

Faith and Medicine: How Two Pennsylvania Hospitals Navigated Religious Affiliation

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ABSTRACT

Religious institutions and communities had and still have an impact on medical infrastructure in the United States. This paper examines the histories of two Pittsburgh, PA hospitals that were supported by religious communities before being acquired by a non-sectarian organization, the University of Pittsburgh Medical Center. This paper also uncovers the ways in which the sectarian history of each hospital continues to play a role in patient care. I compiled histories of these institutions from merger documentation, newspaper articles, and by speaking to those involved in the mergers. My research suggested that the structures of the religious communities that supported each hospital determined the fates of each institution. It also demonstrates that even historical ties to faith communities can continue to shape patient care and services. This research helps us determine how religion influences healthcare systems and what healthcare systems can learn from their sectarian roots.

Keywords: Faith, medicine, healthcare, sectarian, faith-based hospital, Pittsburgh hospital

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INTRODUCTION

The role that religion should play in healthcare, if any at all, has been controversial in contemporary American life. Some think it is imperative that healthcare decisions be made without religious influences. These folks would argue that, for example, the Catholic teaching against abortion often proves harmful to women's health and the fight for women's rights. Others argue that basic tenets of religion such as charity and respect for human life should be central components of any health care facility. These individuals argue that incorporating these religiously rooted values will elevate the level of care that poor and vulnerable patients receive at health care facilities. These are just two examples of the many conversations surrounding this contentious relationship.

Although there is much debate about the extent to which religion should influence medicine, there exist many examples of the two working together in modern America. Faith-based hospitals, hospitals that have been founded based on religious values, are an example of religion influencing healthcare and will be the focus of this paper. This paper seeks to evaluate how two hospitals in Pittsburgh, Pennsylvania have forged and maintained relationships with specific religious communities and how those relationships, either current or historical, affect patients in these two hospitals.

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Pittsburgh institutions that were founded as independent, faith-based institutions, and are now owned by a secular health system are the focus of this paper. Mercy Hospital, Pittsburgh's first Catholic hospital, and Montefiore Hospital, Pittsburgh's first Jewish hospital, are the subject of my study, as they have both been acquired by the University of Pittsburgh Medical Center Health System within the last thirty years. I will first define "faith-based" and trace the history of each hospital's implementation of its faith-based identity. I will then examine sale/merger documents and newspaper articles as well as speak to individuals associated with the merger to determine why and how the mergers occurred. Finally, I will assess the "faith-based" status of each hospital and discuss how the relationship each hospital had and still has with its respective faith community currently impacts patients' lives and treatment at these hospitals.

THE EMERGENCE OF MERCY AND MONTEFIORE

This section will briefly explain the founding of Mercy and Montefiore Hospitals and their initial status as faith-based institutions. The associated religious communities and each hospital's goals play important roles in the way that Mercy and Montefiore identified as "faith-based" in their early years. Mercy Hospital, Pittsburgh's first permanent hospital, was founded by seven Sisters of Mercy in 1847.² In the mid-1800s, Pittsburgh was growing too rapidly as an industrial city to keep up with the changing environment and health concerns.³ A thick chemical smog hung over Pittsburgh and the water was contaminated with chemical waste.⁴ The city was also continuously afflicted with various disease outbreaks like cholera and scarlet fever, in part, because the sanitation needs of the city were far

² Mary Brignano and C. Max McCullough Jr., *Pillar of Pittsburgh: The History of Mercy Hospital & The City It Serves* (Pittsburgh, PA, Mercy Hospital, 1989), 9.

³ Barbara Burstin, *Steel City Jews: A History of Pittsburgh and its Jewish Community, 1840-1915* (Pittsburgh, PA, 2008), 8.

⁴ Brignano and McCullough, *Pillar of Pittsburgh*, 10.

outpacing the city's ability to improve them.⁵ In 1843, the seven Sisters of Mercy immigrated to Pittsburgh from Ireland at the request of Pittsburgh's newly appointed bishop, Bishop O'Connor, to address these concerns.⁶

Upon their arrival in Pittsburgh, the seven Sisters worked quickly to treat the unmet health needs of the community.⁷ Sisters of Mercy take vows when they are initiated and among those vows is a commitment to serve the poor.⁸ In line with this vow and unlike other area hospitals, the Sisters of Mercy in Pittsburgh accepted every patient, regardless of the patient's financial situation.⁹ From its very beginning, Mercy Hospital struggled financially, and because funding was so scarce, the Sisters were often the last to be cared for, sometimes skipping meals or begging on the street in order to raise money for their patients. As Mercy settled into its role as a health-care provider in downtown Pittsburgh, the community slowly began to support them monetarily, easing a huge burden from the shoulders of the Sisters.¹⁰

In the mid-1850s, Mercy Hospital's identity as a faith-based hospital was due to the Catholic faith of its founders and hospital leaders and a strict adherence to the Sisters of Mercy's oath of service to the poor. In 1854, the bishop transferred ownership of Mercy Hospital to the Sisters of Mercy and the Sisters owned Mercy until its sale to the University of Pittsburgh Medical Center in 2008.¹¹ Prior to Mercy Hospital's merger with UPMC, the Sisters of Mercy controlled a majority of the Board of Trustees and acted as the hospital administration. In this way, they were able to uphold their values and cement the hospital's identity as Catholic.

⁵ Burstin, *Steel City Jews*, 22.

⁶ Brignano and McCullough *Pillar of Pittsburgh*, 9.

⁷ *Ibid.*, 10.

⁸ Sisters of Mercy, "Mission and Values," Sisters of Mercy of the Americas, 2017.

⁹ Brignano and McCullough, *Pillar of Pittsburgh*, 17.

¹⁰ *Ibid.*

¹¹ Brignano and McCullough, *Pillar of Pittsburgh*, 16.

