

“POWER FOR HEALING”: NEWARK BETH ISRAEL HOSPITAL AND THE JEWISH HOSPITAL IN THE UNITED STATES

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Aside from hospitalization for childbirth, most of us associate the hospital with life’s unpleasant side. Even if the outcome is positive -- we recover from our illness, the surgery saves our life -- the hospital is an institution we equate with physical discomfort. We confine our memories of the hospital to the back burners of our consciousness. And yet, for historians, there are few institutions that better take the temperature of society than the hospital. In her insightful study of American hospitals in the twentieth century, historian Rosemary Stevens observes that these health care institutions are “affirming and defining mirrors of the culture in which we live, beaming back to us, through the scope and style of the buildings, the organizational ‘personality’ of the institution, and the underlying meaning of the whole enterprise, the values we impute to medicine, technology, wealth, class and social welfare.”¹

Stevens is hardly the first to comprehend the significance of the hospital as a “mirror.” Some saw it reflecting the diversity of ethnicity, religion, and class in American society. In 1913, the height of the Progressive Era, when the United States was in the midst of the greatest wave of immigration in its history until the present, a Progressive-minded editor of the journal *Modern Hospital*, proclaimed the institution to be a “social service,” a “new human melting pot, wherein the weak and the poor and the unfortunate are blended in the warm fires of a common brotherhood with the rich, the strong, the self-reliant; and the process must bring forth a new humanity, a new moral code, a new religion.”²

While the editor may have gotten carried away by his own rhetoric in describing the hospital as the basis of a “new religion,” historians of the older ones, including the

American Jewish experience, might well study the Jewish hospital in the United States more than they have in the past.³ As much as it was a medical institution created to make the sick well, the Jewish hospital reflected the needs and aspirations of American Jews as they trod the road to assimilation or integration into American society and culture.

My wife, Deborah, and I have recently completed a book-length study of Newark Beth Israel Hospital in Newark, New Jersey. Deploying Rosemary Stevens' axiom, we see Newark Beth Israel as a "mirror" offering an image of the experiences of voluntary hospitals created under Jewish auspices as they navigated the variable currents of U.S. medical culture, but also offering an image of the Jewish odyssey from alien to American. Our study traces Beth Israel's evolution from an immigrant institution to a modern hospital.

While time does not permit discussion of all our conclusions, this brief paper explores the role of Newark Beth Israel Hospital as an engine of assimilation for Newark's Jews. Seeking to shed a parochial, Old World image, Newark Jewry intentionally created a nonsectarian, modern hospital and identified it as a gift from an American Jewish community to the entire city of Newark. However, after World War II, as many Jews headed for the suburbs, some members of the organized Jewish community, pressed by limited funding, challenged the hospital's identity and policies. Was it a Jewish hospital with nonsectarian policies or a non-sectarian hospital under Jewish auspices that no longer served many Jews and posed an obstacle to fund-raising for "more Jewish" institutions?

While there has hardly been an extensive literature on the history of the Jewish hospital, studies have traced its roots to a twin tradition of community self-help and resistance to anti-Semitism in Europe.⁴ Previous research on the American Jewish hospital, including some of my own, has explained why Jews in the United States founded Jewish hospitals such as the very first in Cincinnati in 1849 and later, New York's Jews Hospital in 1852 (renamed Mt. Sinai during the Civil War).⁵ In these institutions, and the others that followed, religiously observant Jews had access to kosher food, the regular ministrations of a rabbi, and religious services as they sought to regain their health. Those who were dying, could avoid the indignity of deathbed conversions by zealous evangelical Protestants who often administered non-Jewish hospitals.

