



# Shaping the Future of Health Care



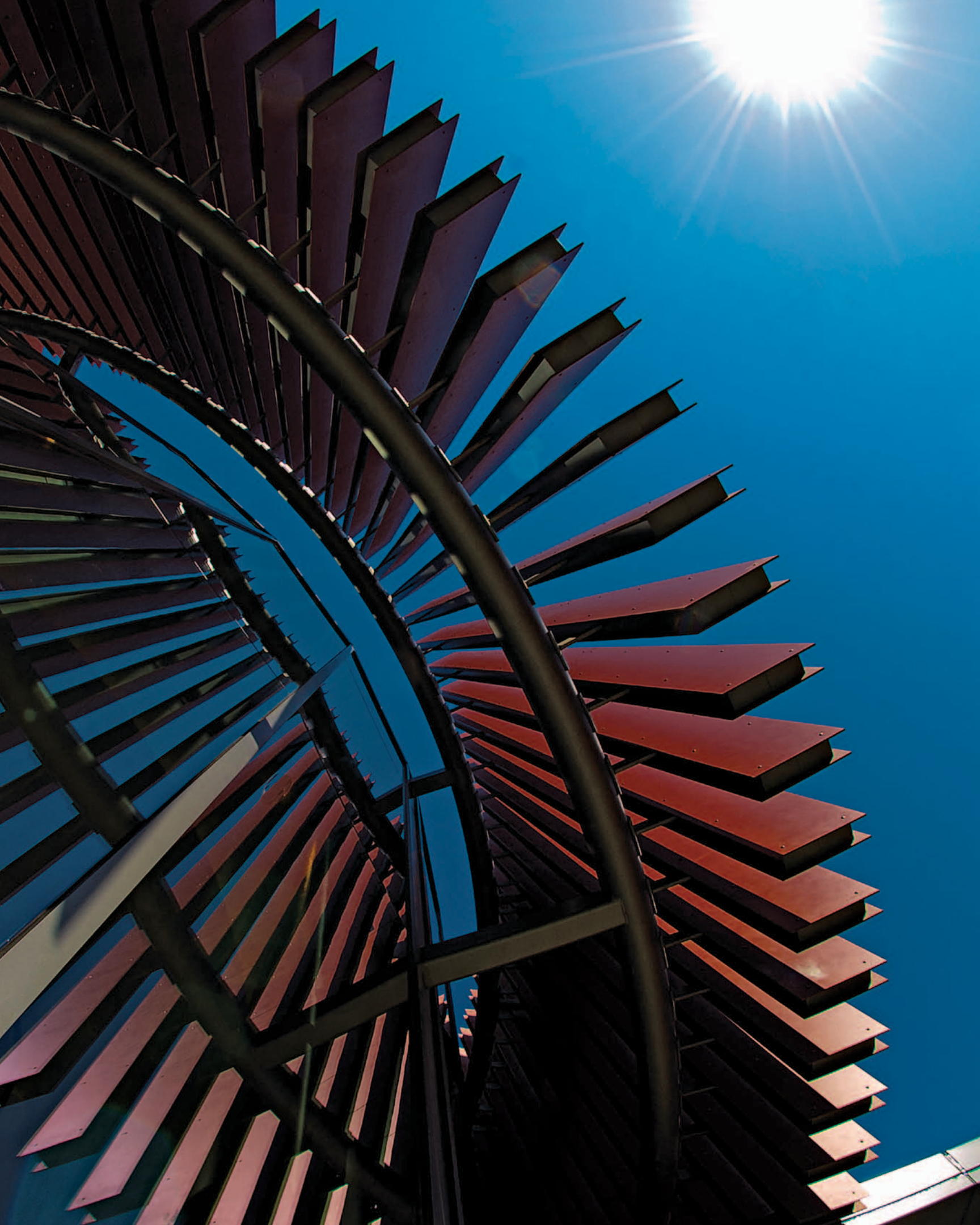
Jeffrey L. Rodengen

Foreword by  
**Michael J. Dowling**  
NORTHWELL HEALTH PRESIDENT AND CEO



# Shaping the Future of Health Care







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Jeffrey L. Rodengen

Edited by Christian Ramirez  
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I am so very proud to be leading this organization at a remarkable crossroads in history. A quarter-century after our health system was created, we have a new name: Northwell Health. The expression “past is prologue,” reminds us that the future of Northwell Health owes much to the history of the North Shore-LIJ Health System, and this book celebrates both.

As we continue to grow both within and beyond the New York metropolitan area, our new name will be more visible and more clearly understood. We are in the midst of a multi-year process to build recognition and distinguish our unique capabilities and brand within a cluttered health care market.

We are truly living in the age of miracles and wonders. The technologies of diagnosis and treatment have grown tremendously, but the future of health care is about guiding and engaging consumers in a very different way. As the nation’s health care system continues to evolve, and with our growing emphasis on health and wellness promotion, our focus is on keeping people well and managing their health, not just treating them when they are sick or injured.

Much has happened since the creation of the North Shore Health System in 1990 and the 1997 merger with LIJ Medical Center that created the North Shore-LIJ Health

System. We have grown into a world-renowned clinical, educational, and research enterprise. Today, we are the largest private employer in New York State, and the 12<sup>TH</sup> largest health system in the nation, with annual revenues of about \$9.5 billion. How did we achieve such growth? Notable milestones during the past two decades include:

- The 1999 establishment of a biomedical research enterprise, now known as The Feinstein Institute for Medical Research, which employs more than 1,500 scientists, investigators, and other employees.
- The 2010 expansion into Manhattan with the addition of Lenox Hospital and the 2014 opening of Manhattan’s first freestanding emergency center, Lenox Health Greenwich Village.
- The 2010 founding of New York State’s first allopathic medical school in 40 years—Hofstra Northwell School of Medicine, which graduated its first class in May 2015.
- The 2013 creation of the health system’s own health insurance company, Care Connect.
- The 2014 addition of two Westchester County hospitals—Phelps Memorial Hospital Center in Sleepy Hollow and Northern Westchester Hospital in Mount Kisco.

# Foreword



**Michael J. Dowling**  
President & CEO

- The 2015 strategic affiliation with Maimonides Medical Center in Brooklyn.
- The 2015 launch of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.
- The 2016 addition of Peconic Bay Medical Center in Riverhead in eastern Long Island.
- A major expansion of outpatient practices and other ambulatory services that now includes about 450 locations throughout the metropolitan area.
- The largest ambulance transport system on the East Coast and the New York area's hospital-based helicopter emergency medical service.
- Strategic alliances with such internationally renowned institutions as the Cleveland Clinic, Cold Spring Harbor Laboratory, and Karolinska Institutet in Sweden.


Beyond our 21 hospitals, Northwell Health also offers a full continuum of care through a broad network of skilled nursing facilities, rehabilitation programs, home care, hospice services, urgent care, primary care, and specialty services throughout our system, along with access to more than 2,100 clinical research trials that have enrolled more than 15,000 participants.

We truly are shaping the future of health care at Northwell Health. From the routine to the extreme, continuous innovation

is the new normal. Great ideas circulate, move, live, prosper, and grow throughout our system. Our new name is simply a reflection of the future direction of health care and how those services will benefit you, your family, friends, and neighbors. Our commitment to our local communities throughout our growing service area remains as strong as ever, and the care you receive will continue to be backed by the resources of the entire health system.

I hope you enjoy reading about our rich history and even stronger future. Our 61,000-plus dedicated and professional employees, including the more than 15,000 nurses and our affiliations with nearly 13,600 physicians, continually exceed the expectations of the hundreds of thousands of patients who have come to rely on our knowledge, our compassion, and our commitment. Our new name and growing health care brand are exciting milestones that position us for even greater success in the years to come.





Many dedicated individuals assisted in the research, preparation, and publication of *Northwell Health: Shaping the Future of Health Care*. Research Assistant Rachel Silberstein conducted the principal archival research for the book. Senior Editor Christian Ramirez managed the editorial content, while Senior Graphic Designer and Studio Administrator Cristofer Valle and former Graphic Designer Danielle Taylor brought the story to life.

Special gratitude goes to Terry Lynam and Jeff Kraut, who helped shepherd this book to completion, and CEO Michael Dowling, who provided us with a wealth of knowledge about the world-renowned health system's history and future.

We also extend our posthumous thanks and appreciation to Dr. Lawrence Scherr, whose extensive research of the health system's archives unearthed invaluable information in preparing this book.

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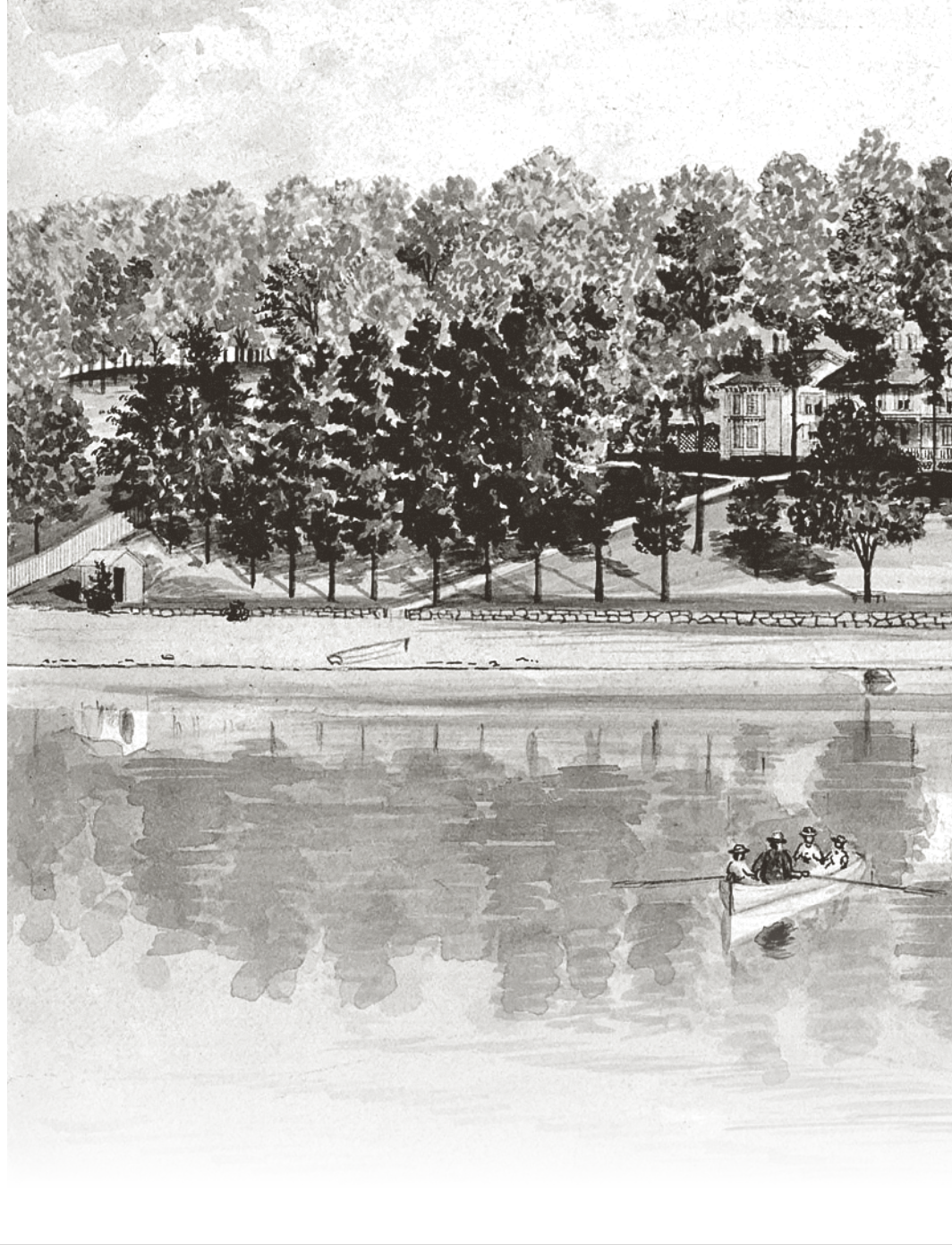
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“Thirty years after Eddie Cantor and F. Scott Fitzgerald touched down in Great Neck, it had evolved into a distinguished community—not just beautiful and convenient—but fortified by an impressive array of institutional services.”

