A Settlement House and a Hospital: Jewish Organization for Immigrant Healthcare in Pittsburgh, 1910-1924

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Montefiore Hospital, organized by the Hebrew Ladies Hospital Aid Society, opened its doors in 1908 to “the sick poor of every creed, color and nationality.” Pittsburgh’s Jewish community played an important role in establishing social organizations that aimed to provide healthcare opportunities for immigrants who were excluded from hospitals for financial reasons or because they were discriminated against. This paper analyzes how the members of Pittsburgh’s Jewish community organized both the Irene Kaufmann Settlement and Montefiore Hospital to expand the opportunities for healthcare access for Pittsburgh immigrants. These organizations represented physical manifestations of the Jewish Maternalist and Social Welfare efforts promoted by national organizations such as the National Council of Jewish Women. They not only implemented programs for direct healthcare access, such as the Irene Kaufmann Settlement’s better baby clinics or free dispensary but were also involved in broader initiatives, such as the establishment of the Pittsburgh Visiting Nurse Association. This paper discusses how the Irene Kaufmann Settlement and Montefiore Hospital were able to make these changes, analyzing their actual healthcare initiatives, the role of women, and their greater ties to the American Jewish community. Understanding the role of these social organizations in providing healthcare opportunities for immigrants can better help us understand the development of immigrant healthcare during the twentieth-century.
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<td>Federation of Jewish Philanthropies</td>
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<td>HLHAS</td>
<td>Hebrew Ladies Hospital Aid Society</td>
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<td>IKS</td>
<td>Irene Kaufmann Settlement</td>
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<td>NCJW</td>
<td>National Council of Jewish Women</td>
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<td>PHNA</td>
<td>Public Health Nursing Association</td>
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Preface

First and foremost, this work would not have been possible without the continued guidance of Dr. Niklas Frykman. For the past four years, he has served as my mentor, helping me develop my skills as a researcher, learn the historian’s craft, and I am beyond grateful for the time and effort he has committed to mentoring me. Without his dedication to helping me grow, this project would never have become what it is today. Thank you Dr. Frykman.

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Finally, I want to thank my family and friends for their constant support and encouragement. To my family, thank you for being a constant source of support, through every up and down, cheering me on at every stage. To my friends, thank you for listening to every iteration and idea before its assembly into this work. I am beyond excited to finally share this work with all of you.


1.0 Introduction

“America the Beautiful” plays as the narrator announces: “The Slagel Homestead shall be renamed the Columbian Council School. It shall aim to guide the foreign born to American conditions, shall encourage self-improvement, shall stimulate health pleasures, shall broaden civic interests, and create proper ideas of conduct. Is this not the promise of America.”¹ As the music ends, a tape recorder plays, reading the inscription on the Statue of Liberty. “Give me your tired, your poor, your huddled masses yearning to breathe free, the wretched refuge of your teeming shores; send these the homeless, the tempest tossed to me; I lift my lamp beside the golden door.”²

This scene was part of the opening of a theatrical performance at the Irene Kaufmann Settlement (henceforth IKS), titled “Memories”, performed in 1953 at the Annual Meeting of the Irene Kaufmann Settlement and Emma Farm Association in Pittsburgh, Pennsylvania. The play goes on to recount the history of the IKS, told by actors portraying prominent leaders in the IKS such as Anna Heldman and Cassie Ritter Weil. Heldman’s actor preaches the importance of cleanliness and hygiene, while Weil’s conveys the importance of the settlement’s kindergarten to both children and mothers. Announcers commend the work of the math, English, and various other classes being taught at the settlement, while also noting the work done by the Visiting Nurse Service to combat the spread of influenza during the 1918-1919 pandemic. The performance ends

² Lassman and Lindenberg, “Dramatic Presentation of IKS,” 2.
with a recounting of the work of the settlement up through the time of the meeting, offering encouraging notes for the ongoing expansion of the settlement and continued service to the community.³

The Irene Kaufmann Settlement was part of a larger, Jewish national initiative geared towards providing healthcare and education opportunities for immigrants in the early twentieth-century. Bertha Rauh, Pittsburgh social activist and philanthropist, said in 1922: “In no other religion is charity linked up with the idea of social justice as in ours. The Jewish philosophy which is expressed in the adage, ‘The whole world rests upon the Torah, the practice of religion, and the practice of social justice,’ is so inextricably woven with the idea that it is our religious duty to give to the poor with a view of helping them to rehabilitate themselves, that it completely dominates our conception of philanthropy. The abandonment of this controlling idea might indeed be tantamount to weakening our Jewish social structure.”⁴ This sentiment was emphasized by national organizations such as the National Council of Jewish Women (NCJW) who encouraged the opening of places like the IKS.

Another physical manifestation of this Jewish initiative in Pittsburgh was Montefiore Hospital. Montefiore Hospital was founded as a Jewish hospital, meant to provide care for Pittsburgh’s Jewish population and provide employment for Jewish doctors. As noted by Edward Halperin, Jewish physicians in the United States faced massive amounts of anti-Semitism in the medical field. Quotas were enacted in medical schools and hospitals, restricting the number of

³ Ibid., 1-15.

Jewish physicians being trained and finding jobs. To put this into the perspective of Pittsburgh, the University of Pittsburgh Medical School restricted its number of accepted Jewish students to 10 percent of its total class. Often times, Jewish physicians who were able to find work experienced verbal, physical, and written harassment. American Jewish hospitals, such as Montefiore Hospital, were built in response to this. Although created to fulfill the needs of Pittsburgh Jews, Montefiore Hospital emphasized its commitment to serve all members of the community.

In the following sections of this essay, I will outline the activities, organization, and functions of both the Irene Kaufmann Settlement and Montefiore Hospital. These were two organizations with deep ties to Pittsburgh’s Jewish community, that worked to increase healthcare opportunities for immigrants in the early twentieth-century. I will argue that they fit into the larger context of American Jewish initiatives and practices of Maternalism and social responsibility. These two organizations are examples of the result of that widespread movement occurring in the American Jewish community, spearheaded by national organizations such as the NCJW. By analyzing the records of both the Irene Kaufmann Settlement and Montefiore Hospital, we can understand how those initiatives actually played out in addressing issues in immigrant healthcare, with two real examples in Pittsburgh. Secondly, I will highlight that this was work being done by women, particularly Jewish women, who saw expansion of their roles into the public sphere at this


time. And finally, these were organizations that relied heavily on community work in order to serve that same community.
2.0 The Irene Kaufmann Settlement

The Irene Kaufmann Settlement and Montefiore Hospital were created to address specific problems in healthcare access. For one, immigrants faced barriers to healthcare access, such as needing to pay for a doctor’s visit, or discrimination based on race, religion, or ethnicity. The IKS worked to not only provide free healthcare for those that needed it, but to also provide health education for immigrants, to improve their overall wellbeing. Montefiore Hospital created a space that catered to the needs of Jewish patients and hired Jewish doctors that were refused positions at other hospitals. Both organizations emphasized their commitment to serve members of the community regardless of race, religion, ethnicity, or ability to pay.