The late 1890s saw a second surge of Jewish hospitals, this time in response to a new wave of immigration coming from Eastern Europe. During the era, 1880-1921, over 2.25 million Jewish immigrants arrived.⁶ In cities with expanding Jewish populations, Jewish hospitals were built with funding from philanthropists and the poor's modest contributions. Beside New York's growing number of Jewish hospitals, there were now such institutions in Baltimore, Boston, Providence, St. Louis, Hartford, Milwaukee, Kansas City, Louisville. While offering the comforts of a Jewish environment to the ill, these institutions were also crucial in training Jewish physicians at a moment when the American medical profession was rife with anti-Semitism. Where else could young Jewish medical school graduates find internships? In some cases Jewish physicians could only gain admitting privileges in Jewish hospitals.⁷

The number of Jewish voluntary non-profit hospitals and specialty care institutions in the United States was always modest. Prior to World War II, in 1939-40 the American College of Surgeons, the main hospital accrediting agency had certified only 36 Jewish general hospitals, that is, institutions providing a full range of services and training.⁸ In addition, there were many specialty hospitals created for the treatment of chronic diseases, and sanatoriums for tubercular patients. During the first thirty years of the twentieth century there were also Jewish maternity hospitals, many created by women, for the provision of antenatal services, isolated from the infections of general hospitals.

Newark, New Jersey gained a significant Jewish presence at the turn of the century. Of the approximately two and a quarter million Jews who immigrated to the United States between 1880 and 1924, approximately 45,000 of them, mostly Russians, settled in Newark.⁹ Jobs for skilled, semi-skilled, and unskilled labor in Newark's burgeoning industrial economy were the magnet.¹⁰ Industrial life in Newark, as elsewhere, festered with danger. In the factories there were whirring machines in which human limbs could be caught or severed. In the streets there were trolley cars that could crush the bodies of children dashing after a ball. In the dark, dank, crowded tenements there lurked pathogens that sickened bodies weakened by poverty.

As in other communities at the turn of the century, women of a Progressive bent in Newark's Jewish community were deeply involved in battling poverty and sickness

locally.¹¹ An organization of Newark's Jewish women, the Daughters of Israel, formed the Hebrew Hospital and Dispensary Association and struggled tirelessly for a Jewish hospital. Equally charitable males formed the Newark Hebrew Dispensary Association arguing that the community could only afford an out-patient clinic, a dispensary. In the end, the women prevailed and Beth Israel opened its doors in 1902.¹² It was housed in a converted mansion purchased with charitable contributions.¹³

The first Newark Beth Israel Hospital was a 28 bed facility. Although under Jewish auspices, it welcomed all who entered seeking care, whatever their ethnicity or faith. Indeed from the very beginning the hospital was intended to be shared with the entire community. The annual report presented inpatient statistics for the hospital census that indicated that in less than four years, each of its beds had been filled thirty-four times. From September 6, 1902 to January 1, 1906, 854 patients were treated in the hospital (402 males and 452 females), and "no distinction of was made in receiving patients; all classes regardless of nationality or creed obtained the same care and attention in the Hospital, as well as the Dispensary."¹⁴

When a new hospital building was opened in 1908, there were bands and a parade, many of the celebrants, newly arrived immigrants, carried American flags as a sign of loyalty to their new land. There were speeches by prominent politicians, including the mayor of Newark and New Jersey's governor. Newark's Jewish community had "arrived."¹⁵ However, the speaker who best articulated the broader significance of the new hospital building was Reform Rabbi Solomon Foster of Temple B'nai Jeshrun. Foster told those gathered, "The Beth Israel Hospital is to me an indication of what the Russian Jews will accomplish in this land of freedom and enlightenment. Hounded and persecuted in Russia beyond the power of words to describe . . . they come to America, eager to breathe the air of freedom, anxious to repay the country for this blessing that she offers. . . [and] with the opportunities of learning and advances they enjoy, they will indicate more fruitfully than is appreciated the depth of their patriotism."¹⁶ Newark Beth Israel Hospital was proof of the patriotism, Foster said.

