, 1867," The Occident, Vol. 25, (1867), pp. 195-196.

⁵⁷Hospitals discussed in this thesis but not listed are:

Jewish Memorial, New York (1905)
City of Hope, Duarte, California (1913)
Beth-El, Brooklyn (1921)
Beth Israel, Passaic, New Jersey (1926)
Gateways, Los Angeles (1953)

⁵⁸NJH History: Birth of a Hospital, (Reprint of an article sent by National Jewish Hospital and Research Center, written during its 75th anniversary year.) (A.J.Ar.)

CHAPTER FOUR

WHAT IS A JEWISH HOSPITAL?

What is a Jewish hospital? Asking this question is somewhat like asking, "Who is a Jew?," for in order to answer it, one must touch upon issues that are hotly contested in today's modern Jewish world, the issues of particularism and universalism.

Perhaps, to begin with, a simpler question should be asked: "What was a Jewish hospital?"

In medieval Europe, it was a hospice, established, funded and administered by the local Jewish community or by a brotherhood or sisterhood society of the community. It was a shelter for poor and travelling Jews and a place that Jews could expect short-term sick-care, kosher food, and if they died, a traditional Jewish burial. It enabled Jews who could not be treated at home, because of distance or lack of money, to be cared for among 'lansmen.' In short, the 'hekdesch' was an institution founded and run by Jews for Jewish patients, that followed traditional Jewish practices.

As the European Jewish hospital, following the lead of Christian and secular institutions, slowly ascended into the age of modernity in the eighteenth and nineteenth centuries, the issue of "what makes a Jewish hospital

Jewish?" gradually became more complicated. Modern European Jewish hospitals of this period were still established by Jews and Jews still administered the institutions. Even at this early date, however, funding of the facilities was undergoing some change. Many of the post Reformation Christian hospitals of France and Germany were either closed or transformed into state or municipal supported hospitals. The government began to enter the sick-care field. While funds for founding most Jewish hospitals still came from individuals or groups within the Jewish community, or from the community itself, and while that practice continued through the twentieth century, it is known that the municipality of Metz contributed toward the founding of a Jewish hospital in the late 1700's. While this cannot be viewed as a trend, it is interesting to note that at least one European Jewish hospital was accepting government funds. It is interesting because it opens a Pandora's box of questions. The most basic of which is whether, with outside funding to consider, the Jewish hospital would retain the particularly Jewish characteristics of the 'hekdesch' mentioned above. (Funding of United States hospitals and its ramifications will be discussed in Chapter Six.) Jewish staff and patients, traditional Jewish burial without autopsy, kosher food, a feeling of "Landsmanschaft"; it appears as though these qualities did remain a part of the modern

European Jewish hospital. After all, much of the funding for the institutions still came from the traditional Jewish community that every Jew was legally obligated to give money to. Although Jews had become citizens of the State following the French Revolution and into the modern age, the medieval Jewish corporate structure lived on in the form of religious taxation.

This mandatory religious affiliation did not cross the Atlantic to the United States. It was the "Land of Freedom." Loosed from the tradition of corporate religion from which many of the European emigrants may have been running, the new Americans took a decidedly 'laissez-faire' attitude toward religion. For the first time in Jewish history, being part of the Jewish community was voluntary. There was no real herem (ban of excommunication) that could be placed on anyone. There was no mandatory religious tax to pay to the organized Jewish community. While I do not want to become involved in a discussion of the merits or failings of this freedom, it has given rise to debates on setting the boundaries of what can be considered Jewish in today's world.

For purposes of this paper, a modern Jewish hospital will be an institution that combines attributes from the following list:

1. founded primarily by members of the Jewish community
2. built primarily for members of the Jewish community

3. funded primarily by members of the Jewish community
4. a Jewish name
5. governed primarily by members of the Jewish community
6. staffed by an unusually high percentage of Jews
7. viewed as "Jewish" by the Jewish community
8. adheres to Jewish religious or ritual practice to a greater degree than Christian religions or ritual practice
9. a place in which Jewish patients feel comfortable.

One characteristic is common to all Jewish hospitals in the United States. Like the 'hekdeshim,' they were all founded by Jews and most, even to this day,¹ are governed by Jews.

As discussed in Chapter Three of this thesis, hospitals were founded for a variety of reasons by different individuals or groups of Jews. In Cincinnati, it was a group of wealthy German Jews. The City of Hope in Duarte, California was founded by a group of Los Angeles merchants. The Miriam Hospital of Providence, Rhode Island started as the project of a women's benevolent society. It was probably a local rabbi who persuaded B'nai B'rith to open the Levi Arthritis Hospital in Hot Springs National Park, Arkansas. Beth Israel Hospital of New York and a proposed hospital in Cleveland were the projects of groups of Orthodox Jews looking for a hospital with a kosher kitchen.

These groups were most definitely motivated by different forces, but as the title of Mac Davis' book of Jewish personalities² indicates, "They all are Jews."

Membership dues of these founding groups usually also became the main source of operating funds for the fledgling charity hospitals, especially in the 1800's and early 1900's. The founders also organized boards and societies to govern the hospital. Without evident exception, every Jewish hospital in the United States, sometime in its early years, had a governing board composed entirely of Jews.

The Articles of Incorporation of The Jewish Hospital Association of Denver, April 8, 1890, spoke of the erection and operation of a "non-sectarian facility"³ with a "Jewish management."⁴ Nathan Barnert, founder of Barnert Memorial Hospital in Paterson, New Jersey, virtually insured the Jewish nature of the hospital board by appointing "Life Trustees"⁵ who were dedicated to "religion, hospital and community."⁶ In turn, it is this group of trustees that appoints a new member if one member dies. While not all hospitals have an entirely Jewish governing board, a check of lists still reveals an overwhelming predominance of Jewish names.

The second attribute shared by all the American Jewish hospitals is the fact that they were founded for Jews, either for Jewish patients, Jewish staff, or both.

That is not to say that the majority of patients in Jewish hospitals are or ever were Jewish. Certainly most, if not all of the patients in the Jews' Hospital of New York in its early years were Jewish, since the Hospital charter only allowed admission of non-Jews "in case of accident."⁷ The Bronx Hospital and Dispensary, built in a then predominantly Jewish area, was evidently established, at least in part, for Jews, since Dr. Alexander Goldman went to the trouble of compiling a list of Yiddish speaking doctors who would attend to "those of Jewish origin."⁸ Even the Beth Israel Hospital of Denver, which was organized as a "strictly non-sectarian"⁹ institution, had a large percentage of Jewish patients.

Most of the American hospitals founded, funded and governed by Jews for the benefit of Jews, were and are immediately recognizable by name. Notable exceptions such as the Philadelphia Psychiatric Center, Gateways Hospital and Mental Health Center, the Hospital for Joint Diseases and Orthopedic Institute, The City of Hope, and Hillside Hospital notwithstanding, the names come from Jews or Jewish sources. It appears as though originality was not a virtue treasured by those who chose these names, however. A few terms are seen again and again in hospital names across the country.

"Sinai," the mountain on which the covenant between God and the People of Israel is said to have been made,

appears to be the most popular. There is a "Mount Sinai" in New York, Philadelphia, Chicago, Cleveland, Hartford, Milwaukee, and Miami Beach. Baltimore and Detroit each have a "Sinai" Hospital, while Los Angeles boasts of a "Cedars-Sinai." "Cedars" is another popular name, and one that refers to the sturdy and long-lived trees of Lebanon that are mentioned seventy times in the Bible (see Ps. 80:11). There is a "Cedars" in Miami and a "Lebanon" (Bronx-Lebanon) in New York. San Francisco has a "Mount Zion," the mountain within the walls of Jerusalem. A "Beth Israel," the Hebrew term for "house of Israel" can be found in New York, Newark, Boston, Denver, and Passaic. Others include the term "Hebrew" or "Jewish" in the name, such as Jewish Hospital of Cincinnati, the Long Island Jewish-Hillside Medical Center, or the Hebrew Hospital for Chronic Sick in New York. Still others are named in honor of a Jew, either an historical figure such as the twelfth century philosopher-physician, Maimonides (New York), or contemporary figures who have inspired or have given funds for the hospital. Montefiore Hospital of New York was named after the famous nineteenth century Jewish philanthropist from Great Britain. Barnert Memorial Hospital of Paterson, New Jersey, was named in honor of the deceased wife of the principle donor.

A "Jewish name" is a characteristic of most Jewish hospitals in the United States, and therefore, it must be considered in the definition of a Jewish hospital.

The next characteristic to be examined is a Jewish hospital staff. This is somewhat problematic if one must look at the entire staff to determine its religious make-up, since little information is available other than early and recent lists of physicians, top administrators and head nurses. From these names it is difficult, if not impossible, to extrapolate and estimate the number or percentage of Jews on a given staff. What can be said with some certainty is that, from the beginning, there was little reluctance to hire non-Jews to serve on the hospital staff. It must be pointed out, however, that the hiring of Jewish staff was encouraged.

It seems as though the importance of having Jewish physicians on staff increased during the first half of the twentieth century. This was due, to a great extent, to the lack of hospital training positions (a late nineteenth century phenomenon) opened for Jewish doctors outside the Jewish hospital (see Chapter Three).

The notion that a Jewish hospital is one that the Jewish community views as "Jewish," actually precedes the characteristics of founding, funding, patronage, governance and staffing. It is an attitude that is difficult to quantify, but one that may be roughly measured by financial support of individuals and of the Jewish Federations for a hospital and by the community's involvement in a hospital's voluntary societies. If members of a

Jewish community do not view the hospital as a "Jewish" institution, it can be assumed that, given no unforeseen circumstances, they would not support it in all the ways mentioned above. There must be a sort of "pride-in-ownership" that accompanies the work. To this end a Jewish name over the doors of a hospital must be very satisfying.

It is logical that a Jewish hospital would adhere to Jewish religious or ritual practice to a greater degree than it would Christian religious or ritual practice. Still, examination of the particulars of this issue may prove interesting. First, for purposes of discussion, this term, "Jewish religious or ritual practice" must be limited. Some of the topics relevant to Jewish hospitals are 'kashrut,' circumcision, autopsy, and prayer and holiday observance. While this is, by no means, an exhaustive list, it will suffice to examine the subject.

The best documented topic is 'kashrut.' It is assumed that the Jews' Hospital of New York served kosher food. The Hebrew Hospital and Asylum (later Sinai Hospital) of Baltimore had a kosher kitchen. When the Jewish Hospital of St. Louis was under discussion there was correspondence between a member of the Hospital committee, Jacob Furth, and Solomon Levi, the President of the Board of Jewish Hospital in Cincinnati. In a letter of

October 22, 1878, Levi wrote:

A good many Israelites have religious scruples as to the food of which they may partake and as such I am informed all the Jewish hospitals to this or the old country are kept on the 'kosher' plan.¹⁰

Although this letter supports the belief that the Cincinnati Hospital had a kosher kitchen, it does not say anything about cooking facilities of the St. Louis hospital. In fact, the facility did have a kosher kitchen for a short time in 1909, but it was closed for unknown reasons. On May 14, 1912 the Kosher Hospital Association, an Orthodox Jewish group desirous of a second Jewish hospital, asked for an investigation into the possibility of opening a kosher kitchen in the existing facility. Deemed unfeasible by an investigative committee on October 10, 1912, the Hospital did not have a kosher kitchen until a new building was erected in 1932. The founder of the Barnert Memorial Hospital Center, Nathan Barnert, was a traditionally observant Jew. He saw to it that "strict kosher dietary laws were followed."¹¹ Like St. Louis, the Cleveland hospital administrators investigated the possibility of including a kosher kitchen. During a dispute between Orthodox and liberal Jews that, like St. Louis, heard threats of opening separate sick-care institutions, J.K. Arnold, a member of the Board of Directors of the Cleveland Jewish Federation, stated:

I can tell you that the hospital association is now investigating the subject of the practicality of the Mosaic dietary, and if you (Orthodox Jews) will send your representatives to see us in about a week when that report is ready, there may be a chance to get one big Jewish hospital for Cleveland that the Federation will support.¹²

A Federation-sponsored hospital was built in 1916. When The Long Island Jewish Hospital was built in 1952, it decided to cater to both the particularistic and universalistic palate by including a "main"¹³ kitchen and a kosher kitchen. Miriam Hospital of Providence, Rhode Island advertises that a "kosher kitchen (is) available." It is assumed that the majority of Jewish hospitals are equipped to provide their patients with kosher meals on request, either brought in or cooked on-site. In 1979, the Louisville Hospital served 5,090 kosher meals.

The performance of circumcision in these hospitals was and is not an issue since, during the twentieth century, it has been a common practice in the general community. It is a certainty that circumcision was allowed, even encouraged in these facilities. Questions only arose around the discussion of having separate rooms for the ceremony of Jewish "brit milah" (covenant of circumcision).

Traditional Jewish law speaks of the sanctity of the body. Because the body is supposed to be buried as a whole, autopsy was forbidden except in cases in which another person's life could be saved. Again the issue is one that addresses the particular practice of the

Jews and the more universal practice of modern America. Again, the lines were drawn between Orthodox and liberal Jews. The first resident physician of Mount Sinai Hospital of New York asked the Board of Directors for permission to perform an autopsy. The Board voted, by a margin of one, that he could perform the autopsy. Soon thereafter, a formal question (Sh'elah) was sent to Rev. N.M. Adler, the Chief Rabbi of Great Britain. His response (T'shuvah) allowed autopsies only under two conditions:

1. someone is accused of murdering a patient and an autopsy could prove a natural death (thus saving the life of the wrongfully accused),
2. a patient dies of an unknown disease accompanied by symptoms that other patients are exhibiting.¹⁴

On record, the Board accepted Adler's response. In reality, however, it gave permission for all autopsies, save one, requested by its physicians from 1855-1870.¹⁵

The final Jewish practice to be discussed in this paper is probably the one most evident in Jewish hospitals to this day; religious and holiday observance. Here, again, the institutions make a conscious or unconscious choice between universalism or particularism, or they settle somewhere in between. The decision must be made as to what extent prayer should be included in sick-care, what holidays should be observed, and according to which

denomination of Judaism should it perform these practices. Isaac Leaser, an Orthodox Jew, writes of a general laxity "in general religious conduct."¹⁶ He believes that Jewish hospitals can bring our

brothers back to the standard of uniformity; and one of the first improvements, we believe, will be a return to a stricter domestic life than has been the fashion for years past on this continent.¹⁷

He wants to see an institution where "all the peculiar observances of his (traditional) religion can be enjoyed,"¹⁸ including prayer and observance of the Sabbath and Passover. The minutes of the Hebrew Hospital Association of Baltimore show that Matzah was ordered for Passover, a "lulaf and Esrig"¹⁹ for Sukkot, and a Torah and "contents of a Schul."²⁰ (There was evidently a Jewish chapel on the hospital premises.) A hazzan was hired for the High Holy Days,²¹ and the holiday of Simhat Torah was celebrated.²² In addition, it was recommended that "Mr. Firkes,"²³ the gardner, light the fire on Saturday since, according to traditional Judaism, Jews cannot work on the Sabbath. It is also evident that the services held at the hospital were Orthodox in the 1870's and 1880's since a formal request had to be made to hold "Reform party" services.²⁴

Cleveland's Mount Sinai Hospital, although touted as an institution for both Jewish and non-Jewish sick, holds annual Purim and Chanukah parties for young patients.²⁵ Even the Jewish Hospital of Cincinnati which, according to

the Vice President, Public Relations, is "the most non-sectarian hospital in Cincinnati,"²⁶ invites guests in to celebrate the Jewish holidays, and offers patients Sabbath "candles" and meals.

The ninth characteristic of a Jewish hospital, namely that it be an institution in which Jewish patients feel comfortable, depends on the other nine. It also turns us back to the general questions of particularism and universalism being asked by the Jewish community today, for there is no single answer to the question of "what makes a Jew comfortable?" Actually, the question of the Jewishness of American Jewish hospitals may be viewed as a microcosm of the larger tension between universalism and particularism in today's general Jewish community, and one created by the demise of the corporate Jewish society. When Jews came to America, they were no longer the tax-paying members of a Jewish society. The Jewish community had lost its coercive power to insure the individual's membership in such a society, even if it should persist today. Without this legal-communal framework, the definition of "Jew" and, for this paper, the question of "What makes the Jew comfortable?," is very ambiguous.

The very act of establishing a Jewish hospital in the United States could be considered a move toward particularism. It is, after all, a group of Jews getting

together to open an institution separate from the existing sick-care institutions. Even though most of the hospitals founded in early nineteenth century America were private Christian institutions²⁷ and not government undertakings, they were open to Jews. A move to open a Jewish hospital would seem to show that the founders wished to insulate sick Jews and Jewish sick-care from the prevalent Christian system. On the other hand, evidence²⁸ also points to the fact that the founders of many Jewish hospitals were attempting to imitate the Christians by providing sick-care for their own in hospitals of equal quality. While this was not an act of fraternity with the Christian hospitals, it could be viewed an attempt to become part of the 'mainstream,' to assimilate into the American society.

For those who wished to isolate Jewish patients in a 'hekdesch'-like environment, the establishment of a Jewish hospital was a move to particularism. For those who sought to be like the Christians, the move was more toward universalism. In 1865, Isaac Leeser presented both sides of the issue. First he writes of objections to a Jewish hospital heard in the Jewish community:

Objectors may and do say that this enlightened age, in this period of progress and general fraternity, we have no right, or at least not sufficient reason for erecting special hospitals of our own.²⁹

Then, refuting this argument, Leaser continues in support of a Jewish hospital, claiming that Christian groups had their own institutions:

. . . we do not see the least reason why Jewish people should not do for each other what all large denominations do for themselves . . . Some may object to this, as savoring of exclusiveness and intolerance, but we do not.³⁰

The different admission policies that grew out of this tension are also notable. Institutions like New York's Jews' Hospital and Jewish Chronic Disease Hospital³¹ were established as Jewish-only hospitals that strictly followed traditional Jewish practice (they changed in later years), clearly isolating Jewish patients from the general populace. In contrast, Beth Israel of Denver and Michael Reese Hospital, Chicago, were, according to their original charters, organized along non-sectarian lines. Founders of these hospitals, along with others that shared this ideology, made it well known in the general community that their facilities were open to everyone.