The Irene Kaufmann Settlement (the name that came to be in a rededication in 1911) was founded as the Columbian Council School in 1895, following the Chicago World’s Fair in 1893. Pauline Haunter Rosenberg brought back to Pittsburgh the sentiment of the Congress of Women’s Organizations that social settlements should be used across the country to help immigrant assimilation into American society.7 This happened alongside the formation of a local chapter of the National Council of Jewish Women, which aimed to help Jewish immigrants get a foothold in America.8 The council’s work was largely targeted at the immigrant poor and done by middle class Jewish women. As noted by historians Seth Koven and Sonya Michel, female reformers were the

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ones to fill the gaps in addressing the needs of women and children, that were not met by state organizations.\textsuperscript{9} It was middle-class women who were doing the work of these social programs because they were the ones who had the time to, as they were often not required to perform daily wage labor. According to Beth Wenger, organizations such as the NJCW were restructuring the Jewish woman’s social sphere in the early twentieth-century.\textsuperscript{10} Previously, their role as nurturers and caretakers was limited to the home, or private sphere, but these aid societies were a transition of that role into the public sphere. The boundaries of the home were expanded to include the community around them, reshaping the role of Jewish women within the community.

Additionally, many of the middle-class women who were leaders in this welfare movement were college educated. For settlement activists such as Jane Addams, of Hull House in Chicago, and Mary Simkhovitch, of Greenwich House in New York City, settlements were places to use their collegiate education in social sciences, addressing social problems using the skills they developed in school.\textsuperscript{11} Situated in heavily populated immigrant cities, such as New York or Pittsburgh, educated middle-class women were in position to advocate for social welfare for the working class and immigrant communities.\textsuperscript{12} Although women were doing most of the work to


\textsuperscript{12} Ibid., 66.
manage and run these organizations, a lot of the managerial roles were taken over by men. The board of trustees and leadership roles for both the IKS and Montefiore usually consisted of men, while separate groups such as the Hebrew Ladies Hospital Aid Society (HLHAS) were run by women. Men held the official administrative roles, while women oversaw the auxiliary societies and day-to-day operations. Historian Beth Wenger notes that at this time, while Jewish women were able to secure more social responsibility, the establishment of boundaries of the women’s sphere also restricted their ability to come into positions of power and decision-making.¹³

One of the ways that the NJCW’s philanthropy manifested in Pittsburgh was the opening of the Columbian Council School. The Columbian School began as a Russian School for Jewish immigrant children, headed by Rabbi Lippman Mayer of Rodef Shalom Congregation.¹⁴ Over the years, the Columbian School expanded its reach beyond just education classes, and beyond the Jewish community, as it came to serve immigrants of all backgrounds in Pittsburgh. With its expansion, the Columbian School became the Irene Kaufmann Settlement in 1911, after a donation of $190,000 by Henry Kaufmann, owner of a successful department store in Pittsburgh, in honor of his late daughter Irene.¹⁵ The settlement house model focused on creating a community in low-income, immigrant dominated, urban neighborhoods. Settlement houses were places where immigrants or members of the community could purchase memberships to gain access to several


¹⁴ University of Pittsburgh Library System, “History of the Irene Kaufmann Settlement.”

educational, welfare, and public health activities. These activities included cooking classes, English lessons, athletics teams, and more. The NCJW was not the only Jewish organization to encourage the opening of settlement houses. The Sisterhoods of Personal Service were a collection of Jewish charity organizations formed in the nineteenth-century and the Sisterhood of Shearith Israel in New York organized a neighborhood house, which they added a synagogue to. As previously mentioned, Jewish organizations had a sense of social responsibility, that was very much rooted in their religion and obligation to help others. This was a movement that had national ties, through organizations such as the NCJW or Sisterhoods of Personal Service.

According to one of its early annual reports, the mission of the IKS was “the advancement of the civic, intellectual, and social welfare of the surrounding community.” Workers of the settlement aimed to accomplish this, “first, by guiding the foreign-born to American conditions; second, by encouraging self-improvement; third, by stimulating healthy pleasures; fourth, by broadening civic interests; fifth, by creating ideals of conduct.” These ambitious goals are reflected in the numerous programs and activities that were put on by the settlement house. A sample weekly schedule from 1915 shows sewing classes on Monday afternoons, social dancing class on Thursday evening, “ethical school” on Saturday morning, with the public bath, milk

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19 Ibid.
station, and nursing station open throughout the week. The work of the IKS aimed to help its members in almost every aspect of life. The wide variety of programs put on by the workers of the IKS exemplifies the call of the NCJW for national initiatives to promote areas of health, education, and assimilation into society.

Figure 1 Irene Kaufmann Settlement House (1922)

Oliver M. Kaufmann Photograph Collection of the Irene Kaufmann Settlement, Archives & Special Collections, University of Pittsburgh Library System

Upon the rededication and repurposing of the Columbian School as the Irene Kaufmann Settlement, there was a strong emphasis on the creation of a sense of community. During the dedication ceremony in 1911, headworker Elizabeth E. Neufeld expressed this sentiment in saying “to make this the real home of our neighborhood and for our neighborhood, it has to be made so

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20 Ibid., 37-47

21 Rogow, Gone to Another Meeting, 33.
by our neighborhood.” 22 The settlement relied on resident, non-resident, and volunteer workers to function. The IKS Annual Report from 1915 outlines a staff of 9 resident workers, such as the nurses and housekeepers, 15 non-resident workers, such as teachers and secretaries, and 137 non-resident volunteers who aided throughout the settlement. 23 The IKS was very much an organization that wanted to be directly involved in the community and relied on support from the community to make that possible.

One of the ways that the IKS focused on bettering the community was through the implementation of wellness and health measures. The first step towards creating a healthier community was the opening of a public bath house in 1902. With a donation of $10,000 from Alexander Peacock, the settlement opened the Peacock Public Bath not only to members of the settlement, but other members of the community as well. Members of the settlement, as well as those attending gym classes could use the bath for free, while non-members were charged five cents per bath. 24 Memberships to the settlement could be bought for an individual person, varying from $0.30 to $1.50 for the year, or for an entire family at a cost of $3.00. 25 As with a lot of the activities of the settlement, those who were not able to pay for services were not turned away and

22 Irene Kaufmann Settlement, “Program of Exercises for Irene Kaufmann Settlement Dedication in 1911,” Records of the Jewish Community Center of Greater Pittsburgh, 1902-2005, MSS #389 box 4 folder 13, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.


24 Ibid., 32

25 Irene Kaufmann Settlement, “Irene Kaufmann Settlement 1923 Newsletters,” Records of the Jewish Community Center of Greater Pittsburgh, 1902-2005, MSS #389 box 8 folder 9, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
were offered the services for free. Gradually, the settlement expanded its health activities to include a dispensary, \(^{26}\) visiting nurse service, milk station, and baby clinic, among other things.

As a physical place, the IKS functioned in many ways as a health center. The settlement did not just focus on the central components of healthcare, such as going to the doctor when you are sick, but the peripheral ones as well, such as proper nutrition and cleanliness. In addition to hosting the public baths and showers, the settlement offered a variety of activities and classes that were geared towards creating a better health environment for members of the community. The natatorium held public swim classes for children of the settlement. In the gymnasium there were dance classes (for mothers as well as children), gym classes, and the settlement even put together competitive boys and girls basketball teams. There was a modern kitchen used for teaching domestic science and even a modern apartment for use in teaching proper housekeeping.\(^{27}\) If members did not have access to laundry services, they could use the machines at the settlement free of charge.

