Mount Sinai Hospital in New York marked its 164th anniversary in January. Is the US Jewish hospital an idea whose time has passed?

By Elliot Jager
SOPHIE KANTROWITZ from Manhattan was standing on a rickety chair trying to untangle the cords of her kitchen venetian blinds when she lost her balance and wound up on the floor with a fractured and dislocated ankle. After surgery at Mount Sinai Beth Israel, the 64-year-old retired secretary was dispatched to a nonsectarian orthopedic rehabilitation facility in Brooklyn.

“I was really unhappy there. They gave me packaged kosher food that was inedible. It was full of salt and sugar,” Kantrowitz tells The Jerusalem Report. After some finagling she got herself transferred to a glatt-kosher facility under Jewish auspices elsewhere in the borough. That made the next three weeks pass far more comfortably, she says.

Kantrowitz has no complaints about her time at Mount Sinai Beth Israel on East 16th Street where Hatzalah ambulance volunteers brought her after her fall. The hospital maintains its own kosher kitchen. And beyond that, many an evening modestly dressed, bewigged ladies – volunteers with a Hasidic bikur holim society – can be seen gliding through the corridors offering treats to patients. A full-time Orthodox rabbi is also on site – as are clergy from other religious denominations.

Founded in 1890, Beth Israel Hospital was incorporated into the Mount Sinai Health System in November 2013, and has since been known as Mount Sinai Beth Israel. Mount Sinai Hospital – one of seven hospitals now comprising the Mount Sinai Health System – was itself established in 1852 and in January 2016 marked its 164th anniversary.

While Kantrowitz’s experience bolsters the case for continued communal funding of culturally Jewish hospitals, most of the original reasons for establishing them are today irrelevant.

Gone are the days when Jewish patients might have faced discrimination in gaining admission to an urban hospital. Even for the 22 percent of US Jews who keep kosher at home, special meals can be routinely provided at any American hospital. Moreover, there is no longer a quota on the number of Jews allowed into medical school. And Jewish physicians once denied hospital privileges – the right to refer patients to a hospital and oversee their inpatient care – haven’t faced such restrictions in 50 years.

THE JEWISH hospital phenomenon exemplifies how Jews who made it in America took upon themselves the burden of paving the way for their less fortunate and less acclimated coreligionists. Men like philanthropist Sampson Simson (1780-1857), who was a driving force behind the establishment of Mount Sinai, originally known as Jews’ Hospital, donated the land, and Judah Touro of New Orleans helped with other aspects of the enterprise.

The burden of maintaining the hospital was later assumed by German-Jewish benefactors. A community wide charity drive in 1870 raised a staggering $101,675.50, allowing the hospital to build on Lexington Avenue and 66th Street in 1872. The German Jews didn’t just give money; they also took a very personal interest in assuring the standard of care.

With the influx of Russian Jews following the East European pogroms of the 1880s and early 1900s, their already established landsmen helped erect Beth Israel Hospital on Cherry and Jefferson streets on the Lower East Side (1890), and Lebanon Hospital (1893) on Westchester Avenue and 150th Street in the Bronx. Montefiore, also in the Bronx, was originally built (1884) as a sanatorium for Jewish “chronic invalids.”

The Jewish hospital is not unique to New York or even to the US. There were Jewish hospitals in Paris, London, Amsterdam, Johannesburg, and Buenos Aires. Even today, hospitals under nominal Jewish auspices operate in Rome, Toronto and Montreal.

New York’s Mount Sinai remains the paradigm. By 1904, it had planted itself on 5th Avenue at 100th Street, and was on the way toward consolidating its place as America’s most prestigious Jewish hospital. From early on, it had its own pharmacy, nursing school and, by the 1960s, its own medical school as well.

THE FIRST US Jewish hospital was actually established in pre-Civil War Cincinnati (1850). Between 1850 and 1955, Jewish communities in 24 American cities funded hospitals, according to Robert Katz, Professor of Law at Indiana University School of Law. In 1967, there were no fewer than 63 Jewish-sponsored hospitals in the US, Marshall Sklare reported in his classic 1971 sociological survey of American Jewry.

As more and more Jews shifted from urban areas to safer, whiter suburbs in the 1960s and 1970s, their hospitals were left
behind in neighborhoods largely bereft
of Jews. In New York City, for example,
13 Jewish hospitals continued to serve
a predominantly African-American and
Hispanic patient base. By 1969, grassroots
calls within the community began to be
heard demanding that money raised by Jews
from Jews (ostensibly) for Jews be spent on
Jewish needs. The argument went that inner-
city hospitals could not be rationalized as a
communal priority.

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Ultimately, the financial burden of
providing for hospitals obviated this de-
bate. According to Dr. Edward Halperin,
chancellor of New York Medical Col-
lege, “Hospitals today get most of their
revenue from third-party payers such as
private insurance, Medicare [for senior
citizens], and Medicaid [for the indigent].