Montefiore Hospital, Pittsburgh's first Jewish hospital, was founded nearly sixty years after Mercy Hospital and for similar reasons.¹² In the early 1900s, a group of Jewish women, who later identified as the Hebrew Ladies' Hospital Aid Society (HLHAS), convened to discuss the healthcare struggles of their community.¹³ These women had been acting as nurses for poor, ill Jewish residents of Pittsburgh and visiting their Jewish neighbors in hospitals to ensure they had kosher food and proper medical care.¹⁴ The women found it increasingly difficult to visit all of their friends and neighbors each day because they were spread out in hospitals all around the city. At their meeting, the women, "recognizing the extreme suffering and distress existing among the unfortunate and destitute sick," decided to found a hospital.¹⁵ This hospital would provide needy Jews in Pittsburgh with "suitable quarters and with medical attention during their illness."¹⁶ The hospital's centralized location would allow the HLHAS to tend more conveniently to all of their hospitalized, Jewish neighbors.

In 1908, Montefiore Hospital was officially opened to the public in Minersville, two miles east of Downtown Pittsburgh.¹⁷ It was important to the HLHAS that the hospital be a facility that allowed patients, particularly Jewish patients, to feel at home while being treated by skilled medical professionals.¹⁸ It was sometimes unsettling for Jewish patients to be surrounded by Christian symbols, like Jesus on the Cross or pictures of Mary, because of the complicated history of Jews and Christians.¹⁹ Poor Jews were also often turned away from area hospitals because they were

¹² "UPMC Montefiore," UPMC, 2018.

¹³ Carol Bleier, Lu Donnelly, and Dr. Samuel P Granowitz, *To Good Health and Life: L'Chaim: A History of Montefiore Hospital of Pittsburgh, Pennsylvania, 1898-1990* (Pittsburgh, PA: S.P. Granowitz, 1997), 1.

¹⁴ *Ibid.*, 5.

¹⁵ *Ibid.*, 1.

¹⁶ Irwin Goldberg, interviewed by Lu Donnelly, 1991. Rauh Jewish Archives, Pittsburgh, PA.

¹⁷ Bleier, Donnelly, and Granowitz, *To Good Health*, 22.

¹⁸ Bleier, Donnelly, and Granowitz, *To Good Health*, 31.

¹⁹ Lois Michaels (former UPMC Presbyterian Board of Trustees Members) in discussion with the author, November 2017.

unable to pay for their medical care, and the HLHAS wanted not only to ensure that all individuals would be able to receive medical care at their facility, but also to help all patients feel comfortable.²⁰ This effort to help Jewish patients feel comfortable within the hospital and to provide adequate healthcare for Jewish patients became a cornerstone of Montefiore's identity as a Jewish hospital.

IMPLEMENTATIONS OF FAITH

“Faith-based” and “sectarian” are not terms that are typically used in every day conversation. They are both terms that refer to the relationship between a religious institution or community and another organization, in this case, a hospital. The way in which each relationship is implemented varies greatly based on the religion or sect, and as such, it is important to understand how Christianity and Judaism function. The structures of each religion played a role in determining why each hospital was founded and in determining what values the hospital held in high esteem.

The Catholic Church has a very structured hierarchy. The Pope, and by extension the Vatican, are considered the most authoritative sources in the Catholic faith, followed by bishops, and then priests. In Judaism, there is no hierarchy or central authority figure. Jewish congregations choose their own rabbis and can dismiss those rabbis at any point in time.²¹ Catholic congregations are assigned priests by the Bishop of their area and have no input in the Bishop's choice.²² The presence of a permanent priest in a Catholic parish is essential to the Catholic liturgy and sacraments, while rabbis are not essential for the functioning of Jewish congregations. In fact, a group of ten men who own Torah scrolls have the authority to create

²⁰ Bleier, Donnelly, and Granowitz, *To Good Health and Life*, 17.

²¹ Gerald H. Gamm, *Urban Exodus: Why the Jews Left Boston and the Catholics Stayed* (Cambridge, Mass: Harvard University Press, 1999), 142.

²² Gamm, *Urban Exodus*, 141.

their own congregation and hold services anywhere.²³ Catholic parishes can only be created by a bishop and official services can only be held in a Catholic church.

This difference in structure plays out in the way that Montefiore and Mercy were founded. The seven founders of Mercy Hospital were not even living in the United States when they were called to start Mercy Hospital. When they arrived, they did not have much choice in deciding whether or not they wanted to start a hospital. This speaks to the structured nature of Catholicism and the rigid hierarchy that governs the Church. The HLHAS, on the other hand, founded Montefiore because they recognized their own community's struggles and sought to remedy those issues. Community interest is central to Judaism, and it makes sense that Montefiore Hospital was established in a direct response to the community's needs.

The ways in which Jews and Catholics identify themselves is another feature of each religion that plays a role in the way each hospital was run. Catholic identity is more strictly rooted in religious practices and adherence to rules, while being Jewish can refer to both a religious identity and a cultural identity.²⁴ The aspects of Montefiore's identity during its early years focused on maintaining strong relationships with the Jewish community and on providing patients with kosher food in addition to the typical duties of caring for sick patients. Mercy's identity as a Catholic hospital was rooted in the call of the Catholic Church to provide care to the poor and vulnerable. As we will see later in the paper, Mercy's identity will come to be defined in part by its adherence to Catholic doctrine concerning healthcare.

²³ Gamm, *Urban Exodus*, 18.

²⁴ Gamm, *Urban Exodus*, 141.

EVOLVING IMPLEMENTATIONS OF SECTARIAN IDENTITY

Identity is a fluid, ever-evolving concept, and the identities of Montefiore and Mercy are no different. Mercy Hospital and Montefiore Hospital were initially identified as sectarian, based on the religion of their founders and on the religious values incorporated into their mission statements. The expression of each hospital's affiliation with their respective religious institution and community changed to accommodate the shifting needs of each community while continuing to acknowledge their history and the original purposes of each founding group.