All of these initiatives show that the goals of the settlement were by no means singular in their focus. The goal was not to just provide healthcare or to help immigrants assimilate into American society, the goal was very much to make the city and community better.\(^{28}\) The settlement had specific goals for what it defined as betterment, including the reduction of poverty,\(^{29}\)

\(^{26}\) “Dispensaries” at this time operated as a sort of walk-in day clinic.

\(^{27}\) By all assumptions, domestic science likely included cooking lessons.


\(^{29}\) Ibid., 31.
decreasing the burden of disease, and promoting Americanization. These goals imply that the leaders of the IKS, who were publishing the settlement’s annual reports, saw the “foreignness” of immigrants as an issue that prevented the community from prospering. This fits into some of the larger xenophobic public health sentiments at the time, where immigrants were framed as being poor and “unclean.” Immigrant, and especially poor immigrant communities (including Jewish immigrant communities), were seen as dirty and harboring disease. There was a shifting public focus to pay more attention to hygiene, nutrition, and community cleanliness to prevent the spread of disease.

Immigrant neighborhoods, such as the Hill District, where the Irene Kauffman Settlement was located, were seen as fixable, if they were just given the right guidance. This sentiment is apparent in the settlement’s activities in promoting the Americanization of immigrants through civic classes, cleanliness via the public baths, and healthiness through its various health education programs. Alissa Schwartz has written about how Americanization ideologies manifested in both Seattle’s Settlement House (founded by the Seattle chapter of the NCJW) and Chicago’s Hull House. She writes that the founders of Seattle’s Settlement House committed themselves to Americanizing the Eastern European Jews of their community. Similar to the activities that I have

30 Ibid., 27.
31 Ibid., 33.
noted in the IKS, Seattle’s Settlement House also had classes that taught English and citizenship.\textsuperscript{33} Eileen Janes Yeo emphasizes that an aspect of the process of Americanization in settlement houses included encouraging immigrant mothers to develop proper styles of housekeeping and adopting “Western notions of sanitation.”\textsuperscript{34} Here, we see specific examples of how the leaders of the IKS tried to Americanize immigrants by teaching them English, civics, and promoting health education. This is consistent with the NCJW’s philanthropic mission to provide a variety of services to immigrants, including education and healthcare.\textsuperscript{35}

Among its activities as a health center, the IKS had specific initiatives that were geared towards increasing healthcare access for its members and the surrounding community. One of the most prominent initiatives was the nursing service provided by the settlement. At the Irene Kaufmann Settlement, there was a nurses’ office, headed by Anna B. Heldman from 1902 to her death in 1940.\textsuperscript{36} Heldman was known as “the Angel of the Hill”\textsuperscript{37} and was instrumental to the


\textsuperscript{35} Rogow, \textit{Gone to Another Meeting}, 33.


\textsuperscript{37} “The Hill” refers to the Hill District of Pittsburgh, the prominent community served by the IKS.
nursing services done by the settlement. She, along with the other nurses of the settlement, held
open hours in the nurses’ office and dispensary, where the people of the neighborhood could go
for medical advice and information. Members who were seen in the dispensary or nurses’ office
could receive medical advice (including referrals to special dispensaries or hospitals), have wounds
dressed, or get prescriptions filled.38 The Visiting Nurse Service also made visits to sick members
of the community at their homes. From the beginning of this service in 1902, through the end of
1907, a total of 100,138 visits were made to 16,093 patients.39 Due to their work with mothers, the
nurses of the IKS were often called to homes to deliver babies. Because of this, the city of
Pittsburgh Department of Health allowed for the settlement’s nurses to issue birth certificates, of
which they issued 45 in 1919 alone.40 The nurses of the Irene Kaufmann Settlement emphasized
their care for community members “irrespective of color, creed, race or nationality.”41 Knowing
the importance of the Visiting Nurse Service on the community, Anna Heldman and the IKS
successfully worked to create a city-wide nurse service.42

38 “Head Presidents Report Irene Kaufmann Settlement,” The Jewish Criterion, November 5, 1915, 8, Carnegie Mellon
University Digital Collections.

39 Irene Kaufmann Settlement, 1916-1917 Year Book (Pittsburgh: Irene Kaufmann Settlement, 1917),
29.

40 Irene Kaufmann Settlement, “1919 Year Book,” Records of the Jewish Community Center of Greater Pittsburgh,
1902-2005, MSS #389 box 8 folder 12, pages 16-17, Rauh Jewish Archives at the Heinz History Center, Pittsburgh,
PA.

41 Irene Kaufmann Settlement, 1916-1917 Year Book, 29.

42 Anna B. Heldman, “The Neighbors’ Tales,” Archives of Industrial Society Assorted Manuscripts Collection,
Archives & Special Collections, AIS. Assorted. MSS Box 2 Folder 23, page D, University of Pittsburgh Library
System, Pittsburgh, PA.
Anna Heldman recounted many of her experiences as a visiting nurse in the Hill District through a collection of stories called “The Neighbor’s Tales”. In this collection of stories, Heldman explained some of the reasons that she was called to visit community members, such as giving pre-natal advice to a soon-to-be mother who could not afford to see a doctor.\(^43\) However, one story of Heldman’s that especially stands out is that of Mollie, who Heldman met when Mollie was just nine years old. Heldman was called in to re-dress the wounds of Mollie’s mother, after a recent operation in a hospital. Heldman described Mollie as living in dismal conditions, as she worked for her father to strip tobacco leaves. Mollie grew up and eventually had a child at 18, but her father refused to accept her home with the child. Mollie called Heldman for assistance, and she helped Mollie find a place to stay while she nursed the child for a month, and then helped place the child in an orphanage. Heldman later found a couple in Homestead to adopt the baby and kept in contact with Mollie, as she would frequently inquire about the baby’s health, and she even visited Mollie after she later gave birth to twins.\(^44\) This story demonstrates how Anna Heldman, nurse of the Irene Kaufmann Settlement, developed long lasting relationships with members of the community she served. She was not just there to change dressings after a surgery or give pre-natal advice. She left a lasting impact on the people that she interacted with.

But this story also raises questions about the nature of the relationship, and the power dynamics between settlement workers and community members. We see this story from the perspective of Anna Heldman, who frames herself as a benevolent nurse, trying to do the best for her community and its members. But we are unable to see this story from Mollie’s perspective.

\(^43\) Ibid., 133.

\(^44\) Ibid., 91-97.
Mollie lived in a tough home, became pregnant, and was threatened with being kicked out. Although it may seem that Heldman was “saving the day”, we do not know what this felt or looked like to Mollie. She may not have wanted to give up her baby for adoption, but Heldman may not have given her any other options. All of this goes to say that we can see Heldman as being the benevolent “Angel of the Hill”, but we must also speculate about the limited perspective that we have of these interactions. We know that the settlement had specific goals of “Americanizing” and “bettering” the community it served, and it steered its members towards those definitions. What Heldman saw as “bettering” Mollie’s situation may not have felt the same way to the young mother who lost her newborn child.