Leaser finishes his article with the claim that the Jewish hospital will be open to all, regardless of religion.

Be we sure that no gentile, whether Nazarene, or Mohamedan, or heathen, will be annoyed in any house where Israelites are masters; it is not their nature to exercise persecution or annoyance against others, and we could, therefore, unreservedly offer a hearty welcome to all who may seek our aid in cases of distress, as has been shown in the New York Hospital, and will be with others.³²

A number of articles aimed at raising building funds, in Cleveland newspapers even published rough statistics showing the large number of non-Jews served by the institution.

As Cleveland well knows, Mt. Sinai serves the sick without distinction as to religion. Jews and Gentiles are said to be about equal in number among the patients of the hospital so largely Jewish in origin and support.³³

In addition to the example of admissions policies, the pull of both particularism and universalism is seen in the wide variety of Jewish religious and ritual practices in Jewish hospitals today. The Board of one hospital believes that kosher food will make a Jewish patient comfortable. Another Board doesn't find kashrut important. One Jewish hospital offers its patients videotapes of Sabbath morning services and has a synagogue and a Jewish chaplain.³⁴ Others evidently feel that the Jewish patient will feel most comfortable with no obvious trappings of Judaism. It is clear from the materials available, that this split over the extent of Jewish religious and ritual practice (specifically 'kashrut,' circumcision, autopsy, prayer, and holiday observance) in the Jewish hospital has followed denominational (traditional versus liberal) lines.

At least two questions remain. First, "Can the hospitals that have given up a number of the nine attributes mentioned at the opening of this chapter still be considered

'Jewish hospitals'?" Second, "Is there a place in today's American health care system for a hospital that is so particular as to include many or all of these nine attributes?" If we look to the general Jewish community for answers, we will get at least three for each of the questions; "yes," "no," and "maybe." There may be no one answer. It is, however, interesting to see how these larger issues of particularism and universalism are played out in this one area of health care.³⁵

FOOTNOTES
CHAPTER FOUR

¹See Chapter Six of this thesis.

²Mac Davis, They All Are Jews, (New York: Jordan Publishing Co., 1937), (book title).

³Milton L. Anfenger, The Birth of a Hospital, (The story of the birth of The National Jewish Hospital in Denver, Colorado), 1942, (publication unknown - reprint sent from hospital), p. 15, (A.J.Ar.).

⁴Ibid.

⁵Eugene Feldman, "Characteristics of Catholic, Jewish and Protestant Hospitals in New York City," Thesis submitted to Columbia University, 1976, (on microfilm at the Klau Library, Hebrew Union College, Cincinnati, Ohio).

⁶Ibid.

⁷Joseph Hirsch and Beka Doherty, The First Hundred Years of The Mount Sinai Hospital of New York, 1852-1952, (New York: Random House, 1952), p. 36.

⁸Tina Levitan, Islands of Compassion, (New York: Twayne Publishers, 1964), p. 221.

⁹Beth Israel Hospital and Geriatric Center, A Prospectus for Services to the Aging, provided by Beth Israel Hospital, Denver, Colorado, 1981. (A.J.Ar.)

¹⁰David A. Gee, 216 S.K.: A History of the Jewish Hospital of St. Louis, (St. Louis, 1981), p. 9.

¹¹Letter from Ms. Jane Nehweg, Barnert Memorial Hospital Center Public Relations, Paterson, New Jersey, September 7, 1984, (In the collection of the American Jewish Archives, Cincinnati, Ohio.).

¹²"Sue for Harmony in Hospital Fight," (American Jewish Archives), Cleveland - Mt. Sinai Hospital: Scrapbook of the History and Activities, May, 1903 - December, 1968, (Microfilm).

¹³Levitan, Islands of Compassion, p. 16.

¹⁴Hirsch and Doherty, The First Hundred Years, pp. 36-38.

¹⁵Ibid., p. 38.

¹⁶"Jewish Hospitals," The Occident, (Philadelphia: 1865), p. 291.

¹⁷Ibid.

¹⁸"Remarks of Alfred T. Jones, President of Hospital, at the Dedication of The Jewish Hospital of Philadelphia, May 28, 1867," The Occident, Vol. 25, (1867), p. 191.

¹⁹Steve Levinson, "The Development, Problems, Nature and Accomplishments of the Hebrew Hospital and Asylum Association: Baltimore, Jan. 1868 - Jan. 1881," May 26, 1965, (Term paper in the collection of the American Jewish Archives), p. 7.

²⁰Ibid.

²¹Ibid.

²²Ibid.

²³Ibid., p. 8.

²⁴Ibid., p. 9.

²⁵"Hospitalized Kids Discover Purim's A Ball," (American Jewish Archives), Cleveland - Mt. Sinai Hospital: Scrapbook of the History and Activities, May, 1903 - December, 1968, (microfilm).

²⁶Interview with Ms. Judith Bogart, Vice President, Public Relations, Jewish Hospital, Cincinnati, Aug. 6, 1984.

²⁷Encyclopedia Britannica, Vol. 11, 1973, p. 743.

²⁸See Chapter Three of this thesis.

²⁹The Rev. Isaac Leeser, "Jewish Hospitals," The Occident, Vol. XXIII, No. 7, (Philadelphia: 1865), p. 91.

³⁰Ibid., p. 294.

³¹Levitan, Islands of Compassion, p. 245.

³²Leeser, "Jewish Hospitals," p. 295.

³³Cleveland News, March 31, 1925, (American Jewish Archives), Cleveland - Mt. Sinai Hospital: Scrapbook of the History and Activities, May, 1903 - December, 1968, (Microfilm). Also see "Jews Appeal to All for Hospital Campaign This Week for Mount Sinai: First Call Outside Own Ranks," April 19, 1925, and Open letter from Board of Trustees of Mount Sinai Hospital (of Cleveland), December 5, 1941.

³⁴Cedars-Sinai Medical Center, Los Angeles, California.

³⁵See Chapter Six of this thesis for a more in-depth discussion of sectarianism and secularism and possible trends.

CHAPTER FIVE

HISTORIES: THE FOUNDING OF AMERICA'S JEWISH HOSPITALS^{1,2}Jewish Hospital, Cincinnati 1850

When the founders of the first Jewish Hospital in America met to discuss their project, they decided to open an institution with the stated purpose of aiding the "indigent poor sick of the Jewish faith."³

Less than a year after the cholera epidemic of 1849, a meeting was called by Joseph Alexander, Hyman Moses and M.E. Moehring to elect officers and set plans for soliciting subscribers for the new hospital which opened in 1850 in a building at Bauer and Central Streets. According to an article in The Occident,⁴ approximately five hundred subscribers were expected to pay three dollars per year for membership. The Hospital Association filed for incorporation on December 19, 1854, naming Jacob Elsas as its president.

Prompted by Dr. A. Bettman, the first staff physician, and aided by a donation of land by Abraham and Fanny Aub, the Board of Trustees initiated plans to move the overcrowded Hospital to a new location. The new Hospital, on Third and Baum Streets, was dedicated on March 11, 1866.

On June 25, 1882, faced with the problem of having no facility for the chronically ill and aged, the Jewish Hospital Association took steps to build a "Home for the

Jewish Aged and Infirm of Cincinnati." ⁵ On September 26, 1886, the decision was made that the Hospital and Home unite under one administration and on one site. Land was acquired at Burnet Avenue and Union Street and, in 1888, the Association issued bonds of \$15,000 or less to finance the new Hospital-Home project.

The Hospital complex was dedicated on March 30, 1890, ushering Cincinnati into the age of modern medicine. Its operating room was the first one in the city to include "steam sterilizing apparatus and other equipment and conveniences for the practice of aseptic surgery." ⁶

Mary Hamer Greenwood, who assumed the position of chief nurse some month after the opening of the Burnet Avenue facility, began the Jewish Hospital Training School for Nurses in 1892, with a class of seven students.

In the early part of the twentieth century, the Hospital began to segregate its divisions. A children's pavilion was opened, an eye, ear, nose and throat department established, and an emergency ward was created. Research was introduced in the hospital in the 1920's. Initially, it focused on metabolic disorders, but soon expanded into the fields of cardiology and oncology. The May Institute for Medical Research was opened in the 1930's, even though the institution was experiencing difficult financial times. Following World War II, Jewish Hospital became a teaching facility. It was also one of the first integrated hospitals in the area.

The 1970's saw an increase in specialty programs run by the hospital. Adolescent psychiatric and out-patient chemotherapy treatment units were opened, a tay-sachs screening program was started, free medical examinations were provided for recent Russian emigres, and a kosher meals on wheels program was instituted.

Mount Sinai Hospital (Jews' Hospital) 1855

Scarcely one year after the opening of the Jewish Hospital of Cincinnati, Mordecai Manuel Noah, president of the Hebrew Benevolent Society of New York, called a meeting of a number of local Jewish societies⁷ to discuss the organization of a Hospital Association. Soon after this meeting, which is said to have produced a number of conflicts and no definite plan of action, Sampson Simson, a Columbia Law School graduate and philanthropist, called his own meeting. Present were a number of New York's most influential Jews: Rev. Samuel M. Isaacs, John I. Hart, John M. Davies, Benjamin Nathan, Henry Hendricks, Theodore J. Seixas, Isaac Phillips, and John D. Phillips. Simson was elected the first president of Jews' Hospital and members were enrolled for a fee of five dollars per year. By 1853, almost five hundred contributors were listed.⁸ Simson also donated land for the hospital, and on June 5, 1855, with the help of a \$20,000 bequest of Judah Touro of New Orleans, the doors of Jews' Hospital opened on 28th Street near Seventh Avenue. The articles of incorporation read:

'The Jews' Hospital in New York,' that the particular business and object of such association and society will be medical and surgical aid to persons of the Jewish persuasions; and for all other purposes appertaining to Hospitals and Dispensaries.⁹

The first resident physician was Dr. Mark Blumenthal, also the official physician of Congregation Shearith Israel. He was paid \$250 for his first year of service.

Initially, the Hospital staff was instructed "not to receive any patients other than Jews except in case of accident, until further notice of the board."¹⁰ "Further notice" did not come until 1864, following the Draft Riots and during the Civil War. Casualties of both events were treated at Jews' Hospital. When city and state funding for the Hospital was challenged because it was charged as being a sectarian institution, the New York State Legislature agreed to change the name to Mt. Sinai Hospital.

In 1868, the City of New York granted Mt. Sinai Hospital twelve adjacent lots on Lexington Avenue between Sixty-sixth and Sixty-seventh Streets under agreement of a ninety-nine year lease. The annual rental fee amounted to one dollar per year. The cornerstone of the new Mt. Sinai facility was laid in 1870.

Following the example of Bellevue Hospital, the first United States hospital to institute a nurse training school, Mount Sinai began its own school in 1881. The 1880 report of the Ladies' Auxiliary Committee, organized

to study the feasibility of a nursing school, explained:

It has been practically demonstrated in all the hospitals of Europe and some in this country that regularly trained skilled nurses not only materially relieve pain and disease and are of vital assistance to the physician, but also greatly reduce the death rate therein . . .

Further,

It has been a matter of fact in Mount Sinai Hospital that great difficulty is encountered in obtaining thoroughly competent nurses to take charge of the wards.¹¹

It is interesting to note that, included in the nurse-training curriculum were courses on the German language. Since many of the patients were German Jews, it was thought that the nurses should "at least bid them good morning."¹²

In 1883, Mount Sinai, in cooperation with the United Hebrew Charities and Montefiore Hospital, opened the Home for Chronic Invalids.

The dramatic breakthroughs in modern medicine during the last half of the nineteenth and first half of the twentieth centuries, as well as an increased patient census, caused the hospital to grow. Antiseptic methods were employed in surgery, a social welfare department was founded, a clinic for the treatment of syphilis was opened in 1910, and new wards for radiography, neurology, tuberculosis and cardiology were begun between the years 1908-1915. In 1910, Mount Sinai Hospital affiliated with the

College of Physicians and Surgeons of Columbia University. Building programs in 1913, 1916, 1927, 1931 and 1948 expanded treatment, research and staff facilities. By 1931, the hospital had 856 beds.

Research at Mount Sinai in hematology, oncology, cardiology and bacteriology produced a number of significant discoveries in the first half of the twentieth century. Examples are the development of the slow-drip transfusion technique by Harold T. Hyman in 1927, and a surgical cure for regional ileitis discovered by Drs. Crohn, Oppenheimer and Ginzberg in 1932.

Mount Sinai was also involved in treating soldiers overseas by organizing base hospitals in both World Wars I and II.

Albert Einstein Medical Center
(Jewish Hospital, Mount Sinai Hospital), Philadelphia 1866

Community support for a Jewish hospital in Philadelphia can be documented as early as 1856. At the first annual meeting of the Jewish Foster Home Society of Philadelphia, Rev. L. Naumberg of the Kneseth Israel Congregation stated:

Und so geben wir uns mit aller Zuversicht der schoenen Hoffnung hin, dass die saemmtlichen Israeliten Philadelphia's nicht nur dieses Haus fuer Waisen und schutzlose kinder immer reichlicher bedenken und unter stuetzen werden, sondern dass Sie, als echte Nachkommen Abraham's, alle Pflchtender Wohlthatigkeit in ihrem vollen Umfange ueben, und namentlich auf Errichtung eines juedischen Hospitals in unserer Stadt der Bruderliebe bedacht sein werden.¹³

Talk about such a hospital circulated for a number of years. The idea was countered with suggestions to open Jewish wards in established general hospitals.¹⁴ Formal plans to establish a Jewish hospital in Philadelphia were set at a meeting of Har Sinai Lodge, District Grand Lodge, Number 11 of B'nai B'rith (IOBB) on August 14, 1864. Abraham Sulzberger presented the resolution. It read, in part,

. . . Resolved, that the District Grand Lodge, No. 11, of The Independent Order of B'nai B'rith, acting on the Benevolence of Brotherly Love, which are the motto of the Order, take immediate steps to secure the cooperation of all Jewish societies and individuals for the purpose of founding a Jewish hospital.¹⁵

A Hospital Committee, chaired by Isaac Leeser with Abraham Sulzberger as vice-chairman, was set up at this meeting.

The Jewish Hospital Association opened a twenty-two bed facility on August 6, 1866. Seven years later, a new Jewish Hospital and Home for the Aged and Infirm was built on Tabor Road. In 1889, a new Home for the Aged was built on Thirteenth and Clarkson Avenue. The hospital opened a ward for incurables in 1890. With a bequest of Lucien Moss in 1900, the incurable ward was expanded, and the Lucien Moss Home for Incurables of the Jewish Faith was built on the hospital grounds (see Moss Rehabilitation Hospital, 1902). A Nurses' Training School was opened in 1892, and the Franklin Free Dispensary was established at 322 North Fifth Street in 1896.

In 1900, the Dispensary merged with the Mount Sinai Hospital Association, a group of Eastern European Jews with plans to build a hospital in the downtown area.

When Mount Sinai was opened in 1905, the Association had already established branches in the economically middle and lower class Yiddish speaking Jewish neighborhoods. Mount Sinai's facilities included a hospital at Second and Pine and one at Fifth and Wilder. Its patient load, physical plant and staff grew quickly.

The Jewish Hospital and Mount Sinai Hospital merged in 1951, but the facilities were not consolidated into one site. Instead, the Fifth and Daroff location became the Southern Division and the York and Tabor Road site became the Northern Division. In the 1960's, there was talk of the Southern Division once again becoming a separate and sovereign institution to assure its future viability. Probably for economic reasons, the idea was rejected and both divisions remain under the aegis of Albert Einstein Medical Center.

Sinai Hospital of Baltimore 1868

Membership in the Hebrew Benevolent Society of Baltimore, organized on November 18, 1856, was open to any "Israelite over 21 years of age"¹⁶ who could pay the fifty cent admission fee and the three dollar annual dues, or who would give one hundred dollars to become

a life member.¹⁷ In 1859, the Society took steps to organize the Hebrew Hospital and Asylum. On February 2, 1868, the Hebrew Hospital and Asylum Association of Baltimore was incorporated.¹⁸ Within the year, the Hospital began accepting patients. Patients were to include any Israelite needing services and non-Jews if there was sufficient room.¹⁹

The Hospital served kosher food from its kitchen. A cantor was hired for the High Holy Days and ritual objects were available for holiday celebration.²⁰

Until 1870, all funding for the institution was private, membership dues, property revenues and donations being the principal sources of revenue. In 1870, the State of Maryland granted the Hospital \$2,000 and in 1874, it received \$1,000 from the City of Baltimore.²¹

Some years later, the name of the institution was changed to Sinai Hospital.²²

Touro Infirmary, New Orleans 1869

I give and bequeath to found the 'Hebrew Hospital of New Orleans' the active property purchased for me at the succession sale of the late C. Paulding, upon which property, the building now known as the 'Touro Infirmary' is situated: the said contemplated Hospital to be organized according to law, as a charitable institution for the relief of the indigent sick, by my executors and such other persons as they may associate with them conformably with the law of Louisiana.
Testament of Judah Touro
January 6, 1854²³

Two years before Judah Touro's death, he bought the Paulding mansion at Gaienne and New Levee Streets for \$40,000 and opened a clinic and small hospital. Possibly because Touro left no monies for the operation of such a hospital, the Hebrew Hospital of New Orleans did not materialize. As a matter of fact, the non-sectarian Touro infirmary, "a small hospital of twenty-four beds"²⁴ that was open to paying and non-paying patients (including slaves) without regard to religion or race, was closed during the War Between the States to prevent its use by Union troops. Its Director, Dr. Joseph Bensadon became a surgeon in the Confederate Army. The facility may then have been converted into an "almshouse for indigent elderly members of the Jewish community,"²⁵ and in 1861, unsuccessful attempts were made to auction it. The building reopened as the Touro Infirmary on January 3, 1869, and it was run under the leadership of Dr. Frederick Loeber.

