

What Does It Mean to Be a Jewish Hospital in America Today?

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In addition to exploring crucial Jewish values, it is also essential to study history, to appreciate how core elements of social and personal responsibility have been incorporated into Jewish communal life in response to changing social needs and circumstances.¹ This communal history is both instructive and inspiring. It helps explain how we got to where we are today, as well as the context of our current situation. The lessons of the past are especially important, since history tends to repeat itself, as the story of Jewish hospitals in America illustrates. This article thus provides a detailed overview of the history of Jewish hospitals in America, followed by my suggestions as to what Jewish hospitals could mean to the Jewish community and our society at large going forward.

As far as we know, amongst the first Jews to arrive in North America was a group of twenty-three refugees from Brazil who made their way to New Amsterdam (New York City) in 1654. They were not welcomed warmly, as Peter Stuyvesant, the Dutch director general of the colony, initially tried to block their entry. He only relented and permitted them to enter on the condition that the Jews would pledge to ensure that the poor among them not become a burden on the community by agreeing to take responsibility for supporting them.² The Jewish community internalized this expectation and worked hard to avoid stirring public resentment. This “sacred promise” to the larger society to care for their own became known as “the Stuyvesant Pledge.”³ As the American Jewish community slowly

¹ On the importance of studying history in the field of bioethics, see R. Baker, “How Should Students Learn about Contemporary Implications of Health Professionals’ Role in the Holocaust?” *AMA Journal of Ethics* 23(1) (2021): 31–36.

² E. Halperin, “The Rise and Fall of the American Jewish Hospital,” *Academic Medicine* 87(5) (May 2012): 611.

³ R. Katz, “Paging Dr. Shylock! Jewish Hospitals and the Prudent Reinvestment of Jewish Philanthropy,” in D. Smith (ed.), *Religious Giving* (Indiana University Press, 2010), 165.

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grew, they created their own voluntary social support, educational, health and welfare systems to try not to be a societal burden, similar to what they had previously done in other countries, which eventually led to founding Jewish hospitals in the mid-nineteenth century.⁴

First Wave

Jewish hospitals in the United States were founded in three waves. The first wave began in 1850 as a shortage of hospital beds developed across the United States,⁵ primarily as a result of urban epidemics, such as cholera and yellow fever outbreaks.⁶ The founders of these first Jewish hospitals expressed feelings of shame when they were unable to take care of their own.⁷ They framed their goal not only as an attempt to avoid becoming a burden, but primarily as a positive mission of obligation and responsibility to live up to Jewish values of “*tzedakah*” (charity/righteousness) and “*bikur cholim*” (visiting the sick).⁸ The founders of these hospitals thus spoke with a strong sense of purpose to be of assistance to the sick and the poor.⁹

However, there was also a negative impetus for founding these hospitals. As a minority group, Jews tried not to complain publicly, but in internal publications and discussions another motive became apparent. At that time, anti-Semitism was increasing,¹⁰ and there was also very widespread missionizing of sick Jews in American hospitals, often including forced reading of Christian scriptures to them, as well as deathbed conversions and baptisms.¹¹ The most desperately ill Jews were the most vulnerable. Jewish hospitals were thus needed for protection and to provide

⁴ J. Sarna, *American Judaism: A History* (Yale, 2004), 222.

⁵ D.E. Bridge, *The Rise and Development of the Jewish Hospital in America* (Rabbinical Thesis, Hebrew Union College, 1985), 25.

⁶ Kraut, *Covenant of Care*, 3–4; Bridge, *The Rise and Development of the Jewish Hospital in America*, 18.

⁷ *Ibid.*, 2.

⁸ *Ibid.*, 22–24; L. Levin, *Cedars-Sinai: The One-Hundred Year History of Cedars-Sinai Medical Center* (Cedars-Sinai Medical Center, 2002), intro.

⁹ Kraut, *Covenant of Care*, 24.

¹⁰ Katz, “Paging Dr. Shylock” 166. For example, after the Civil War, in 1862, Ulysses S. Grant expelled all Jewish residents from their homes in the areas under his control.