The Maternity Dispensary of the IKS, run in conjunction with the University of Pittsburgh Medical School, held weekly clinics where expectant mothers could meet with doctors to get check-ups and ask questions. From September 1916-1917, there were 165 examinations provided by these doctors. In addition to these examinations, doctors arranged to deliver the babies of 51 of these women, of whom approximately 75 percent were people of color. The settlement hosted a “Better Baby Clinic” every Saturday afternoon, where mothers could bring in their babies to be weighed and examined by a physician. A total of 1,069 babies were examined at a “Better Baby Clinic” during the year 1919. About every three months, the “Better Baby Clinic” would become the “Better Baby Contest” and prizes would be given to the infants who showed the most improvement in health. A 1920 front-page article in The Pittsburgh Daily Post described the

47 Ibid., 51.
contest’s babies as the “embryo supermen and women” who were “fat and rosy and laughing” and all showed the signs of health and wellbeing.\textsuperscript{48} This contest encouraged mothers to bring their babies to the settlement clinics for checkups regularly to track the baby’s changing health.\textsuperscript{49} The settlement claimed that there was a visible reduction in infant mortality of the neighborhood, due in part to the settlement’s work in child healthcare.\textsuperscript{50}

The settlement also coordinated some of its services with the municipal bureaucracy, as was the case with a milk station at the settlement. From very early on, the settlement realized the importance of milk for babies and worked to provide it for its members. In the program’s early years, the settlement worked with the Free Milk Association to provide milk to sick patients during nurses’ visits.\textsuperscript{51} Eventually, the settlement opened a milk station, in coordination with the Department of Public Health and Bureau of Child Welfare, in the nurses’ office that would be open for a few hours a week. The milk was sold at cost and in 1919, approximately half of the milk that was given out, was given out for free to families in need.\textsuperscript{52}


\textsuperscript{49} Ibid.

\textsuperscript{50} Irene Kaufmann Settlement, “1919 Year Book,” 51.


\textsuperscript{52} Irene Kaufmann Settlement, “1919 Year Book,” 49.
Further expansion of the milk service came in 1920, when the milk station became the “milk well.” Sidney Teller, president of the settlement in 1920, realized that there was an opportunity to expand the sale of milk beyond mothers and babies, to school-aged children. In an interview with the *Jewish Criterion* in 1924, Teller explained that he wanted to dissuade children from spending their money on sodas or “ice balls” and instead spend it on milk. The hope was that by getting children to drink milk, they would incorporate it back into their usual diet and begin drinking more of it at home as well. When questioned about his motives for selling the milk, Teller responded that he was competing with “the doctor and the undertaker.”

A popular slogan used by the settlement workers to promote the milk well was “we have health to sell” in reference to the idea that children buying and drinking milk would contribute to their overall health. The

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53 “We Have Health to Sell; Come to the I.K.S. Milk Well,” *The Jewish Criterion*, September 12, 1924, 5, Carnegie Mellon University Digital Collections.

54 Ibid.
settlement worked with the Pittsburgh Dairy Council to expand the emphasis on the importance of milk consumption by decorating the walls of the milk well room with posters touting the nutritional benefits of milk. Additionally, during summer programs, kids were weighed and asked whether or not they drank milk. Those who were underweight and did not drink milk received a home visit from the settlement’s social worker to ensure that the mother was aware of the availability of milk at the settlement. The Pittsburgh Dairy Council even brought in a nutrition specialist on weighing days to speak to the children about their food habits, while also sponsoring talks promoting the value of milk, hosted by characters such as “Captain Milk.” Overall, the settlement achieved its goal of increasing milk consumption in children, selling over 20,000 glasses of milk during the summer of 1922.55

As a community and health center, the IKS had to expand beyond its normal activities in the early twentieth-century due to changing epidemiological and international circumstances. Notable examples were Tuberculosis (TB) and World War I. The settlement identified TB as a significant cause of death within its community and worked to decrease TB mortality, primarily through the Open Air School. The Open Air School opened in 1911 and was operated with the city of Pittsburgh Board of Education and Civic Club of Allegheny County.56 The school was housed on the roof of the Irene Kaufmann Settlement to offer fresh air to the children who attended the school. The children who were sent to the Open Air School were either predisposed to TB or had other conditions that made them unfit to withstand the normal school day, such as having anemia.57

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55 Ibid., 1-2.
56 Irene Kaufmann Settlement, “1919 Year Book,” 48-49.
57 Irene Kaufmann Settlement, 1916-1917 Year Book, 39.
Children were chosen by medical inspectors from public school districts and were sent to attend the Open Air School if needed. Children enrolled in the school had a shortened school day that consisted of a shower bath, school work, meals, recreation, rest, and nourishment.58 In its first few years, the school only enrolled a few children59, but it grew to having over 50 in 191660 and 46 enrolled in 1919.61 Once the children were deemed “recovered”, they were returned to their regular school district.

During World War I, the settlement viewed itself as taking on a role of supporting American society and some of the wartime initiatives put forth by the United States government. The settlement believed that by continuing its efforts to maintain the community’s health, especially in decreasing infant mortality, they were doing “real War and Patriotic work.”62 When the Red Cross put out a call for the donation of clothing items, the settlement organized classes to teach women and girls to knit so that they could begin knitting sweaters and scarves to donate to the Red Cross. Additionally, the settlement followed national food conservation campaigns by implementing meatless and wheatless days, while also integrating the “no waste” slogan into their cooking classes. “Americanization” classes were emphasized to fit the goals of the United States government, including promoting citizenship, learning the English language, creating an overall appreciation for America, dispelling anti-American propaganda, and the IKS even rented out space


60 Irene Kaufmann Settlement, 1916-1917 Year Book, 39.

61 Irene Kaufmann Settlement, “1919 Year Book,” 49.

as a polling place and draft station. Civic Open Forums were used to “[help] make a patriotic understanding of the Government’s participation in the War.” The settlement worked to support broader initiatives of a wartime United States and integrate those aspects into the everyday life of its members.

In the 1910s and 1920s, the Irene Kaufmann Settlement mostly served the members of Pittsburgh’s Hill District, where the settlement was located. The residents of the Hill District (in order of approximate population) were mostly Russian Jewish, African American, German, Italian, Polish, and Irish, among others. As mentioned earlier, both the Irene Kaufmann Settlement and Montefiore Hospital emphasized their commitment to care regardless of race, ethnicity, and

Figure 3 Irene Kaufmann Settlement Membership Map (1917)

Oliver M. Kaufmann Photograph Collection of the Irene Kaufmann Settlement, Archives & Special Collections, University of Pittsburgh Library System

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Ibid., 32-43.

Ibid., 33.

religion. In my analysis of the records of the IKS and Montefiore Hospital, I have not found any information that would suggest that this mission was different from their actual practice. This does not mean that there was not differential treatment of different members of the communities that the IKS or Montefiore Hospital served. As explored by the historian Ruth Crocker, the treatment of black communities by settlement houses varied, where some settlement houses were inclusive and sometimes settlement houses excluded black members completely.⁶⁶

Despite the inherent diversity of the community that the IKS served, authors of the IKS yearbook argued that due to “the many forces of Americanization at work, the neighborhood is becoming each year less foreign and more American.”⁶⁷ They emphasized that the settlement served the community, regardless of whether the people were members of the settlement.⁶⁸ Even though the settlement emphasized the sense of community, they had a quite negative view of the Hill District. The very purpose of the settlement was to make the neighborhood and its residents better. The settlement workers tried to accomplish this through “bettering housing conditions, through the elimination of disease, through the better use of leisure time, through stimulating the youth of today to ‘get up and get out of the ghetto’, through improving housing conditions, through instructing the girls of today to be economical and intelligent housewives and mothers of tomorrow….”⁶⁹ Here, we can see how the settlement workers viewed “Americanization” and “betterment” as going hand-in-hand. Americanization meant learning English and gaining

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⁶⁷ Ibid.