In 1882, after treating patients during three Yellow Fever epidemics, the hospital moved from the dock area to a quiet pastoral location on Prytania Street between Aline and Foucher Streets. The Infirmary merged with the Gentlemen's Hebrew Benevolent Association in 1875 to form the Touro Infirmary and Hebrew Benevolent Society. This thirty-six year relationship saw the founding of a Training School for Nurses in 1895, the building of

the Julius Weis Home for the Aged and Infirm in 1899, and an enlarged facility. Touro Infirmary affiliated with Tulane University in 1908.

In 1915, Louisiana's first hospital social service department was opened at the Touro Infirmary. Insulin was first used at the facility in 1923, Touro having been selected as one of the fifteen insulin research centers by the Rockefeller Foundation. The Joseph Hume Laboratory for Research was opened in the 1930's, a nuclear medicine department was formed in 1951 "through the efforts of Drs. Sam B. Nadler and Ted Bloch,"²⁶ and in 1966, a hemodialysis center and a mental health facility were opened. New Orleans' first general medical-surgical unit for adolescents began operation at the Touro Infirmary in 1979. That same year, The Human Sexuality Center began operation.

The Jewish Home and Hospital, New York City 1870

At the instigation of Mrs. Henry Leo, a group of women who belonged to Congregation B'nai Jeshurun, formed the B'nai Jeshurun Ladies' Hebrew Benevolent Society "for the relief of indigent females,"²⁷ on November 21, 1848. In 1870, the Board of Directresses began to discuss ways of affording "permanent relief"²⁸ to Jews unable to be helped by the Society. At the March general meeting, plans were made to open a Home for Aged and Infirm Hebrews. A building at 215 West Seventeenth Street was rented,

and the home opened later in 1870, New York State's first home for the aged. After the Home moved three times in its first six years, the Society bought four lots "each on 105th Street and 106th Street between Ninth and Tenth Avenues."²⁹ The new facility opened March 23, 1883. In 1888 and 1897, the Home was again under construction. By 1897, there were 209 patients. By 1907 that number had risen to 256, and a new addition was built, bringing the census to 305.

The institution began receiving aid from the Federation of Jewish Philanthropies in 1916. Discussion as to whether the Home should also become a hospital began in the late 1920's. In 1940, New York State authorized the Home for Aged and Infirm Hebrews of New York to establish a hospital. The new hospital wing was opened in 1942 and was given accreditation by the Joint Commission of Hospital Accreditation in 1943.

Expansion has moved quickly since the thirties. Apartments were rented at 215 West 98th Street for a "boarding-out"³⁰ program. Apartments for 140 more residents became available when the Home bought a nine-story building on 87th Street in 1945. In 1947, the Hebrew Infant Asylum was acquired by the Home and remodeled to house 400 patients. In 1960, a new five-story facility, The Frank Pavilion, opened, and in 1963, two floors were added onto it.

In 1964, the name was changed to The Jewish Home and Hospital for Aged.

Michael Reese Hospital, Chicago 1881

Michael Reese was a resident of San Francisco. Upon his death, however, much of his estate was transferred into the hands of his Chicago relatives. A bequest of \$200,000 was left to his sister, Henrietta Rosenfeld, and his brother-in-law, Jacob Rosenberg, with the stipulation that some of the money be given to charities in Europe. A second bequest of \$50,000 was given to Joseph and Henry L. Frank, Mr. Reese's nephews. Twenty thousand dollars of that amount was earmarked for the Cleveland Orphan Asylum.

In 1878, Henry L. Frank suggested that the bequest be used to build a Jewish hospital to replace The Jewish Hospital, built in 1868 by the United Hebrew Relief Association, and destroyed by the fire of 1871. He had already made attempts to raise money for such a project, but was unable to find sufficient financial backing, given the economic hardships many Chicago Jews faced after the fire. Frank made a formal proposal to the United Hebrew Relief Association in the Summer of 1879, that he would turn over \$30,000 of Michael Reese's bequest to the Association for the purpose of erecting a non-sectarian hospital named after his uncle. Reese's sister and brother-in-law followed suit with a donation of \$50,000 from his

estate. On June 15, 1879, officers of the Michael Reese Hospital were elected.

The original Jewish Hospital was located on "North Lasalle between Schiller and Goether Streets."³¹ This lot was exchanged for another on the corner of Twenty-ninth and Ellis Streets. The Michael Reese Hospital opened on October 23, 1881, built at a cost of \$48,521.

A board of the Relief Association supervised the Hospital. Operating expenses came from revenues of the Hospital Association and money from paying patients.

On September 1, 1890, a training school for nurses was opened. A nurses' home was built in 1891 and replaced by a new structure in 1924. The hospital opened a maternity ward in 1894 and one of the nation's first children's departments in 1897.

In 1907, a new fireproof structure was built to replace the original facility. The cost was approximately \$700,000. Four years later, a medical research center was opened.

Montefiore, New York City 1884

A group of men, leaders of the New York Jewish community, met at Congregation Shearith Israel, on February 4, 1884, at the invitation of the president and clerk of the congregation. The stated goal of the meeting was to discuss the 100th birthday of Sir Moses Montefiore, the most famous Jewish philanthropist of the nineteenth century,

and to take "steps to becomingly mark the approaching anniversary."³² A number of ideas, including the erection of housing for the Jewish poor, establishment of a reformatory for Jewish youngsters, and a home for incurables.

At the next meeting, it was decided that a Home for Incurables should be opened, and a committee, chaired by H.S. Allen, was appointed to set plans for the Home. The name of the Home was changed to the Home for Chronic Invalids, and donations were solicited. Donors were asked to become members of the Home Society. Membership dues ranged from \$10 per year to \$2,500, which would allow the donor and that person's heirs a bed in the hospital for him or herself or a designated person for the donor's lifetime. A house was rented on the corner of 84th Street and Avenue A, and The Montefiore Home for Chronic Invalids admitted its first patients on October 19, 1884.

An outpatient department opened in 1886, funded by the \$30,000 Julius Hallgarten Relief Fund. The Home joined the Hospital Saturday and Sunday Association in 1887. (A few years later, it was The Association that insisted that the word "hospital" appear in Montefiore's name.) In 1888, at the urging of Dr. Simon Baruch, the first chairman of Montefiore medical board, a new facility was built on Broadway between 138th and 139th Streets. The 140 bed Home opened on December 18, 1888. Expansion in 1894 raised the Hospital's capacity to 270.

A tuberculosis sanitarium was opened on a 136 acre farm in Bedford Hills, Westchester, on May 30, 1901.

Instead of further expanding the Broadway facility, the Hospital trustees, under the direction of Jacob H. Schiff, decided to build a new hospital on Gun Hill Road in the Bronx. The new building opened for patients on November 30, 1913, and the institution affiliated with Columbia University in 1916. A Department of Social Service and occupational therapy program were instituted. A new sanatorium was built to replace the one at Bedford Hills, and in 1935, under the directorship of Dr. E.M. Bluestone, a hospital modernization and expansion program was undertaken. Further expansion took place in 1959, and a new facility was built in 1964. Montefiore, under the guidance of Martin Cherkusky since 1950, and the Albert Einstein Medical School of Yeshiva University formally affiliated on September 26, 1963.

The nature of Montefiore has changed greatly during its history, much of the change coming from changing demographics in its Bronx neighborhood. What started as a Home for Chronic Invalids, is, in 1984 a general teaching and research hospital that serves the needs of the poor of the South Bronx.

Beth Israel, New York City 1890

Forty Orthodox Jewish men met to form the Beth Israel Hospital Association of New York. The Association

was incorporated on May 28, 1890 for the stated purpose of:

first, the apparent great necessity of having a hospital convenient to the crowded tenement district of this part of the city; second, to have a hospital that should be conducted on strictly Orthodox principles in its kitchens as well as other respects, for the relief of such that would go to no other hospital; and third, that there should be a hospital that would admit immigrants, as other city hospitals refused them unless they had resided one year in the city.³³

Although the founders could only afford to raise \$10.00 for an operating fund at an early meeting, a dispensary was opened in a factory building on Birmingham Street in May, 1890. Two years and three moves later, the Hospital had thirty-four beds in two buildings rented from the Hebrew Free School. Soon this space also proved inadequate and, with help from the Hospital Saturday and Sunday Association, in 1902, a new one hundred fifteen bed hospital and nursing school had been built at Jefferson and Cherry Streets.

Much of the staff spoke Yiddish since the greatest percentage of patients were recent Eastern European immigrants. Also, as mentioned in the statement of purpose above, since most of the patients came from a traditional Jewish background, the kitchen observed the rules of kashrut.

Bronx Lebanon Hospital Center, New York City 1893

The first officer's report of the Lebanon Hospital Association, January 1, 1893, tells of the demands a rapidly increasing population has placed on a New York health care system unable to cope with them.

. . . Our sympathies go out to the poor; but sickness and poverty combined touch the deepest feelings of the human heart. Even though the free hospital is the greatest and most noble charity, it is one that has been partially neglected in this city.³⁴

Spurred by generous donations by the Association's founder, Jonas Weil, and by Fanny Bach, the Hospital opened in 1893, and in 1896, a class of nine students graduated from the nursing school. Patients with money were charged at a rate of \$4.00 per week,³⁵ or up to \$15.00 per week for a private or semi-private room. These prices included medical care and kosher meals. Those unable to pay were treated free of charge.

Dr. Alexander Goldman had already gathered a group of Yiddish-speaking physicians to tend to the poor Jews of the Bronx when Dr. Abraham Jacobi suggested that a dispensary be opened. On November 26, 1911, the Bronx Hospital and Dispensary was granted a charter. The first facility was located at 1385 Fulton Avenue. In need of larger quarters, the next move was to 169th Street and Fulton Avenue. This increased the number of beds from six to eighty-six. In 1924, two hundred patients were

turned away for lack of room. This led to the building of a new 329-bed facility which opened in 1934.

On October 9, 1962, The Bronx Hospital merged with The Lebanon Hospital to form the Bronx-Lebanon Medical Center, a facility that, in 1964 had 610 beds.

Mount Zion Hospital, San Francisco 1897

A meeting was held at the home of Frederick Castle and his wife on November 3, 1887 to discuss the founding of a hospital for the Jewish indigent of San Francisco. At a December 16, 1888 general meeting, a constitution and by-laws were adopted, and it was announced that \$32,000 in subscriptions had been received.

In February, 1897, a twelve bed hospital opened in a building owned by Dr. Julius Rosenstern and offered rent-free "until a proper building can be found."³⁶ The Hospital dedicated a new fifty-bed facility on Sutter Street between Scott and Divisadero Streets in May, 1899. Twenty-three of the beds were reserved for private patients.

A Nurses' Training School opened on October 14, 1897. With no clinic of its own, Mount Zion joined with Emanuel Sisterhood Clinic on Seventh Street between Howard and Folsom Streets, in 1905.

Although the Hospital was only partially damaged by the earthquake of 1906, and it reopened very soon afterward, it began plans to build a new structure. Aided by a \$100,000 gift of I.W. Hellman, Sr., the new 134-bed

facility was built, and began operation in 1913. A new out-patient facility was finished in 1917. In 1929, Dr. Harold Brunn started Mount Zion on the road to becoming a teaching hospital. A Child Guidance Center was opened in 1933. The facilities were again expanded in 1951 and 1960. In 1962, the Hospital had 375 beds.

Mount Zion also includes a Psychiatric Out-Patient Clinic affiliated with the University of California, San Francisco Hospital and the VA Hospital in Palo Alto, a Dental Clinic and a Home Care Program.

National Jewish Hospital and Research Center -
National Asthma Center, Denver 1899

Denver, because of its dry air and sunshine was, in the late nineteenth century, a mecca for sufferers of tuberculosis. The wealthy Jews who sought "the cure" could afford medical care, but those who had little wealth soon depleted what they had and were left penniless and without access to treatment for their disease.

Spurred by the inspiration and efforts of Frances Jacobs, who was known in Denver as "The Mother of Charities,"³⁷ Rabbi Dr. William S. Friedman called a meeting of "the most prominent Jews in Denver"³⁸ on November 3, 1889 for the purpose of establishing a hospital for destitute tuberculosis patients. The Articles of Incorporation of the Jewish Hospital Association of Colorado, accepted April 8, 1890, stated the Hospital's

purpose very clearly:

- b) To erect a Hospital and put the same in operation for the treatment of persons suffering from diseases or disorders requiring medical treatment . . .
- c) To have a Jewish management for said Hospital.
- d) To admit Jews and non-Jews.³⁹

Rabbi Dr. Friedman laid the cornerstone on October 9, 1892 with the statement that this institution would be dedicated "to our suffering fellowman regardless of creed. As pain knows no creed, this building casts aside no stranger no matter of what race or blood."⁴⁰

Although the desire to open the institution was there, the Silver Crisis of 1893 stood in the way of furnishing and operating the Hospital. The new building, named Frances Jacobs Hospital in memory of the woman who initiated the hospital project, sat empty until Rabbi Dr. Friedman made a proposal to open the Hospital under B'nai B'rith auspices in 1895. Accepted as a national B'nai B'rith project, the hospital began accepting patients in 1899. Since it was an institution funded by Jews all over the country, the name was changed to The National Jewish Hospital for Consumptives.

Construction in 1901 increased the hospital's patient capacity by fifty beds and, in 1907, a women's pavilion was built. A center for the education and rehabilitation of tuberculosis patients was added in 1912 and, in 1914,

a research facility was erected for the study of the causes, prevention and cure of tuberculosis. A children's facility was built in 1920.

In 1925, The National Jewish Hospital for Consumptives affiliated with The University of Colorado School of Medicine. It also underwent a name change that year, becoming The National Jewish Hospital at Denver. A new 100-bed facility was erected in 1926, and a new children's facility opened in 1930. Further expansion took place in 1951, 1959, and 1974.

In the 1940's, a new tuberculin test was discovered in the NJH research laboratories. Shortly thereafter, streptomycin was discovered, decreasing the need for research on tuberculosis. Researchers at NJH then began to branch out and to investigate cardiopulmonary disease. In the 1950's, the hospital became the clearinghouse for all aliens in the United States suspected of having tuberculosis.

In 1965, the NJH again underwent a name change. It became The National Jewish Hospital and Research Center. Three years later it discontinued its surgery program. Since then, the NJH has focused on research and non-surgical treatment of numerous cardiopulmonary diseases.

Moss Rehabilitation Hospital (Lucien Moss Home) 1900

Lucien Moss left his entire estate to the Jewish Hospital of Philadelphia for the establishment of a

facility for patients suffering from incurable diseases. It opened in 1900 on the grounds of The Jewish Hospital. Initially, the Home focused primarily on the treatment and rehabilitation of tuberculosis patients. By 1920, there were a number of institutions in the Philadelphia area that cared for tuberculars. Because of this, The Lucien Moss Home expanded its efforts to include patients suffering from "cancer, paralysis and similar diseases that defied routine treatment."⁴¹

A program in occupational therapy was founded in 1921. In the 1930's, physical therapy and electrotherapy were introduced at Moss. In 1952, while retaining close ties to The Albert Einstein Medical Center, The Lucien Moss Home became an independent agency.

A new facility was completed in 1961. Later, The Moss Alumni Association was formed to facilitate a patient's return to the community. A Pediatric Rehabilitation Center was also founded.

In the 1970's, Moss initiated community programs for the disabled including an adult camp, a travel center for the handicapped and a music school. In addition, a Dental Center for the Handicapped was opened.

Newark Beth Israel Medical Center 1901

In 1901, the Daughters of Israel Hospital Association and the Hebrew Hospital and Dispensary Association joined to open Newark Beth Israel Hospital. Originally, the

institution was housed in a frame structure in downtown Newark. Five years later, an eighty-four-bed brick hospital was built on the same site.

In 1928, a 350-bed facility was built at the Medical Center's present location in "the southernmost area of the city."⁴² Of the \$3.3 million needed for the project, \$1 million was donated by Felix Fuld, a local Jewish philanthropist.

During the 1930's and 1940's, research became a focus of the hospital staff; much work was done in the fields of hematology and cardiology.

The hospital came under pressure to relocate to the suburbs in the 1960's, after most of Newark's Jews had moved out of the Weequahic Section of the city. In 1965, the hospital board made a formal commitment to keep the hospital in the city. Three years later, the hospital was renamed Newark Beth Israel Medical Center. It also affiliated with The University of Medicine and Dentistry/The New Jersey Medical School that same year. Since then, the Medical Center has opened two new wings for patient care, one in 1974 and another in 1978.

The Jewish Hospital of St. Louis, St. Louis 1902

Although the Jewish Hospital of St. Louis did not begin operation until 1902, efforts to build such an institution began as early as 1853. In that year, Isadore Bush made an unsuccessful attempt to raise funds

for a Jewish hospital. Fifteen years later, Bernard Singer gave a donation of \$1,620 for a hospital or infirmary. This gift prompted Jacob Furth, Dr. H. Sonneschein, and August Binswanger to call a meeting to discuss the opening of a Jewish hospital. While the October 27, 1878 meeting did not result in the establishment of a hospital, the groundwork was laid for the opening of The Jewish Orthodox Old Folks' Home.⁴³ In 1891, another meeting was called for the purpose of establishing a hospital. The Jewish Hospital Association was incorporated on April 27, 1891. By 1892, sufficient funds had been raised to buy a plot of land. Construction of The Jewish Hospital of St. Louis at 5815 Delmar Boulevard was completed on May 16, 1902.