—Judith Goldstein  
Long Island Historian<sup>1</sup>

An original, partially hand-rendered, black-and-white graphic art piece showing the Hewlett estate. The Hewletts were among Great Neck's earliest settlers. (Image courtesy of the Great Neck Library.)







# *The Rise of Nassau*



During the first half of the 20<sup>th</sup> century, Long Island was a rural, mostly agricultural extension of New York City. The North Shore of Long Island, also known as the Gold Coast, ultimately became an enclave of the greatest concentration of wealth in the nation. Dotted with grand estates and summer homes, the North Shore spurred many architectural trends, and its influence can still be seen all over the country. Many 19<sup>th</sup> century captains of industry, including J. P. Morgan, F. W. Woolworth, the Roosevelts, the Vanderbilts, the Hearsts, and the Whitneys, had homes on the North Shore.<sup>2</sup>

During the 1920s, Great Neck, a village just east of New York City in Nassau County on the North Shore, drew many well-known, colorful personalities, including writers,



Here is Zelda and F. Scott Fitzgerald's Great Neck home, located at 6 Gateway Drive, in the Great Neck Estates. The couple lived there from October of 1922 to April 1924.

(Image courtesy of the Great Neck Library.)



playwrights, Broadway stars, and journalists. Among the glitterati were celebrities such as Eddie Cantor, Groucho Marx, Oscar Hammerstein, and F. Scott Fitzgerald. With all this creative influence concentrated in one place, Great Neck soon became known as the home of the never-ending cocktail party, which often centered at the home of Herbert Bayard Swope, the most influential newspaper editor of the time and editor-in-chief of Joseph Pulitzer's *New York World*.<sup>3</sup>

At the same time, the rural and secluded North Shore was beginning to evolve. Behind the metamorphosis was Robert Moses, head of the New York State Parks Commission. Having built his reputation on developing beautiful parks, and later constructing the Verrazano-Narrows Bridge, Moses set his sights on the largely undeveloped

## 1914

Great Neck Health League is founded to supplement health services in the rural, mostly agricultural Nassau County.

## 1919



Image courtesy of the Great Neck Library.

Newspaper baron Herbert Bayard Swope rents a summer home in Great Neck, which becomes a nonstop cocktail party, entertaining social heavyweights, writers, Broadway stars, and the like for the next decade.

## 1922

F. Scott Fitzgerald and his wife Zelda move to Great Neck Estates, where they partake in



Image courtesy of the Great Neck Library.

the glamorous star-studded parties at Swope's home.

estates of the Gold Coast, deciding the land should be accessible to millions of New Yorkers. He fought aggressively with the wealthy landowners, using his powerful position to build roads, parks, recreation centers, tunnels, and bridges, cutting deeply into the landowners' properties and eroding their sense of privacy.<sup>4</sup> While Moses' Long Island transformation would be the subject of much debate for generations, few can deny the remarkable scope and scale of his planning projects in a relatively short period.

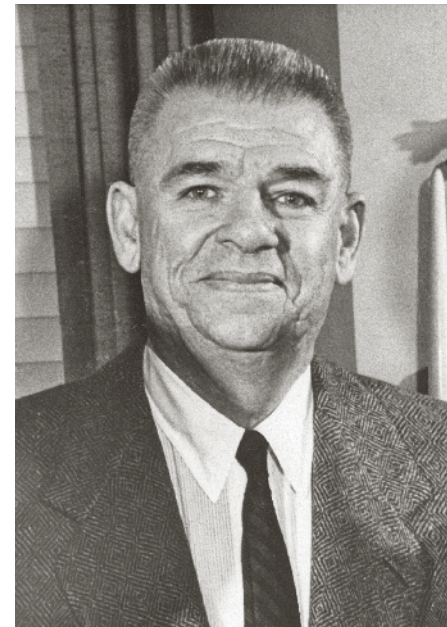
In 1929, the Wall Street crash hit Nassau County hard, bringing the party in Great Neck to an abrupt end and weakening the influence of the North Shore barons. Many of the Gold Coast's high-profile residents lost homes or moved to Hollywood, but the North Shore's association with glamour, wealth, and opportunity lingered.

### A Slice of Americana

After the Second World War, when America once again brimmed with prosperity and optimism, working- and middle-class residents from the boroughs flocked to Nassau County in search of the American dream. Suburbs such as Levittown were established, while parks, highways, and railroads replaced lush hills and forests, completing Moses' vision for Long Island's development.<sup>5</sup> Health care services, however, failed to keep up with the housing and population boom, and the founding of two community-built hospitals—North Shore Hospital and Long Island Jewish Medical Center—played a critical role in the settling and development of the area following the war.

At the time, Long Island's North Shore embodied the nation's spirit of upward mobility and consumerism and quickly became the quintessential American suburb. With servicemen back from overseas, more couples bought homes, participated in religious life, and started families.<sup>6</sup> As in many American suburbs, local communities

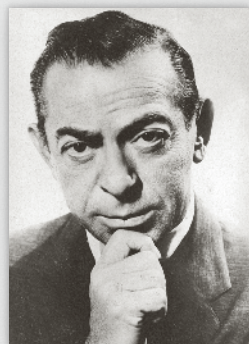
Famed lyricist and producer Oscar Hammerstein II (1895–1960) lived in a home on Shore Drive in King's Point, which later belonged to Alan King, a trustee of Long Island Jewish Medical Center. Hammerstein collaborated with Jerome Kern, George Gershwin, and Richard Rodgers to create timeless musicals such as *Oklahoma*, *Show Boat*, *Carousel*, *South Pacific*, and *The Sound of Music*. (Image courtesy of the Great Neck Library.)



## 1925

*The Great Gatsby*, F. Scott Fitzgerald's glamorous depiction of early 20<sup>th</sup> century Great Neck, is published. The fictional West Egg is Fitzgerald's view of Great Neck's King's Point.

Image courtesy of the Great Neck Library.



such as Eddie Cantor lose their homes, while others move to Hollywood.

## 1929

Wall Street crashes, bringing the party on the Gold Coast to an abrupt end. Many local celebrities

## 1929

State Park Commissioner Robert Moses opens Jones Beach State Park, which includes bathhouses, a campanile water tower, and a parking lot for thousands of cars at Jones Beach. During the first month, 350,000 people fill the park.



were tightly knit and connected by traditional family structures. Men worked in the city while women cared for the children and volunteered in their communities.

The post-war consumerism suited the new suburbanites well, as many were business owners who had acquired their wealth by selling consumer goods. A large number of North Shore residents found success by investing in the garment industry, selling both high- and low-end clothing on 7<sup>th</sup> Avenue in Manhattan. Others succeeded in selling real estate, jewelry, furniture and plastics, while some went into the world of finance, working as accountants and stockbrokers.<sup>7</sup>

Residents of Great Neck, Manhasset, and many other North Shore communities also took an active interest in civic leadership, investing in churches, temples, and schools, striving for excellence in every arena.<sup>8</sup> When community services and institutions did not live up to their expectations, community members formed groups and lobbied for change. As a result, local communities earned national recognition for their exceptional education system, attracting new waves of family-minded residents.

## *F. Scott Fitzgerald's Long Island*

Perhaps one of the most enduring depictions of Great Neck is novelist F. Scott Fitzgerald's *The Great Gatsby*. Fitzgerald and his wife Zelda were drawn to Great Neck in the 1920s, finding it an idyllic place to raise their young daughter. As local celebrities, the pair attended the elegant parties of media baron Herbert Bayard Swope, socializing with other media, literary, and Broadway theater heavyweights. Fitzgerald, known for his binge drinking, earned a reputation for passing out on every lawn from Great Neck to Port Washington.

The festivities were cut short for the Fitzgeralds when Zelda, who was prone to manic behavior and mood swings, offended Swope's wife Margaret one evening by playfully antagonizing Margaret's shy, teenage brother.<sup>1</sup> Fitzgerald also struggled financially and professionally during his time in Great Neck and failed to publish many stories there. Financial problems, mental illness, and alcoholism took their toll on the couple. In 1924, Fitzgerald decided to move his family to France and finish his novel under "unfamiliar skies."<sup>2</sup>

In the sparkly allure of Great Neck and his subsequent disenchantment, Fitzgerald found the perfect setting for his most



famous novel, *The Great Gatsby*. Many believe the Keewaydin Estate, famously known as Lands End, was the inspiration for Daisy Buchanan's home in the iconic novel. The novel's West Egg and East Egg were fictionalized versions of the real North Shore villages of Kings Point and Sands Point, symbolizing the great invisible divide between the old-world elite and the hopeful newcomers.<sup>3</sup>

## A Community in Need of Health Care

During the mid-1940s, Nassau County's population exploded to more than 800,000, and it became apparent that health care services on Long Island were not up to par. Due to crowded conditions, hospitals frequently referred patients to private physicians rather than admit them, particularly if they could not pay for services. Even in an emergency, hospitals would treat patients and then refer them elsewhere for follow-up treatment. It was up to the private physicians' discretion to treat patients who could not afford medical procedures.<sup>9</sup>

It was not just Nassau's poorest who were lacking in basic medical services. Nassau's rapidly growing middle class also had few options to help pay for expensive medical procedures. Those who applied for welfare were treated with intense scrutiny by government organizations, and applicants were sometimes forced to give up their cars, life insurance policies, or other assets to qualify for long-term coverage.<sup>10</sup>

The state of health care was in a dire situation in the area until an accident in 1946 involving the son of a well-connected Great Neck man, Danny Udall, ended up moving the community to take action. When Udall's son fell through a grate over a cellar window and was badly injured, the closest hospitals were small-town facilities in Flushing and Mineola, with the nearest quality hospital in New York City. Udall called a meeting with some of his friends, including David Levitt, president of the Doughnut Corporation of America, who declared that medicine was a "disaster" in the area and that a first-rate hospital was desperately needed. From there, a committee was formed." The North Shore's expanding communities were in perilous need of proper health services, but resources were limited, and the committee would have to win over the town's mega-wealthy Protestant neighbors who lived farther out on the North Shore.