Montefiore Hospital's first major change in what it meant to be a Jewish hospital came very shortly after its opening. By 1922, Jewish physicians were facing "a climate of pervasive anti-Jewish feeling" as universities were enforcing quotas on the number of Jewish students admitted.²⁵ Dr. Sam Granowitz noted in an interview with Lowell Lubic in 1991 that the Jewish students who were able to gain admittance to college and graduate schools had difficulty finding work. He also said it was especially difficult for Jewish medical school graduates, particularly aspiring surgeons, to find hospitals willing to hire them. Montefiore Hospital, taking notice of this national trend, officially stated that Montefiore would be a space for Jewish students to train and Jewish physicians to practice, in addition to being a welcoming environment for Jewish patients and those in need.²⁶ With this statement, Montefiore changed what it meant to be a Jewish hospital. This commitment to Jewish education and employment became a pillar and later a point of contention in Montefiore's history. In the mid-1930s, Montefiore's Jewish identity was tested by a physician employed at Montefiore Hospital. Dr. Max H. Weinberg published an anonymous piece in 1934, detailing the great failures he perceived in

²⁵ Bleier, Donnelly and Granowitz, *To Good Health and Life: L'Chaim*, 51.

²⁶ *Ibid.*

Montefiore's inability to uphold its original mission and Jewish identity.²⁷ Dr. Weinberg accused Montefiore Hospital of neglecting the education of Jewish physicians and nurses, overcharging patients, and failing to maintain a kosher kitchen. Two months later, the Board of Trustees of Montefiore Hospital held a meeting with the community to address the issue of its kosher kitchen as well as Dr. Weinberg's other allegations.²⁸ Three rabbis present at the meeting, speaking on behalf of the Jewish community, decided that properly maintaining a kosher kitchen was essential for Montefiore's more traditional patients.²⁹ Montefiore's kosher kitchen and access to kosher food became important aspects of Montefiore's Jewish identity.

Another aspect of Montefiore's identity that evolved over the course of many years was its desire to be a world-class research institution. In Montefiore's early years, it was seen primarily as a community hospital, but there also existed a desire to pursue cutting edge research and technologies.³⁰ As early as 1923, talks of affiliation with the University of Pittsburgh occurred.³¹ Then-president of the Montefiore Board of Trustees, A.J. Sunstein, proposed the idea of relocating the hospital to Oakland and partnering with the University of Pittsburgh in hopes of increasing funding and opportunities for the hospital.³² While there is no record of the conversation surrounding this proposal, the hospital was relocated to Oakland, but for the most part, Montefiore, like Mercy, brought in new technology with relatively little help from the University. The conversation of affiliation reemerged in the 1950s when Sidney

²⁷ "Report of Committee Investigating Charges Against Montefiore Hospital," *The Jewish Criterion* (Pittsburgh, PA), December 28, 1934.

²⁸ "Critics Have Opportunity to Voice Grievances at Montefiore Annual Meeting," *The Jewish Criterion* (Pittsburgh, PA), January 25, 1935.

²⁹ Bleier, Donnelly and Granowitz, *To Good Health*, 38.

³⁰ Bleier, Donnelly and Granowitz, *To Good Health*, 155.

³¹ Bleier, Donnelly and Granowitz, *To Good Health*, 57.

³² Montefiore Hospital Association, "Minutes of the Fifteenth Annual Meeting of the Montefiore Hospital Association." (Pittsburgh, PA, Rauh Jewish Archives: Box 1, Folder 4, 1923).

Bergman was President of the Board.³³ Bergman felt that the only way that the hospital could continue to grow and build upon its current success was to officially affiliate with the University of Pittsburgh Medical School. In order to achieve the hospital's research goals, the Montefiore Hospital Board of Trustees and hospital staff would need to give up some control over the hospital, which was a very controversial topic. The desire to simultaneously maintain a strong Jewish identity and pursue cutting edge medical research was what identified Montefiore as Pittsburgh's Jewish hospital³⁴. This desire was also one of the main factors that led to Montefiore merging with UPMC.

Mercy Hospital's identity as a Catholic hospital also developed and changed over time, but Mercy's identity is much more rooted in religious doctrine than Montefiore's identity. Pope Paul VI gave his *Humanae Vitae* address in 1968, an address that cemented the Catholic Church's strict anti-abortion stance.³⁵ When abortion was legalized in 1973, Mercy did not add abortion to its list of patient services because it was important to Mercy that the services it offered were always in line with the Catholic Church's teachings.³⁶ Extensive policy was put in place at Mercy to uphold the Church's teachings as well as accepted ethical standards in medicine.³⁷ The amount of work put into this policy to ensure that Mercy maintains its identity as both a Catholic institution and a respected hospital demonstrates how important each aspect was to Mercy's identity. Mercy Hospital's identity as a Catholic institution was molded most influentially by Sister M. Ferdinand Clark. Sister Ferdinand was appointed hospital administrator in 1953 and continued to serve in that position until

³³ Montefiore Hospital Association, "Board of Trustees of Montefiore Hospital Association" (Pittsburgh, PA, Rauh Jewish Archives: Box 2, Folder 3, 1952).

³⁴ *Ibid.*

³⁵ Pope Paul VI, *Humanae Vitae (Of Human Life)*, encyclical letter, Vatican website, St. Peter's Cathedral, Rome, 1968.

³⁶ Phyllis Grasser in an interview with the author, UPMC Mercy Hospital, 2017.