A School of Nursing was started in 1902. Already too small for the increasing patient load, a seventy-bed addition was built in 1905. Numerous expansion projects over the course of the century brought the number of beds up to 603 in 1981.

A hospital operated dispensary began operation around 1900. A fire destroyed the dispensary building in 1921, forcing the Jewish Hospital to make arrangements for its patients to be seen at the Washington University Clinic. A new Jewish Hospital Clinic opened in 1927 on Kingshighway.

In 1927, a new eight-story hospital facility was built on Kingshighway. The Depression of the 1930's "represented a very difficult time for the new hospital."⁴⁴ Cuts were made in fees and operating expenses.

World War II took much of the physician and nursing staff away from the Hospital in the early 1940's. Immediately following the war, the Hospital's research program, established in 1919, was revitalized by Dr. Samuel Harold Gray.

In 1951, the Hospital merged with the Miriam Rosa Bry Convalescent Hospital, The Jewish Sanatorium, and the Jewish Medical Social Service Bureau. The Sanatorium was closed in 1963. Part of The Miriam Hospital, founded by The Miriam Lodge #17 of The United Order of True Sisters in 1912, burned to the ground in 1955. The following year, its patients were relocated to a building on the Jewish Hospital grounds.

Jewish Hospital began a home-care program in 1953. One year later, the Kingshighway facilities were expanded. In 1956, an interdenominational chapel was built. On January 1, 1964, Washington University formally affiliated with The Jewish Hospital.

Beth Israel Hospital of Boston 1902

The Jewish Dispensary for Men and Women began operation in Boston's North End in 1892. Ten years later (1902), the city's first Jewish Hospital opened its doors. Mount

Sinai Hospital with its two clinics, attracted large numbers of Jews and non-Jews, as it was opened to be a non-sectarian institution. In 1908, the annual patient load was approximately 11,000 and by 1915, it had grown to over 24,000. The Hospital's success ended rather abruptly in 1916, when the city condemned its building, presumably because of inadequate facilities for such a heavy patient load.

In 1909, a group of women met to discuss plans for a new hospital. Even before Mount Sinai was closed, they realized the need for more health care. In 1911, these women formed the Beth Israel Hospital Association. Their efforts led to the opening of Beth Israel Hospital in Roxbury on February 4, 1917.

Plans to enlarge the Townsend Street facility were drawn up and, at one pledge dinner in 1924, \$900,000 was raised.⁴⁵ Later in that year, preparations were made to build the new hospital, not on Townsend Street, but rather on Brookline Avenue, near both Tufts and Harvard Universities. In 1928, the new Hospital opened as a teaching facility for Harvard University.

Cedars-Sinai, Los Angeles

(Kaspere Cohn, Cedars of Lebanon, Mount Sinai) 1902

This Hospital was formed by the merger of Los Angeles' two general Jewish hospitals, Cedars of Lebanon and Sinai.

The history of Cedars of Lebanon Hospital begins with the Kaspere Cohn Hospital. One of Los Angeles' wealthiest Jews, Cohn gave his Carroll Avenue home to the Kaspere Cohn Hospital Association as a hospital for consumptives. It opened on July 11, 1902. Soon, however, the Los Angeles City Council, pressured by the hospital's neighbors, outlawed tuberculosis institutions within the city limits, and Kaspere Cohn Hospital was forced to change its focus. Tuberculosis patients at the Hospital were moved, a few being treated at the Barlow Sanitarium. In 1911, The City of Hope began operation in Duarte, California for such patients. (See City of Hope Hospital, this chapter.)

Gradually, Kaspere Cohn Hospital changed from a charity hospital for consumptives into a general hospital with a substantial percentage of paying patients (\$2,500 in fees was received in 1915).⁴⁶ Dr. David W. Edelman, a member of the medical staff, exclaimed:

. . . those of you who know of a patient with means who needs care, medical or surgical, not to recommend him to seek the advice of this or that physician whom he has never seen, heard of and does not know, and to go to some other hospital of the city which does not need him - only to come knocking at this institution when his money is gone and the other doctor and the other hospital look for pay and look in vain . . . talk this institution up to those who need hospital care and have the means to pay for good service, so that the small amount of profit made from them may help take care of some other sick fellow who hasn't a cent.⁴⁷

Following an apparent move to 3942 Whittier Boulevard,⁴⁸ the Hospital, renamed Cedars of Lebanon, opened a new \$1,650,000 facility in May, 1930 at Fountain Street near Vermont Avenue. It remained here for over forty years.

Sinai Hospital opened as the Mount Sinai Home for Incurables during an influenza epidemic of 1920. This facility for patients with chronic illnesses was founded by the Bikur Cholim Society. By 1930, it was called the Mount Sinai Home for Chronic Invalids and had ^{room for} fifty patients.⁴⁹

In 1961, Cedars of Lebanon and Mount Sinai merged to form the Los Angeles Jewish Medical Center, now known as Cedars-Sinai Medical Center, located on Beverly Boulevard near LaCienega in Los Angeles.

Mount Sinai, Milwaukee 1903

At the urging of Rabbi Victor Caro of Temple B'ne Jeshurun and with the funding of Abraham Slimmer, a philanthropist from Dubuque, Iowa, the Jewish Hospital Association was formed and granted a charter on June 5, 1902. The Association held its first formal meeting on June 16, 1902, during which Max Landauer was elected president.

A house at the corner of Fourth and Walnut Streets that had been used as a YMCA branch began operation as the Jewish Hospital on June 7, 1903. A heavy patient

load soon proved too much for the seven room hospital, forcing the Board to consider expansion. Spurred by a \$50,000 donation from Abraham Slimmer, a new facility was built on Twelfth Street. Even before the new building was opened on February 17, 1914, however, the hospital had undergone a name change. On December 12, 1913, the Jewish Hospital Association became the Mount Sinai Hospital Association.

During the first year of operation on the new site, 673 patients were treated, sixty-six percent of them without charge. Two hundred twenty-four of the total were Jewish.⁵⁰

The directors of Mount Sinai resisted suggestions that the hospital move to the suburbs during the second half of the twentieth century. In 1974, due in part to the fact that Mount Sinai was a downtown, community-oriented institution, the hospital became the Milwaukee Clinical Campus of The University of Wisconsin Medical School. It serves as a training ground for medical personnel and as a research center in areas such as cardiology, neurology, hematology/oncology and obstetrics/gynecology.

Jewish Hospital, Louisville 1905

Fifty people gathered on February 4, 1903 to organize the Jewish Hospital Association. Incorporated on April 1 of that year, the members elected Samuel Grabfelder,

a distiller, to the position of president. The Hospital opened on May 15, 1905, in a new building that included six wards, and eight private rooms that rented for \$21 per week. Expansion and maintenance costs led the Hospital to affiliate with the Federation of Jewish Charities, which took over charity patient admissions and social work services. When support for the Federation of Jewish Charities decreased in the 1920's, funds were raised to, once again, allow the Jewish Hospital to operate independently.

A School of Nursing was formed by Miss Katherine Daum, R.N., in 1909, to treat the 461 patients treated that year.

With a gift of \$100,000 from I.W. and Bernard Bernheim, the hospital built a new wing and remodeled the old facility in 1929. Within fifteen years, the 88-bed structure proved inadequate. It was not until 1955, however, that a new 118-bed facility was built on the northeast corner of Brook and Chestnut Streets. By 1956, there was a need for further expansion. Two floors were added in 1960, bringing the total number of beds to 252. In 1974, the number of beds had increased to 413, and by 1981, the hospital's patient capacity had reached 466.

Jewish Hospital is associated with the University of Louisville Medical School and Catherine Spalding College.

Mount Sinai, Cleveland 1903

In 1892, nine women "who had managed to accumulate a small sum of money"⁵¹ approached Herman Sampliner to ask his advice on what they should donate it to. He told them to build a hospital. Shortly thereafter, these women founded the Young Ladies' Hebrew Association for the purpose of caring for the poor sick. Sampliner was elected president of this women's Association. The name was changed to the Women's Hospital Society in 1900 and it charged members annual dues of \$1.20. The funds raised by dues, fairs, picnics and other entertainment events allowed the Society to purchase and remodel a house in 1902. The twenty-nine bed Mount Sinai Hospital opened its doors on May 4, 1903.

It is assumed that the Hospital did not follow the rules of Kashrut, for in 1913, a fund to erect an Orthodox Jewish hospital was started. A leader of the Hebrew Orthodox Hospital Alliance, Hyman Spielberg, stated that, "At present the Orthodox Jew stays at home when ill rather than enter a hospital where he would be forced to accept a traife diet."⁵²

With the support of the Jewish Federation of Cleveland, the Orthodox and non-Orthodox factions were pulled together for a meeting. At that meeting, on July 6, 1913, J.K. Arnold, a member of the Board of Directors of the Federation, called for the issue of

the "Mosaic dietary"⁵³ to be studied so that "there may be a chance to get one big Jewish hospital for Cleveland that the Federation will support."⁵⁴ Such a hospital, built at the cost of \$592,000, and containing 155 beds, began operation in September, 1916.

The next large building drive came in 1925, when the Mount Sinai Board of Directors appealed to the non-Jewish as well as the Jewish community for funds. The appeal was covered by the local press:

Jews Appeal to All for Hospital: Campaign This Week for Mount Sinai First to Call Outside Own Ranks the appeal is based on the service of the hospital which does half its work among non-Jews. Serving on the general committee (fund raising committee) and on team are many Protestants and Catholics.⁵⁵

Mount Sinai affiliated with Western Reserve University School of Medicine in 1947. The hospital also includes the Louis D. Beaumont Memorial Laboratories.

A new building was erected in 1951 following a ten year fund raising drive. This increased the hospital's number of beds to 390. In 1960, Mount Sinai underwent another major expansion and renovation, bringing the total number of beds to approximately 550. New maternity and kidney dialysis wings were opened. Two years later, new psychiatry, physical medicine, and rehabilitation units were established. A Staff Residence was built in 1968.

Jewish Memorial Hospital
(Philanthropin Hospital), New York City 1905

The Philanthropin Hospital opened its doors on Fifth Avenue at 128th Street in 1905. As was often the case, the patient load soon became too heavy for the original facility. In 1920, land on Dyckman Street was acquired and a new building was begun. The Philanthropin name gave way to "Jewish Memorial Hospital," a tribute to Jewish soldiers who lost their lives in World War I. When the City of New York took over the hospital grounds to build the Henry Hudson Parkway in 1935, Jewish Memorial began to build a new facility on Broadway and 196th Street. The Hospital opened at the new site in 1937.

The Hospital's outpatient clinic was one of the first clinics in the country to open a complete Arts and Crafts Department for patients and families (1944).

Hebrew Rehabilitation Center for Aged (Moshav Zekainim)
1905

When the Jewish community of Boston created a welfare federation in 1895, it included nine health and welfare societies in that federation. Among these, however, there was no separate society for the aged. To fill this void, twenty-eight women formed "The Hebrew Ladies' Moshav Zekainim Association for the purpose of taking care of old and infirm Jewish men and women in the City of Boston."⁵⁶ The Association received a charter in 1903. Two years

later, a fifteen-bed facility was opened at 21 Queen Street. In 1908, the Home expanded into an adjacent building. The Home had 81 "inmates"⁵⁷ in 1916 and again saw the need for expansion. In the 1930's, a medical laboratory, x-ray and physical therapy equipment were added, and the staff grew to include twelve consulting specialists.

An extensive fund raising drive in the 1950's allowed the 256 residents of the Home to move to a newly constructed facility in 1963. In 1973, a 250-bed wing was built, bringing the Center's capacity to 725. The Hebrew Rehabilitation Center is associated with Beth Israel Hospital and has teaching affiliation with a number of Boston area universities and colleges.

Hospital for Joint Diseases (The Jewish Hospital for Deformities and Joint Diseases), New York City 1906

Dr. Henry W. Frauenthal, originally from Wilkes-Barre, Pennsylvania, opened New York City's third orthopedic hospital on November 4, 1906 (incorporated on October 11, 1905) at 1917 Madison Avenue. The Jewish Hospital for Deformities and Joint Diseases followed the Hospital for the Relief of the Ruptured and Crippled and the New York Orthopedic Dispensary and Clinic.

Over 1,200 patients were treated during the Hospital's first year. This number proved too great for the seven-bed-plus-dispensary building, and the facility began to

expand until it filled all of the homes between 123rd and 124th Streets on Madison. A new dispensary building opened in 1914. Aided by private donations and gifts from the Federation of Jewish Philanthropies, by 1924, a 277-bed hospital building was erected on the site.

In 1920, the institution underwent a name change to the Hospital for Joint Diseases. The Hospital opened a School of Practical Nursing in 1945. It is recognized as an important teaching facility for orthopedic surgery.

Barnert Hospital, Paterson, New Jersey 1908

In 1908, the Miriam Barnert Dispensary was established on Hamilton Avenue by Nathan Barnert,⁵⁸ a local "industrialist, philanthropist, and politician,"⁵⁹ in memory of his wife. Two years later, in need of space, the dispensary was moved to the corner of Broadway and Paterson Streets. When the use of that facility became too heavy, Barnert donated \$250,000 to build the Nathan and Miriam Barnert Memorial Hospital Association at 31st Street and Broadway. The Hospital charter stipulated that rules of kashrut be followed. It also allowed Mr. Barnert to select ten Jewish men to serve as "Life Trustees"⁶⁰ (a self-perpetuating group) to oversee the operation of the Hospital. The institution began operation in 1916, and in the same year, a School of Nursing was established.

The City of Paterson donated funds for Barnert Memorial's expansion in 1937, bringing the number of patient beds to 148. Another wing was added in 1951, four years before the School of Nursing closed.

In 1966, a new 242-bed facility was built.

Montefiore, Pittsburgh, Pennsylvania 1908

It is said⁶¹ that a Mr. Levin contacted Mrs. Barnett Davis, a woman known "for her many charitable activities,"⁶² about establishing a Jewish hospital. Davis organized a group of women that was dedicated to two goals: finding temporary quarters and medical care for those without money, and collecting funds to build a Jewish hospital. The seventeen members of the group began the hospital fund by donating ten cents each per week. The group, to be called The Hebrew Ladies' Hospital Aid Society, was granted a non-profit charter on May 29, 1899. Operating and building funds were raised by holding social events and by canvassing the neighborhoods.

Davis enlisted the aid of men in the building plans, and the Montefiore Hospital Association of Western Pennsylvania was formed. It was granted a charter on March 23, 1905. The Hebrew Ladies' Hospital Aid Society had purchased a lot for \$70,000 and had obtained a building permit, but because of legal problems and a lack of funds, no hospital was built. Davis' Society gave the land deed to the men's Montefiore Hospital Association

in return for equal representation on the hospital Board of Directors and a plaque honoring the Society's contribution to be placed in the future hospital.

The hospital plan did not garner immediate support from Reform Jewish leaders who were concerned about how non-Jews might view the creation of a separate Jewish hospital. Such sectarianism could pose a threat to their positions. Support came, instead, from the traditional Jews of Pittsburgh. Fund raising proved very slow. It wasn't until 1906 that the Directors of the Association authorized the establishment of a hospital in a \$60,000 mansion on ^{Centre} Central Avenue in Pittsburgh's Hill District. Montefiore Hospital opened in Spring, 1908. A nursing education program began during the same year.

In 1912, sixty-two percent of the patient care was tendered free of charge. Operating expenses initially came from membership dues and voluntary donations. The Commonwealth of Pennsylvania began giving financial aid to facilities that cared for the indigent in 1911. By 1914, Montefiore was receiving \$16,000 of that aid. By 1923, the amount had risen to \$253,000. Following this, however, state aid was cut off, because of a regulation prohibiting aid to sectarian institutions. Aid resumed in 1927, only after changes in the Montefiore by-laws in regard to kashrut and in the inclusion of the word

"Hebrew."⁶³ The Hospital also joined the Federation of Jewish Philanthropy in the "early teens."

There was talk of building a new hospital in the early 1920's, but it found strong opposition. Montefiore affiliated with the medical school of the University of Pittsburgh in 1923 and the hospital grew even more crowded than before. It wasn't until July, 1929, that the first part of the new Montefiore Hospital opened its doors.

The financial crisis of the Depression and continued arguments between traditional and liberal Jews about operating procedure at Montefiore made the 1930's difficult for the Hospital. Even so, it expanded to meet an increasing patient load. In 1949, spurred by a report of Dr. E.M. Bluestone,⁶⁴ which called for improved health care, Montefiore again expanded, adding 150 beds, a surgical teaching facility and research laboratory.

Maimonides, Brooklyn

(Beth Moses Hospital, Israel Zion Hospital) 1911

The New Utrecht Dispensary was chartered in 1911 by a group of "Orthodox women of Borough Park."⁶⁵ The Dispensary developed into the Israel Hospital of Brooklyn which, in 1920, became the United Israel Zion Hospital. The merger of Zion Hospital and the new Israel Hospital resulted in a new 150-bed facility in Borough Park. By 1937, the hospital had expanded to 365 beds. Still

overcrowded, plans for further expansion were made, but postponed for lack of funds.

In 1914, a group of Orthodox Jews gathered to make plans to open a hospital with a kosher kitchen in the Williamsburg section of the city. A charter was granted to the group in July, 1916. Fostered by Nathan S. Jonas, an attempt was made to merge with the Bikur Cholim Dispensary. The merger did not materialize and the building the Bikur Cholim Society began to erect on Sumner and Lafayette Avenues remained unfinished. The other group bought land at the corner of Stuyvesant Avenue and Hart Street and, on November 4, 1921, the Beth Moses Hospital began to accept patients.