If building a hospital was an act of patriotism, making it excellent marked an embrace of American standards of medical modernity. Beginning in 1918, the American College of Surgeons conducted annual on-site inspections, with increasingly stricter

standards to meet. In 1919, Beth Israel was one of 13 Jewish hospitals accredited, but lost its accreditation in 1921 at the very time when the American Medical Association had approved the Beth for internships, now an important part of every physician's education.¹⁷ The Beth needed to regain its ACS accreditation. Dr. Max Danzis, one of the Russian-born physicians on the hospital's first medical staff, undertook the task of renovating the laboratory, which had failed the 1921 inspection. Hospital board president Frank Liveright hired Dr. Paul Keller, a non-Jew, to be the Jewish hospital superintendent. Keller was a main line Philadelphian who had previously studied for the Presbyterian ministry, and had served as a Navy medical officer. He promptly hired two young well-educated American-born Jewish women, Lillian Rafter as superintendent of nurses and Paula Marx as his assistant.¹⁸ When the ACS inspectors climbed the steps to the Jewish hospital, they would be met by Danzis, whose accent and bearing were much like the immigrants they had passed as they walked through the tenement neighborhood, and then by Keller, Marx, and Rafter, whose bearing and diction were reassuringly American. The Beth regained accreditation in 1922. Newark's Jewish hospital had demonstrated that it was not a charitable enterprise with a parochial identity. It had measured up medically.¹⁹

Two years later, in 1924, the American Hospital Association asked member hospitals to post a pledge and creed reflecting its values.²⁰ Beth Israel's creed posted on its walls said nothing about Judaism specifically. The hospital chose a secular creed, committing the institution to the "personal attention" for patients and the recognition that the "human element" was rightfully the "handmaiden of science employed by doctors, nurses, and attendants at Beth Israel Hospital," where "Patients are people -- not cases. . . ." The creed's promise was that "the human touch as a power for healing is never lost sight of at Beth Israel."²¹

As the hospital's reputation grew in the 1920s, it needed to expand. The campaign for the new building that would open in Weequahic, once a community that excluded Jews, projected the notion that one could be a modern American and a Jew by supporting an institution that valued modernity and a Jewish identity.

On May 30, 1924, readers of Newark's Jewish newspaper, The Jewish Chronicle were greeted with a full-page drawing of a 1920s modern woman with bobbed hair and

lips darkened with lipstick, dressed in a nurse's uniform and cap framed by a large heart. Her face drawn without the characteristics of any ethnic identity.²² Her arms held out to offer the reader a tray that supported an architectural model of a skyscraper building with four symmetrical towers and a middle arched entrance. Inscribed in the heart behind her was the statement, "My heart is with the hospital." The caption accompanying the illustration asked the readers, "Will you help to build the new Beth Israel Hospital?" After almost a quarter century of existence, Newark Jewry had an image that embodied their hospital; here now, asking for their help was the young modern woman who became known as "Miss Beth Israel."²³ Soon "Miss Beth Israel adorned bill boards all over Newark and the pages of non-Jewish newspapers such as the *Newark Evening News*. The Jewish supporters of Beth Israel had used advertising to create a popular image for the Newark Beth Israel Hospital, a modern woman campaigning for a modern hospital.

Increasingly, Newark's Jewish businessmen redefined the hospital from an example of Jewish charity to an investment that made sense for all Newarkers. The cadre of businessmen who spear-headed the campaign were well-grounded in Newark. Louis Bamberger was a department store magnate. His partner and brother-in-law, Felix Fuld, was considered one of the leading philanthropists of the city and attributed his financial success to one concept, "looking ahead to see what people want; then giving it to them."²⁴ Beth Israel Hospital Board member Michael Hollander, the son of Newark furrier Adolph Hollander, took a leave from the international family business of fur dressers and dyers to run the campaign because as he told fellow Newarkers, he had found, "a better business than the fur business."²⁵ Fuld and Hollander were joined by Michael Stavitsky, who held a graduate degree in social work and had acquired extensive experience in fund-raising campaigns for Jewish charities while developing his own real estate business interests in Weequahic.²⁶ Stavitsky had directed fund-raising campaigns in Nashville, Kansas City, St. Louis, and Philadelphia and may have created the image of "Miss Beth Israel" and its slogan.²⁷ In the pages of Newark's newspaper, the Jewish Chronicle, editor Anton Kaufman regularly extolled the hospital as an institution that melded modernism to Jewish ideals.²⁸ Increasingly his biographical sketches focused not on prominent rabbis, but prominent Jewish businessmen who served their communities, individuals such as builder Morris Rachlin, whose physician son, Dr. Israel Rachlin, was

chairing the committee that supervised construction of the new building.²⁹ The campaign succeeded and in 1928 a modern 350-bed skyscraper rose above the highest point in the south section of Weequahic, the south ward of Newark.