³⁷ *Ibid.*

1978.³⁸ Sister Ferdinand is fondly remembered as one of the key forces that helped Mercy Hospital to grow into a “health center for the community” and a “center of education for health service personnel,” instead of the hospital acting simply as a “shelter for the sick.”³⁹

Sister Ferdinand, like the leadership at Montefiore, realized that in order for Mercy to continue to provide excellent care to all populations as an independent institution, it had to become a medical powerhouse in Pittsburgh and attract talented students and physicians.⁴⁰ Sister Ferdinand’s vision for the hospital was grand but also realistic. She brought in a physician to coordinate a clinical medicine teaching program and pushed the Advisory Board to fund new life specialty programs at Mercy Hospital.⁴¹ These were the first steps in Sister Ferdinand’s larger plan to renovate, modernize, expand and strengthen Mercy Hospital.⁴²

Sister Ferdinand was also keenly aware of the state of the United States in the 1960s, a time characterized by anger and aggression associated with racism and discrimination.⁴³ Under the direction of Sister Ferdinand, Mercy Hospital applied for a government grant with the intent to improve healthcare in the Hill District, a primarily Black community near Downtown Pittsburgh.⁴⁴ While residents of the Hill District were in need of healthcare services, the grant was denied because “the black community (of the Hill District) had a poor image of Mercy Hospital.”⁴⁵ The Sisters quickly realized their error, and Sister Ferdinand and Sister Elizabeth began to immerse themselves in the community by attending local meetings. Although they were often verbally accosted, they continued to

³⁸ Brignano and McCullough, *Pillar of Pittsburgh*, 132.

³⁹ Brignano and McCullough, *Pillar of Pittsburgh*, 133.

⁴⁰ Brignano and McCullough, *Pillar of Pittsburgh*, 132.

⁴¹ Brignano and McCullough, *Pillar of Pittsburgh*, 141.

⁴² *Ibid.*

⁴³ Brignano and McCullough, *Pillar of Pittsburgh*, 156.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

try to repair Mercy's frayed relationship with the community.⁴⁶ The culmination of Mercy Hospital's re-dedication to serving the poor and vulnerable came in 1968, when Sister Ferdinand publically stated that it was Mercy Hospital's duty to fully commit to serving the Hill District population outside of the walls of the hospital and to include the residents in Mercy's quest for sensitive and compassionate care.⁴⁷ A human relations committee was formed to tackle the biases of Mercy employees, and Hill District residents were hired as health care expeditors, people who helped spread information, followed up with various patients, and acted as representatives for Mercy Hospital within the community.⁴⁸ In 1970, Mercy Hospital opened the Mercy Health Center, "a clinic where the dignity of the patient would be paramount." This clinic operated like a private physician's office and offered a wide range of services to those in the area who were unable to afford care. The Health Center was seen as a "reaffirmation of the first Sisters of Mercy" and of the commitment to sensitive and compassionate healthcare for all.⁴⁹

Mercy Hospital's last major change in its Catholic healthcare model before the UPMC merger came in 1974. Sister Ferdinand believed that the purpose of a modern hospital is to treat the whole patient, to care for the physical, psychological, and spiritual parts of each person.⁵⁰ In 1974, Mercy Hospital opened its Department of Pastoral Care, which employed a diverse group of chaplains.⁵¹ The importance of the department can be seen in the way in which it was run. Not only was the Department larger than any other area hospital, but chaplains were also assigned to units of the hospital, just like nurses and physicians.⁵² This elevated the

⁴⁶ Ibid.

⁴⁷ Brignano and McCullough, *Pillar of Pittsburgh*, 157.

⁴⁸ Brignano and McCullough, *Pillar of Pittsburgh*, 156.

⁴⁹ Brignano and McCullough, *Pillar of Pittsburgh*, 161.

⁵⁰ Brignano and McCullough, *Pillar of Pittsburgh*, 133.

⁵¹ Brignano and McCullough, *Pillar of Pittsburgh*, 174.

⁵² Ibid.

importance of spiritual health within the hospital, an idea that continued beyond Mercy's history as an independent hospital.

It was important for both Mercy and Montefiore that they pay homage to their founders as well as ensure that the future of each hospital be rooted in faith. The identities of Mercy and Montefiore as sectarian hospitals were challenged when each hospital, for different reasons, was sold to UPMC.

MERGERS

The mergers of each hospital were perhaps the most important part of each hospital's history because they directly challenged each hospital's faith-based identity. This section will explore the reasons behind each merger, the ways in which each merger was carried out, and the policy put in place to maintain each hospital's affiliation with its respective religious community.

Montefiore had been loosely affiliated with the University since the 1930s and on December 11, 1969, Montefiore Hospital officially joined the University of Pittsburgh Health Center.⁵³ The University of Pittsburgh Health Center was comprised of five hospitals in the Oakland, PA area and was formed under the premise that each member hospital could maintain its own authority and would work together to provide "efficient, well-rounded, and effective community health resources."⁵⁴ The terms of the Montefiore's agreement with the University stated that Montefiore would retain its current leadership and medical staff members in full, with the caveat that any newly hired physicians must first hold an academic

⁵³ Montefiore Hospital Association and University of Pittsburgh, "Agreement of Affiliation" (Pittsburgh, PA, Rauh Jewish Archives: Box 3 Folder 3, 1969).

⁵⁴ University of Pittsburgh Health Center, "By-Laws of the University of Pittsburgh Health Center" (Pittsburgh, PA, Rauh Jewish Archives: Box 3, Folder 3, 1969), 1.

appointment in one of the University of Pittsburgh's graduate health schools.⁵⁵

Neither the terms of the affiliation agreement nor the University Health Center by-laws explicitly addressed the distribution of funding for research and teaching purposes, one of Montefiore's key reasons for affiliating with the hospital. In 1971, it is first noted that Montefiore did not feel they were receiving adequate funding and the University was unwilling to allocate more funding.⁵⁶ In 1972, The Board of Trustees drafted a memorandum detailing the University's failures in their partnership and reaffirming Montefiore's commitment to its Jewish identity and maintaining the community's support.⁵⁷ The staff and trustees were particularly disappointed in the lack of funding to start new medical programs, like specialty cardiac or cancer programs.⁵⁸ They also noted that there was intense pressure on Montefiore to enter into a corporate merger with The University, because the University wished to combine Presbyterian Hospital and Montefiore Hospital, located within a block of each other.⁵⁹ A document written by Montefiore's Board alleges that the members of the Board had been told that until they agreed to a corporate merger, Montefiore would not receive financial or professional support from the University.⁶⁰

Montefiore's Board of Trustees frequently weighed their options in trying to find solutions to their problems and decided the best course of action

⁵⁵ University of Pittsburgh Health Center, "By-Laws of the University of Pittsburgh Health Center," 2.