¹¹ Kraut, *Covenant of Care*, 3; Bridge, *The Rise and Development of the Jewish Hospital in America*, 25–28. Another example is from the laying of the cornerstone ceremony in 1866 for Baltimore’s “Asylum for Israelites.” Dr. J. Cohen stated, “Many of us know the instances in which poor co-religionists, stricken down

culturally sensitive care, with access to kosher food, a rabbi, and a range of religious services,¹² where nobody would ever be turned away due to an inability to pay.¹³

Although there was initially some debate over whether or not these hospitals should be exclusively for Jews,¹⁴ the consensus quickly became that Jews should not treat others the way they had been treated by being exclusive, and that perhaps by welcoming all people, they would reduce anti-Semitism and create goodwill for the Jewish community.¹⁵ Furthermore, there was a recognition that Jewish law requires Jews to “sustain the poor who are not Jewish along with poor Jews, and visit the sick who are not Jewish along with sick Jews, and one buries the dead who are not Jewish along with dead Jews, because these are the ways of peace.”¹⁶

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” (ibid., 26).

¹² Halperin, “The Rise and Fall of the American Jewish Hospital,” 611. Additional essential religious services included *mezuzos*, avoidance of autopsies unless it would save a life, a separate room for *bris milah*, availability of a rabbi, services on the various holidays, and in some cases, daily prayers and kosher food. See also Bridge, *The Rise and Development of the Jewish Hospital in America*, 32, 57, 59, 61. Interestingly, some Jewish hospitals, such as Mount Sinai in New York, had a synagogue before they had an operating room, which shows their priorities at the time (Aufses & Niss, *This House of Noble Deeds* [New York University Press, 2002], 4). Similar issues arose in Europe around the same time, and these services were so important to many Jews, and the ill treatment they received at non-Jewish hospitals was so bad, that some European Jews reported preferring to be poorly cared for in a Jewish hospital over going to municipal hospitals (J. Vanderhoek, “A Tale of Two Nineteenth-Century Dutch Jewish Hospitals,” *Rambam Maimonides Medical Journal* 11(4) (2020): 6).

¹³ Levin, *Cedars-Sinai*, 14.

¹⁴ Levin, *Cedars-Sinai*, 4; Kraut, *Covenant of Care*, 24. Some rabbis opposed opening Jewish hospitals, and there were frequent debates, many of which stalled the opening of these hospitals, about religious perspective, ritual practice, location, if the hospital should be “sectarian” (only for Jews) or “nonsectarian” (open for all). See also Bridge, *The Rise and Development of the Jewish Hospital in America*, 64.

¹⁵ Katz, “Paging Dr. Shylock!” 166–67.

¹⁶ *Gittin* 61a.

From the earliest days of Jewish hospitals in America, Jews were thus very proud that all people in need were equally welcomed by them.¹⁷ For example, at the opening ceremony for the Jewish Hospital in Denver in 1889, it was announced that its goal was to “rear a Temple unbounded by any creed. 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.”¹⁸ In New York it was declared that “Beth Israel, like Abraham’s tent, will be open to sufferers without distinction as to race or creed.”¹⁹ There are numerous examples of this type of inclusive sentiment at Jewish hospitals at that time.²⁰

Second Wave

From the late 1880s until the 1920s, over two million Eastern European Jews immigrated to the United States, and during that period, the number of Jewish hospitals in America increased five-fold.²¹ These immigrants tended to be poor, religiously observant,²² and frequently resented by many Americans at the time, thus exacerbating much of the impetus for Jewish hospitals during the first wave.²³ Furthermore, the disproportionately high volume of Jewish tuberculosis patients at this time triggered a nationwide effort to create Jewish hospitals and relief societies to care for Jewish patients.²⁴

¹⁷ Bridge, *The Rise and Development of the Jewish Hospital in America*, 37, 65. Many Jewish hospitals boasted of having equal numbers of Jewish and non-Jewish patients. See also Levin, *Cedars-Sinai*, 58.

¹⁸ Bridge, *The Rise and Development of the Jewish Hospital in America*, 38.

¹⁹ Kraut, *Covenant of Care*, 27.