When Newark's Jewish Maternity Hospital was merged into Newark Beth Israel in March, 1931, its board became the Beth Israel Hospital Maternity Auxiliary. The following November, the Auxiliary opened a small gift shop to raise money for the hospital.³⁰ On opening day, every patient received an advertisement flyer. Photographs of "The Shop," were sent to the photogravure of the Newark Sunday Call. Displays of layettes for newborns, small toys, and special Christmas gifts lined shelves in the shop located next to the elevators. Yes, the Jewish hospital's gifts shop sold Christmas gifts. Moreover, the Auxiliary encouraged the staff to hang Christmas decorations in the hospital to make non-Jewish patients and staff feel welcome at holiday time.

Modernity in medicine and non-sectarian admissions and hiring policies were acceptable, but Christmas gifts and decorations at the Jewish hospital was more than some members of the Newark Jewish community would accept even in the cause of assimilation. In the late 1940s, after the Holocaust and when an increasing number of Newark's Jews joined the exodus to materially affluent suburban communities, there was an identity crisis in some Jewish communities that focused upon defining which institutions were really Jewish institutions and sufficiently Jewish to enjoy the financial support of the organized Jewish.

Beth Israel became embroiled in a conflict over kashruth and Christmas. In 1949, the Conference of Jewish Charities praised the Beth stating that the Jewish community feels safer because of the Beth Israel Hospital, but in the same year other Jewish groups challenged the identity of the hospital as a Jewish institution. Members of the Synagogue Council of Essex County passed a resolution "that inasmuch as Beth Israel is regarded as a Jewish hospital that it be asked to observe Kashruth."³¹ Such a commitment would require the hospital to serve only kosher meat, ritually slaughtered, and refrain from serving milk and meat products in the same meal. Separate sets of dishes and utensils, one for milk dishes and the other for meat dishes for eat and milk would be necessary.

Not surprisingly, Beth Board members took immediate exception to the Council's resolution. In 1949, the patient census demonstrated that fewer than half of the patients admitted were Jewish. Thus, there was little demand from patients for a kosher kitchen. Moreover, the care givers were no longer largely Jewish. Non-Jews as well as Jews were welcome to work at the Beth as physicians, nurses, and staff. In 1949, nearly eighty-five percent of the Beth's employees were not Jewish.³²

Most important, Sophie Morris, the Head of the Dietary Department since 1928 and Hospital Superintendent I.E. Behrman reported to the Board members that in the previous ten years Morris had received only one request for kosher food and that the physicians were requesting special diets for the patients that were not always consistent with the laws of kashruth. Patients who did observe kashruth were served meals that were prepared on a separate stove in a separate area of the kitchen on glass dishes.³³ By the following spring, the matter had been referred to the Board's public relations committee. It unanimously agreed that the Beth was a "non-sectarian institution under Jewish auspices" and refused to go beyond accommodating observant patients.³⁴

The Jewish Community Council went beyond the protestations of the Synagogue Council over kashruth to a broader set of demands: the elimination of Christian observances at the Beth, including events such as Christmas parties for staff and sale of Christmas gifts in the hospital shop, regularization of Jewish ritual observances; and the establishment of a permanent chaplaincy. The Beth had never had a permanent chaplain because patients' ritual needs had long been satisfied by local rabbis who came to the hospital for pastoral visits, services, and holiday celebrations, as needed.³⁵

The controversy over whether or not the Beth embodied a Jewish identity was bound up with the issue of funding and fund-raising for the hospital. Jewish communities had many needs, from religious schools for the young to geriatric facilities for those who were young no longer to the new commitments to support the infant state of Israel. In post-war Jewish communities, the United Jewish Appeal raised money from the community and the Jewish Community Council allocated it. Which Jewish agency received funding and precisely how much became a matter of intense debate in communities.