The two hospitals, Beth Moses and the United Israel Zion Hospital merged to form Maimonides Hospital in 1947. In 1951, the Beth Moses facility was closed and sold, and the United Israel Zion plant was expanded. By 1963, the bed capacity had reached 576.

Maimonides is a teaching facility affiliated with State University of New York Downstate Medical Center.

Blythedale Children's Hospital, Valhalla, New York 1913

In 1891, a group of women from the New York Society for Ethical Culture formed "five or six committees which became the basis of The Women's Conference."⁶⁶ Six organizations sent delegates to the first meeting of the Women's Conference in 1893. The Ladies' Sewing Society

(it later founded the Manhattan Trade School for Girls), The Society for the Study of Child Nature (it became The Child Study Association), The Ladies' Committee of Workingmen's School and Kindergarten, The United Relief Works (an organization that established The Ethical Culture Schools), Ladies' Committee of the District Nursing Department, and The Teaching and Visiting Guild for Crippled Children were present. It was this last organization that, in 1913, became Blythedale Children's Hospital.

The Teaching and Visiting Guild for Crippled Children, at the time of the first meeting of the Women's Conference, had fifty members who paid annual dues of two dollars. In 1898, the Guild sent eight children to Long Beach, New York and East Rockaway, New York under the care of a Miss Darrach, who was associated with the Henrietta Home for Cripples. Two years later, the Guild Chairman, Jennie Strauss, reported "that each member visits a shut-in crippled child twice a week, furnishing clothes, proper food, procuring medical attention . . ." In 1906, the Visiting Guild for Crippled Children was incorporated.

The Visiting Guild was able to offer more than summer care for crippled children when it opened a full-time facility in 1913 in Valhalla, New York. The name was soon changed to The Blythedale Home, since the Guild's emphasis had switched from visiting to housing children.

In 1932, The Home technically became a hospital and its name was changed to Blythedale. "Prior to this, the City had classified Blythedale as a home for crippled children and as such referred only Jewish children. They would not give support for children of other religions; as a hospital, they would."⁶⁷

With the introduction of antibiotics and tuberculosis prevention programs in the 1940's, Blythedale began admitting patients with "more immediate medical needs."⁶⁸

In 1944, the institution's name was shortened to "Blythedale." Twenty-two years later, it became the Blythedale Children's Hospital.

It is affiliated with a number of New York City medical schools and schools of social work, providing training positions for six hundred students each year.⁶⁹

City of Hope, Duarte 1913

The National Consumptive Relief Association of Southern California was formed on September 28, 1912 by thirty-five "young men and women"⁷⁰ during a meeting called by Boris Flatte, Bernard Cohen, and H. Cetrin. The preamble to the Association's constitution read, in part:

We Jewish men and women do hereby bond ourselves together for the purpose of raising funds and establishing suitable quarters for the aid, cure, and comfort of our brothers and sisters afflicted with tuberculosis.⁷¹

It is said that a number of the members had seen a young Eastern immigrant collapse and die on a Los Angeles street. Spurred by this occurrence and the need for a medical facility for tuberculosis sufferers, they collected \$135.05 and sent two members to the San Gabriel Valley to search for land to buy. In 1913, ten acres were purchased in Duarte, two tents were pitched and the clinic began treating tuberculosis patients free of charge without regard to race, sex, or creed.

The Workmen's Circle Branch 248 of Los Angeles erected the first permanent structure, a wooden cottage, in 1914. Other unions followed suit. The Amalgamated Clothing Workers of America built a commissary building and, later, the International Ladies' Garment Workers Union gave money for another structure.

Numerous auxiliary units were formed to raise funds for the institution, allowing The City of Hope to grow at a rapid pace. One of them, The Central Jewish Committee, came into being in 1923.

Even to this day, patients are not charged for treatment at this center, which has an annual operating cost of over \$40 million. Research is conducted by world renowned scientists in areas that include oncology and cardiovascular disease, diabetes and genetics.

Levi Arthritis Hospital, Hot Springs National Park 1914

European immigrants to the United States, accustomed to visiting the Baden of their lands of origin, made Hot Springs National Park in Arkansas a popular spot during the late nineteenth and early twentieth centuries. They came for vacations and they came to be cured by the waters found at the Park. Wealthy visitors stayed in fancy establishments. The poor came and stayed in "cheap hotels, boarding houses or with families in Hot Springs and survived as best they could."⁷²

The poor Jews sought assistance from the local Rabbi, F.L. Rosenthal who, with the help of a small local community and B'nai B'rith Lodge, offered housing, transportation and food. Soon, however, requests became too numerous for these groups to handle, and the B'nai B'rith local asked the District Grand Lodge No. 7 to help.

The District Grand Lodge No. 7 formed a Hot Springs Disbursement Committee in 1903. In 1910, the Committee became a national B'nai B'rith project and it authorized the building of a sanitarium. The twenty-five-bed Leo N. Levi Memorial Hospital, named after a president of the B'nai B'rith Constitution Grand Lodge who died in office, opened on November 1, 1914. The Articles of Incorporation of The Leo N. Levi Memorial Hospital read, in part:

- b) To operate a hospital, bath houses, dispensaries, and clinics, for the treatment of persons suffering from rheumatism

and other diseases for which the waters of Hot Springs are peculiarly beneficial and disorders requiring medical and surgical treatment to alleviate suffering and render aid to the distressed.⁷³

In 1932, financial difficulties led the hospital to ask for contributions from patients, "not to exceed the cost per patient."⁷⁴ Funding problems continued to plague the institution. In 1951, the Supreme Lodge of the International Order of B'nai B'rith responded to an emergency appeal by sending the hospital \$25,000. Along with support from the Jewish community, government funding through the Hill-Burton Act and Medicare has since helped Levi remain in satisfactory financial circumstances.

With the discovery of penicillin, there was an attempt to change the focus of research from tuberculosis and related respiratory diseases to arthritis. The National Arthritis Research Foundation was founded at Levi Memorial in 1945. The Foundation ceased to function in 1951, but research in arthritis and treatment of those who suffer from it continued.

In 1964, the hospital was renamed the Leo N. Levi National Arthritis Hospital Association.

Mount Sinai, Chicago 1919

The birth pains of the Mount Sinai Hospital of Chicago were both severe and protracted. Beginning at a meeting on January 20, 1910, the Mount Sinai Hospital began operation in 1914. The original meeting was called

in order to organize an association that would build a kosher hospital for Chicago's Orthodox Jews. That day, Judge Harry M. Fisher was elected president of The Maimonides Hospital Association. Under the fundraising leadership of Sam Neveleff, the group held a string of benefits that failed to produce the needed monies. Only after a convention of delegates "representing fraternal, social and religious organizations,"⁷⁵ held on December 3, 1911, showed enthusiasm for the project, did actual plans for building the hospital proceed.

California Avenue near Fifteenth Street was the site chosen for the Maimonides Hospital, which opened on June 22, 1912. The chief of the medical staff was Dr. B.H. Breakstone, David Fine was Superintendent, and the President was Isaac Lurya. Soon after, the Hospital was accepted as a member of the Federated Orthodox Jewish Charities, but, within eight months, this organization withdrew its support, based on the Hospital's growing financial deficit.

Even without a visible means of monetary support for operating costs, the Hospital remained open. Changes, however, were made, and they were far-reaching. A new superintendent was found in the person of Dr. H.J. Moss, the entire medical staff resigned and was reformed under the directorship of Dr. H.M. Richter. Creditors were asked to allow a two year extension of payment on the

Hospital's debt, which amounted to almost \$45,000.⁷⁶ Application to the Federated Orthodox Jewish Charities was again made and, again, the Hospital was accepted, on the provision that all except one member of the Board of Directors, S.J. Rosenblatt, resign, and that Maimonides would be placed on a one year probation. New Board members, associates of the "Federated," were elected on November 1, 1913.

Public financial support for the institution did not materialize and the hospital closed its doors, but Rosenblatt, Sheilah Silverman Ronberg, a Board member, and the Hospital Treasurer, Morris Kurtzon, persisted. Although foreclosure proceedings had already begun, Kurtzon arranged a new organization to grow out of the old. In 1919, he bought the Hospital and renamed its ruling body The Mount Sinai Hospital Association. He announced that it was a public charity hospital for the benefit of the Jewish community. Under this structure Mount Sinai Hospital was able to keep its doors open to patients. In 1920, a School of Nursing was opened.

Mount Sinai has had both inpatient and outpatient services since it opened its doors in 1919 and has been a teaching and research facility. A comprehensive building program in the 1950's resulted in the I.J. Goldberg School of Nursing and Residence Hall, the Frankel Medical Science Building, the Hymen Blood Center and the Kling Residence

(now the Group Medical Center). The Olin-Sang Pavilion opened in 1970, and a new surgical building was completed in 1983. The medical center has recently established "community based programs"⁷⁷ in rape counselling and in-home psychiatric care.

Beth El, Brooklyn 1921

At the turn of the twentieth century, there was no public hospital in the center of East New York or Brownsville. In 1909, a society was formed to erect such a hospital. On August 11, 1912, the Brownsville Hospital Society held a parade that ended with a mass rally on the site of the future hospital. The Society was incorporated on November 18, 1914. Funds were raised in small amounts from around the community, and, in 1919, the new facility was built. Supporters had raised sufficient funds to erect the building without any major contributors, but they were unable to raise funds for operating costs or furnishings. The hospital doors opened in 1921 at Rockaway Parkway and Avenue A in Brooklyn. The original seventy-five bed facility was expanded in 1928, 1939, 1952, and 1964 to house over 430 patients.

In 1931, the Brownsville Hospital became the Menorah Hospital. One year later, the name was changed to Beth-El.

Deborah Hospital Foundation,
Browns Mills, New Jersey 1922

Dora Moress Shapiro led the drive to establish a tuberculosis sanitorium that resulted in the founding of a thirty-two bed facility "in rural Burlington County,"⁷⁸ in 1922. The patients lived in cottages on the hospital grounds. In 1938, a main building opened, and nurses' quarters were built in 1941. Five floors were added to the main building by 1948. The Lesser Heart Pavilion was built in 1965. It allowed Deborah to be on the "frontier of cardiac and pulmonary medicine."⁷⁹ A special area for pediatric patients with congenital heart defects was established in 1970. Patient care and laboratory areas were added and modernized in 1973, 1976 and 1979. In 1981, the Deborah Cardiovascular Research Institute moved into new quarters.

Deborah is affiliated with medical schools in New Jersey and Pennsylvania.

Mount Sinai Hospital, Hartford, Connecticut 1923

On March 16, 1918, a hospital association named the Abraham Jacobi Hospital Association was incorporated in Hartford, Connecticut. The name was later changed to the Mt. Sinai Hospital Association. On March 14, 1923, the Mt. Sinai Hospital opened in the Morgan Brainard mansion at 119 Capitol Avenue, following a \$100,000 plus fund-raising drive spearheaded by Samuel Fassler.

According to the Hartford City Directory,⁸⁰ the Hospital listed its objects as follows:

To give medical and surgical aid, nursing dispensary and out-door service to the sick and disabled, of any race, creed or nationality. To maintain a strictly kosher kitchen in accordance with the Mosaic dietary laws. To afford students in medicine the opportunity to acquire a practical knowledge of the art of science and medicine. To promote research in the medical sciences. To instruct women in the care of the sick.⁸¹

In 1925, a school of nursing was opened on Buckingham Street. The hospital did not expand again until 1943. A Community Chest survey showing a surplus of hospital beds in the Hartford area caused a cut-off of Community Chest funds to Mt. Sinai in 1938 (heretofore approximately \$18,000 per year). The 1944 expansion into the Hebrew Women's Children's Home was followed by the erection of a new building in 1950 and more additions in 1959 and 1969.

In 1937, fifty-five of the sixty-seven known Jewish physicians in Hartford were on the staff of Mount Sinai.

Beth Israel Hospital and Geriatric Center, Denver 1923

"Bayard Taylor long ago wrote as follows: 'An air more delicious to breathe cannot anywhere be found; it is neither too sedative nor too exciting but has that pure, sweet, flexible quality, which seems to support all the happiest and healthiest moods.'"⁸²

In 1919, between the West Coast of the United States and Kansas City, Missouri, there was no home for the

elderly associated with a hospital. A group of Jewish Denver women, led by Mrs. Bella Mintz, sought to remedy this situation by founding the Moshav Zkenin Home and Hospital Society, a name that was soon changed to The Beth Israel Hospital and Home Society. They began to raise money for their project by holding raffles and selling pencils. Donations even included chickens.

The Denver Post headline of October 10, 1920, read "Denver Jews to Begin Drive Next Week to Raise \$50,000 for Beth Israel Hospital: Building and grounds are gifts but equipment is needed. (The) Institutions will be strictly non-sectarian."⁸³

A single gift of \$50,000 by Mr. L.H. Guldman, a merchant whose son-in-law, Melvin Schlesinger, was on the fund raising committee, brought the drive quickly to its goal, and in December, 1923, the Hospital opened its doors to become a leading center for gerontological research and advances in the United States.

A new home for the aged was opened at Beth Israel in 1947. In 1964, a new general hospital facility began operation, and the old building became a nursing home. Additions to the new structure were made in 1971 and 1976. A long-term care wing opened in 1979.

The Aging Awareness Program, a consumer education series, has been presented at numerous locations in the Denver area. Beth Israel has a training program for

non-professionals in nursing home care, and a course of training for licensed practical nurses (LPN's) in geriatric care.

Miriam Hospital, Providence, Rhode Island 1925

Providence Lodge No. 13, also known as Miriam Lodge, was the local chapter of The Order of B'rith Abraham. A co-educational order, the members were involved in both social and community projects.

The women of Miriam Lodge gave financial aid to the sick, as did members of the Moses Montefiore Hebrew Benevolent Association, the National Council of Jewish Women (these two groups opened a North End Clinic in 1898) and the Rhode Island Hebrew Medical Aid Society. In 1907, the women of the Miriam Lodge applied for a charter to operate a hospital. (The notion of having a Jewish hospital in Providence was not a new one. The Rhode Island Hebrew Medical Aid Society had discussed the matter in 1896, but due to a lack of funds and community opposition, no action was taken.) Fourteen years later, the Ladies' Association of Miriam Lodge, in association with a group of men, "acquired a maternity house on Parade Street."⁸⁴

The Miriam Hospital opened in 1925. It remained at the Parade Street location until 1951, when, faced with overcrowding and offered an abandoned Jewish orphanage on Summit Avenue, it moved. The Hospital has expanded a number of times at that location. In 1976, there were beds for more than 250 patients.

Beth Israel Hospital, Passaic, New Jersey 1926

Beth Israel Hospital admitted its first patient on March 3, 1927, on the first floor of a Madison Street old-age home. The idea for a Jewish hospital in Passaic evidently came from Esther Pinck, a woman born in Russia, who was determined to collect sufficient funds to open such a facility. Soon, the hospital displaced the old-age home.

There was a need to expand. Col. Charles F.H. Johnson, the president of Botany Mills, Inc., arranged the donation of a tract of land on Parker Avenue for the site of a new hospital.

Although no funds were obtained from the Hill-Burton Act of the United States Congress, donations from area industrialists, persuaded to give by Col. Johnson, and the Jewish community, built the new Beth Israel facility. It was dedicated on August 26, 1956. Two expansions, in 1961 and 1971 have brought the bed capacity up to 223.

The Hospital, which shows a "faithful adherence to the laws of kashrut,"⁸⁵ also has one of the largest hospital-based home health care programs in New Jersey.

Hillside Hospital, New York City 1927

At the instigation of Dr. Israel Strauss, a New York neurologist and practitioner in mental health, The Committee for Mental Health Among Jews was formed in 1917.

The Committee sought to open an institution for patients with mental illnesses, and in 1927, two years after changing its name to The Jewish Mental Health Society, a forty-bed hospital opened at Hastings-on-the-Hudson. In 1939, the Society became the Society of the Hillside Hospital, and in 1941, the Hospital moved to Glen Oaks, Queens. When the doors first opened on the Glen Oaks facility, there were eighty-eight patient beds. By 1951, that number had risen to 197.

The Hospital has established a number of community retraining programs in conjunction with various social agencies and has an active research program in mental health. It also offers a three year teaching and training residency in psychiatry and is affiliated with Montefiore, Mount Sinai, North Shore, Creedmore State, and the Long Island Jewish Hospitals.

Menorah Medical Center (Jewish Memorial Hospital)
Kansas City 1927

Prior to 1931, Jewish health care in Kansas City was housed in the Alfred Benjamin Dispensary on the city's north side. In 1926, leaders of the Jewish community formed The Jewish Hospital Association. The impetus to found the Association and to build a hospital came from Nathan Schloss, a cigar manufacturer, who bequeathed \$276,000 for the construction of a Jewish hospital with a kosher kitchen. By May, 1927, over \$1,000,000 had been

raised by the Association for the building of a Jewish hospital. Approximately one year before the hospital opened, it underwent a name change: The Jewish Memorial Hospital became The Menorah Hospital in November, 1930. The Hospital opened its doors on September 7, 1931 as an institution that was to be "non-sectarian and (one in which) at least twenty percent of the beds should be for charity patients."⁸⁶

When the mortgage on the original hospital building was paid in 1945, plans were made for a new addition. In January, 1951, the 164-bed wing was completed. It included a blood bank and isotope laboratory, a unit for the chronically ill, and a psychiatric floor. Soon thereafter, the hospital became affiliated with the University of Missouri at Kansas City and the University of Kansas Medical Schools, and it was renamed The Menorah Medical Center. Menorah expanded again in 1962, 1965 and 1972. It now has 430 beds.