²⁰ Similarly, at the dedication in 1908 for a new facility for Newark’s Beth Israel, the community rabbi proclaimed that “while this hospital shall be mainly supported by Jews, it will open its doors just as wide as they can swing to receive the non-Jew who may desire to enter and his religious sentiments shall be carefully safeguarded” (Kraut, *Covenant of Care*, 33). Similarly, in 1866, Philadelphia’s Jewish community opened a nonsectarian hospital that proclaimed right on its entrance, “The Hospital was erected by the voluntary contributions of the Israelites of Philadelphia, and is dedicated to the relief of the sick and wounded without regard to creed, color or nationality” (Katz, “Paging Dr. Shylock!” 167).

²¹ Kraut, *Covenant of Care*, 64–66. From 1919 to 1922, the number of Jewish hospitals more than doubled.

²² Bridge, *The Rise and Development of the Jewish Hospital in America*, 32–35, 57.

²³ Kraut, *Covenant of Care*, 4, 21; Bridge, *The Rise and Development of the Jewish Hospital in America*, 20.

²⁴ *Ibid.*, 23.

Despite the Jewish community's effort to care for their own sick, many Jews had to seek care outside their community, where they were again subjected not only to cultural insensitivity, but also to severe mistreatment and sometimes even physical assaults.²⁵ American physicians began labeling Jewish patients as being "subhuman," "dirty," "nervous," "difficult," and even created specific phrases and diagnoses for them, such as "Hebraic Debility," and "Jew-Neurasthenia."²⁶ Needless to say, Jewish patients did not receive proper medical care at most hospitals and needed to be sheltered from the consequences of this type of prejudice. Of course, most Jewish physicians would have the necessary language skills and cultural sensitivity to mitigate some of these concerns, but then another problem developed that exacerbated the need for Jewish hospitals.

Whereas in the nineteenth century most physicians apprenticed with private physicians in home-based practices, in the twentieth century this training transitioned to medical schools and hospitals.²⁷ However, for the first half of the twentieth century, anti-Semitic policies restricted Jewish medical school graduates access to internship and residency programs, and Jews were denied staff privileges in hospitals, while the few who had access were subject to harassment and verbal abuse.²⁸ In the 1920s, many American hospitals would not accept any Jews on their medical staff and if Jewish physicians wanted to find a hospital to accept their patients, they could usually only do so by making a referral via a non-Jewish colleague.²⁹ If they could get their patients admitted at all, Jewish doctors found that they often had to wait weeks longer than non-Jewish doctors.³⁰ In some cases, a hospital's medical staff even went on strike and made physical threats, to prevent Jewish doctors from being hired and to force them to be fired or resign.³¹ Jews also faced difficulty in the area of medical school education. For example, in 1927 many medical schools had restricted personnel policies, such that of the thousand Jewish physicians in New York

²⁵ E. Halperin, "'This is a Christian institution and we will tolerate no Jews here': The Brooklyn Medical Interns Hazings," *American Journal of Medical Sciences* 356(6) (2018): 505–17.

²⁶ Kraut, *Covenant of Care*, 5; Katz, "Paging Dr. Shylock!" 170.

²⁷ Bridge, *The Rise and Development of the Jewish Hospital in America*, 29.

²⁸ Halperin, "The Rise and Fall of the American Jewish Hospital," 611.

²⁹ Kraut, *Covenant of Care*, 120.

³⁰ *Ibid.*, 117.

³¹ E. Halperin, "'We do not want him because he is a Jew': The Montreal Interns' Strike of 1934," *Annals of Internal Medicine* 174 (2021): 852-857.

City at that time, not one of them held a full-fledged professorship in any medical school that was part of a university.³²

On top of that, and perhaps most significantly for the history of Jewish hospitals in America, medical schools used many methods of determining if an applicant was Jewish, in which case they were often denied admission. Quotas were put into place on the number of Jews that medical schools would accept, so for example, between 1920 and 1940, when these quotas took effect, Jewish enrollment at Columbia's College of Physicians fell from 47% to 6%.³³ Similarly, Cornell Medical School's percentage of Jewish students dropped from 40% to 5% during that time.³⁴ Those Jews who did manage to graduate from medical school at that time were often denied residencies in non-Jewish hospitals and were refused hospital privileges after graduation.³⁵