⁵⁶ Montefiore Hospital Association, "Minutes of the Executive Management Committee," (Pittsburgh, PA, Rauh Jewish Archives: Box 4, Folder 4, June 2, 1971), 1.

⁵⁷ Montefiore Hospital Association, "Informal Meeting of the Executive Management Committee," (Pittsburgh, PA, Rauh Jewish Archives: Box 4, Folder 4, December 16, 1972), 3.

⁵⁸ Montefiore Hospital Association, "Unfulfilled Promises," (Pittsburgh, PA, Rauh Jewish Archives: Box 4, Folder 4, December 16, 1972), 1.

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

would be to remain loosely affiliated with the University.⁶¹ Neither a full merger with the University nor the severance of all ties with the University to operate independently was acceptable for maintenance of both Montefiore's Jewish identity and its teaching hospital status.⁶² The perceived inequality within the University Health Center, particularly between Montefiore Hospital and Presbyterian Hospital only seemed to widen. There were multiple allegations that the University prohibited Montefiore from seeking out new opportunities and growing their departments. For example, the University is said to have blocked a grant that Montefiore was preparing to grow its Renal Department, because the University wanted that grant to go to Presbyterian Hospital, although its Renal Department was much less robust than Montefiore's.⁶³

The sale of Montefiore to the University of Pittsburgh came about in 1990 as the culmination of nearly two decades of frustrations, unfulfilled promises and dire financial circumstances.⁶⁴ It was decided that in order to help Montefiore retain its Jewish identity in a time of rapid change, a foundation would be created with the money generated from the sale. In line with the principle of *cy-près*,⁶⁵ Karen Feinstein, Senior Vice President of United Way at the time, was offered the position of President of the new foundation. Dr. Feinstein recalls being handed a two-page mission statement and a paper stating that the foundation's endowment was \$75 million.⁶⁶ Dr. Feinstein, the President and CEO of this foundation, the Jewish Healthcare Foundation, recounted that she "wasn't allowed to use

⁶¹ "Informal Meeting of the Executive Management Committee," 1.

⁶² *Ibid.*

⁶³ Montefiore Hospital Association, "Specific Examples of Problems," (Pittsburgh, PA, Rauh Jewish Archives: Box 4, Folder 4, December 16, 1972), 5.

⁶⁴ "UPMC Montefiore," University of Pittsburgh Medical Center, 2017.

⁶⁵ The principle of *cy-près* or *cy-près* doctrine states that if the original purpose of a charitable trust becomes illegal, impossible, or impracticable to carry out, then rather than the trust being dissolved, the court and the trustees find a way to apply the trust to a new cause that is very close to the old cause so that the same general effect can be produced as intended.

⁶⁶ Karen Feinstein, founder and CEO of Pittsburgh's Jewish Healthcare Foundation, in an interview with the author, 2017.

the word ‘sale’” for years after the sale was completed, because there was so much tension within the Jewish community. Dr. Feinstein stated that most of the Pittsburgh Jewish community was upset or at least saddened by the sale, because the hospital had come to represent Jewish excellence in the field of healthcare in Pittsburgh. Some were simply saddened to see their hospital sold to a corporation like UPMC, while others felt that a Jewish hospital was still absolutely essential to their community and this sale was a betrayal of the Jewish community’s needs.⁶⁷

Mercy Hospital, on the other hand, was able to maintain a steady income without affiliating with the University for many years. Characterized as “fierce competitors,” Mercy and the University did not have any interaction, aside from their loose medical student teaching agreement, until 2007.⁶⁸ In 2007, the Sisters of Mercy, recognizing that their hospital could no longer independently survive, reached out to the University of Pittsburgh Health Center and initiated merger talks.⁶⁹ Prior to the merger talks, Mercy Hospital had been attempting to merge with another declining, sectarian hospital, St. Francis, in an attempt to save both hospitals.⁷⁰ During this discussion, St. Francis went bankrupt and the University bought the building, completely renovated it, and reopened it as the Children’s Hospital of Pittsburgh.⁷¹ ⁷² The Sisters of Mercy did not want to risk the same fate for their flagship Catholic hospital.

In 2007, Mercy Hospital’s debt was growing, but the Sisters of Mercy were in a stable enough place that they could negotiate with UPMC and push strongly for the maintenance of their Catholic identity in a potential

⁶⁷ Ibid.

⁶⁸ Phyllis Grasser, the Vice President for Mission Effectiveness and Spiritual Care at UPMC Mercy, in an interview with the author, 2017.

⁶⁹ Mercy Hospital, “Key Messages” (presentation created for transition meeting, UPMC Mercy Hospital Archives, Pittsburgh, PA, 2002.)

⁷⁰ Georgine Scarpino, *The Rise and Fall of Faith Based Hospitals: The Allegheny County Story* (Bloomington, IN, Authorhouse, 2013), 63.

⁷¹ Scarpino, *The Rise and Fall*, 69.