The Medical Center offers special programs in the areas of intensive care, oncology, cardiopulmonary disease, neurology (Midwest Neurological Institute), gastroenterology (Gastroenterology Laboratory) and family health care.

Jewish Memorial Hospital, Boston 1929

The Jewish Memorial Hospital of Boston grew out of the Roxbury Ladies' Bikur Cholim, a small hospital society organized in the 1880's. In 1929, the Jewish Memorial

Hospital was founded as a center for "long term treatment and rehabilitation care for the chronically ill."⁸⁷

Kingsbrook Jewish Medical Center

(Jewish Chronic Disease Hospital), Brooklyn 1929

In 1925, led by a businessman, Max Blumberg, a group of Jewish women met to propose "a home for the unfortunate chronic ill of our faith."⁸⁸ These women had been visiting chronically ill Jewish patients in local hospitals and they saw a need for an institution specializing in care of such patients.

On April 24, 1929, fifty-two men and women were transferred from the chronic illness ward of King's Hospital to the new Home for Incurables. In 1945, after the institution had begun to function as a hospital and not just a home for the chronically ill, the name was changed to The Jewish Sanitarium and Hospital for Chronic Diseases. As medical care became an even greater part of its role, the name was changed (in 1954) to The Jewish Chronic Disease Hospital.

The hospital's research and patient facilities were expanded in 1958 and 1967. A new 596-bed rehabilitation center was built in 1976, bringing the bed total to 881.

In 1968, the institution was again renamed, this time The Kingsbrook Jewish Medical Center.

Kingsbrook Jewish is associated with the State University of New York, Downstate Medical Center College of Medicine.

Mount Sinai Medical Center, Miami Beach 1946

In the 1930's, a group of Jewish physicians formed a Miami Beach Physicians' Group.⁸⁹ With the help of businessmen, Baron de Hirsch Meyer and Max Orovitz, the Group was granted a charter under the name of Mount Sinai Hospital of Greater Miami in 1946. That same year, the fifty-five bed Alton Road Hospital, an institution used by the U.S. Navy during World War II, was returned to the City of Miami Beach. The Mount Sinai group bought the small facility and opened it in 1946, still under the name of the Alton Road Hospital. In 1949, the City of Miami Beach bought the land and building owned by The Nautilus Hotel. The municipal government arranged to lease the 21.5 acre site to Mount Sinai for one dollar per year. After extensive renovation, the 258-bed Mount Sinai Hospital opened on December 4, 1949. Soon thereafter, the Alton Road Hospital was closed.

In 1950, a research laboratory was opened. Since then, the expansion of programs and of the physical plant has been steady. The original hospital building (Nautilus Hotel) was razed in 1968.

Mount Sinai is associated with the University of Miami Medical School.

Rose Medical Center, Denver 1949

Following World War II, two groups within the Denver Jewish community arose with plans to improve the quality

and increase the services of the city's Jewish sick-care. One group sought to enlarge the facilities of the extant Beth Israel Hospital (see Beth Israel Hospital, Denver, 1923). The other group, not satisfied with the medical care or staff opportunities available at the small hospital, laid plans to open a new Jewish hospital. The two factions met to discuss their goals, but they could come to no compromise.

A group of physicians and community leaders led by Maurice Schwayder "raised" the necessary funds to erect the original building at East Tenth Avenue and Clermont Street.⁹⁰ The 250-bed facility was dedicated by General Dwight D. Eisenhower on August 31, 1948. It was named after General Maurice Rose, "the first American military leader to cross the German border"⁹¹ during World War II who was killed in combat.

The 400-bed hospital is affiliated with the University of Colorado Medical School. Now known as Rose Medical Center, the institution is "the Rocky Mountain area's primary center for the treatment of arthritis and related rheumatic diseases."⁹²

Gateways Hospital, Los Angeles 1953

Gateways Hospital was founded in 1953. It grew out of the Jewish Committee for Personal Service, a Jewish community program in state mental hospitals. In the 1960's, Gateways, located at 1891 Effie Street, became "a full-fledged Jewish mental hospital."⁹³

Sinai Hospital, Detroit 1953

In 1922, the Jewish Welfare Building had an eight room clinic in its basement. The following year, at the instigation of Dr. Harry C. Saltzstein, and with a \$75,000 grant from Leopold Wineman, The North End Clinic was established. Saltzstein saw this as "a forerunner of a hospital."⁹⁴

Efforts to establish a hospital date back to 1912,⁹⁵ but it was only after the Depression of the 1930's and World War II that Sinai Hospital was able to garner enough financial support to open.

Ground was broken for the 210-bed hospital in 1951, and it began operation in 1953. By 1976, the number of beds had increased to 624 and the annual budget had climbed to \$53 million. The 2,440 employee staff included some 500 physicians.

Sinai has joined three other area hospitals in a plan that merges certain residency programs. It also has a large ambulatory care practice.

Long Island Jewish Hospital 1954

Following the publication of a survey by the Hospital Council of Greater New York that showed Nassau and Queens Counties as the "most under-hospitalized areas in the East,"⁹⁶ a group was formed to build a hospital on Long Island. In 1949, Saul L. Epstein, a manufacturer, and Gustave M. Berne, an attorney and builder, took steps to

raise funds for the Long Island Jewish Hospital. Within a very short time, the board of founders numbered over one hundred. The federal government offered \$1,500,000 grant-in-aid under the Hill-Burton Hospital Construction Act, contingent on the community's ability to raise \$3,000,000. By March 31, 1952, \$5,500,000 had been collected. The Federation of Jewish Philanthropies added \$500,000, bringing the total building fund to \$7,500,000.

The 500-bed hospital was built on 270th Street and 76th Avenue on Long Island near the boundary between Queens and Nassau, next to the Hillside Hospital. It began operation on May 16, 1954.

In 1959, the Hospital opened the first clinic in the world "devoted to the rehabilitation of arthritic and rheumatoid patients."⁹⁷ It is affiliated with the State University of New York Downstate Medical Center and provides clinical training for health care students from a number of colleges and universities.

FOOTNOTES
CHAPTER FIVE

¹The following hospitals are listed in the Jewish Communal Register (of New York), 1917-1918, but appear to have closed before 1930, since they are not listed in the American Jewish Yearbook of that year:

People's Hospital (a kosher hospital established in 1908 at 203 Second Avenue)

The Bronx Maternity Hospital (established in 1914 at 406 East 149th Street)

The Maternity Society of Brownsville (established in 1914 at 1666 Pitkin Avenue, Brooklyn).

Hospitals appearing in the 1930 American Jewish Yearbook that seem to have closed without merging into a present day Jewish hospital (they are not listed in the 1969 Yearbook of Jewish Social Service) are:

Jewish Maternity Hospital, New York (established in 1906 at 280 East Broadway)

Beth David Hospital, New York (1910), (Yorkville Dispensary, located on Lexington Avenue near 88th Street, was organized in 1886 by a group of non-Jews. In 1910, under the guidance of Jacob Carlingler and Simon Uhlfelder, it was reorganized as Beth David Hospital, a Jewish institution, and was moved to Lexington Avenue and 113th Street. A 160-bed facility was opened at 161 East 90th Street in 1934. In 1957, Beth David moved into the building that had housed the Hospital for Special Surgery on East 42nd Street between First and Second Avenues. Renamed Grand Central Hospital, it closed its doors to patients on February 28, 1963.)

Beth Moses Hospital of Brooklyn

Hebrew Maternity Hospital of Brooklyn

Sydenham Hospital, Inc.

²Although attempts were made to collect information about all of the Jewish hospitals in the United States, materials on a number of institutions were not available. The hospitals that were knowingly omitted are as follows:

Cedars Medical Center, Miami

Jewish Hospital and Rehabilitation Center,
Jersey City

Menorah Home and Hospital, Brooklyn

Mount Sinai Medical Center, Minneapolis

Philadelphia Psychiatric Center, Philadelphia

³Mary Ethel Sharon, "A History and Recollection of the Early Days: In Honor of the 125th Anniversary of the Jewish Hospital of Cincinnati," presented by The Jewish Hospital of Cincinnati Medical and Dental Staff Bulletin, (July, 1975), p. 5.

⁴"Cincinnati," The Occident, Vol. 8, (1850), p. 26. (About the founding of The Jewish Hospital).

⁵Sharon, "A History and Recollection of the Early Days," p. 11.

⁶Ibid., p. 12.

⁷The Young Men's Fuel Association, The Hebrew Assistance League, The Bachelor's Loan Society, and the German Hebrew Benevolent Society. Tina Levitan, Islands of Compassion, (New York: Twayne Publishers, 1964), p. 25.

⁸Ibid., p. 27.

⁹Joseph Hirsch and Beka Doherty, The First Hundred Years of The Mount Sinai Hospital of New York, 1852-1952, (New York: Random House, 1952), p. 15.

¹⁰Ibid., p. 36.

¹¹Ibid., p. 66.

¹²Ibid., p. 69.

¹³"Jewish Foster Home Society of Philadelphia: First Annual Meeting," The Occident, Vol. 13, (1856), p. 615. (Address of Rev. L. Naumberg of the Knesseth Israel Congregation).

¹⁴Albert Einstein Medical Center of Philadelphia, "Board Minutes," August 14, 1864-June 1882, (in the collection of the American Jewish Archives, Cincinnati, Ohio).

¹⁵"Dedication of The Jewish Hospital (of Philadelphia);" The Occident, Vol. 25, (Philadelphia: 1867), p. 201. (resolutions presented by Abraham Sulzberger to the Har Sinai Lodge, No. 8 of B'nai B'rith.)

¹⁶A.D. Glushakon, Maryland Bicentennial Jewish Book, (Baltimore: Jewish Voice Publishing Co., 1975), p. 121.

¹⁷Steve Levinson, "The Development, Problems, Nature and Accomplishments of the Hebrew Hospital and Asylum Association: Baltimore, Jan. 1868 - Jan. 1881," May 26, 1965, (Term paper in the collection of the American Jewish Archives.), p. 3.

¹⁸Ibid.

¹⁹Ibid.

²⁰Ibid., p. 7. Bills for "matza, lulaf and esrig," Torah and contents of "schul" were presented to the Board for approval.

²¹Ibid., p. 11

²²The hospital, listed as a beneficiary of the Federated Jewish Charities of Baltimore, was still referred to as the Hebrew Hospital and Asylum Association of Baltimore City in 1906. Constitution of the Federated Jewish Charities of Baltimore, 1906. (In the collection of the Klau Library, Hebrew Union College, Cincinnati, Ohio.)

²³Walter Mucklow Burnett, Touro Infirmary, Baton Rouge, LA: Moran Publishing Corp., 1979), p. xiii.

²⁴Ibid., p. 2.

²⁵Ibid.

²⁶Touro Infirmary, "Other Firsts," (pamphlet provided by The Touro Infirmary - A.J.Ar.).

²⁷Rev. J.F. Richmond, New York and Its Institutions: 1609 - 1872, (New York: E.B. Treat, 1872), p. 465.

²⁸Ibid.

²⁹Clare Judson Kagel, "The Jewish Home and Hospital for Aged," (Term paper provided by The Jewish Home and Hospital for the Aged, New York - A.J.Ar.), p. 7.

³⁰Ibid., p. 15.

³¹Hyman L. Meites, "Michael Reese Hospital," History of the Jews of Chicago (Chicago: Jewish Historical Society of Illinois, 1924), p. 625.

³²Dorothy Levenson, Montefiore: The Hospital as Social Instrument, (New York: Farrar, Straus and Giroux, 1984), p. 14. (About Montefiore Hospital Medical Center of New York.)

³³Levitan, Islands of Compassion, p. 89.

³⁴Ibid., p. 107.

³⁵Ibid., p. 110.

³⁶Mount Zion Hospital and Medical Center, "Mount Zion Hospital and Medical Center: 1887 . . . 1964, 75th Anniversary," (San Francisco, 1962), "Past" section. (Material provided by Mount Zion Hospital and Medical Center - A.J.Ar.).

³⁷Inez Hunt, Tzedakah, A Story of the Woman in the Golden Dome, (Colorado Springs, CO: School District 11, 1973), p. 10.

³⁸National Jewish Hospital and Research Center, "NJH History: Birth of a Hospital," (Reprint of an article sent by the National Jewish Hospital and Research Center, written during its 75th Anniversary year - A.J.Ar.), p. 2.

³⁹Milton L. Anfenger, The Birth of a Hospital, (The story of the birth of The National Jewish Hospital in Denver, Colorado), 1942, (publication unknown - reprint sent from hospital), p. 15, (A.J.Ar.).

⁴⁰National Jewish Hospital and Research Center, "NJH History," p. 2.

⁴¹Lesley Gold, ed., Lucien Moss Home for Incurables: History of Moss, (unpublished - date unknown), p. 1, (material supplied by Moss Rehabilitation Hospital - A.J.Ar.).

⁴²City of Hope, Constitution and Bylaws of The City of Hope, 1979, (material provided by The City of Hope Hospital - A.J.Ar.).

⁴³David A. Gee, 216 S.K.: A History of the Jewish Hospital of St. Louis, (St. Louis, 1981), p. 10.

⁴⁴Ibid., p. 54.

⁴⁵Arthur J. Linenthal, "From Townsend Street to Brookline Avenue," Harvard Medical Alumni Bulletin, March/April, 1978, p. 25.

⁴⁶Max Vorspan and Lloyd P. Gartner, History of the Jews of Los Angeles, (Philadelphia: JPS, 1970), p. 179.

⁴⁷Ibid., pp. 178-179.

⁴⁸Harad Ben Zvi and Sandra R. Bernstein, ed., Los Angeles Jewry - A Salute, (Los Angeles: Jewish Community Library - Bureau of Jewish Education, February, 1981), p. 42.

⁴⁹Vorspan and Gartner, History of the Jews of Los Angeles, p. 183.

⁵⁰Mount Sinai Hospital, "New Mount Sinai Hospital," Evening Wisconsin, (Milwaukee, WI, Nov. 13, 1914), (material provided by Mt. Sinai Hospital - A.J.Ar.)

⁵¹"Notes on Mt. Sinai Hospital of Cleveland, OH," (American Jewish Archives), Cleveland - Mt. Sinai Hospital Scrapbook of the History and Activities, May, 1903 - December, 1968, (microfilm).

⁵²Cleveland Plain Dealer, 1913, (American Jewish Archives), Cleveland - Mt. Sinai Hospital Scrapbook of the History and Activities, May, 1903 - December, 1968, (microfilm).

⁵³"Sue for Harmony in Hospital Fight," Cleveland Plain Dealer, July 7, 1913, (American Jewish Archives), Cleveland - Mt. Sinai Hospital Scrapbook of the History and Activities, May, 1903 - December, 1968, (microfilm).

⁵⁴Ibid.

⁵⁵"Jews Appeal to All for Hospital Campaign This Week for Mount Sinai: First to Call Outside Own Ranks," Cleveland Plain Dealer, April 19, 1925, (American Jewish

Archives), Cleveland - Mt. Sinai Hospital Scrapbook of the History and Activities, May, 1903 - December, 1968, (microfilm).

⁵⁶The Hebrew Rehabilitation Center for the Aged, "Salute to Presidents," (A pamphlet printed and provided by The Hebrew Rehabilitation Center for the Aged, Boston, 1978 - A.J.Ar.), p. 1.

⁵⁷Ibid., p. 2.

⁵⁸Vincent D. Waraske, "Nathan Barnert: The Noblest Citizen," Paterson News, Friday, September 18, 1970.

⁵⁹Barnert Memorial Hospital, "Barnert Memorial Hospital Center: An unpublished history of the hospital, Paterson, New Jersey," (material provided by Barnert Memorial Hospital - A.J.Ar.), p. 1.

⁶⁰Ibid., p. 7.

⁶¹Lois Michaels, "Historical Study of the Growth and Development of the Montefiore Hospital Association of Western Pennsylvania, 1906 - 1963," (Masters Thesis in Hygiene, University of Pittsburgh, May 1963), p. 22, (material provided by Montefiore Hospital of Pittsburgh - A.J.Ar.).

⁶²Ibid.

⁶³Ibid., p. 40.

⁶⁴Dr. E.M. Bluestone, "The Study of the Medical Activities of the Federation of Jewish Philanthropy," (Pittsburgh, 1945).

⁶⁵Levitan, Islands of Compassion, p. 256.

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⁷⁴Ibid., p. 20.

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⁸²Milton L. Anfenger, The Birth of a Hospital, (The story of the birth of The National Jewish Hospital in Denver, Colorado), 1942, (publication unknown - reprint sent from hospital), p. 44, (A.J.Ar.).

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⁸⁷Eudice R. Greenfield, ed., A Guide to Jewish Boston, (Boston: Jewish Boston, Inc., 1977), p. 113.

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⁹⁰Rose Medical Center, "Rose Medical Center: Historical Synopsis," 1984, (material provided by Rose Medical Center - A.J.Ar.), p. 1.

⁹¹Rose Medical Center, "Rose Medical Center: Our Standards Are Simply Higher," 1984, (material provided by Rose Medical Center - A.J.Ar.), p. 1.

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⁹³Vorspan and Gartner, History of the Jews of Los Angeles, p. 278.

⁹⁴Harry C. Saltzstein, M.D., "The Origin and the First 20+ (Plus) Years of Sinai Hospital of Detroit," Bulletin, Sinai Hospital of Detroit, Vol. 24, Number 2, (April, 1976), p. 59.

⁹⁵Ibid.

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⁹⁷Ibid., p. 278.