The need for Jewish physicians to have the ability to freely train, practice medicine, and care for their patients in hospitals became the primary impetus for the development of many of the Jewish clinics and hospitals between approximately 1912 and 1936.³⁶ These hospitals faced many obstacles, as they often had a hard time finding anyone to sell them land for a Jewish hospital,³⁷ and national accrediting boards frequently did not approve or allow graduate residencies at Jewish hospitals, even though these institutions met the accreditation standards.³⁸ Despite these challenges, the Jewish community rallied around this cause, as communal Jewish federations allocated approximately 25% of their local grants to Jewish hospitals.³⁹ Jewish hospitals were often the Jewish community's most impressive and identifiable philanthropy in each city,⁴⁰ and because even Jewish philanthropy was not accepted by the broader society at this time, Jewish hospitals were one of the few ways that individual Jews could give to humanity.⁴¹

³² Kraut, *Covenant of Care*, 119.

³³ *Ibid.*, 118.

³⁴ *Ibid.*

³⁵ *Ibid.*, 117.

³⁶ Bridge, *The Rise and Development of the Jewish Hospital in America*, 30–31; Kraut, *Covenant of Care*, 24, 117.

³⁷ Kraut, *Covenant of Care*, 72.

³⁸ *Ibid.*, 124–25.

³⁹ Katz, "Paging Dr. Shylock!" 172.

⁴⁰ *Ibid.*, 162.

⁴¹ Interview with Jonathan Schreiber, Vice President of Community Engagement at Cedars-Sinai, January 2021.

Third Wave and Beyond

There was also a brief third wave of development of Jewish hospitals during the 1940s and '50s, spurred by the Hospital Survey and Construction Act of 1946 (also known as the Hill-Burton Act), which created thousands of new hospital beds, primarily in suburban areas.⁴² This legislation had a significant impact on the older Jewish hospitals, which were mostly located in urban areas, and enabled many of them to relocate, merge, or create new hospitals. Quotas limiting Jews came to an end in the 1960s, thanks to a combination of societal attitudes and government policies.⁴³ These hospitals remained welcoming places for Jews to seek care and employment, and they made sure to publicize the fact that patients and staff of all backgrounds remained equally welcomed in them.⁴⁴ Even as demographics changed and many historically Jewish hospitals were gradually made up primarily of people who were not Jewish, these institutions continued to articulate the same sense of purpose to care for all people who were suffering in their communities.⁴⁵

The need for Jewish hospitals gradually declined. Jews were allowed to seek care and employment at any hospital,⁴⁶ and many non-Jewish hospitals even opened kosher kitchens or created access to Jewish religious needs.⁴⁷ The Medicare and Medicaid plans that were developed in the 1960s made hospitals less dependent on private philanthropy, and by 1981 Jewish federations allocated only 2.3% of their funding to healthcare and hospitals⁴⁸ (a number which has continued to shrink since then⁴⁹). Furthermore, the attitude toward anti-Semitism gradually shifted from combating it via philanthropy to fighting it head-on, through organizations such as the Anti-Defamation League.⁵⁰ The hospital industry also became

⁴² Kraut, *Covenant of Care*, 140–41; Halperin, “The Rise and Fall of the American Jewish Hospital,” 611.

⁴³ E. Halperin, “Why Did the United States Medical School Admissions Quota for Jews End?” *American Journal of Medical Sciences* 358(5) (2019): 317–25.

⁴⁴ Kraut, *Covenant of Care*, 174.

⁴⁵ *Ibid.*, 187.

⁴⁶ Halperin, “The Rise and Fall of the American Jewish Hospital,” 612. Ironically, the reduction of anti-Semitism in the medical profession adversely affected some Jewish hospitals as Jewish doctors and researchers gained more options (Aufses & Niss, *This House of Noble Deeds*, 13).

⁴⁷ Katz, “Paging Dr. Shylock!” 172.

⁴⁸ *Ibid.*, 173.

⁴⁹ Interview with Jonathan Schreiber, Vice President of Community Engagement at Cedars-Sinai, January 2021.