⁶⁸ Ibid., 21.

citizenship.\textsuperscript{70} Betterment meant reducing poverty and the burden of disease.\textsuperscript{71} There were explicit concepts of what these two things meant, and the goal of the settlement was to push them onto the community and its members, aligning with the goals of the NCJW as well.\textsuperscript{72}

The funding for the maintenance and operation of the IKS came from a few different places. In the early years, donations were used for specific functions, such as making improvements to the settlement house. Notable examples include the donation from Alexander Peacock for the public bath\textsuperscript{73} or the 1907 donation from Henry Clay Frick to help pay off the settlement house’s mortgage.\textsuperscript{74} General donations tapered off in the following decades, with a recorded $5 in 1923\textsuperscript{75} and $115 in 1924.\textsuperscript{76} Another way that the settlement brought in money was through charging membership fees or charging for some of its services, such as the milk well or bath house. Although some of the settlement’s services were available without membership, activities such as clubs and classes required membership. Records from 1916-1917 show that 2,756 people held membership that year, with approximately half of the members being between the ages of six and twelve.\textsuperscript{77} For the year 1923, the settlement recorded an income of $6,048.35 from the following “house

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\textsuperscript{70} Ibid., 33.
\textsuperscript{71} Ibid., 31.
\textsuperscript{72} Rogow, \textit{Gone to Another Meeting}, 33.
\textsuperscript{73} Irene Kaufmann Settlement, \textit{1915-1916 Annual Report}, 32.
\textsuperscript{74} Burstin, \textit{Steel City Jews}, 202.
\textsuperscript{75} Irene Kaufmann Settlement, “1922-1924 Financial Reports,” Records of the Jewish Community Center of Greater Pittsburgh, 1902-2005, MSS #389 box 4 folder 1, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
\textsuperscript{76} Irene Kaufmann Settlement, “1924 Financial Report.”
\textsuperscript{77} Irene Kaufmann Settlement, \textit{1916-1917 Year Book}, 21.
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receipts: house – $1,298.60, memberships – $1,453.82, bath house – $1,194.95, administration – $1,719.63, and milk station – $391.35. “House receipts” totaled $6,048.35 for the year 1923. Financial records from 1924 show approximately similar breakdowns and total “house receipts” of $6,207.02.

Total “disbursements” for the year, including salaries of workers, utilities, maintenance, supplies, etc., totaled $64,009.25 and $68,383.14 in 1923 and 1924, respectively. Evidently, the IKS did not bring in enough money from charging for its services to cover the costs of operation. Two main sources helped make up the difference. One was Henry Kaufmann, who contributed financially to the settlement in many ways over the years. The first was with an annual donation, which was $12,500 in 1922 and $16,000 in both 1923 and 1924. The second was more indirect in that the settlement received interest payouts on a trust fund he set up for the settlement. These interest payments totaled $7,446.70 in 1923 and $7,240.22 in 1924. The IKS also received a significant amount of money from the Federation of Jewish Philanthropies (FJP), an organization formed in 1912 for the purposes of centralizing fundraising and allocations for a

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79 Note: This is the charge from resident workers who paid to live in the settlement house.
number of Jewish social organizations in Pittsburgh. The settlement received $32,500 from the Federation in 1923 to help cover its expenses.\textsuperscript{88}

The FJP is an organization that helps to link the IKS and Montefiore Hospital together as well. Similar to the Irene Kaufmann Settlement, Montefiore Hospital was able to generate its own revenue through charging patients for services, although they did take in several free (non-paying) patients annually. However, Montefiore Hospital was not able to fully fund its activities through the money it made (like the IKS) and relied on funds from organizations such as the FJP to continue providing services. Although both had their own sources of revenue, they both relied on funding from the FJP (and the larger Jewish community of Pittsburgh) to manage their operations.

In addition to receiving funds from the FJP, the Irene Kaufmann Settlement worked closely with many other Jewish organizations. When members were in need of financial assistance, they were often referred to the United Hebrew Relief Association, which helped immigrants settle in Pittsburgh by helping them find food, shelter, and clothing.\textsuperscript{89} The UHRA also worked with a social worker, Charles Cohen, not only to provide immediate material aid, but also to improve the conditions in which they lived and to empower their own abilities for self-help.\textsuperscript{90} The Hebrew Free Loan Association held its weekly meetings at the Irene Kaufmann Settlement and worked closely with the IKS Personal Service Department to find people in need of their help.\textsuperscript{91} A lot of the work

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\textsuperscript{89} Charlotte Shapiro, “The Jewish Family Welfare Association of Pittsburgh, Pennsylvania” (M.A. diss., University of Pittsburgh, 1933), 16.
\textsuperscript{90} Ibid., 20.
\textsuperscript{91} Irene Kaufmann Settlement, “1923 Newsletters.”
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done by the IKS was made accessible to the people of the Hill whether they were able to pay or not. This was a key component of both the IKS and Montefiore Hospital; providing care for patients regardless of their ability to pay for their care. Both organizations were able to do this in part because of the funding that they received from the Federation of Jewish Philanthropies and their work with countless Jewish organizations such as the United Hebrew Relief Association. As an organization, embedded within Pittsburgh’s Jewish community and the community of the Hill, the Irene Kaufmann Settlement worked to provide immigrants and members of the Hill with opportunities to be healthier and be better.
When discussing Jewish social organizations and their efforts to provide healthcare access for Pittsburgh immigrants, it is important to include Montefiore Hospital. The hospital’s story begins with Annie Jacobs Davis and the Hebrew Ladies Hospital Aid Society. Annie Jacobs Davis was born in Russia in 1865, came to America in 1873, and settled in Pittsburgh in 1874.\(^{92}\) Jacobs Davis was a member of Pittsburgh’s Jewish middle-class, married to Barnett Davis, who owned a diamond importing firm.\(^{93}\) She later joined the Columbian Council of Jewish Women and the Columbian Council School, and became involved with the efforts of social aid in Pittsburgh. Although she was not a trained nurse, she became a woman that people in the neighborhood would turn to when they needed help. She helped the poor, was present at many births, and would instruct mothers on things like breastfeeding. Jacobs Davis was inspired by her mother, who she claimed never had a bank account, but always gave to the poor. She lived her life by the idea that “when you give ten times and only find one worthy of your charity, then it was good.”\(^{94}\) Eventually, she was approached by Mr. Levin in 1898 and asked to start a Jewish hospital in Pittsburgh. The need for a Jewish hospital had two aspects. The first was for a hospital that would care for the sick poor

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92 Annie Jacobs Davis, “When and Where Born,” MSS #269 Folder 1, Historical Society of Western Pennsylvania, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.