In 1951, the year that the Beth turned fifty, the Jewish Community Council (JCC) pledged a flat sum of \$100,000 to the hospital with an assurance of an additional 10 percent of all net funds raised over \$2.3 million from the funds collected by the United Jewish Appeal (UJA).³⁶ The UJA fund drive was thus, in part, a drive for the hospital. What remained unresolved was what the contribution to the hospital meant in terms of policy. Did the Jewish Community Council's generosity entitle it to shape hospital policy, especially with respect to the Jewish identity of the hospital? And, to what extent would the Council endorse the Beth's independent fund-raising efforts to raise the funds it needed beyond the \$100,000, especially if such efforts hampered those of other Jewish agencies including UJA efforts to fund raise?³⁷ The Jewish agencies wanted to curb funding to the hospital, but not relinquish the prestige of association with the hospital or alienate the many Jewish Newarkers who had been born at the Beth.

In March 1954, an agreement was forged. It provided among other things that the hospital could campaign for funds for specific projects such as a new laboratory building without concern about conflicting with other fund-raising projects in the Jewish community and the Newark Beth Israel Hospital would be named as a beneficiary agency in the 1954 UJA campaign for funding to maintain its facility. The hospital would be included in UJA campaigns as a beneficiary agency, receiving an annual allotment.³⁸ Every article about the hospital that appeared in the Jewish News would end with the statement that it was a member agency of the Jewish Community Council of Essex County that receives funds from the United Jewish Appeal of Essex County. The Christmas decorations and kashruth were not mentioned.

Newark Beth Israel Hospital would remain in Newark and its share of the Jewish organizational dollar continued to decline. In the next decades, the advent of federal programs such as Medicare and Medicaid, followed by the cost-containment constraints placed on hospitals affected the ability of all voluntary non-profit hospitals, including Jewish hospitals, to exist as single independent institutions. The Jewish hospitals responded to these changes with the same resilience that had enabled so many to survive the Depression and the suburbanization of the Jewish communities. As they had in earlier decades, they recreated themselves - in the 1990s merging or melding into large health care networks. Some lamented the death of the Jewish hospitals, such as the mighty

Michael Reese in Chicago, but in fact, nearly all of the 36 institutions accredited by the ACS still function today. Some hospitals have merged with other Jewish institutions and evolved into powerful medical centers that bear names reflecting their Jewish ancestry such as Cedars-Sinai Medical Center in Los Angeles and the Albert Einstein Medical Center in Philadelphia. Some are members of university medical systems such as the Louis A. Weiss Memorial Hospital, a part of the University of Chicago Hospitals and Health System, the Miriam Hospital in Providence, Rhode Island, a component of Tufts-Brown Lifespan. Some Jewish hospitals became giant health care networks such as Barnes Jewish Hospital in St. Louis, which became the BJC Health Care System and the Jewish Hospital Health Care Service of Louisville, which began as Jewish Hospital. Some of the leading medical centers in America are the product of ecumenical mergers of hospitals once founded under different religious auspices, such as Beth Israel-Deaconess Hospital in Boston, and, in New York, the Mount Sinai New York University Health System. Other smaller hospitals that never achieved ACS accreditation also exist today, as drug rehabilitation centers, elder care institutions, and outpatient centers.

In 1996, the Newark Beth Israel Medical Center and Hospital was purchased and incorporated into the Saint Barnabas Health Care System.³⁹ One of the conditions of the sale was that the Star of David remain prominently displayed on the premises and the hospital's name remain Beth Israel to remind all of the institution's heritage.

As in other cities, notably Pittsburgh and Cleveland where Jewish hospitals were also sold, the proceeds of the Beth's sale funded a Foundation, the Health Care Foundation of New Jersey. Operated under Jewish auspices, the Foundation celebrating its tenth anniversary this month continues to pursue the health and well-being of Newarkers Jewish and non-Jewish.

The history of Newark Beth Israel Hospital and other such hospitals is an important chapter in the larger tale of how Jews, especially immigrants, reconciled tradition with American secular society and negotiated their place in the United States during the twentieth century. What underlying values defined the Jewish hospital and made it different from other voluntary non-profits? At the core of all Jewish values is tzedakah or justice, and to bring justice to those in need is part of the even larger mission that Jews undertake, tikkun olam, "repairing the world." At hospitals under Jewish

auspices, that repair began with the care and cure of the body in a manner consistent with both modernity and an ancient covenant.