### 1933

Franklin D. Roosevelt inaugurates his New Deal for the American people, developing federally sponsored public works projects that include parks, bridges, and highways.

### 1944

On June 6, Operation Overlord—commonly known as D-Day—commences with allied troops spearheading the largest amphibious operation in the history of warfare.



Photo courtesy of the Franklin D. Roosevelt Presidential Library & Museum, photo id 7298.

### 1945

A period of renewal and population growth follows World War II, and couples move to Long Island to start families and pursue the American Dream.

## David Levitt, America's Doughnut King

David Levitt served on the initial North Shore Hospital Fund board and personified the new wealth that was transforming Long Island. Levitt was heir to the Doughnut Corporation of America, the largest doughnut manufacturer in the world, founded by his father Adolph “Pop” Levitt. Levitt and his wife Norma had three young children. The couple were involved in communal organizations, leading the crusade for better education and health care in the area.

Despite his father’s success, Levitt was not afraid to get his hands dirty. While attending Yale, he spent his summers at home working anonymously behind the counter in his father’s Manhattan store and running doughnut delivery routes. By the time Levitt took over the doughnut empire as president in 1949, he had performed every menial task, from loading wheat trucks to working in the factory.<sup>1</sup>

As president, Levitt hired a well-known publicist named Bert Nevins, and together they launched many glitzy, celebrity-filled ad campaigns; created whimsical, donut-themed merchandise; and organized publicity stunts to raise the company’s profile.<sup>2</sup>

## The Great Divide

In 1950s Long Island, an unmistakable divide existed between the North Shore’s moderately wealthy, mostly Jewish clothing manufacturers and real estate developers, and families such as the Morgans, the Vanderbilts, the Graces, and the Whitneys of the Gold Coast, heirs to 19<sup>th</sup> century railroads, steel, and securities empires. Newer residents were community-focused, recognizing the value in investing in solid institutions for their families, while the old-money establishment was mostly aloof, visiting in summer months, only to hide out in their sprawling, secluded estates and taking little interest in their enterprising neighbors.

Exacerbating social tensions, many of Long Island’s new developments, such as William Levitt’s Levittown, were decidedly inhospitable to Jews and African Americans. As a result, throughout the 1950s, racial and economic lines conspicuously divided Long Island neighborhoods. For instance, Spinney Hill, an African American community straddling Great Neck and Manhasset, contrasted starkly with the area’s affluence. Many homes in the neglected neighborhood did not have modern plumbing or electricity, and a health crisis loomed as well.<sup>12</sup> In 1953, Cecile Tredwell, the director of Manhasset Health Center, which served the Spinney Hill housing projects, told *Newsday*, “I can see children who come here to our recreation program every day who need medical attention. We speak to parents, but apparently many of them are unable to pay the doctor’s fees.”<sup>13</sup>

Plans to build what would become North Shore Hospital served as a catalyst in unifying the area’s deep-seated socioeconomic, racial, and ethnic divisions. The hospital would challenge the discriminatory tradition in medicine at the time, opening up the profession to marginalized groups.<sup>14</sup> The process of community building

### 1946

An accident involving the son of Danny Udall, a well-connected Great Neck resident, highlights the need for a first-rate hospital in Nassau County. Udall meets with some of his wealthy friends, and the idea for a hospital fund is born.

### 1947

On May 7, William Levitt announces the first “Levittown,” an enclave of mass-produced affordable single-family homes in Nassau County. More than half the homes are sold two days after the announcement. Levittown becomes the archetype for post-war American suburbs all over the country.



and fundraising had a surprisingly conciliatory effect, at a time when the Island was becoming increasingly segregated, as Long Island historian Judith Goldstein wrote:

*Hospital building caused the Great Neck community to reach out beyond its immediate borders to other populations in Queens, the North Shore and the South Shore. These cooperative efforts thrived, ironically, precisely, at the time that the strong threads of ethnic and religious cohesion—with their concomitant strands of exclusion—were gaining strength in the ever-changing composition of each of the individual suburbs.<sup>15</sup>*

In an effort to court the Christian elite, while acknowledging the interests and fundraising potential within the growing Jewish community, North Shore Hospital's initial board was made up of five Jewish members and five non-Jewish members. From the outset, the board decided that the hospital would not discriminate against Jewish physicians and would hire doctors turned away from Mineola and Flushing hospitals. In addition, the board and administration would maintain a carefully balanced ratio of Jews to non-Jews, and the president of the hospital would also alternate between Jew and non-Jew each year.<sup>16</sup>

The hospital's association with the Whitneys and the Paysons, along with a colossal community effort, would uproot the old social order and launch Long Island into a new era of innovation, philanthropy, and social reform.

Throughout the 1950s, racial lines divided many Long Island neighborhoods, including Levittown, which was unfriendly to Jews and African Americans. The founding of North Shore Hospital would serve as a catalyst to unify the community.



## 1949

David Levitt, one of the founders of the North Shore Hospital Fund, inherits his father's doughnut empire, Doughnut Corporation of America.



## 1953

*Newsday* writes a seven-part series on the health care crisis in Nassau County, pointing out the desperate need for employment opportunities for physicians, clinics for the poor, and more hospital beds.

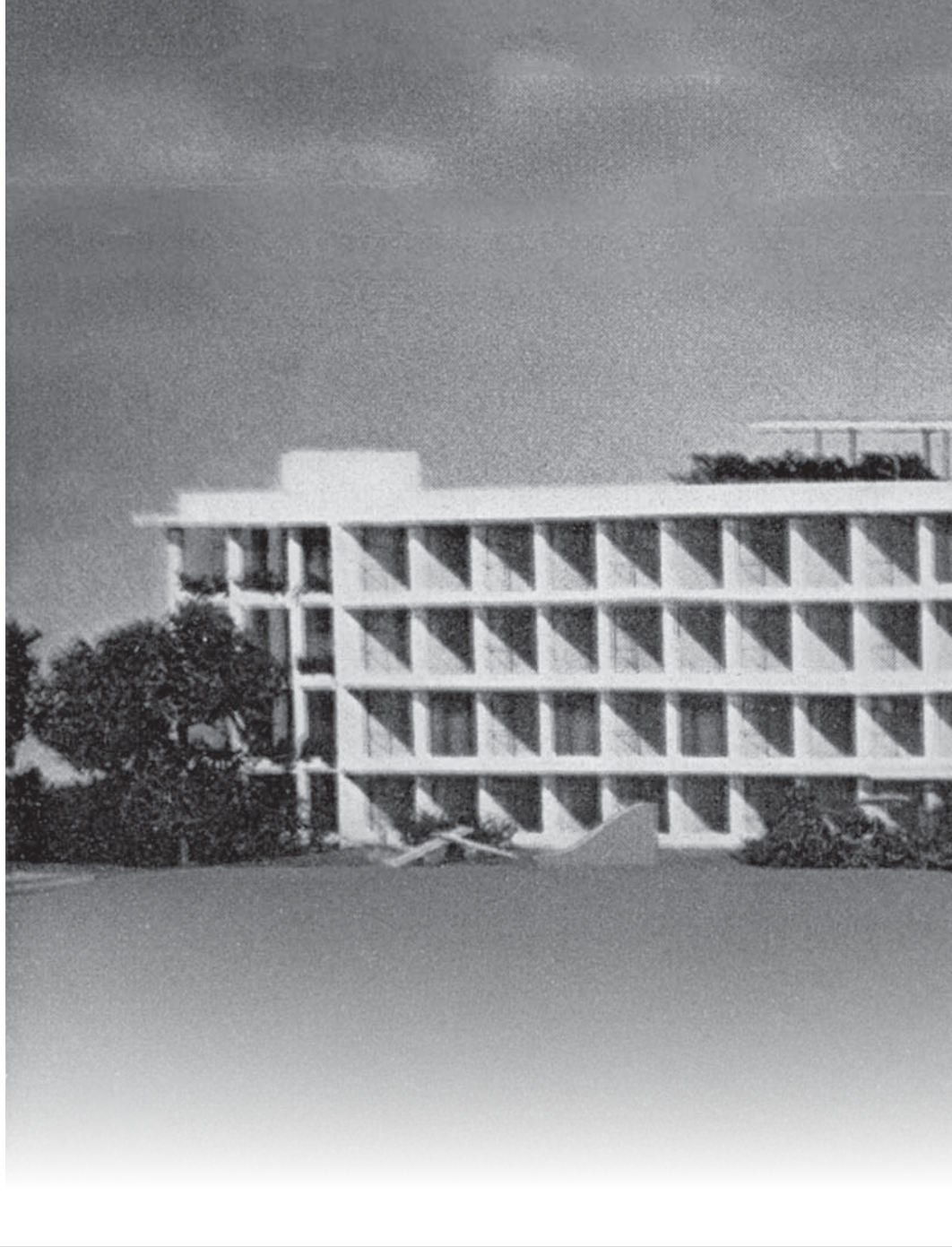
## 1954

In March, Governor Thomas E. Dewey approves the construction of the Long Island Expressway, which cuts across the great estates of the North Shore.

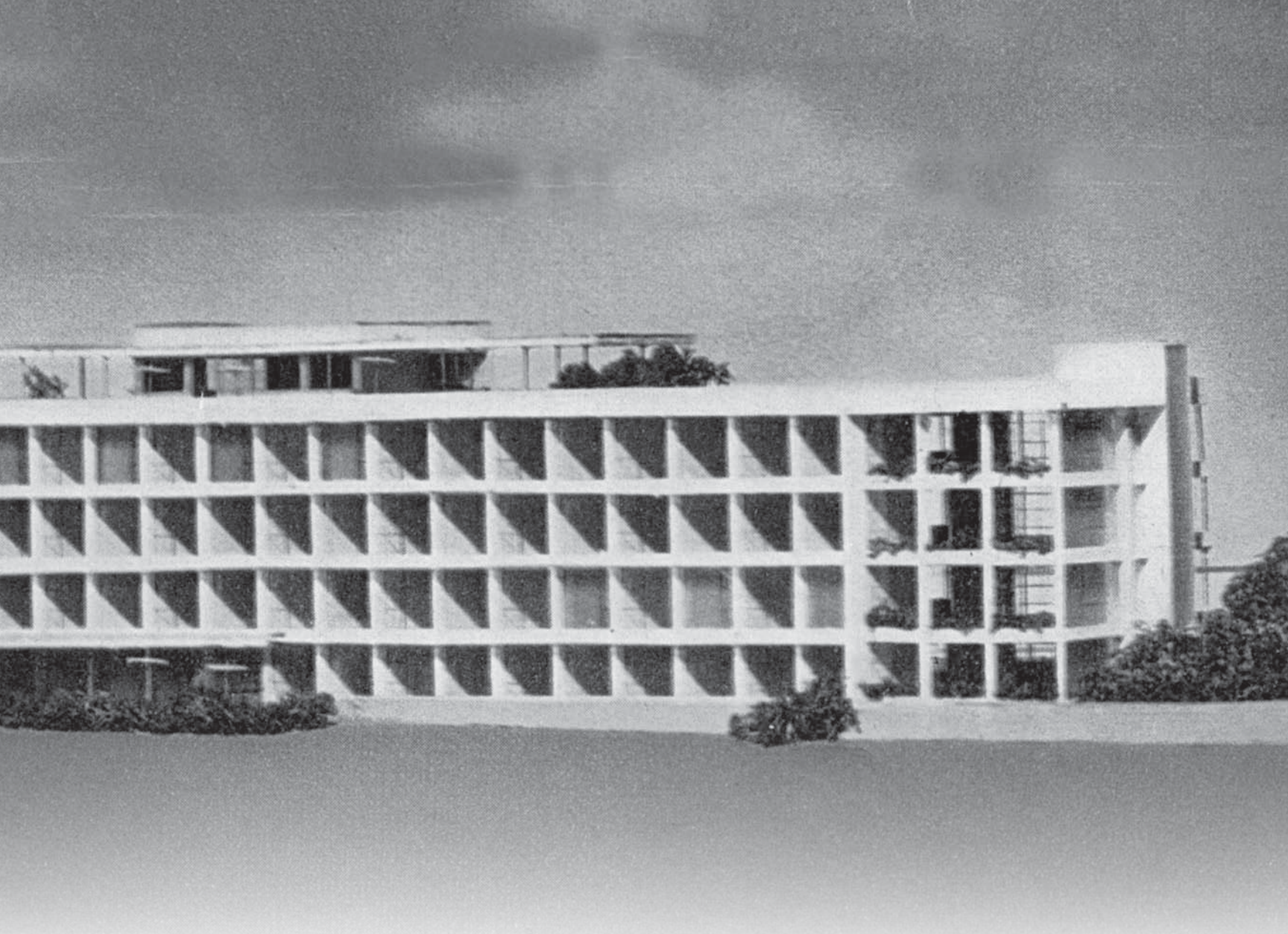
*“Seeking treatment in the city was very difficult for the patient. I wanted to contribute out here so that we had something very fine and something that was reliable.”*