⁷² Interview with Phyllis Grasser.

merger.⁷³ In order to be considered Catholic, a hospital must be sponsored by the Catholic Church.⁷⁴ Previously, the hospital had been sponsored by the Sisters of Mercy, but the Sisters were declining in age and number and felt that they would not be able to properly sponsor Mercy Hospital if it was no longer under their explicit leadership.⁷⁵ Fortunately, the Diocese of Pittsburgh, spearheaded by Bishop Zubik, agreed to be Mercy's sponsor in the event that they were able to convince UPMC's President, Jeff Romoff, to allow the hospital to remain Catholic.⁷⁶ Ms. Phyllis Grasser, the Vice President for Mission Effectiveness and Spiritual Care, stated that it was "during the eleventh hour that Mercy was able to retain its Catholic identity." Up until the official deadline for the end of merger talks, Jeff Romoff had been strongly opposed to keeping Mercy Catholic for reasons he did not disclose to the public. As part of the merger agreement, extensive documentation was drawn up by Mercy Hospital and approved by Romoff that stated exactly how Mercy would remain Catholic within the University Health System. Ms. Grasser stated that Romoff was fully behind Mercy in this endeavor and continues to be very supportive of its Catholic mission.⁷⁷

SECTARIAN IDENTITIES TODAY

Montefiore Hospital has been integrated into the UPMC hospital system for over 25 years, while Mercy Hospital joined the hospital system only 14 years ago. Both hospitals have been able to maintain some of their historical ties with Jewish and Catholic communities in Pittsburgh. This section of the paper will explore the extent to which the hospitals mergers have changed the ways in which the hospitals interact with the Jewish and

⁷³ *Ibid.*

⁷⁴ Catholic Health Association of the United States, "Sponsorship Overview."

⁷⁵ Interview with Phyllis Grasser.

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

Catholic communities as well as the ways in which UPMC Mercy and UPMC Montefiore provide care to their patients.

While UPMC Mercy has certainly changed since it was brought into the UPMC system, the hospital seems to have been able to maintain and even strengthen its Catholic identity. Ms. Grasser, having been employed by Mercy Hospital well before the merger, noted in an interview that “the hospital might even be more Catholic than it was before the merger.” UPMC Mercy’s commitment to serving the poor and vulnerable, a commitment Ms. Grasser emphasized as primary to Mercy Hospital in its infancy, remains and continues to strengthen. Ms. Grasser stated that at UPMC Mercy, caring for the poor and uninsured goes beyond providing basic care. UPMC Mercy treats each individual, especially those of vulnerable populations, with the utmost respect and dignity and prioritizes their needs over the health needs of patients who are able to pay for their care.⁷⁸ The merger documentation states that UPMC Mercy is obligated to provide “health services to the poor, underinsured and uninsured in such amounts as are not less than those historically provided by the hospital.”⁷⁹ This initiative ensures that the commitment to intentional, dignified care that was started by Sister Ferdinand, with the creation of the Mercy Health Center, continues to permeate UPMC Mercy.

Another important aspect of UPMC Mercy’s Catholic identity is Catholic sponsorship and leadership. As part of the negotiations, the Diocese of Pittsburgh is responsible for appointing a portion of the Board of Directors, including the Vice President for Mission Effectiveness and Spiritual Care, the person responsible for ensuring that the hospital adheres to the guidelines set forth by the United States Conference of Catholic bishops. While the Board of Directors is no longer exclusively or

⁷⁸ Ann Rogers, “UPMC Mercy revisits tenets of its identity” *Pittsburgh Post Gazette*, (Pittsburgh, PA) January 23, 2012.

⁷⁹ UPMC Mercy, “Administrative Policies and Procedures” (Pittsburgh, PA, UPMC Mercy Hospital Archives, 2015).

even a majority Catholic, the Diocese appointed individuals have real decision-making power. This power ensures that the services and procedures available to patients at UPMC Mercy strictly adhere to the Catholic understanding of ethical healthcare.

Another condition for the Diocese's sponsorship of UPMC Mercy was that the hospital fully comply with the Ethical and Religious Directives for Catholic Healthcare (ERDs). The ERDs are a set of rules compiled by the United States Conference of Catholic Bishops that ensure the ethical standards in each Catholic healthcare facility are in line with the Church's teachings about human dignity and morality.⁸⁰ Some of the directives for Catholic hospitals include hospitals advocating for marginalized populations, providing free healthcare to the community, and maintaining a pastoral care service.⁸¹ These directives directly affect the manner in which patients are treated at UPMC Mercy and patient services, like 24/7 access to a chaplain that are offered to patients. The ERDs also state that Catholic hospitals are not able to prescribe birth control or perform abortion, sterilization or fertilization procedures.⁸² These pro-life measures directly affect the way in which patients are cared for at UPMC Mercy. The hospital staff is not permitted to perform the procedure within the wall of UPMC Mercy and will assist the patient in transferring to another facility to have the abortion, if needed or necessary.

As per the ERDs, each Catholic hospital must have an ethical consultation service available to advise medical professionals and patients on how to best navigate morally ambiguous situations.⁸³ UPMC Mercy's ethic committee is headed by Ms. Grasser and was formed in the merger. Policies and procedures have been put in place for how medical staff can

⁸⁰ Catholic Church, *Ethical and Religious Directives for Catholic Health Care Services* (Washington, DC, United States Conference of Catholic Bishops, 2001), ERD 1.

⁸¹ Catholic Church, *Ethical and Religious Directives*, ERDs 10 and 15.

⁸² Catholic Church, *Ethical and Religious Directives*, ERD 26.

⁸³ Catholic Church, *Ethical and Religious Directives*, ERD 22.

respond to various situations involving life, death and suffering. It is advised and sometimes required in many of the more complex scenarios that the medical team contact UPMC Mercy's ethics committee for an ethics consultation. During this consultation the committee assesses the situation, speaks with the patient, the patient's medical care team, and the patient's family if they are available. Ms. Grasser emphasized that "Mercy is really no different than any other hospital. We always want what is best for the patients that we care for, and we do truly care for our patients."