⁵⁰ Katz, “Paging Dr. Shylock!” 173.

much more competitive at this time, and financial pressures forced many smaller community hospitals to merge with larger systems or close.⁵¹

Throughout American history, there have been approximately 113 Jewish hospitals in a total of twenty-four American cities, but as of 2012, twenty-four of them had merged with other Jewish hospitals, thirty-five closed, and twenty-four were purchased by or merged with non-Jewish hospitals, leaving just twenty-two remaining independent.⁵² As of 2021, estimates are that there are only about ten left, and possibly as few as five, depending on how one defines a “Jewish hospital.”⁵³

What Has It Meant to Be a Jewish Hospital?

Christian hospitals in America are typically built on a strong church base, with articles of incorporation that guarantee the sponsoring church or organization will maintain a formal role in its governance, and often including precise ethical and religious directives of operation.⁵⁴ Jewish hospitals in America, on the other hand, have no such structure or official association. How exactly to define what it has meant to be a “Jewish hospital” has been the subject of much debate, and the difference between a Jewish hospital and a hospital for Jews is not always clear. At earlier periods in American history, some suggested that to be considered a Jewish hospital it would have to have had some of the following attributes:⁵⁵

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;

⁵¹ Halperin, “The Rise and Fall of the American Jewish Hospital,” 612.

⁵² Ibid.

⁵³ Ibid., and personal correspondence with Dr. Halperin in January 2021. A current list of American Jewish hospitals can be found at this link (though many of these hospitals no longer identify as being Jewish): <https://www.kosherdelight.com/HospitalsUSA.shtml>.

As of 2016, 18.5% of hospitals in the United States were religiously affiliated. Between 2001 and 2016 the number of nonprofit religious hospitals decreased by 38.3%, but during this time the number of acute care hospitals that were Catholic owned or affiliated grew by 22%, even though the overall number of acute care hospitals decreased by 6% (M Guiahi, P.E. Helbin, S.B. Teal, D. Stulberg, J. Sheeder, “Patient Views on Religious Institutional Health Care,” *JAMA* 2(12) (2019)).

⁵⁴ Bridge, *The Rise and Development of the Jewish Hospital in America*, 9, 52–53, 175; Halperin, “The Rise and Fall of the American Jewish Hospital,” 612.

⁵⁵ Bridge, *The Rise and Development of the Jewish Hospital in America*, 2 and 51–52.

6. Staffed by an especially 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 other religions or ritual practices;
9. A place in which Jewish patients feel comfortable (likely including cultural sensitivity, not displaying symbols from other faith traditions, and in-language care).

What Does It Mean to Be a Jewish Hospital in America Today?

The obvious question that arises is if there is any need for Jewish hospitals in America today. There is a certain integrity or sacred trust to the founders of these hospitals to maintain the institutions that they founded and built, but are they still needed for any uniquely Jewish reasons? Anti-Semitism is still a concern in the Jewish community, and it remains important to promote goodwill and maintain an infrastructure in case of a severe resurgence of anti-Semitism in society or within the medical establishment.⁵⁶ People often also praise the sense of community, comradeship, and tradition at Jewish hospitals. I believe, however, that what makes them unique is far deeper. I suggest that the survival of some proudly Jewish hospitals in America today is crucial to maintaining essential areas of focus in the tapestry of our healthcare system. The rich and impressive history of Jewish hospitals in America serves as a powerful reminder and incentive for these hospitals to maintain fidelity to certain profound ideals, which will hopefully serve as role models for others:

1. Inclusivity

Jewish hospitals, by their very existence and hopefully by their example, teach the importance of inclusivity and welcoming the stranger.

The Hebrew Bible uses the story of the Jewish people’s slavery in Egypt as national moral education intended to transform their perspective of humanity and morality.⁵⁷ Right after the exodus narrative, the Torah gives numerous commands to remind the people to learn these lessons, not just as knowledge, but as shared memory of their own experience.⁵⁸ The Torah, in multiple places,⁵⁹ is very clear about the obligation to love

⁵⁶ Katz, “Paging Dr. Shylock!” 176.

⁵⁷ J. Sacks, *Not in God’s Name* (Schocken Books, 2015), 183–84.

⁵⁸ Ibid.