— **Sandra Atlas Bass**  
Trustee, Northwell Health<sup>1</sup>

North Shore Hospital's original building on Long Island's exclusive Greentree Estate grounds.







# Founding a Hospital

2

There was palpable, unspoken tension between the North Shore's striving, ambitious newcomers and the old aristocracy who flocked to Gold Coast estates during the summer months to engage in leisure activities such as golf, sailing, polo, and croquet. For the growing middle class, the area offered an appealing middle ground between the big, chaotic city and small-town life, but many of the wealthy elite looked at the *arrivistes* with disdain, particularly as developers and industrialists began encroaching on their properties.<sup>2</sup>

In addition to the socioeconomic divides, finding a suitable location for the new hospital presented a challenge. Initially, Mrs. Louise Eldridge, the "First Lady" of Great Neck, offered to sell a piece of her Saddle Rock estate. Her mother, Saddle Rock



## *Sylvia Lester and the Wives of the North Shore*

Having traded their jobs for homemaking upon moving to the suburbs, many Long Island women found themselves searching for more intellectually fulfilling projects to participate in. Among them was Sylvia Lester, who was instrumental in the creation of the North Shore Hospital Auxiliary, and who moved to Great Neck with her husband Lou when he was hired at the hospital.

"I had been a schoolteacher in Philadelphia, and I was just being a mother in Great Neck," she said. "I wanted to do something that had more academic background, and we heard they were looking for volunteers."<sup>1</sup>

Lester and the other women set up a table in front of a children's shop called "Bunny Land" on Middle Neck Road, asking anyone who passed by if they wanted to volunteer, and "finally, when it opened, we were some of the first volunteers that they ever had."<sup>2</sup>

Sylvia initially joined the Women's Auxiliary, bringing flowers to patients, manning the gift shop, and organizing events such as the annual North Shore Fair to liven up the hospital. She eventually carved out a career for herself at the hospital, creating and heading the patient relations department, which still exists today.

matriarch Mrs. Roswell Eldridge, had recently died, and much of the family estate had been sold to developers or donated to the board of education to build Saddle Rock Elementary School. Eldridge offered to sell what was left, but with an ambitious fundraising goal of \$2 million, of which \$600,000 was already pledged, the group realized the land would be too small.

### **Location, Location, Location**

An ambitious young businessman, Wilfred "Willie" Cohen, suggested asking John Hay "Jock" Whitney for land, envisioning a hospital with influence that would extend far beyond the borders of the North Shore. Whitney was one of the North Shore's wealthiest and most prominent men. He was the US ambassador to the United Kingdom, the publisher of the *New York Herald Tribune*, and the chairman of the board of New York Hospital. He had quite an impressive lineage as the grandson of John Hay, Abraham Lincoln's private secretary and Secretary of State under President William McKinley and Theodore Roosevelt, and the son of sportsman Payne Whitney and poet Ellen Whitney. He grew up on the Greentree Estate, attended Groton and then Yale, graduating in 1926.

In 1927, Whitney inherited \$30 million from his father. A few years later after his mother died, he also inherited the 500-acre Greentree Estate. By that time, it had been transformed into one of the most impressive estates in the country with more than 200 staff members, horse stables, a golf course, a polo field, tennis courts, swimming pools, and Turkish baths. He and his wife, Betsey, lived on the Manhasset property along with his sister Joan S. Payson. In 1935, his in-laws William and Babe Paley bought the property next door.<sup>3</sup>

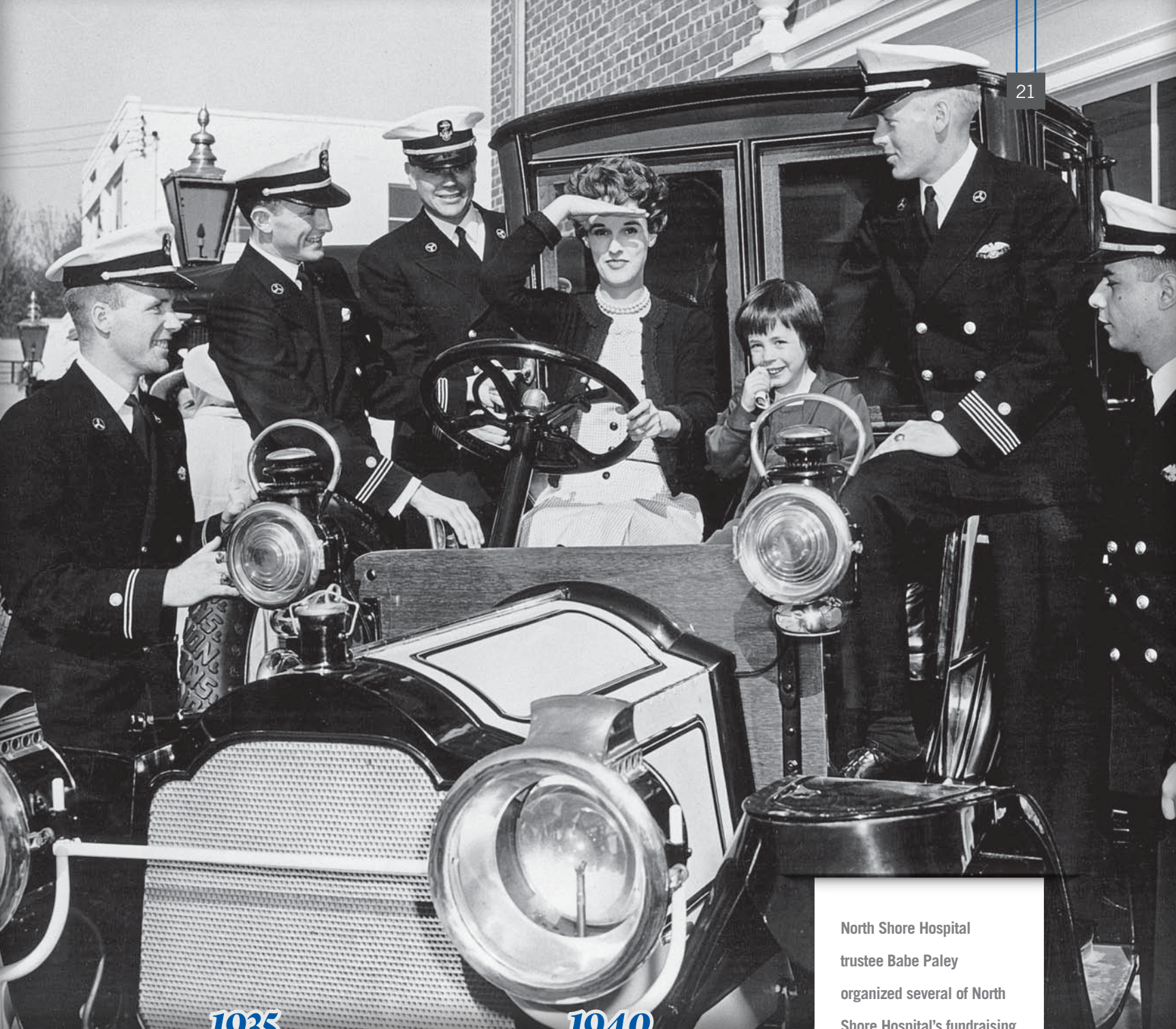
## 1926

Louise Udall Eldridge becomes the first female mayor of Saddle Rock and the first female mayor in the state of New York. She serves as mayor of the village from 1926 until 1947, when she dies four days before election day at the age of 87.

## 1927

Jock Whitney inherits \$30 million from his father. A few years later he inherits his family's 500-acre Greentree Estate in Manhasset.





1935

William and Babe Paley buy property next door to Whitney's Greentree Estate. The Paleys become generous contributors to the North Shore Hospital Fund.

1940



Media man John Reagan "Tex" McCrary meets Jinx Falkenburg when he interviews her for the *Daily Mirror* after she opens in the musical *Hold On To Your Hat*.

North Shore Hospital trustee Babe Paley organized several of North Shore Hospital's fundraising charity balls. Here she is with her daughter Katie, joining a number of midshipmen at the US Merchant Marine Academy for one of the early balls.





Trustee Jock Whitney initially donated 12 acres from his Greentree Estate to North Shore Hospital and an additional five acres in 1955.