The Spiritual Care Department at UPMC Mercy has grown since its inception in 1974. Mercy currently employs five Catholic priests, a Franciscan friar, and a Sister of Mercy as paid, full-time employees of Mercy Hospital.⁸⁴ Ms. Grasser thinks that UPMC Mercy's spiritual care department is one of the most robust in the UPMC system, as many spiritual care departments are run by volunteers and only one or two ordained individuals are paid staff members. According to Ms. Grasser, spiritual care providers are assigned to floors of the hospital. The Department is very intentional with its strong presence and plays an active role in the care of the whole person, another example of the way that Mercy's Catholic model of care affects patient care at UPMC Mercy.

UPMC Montefiore, in comparison to UPMC Mercy, has not formally retained its sectarian identity although some ties to the Jewish community still remain. Transfer documents agreed upon by Montefiore Hospital and UPMC stated that UPMC would commit to supporting programs benefitting the Jewish community that Montefiore had previously supported.⁸⁵ Montefiore Hospital Board of Trustees President, Farrell Rubenstein, also stated that efforts would be made to keep Montefiore

⁸⁴ Catholic Church, *Ethical and Religious Directives*, ERD 22.

⁸⁵ Scarpino, *The Rise and Fall*, 105.

Jewish.⁸⁶ The Ladies Hospital Aid Society, formerly the Hebrew Ladies Hospital Aid Society, expressed interest in remaining involved in the newly renamed UPMC Montefiore, and in 1991, took up the fundraising effort to begin a Jewish chaplaincy program.⁸⁷ This program was the first to employ a Jewish chaplain in Pittsburgh, noted Rabbi Larry Heimer. Rabbi Heimer is a chaplain at UPMC Montefiore and UPMC Presbyterian, and ministers to the spiritual needs of Jewish and non-Jewish patients.⁸⁸ He stated that there is still an emphasis on Jewish holidays and Jewish culture at UPMC Montefiore, more so than other area hospitals. He also stated that the Ladies Hospital Aid Society only funded the Jewish chaplaincy program for its first year, and since 1992, he has been employed by UPMC. Rabbi Heimer noted that the Ladies Hospital Aid Society has been very involved in UPMC Montefiore and UPMC Presbyterian throughout the years and continues to provide chaplains with funding for various special projects. Shortly following the merger and throughout the 1990's, the LHAS ran various fundraising campaigns in order to continue to support the Jewish chaplaincy program, provide Passover Seder for UPMC Montefiore patients, and purchase prayer books, candles, and other items for patients who wish to celebrate Jewish holidays.⁸⁹ Presently, UPMC Montefiore, as well as the other UPMC hospitals in Oakland, have contracts with a kosher kitchen in Squirrel Hill to provide kosher food for anyone who requests it.⁹⁰ This demonstrates that although Montefiore's ties with the Jewish community have weakened, they still affect the services that are offered to patients at Montefiore. The importance of kosher food has not been lost at Montefiore even though Montefiore is no longer sectarian.

⁸⁶ Roteman, Joel, "Montefiore to Continue its 'Jewish' Spirit," *Jewish Chronicle* (Pittsburgh, PA), June 7, 1990.

⁸⁷ "LHAS Kick-off for Chaplaincy," *The Jewish Chronicle of Pittsburgh*, September 13, 1990.

⁸⁸ Interview with Rabbi Larry Heimer by the author, December 2017.

⁸⁹ "A Jewish Tradition of Service," *Jewish Chronicle* (Pittsburgh, PA), June 9, 1994.

⁹⁰ Interview with Rabbi Heimer.

While Montefiore's historical relationship with the Jewish community still does affect patient care at Montefiore and now also at Presbyterian, much of Montefiore's identity as a Jewish hospital has been lost. One of the main reasons for this loss comes from a lack of monetary support from the Jewish Healthcare Foundation. The Foundation did not support Montefiore's efforts to remain Jewish as the LHAS had. Instead, they granted money to the United Jewish Federation as well as various programs designed to care for the health needs of women, immigrants and mentally ill individuals.⁹¹ Dr. Feinstein envisioned the Foundation as an active, engaged participant in the conversation of community health.⁹² Rather than simply support UPMC Montefiore, Dr. Feinstein wanted to focus on directly addressing "a select core of health problems" facing the community with "ambitious, far-reaching, and long-term" grants to effect real change in community health and healthcare systems in Pittsburgh.⁹³ While this is certainly a noble and impactful goal, the lack of support expected from the Jewish Healthcare Foundation may have played a role in Montefiore's inability to maintain its strong Jewish identity.

Montefiore's lack of independence is another reason that it struggled to maintain its strong Jewish identity. UPMC Montefiore and UPMC Presbyterian were initially separate hospitals, and although they are still two separate buildings with two distinct names, they function as one hospital. The real merging began in 1992 when the Emergency Department in UPMC Montefiore closed and all Montefiore ED staff moved to Presbyterian's Emergency Department.⁹⁴ Other services and wings of the hospitals closed to allow UPMC to funnel all of its resources into one hospital, rather than split the funding for a service between Montefiore and Presbyterian. UPMC Montefiore did not have much say in

⁹¹ "\$1.1 million in Healthcare Grants," *The Jewish Chronicle of Pittsburgh*, April 9, 1992.

⁹² *Ibid.*

⁹³ *Ibid.*

⁹⁴ "Montefiore, Presby Emergency to Merge," *Jewish Chronicle of Pittsburgh*, March 1, 1992.

which of their floors were closed and which remained open, a frustration that had haunted Montefiore since its earlier affiliation with the University. The Board of Directors that governed UPMC Montefiore also governed UPMC Presbyterian in the years following the merger, but now UPMC Montefiore, along with UPMC Presbyterian and other UPMC hospitals in Oakland are governed by a joint Board of Directors. UPMC Montefiore and UPMC Presbyterian share a hospital staff and are physically connected with a skywalk.