⁵⁹ Depending on how one counts the commandments, the Torah warns against wronging a stranger either 36 or 46 times, more than any other commandment

the stranger. For example, it commands, “Do not wrong or oppress the stranger for you yourselves were once strangers in the land of Egypt” (Ex. 22:21), and, “Do not oppress the stranger, for you know what it feels like to be a stranger, for you yourselves were once strangers in the land of Egypt” (Ex. 23:29).⁶⁰

So, too, remembering the difficult history that led to the creation of Jewish hospitals in America should continue to sensitize and inspire contemporary Jewish hospitals to embody these crucial lessons. Having lived and suffered as strangers at many points of Jewish history, Jews are obligated by the Torah to become people who are dedicated to caring for strangers.⁶¹ Jewish hospitals were necessary in America because they were a place for people who otherwise were excluded, alienated, isolated, or unwelcome in the broader society to feel safe and at home. Remembering what it was like for Jews to be victims, a Jewish hospital must therefore be a place where all people feel comfortable and welcome, not with the intention of encouraging them to become Jewish, but simply as an act of solidarity and identification with the stranger.

It is therefore no coincidence that in 1906, the Jewish Kaspare Cohn Hospital in Los Angeles hired the first female physician to practice in Los Angeles, Sarah Vasen, MD, who went on to become the hospital’s superintendent.⁶² That hospital later changed its name to Cedars of Lebanon and, along with many other American Jewish hospitals, became a safe haven for Jewish physicians who were driven out of Germany during the Nazi era.⁶³ Another important example of the enduring values of Jewish hospitals relates to their involvement in the civil rights movement. For example, in 1951, Louisville Jewish Hospital hired Jesse Bell, MD, the first African-American doctor to practice at a non-African-American hospital in that region.⁶⁴

(*Bava Metz'ia* 59b).

⁶⁰ See also Leviticus 19:34.

⁶¹ Sacks, *Not in God's Name*, 188. Rabbi Sacks goes so far as to argue that, “Judaism is the voice of the other throughout history. The whole of Judaism is about making space for the other...” (J. Sacks, *Future Tense* [Schocken, 2009], 83).

⁶² https://en.wikipedia.org/wiki/Sarah_Vasen.

⁶³ Levin, *Cedars-Sinai*, 63.

⁶⁴ Jewish Kentucky Oral History Project, “Interview with Morris Weiss, August 1, 2016,” <https://kentuckyoralhistory.org/ark:/16417/xt7crj48sc8k>; H. Thimson, “Louisville Jewish Hospital’s ‘Tikkun Olam’: A Case Example of Continuity for American Jewish Hospitals” (2019), https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1002&context=libraries_undergraduate_scholarship.

This is an example of particularity leading to universalism. Ironically, in this case, if fidelity to a people's own history and identity is maintained, they can be motivated to be more inclusive and welcoming to others. It is less of a challenge to love one's neighbor, who is part of the same community, than it is to love the stranger, whom some people might regard with fear or animosity.⁶⁵ Jewish hospitals are a profound reminder that not only is "love your neighbor as yourself" a foundation of Jewish medical ethics, but so is the crucial commitment to "love the stranger."

2. Faith Friendly, Not Faith Enforced

Jewish hospitals serve as unique models of faith-based institutions, because unlike those under the auspices of some other faiths, Jewish hospitals do not impose any specific religious directives of practice. A Jewish hospital should indeed be a place that is faith friendly and a place where faith is facilitated, but not a place where it is enforced. A lesson that Jewish communities have learned over the course of Jewish history is that not only have Jews frequently had other religions imposed on them (as mentioned above), and not only is religious coercion usually ineffective at promoting religion⁶⁶ and risks anti-religious backlash,⁶⁷ but, perhaps counter-intuitively, it is bad for religion. As Rabbi Jonathan Sacks taught, religion only truly acquires influence when it relinquishes power and instead becomes the voice of the voiceless, and the conscience of the community.⁶⁸ Religion can thrive without exerting power,⁶⁹ and many rabbinic thinkers posit that religious acts only have true value when they are done free of any coercion.⁷⁰ Religion is at its best, taught Rabbi Sacks, when it relies on the strength of example, and at its worst, when it seeks to impose truth by force.⁷¹ The phrase "religious coercion" is thus an oxymoron. One

⁶⁵ Sacks, *Not in God's Name*, 181.