NOTES

¹ Rosemary Stevens, In Sickness and In Wealth. American Hospitals in the Twentieth Century (New York: Basic Books, 1989), 14. See also, a comprehensive volume on the evolution of the hospital in the United States, Charles E. Rosenberg, The Care of Strangers, The Rise of America's Hospital System (New York: Basic Books, 1987).

² Henry M. Hurd, "Salutatory," *Modern Hospital* 1 (September, 1913): 32.

³ An overview of the Jewish hospital in the United States is Ethan Bridge, The Rise and Development of the Jewish Hospital in America (rabbinical thesis, Hebrew Union College, 1985). There have been a number of individual hospital studies. Two of the best published volumes are Dorothy Levenson, Montefiore, The Hospital As Social Instrument, 1884-1984 (New York: Farrar, Straus, & Giroux, 1984) and Arthur J. Linenthal, The History of Boston's Jewish Hospitals, 1896 to 1928 (Boston: Beth Israel Hospital in association with The Francis A. Countway Library of Medicine, 1990).

⁴ Samuel S. Kottke, "The Hospital in Jewish History," Review of Infectious Diseases 3(July-August, 1981): 636-639.

⁵ A fine recent history of Mount Sinai Hospital is Arthur H. Aufses, Jr. and Barbara Niss, The House of Noble Deeds. The Mount Sinai Hospital, 1852-2002 (New York: New York University Press, 2002). See also, Alan M. Kraut, "'No Matter How Poor and Small the Building': Health Care Institutions and the Jewish Immigrant Community," in Yvonne Yazbeck Haddad, Jane I. Smith, and John L. Esposito, eds. Religion and Immigration: Christian, Jewish and Muslim Experiences in the United States (Walnut Creek, CA: AltaMira Press, 2003), 129-158 and Kraut, Silent Travelers: Germs, Genes and the "Immigrant Menace" (New York: Basic Books, 1994), 203-205, 208-209.

⁶ Tina Levitan, Islands of Compassion. A History of the Jewish Hospital of New York (New York: Twayne, 1964), pp.89-106. Also, pamphlet, Beth Israel Hospital Proudly Marks 75 Years of Service to the Community (1965).

⁷ Leon Sokoloff, "The Rise and Decline of the Jewish Quota in Medical School Admissions," Bulletin of the New York Academy of Medicine 68(November, 1992): 498. See also Edward C. Halperin, "The Jewish Problem in U.S. Medical Education, 1920-1955," Journal of the History of Medicine, 56(April 2001): 140-167. Also, J.J. Goldenberg and Arthur Wolf as quoted in Barry A. Lazarus, "The Practice of Medicine and Prejudice in a New England Town: The Founding of Mount Sinai Hospital, Hartford Connecticut," Journal of American Ethnic History 10(Spring, 1991): 21, 35.

⁸ Max Danzis, "Jewish Hospitals and Facilities for Graduate Training," Medical Leaves 3(1940): 65-74.

⁹ William B. Helmreich, The Enduring Community. The Jews of Newark and Metrowest (New Brunswick, NJ: Transaction Publishers, 1999), 8-9, 12-13. Nathan Kussy, "Early History of the Jews of Newark," in The Jewish Community Blue Book of Newark (Newark, NJ: Jewish Community Blue Book Publishing Company, 1925), 30-31.

¹⁰ The best general history of Newark is John T. Cunningham, *Newark*, revised and expanded edition (Newark: New Jersey Historical Society, 1988; orig. 1966). On the sorry state of public health in Newark at the turn of the century, see Stuart Galishoff, *Safeguarding the Public Health, Newark, 1895-1918* (Westport, Connecticut, 1975). For the earlier era, see Galishoff, *Newark, The Nation's Unhealthiest City, 1832-1895* (New Brunswick: Rutgers University Press, 1988).