A final important reason that Montefiore was unable to maintain its Jewish identity was that there seemed to no longer be a need for an independent, Jewish hospital in Pittsburgh, at least from the perspective of most Montefiore physicians. The discrimination that plagued Jewish students and physicians through the 1970s no longer existed.⁹⁵ While this injustice was fresh in the minds of many, Jewish physicians were generally welcomed into most medical schools, medical training programs and hospitals in Pittsburgh in the 1990s. Also, only about 17% of patients at Montefiore in the year before its merger were Jewish.⁹⁶ As Anti-Semitism in the United States calmed down, Jewish patients felt more comfortable being treated in other hospitals. The two main groups of Jews, Jewish physicians and Jewish patients, that the hospital was initially created for no longer suffered the same issues in the 1990's as they did in the early to mid-1900's. As a result, the urgent need for a Jewish hospital in Pittsburgh no longer existed.

CONCLUSIONS

The interaction between faith and medicine, in Pittsburgh, has existed for many years, and its history has been complicated. The founding of Mercy and Montefiore as independent, faith-based hospitals set up the

⁹⁵ Lowell Lubic, interview conducted by Lu Donnelly and Samuel Granowitz, 1991.

⁹⁶ *Ibid.*

relationship between each hospital and their respective religious community, and those relationships evolved over time. Mercy Hospital expanded upon its initial goal of caring for the poor by creating a spiritual care department, pledging large amounts of free care to the community, and building the Mercy Health Center. Montefiore Hospital also built on its initial aim of providing a welcoming environment for Jewish patients by hiring a vast majority of Pittsburgh's Jewish healthcare providers, maintaining a kosher kitchen, and pursuing lofty research goals that advanced the hospital and the Jewish community. The mergers of Montefiore and Mercy were challenging for the hospitals because they threatened the faith-based nature of Montefiore and Mercy in a way that the hospitals had never before experienced. UPMC Montefiore's Jewish identity is not as obvious as UPMC Mercy's Catholic identity, but nonetheless, the historical ties that bound each hospital to their respective religious communities continue to play a role in patient care and services today.

The structured hierarchy of Catholicism and the requirement that the Catholic Church sponsor Catholic hospitals were two of the main reasons that UPMC Mercy was able to maintain its official sectarian identity. The Diocese's ability to nominate the VP for Mission Effectiveness and Spiritual Care as well as other Board of Directors allowed the hospital to retain its Catholic nature with little to no effort on the part of UPMC. Montefiore was not mandated to affiliate with a Jewish organization, and as a result, the Jewish Healthcare Foundation, the foundation that was supposed to help Montefiore retain its Jewish identity, did not provide funding or support for the hospital's efforts to remain Jewish. Although the Ladies Hospital Aid Society continues to support some of Montefiore Hospital's Jewish initiatives, there is no structure in place to ensure that the hospital remained Jewish.

Each hospital's mission and purpose also played a role in determining how hospitals would be able to maintain their identities. UPMC Mercy was founded to provide care for Pittsburgh residents, and the Sisters of Mercy decided that mode would be Catholic. Montefiore on the other hand was founded to alleviate specific needs in the Jewish community, namely caring for poor Jewish patients who were unable to pay for hospitalization and providing Jewish students and physicians with a place to learn and work. Both hospitals provide care for a large number of people and are integral to the communities that they serve, but the Jewish community no longer needs a Jewish hospital in the same sense that they did in the early 1900s. Jewish patients are welcomed into all Pittsburgh hospitals now and Jewish physicians are no longer facing workplace discrimination. Organizations like the Jewish Healthcare Foundation feel that their resources can be put to better use serving vulnerable populations in Pittsburgh rather than allocating money to Montefiore, a hospital now supported by UPMC's resources.

In addition to these factors, Montefiore's proximity to UPMC's flagship hospital, UPMC Presbyterian, made it all but impossible for Montefiore to maintain any semblance of independence. UPMC Montefiore and UPMC Mercy are physically connected and share a staff. UPMC Montefiore is no longer governed by its own Board of Directors, while UPMC Mercy has a separate Board of Directors. UPMC Mercy's Board reserves a limited number of positions for Diocese of Pittsburgh representatives, while there is only one woman on UPMC's Oakland Board of Directors who has clear ties to the Pittsburgh Jewish community.

Regardless of Montefiore and Mercy's sectarian status, each hospital is still affected by their historical identities as faith-based hospitals. Montefiore has developed a connection with a kosher kitchen in Pittsburgh to provide Jewish patients with kosher meals and has maintained its connection with the LHAS. The spiritual care department at Montefiore and Presbyterian

also employs a rabbi. While Montefiore is no longer officially faith-based, it still provides services to the Jewish community. UPMC Mercy has maintained and strengthened nearly every aspect of its Catholic identity. Mercy's commitment to serving poor and vulnerable populations is still one of its core values. The spiritual care department at Mercy hospital is one of the most robust in the area and provides unique services not only for patients but also for staff in the form of in-service trainings. In accordance with the Catholic standards for healthcare, Mercy does not perform abortions, fertilizations, or sterilizations, a decision that directly impacts patient care.

This research is relevant to today's society because religious institutions are big players in healthcare. Organizations like Catholic Social Services and the Jewish Healthcare Foundation are contributors to healthcare in Pittsburgh. Very practically, it is useful for people seeking services from these organizations to understand what types of services will be offered, particularly services like abortion or birth control. It is also important because faith-based hospitals offer several models for healthcare that are different from the traditional model. Much can be learned about the way patients are cared for at both UPMC Montefiore and UPMC Mercy. Mercy's model of caring for the whole person with dignity, and Montefiore's mindfulness of its patient population improve patient care in including other very relevant aspects of life beyond physical health.

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