⁶⁶ Rabbi J. Soloveitchik, *Community and Covenant* (Ktav, 2005), 211.

⁶⁷ K. Nueman, "Religious Zionism and the State" (Hebrew) in Y. Stern, et al., *When Judaism Meets the State* (Tel Aviv: Yediot Ahronot, 2015), 330-333. See also R. Schwartz, "The Political Theology of Rabbi Nachum Eliezer Rabinovitch," *The Torah u-Madda Journal* 18 (2021): 19.

⁶⁸ Sacks, *Not in God's Name*, 222.

⁶⁹ *Ibid.*, 236.

⁷⁰ Schwartz, "The Political Theology of Rabbi Nachum Eliezer Rabinovitch," 10-11. R. Rabinovitch bases his argument primarily on Maimonides in the *Guide to the Perplexed*.

⁷¹ Sacks, *Not in God's Name*, 234. See also extensive discussion in A. Ravitzky, "Is a Halakhic State Possible? The Paradox of Jewish Theocracy," *Israel Affairs* 11(1) (2005): 137-64.

cannot impose truth or spirituality by force,⁷² as the Talmud rules, “Coerced agreement is not consent.”⁷³

This is why some leading rabbinic thinkers have argued that according to Jewish law governments should always limit their authority to the civil realm and never involve themselves in religious matters.⁷⁴ Indeed, some suggest that it was the American separation of church and state that created the reality that religion has no power, but enormous influence,⁷⁵ and this can also be true for Jewish hospitals.

At the same time, however, steps are often taken in Jewish hospitals to ensure that religion can indeed be fully practiced by those who *choose* to do so. One example of this is the development of “reasonable accommodation” policies to facilitate religious patients’ abilities to receive treatment in accordance with their own values and to provide a practical and compassionate way to resolve conflicts.⁷⁶ Such policies are important ways in which the faith-based practices or beliefs of religious patients can be enabled without being forced on all patients in a given institution. While such accommodations are beneficial to many populations, they may prove to be especially important to the rapidly growing Orthodox Jewish community,⁷⁷ and could revive a very relevant need for Jewish hospitals where

⁷² Ibid., 225. Rabbi Sacks expands elsewhere that “Faith, coerced, is not faith. Worship, forced, is not true worship.” (J. Sacks, *Covenant & Conversation: Exodus* [Maggid Books, 2010], 197). Rabbi Sacks elaborates on this topic elsewhere, citing numerous rabbinic sources, arguing that: 1. Although there is an obligation to reprove wrongdoing, it does not apply when it is certain that reproof will not be heeded; 2. Nowadays rabbinic authorities rule that coercive punishments would be seen as unwarranted and would therefore not improve but worsen the religious environment, and that reduction of the power of coercion prepares the world for the Heavenly Kingdom as society gradually moves towards uncoerced acceptance of Jewish law; 3. Education is Judaism’s classic alternative to coercion, and is the best way to internalize religion (J. Sacks, *One People?* [Littman Library of Jewish Civilization in association with Liverpool University Press, 1993], 218-9).

⁷³ *Shabbos* 88a and *Avodah Zarah* 2b, cited by Sacks, *Not in God’s Name*, 230.

⁷⁴ Schwartz, “The Political Theology of Rabbi Nachum Eliezer Rabinovitch,” 12, 17, 24-5.

⁷⁵ J. Sacks, *Morality* (Basic Books, 2020), 254–55.

⁷⁶ L.S. Johnson, “The case for reasonable accommodation of conscientious objections to declarations of brain death,” *Journal of Bioethical Inquiry* 13(1) (2016), 105–15; E. Gabbay, J.J. Fins, “Go in Peace: Brain Death, Reasonable Accommodation and Jewish Mourning Rituals,” *Journal of Religion and Health* 58 (2019):1672–86.

⁷⁷ <https://forward.com/news/402663/orthodox-will-dominate-american-jewry-in-coming-decades-as-population/>.

they can obtain religiously/culturally congruent care.