Despite his high social standing, Whitney also had a record of rejecting the discriminatory standards of the time. Whitney insisted that New York Hospital include its first Jewish board member. He also requested that his name be removed from the Social Register, a listing of America's most prominent families, in protest of its exclusionary practices.<sup>4</sup>

Enlisting Whitney to donate land to the hospital would be a significant victory for the hospital fund, but it would be no easy feat. Tom Fitzgerald, one of the initial board members of the hospital fund, offered to talk to Whitney and some of the other members of the North Shore elite, but in the end, media personality John Reagan "Tex" McCrary persuaded Whitney to join the team. The two men had attended Yale together and spent the war years together in London. Whitney also introduced McCrary to his wife, model and actress Jinx Falkenburg. When McCrary and Falkenburg married, they moved to the Whitney estate.<sup>5</sup>

McCrary was the ideal partner for the fund. The ad man-turned-talk radio host was idealistic, well connected, smart, and had a knack for bringing people together. Historian Judith Goldstein wrote, "McCrary devoted himself to mixing (to mutual advantage) his multiple interests: supporting his public relations business, editorial work on the *American Mercury*, appearances on his own radio and TV programs, aiding charitable endeavors and, in efforts closest to his heart, supporting the Republican Party."<sup>6</sup>

McCrary humbly remarked of his role in community projects, "In all these things, you can call me a catalyst on a hot tin roof. But the catalyst does not always go along for the action; in fact, he mostly gets lost. He just makes it happen."<sup>7</sup>

McCrary sold Whitney on the hospital campaign using his oft-repeated Lord & Taylor pitch: "Some day, if you have a hospital here that can deliver the same medicine that New York Hospital does in New York the way that Lord & Taylor here delivers

## 1945

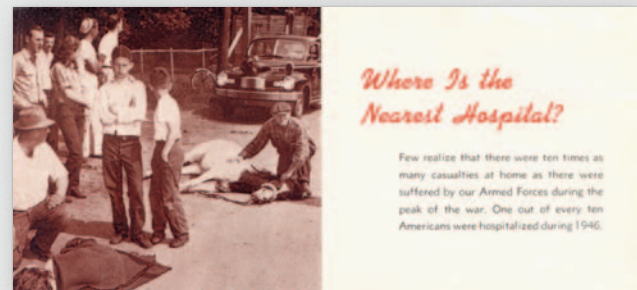
Tex McCrary and Jinx Falkenburg marry and move onto the Whitney estate. McCrary and Whitney are old friends who attended Yale together.

## 1945

World War II ends, and soldiers return from service, settling in the suburbs of Long Island to start families and invest in the future. As a result, Nassau County leads the nation in population growth.

## 1945

An accident involving the son of Danny Udall highlights the lack of hospital facilities in Nassau County and prompts wealthy North Shore residents to create a hospital fund.





the same clothes that Lord & Taylor on Fifth Avenue does, this may save your life.”<sup>8</sup> For the textile and clothing manufacturers living on the North Shore, McCrary would reverse the pitch, pointing to Lord & Taylor’s symbolic advancement onto Long Island first and then proposing a hospital that “can deliver the same medicine that New York Hospital does in New York.” McCrary took Whitney on a helicopter ride of the area, showing him the land around Greentree and its expanding population. Later, McCrary speculated that until that helicopter tour, Whitney had likely never seen Long Island outside of his Greentree estate and exclusive country clubs.

Once Whitney was persuaded that the hospital was a worthwhile endeavor, his wife Betsey; sister Joan Payson; and in-laws, the Paleys, would soon follow. McCrary knew that sisters Betsey Whitney and Babe Paley were the daughters of renowned neurosurgeon Harvey Cushing and would likely be supportive of a hospital fund.<sup>9</sup>

Following McCrary’s suggestion, in 1949, Whitney and Payson donated 12 acres of their Greentree Estate on Valley Road to build the hospital, and another five acres would be donated in 1955. In addition, Whitney and Payson each donated \$500,000 to the hospital fund, and Payson became the president of the 30-member hospital board.

The Payson family, who became owners of the New York Mets when the team was founded in 1962, generously supported the hospital for generations. Payson’s daughter Lorinda “Linda” de Roulet and her husband, Vincent, were involved in the North Shore Hospital board long after Payson’s death. According to Linda, Vincent and her mother were very close: “They loved baiting each other, but my mother admired my husband a great deal, and so since we were living right there, it was logical that she would get him involved with the hospital.”<sup>10</sup>

The partnership of the local area’s newly wealthy and the social heavyweights of the North Shore proved to be a powerful combination. The project created an exciting

An aerial view of the land donated by trustee Jock Whitney from his Greentree Estate for North Shore Hospital.



## 1946

In April, McCrary and Falkenburg launch their first NBC radio show, *Hi, Jinx*. The show is broadcast five mornings a week on New York radio station WEAJ, where it becomes a hit with both critics and the public.

## 1947

Louise Udall Eldridge offers a portion of her Saddle Rock estate, but she dies before the transaction is complete. The land ends up being too small for the hospital.

## 1950

Saddle Rock Elementary School opens at the corner of Bayview Avenue and Hawthorne Lane to serve children living in the northwest portion of Saddle Rock.

and harmonious community spirit, and, for the first time, the upwardly mobile middle class found itself socializing at dinner parties with the North Shore upper class.<sup>11</sup>

## A Monumental Fundraising Campaign

Below and back cover: Willie Cohen and Jack Hausman, North Shore Hospital's "Gold Dust Twins," at the hospital's 25<sup>TH</sup> fundraiser. The two men were known for their incredible fundraising abilities. Each served as president of the hospital's board. (Photo by County Photo Service.)



With newfound support from the Whitneys, a fundraising goal of \$3 million was within sight. Two ambitious young businessmen joined the board, Willie Cohen and Jack Hausman, known as the "Gold Dust Twins" for their incredible fundraising abilities.

Though he stood only 5 feet tall, Cohen was a smart, confident, and savvy businessman who dreamed large. He graduated high school early at age 16, studied at City College, and took business classes at night. Health care had always been an interest of his, but despite his dream of becoming a surgeon, Cohen joined his father's garment business, manufacturing men's suits.<sup>12</sup>

Hausman came to America as a boy, and at age 14, he joined his father Morris' textile business, M. Hausman & Sons, while taking accounting classes at night.<sup>13</sup> The hospital was not Hausman's first venture into health care. His son Peter had been born with cerebral palsy, and in 1948, he and his wife Ethel helped found the Cerebral Palsy Foundation. The couple raised millions of dollars for that fund and other local communal projects.<sup>14</sup>

Like many in the community, Cohen and Hausman would end up participating in both the North Shore and Long Island Jewish projects. Each donated \$1 million to the North Shore fund, and worked tirelessly on the fundraising campaign. They would invite potential donors to the famous 21 Club in Manhattan, previously a prohibition-era speakeasy. David Levitt joked that, "Before you finished lunch, that lunch cost you 50,000 bucks."<sup>15</sup>

## 1950

Newly recruited to the hospital project, Jock Whitney hosts a dinner for 200 at his Greentree Estate.

## 1950

Joan Payson becomes president of the new hospital board and holds planning meetings on the Greentree Estate. Her daughter and son-in-law, Lorinda and Vincent de Roulet, also join the board.

## 1950

In October, community elementary schools all over Long Island hold Penny Parades for the hospital fund. The children design posters, hand out leaflets, and collect change for the North Shore Hospital Fund.



While the larger committees would meet and discuss logistics all week, Cohen and Hausman would hold intimate strategic planning meetings on Saturday mornings and would get things done. Vincent de Roulet made the inner circle and attended many of those Saturday meetings. According to his wife, Linda de Roulet: “They would not mince words. They loved and respected each other, and more or less ran the hospital at that point.”<sup>16</sup>

Radio personalities Tex and Jinx McCrary became the heads of public relations and publicity, along with their friend Paul Townsend, who went on to serve as editor of *Long Island Business News* from 1958 to 1998. Goldstein wrote: “In the campaign to build a hospital, McCrary hardly got lost. He took stock of the business success of his Great Neck neighbors such as Willie Cohen, Jack Hausman, Sol Atlas and William Levitt, who were making mini-fortunes in the postwar boom in the clothing, textile and real estate businesses; they, in turn, were drawn to McCrary for his savvy understanding of WASP society and public relations. Working together would serve their common business and philanthropic purposes.”<sup>17</sup>

The McCrarys sent out press releases, arranged photography, and kicked the fundraising campaign into high gear. Fundraising balls were held at local clubs such as the Sands Point Bath Club, Fresh Meadow, North Hills, and the Glen Oaks Country Club. The couple also organized the Miss Hospitals Pageant and a children’s Penny Parade that harvested 25,000 pennies. Star Nights at Belmont and Roosevelt Raceways drew crowds of more than 81,000, and the couple invited their famous friends Frank Sinatra, Ethel Waters, Ezio Pinza, Sam Levenson, and Jackie Robinson to join in the mix.<sup>18</sup>

By 1951, the board had grown to 30 members and had raised \$2.6 million. Donations poured in, large and small. While the government eventually supplemented the fundraising effort with grants, three-quarters of the \$4 million needed was raised from the community. An architect was chosen, and Gary Ketchum was named the new hospital president.<sup>19</sup>



Radio personality, actress, and model Jinx McCrary fills a tank at the Rudy’s Valley Garage opening to benefit the North Shore Hospital Fund.

## 1951

On May 6, North Shore Hospital holds a star-studded, pomp-filled groundbreaking event. The event is broadcast live on NBC television and radio, and many local celebrities are in attendance.

## 1951

The board grows to 30 members and passes the fundraising goal of \$2.6 million. The North Shore Hospital is well on its way to becoming a reality.

## 1952

Actress Elizabeth Taylor and her director husband Mike Todd attend the North Shore Hospital Ball alongside William S. Paley (left).







The groundbreaking ceremony for North Shore Hospital was held May 6, 1951, with all the pomp and patriotism of the time. It was broadcast on NBC TV. Tex and Jinx McCrary broadcast their weekly show from the event. (Photo by Drennan Photo Service.)

The groundbreaking ceremony, held on May 6, 1951, was a star-studded affair, attended by the likes of Bernard Baruch, Paulette Goddard, and Perry Como. Tex and Jinx broadcast their weekly NBC radio show from the site, and a dramatic reception was broadcast on NBC TV.

## Controversy

In the summer of 1952, controversy arose when the board announced the four doctors who would head the hospital's surgery, medicine, obstetrics, and pediatrics departments. Two of the doctors were from Roslyn, Long Island, and two were from Queens. Because the appointees were not all from Nassau County, the decision upset local doctors who were faced with a dearth of homegrown employment opportunities. Adding to the controversy, general practitioners argued that opening a hospital that would treat the needy would rob them of patients, citing the tradition of private doctors absorbing the cost of patients who were unable to pay.

The North Shore Hospital physicians were a part of an interim advisory committee for the fledgling hospital and had drawn up an alternative list of appointees, including only local doctors, but their recommendations were dismissed. The doctors created a public relations committee and appealed to community members for loyalty. The board argued that they had selected the four department heads because of their outstanding reputations, higher training, and experience teaching at New York City's first-rate medical schools.<sup>20</sup>

Dr. Hattie Alexander penned a letter to the *Roslyn News* in December 1952, defending the board's decision. "You are extremely fortunate in having so many fine practitioners of medicine in this community," she wrote. "Your faith and loyalty are more

## 1952

A controversy arises over the appointment of four department heads, two of which are from outside Nassau County. Local doctors protest the hospital, saying it would compete for their patients, and community donations temporarily slow. The controversy lasts a year but is eventually resolved.

## 1953



After eight years raising \$4 million, North Shore Hospital opens its doors. The hospital includes maternity and pediatric facilities and clinics to serve the uninsured.

## 1955

Jock Whitney and Joan Payson donate five more acres to the North Shore Hospital. In addition, a total of \$5 million is raised for the fledgling hospital.

than justified. However, their competence as good practitioners does not necessarily qualify them to direct the policies of the hospital.”<sup>21</sup>

Linda de Roulet, a long-time member of the North Shore board, described the standoff between the hospital board and local physicians: “My mom said it was absolutely harrowing. They had to meet in a town meeting, probably in Manhattan, and people screamed at them, and were just dead set against it.”<sup>22</sup> But Whitney, Payson, and the rest of the board forged ahead with their vision, and the legacy of North Shore Hospital was born. “Mom and my Uncle Jock knew that was the right thing to do, so they went ahead and did it, and Uncle Jock’s Greentree property is where it started and grew,” said de Roulet.