¹¹ Robyn Muncy, *Creating A Female Dominion in American Reform, 1890-1935* (New York: Oxford University Press, 1991) is the best work describing such women activists, generally. Several articles in Pamela Nadell and Jonathan D. Sarna, *Women and American Judaism* (Hanover, New Hampshire: University Press of New England, 2001) suggest that Jewish women participated in the expression of religious ideals through social service. See Karla Goldman, "The Public Religious Lives of Cincinnati's Jewish Women," 107-127, William Toll, "From Domestic Judaism to Public Ritual: Women and Religious Identity in the American West," 128-148, and Felicia Herman, "From Priestess to Hostess: Sisterhoods of Personal Service in New York City, 1887-1936," 148-181.

¹² "At Odds Over a Hospital," *Newark Evening News* (hereafter the *NEWS*), October 22, 1900. "Hebrew Societies Still at Odds," *NEWS*, October 26, 1900. "To Dedicate the New Dispensary," *NEWS*, December 21, 1900. "Daughters of Israel Meet," *NEWS*, January 9, 1901. "Hebrew Societies May Now Unite," *NEWS*, September 4, 1901. "Hospital Row Compromised - Rival Hebrew Societies Come to Understanding Over Location of New Institution," *NEWS*, September 9, 1901. "No Obstacle in Way of Hospital," *NEWS*, March 19, 1902. Also, Mrs. Julius L. (nee "Nettie") Katchen, "The First 10 Years," *The Jewish News*, December 28, 1951.

¹³ "Beth Israel Hospital will be Formally Opened on August 31, 1902," *NEWS*, August 18, 1902. This front-page article includes a photograph of the Pennington Hospital. "Hebrew Hospital Dedication Begun," *NEWS*, September 1, 1902.

¹⁴ Caroline Feitzinger, "Brief Historical Review," *Report of the Newark Beth Israel Hospital and Dispensary from January 1, 1901 to January 1, 1906* Newark Beth Israel Hospital Papers, (hereafter NBIH papers), Jewish Historical Society MetroWest.

¹⁵ "Hebrews Open New Hospital," *NEWS*, January 30, 1908 and "Fort's Tribute to the Hebrew," *NEWS*, January 31, 1908.

¹⁶ *NEWS*, January 30, 1908.

¹⁷ *Bulletin of the American College of Surgeons* 4(1919): 27-32. The book that best describes the role of the ACS as an accrediting agency is Loyal Davis, *Fellowship of Surgeons, A History of the American College of Surgeons* (Springfield, Illinois: Charles C. Thomas, 1960).

¹⁸ "Beth Israel Board Asks More Nurses - Miss Rafter, New Chief of Nurses Ready to Enroll New Students," *Chronicle*, December 16, 1921. The article notes that the position was left vacant by Sarah Van Gilder [sic] after more than ten years service.

¹⁹ "More Than 1,000 Hospitals of Fifty or More Beds Meet Minimum Standard of A.C.S.," *Modern Hospital* 19(November 1922): pp. 424-425. The ACS requirements were published in November 1922, Vol. 19, no. 5, *Modern Hospital*, accompanying the list of the ACS accredited hospitals. The *Modern Hospital* had extracted the information from the report for the 1922. The 1922 ACS list included these Jewish hospitals:

Leo N. Levi Memorial Hospital, Hot Springs Arkansas

Mt. Zion Hospital, San Francisco

Michael Reese Hospital, Chicago

Mt. Sinai Hospital, Chicago
Jewish Hospital, Louisville
Touro Infirmary, New Orleans
Hebrew Hospital and Asylum, Baltimore
Beth Israel Hospital, Boston
Jewish Hospital, St. Louis
Newark Beth Israel Hospital
Barnert Memorial Hospital, Paterson
Beth Israel Hospital, New York
Beth Moses Hospital, Brooklyn
Jewish Hospital, Brooklyn
Lebanon Hospital, New York
Montefiore Hospital, New York
Mt. Sinai Hospital, New York
Jewish Maternity Hospital, New York
Jewish Hospital, Cincinnati
Mt. Sinai Hospital, Cleveland
Jewish Hospital, Philadelphia
Mt. Sinai Hospital, Philadelphia
Jewish Maternity Hospital, Philadelphia
Mt. Sinai, Milwaukee