CHAPTER SIX

SUMMARY

Medical care in today's Jewish hospitals is very different from that in the first 'hekdesch.' Until the late 1800's, sick-care in Jewish institutions had changed very little; the Jewish 'hospital' was more of a shelter for the poor and homeless than a health-care facility. Only with the introduction of modern medicine did it, following the model of the European 'Krankenhaus' and the American Christian hospital, become a facility that both the poor and wealthy would patronize in order to improve their health. Now Jewish hospitals in America rank among the most prominent and well respected general hospitals in the country, offering both general and specialized medical treatment, social support programs, research, and training for medical personnel.

Jews established these hospitals for a number of reasons. At one time, the primary concern was the missionizing and conversion of Jewish patients in Christian hospitals. Later, there was a move to establish staff and training positions for Jewish physicians who were denied privileges at other hospitals. The desire to offer Jews a comfortable place in which to recuperate also played a part in the opening of a number of Jewish hospitals.

For some, comfort meant being surrounded by other Jews, staff and/or patients. For others, 'comfort' was a kosher diet and the ability to observe traditional Jewish ritual practices. Even in their early years, American Jewish hospitals showed their 'Jewishness' in a variety of ways that covered a wide spectrum of practice. Some institutions were 'Jewish' because most of the founders and members of the governing boards were Jews. Some were 'Jewish' because, in addition to having Jewish founders, directors, staff and patients, they also followed Jewish traditional practices. Still others fell somewhere in between these two extremes.

Just as health-care has changed since the 'hekdesch,' so too has the "Jewish" or sectarian nature of Jewish hospitals in the United States since 1850. In general, there has been a trend toward secularism in these institutions over the past 134 years, a trend that parallels the American Jewish community's move toward secularism and universalism. Not surprisingly, it is a trend that is controversial within the Jewish community and one that has begun to see some reversal in light of the ethnic awareness of the 1970's.

The most significant reason for the secularization of American Jewish hospitals is funding. Very simply, hospitals have always been expensive facilities to run, especially if the predominant patient population is one

unable to pay for its sick care, and as modern medical techniques caused costs to skyrocket, Jewish hospitals were forced to relinquish some autonomy and compromise their sectarian ways in favor of financial aid. An article in The American Israelite refers to funding problems that the Jewish Hospital of Cincinnati was encountering as early as 1854:

This praiseworthy institution depends entirely upon the yearly subscription of its members, hence the disbursement frequently exceeds the income. The conductors have frequently been compelled to get up a ball, or a concert, in aid of its funds.¹

During the early years of Jewish hospitals in America, the entire budget of any given hospital was provided by membership dues, charity events, and private donations. As costs rose, these fundraising techniques became unable to meet the hospital's needs. Raymond S. Alexander, the President of Philadelphia's Albert Einstein Medical Center, details the pressing need for increased operating expenses in today's medical field:

. . . Hospitals are a labor intensive industry. Sixty percent of the hospital's total budget, or more, goes for labor. Labor is constantly going up. We have to pay comparable fringe benefits to compete with industry. We get hit with increases in Social Security just like everybody else.

And then you have the whole process of technology, which is constantly changing. In order to keep up with the technology, you have to keep spending money. Add it all together. There's nothing nefarious about it. It's just a fact of life.

For many years hospitals operated as a charity and the deficit was made up at the end of the year by a few guys writing some checks, in the Jewish hospital field, for example . . .²

This completely private method of funding had already begun to change, in theory if not in practice, by 1851. The members of Jewish societies that met on February 16, 1851, in New York to discuss the establishment of an "Asylum for the Aged and Sick of the Hebrew Persuasion,"³ planned to apply to the Legislature of the State of New York for a grant of money and land after they had raised an initial \$25,000. The asylum was never built, for it was superceded by Sampson Simson's plans for the Jews' Hospital (later Mount Sinai) in 1852. It had, however, already introduced the notion of other-than-private financing into the world of Jewish hospitals. In the late 1800's, Montefiore Hospital "headed the list of beneficiaries"⁴ of the Hospital Saturday and Sunday Association (predecessor of the United Hospital Fund of New York). In 1906, New York's Lebanon Hospital received over \$3,000 from the same Association.⁵

Perhaps the most dramatic change in funding for these hospitals has come in the past thirty years, in the form of third-party payment for patient care. Blue Cross, Blue Shield, and other plans began to pay hospitals for the care of a number of patients whose job benefits included health care insurance. In the sixties,

the Johnson administration introduced and oversaw the passage of bills providing health care to the poor and elderly; Medicaid and Medicare. Third party payment proved necessary with the rising cost of hospital care. Hospitals had no access to private funds that could provide both operating expenses and improvement costs when, for example, the "cost of each bed for a day of patient occupancy" in New York's Montefiore Hospital had gone from \$85 in 1966 to \$206 in 1976.⁶ So substantial was the change that these programs made in funding health care in American Jewish hospitals, that Cincinnati's Jewish Hospital, which initially was funded solely by contributions, is now "97% insurance paid."⁷ Appendix I includes the actual numbers and percentages of monies collected by Jewish hospitals in America and Canada in 1968 from private donors, the Jewish and general communities and third-party agencies. An average of all the hospitals listed shows that "Contributions" amounted to only 4.3% of the institutions' total receipts; "Jewish Federation or Welfare Fund" funds came to 1.7%, while "Patient," "Third-Party" and "Governmental Agency" payments made up 90.6% of the total receipts. This is a far cry from the 100% donor funding of the early facilities.

The effect of this profound change in financing can be seen in the historical trend away from sectarianism

in the Jewish hospitals. By 1867, the Jews' Hospital of New York had begun to solicit funds from municipal agencies, but these funds were not readily forthcoming. The 1867 report of the Hospital stated:

The Directors have had to encounter much opposition in making their claims on the charitable fund of the city and state in consequence of the name of the Hospital, it being alleged as 'sectarian' and not for the benefit of all who may seek its protection and care.⁸

Due to the pressing need for such funds, the board of directors had changed the name of Jews' Hospital to Mount Sinai Hospital in 1866, a name that was acceptable to both Jews and Christians, since the Biblical account of Moses at the Mountain is part of the literature of both cultures. The Legislature of the State of New York made the name change legal in the same year. Two years later, the City of New York granted the institution twelve lots on Lexington Avenue between 66th and 67th Streets on a ninety-nine year lease for one dollar per year.

It is clear that the primary motivation to secularize the name of Jews' Hospital came from the need for funding from outside the Jewish community. Other hospitals that have undergone name changes for the same reason include the Albert Einstein Medical Center of Philadelphia (formerly the Jewish Hospital), Menorah Medical Center of Kansas City, Missouri (originally Jewish Memorial Hospital)

and the Montefiore Medical Center. (The United Hospital Fund of New York required the "Montefiore Home" to include the word "hospital" in its title.)⁹ Hospitals that seem to have opposed this trend include Jewish Memorial of New York (opened as Philanthropin Hospital and renamed in honor of the Jewish servicemen who died in World War I), and Beth-El Hospital (established as the Brownsville and East New York Hospital). Another institution changed its name, possibly for financial reasons, but also because of an evident or expected change "in its patient population." The Home for Aged and Infirm Hebrews of New York became The Jewish Home and Hospital for the Aged, "since the implication of the new name is that the giver of service, rather than the beneficiary is Jewish."¹⁰

Because of the Draft Riots and Civil War, the Jews' Hospital of New York had begun to accept a substantial number of non-Jewish patients by 1864. Dr. Valentine Mott, surgeon at the Hospital, wrote in 1865:

Although the Hospital was founded by gentlemen of the Hebrew faith, yet the benefit of this excellently managed institution, which is supported entirely by the contributions of its members, is freely extended to all, of every religion or nationality, and this visitor will often find under the care of its officers, sufferers who widely differ in the matter of religious belief.¹¹

New York's Montefiore Hospital also changed its formal policy three years after opening. By a unanimous decision,

the board of directors opened the institution to "men, women, and children of every race, color, and creed."¹² In 1955, The Jewish Hospital Association of Cincinnati amended its Articles of Incorporation to read that the purpose of the Society was to "maintain and operate a Hospital for the care of persons regardless of race or creed, suffering from illness or disability."¹³ Before this, the stated object of the Society was "for the purpose of alleviating the indigent poor sick of the Jewish faith . . ."¹⁴ By 1967, 69% of the patients of Beth Israel Hospital, Passaic, New Jersey, were not Jewish,¹⁵ and the present percentage of Jewish patients at Cincinnati's Jewish Hospital is 11%.¹⁶

The precise impact of this change in patient population on the secular trend of American Jewish hospitals is difficult to quantify. However, its effect must have been substantial, if the change in New York's Montefiore Hospital is any indication of what has happened elsewhere. Compared to its original patient population, which was 100% Jewish, "the ethnic composition of the patients had changed greatly"¹⁷ by the 1960's. "By the seventies, the patients came from all the many ethnic groups of the Bronx . . ."¹⁸

There were now deep cultural differences between physicians and patients, between physicians and nurses, between nurses and patients, adding to the stresses of delivering care. And there were profound differences between Montefiore and the Bronx, a borough where political activism and ethnic hostility were endemic . . .¹⁹

As a result, a number of programs were begun that "had as one of their goals the bridging of this gap between institution and client."²⁰ The most far-reaching of these new programs was the Social Medicine Program. Its list of projects included: outreach into the Hispanic, elderly Jewish, and Irish communities to train lay people in basic first aid, a Methadone Maintenance Treatment Program, seminars on health care in prisons, a Bioethics Committee that discussed the issue of patients refusing blood transfusions for religious reasons, involvement in Latin American health care in Colombia, Guatemala, Mexico and Nicaragua, and a Residency Program in Social Medicine to train physicians for inner-city medical practices.²¹ These programs, motivated by the patient and neighborhood populations, certainly were not evident in Montefiore's early years. They are programs for the general, and not particularly the Jewish, community.

Moves toward secularism have taken place in Jewish hospitals that cannot be directly attributed to any specific factor, be it funding or patient demographics. The percentage of Jewish hospitals offering only a kosher diet has greatly decreased over the years. Only one example is Boston's Beth Israel Hospital, which today offers both non-kosher and kosher meals. In the same institution, the percentage of Jewish staff and patients has decreased, as has Jewish observance of Jewish ritual.²²

Also evident of this excision of religious ritual is the fact that Cincinnati's Jewish Hospital did not include a synagogue after moving from its second site in 1888.²³ Similarly, the Frank Synagogue of Philadelphia's Jewish Hospital fell into disuse after a number of years. (It was recently reopened.)²⁴

Although the need for public funding and other less powerful pressures have caused Jewish hospitals to become more secular, most have held on to some vestiges of sectarianism. Cincinnati's hospital is governed by a Board that is entirely Jewish.²⁵ A look at lists of other Jewish hospitals indicates that most have governing boards that only include Jews or that have a majority of Jewish members. The responsibilities of these boards has undergone great change, however, their "involvement in day-to-day hospital business"²⁶ becoming less and less. The details of everyday business have been transferred to professionals within the administrative hierarchy of the institution. No more do "white-gloved"²⁷ female Trustees test the "furniture for dust."²⁸ A check of donor names also suggests that most large private contributions for all of the institutions come from Jews. Another tie to the Jewish community that some of the hospitals have maintained is through Jewish communal organizations. Local Jewish Federations provide funding, although it may only amount to a very small portion of

each institution's total budget. It does, however, allow the Jewish community to feel "ownership" in the hospital. Some of the hospitals also provide services in conjunction with agencies in the organized Jewish community. Such is the case with Hillside Hospital which has joined with the Jewish Community Services of Long Island, the Federation Employment and Guidance Bureau, and the Jewish Family Service in community retraining programs.²⁹

The trend away from sectarianism and toward secularism in American Jewish hospitals, in addition to the aforementioned exceptions, may have slowed down in recent years. It is probable that such a slowdown can be attributed to the general rise in ethnic awareness seen in this country in the 1970's. Raymond S. Alexander, of Philadelphia's Albert Einstein Medical Center, believes that:

We've gone through a period where the Federal Government has recognized that pluralism exists in the United States, and that you can't take everybody and push them into one kind of mold.³⁰

He further states that Jewish hospitals around the country "are all moving in the same direction in terms of re-identifying with their historical tradition."³¹

In April, 1975, a committee co-chaired by Dr. Lawrence B. Weiss, Staff Psychiatrist, and Arthur Schneeberg, wrote to the Department of Health, Education and Welfare (HEW) with the following question:

. . . we do understand that Einstein needs to provide its services in a manner which makes services available to all. We would like to know if there is anything to preclude the hospital from any of the following activities.:

- 1) re-opening the Frank Synagogue on the grounds of the Medical Center bequeathed to the antecedent Jewish Hospital.
- 2) Providing a kosher kitchen for those patients desirous of maintaining Jewish dietary laws.
- 3) Periodic exhibition in the lobby and in an artistic and tasteful manner of (a) Jewish ceremonial items; (b) the Oath of Maimonides prepared for physicians by the Jewish sage; (c) pertinent quotations from either the Bible or the Prophets dealing with medicine and the art of healing.
- 4) Providing special services to the Jewish elderly, such as cooperative undertakings between the Division of Psychiatry and the Jewish Family Service. Similarly providing psychiatric support to the Association for Jewish Children.
- 5) Developing an outreach program to meet the medical and dental needs of the Jewish poor.
- 6) Providing members of the Jewish community with services dealing with a disease occurring only in Jews - Tay-Sachs disease.
- 7) Providing the resources to meet the medical needs of Soviet Jews newly arriving in Philadelphia.³²

The following is an excerpt of the HEW response:

. . . The proposals for expansion for services to Jewish patients in the Northern Division of the Einstein and the Jewish community within the Philadelphia area would not be contrary to Title VI requirements of the Department and would not affect the hospital's continuing participation, eligibility for the Medicare or Medicaid programs. The Title VI requirements are intended to assure that there is no discrimination in hiring practices or hospital admission policies.³³

While at Milwaukee's Mount Sinai Hospital (immediately prior to Einstein post), Alexander instituted a number of changes that included placing a Star of David on the Hospital stationery, affixing 'mezzuzot' to the doorways

of patient rooms, expanding the kosher kitchen facilities, and providing patients with electric candles to light for the Sabbath.³⁴ In the same vein, the Jewish Hospital of Cincinnati also has affixed 'mezzuzot' to patient room doorways and employs a stylized 'shofar' (ritual ram's horn) as its logo.

Although Raymond Alexander claims it to be a nationwide phenomenon, it is difficult to know the actual extent of this 're-Juda-izing' of Jewish hospitals. What it certainly does is once again raise the issue of particularism versus universalism in Jewish health care. It also leaves us the question of which is better, the trend toward universalistic secularism or a return toward the particulars of sectarianism in the Jewish medical field. Stated differently, are we to follow the guidelines of Dr. Lowell Berlin, a past first deputy commissioner of the New York City Health Department, who feels that the Jewish hospital "had better re-Judaize itself,"³⁵ or are we to agree with Aaron Levenstein, author of Testimony for Man: The Story of The City of Hope, who writes:

To this day, hospitals and colleges in the United States still maintain more or less vague ties with particular denominations. But one of the signs of progress in our age has been the secularization of public functions like medical care.³⁶

The question is one that the modern Jewish community has yet to answer for hospitals or for any aspect of Judaism.

The particularism or universality of Jewish hospitals in America is only a symptom of a general conflict in the American Jewish community, although it is a clear representation of that conflict. The "sides" are denominational, the bulk of traditional Jews encouraging greater particularism in Jewish life and most liberal Jews supporting a move toward universalism.

One side asks how many Jewish particularities can an institution give up and still earn the title "Jewish," while the other side wonders how separate and different a Jewish institution should be in the modern and constitutionally 'secular' United States. It is a question that is heard in any discussion of Jewish practice in the modern age and one that will, undoubtedly, remain unresolved for many years. It is a vital issue to today's Jews, and one that is clearly illustrated by the history of Jewish hospitals in the United States.

FOOTNOTES
CHAPTER SIX

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³Joseph Hirsch and Beka Doherty, The First Hundred Years of The Mount Sinai Hospital of New York, 1852-1952, (New York: Random House, 1952), p. 12.

⁴Tina Levitan, Islands of Compassion, (New York: Twayne Publishers, 1964), p. 65.

⁵Ibid., p. 112.

⁶Dorothy Levenson, Montefiore: The Hospital as Social Instrument, (New York: Farrar, Straus and Giroux, 1984), p. 251.

⁷Interview with Ms. Judith Bogart, Vice President, Public Relations, Jewish Hospital, Cincinnati, Aug. 6, 1984.

⁸Hirsch and Doherty, The First Hundred Years, p. 44.

⁹Levenson, Montefiore, p. 43.

¹⁰Clare Judson Kagel, "The Jewish Home and Hospital for Aged: The 95-Year History of a Total-Care Institution for Aged From Home to Hospital," 1965, (Term paper provided by The Jewish Home and Hospital for Aged, New York - A.J.Ar.), p. 17.

¹¹Hirsch and Doherty, The First Hundred Years, p. 44.

¹²Levitan, Islands of Compassion, p. 62.

¹³"Amendment to Articles of Incorporation of the Jewish Hospital Association of Cincinnati," May 5, 1955, (in the collection of the Klau Library, Hebrew Union College, Cincinnati, Ohio), p. 7.

¹⁴Ibid.

¹⁵Beth Israel Hospital, "The First Forty Years," (pamphlet produced and provided by Beth Israel Hospital, Passaic, New Jersey, 1967) - A.J.Ar.).

¹⁶Interview with Ms. Judith Bogart, Jewish Hospital, Cincinnati.

¹⁷Levenson, Montefiore, p. 270.

¹⁸Ibid., p. 270.

¹⁹Ibid., p. 271.

²⁰Ibid., p. 272.

²¹See Levenson, Montefiore, pp. 272-274.

²²Personal correspondence of Arthur J. Linenthal, M.D., September 7, 1984, (in the collection of the American Jewish Archives, Cincinnati, Ohio).