North Shore Hospital finally opened its doors on July 27, 1953. The new location had 169 beds, with 253 doctors, 108 nurses, and hundreds of volunteers. It included maternity and pediatric facilities and eventually established clinics to serve those with financial need. On the hospital grounds, Valley Road was renamed Community Drive as a tribute to the spirit of community building and collaboration.<sup>23</sup>

## Tex and Jinx McCrary

John Reagan “Tex” McCrary and model/actress Jinx Falkenburg, known as “Tex and Jinx,” hosted two popular 1950s radio shows and several TV shows. The strikingly attractive, athletic, and down-to-earth pair were Great Neck’s “It couple,” bringing the glitz and glamour of showbiz to the aspiring suburb.

Falkenburg was born in Barcelona, Spain, where her engineer father worked on electrifying railroads. She first made headlines at 18 months old when a reporter spotted her swimming at a New York City YMCA with her mother. Fluent in Spanish, she signed a studio contract with Warner Brothers and appeared in Spanish-language movies. Her career took off after she was featured on the cover of *The American Magazine* in 1937, and she appeared in films such as *Sing for Your Supper*, *Lucky Legs*, and *Cover Girl*.<sup>1</sup>

McCrary, the son of a Texas cotton farmer who lost his business in the Great Depression, started his career as a journalist and met Falkenburg in 1940, when he interviewed her about her new musical, *Hold Onto Your Hat*, for *The Daily Mirror*.<sup>2</sup>

Two years after they married in June 1945, the couple moved into the 400-acre Greentree Estate in Manhasset owned by Jock Whitney, with their two children, Paddy and Kevin, a houseman, a housekeeping couple, and a secretary. The couple wrote a syndicated column for the *New York Herald*, and their joint radio show’s model of “celebrities interviewing celebrities” invented and popularized the talk-show format.<sup>3</sup>



**BUILT...but still to be EQUIPPED!**



Trustee Joan Payson hands the President’s gavel to incoming North Shore Hospital President Gary Ketchum during a fundraising drive for the fledgling hospital.

(Photo by County Photo Service.)

**1955**



The Women’s Auxiliary, led by Sylvia Lester, organizes the first annual North Shore Hospital Fair.

Photo by County Photo Service.

“Completion of the hospital is a test of the unity and mettle of the Long Island Jewish community—rapidly becoming one of the most important on the Eastern seaboard. No hospital contributed by Jews to the general community is adequate if it embodies anything short of the highest standards of design, equipment, and service.”

—*LIJ Reporter*, June 1953<sup>1</sup>

Long Island Jewish Medical Center's compact architectural design was among the most modern in the country.







# *A New Jewish Hospital*

3

Several aligning factors led to the creation of Long Island's first nonsectarian Jewish Hospital. Laying the groundwork was the Hospital Survey and Construction Act, called the Hill-Burton Act, which was proposed by President Harry S. Truman in 1946 to ensure widespread access to quality health care. The bill granted hospital construction projects one dollar in federal funds for every two dollars raised, provided the hospital would guarantee access to uninsured and poor patients, and would not discriminate based on race, religion, or creed. For the hospital to be eligible, the board also had to prove that it could procure the funds necessary for the construction project.<sup>2</sup> The bill, which spurred a wave of new hospital construction in the

middle of the 20<sup>TH</sup> century, supplemented the fundraising efforts of the founders of Long Island Jewish Medical Center (LIJ).

Rapid demographic changes also contributed to the desire for a Jewish hospital. By the 1950s, the Jewish population in Nassau County had exploded, and Great Neck was becoming known as the quintessential Jewish suburb. In 1940, fewer than 100,000 Jews lived in all the suburbs of New York City, but by 1960, the Jewish population had swelled to more than 330,000 in Nassau County alone.<sup>3</sup> The expansion of the Jewish community in the Great Neck and Manhasset area can be observed in the building of synagogues. By the 1950s, 46 synagogues were founded in Nassau, up from 15 congregations in the 1940s. For newly upper-middle-class American Jewish communities such as the one in Great Neck, the 1950s marked a period of healing and rebuilding after War World II. Still reeling from news of the Holocaust that had nearly wiped out European Jewish life, American Jewish communities focused on setting up institutions such as hospitals, schools, and synagogues as a way to look toward a more prosperous and hopeful future.

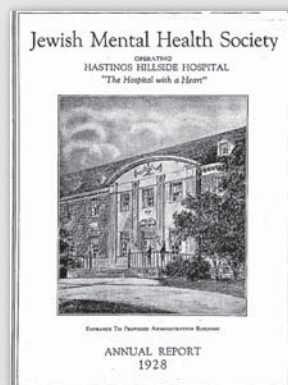
Finally, a Jewish hospital was a way to counter decades-long discrimination against Jewish medical students and physicians during the first half of the 20<sup>TH</sup> century. Though American acceptance of Jews took a turn for the better after the war, it had not come easily. From the 1920s until well into the 1940s, anti-Jewish sentiment in New York City rose, and many of the city's working class blamed the Jews for the Great Depression. In medicine, there was institutionalized discrimination; many East Coast universities instituted quotas barring Jews from entry, and hospitals did not allow Jewish doctors to practice on patients.<sup>4</sup> American Jewish organizations such as B' nai B' rith and the Anti-Defamation League fought the quota system, and confrontations with private institutions would set a precedent for later civil rights movements. While the quota system largely

1852

Mount Sinai, the first Jewish Hospital, is founded to serve New York City's growing Jewish immigrant communities.

1919

Jewish Mental Health Society, a group of renowned Jewish psychiatrists and neurologists devoted to “the study and



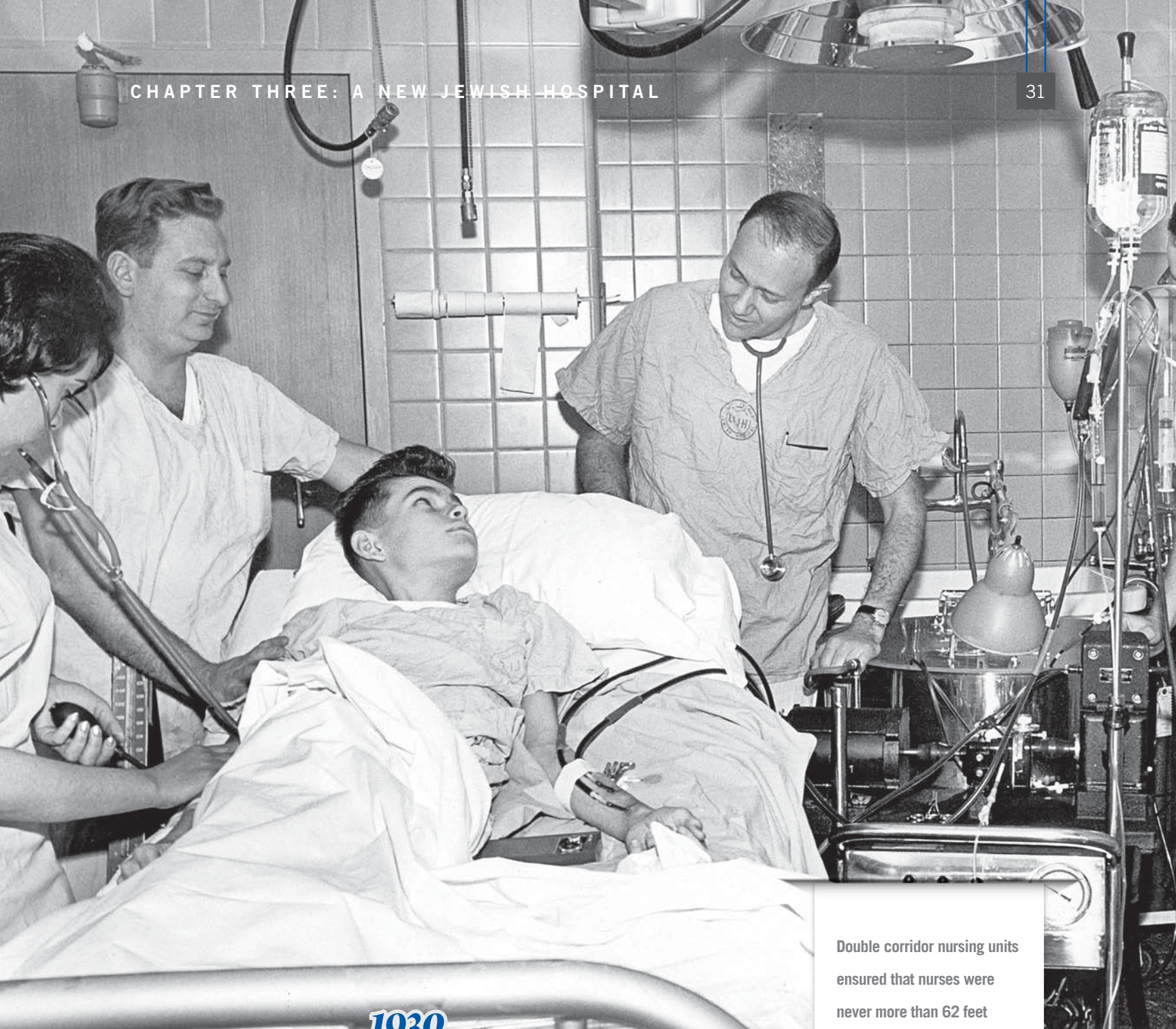
treatment of mental and nervous illness among Jews,” is founded.

1927



Hastings Hillside Hospital is founded by neurologist Israel Strauss on a hill in Hastings, in Westchester County. It is the first voluntary mental health facility of its kind.





1930

Group therapy is introduced at Hastings Hillside Hospital as a way to treat mild mental illness in a group setting.



Double corridor nursing units ensured that nurses were never more than 62 feet away from any patient's bed. Here, medical personnel tend to a young patient.



disintegrated after World War II, hospitals still favored Protestant residents, and it was difficult for Jewish and, to a lesser extent, Catholic doctors to find work. These patterns of discrimination made the building of a nonsectarian Jewish hospital particularly timely.<sup>5</sup>

While the board of North Shore Hospital pushed for an ethnically integrated hospital, some local residents saw the need for a hospital that welcomed physicians of

## *Hillside Hospital*

Long Island Jewish Medical Center was to be built on the Schumacher farm, a 48-acre plot of land shared with Hillside Hospital, an 88-bed mental facility. Located on the Queens-Nassau border, Hillside Hospital had recently become associated with the Federation of Jewish Philanthropies and had Jewish roots as well as a long history of advocating for the mentally ill.