94 Annie Jacobs Davis, “The First Part,” MSS #269 Folder 5 page 13, Historical Society of Western Pennsylvania, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
of the Jewish community. The second was to establish a hospital where Jewish physicians would be able to practice. As discussed earlier, Jewish physicians were largely excluded from practicing in American hospitals during the early twentieth-century. The formation of Jewish hospitals, such as Montefiore Hospital, was in direct response to this anti-Semitism.95

The first step that Jacobs Davis took in addressing this issue was the formation of an organization called the Hebrew Ladies Hospital Aid Society (HLHAS). The purpose of the HLHAS was “to assist and provide the deserving sick, injured and disabled with proper medical and surgical attention and hospital treatment, and when its funds will permit, to establish, support and manage a hospital for affording medical and surgical aid to the sick, injured and disabled.”96 The formation of the HLHAS and the subsequent project to create Montefiore Hospital was very much welcomed and supported by members of Pittsburgh’s Jewish community. The first meeting was held with 17 women, who collected a total of $4.30 in annual dues. By the second meeting two weeks later, there were 150 women present.

The HLHAS took a few actions to provide healthcare for Jewish patients while they were raising money to start the hospital. The first was in coordinating the care of poor patients at local hospitals. The HLHAS would pay half the rate of the ward.97 The superintendent of West Penn hospital, the first hospital that the HLHAS made such arrangements with, worried about the hospital’s ability to take care of so many Jewish patients. Jacobs Davis responded that “these people are sick. What is the difference who they are and where they come from. They are sick,

95 Halperin, “The Rise and Fall of the American Jewish Hospital,” 611.
96 Bleier et al., L’chaim, 10.
they need medical attention and it is the duty of the West Penn Hospital to give them [that] attention.” Jacobs Davis’s comments and the superintendent’s attitude towards Jewish patients signal again the antisemitic atmosphere that was one of the very reasons that the Hebrew Ladies Hospital Aid Society was formed. It was both the trouble that Jewish doctors had finding jobs in hospitals that she mentions in her writings, and the hesitancy of certain hospital administrators to take on large numbers of Jewish patients, that necessitated the founding of a Jewish hospital.

In 1907, the year before the opening of Montefiore Hospital, the HLHAS paid for the care of 203 patients in Pittsburgh hospitals for a total of $4,243 which was noted as a typical yearly number of patients and cost. The second thing that the HLHAS did in its early days was to organize a home sick fund to help take care of those who were sick but could not leave their homes. These two steps were meant to provide immediate aid to the sick poor, while the HLHAS raised money to eventually start their own hospital. The society also paid $200 a year to the Irene Kaufmann Settlement for Anna Heldman’s services seeing the society’s patients. This is an example of just one of the ways that there was substantial overlap in the workings of healthcare organizations, especially the Jewish ones, at this time.

As the membership of the HLHAS grew to 500 members, the society started specifically fundraising for the costs required to start the hospital. The first official fundraiser was a picnic in

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98 Ibid., 38.
99 Ibid., 35.
100 Montefiore Hospital, “1908 Dedication of Montefiore Hospital,” MSS 286 Box 1 Folder 10 page 13, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
102 Bleier et al., L’chaim, 14.
Calhoun Park that brought in several hundred dollars and the second picnic at Wildwood Grove brought in $300. The fundraising campaigns of the society expanded beyond picnics, to hosting large balls at Turner Hall. In realizing the plausibility andseriousness of building a Jewish hospital, Jacobs Davis coordinated the Montefiore Hospital Association, with Henry Jackson as the chair and Jacobs Davis as the vice-chair. Ten men, including Annie Jacobs Davis’s husband and Dr. Blumberg (one of the doctors who Jacobs Davis originally went to for recommendations about starting the hospital), pledged $500 each towards the hospital fund. Jacobs Davis also applied to and successfully received $650 from the disbanding Friendship Society.103

Jacobs Davis describes the early fundraising campaigns as literally going door to door to explain to people why they needed to build a hospital and gather their support. She wrote that “these gifts made [her] understand that the Jewish people of Pittsburgh really wanted a Jewish

Figure 4 Hebrew Ladies’ Hospital Aid Society Fundraisers (1895/1920)

Montefiore Hospital Photographs, Library & Archives Division, Senator John Heinz History Center

Jacobs Davis describes the early fundraising campaigns as literally going door to door to explain to people why they needed to build a hospital and gather their support. She wrote that “these gifts made [her] understand that the Jewish people of Pittsburgh really wanted a Jewish

hospital.”

Indeed, the effort to establish the hospital was not just the work of Annie Jacobs Davis, the Hebrew Ladies Hospital Aid Society, and the men of the Montefiore Hospital Association. The creation of Montefiore Hospital very much relied on the commitment and support of Pittsburgh’s Jewish Community. Although the HLHAS raised over $25,000 for the hospital, the dedication book for Montefiore Hospital credits over 700 people and organizations who gave anywhere from $5 to $1,000 in support of the hospital.

Before the official opening of the hospital in 1908, the HLHAS held a linen drive to provide linen needed for the hospital’s use, which exceeded the group’s expected need. A few months later, they held a grocery drive that brought in over $1,000 worth of groceries for the hospital. The hospital even received water heaters, refrigerators, and a horse-drawn ambulance from various local companies and societies. All of this goes to show that Montefiore was not built just from the generous donation of a few individuals. It relied on the buy-in and support of many members of Pittsburgh’s Jewish community and beyond to make it happen.

There is an interesting dynamic to note here. The people who organized for the hospital and many of the donors were of a different class than the people who the HLHAS worked to serve. This furthers the idea explored earlier in the essay, connecting Montefiore to the Jewish Maternalism efforts (such as with the IKS), placing middle class Jewish women in the position to provide charity for the lower class. The founders of Montefiore leveraged their connections among people in Pittsburgh who had the means to make substantial donations to pay for the medical care

104 Ibid., 46.
105 Montefiore Hospital, “1908 Dedication,” 20-33.
of people who could not afford a trip to the hospital. In this way, the HLHAS and Montefiore Hospital acted as a bridge, using the money of the “rich” to help the “poor.” This exemplifies the concept of a charity, and we can see it at work here in a medical context. This is different from the current conception of a hospital transaction where someone goes to a hospital and pays for their own visit, whether out of pocket or through insurance. The HLHAS and Montefiore Hospital can be seen as a bridge between the people with and without financial means to ensure the medical care of the former, further exemplifying a community-driven healthcare effort.

It is also worth noting that both the IKS and Montefiore Hospital were centered in the Jewish community, connected by people who ran the organizations. The organizations were not completely separate, working in separate worlds. There were many people who worked with both organizations, such as Isaac Frank, who served as vice president for both the Irene Kaufmann Settlement and Montefiore Hospital, or A.J. Sunstein, the once treasurer of the IKS, who helped to advocate for Montefiore Hospital’s state funding. Annie Jacobs Davis, the founder of Montefiore Hospital, was once a member of the Columbian Council (that later became the IKS). Both of these organizations were very much embedded in Pittsburgh’s Jewish community and overlapped in Jewish philanthropic circles. Additionally, early meetings of Montefiore’s directors were held at the Irene Kaufmann Settlement.108 Although I have not found specific initiatives or programs that were put on in cooperation between the two organizations, they overlapped in terms of the community that they worked in, the people who were involved, and even shared spaces at times.