²³Interview with Ms. Judith Bogart, Jewish Hospital, Cincinnati.

²⁴Albert Einstein Medical Center, "A Seminar: What Makes A Jewish Hospital Jewish?," (presented and provided by The Board of Rabbis of Greater Philadelphia and The Albert Einstein Medical Center, Philadelphia, November 7, 1977), p. 2.

²⁵Interview with Ms. Judith Bogart, Jewish Hospital, Cincinnati.

²⁶Levenson, Montefiore, p. 252.

²⁷Ibid., p. 252.

²⁸Ibid.

²⁹Levitan, Islands of Compassion, p. 237.

³⁰Albert Einstein Medical Center, "A Seminar," p. 3.

³¹Ibid.

³²Ibid., p. 2.

³³Ibid., p. 3.

³⁴Albert Einstein Medical Center, "What Makes a Hospital Jewish?," p. 2.

³⁵Ibid.

³⁶Aaron Levenstein, Testimony for Man, (USA: Aaron Levenstein, 1968), p. 11.

TABLE H-VII HOSPITAL SERVICE UNDER JEWISH AUSPICES - 1968

SOURCE OF OPERATING RECEIPTS

Hospitals Grouped by Size of Jewish Population of City	Total Receipts	Funds Originating In		Payments for Service				Contribution	Investment	Other
		Jewish Federation, or Welfare Fund	Community Chest	Total	By Patients	By Third Party	By Governmental Agencies			
Total for 53 Hospitals										
Amount	\$382,661,379	\$6,426,088	\$1,507,347	\$346,710,165	\$118,694,332	\$87,637,529	\$140,378,302	\$16,483,586	\$1,742,736	\$9,791,456
Per Cent	100.0	1.7	0.4	90.6	31.0	22.9	36.7	4.3	0.5	2.6
SHORT TERM NON- SPECIALIZED HOSPITALS										
Total for 28 Hospitals										
Amount	327,224,266	5,489,278	1,303,853	306,756,507	103,116,365	86,148,300	117,491,840	3,338,703	1,124,245	9,211,680
Per Cent	100.0	1.7	0.4	93.7	31.5	26.3	35.9	1.0	0.3	2.8
SHORT TERM GENERAL HOSPITALS										
175,000 and Over										
a *Chicago, Michael Reese	12,638,270 100.0	530,700 4.2	48,642 0.4	11,285,072 89.3	11,285,072 89.3	a	a	70,704 0.6	2,630 #	700,322 5.5
a F *Los Angeles, Cedars- Sinai Medical Center	32,456,196 100.0	541,650 1.7	347,525 1.1	29,813,720 91.9	15,464,566 47.6	a	14,349,154 44.2	570,493 1.8	-	1,182,808 3.6
a *New York, Bronx- Lebanon Hosp.	18,763,992 100.0	471,308E 2.5E	76,584E 0.4E	17,438,551 92.9	17,438,551 92.9	a	a	-	12,836 0.1	764,713 4.1
*New York, Hosp. for Joint Diseases	9,554,730 100.0	185,590 1.9	68,579 0.7	8,991,356 94.1	992,941 10.4	2,485,950 26.0	5,512,455 57.7	39,523 0.4	27,872 0.3	241,810 2.5
a *New York, Jewish Memorial	5,605,853 100.0	-	22,314 0.4	5,316,591 94.8	5,316,591 94.8	a	a	160,915 2.9	6,141 0.1	39,892 1.8
*New York, Long Island Jewish Hosp.	11,202,222 100.0	209,477 1.9	45,728 0.4	10,507,643 93.8	772,961 6.9	6,054,764 54.0	3,679,918 32.8	1,500 #	-	437,873 3.9
*New York, Haimonides	20,644,010 100.0	237,859E 1.2E	104,644E 0.5E	19,939,460 96.6	423,903 2.1	7,875,047 38.1	11,640,510 56.4	-	7,789 #	354,256 1.7
b F *Philadelphia, Albert Einstein Medical Center	18,986,670 100.0	422,500b 2.2b	b	18,385,704 96.8	1,434,085 7.6	9,597,337 50.5	7,354,282 38.7	47,725 0.3	54,458 0.3	76,253 0.4
40,000 to 175,000										
c F *Baltimore, Sinai Hosp.	17,804,491 100.0	348,286 2.0	-	14,222,132 83.2	3,624,194 21.5	6,007,134 33.7	4,990,804 28.0	1,625,744 9.3	88,747 0.5	919,582c 5.2c
F *Boston, Beth Israel	12,992,041 100.0	460,000 3.5	-	11,504,765 88.6	1,459,509 11.2	4,370,556 33.7	5,666,700 43.6	119,663 0.9	387,767 3.0	519,846 4.0
bd *Cleveland, Mt. Sinai	14,793,994 100.0	605,000b 4.1b	b	14,156,627 95.7	3,459,247 23.4	5,956,448 40.3	4,740,932 32.0	679 #	d	31,588 0.2
a F *Detroit, Sinai Hosp.	10,575,731 100.0	84,000 0.8	127,733 1.2	10,128,125 95.8	7,493,699 70.9	a	2,634,426 24.9	-	-	235,873 2.2
*Essex County, (Newark) Beth Israel	9,909,248 100.0	84,347 0.9	27,470 0.3	9,434,061 95.2	2,622,048 26.5	4,472,152 45.1	2,339,801 23.6	-	19,420 0.2	344,010 3.5

For footnotes, see end of this table.

TABLE H-VII HOSPITAL SERVICE UNDER JEWISH AUSPICES - 1968

SOURCE OF OPERATING RECEIPTS - Continued

Hospitals Grouped by Size of Jewish Population of City	Total Receipts	Funds Originating In		Payments for Service				Contribution	Investment	Other
		Jewish Federation or Welfare Fund	Community Chest	Total	By Patients	By Third Party	By Governmental Agencies			
40,000 to 175,000 (con't)										
*Miami, Mt. Sinai	\$16,474,105	\$124,000	\$ -	\$15,944,959	\$ 3,421,802	\$2,414,756	\$10,108,401	\$ -	\$ -	\$405,146
	100.0	0.8	-	96.8	20.8	14.7	61.4	-	-	2.5
Montreal, Jewish	10,551,329	250,000	-	9,844,114	627,606	252,200	8,964,308	164,161	53,519	239,535
General	100.0	2.4	-	93.3	5.9	2.4	85.0	1.6	0.5	2.3
F *Pittsburgh, Montefiore	10,864,378	244,941	-	9,959,825	1,061,777	4,812,725	4,085,323	-	-	659,612
	100.0	2.3	-	91.7	9.8	44.3	37.6	-	-	6.1
*St. Louis, Jewish	12,536,741	250,000	165,144	11,544,855	2,228,157	5,183,640	4,133,058	-	92,890	483,852
Hosp.	100.0	2.0	1.3	92.1	17.8	41.3	33.0	-	0.7	3.9
a F *San Francisco, Mt.	15,602,095	175,000	143,401	14,754,158	7,171,545	a	7,582,613	256,329	138,664	134,543
Zion	100.0	1.1	0.9	94.6	46.0	a	48.6	1.6	0.9	0.9
*Toronto, New Mt.	7,173,466	-	-	6,829,890	390,166	451,359	5,988,365	-	4,117	339,459
Zion	100.0	-	-	95.2	5.4	6.3	83.5	-	0.1	4.7
15,000 to 40,000										
*Cincinnati, Jewish	13,325,251	90,227	102,860	12,740,879	2,090,890	6,694,292	3,955,697	7,811	107,682	275,791
Hosp.	100.0	0.7	0.8	95.6	15.7	50.2	29.7	0.1	0.8	2.1
a F *Denver, Beth Israel	2,907,083	-	-	2,749,232	2,749,232	a	a	99,301	-	58,550
Hosp. and Home Soc.	100.0	-	-	94.6	94.6	a	a	3.4	-	2.0
ae F *Hartford, Mt. Sinai	5,180,792	e	-	4,960,766	4,960,766	a	a	5,741	53,359	160,926
	100.0	e	-	95.8	95.8	a	a	0.1	1.0	3.1
F *Kansas City, Menorah	8,629,744	85,744	-	8,544,000	1,708,960	4,087,040	2,748,000	-	-	-
	100.0	1.0	-	99.1	19.8	47.4	31.8	-	-	-
*Milwaukee, Mt. Sinai	8,766,792	86,948	-	8,432,580	874,459	4,769,467	2,788,654	77,383	500	169,381
	100.0	1.0	-	96.2	10.0	54.4	31.8	0.9	#	1.9
f *Paterson, Barnert	4,955,082	1,700	13,982	4,853,200	929,500	3,717,998	205,702	25,082	6,872	54,246
Memorial	100.0	#	0.3	97.9	18.8	75.0	4.2	0.5	0.1	1.1
F *Providence, Miriam	5,061,416	-	-	4,954,235	829,453	2,251,140	1,873,642	53,623	19,327	34,231
Hosp.	100.0	-	-	97.9	16.4	44.5	37.0	1.1	0.4	0.7
5,000 to 15,000										
F Louisville, Jewish	6,270,680	-	-	5,983,091	1,378,356	3,348,286	1,256,449	12,326	39,455	235,808
Hosp.	100.0	-	-	95.4	22.0	53.4	20.0	0.2	0.6	3.8
*Passaic, Beth Israel	2,997,967	-	9,247	2,936,976	706,329	1,338,000	892,647	-	-	51,744
	100.0	-	0.3	98.0	23.6	44.6	29.8	-	-	1.7
SHORT TERM NON-GENERAL HOSPITALS AND OTHER HEALTH INSTITUTIONS										
F *Boston, The Recuper-	357,641	-	-	357,641	43,969	-	313,672	-	-	-
ative Center	100.0	-	-	100.0	12.3	-	87.7	-	-	-

For footnotes, see end of this table.

TABLE H-VII HOSPITAL SERVICE UNDER JEWISH AUSPICES - 1968

SOURCE OF OPERATING RECEIPTS - Continued

Hospitals Grouped by Size of Jewish Population of City	Total Receipts	Funds Originating in		Payments for Service				Contribution	Investment	Other
		Jewish Federation or Welfare Fund	Community Chest	Total	By Patients	By Third Party	By Governmental Agencies			
<u>SHORT TERM NON-GENERAL HOSPITALS AND OTHER HEALTH INSTITUTIONS (con't)</u>										
*Hot Springs, Leo N. Levi Memorial Hosp.	\$ 730,743 100.0	\$ 34,701 4.7	\$ - -	\$ 459,474 62.9	\$ 216,723 29.7	\$ - -	\$ 242,751 33.2	\$ 233,608 32.0	\$ 1,199 0.2	\$ 1,761 0.2
F *Los Angeles, City of Hope	8,684,320 100.0	3,919 #	- -	1,628,862 18.8	- -	563,142 6.5	1,065,720 12.3	6,973,396 80.3	78,143 0.9	- -
g F *New York, Jewish Home for Convalescents	59,476 100.0	- -	4,883 8.2	17,232 29.0	5,329 9.0	- -	11,903 20.0	37,103 62.4	70 0.1	188 0.3
ab F *Philadelphia, Willow Crest-Bamberger (at Willow Crest, Pa.)	325,098 100.0	30,000b 9.2b	b b	271,598 83.5	15,040 4.6	256,558 78.9	a a	500 0.2	23,000 7.1	- -
F Pittsburgh, Bickur Cholim Convalescent and Nursing Home	166,460 100.0	9,000 5.4	- -	153,783 92.4	30,756 18.5	- -	123,027 73.9	3,677 2.2	- -	- -
<u>LONG TERM SPECIALIZED HOSPITALS CHRONIC DISEASE HOSPITALS</u>										
F *Boston, Jewish Memorial	2,464,006 100.0	116,000 4.7	- -	2,199,303 89.3	125,626 5.1	128,088 5.2	1,945,589 79.0	15,799 0.6	107,134 4.3	25,770 1.0
b F *Cleveland, Jewish Convalescent Hosp.	638,639 100.0	47,089b 7.4b	b b	558,920 87.5	152,247 23.8	36,954 5.8	369,719 57.9	7,100 1.1	4,498 0.7	21,032 3.3
*New York, Blythedale Children's Hosp. (at Valhalla, N.Y.)	1,427,621 100.0	67,873E 4.8E	19,317E 1.4E	1,324,541 92.8	60,559 4.2	- -	1,263,982 88.5	2,000 0.1	2,778 0.2	11,112 0.8
*New York, Hebrew Hosp. for Chronic Sick	1,601,201 100.0	- -	5,825 0.4	1,568,788 98.0	263,548 22.7	- -	1,205,240 75.3	22,558 1.4	- -	4,030 0.3
ah New York, Kingsbrook Jewish Medical Center	13,939,341 100.0	- -	51,639 0.4	13,584,516 97.5	6,223,669a 44.6a	a a	7,369,849 52.8	250,937 1.8	667 #	51,580 0.4
<u>HOSPITALS FOR TUBERCULOSIS AND CHEST DISEASES</u>										
F *Denver, American Medical Center	1,335,649 100.0	5,191 0.4	- -	190,427 14.3	- -	12,002 0.9	178,425 13.4	1,122,431 84.0	6,673 0.5	10,927 0.8
F *Denver, National Jewish Hosp.	5,346,722 100.0	17,767 0.3	45,251 0.8	580,441 10.9	- -	475,469 8.9	104,972 2.0	4,302,063 80.5	296,542 5.5	104,658 2.0
*Montreal, Mt. Sinai Hosp. (at Ste. Agathe des Monts, Quebec)	932,662 100.0	- -	- -	866,491 92.9	9,276 1.0	1,831 0.2	855,384 91.7	11,181 1.2	33,528 3.6	21,462 2.3
<u>PSYCHIATRIC HOSPITALS</u>										
a1 *New York, Hillside Hosp.	4,445,986 100.0	119,160 2.7	4,140 0.1	4,072,007 91.6	943,734a 21.2a	a a	3,128,273 70.4	- -	33,767 0.8	216,9121 4.91
For footnotes, see end of this table.										

For footnotes, see end of this table.

Hospitals Grouped by Size of Jewish Population of City	Total Receipts	Funds Originating In		Payments for Service				Contribution	Investment	Other
		Jewish Federation or Welfare Fund	Community Chest	Total	By Patients	By Third Party	By Governmental Agencies			
REHABILITATION HOSPITALS										
ab Chicago, Schwab Rehab. Hosp.	1,590,600 100.0	25,000b 1.6b	b b	1,501,000 94.4	358,000a 22.5a	a a	1,143,000 71.9	20,000 1.3	600 #	44,000 2.8
b F *Essex County, (Newark) Theresa Grotta Home (at Caldwell, N.J.)	318,755 100.0	37,278b 11.7b	b b	267,203 83.8	52,887 16.6	6,064 1.9	208,252 65.3	12,307 3.9	1,967 0.6	- -
*Montreal, Jewish Conv- alescent Hosp. (at Chomeday, Quebec)	1,214,811 100.0	- -	- -	1,174,463 96.7	32,619 2.7	9,121 0.8	1,132,723 93.2	13,411 1.1	- -	26,937 2.2
ab *Philadelphia, Moss Rehab. Hosp.	1,759,282 100.0	144,289b 8.2b	b b	1,592,024 90.5	1,592,024a 90.5a	a a	a a	5,931 0.3	17,038 1.0	- -
OTHER SPECIALIZED INSTITUTIONS										
Montreal, Jewish Hosp. of Hope	968,613 100.0	- -	- -	956,912 98.8	13,928 1.4	- -	942,984 97.4	- -	- -	11,701 1.2
a New York, Beth Abraham	5,291,210 100.0	245,038E 4.6E	38,926E 0.7E	4,982,509 94.2	4,982,509a 94.2a	a a	a a	- -	10,887 0.2	13,850 0.3
*Phoenix, Kivel Nursing Home	384,162 100.0	21,650 5.6	- -	294,482 76.7	246,922 64.3	- -	47,560 12.4	68,030 17.7	- -	- -
F *St. Paul, Sholim Residence	241,811 100.0	12,855 5.3	- -	181,970 75.3	66,233 27.4	- -	115,737 47.9	41,511 17.2	- -	5,476 2.3
*Toronto, Baycrest Hosp. for Geriatric Care	1,177,896 100.0	- -	- -	1,168,226 99.2	41,526 3.5	- -	1,126,700 95.7	1,340 0.1	- -	8,330 0.7
INDEPENDENT CLINICS										
Atlanta, Ben Mossill Dental Clinic	34,408 100.0	- -	33,513 97.4	845 2.5	845 2.5	- -	- -	- -	- -	50 0.1

Uniform footnotes, not detailed below, are carried in Preface to these tables (Page A-2).

- N.B.
- (1) Detailed figures and percentages may not equal total due to rounding.
 - (2) Distribution of Receipts among the above categories is based upon figures from the reporting Hospital. Variation in local budgetary and accounting procedures may introduce some lack of comparability.
 - (3) Data taken from CJFWF's "Annual Survey".
 - (4) Excludes Research Grants. These are reported separately in Table H-VI.
- a - Included in Payments for Service by Patients.
- b - Lump sum grant by Community Chest to Jewish Federation or Welfare Fund makes it impossible to segregate amounts from each source for any specific agency. Total allocation is listed under Federation or Welfare Fund column and is overstated by amount originating from Community Chest and included therein.
- c - Includes \$716,000 from Capital Funds.
- d - Income from Investments used for Research projects.
- e - \$50,000 allocated for Capital Improvements, and not included in operating income.
- f - Medicare payments included in Third Party Payments.
- g - Operations ceased for five months during fiscal year ending March 31, 1969.
- h - Formerly Jewish Chronic Disease Hospital.
- i - Includes overhead for Research Grants which are excluded from operating income shown.

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