The hospital was founded in 1927 by neurologist Israel Strauss and the Jewish Mental Health Society, a group of renowned Jewish psychiatrists and neurologists devoted to “the study and treatment of mental and nervous illness among Jews,” which dates back to 1919.<sup>1</sup>

Initially, the group opened psychiatric outpatient clinics at Mount Sinai, Beth Israel, and Lebanon Hospitals. In 1927, the society opened Hillside Hospital, then called Hastings Hillside Hospital, in bucolic Hastings-on-Hudson in Westchester County. The hospital focused on treating curable conditions and preventing complete mental breakdown, introducing innovative approaches such as group therapy, and incorporating activities such as gardening and tennis to aid recovery. It was the first voluntary mental health residence of its kind.<sup>2</sup>

Though the hospital treated only those with moderate mental health conditions, and had a strict policy against long-term or chronic care, neighbors in the quaint suburb of Hastings-on-Hudson protested the hospital in 1930 when it sought to expand, accusing patients of being “annoying and sometimes dangerous.”<sup>3</sup> Forced out of Westchester, the hospital moved to Queens in 1942 and would



form a collaborative relationship with Long Island Jewish Medical Center until 1972, when the two hospitals formally merged.<sup>4</sup>

For the next 60 years, the hospital remained on the cutting edge of mental health and neurological research and treatment, attracting world-class neurologists and psychiatrists, and making significant advances in the treatment of conditions such as depression, schizophrenia, mood and affective disorders, substance abuse, Alzheimer’s, and dementia.

Hillside’s Director of Research, Dr. John Kane, published a landmark study of the drug Clozapine in 1988. The study led the Food and Drug Administration to approve the first atypical antipsychotic drug, and the first drug to be shown superior when other drugs fail. It continues to be one of the most-often cited studies in psychiatry.<sup>5</sup>

In 1997, the hospital became a part of the North Shore-LIJ Hospital System, and in 2000, real estate developer Donald Zucker and his wife Barbara were recognized for their generous and ongoing support of the facility, which was renamed the Zucker Hillside Hospital. In 2004, the Zuckers were instrumental in building a \$33.3 million ambulatory pavilion, and in 2012, the couple helped fund an additional \$120 million inpatient pavilion, revamping and streamlining outdated patient rooms and living quarters.<sup>6</sup>

any religion, race, or ethnic identity that likewise considered the religious, cultural, and economic needs of the town's growing Jewish population.

### Democracy at Work

Behind the idea for a Jewish hospital was Saul Epstein, a manufacturer of corrugated boxes, and real estate developer Gustave Berne. The men were well known in the Great Neck community for spearheading many philanthropic efforts for Great Neck's most vulnerable: the homeless, the orphaned, the elderly, and now, the sick. Noting Long Island's congested, underperforming hospitals, and also recognizing the growing importance of Long Island suburban life in the wider landscape of American Jewry, the two men set about to build a Jewish hospital.<sup>6</sup>

In the spring of 1949, Epstein and Berne recruited three more community leaders to the cause—Willie Cohen, Mortimer Aronson, and Jack Liebowitz, who would become the first president of the hospital. The five founding fathers of LIJ would meet regularly in Epstein's home. In an effort to generate island-wide interest in the hospital fund, the group welcomed three men from Queens—Lawrence Morton, Louis Gertz, and Harry Gilbert, along with Jack Altman and David Tielman from the South Shore.<sup>7</sup> By 1949, the founding board had grown to 120 members and 39 appointed trustees.

In September 1949, Epstein and Berne requested a grant for the hospital from the Federation of Jewish Philanthropies, a social welfare organization that served Jewish immigrants. The federation pledged a \$500,000 grant for the building, provided the men could raise the remaining \$2.2 million from the community. Epstein and Berne visited



LIJ board President Irving Warton (center) recognizes contributions of past presidents at the hospital's 25<sup>th</sup> anniversary. They are (left to right) Jack Liebowitz, Aaron Solomon, Mrs. Saul Epstein (on behalf of her late husband), and Gustave Berne.

## 1940

Fewer than 100,000 Jews lived in all of New York City's suburbs combined.

## 1942

Hastings Hillside Hospital is forced out of Westchester and moves to the Schumacher farm on the border of Nassau and Queens counties, changing its name to Hillside Hospital.



## 1946

President Truman's Hill-Burton Act goes into effect, granting federal funds for hospital construction to institutions that would ensure access to health care services for the needy without discrimination.



First Lady Eleanor Roosevelt addresses a group of LIJ supporters at the home of Mr. and Mrs. Saul Epstein.

other hospitals and met with architects and administrative experts several times a week for a number of months as they worked to educate themselves on how to build a hospital. They soon had a clear vision for the new medical center—a technologically sophisticated tertiary hospital, with research facilities, educational programs, and specialized services for premature infants.<sup>8</sup>

The board handed out pamphlets, wrote editorials, and launched an extensive fundraising campaign for the new hospital, pointing to the lack of sufficient medical services and the overcrowding of hospitals in Long Island and Queens.<sup>9</sup> The board appealed to the community’s patriotism and Jewish pride. One article declared it “a living symbol of democracy at work.” Another vowed that the hospital would “extend the frontiers of medicine and science through research, teaching, and opportunities for specialized training.”

Many local women played an important role in fundraising at the fledgling hospital. LIJ trustee Rosalie “Mickey” Greenberg described how Mr. Lipsky, a gentleman who attended their synagogue, recruited her and her husband Herbert to the cause. “There were no women, just men, old men, most of them,” said Greenberg of the initial board. “And one man (Lipsky) said, ‘If we want this hospital to grow, we’ve got to involve some young people.’ And he knew me from my temple. He had no children, so he sort of adopted my husband and me.”<sup>10</sup>

Soon, more local women began to participate in the fundraising campaign, reaching out to families all across Long Island. “We sent out millions of mailings,” said Greenberg. Great Neck-based fashion designer Nettie Rosenstein and TV star Arlene Francis planned a fashion show to benefit LIJ, which included more than 30 fashion designers at the Hotel Astor to raise funds for the hospital. Former First Lady Eleanor Roosevelt supported the fundraiser by speaking to supporters at the home of Mr. and Mrs. Saul Epstein.<sup>11</sup>

## 1949



The Long Island Jewish Medical Center board grows to 120 members, as Saul Epstein and Gustave Berne recruit supporters from all over Long Island and Queens.

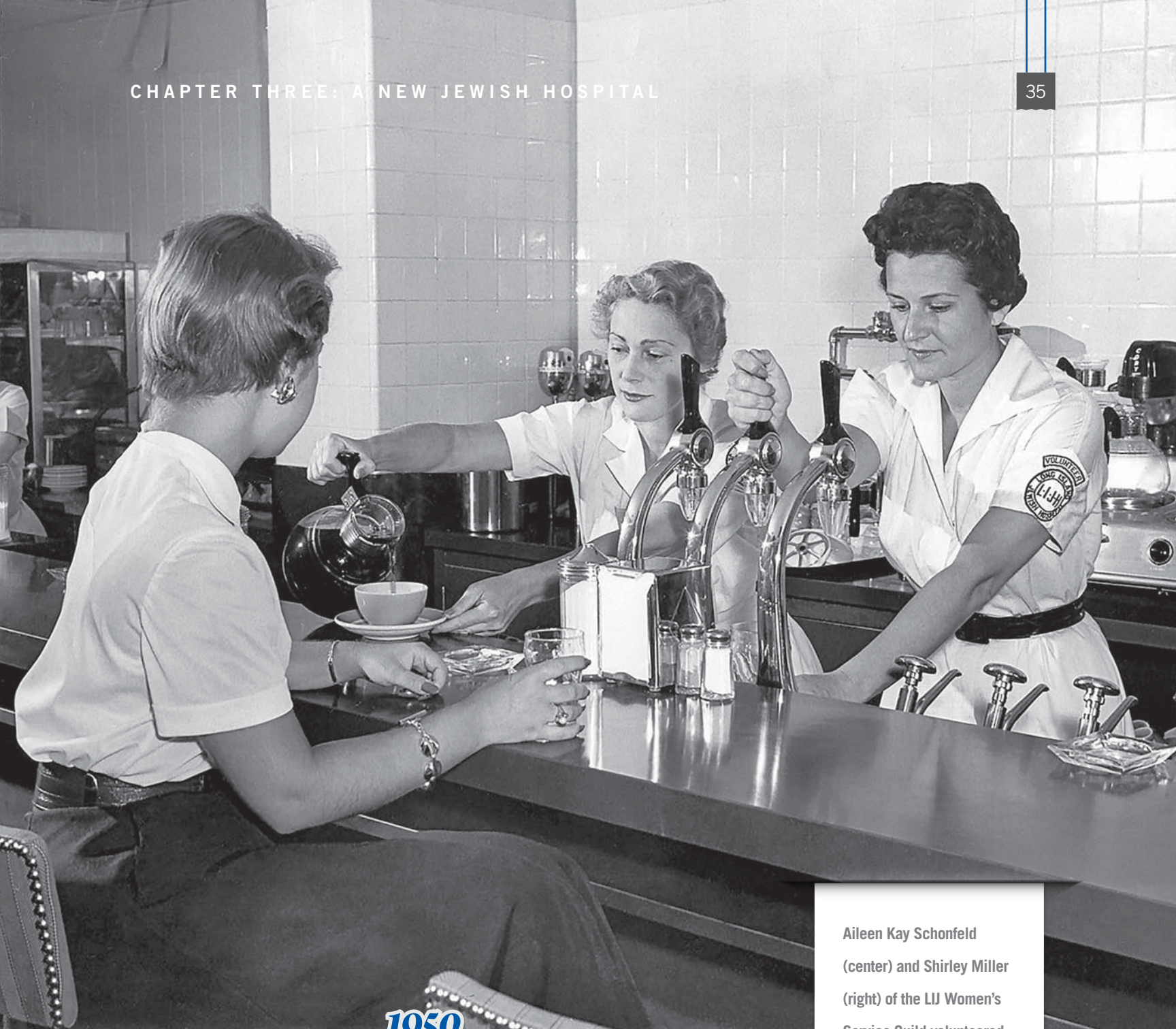
## 1949

The Federation of Jewish Philanthropies, a social welfare organization that served Jewish immigrants, pledges a \$500,000 grant to LIJ.

## 1950

Senator Joseph McCarthy launches a crusade to rid America of communism. Many Long Island families are scrutinized, and local Jews feel especially vulnerable.





1950

Aileen Kay Schonfeld (center) and Shirley Miller (right) of the LIJ Women's Service Guild volunteered at the hospital's coffee shop, which generated thousands of dollars for LIJ.



The groundbreaking of LIJ on December 10<sup>th</sup> is an understated event as construction on the facility officially begins in 1952.





LIJ Executive Director Eugene Rosenfeld (left) sets out with LIJ founders Morris Brecher (center) and Philip Weiss (right) to visit other hospitals in an effort to learn their procedures.

The women who took part in the fundraising campaign would soon form the LIJ Women's Service Guild, the hospital's auxiliary, providing opportunities for Long Island women to volunteer at the young hospital.