108 Montefiore Hospital, “1913 Montefiore Hospital Director’s Meeting,” MSS 286 Box 1 Folder 13 page 13, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
Montefiore officially opened its doors on June 16, 1908 at the renovated Blackmore mansion, located at the intersection of Centre and Herron Avenues, \(^{109}\) in the Hill District. \(^{110}\) The hospital had two modern kitchens (one for meat and one for dairy), private bathrooms, medical and surgical wards, private rooms, a children’s ward, a dispensary, a laboratory, and even an electric elevator to go between floors. \(^{111}\) Although Montefiore was mostly staffed by Jewish workers, it claimed that it was non-sectarian and “its doors [were] open to the sick poor of every creed, color and nationality.” \(^{112}\) While the founders wanted to provide a space for Jewish patients and staff, they also wanted to create a hospital where everyone who needed it could seek care. In


\(^{110}\) Notably, both Montefiore Hospital and the Irene Kaufmann Settlement were located in the Hill District, on Centre Ave, albeit about a mile apart.

\(^{111}\) Montefiore Hospital, “1908 Dedication,” 15-16.

a 1924 interview with *The Jewish Criterion*, Henry Jackson (the first president of Montefiore Hospital), remembered seeing a Jewish patient in the free ward saying his prayers. Jackson stated that in this moment, he was reminded of the hospital’s “duty to those pious people who, when they must go to a hospital, should be made to feel ‘at home’ in order that they may observe their religion as they see fit.”

A piece from *The Pittsburgh Daily Post* in 1913 claims that more than 60 percent of the patients that Montefiore admitted in 1912 were free patients, people who could not afford to pay for their care and were therefore not charged by the hospital. While this claim provides an admirable number, hospital data from the years following suggests that it may not be accurate. In the following years, records from the hospital show that the number of free patients was a decent bit lower. Of the 1,655 patients treated at the hospital in 1915, only 510 were listed as being free

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patients\textsuperscript{115}, which would put the percentage of free patients at around 31 percent of the total. The number of free patients was 380 of 1,643 in 1916\textsuperscript{116} and 422 of 1,837 in 1924\textsuperscript{117}, with the years between having similar percentages of free patients. The authors of \textit{L’chaim, A History of Montefiore Hospital of Pittsburgh, Pennsylvania, 1898-1990} point to a similar change and reference a 62% free-patient-population in 1911.\textsuperscript{118} It appears that the hospital took on a greater percentage of free patients in its early years, but that number evidently decreased in the next few years.

Of the 1,643 patients treated in 1916, the most prominently identified nationalities were Russia (708), United States (640), Austria (85), Romania (76), with countries such as Italy, Germany, and Poland making up smaller numbers. The largest religious majority by far was Jewish (1,347), followed by Catholic (208), Protestant (36), and others.\textsuperscript{119} By 1924, Jewish patients still comprised the large majority (1,472 of 1,837), but United States (917 of 1,837) was listed as the major nationality of patients, with Russia behind it (604 of 1,837). It can be assumed that over the course of these seven years, the hospital was still serving approximately the same population and community of people. However, this stronger identification as American, instead of Russian or another nationality, might be due to some of the “Americanization” programs that were

\textsuperscript{115} Montefiore Hospital, “1916-1917 Annual Meetings,” MSS 286 Box 1 Folder 3 page 62, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.

\textsuperscript{116} Montefiore Hospital, “1917 Annual Meeting,” 76.

\textsuperscript{117} Montefiore Hospital, “1924 Financial Report,” MSS 286 Box 1 Folder 5 page 3, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.

\textsuperscript{118} Bleier et al., \textit{L’chaim}, 40.

\textsuperscript{119} Montefiore Hospital, “1917 Annual Meeting,” 77.
emphasized by organizations like the Irene Kaufmann Settlement. Immigrants were encouraged to become “more American”, and it would make sense that because of these efforts, they would begin to identify as American, rather than Russian.

Funding for the operation of Montefiore came from a few different places, similar to the IKS. As mentioned previously, the activities of the early years relied on both small and large donations from the community that were not just monetary but included supplies like groceries and linen. The hospital continued to receive donations, which totaled around $3,800 in 1914 ($6 of which came from donation boxes in a local restaurant, bakery, and business)\(^\text{120}\) and around $3,000 in 1924.\(^\text{121}\) Many of these donations came from either the will of or in memory of various community members, such as the $1,000 donation in memory of Herbert S. Rosenbaum in 1914\(^\text{122}\) or the will of Abraham Lippman (the first vice president of the hospital) which gave $2,500 for the establishment of two free beds at the hospital, following his death in 1910.\(^\text{123}\) The Hebrew Ladies Hospital Aid Society also gave $5,000 to the hospital annually.\(^\text{124}\) Of the total $49,782.78 brought in by the Hospital in 1913, the breakdown of sources was as follows: $22,652.42 from patients, $15,500 from the state, $9,794.50 from the Federation of Jewish Philanthropies, $767.39 from the Saturday and Sunday Association, $663.47 from Fire Insurance, and $405 from dues and

\(^{120}\) Montefiore Hospital, “1915 Montefiore Hospital Director’s Meeting,” 41-42.

\(^{121}\) Montefiore Hospital, “1924 Financial Report,” 5.

\(^{122}\) Montefiore Hospital, “1914 Montefiore Hospital Director’s Meeting,” 44.


donations. Once again, similar to the Irene Kaufmann Settlement, the funds necessary for the operation of Montefiore Hospital did not exclusively come from charging its patients. While a substantial amount of money was brought it from paying patients, as shown previously, many patients did not pay for their treatment at the hospital. This gap was filled by sources such as the State of Pennsylvania, as well as the Federation of Jewish Philanthropies.

A significant source of funding for Montefiore Hospital came from the state of Pennsylvania, although the funds were a contested force. The hospital received $17,000 from the state in 1912 and continued to petition for more funding, ultimately totaling $253,500 in 1918. Representatives from the House of Representatives appropriations committee made regular visits to hospitals across the state, including Montefiore, to examine the operation of the hospitals. By 1919, the state withheld its appropriations to the hospital. Correspondence between representatives of the hospital and the state suggests two reasons for which the hospital would not have qualified for state funding: a belief that the hospital had too many free patients and that the hospital was religiously tied (states that received hospital funding presumably had to be non-sectarian). The first point comes from a letter sent to the secretary of the Pennsylvania Department of Welfare in 1924, from an unclear representative of the hospital, emphasizing the hospital’s efforts to ensure that each free patient is evaluated properly by the hospital’s Social Service

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125 Montefiore Hospital, “1914 Montefiore Hospital Director’s Meeting,” 24.
126 Bleier et al., L’chaim, 37-39.
128 Bleier et al., L’chaim, 39.
department, as not to improperly use the state’s funding for charitable institutions.\textsuperscript{129} The second point comes from the same letter, stating that while the hospital does offer dietary and religious support for its Jewish patients, while receiving aid from the Federation of Jewish Philanthropies, it does not force Jewish customs on its patients, nor is it controlled by a religious institution.\textsuperscript{130} Over the years, the hospital made many attempts to recover state funding, including A.J. Sunstein (one of the board members of Montefiore Hospital, as well as Treasurer of the IKS) making trips to Harrisburg for appropriation hearings.\textsuperscript{131} State appropriations for the hospital did not resume until 1927.\textsuperscript{132}

The Federation of Jewish Philanthropies was a consistent contributor to Montefiore Hospital, once again highlighting the connection between charitable organizations and the Jewish community. In 1912, the first year of operation of the FJP, Montefiore received $10,000.\textsuperscript{133} When the state appropriations fell through, Montefiore petitioned to the FJP for more money to help cover their expenses.\textsuperscript{134} The FJP gave Montefiore $9,000 in 1921,\textsuperscript{135} and increased their allocations