The Newark hospitals that made the list were

Newark City Hospital
St. James Hospital
Newark Memorial Hospital (formerly German Hospital)

The Newark Presbyterian Hospital received an asterisk next to its name indicating that although it met the spirit of the ACS criteria, it had not developed the criteria sufficient to deserve full accreditation. Hospitals that were not accredited included St. Michael, St. Barnabas, Newark Maternity Hospital, Babies Hospital, the Hospital for Women and Children

American College of Surgeons (ACS) on Hospital Standardization.

²⁰ “‘My Pledge and Creed’ Wins Universal Approval at Buffalo Conference,” Modern Hospital 23(November, 1924): 458-459.

²¹ The Newark Beth Israel Creed is on the wall of the hospital. It was clearly reprinted with the Newark Beth Israel Hospital Annual Report, 1961.

²² The Jewish Chronicle (hereafter the Chronicle), May 30, 1924. The same advertisement, with caption in Yiddish, appeared in Der Tog, June 1, 1924.

²³ “Hospital Drive Slogan Revived,” Newark Star Eagle, February 4, 1928. The Ladies Auxiliary conducted a door-to-door campaign wearing hearts to personify Miss Beth.

²⁴“City Leaders Hail Plans for Fuld Memorial; Nation’s Jewry Mourns Late Philanthropist, Acclaim Civic and Charitable Deeds,” Chronicle, January 25, 1929.

²⁵ Daniel Spear, “Newark Will Response to Appeal, Predicts Hollander as Beth Israel Campaign Nears,” Chronicle, April 11, 1924. The A. Hollander & Sons, Inc., was a fur dyer and dresser concern, coining a phrase “hollanderize,” referred to in the musical, “Guys and Dolls.”

²⁶“The Story of Dynamic Michael A. Stavitsky,” Chronicle, June 20, 1941. “Mike” was an immigrant, having coming to American in 1903 and was one of the first club members of the Jewish Neighborhood settlement house.

²⁷ Ibid. and “Launching the Campaign for the New Beth Israel Hospital - \$1,500,000 Mark Ignored as Drive Enthusiasm Rises,” Chronicle, June 6, 1924.

²⁸ Anton Kaufman, “We Scan the History of the Chronicle,” Chronicle, May 29, 1931. Sadly, no copy of the first issue of the newspaper has been found.

²⁹ “Morris Rachlin, Master Builder, Chronicle, September 23, 1927.

³⁰ The minutes of the Auxiliary of the Newark Maternity Department of the Beth Israel Hospital, October 15, 1931. March 27, 1931. Mrs. Schindel presented to Dr. Keller, Mr. Stavitsky, Mrs. Siegal and Mrs. Rubinow, the initial plans of creating a little shop to sell flowers, stationery, books, magazines. Having secured their approval, the Auxiliary then set up the complete schedule of hours, volunteers, and then, presented their important project, asking permission to open the shop.

³¹ Minutes of the Board of Directors meeting, October 24, 1949.

³² Minutes of the Administrative Committee of the Board, October 24, 1949.

³³ Ibid.

³⁴ Minutes of the Administrative Committee, May 23, 1949.

³⁵ Ibid., May 23 and October 24, 1951.

³⁶ “Council Makes Grant of \$100,000 to Newark Beth Israel Hospital for 1951 - added funds to be contingent on total sum raised by UJA,” The Jewish News, February 23, 1951.

³⁷ Minutes of the Board of Directors, February 26, 1951.

³⁸ Minutes of the Board of Trustees, Jewish Community Council, April 20, 1954. Item IX. The move to reconciliation was developed on the morning of the UJA special gifts dinner (March 25, 1954).

³⁹ Agreement Among the Saint Barnabas Corporation, Saint Barnabas Medical Center, Beth Health Services Corporation and Newark Beth Israel Medical Center, April 1, 1996. Copy of the full agreement was provided to the authors by Newark Beth Israel Corporation Counsel Bruce D. Shoulson.