While philanthropy is important, the en-
gine that fuels operations is clinical re-
venue,” he tells The Report. That revenue
is now driving a proliferation of hospital
mergers.

“It is hard to run a 200-bed hospital in
the black. Hospitals are consolidating and
many former Jewish hospitals are being
merged into mega-chains of hospitals –
many of which are part of Roman Catholic
or secular hospital systems,” he says.

Whereas in 1961 the organized Jewish
community apportioned 25 percent of its al-
locations to hospitals, by 1981 that support
was down to 2.3 percent, according to Katz.
These days, the figures are almost certainly
far less.

Probably the biggest communal giver to
hospitals today is the New York Federation,
with the lion’s share ($786,015) going to the
Metropolitan Jewish Health System,
which focuses on rehabilitation, home care, as
well as hospice and palliative care.

The New York Fed also gives to
Blythedale Children’s Hospital, which was
established by the Ethical Culture Society
(an offshoot of Reform Judaism) in 1891;
Montefiore; Brooklyn’s Maimonides, which
was founded in 1911 and is widely seen
as the most demonstrably Jewish hospital
because its catchment covers the heavily
Orthodox Borough Park neighborhood;
and to the combined Mount Sinai Beth
Israel. All told, the New York Federation
gave $2,184,506 for the 2015-2016 funding
period.

“UJA-Federation of New York is com-
mited to its legacy of supporting many of
the Jewish medical centers in New York,”
CEO Eric Goldstein tells The Report.

The Miami Federation contributes about
$42,420 to its Mount Sinai Hospital. The
Chicago Federation channels several
hundred thousand dollars of its own and
bequest generated monies to the local
Mount Sinai Hospital as well as to various
non-sectarian public health initiatives.

But Federations in Los Angeles, Bos-
ton, Cincinnati and Philadelphia appear
to give little or no money to the Jew-
ish-founded hospitals in their regions.
The St. Louis Federation oversees an
apparently earmarked fund that funnels
modest sums to the Barnes-Jewish Hos-
pital, which is actually now part of Chris-
tian Health Services.
Of course, all hospitals continue to benefit from the openhandedness of Jewish benefactors. Cedars-Sinai Medical Center in LA draws support from the Leona M. and Harry B. Helmsley Charitable Trust and the David and Janet Polak Foundation. Jewish philanthropists also back non-sectarian hospitals just as they do art museums and philharmonic orchestras.

The Sidney Kimmel Foundation, for instance, gave $110 million to Thomas Jefferson University, a medical college and hospital in Philadelphia; and the Henry R. and Marie-Josée Kravis fund gave $100 million to Memorial Sloan-Kettering Cancer Center in New York City.

IT ISN’T easy to put in plain words what makes a hospital “Jewish” anymore. US Jews cannot agree on a standardized prayer book or what constitutes the correct observance of kashrut or Shabbat, notes Halperin – likewise, he says, there is no consensus as to what constitutes a culturally Jewish hospital.

That said, Halperin sees a political, ethical and social value in the Jewish hospital idea. By contributing to the health of the broader society, US Jews make themselves integral in the American melting pot. And by helping to educate future physicians, regardless of whether they are Jewish, the community is promoting its longstanding ideals.

For the Agudath Israel of America, an advocacy group for the stringently Orthodox, there is a further case to be made for perpetuating the Jewish hospital idea. Following the halakhic rulings of its rabbis, the group espouses robust medical treatment even for patients with a terminal prognosis on the grounds that every day is a precious God-given gift.

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In a world where the greater focus is on quality of life for the dying and the right to die, the group’s preference for interventionist, life-preserving treatment can be a hard sell. Clearly, it’s an approach that is more easily pursued in a Jewish-friendly hospital setting.

At the Mount Sinai Hospital in New York, president and COO Dr. David Reich tells The Report, his personal aim is to be responsive to the desires of observant families. The hospital has partnered with various Orthodox organizations, including Agudath’s Chayim Aruchim initiative, to respect halakhic views when planning goals of care.

It seems that today’s Jewish machers (movers and shakers) may well be on the way to finding the right balance when it comes to the Jewish hospital concept. Financing them is no longer an axiomatic philanthropic priority. And yet, where the Jewish hospital serves local existing needs, support can still be found.

For religiously identifiable Orthodox Jews such as Sophie Kantrowitz that can mean that the trauma of an unanticipated hospitalization is eased even in a vaguely defined culturally Jewish ambiance. And for more acculturated Jews, the Jewish hospital offers a sense of pride that they are part of a collective that continues the tradition of giving something back to America.

Elliot Jager is author of ‘The Pater: My Father, My Judaism, My Childlessness’