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\item[129] Montefiore Hospital, “1924 State Correspondence,” MSS 286 Box 1 Folder 5, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
\item[130] Ibid.
\item[131] Montefiore Hospital, “1922-1923 Annual Meetings,” MSS 286 Box 1 Folder 4 page 160, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
\item[132] Bleier et al., \textit{L’chaim}, 39.
\item[133] Ibid.
\item[134] Montefiore Hospital, “1921 Executive Committee Meeting,” MSS 286 Box 1 Folder 4 page 147, Rauh Jewish Archives at the Heinz History Center, Pittsburgh, PA.
\item[135] Montefiore Hospital, “1922 Annual Meeting,” 158.
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to $25,000 in 1923. Additionally, the hospital received $38,000 from the Jewish Relief Drive in 1922. When Montefiore Hospital was not bringing in enough money from charging its patients, as their purpose was to help the sick poor, they relied on state funding for charitable institutions. When state funding was no longer given to the hospital, they had a greater reliance on Jewish organizations to cover that deficit, furthering the hospitals connection to Pittsburgh’s Jewish community and the community’s philanthropic efforts.

While the Irene Kaufmann Settlement focused more on the overall health and wellbeing of its members, Montefiore Hospital was more directed at “medical” patient care. The hospital performed surgeries, delivered babies, and treated patients for a variety of causes, including pneumonia and bronchitis. However, the hospital’s work with its patients extended beyond treating people when they were sick. This was highlighted when the hospital opened its dispensary in September of 1922, with a Health Center opening a month later. The Dispensary saw 486 patients in its first 4 months of operation. The purpose of the Health Center was to provide preventative health work for the Jewish community. Here, patients were encouraged to come in for regular physicals and examinations to identify health issues before they became major problems. If any issues were found, they were referred to the Dispensary for further treatment. The Dispensary and Health Center were meant to work in conjunction with the hospital’s Social Services Department, established in September of 1923. The goal of the Social Services

136 Federation of Jewish Philanthropies, “1923 Board of Trustees Meeting,” 2.

137 Montefiore Hospital, “1923 Annual Meeting,” 185.

138 Montefiore Hospital, “1924 Medical Report,” MSS 286 Box 1 Folder 5 page 1-8, Rauh Jewish Archives at the Heinz History Center, PA.

139 Montefiore Hospital, “1923 Annual Meeting,” 185-189.
Department believed that “resonation and maintenance of health depends in many instances not only on accurate diagnosis and medical treatment…but also…his home conditions, occupation, habits and community relations.”\textsuperscript{140} Social workers followed-up with patients after they left the Dispensary to provide extra support in terms of educational materials and coordination with other social support agencies in the area. Social workers also used follow up visits to encourage treatment adherence for patients “whose disease endangers the health of the community such as tuberculosis [or] syphilis.”\textsuperscript{141} In addition to admitting and caring for patients through the hospital, Montefiore saw patients regularly through its newly added Dispensary and Health Center. The Health Center encouraged its patients to get regular checkups, promoting a preventative approach to healthcare. The Social Services Department worked in conjunction with these two units to ensure that patients had the proper resources to take care of themselves outside of the hospital.

\textsuperscript{140} Ibid., 189.

\textsuperscript{141} Ibid.
4.0 Conclusion

Both the Irene Kaufmann Settlement and Montefiore Hospital were deeply involved in Pittsburgh’s Jewish community. With the encouragement from nationwide organizations, such as the National Council of Jewish Women, there was a concerted effort to address social and health issues, especially among the immigrant community. This was an effort to both serve themselves, as well as those around them. As I have tried to highlight throughout this essay, a lot of the work of these organizations was done by women, connecting them to the broader Maternalist and social welfare sentiments of organizations like the NCJW.

The work of both the IKS and Montefiore Hospital continued following the 1920s, as the IKS became bigger and eventually re-organized as a community center. Montefiore Hospital was later bought out by the University of Pittsburgh Medical Center and is now UPMC Montefiore. For more information about the fate of Montefiore Hospital and Medical Care in Pittsburgh, see: Andrew Simpson, Medical Metropolis: Health Care and Economic Transformation in Pittsburgh and Houston (Philadelphia: University of Pennsylvania Press, 2019), Chapters 1-2.
promote health, --individual, family, and community.”\textsuperscript{143} In addition to providing visiting nurses to take care of the sick, the organization also coordinated with the Department of Health and Bureau of Child Welfare. Babies born at Magee Hospital were referred to the nursing association, so that nurses could provide follow-up visits to the mothers and provide them with information about the care of their baby.\textsuperscript{144}

The Public Health Nursing Association had a relationship with both the IKS and Montefiore Hospital. Both organizations had members that were advocates for and involved in the early organization of the association, particularly Anna Heldman.\textsuperscript{145} Eventually, the PHNA had stations across the city, with one being at the Irene Kaufmann Settlement, where it would hold meetings and other events.\textsuperscript{146} The IKS stated that its nurses would work in conjunction with the new nursing association, with the hope of eventually turning over their nursing work to the PHNA.\textsuperscript{147} The PHNA also started hosting “Well-Baby Clinics”, showing the influence of the IKS’s baby clinics. In terms of organization, both Roberta Rauh and Louis J. Affelder served on the board and as vice president of the association, respectively.\textsuperscript{148} The Pittsburgh Public Health Nursing Association was very much an effort that came out of the work of both the IKS and Montefiore

\textsuperscript{143} Public Health Nursing Association, “History of the Public Health Nursing Association,” AIS.2000.13 Box 1a Folder 1 page 3, University of Pittsburgh Archives and Special Collections, Pittsburgh, PA.
\textsuperscript{144} Ibid.
\textsuperscript{145} Anna B. Heldman, “The Neighbor’s Tales,” page D.
\textsuperscript{147} Irene Kaufmann Settlement, “1919 Year Book,” 9.
\textsuperscript{148} Public Health Nursing Association, “1921 Statistics Pamphlet,” AIS.2000.13 Box 1a Folder 8, University of Pittsburgh Archives and Special Collections, Pittsburgh, PA.
Hospital. The PHNA continued to serve Pittsburgh until its closing in 2000, remaining an example about how the work of both the IKS and Montefiore Hospital expanded beyond their own activities and continued to have a lasting impact on the community.

From the study of both the Irene Kaufmann Settlement and Montefiore Hospital, we can learn a lot about the development of immigrant healthcare in Pittsburgh during the early twentieth-century. These two organizations were deeply connected with the Jewish community. They were founded, inspired by Jewish and personal values, with a social responsibility to take care of the Jewish community as well as the community around them. It was also done in part through the organization of wealthy Jewish families, who were part of a broader Jewish philanthropic network in Pittsburgh. In addition to increasing the actual opportunities for immigrants to access healthcare through visiting nurses and free hospital care, they worked to improve health education and better the overall conditions of their community. Behind the altruistic appearance, there were motivations of Americanization, geared at making immigrants less like “immigrants” and more “American.” A lot of the work in these organizations was done by women, spurred by the free time of middle-class women, as well as the view of them as mothers, taking care of their immigrant families. Through this study, we can understand the manifestations of the Jewish Maternalist and social welfare efforts in Pittsburgh, while also seeing the importance of having community organizations work to address issues such as disparities in healthcare, and how they can have a lasting impact on the continued development of healthcare infrastructure.
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