The fact that Jewish hospitals accommodate religious needs but don't dictate them can also be helpful when it comes to procedures that other faith-based hospitals prohibit, such as abortions, but which Judaism sometimes allows and in certain situations may even require. Since all legal, standard of practice procedures are permitted at Jewish hospitals, one who wants to fully observe one's religion is able to do so if one chooses to, which is often not the case when one religious tradition dictates the range of permitted medical practices for all of its staff and patients.

3. Values

Examining the history and mission of Jewish hospitals in America also reminds us that there remain certain values that are widely recognized, but always in need of encouragement and deeper focus:⁷⁸

a. *Research and education*: Jewish hospitals' roots in providing institutions where Jewish medical students can train is a reminder of the centrality of education and rigorous research in Judaism.⁷⁹ Early on in their history, American Jewish hospitals developed a reputation for being very innovative, thanks in part to the emphasis on education in the Jewish community.⁸⁰ At a time when many faith-based institutions place limits on the types of research they permit, such as some forms of stem-cell research, Jewish hospitals ensure robust access to potentially lifesaving innovation. Education is a core Jewish value⁸¹ that ensures high-quality medicine, and promotes human dignity and resilience in challenging times. It is thus central to the practice of modern medicine.

b. *Care for body and soul*: American Jewish hospitals have tended to place great importance on certain inconspicuous but meaningful symbols, such as *mezuzot*.⁸² These powerful religious and cultural symbols in places of science and medicine can serve as reminders that a hospital is not just a place where physical ailments are treated, but also a source of holistic care, which goes much deeper. As the traditional Jewish prayer for healing, the "*mi sheberach*," declares, we pray for both "a healing of the soul

⁷⁸ Ibid.; Halperin, "The Rise and Fall of the American Jewish Hospital," 613.

⁷⁹ See discussion in Katz, "Paging Dr. Shylock!" 175.

⁸⁰ Kraut, *Covenant of Care*, 54.

⁸¹ Sacks, *Covenant & Conversation: Exodus*, 79, 138. Rabbi Sacks argues, based on *Bava Basra* 21a, that Jews developed the world's first system of public, universal compulsory education, over two thousand years ago because Judaism regards studying as the highest religious value.

⁸² Halperin, "The Rise and Fall of the American Jewish Hospital," 611.

and a healing of the body.” Traditional symbols and respect for faith can help humanize and give deeper meaning to healthcare.

c. *Responsibility to care for the sick and the poor*: The history of striving not to be a burden, but rather to focus on the duty to care for the sick and poor of one’s community is a reminder that healthcare is about taking on responsibility. Throughout history, Jewish communities have cared for those in need instead of relying on others to do it for them. Jewish hospitals remind us to continue this vital tradition.

Of course, these values sometimes come into conflict with each other and aren’t always simple to apply. A difficult, but very practical example of implementing the history and mission of being a Jewish hospital arose during the Covid 19 pandemic. As vaccination mandates were enacted, the only exemptions allowed were for either medical or religious accommodations. Each institution took a different approach to how strict they would be in allowing religious accommodations. For a Jewish hospital, this presents a significant dilemma because on the one hand, inclusivity and embracing the right of all individuals to freely practice their own religion are core aspects of a Jewish hospital’s identity and mission. On the other hand, care for the vulnerable, sophisticated practice of the art of healing, and engagement in the science of research and advanced medicine are also central tenets. This requires attempting to sensitively balance the desire to respect everyone’s ability to live in accordance with their own sincerely held beliefs with promoting the protection that vaccination offers, as well as the communal responsibility and accountability that vaccination engenders. That said, one side often must be chosen, and I believe that for a Jewish hospital the duty to protect vulnerable patients supersedes the need to accommodate every single sincerely held belief.

Conclusion

Many of the values discussed in this article are not exclusively Jewish, and several of them can be found to some extent at many hospitals today. Many religions and indeed those with no religion strive for many similar ideals and commitments. This history may indeed have implications for other faith-based hospitals and perhaps even the entire healthcare system. My argument is simply that utilizing some teachings of the Jewish tradition and studying its rich recent history can serve as an anchor and inspiration to help clarify many of these values and ensure that they are substantial and firmly rooted. Without this foundation, it would be less certain that these values become embodied with the same sense of urgency and dedication, and transmitted to the next generation. It is therefore essential to remember the past, so that we can build a better world. 