Founded in 1954, the LIJ Women's Service Guild raised money for new construction and research initiatives at the hospital and interacted with patients to ensure a comfortable stay.<sup>12</sup> The women created and ran the hospital's first library, gift shop, and coffee shop, which made significant profits for the hospital. The first president of the Service Guild was Rose Liebowitz, wife of LIJ Founding President Jack Liebowitz, until she died in 1956. According to Greenberg, who became the third president of the Service Guild, "She had very high wishes for the auxiliary."<sup>13</sup>

Later, Jack Liebowitz would charge the Service Guild with running the hospital's patient relations department. "He wanted a survey," said Greenberg. "He got Florence

Rabin, whose husband, Judge Sam Rabin, was a member of the board, and me to go and interview all the patients, and listen to everything, the good, the bad, and indifferent, whatever it was. And so we went until we saw every patient in the hospital."<sup>14</sup>

Within five years, the board had contributed \$1.6 million and raised \$4.8 million from Long Island families. The Hill-Burton grant supplied the remaining \$1.5 million.

After an exhaustive search, the board hired Dr. Eugene "Gene" Rosenfeld, who was formerly the assistant director of Montefiore, as the hospital's executive director. He was heavily involved in the design and planning of the new hospital. Shortly afterward,

## 1950

Saul Epstein, one of the founders of Long Island Jewish Medical Center, becomes the first chairman of LIJ's board of trustees.

## 1952



Construction on the LIJ facility begins in April. The compact structure is designed by architect Louis Allen Abramson with efficiency and expansion in mind.

## 1954

Long Island Jewish Medical Center opens its doors on May 16, one year after the neighboring North Shore Hospital. New York State Governor Thomas E. Dewey and Senator Lister Hill are in attendance.

Jack Liebowitz was hired as president of the hospital board. According to those who worked at LIJ in the early years, Rose Liebowitz's strong personality in managing the LIJ Women's Service Guild clashed with Rosenfeld's style, and he was forced to step down soon afterward.

When it came time to announce the department heads, the board immediately set a standard of egalitarianism. Long Island Jewish Medical Center became the first community hospital that appointed full-time heads to each department, a standard that was common in the large New York hospitals such as Montefiore Medical Center.<sup>15</sup> For the board, it was essential that all department heads were doctors and that each was paid the same amount regardless of the department. The board was also run democratically and took an active role in the day-to-day activities of the hospital.<sup>16</sup>

The groundbreaking was an understated event that took place on December 10, 1950, but it took a full year to design the facility and bid out the contract. Construction officially began in April 1952, and LIJ opened its doors on May 16, 1954, one year after the neighboring North Shore Hospital. Trustee Jack Horowitz addressed the audience at the groundbreaking ceremony, where New York State Governor Thomas E. Dewey and US Senator Lister Hill of Alabama were in attendance.

LIJ Trustee Jack Horowitz addresses the crowd at the hospital's groundbreaking ceremony in December 1950.



## 1955

LIJ's architecture and design is recognized by *Modern Healthcare* magazine, winning the magazine's "Modern Hospital of the Year" award for its "excellence of architectural design, functional planning, economy of construction, and operation and proper provision for the hospital needs of a community."

## 1955

LIJ President Jack Liebowitz signs a contract with State University of New York (SUNY) Downstate Medical Center to make it a teaching hospital.





## A Teaching Hospital

The board of trustees decided that LIJ would be a teaching hospital to help erode the patterns of discrimination against Jews in medicine. According to an internal LIJ memo, “It was recognized that a teaching hospital was not only essential to the practice of good medicine, but such a hospital would provide sorely needed training opportunities for young Jewish doctors who found doors difficult to open elsewhere.”<sup>17</sup>

The board also discussed an affiliation with Yeshiva University’s still-developing Albert Einstein College of Medicine (AECOM) before either institution was complete. Negotiations between the two parties lasted for decades, and a formal partnership was not established until 1988.<sup>18</sup>

In 1955, LIJ President Jack Liebowitz signed a contract with State University of New York (SUNY) Downstate Medical Center, just a year after the hospital opened. The affiliation lasted until 1970, when LIJ formed a partnership with SUNY’s Stony Brook Medical School.<sup>19</sup> LIJ’s chief of surgery, Philip Lear, also took on the role of dean for the clinical campus.<sup>20</sup>

### *The Rise of the American Jewish Hospital*

Jewish tradition places great value on the study of medicine and caring for the sick, but in the US, no Jewish hospitals existed, and few Jewish doctors practiced medicine until the middle of the 19<sup>th</sup> century. The period of hospital building between 1850 and 1955 was one of the great contributions of Jewish philanthropy and was a great source of pride for Jewish American communities. Before it sponsored Long Island Jewish Medical Center, the Federation of Jewish Philanthropies, a social welfare organization for Jewish immigrants, supported two other Jewish hospitals in New York—Mount Sinai and Montefiore Medical Center.

The first Jewish American hospital, simply known as the Jews’ Hospital, was built in 1852 on Fifth Avenue in Manhattan to serve the growing numbers of Jewish immigrants in New York City. Shortly after it opened, the hospital began serving the wider population when it treated massive numbers of soldiers wounded during the Civil War. In 1866, it officially became a nondenominational facility, and the name was changed to the more inclusive-sounding Mount Sinai Hospital.<sup>1</sup>

The rise in Jewish hospital building during the 19<sup>th</sup> century was in part because priests would sometimes convert patients to Christianity on their deathbeds without their consent. A Jewish hospital would spare Jewish patients from this practice and provide services that considered the religious needs of Jews, such as prayer books, kosher food, and an on-site rabbi. In the 20<sup>th</sup> century the objective shifted slightly, as Jewish communities were compelled to build inclusionary hospitals with quality educational programs to combat the newly instituted quota systems in American medical schools and discriminatory hiring practices at East Coast hospitals.

Today, due to widespread acceptance of Jews in America, assimilation, and the shrinkage of Jewish philanthropic organizations, most of these hospitals remain Jewish in name only. Today, the three federation-supported hospitals—Montefiore, Mount Sinai, and Long Island Jewish Medical Center—are ranked among the best hospitals in America.<sup>2</sup>



One of the primary goals of the hospital's founders was for LIJ to train young doctors. LIJ President Jack Liebowitz stands behind Robert A. Moore of SUNY Downstate Medical Center as he signs the contract between the two institutions, agreeing to rotate interns through the new hospital.

## 1956

Jack Liebowitz, the first president of LIJ, becomes the chair of LIJ's board of trustees.



## 1959

Dr. Kanti Rai is recruited to LIJ. He ultimately becomes the leading authority on chronic lymphoid leukemia.

## 1960

The Jewish population in Nassau County grows to more than 330,000. This growth is reflected in synagogue construction: Forty-six new congregations have been formed, up from 15 in the 1940s.

Federation President Milton Weill (left) and Saul Epstein (right), with a young supporter, add items to a time capsule at a cornerstone-laying ceremony during the construction of LIJ.



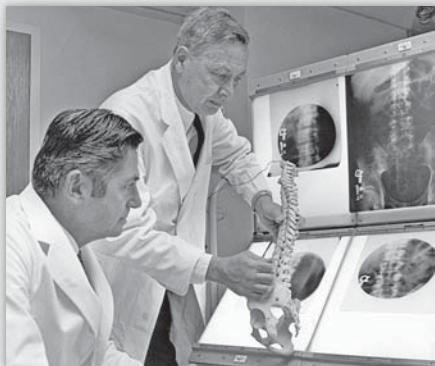
LIJ became the first federation-sponsored hospital and the first on Long Island to offer research and educational facilities. In 1953, the *LIJ Reporter* proudly declared, “It was the first contribution of the entire Jewish community to the health and welfare of the Island. The hospital marks the coming of age of the Long Island Jewish community. The hospital has already shown evidence that it will continue in the great traditions set by Jewish hospitals in the United States.”<sup>21</sup>

LIJ’s focus on education would help Long Island’s reputation evolve from a small town to a place of cutting-edge medical innovation and research. The hospital’s reputation would attract the nation’s top physicians and scientists, such as Dr. Kanti Rai, who began his career as a resident at North Shore Hospital and was quickly recruited to LIJ in 1959 as a hematology and nuclear medicine Fellow when the hospital was just five years old. “These were very new institutions, trying to establish excellence in clinical care in Long Island, because Long Island had been traditionally known to be boondocks. [When] anybody with any means got sick on Long Island, the natural tendency was to go to Manhattan,” he said. Today, Rai is the worldwide authority in chronic lymphoid leukemia.<sup>22</sup>

## The World’s Most Modern Hospital

In 1952, construction on the hospital began. The six-story building was erected on the Nassau-Queens border on the Schumacher farm at a cost of \$7.5 million. It was among the most modern facilities in the nation and included 250 beds (60 for nonpaying patients) as well as outpatient clinics for the poor.<sup>23</sup> But despite the hospital’s consideration for Long Island’s indigent and uninsured, Epstein, who succeeded Liebowitz as LIJ’s president, vowed not to compromise on the quality of hospital amenities and services. “One thing we will not do while I am president

## 1966



LIJ launches a graduate training program in conjunction with SUNY Downstate, raising the hospital’s national profile as a teaching hospital.

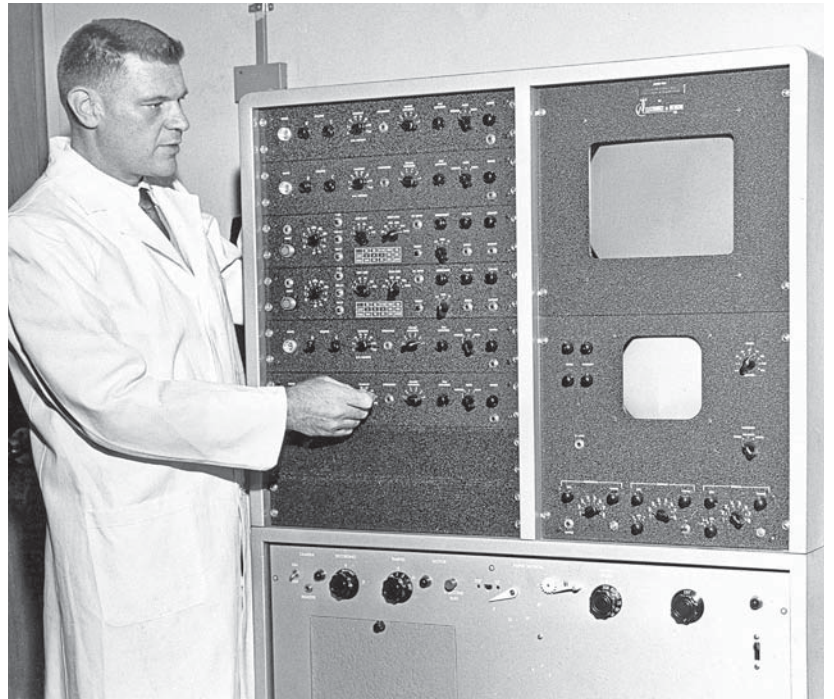
## 1972

After 20 years of informal collaboration, Long Island Jewish Medical Center and Hillside Hospital merge.



of the hospital is to scale down the quality of the services we have planned for the people of this area,” Epstein told the press in January 1952. “The hospital was conceived as an institution which will be, for its size, the most progressive in the country. Its equipment and physical appurtenances will make possible the most advanced therapies known to medical science. We aim at a true medical center for Long Island—a place where the most talented medical men will feel at home, where basic research and postgraduate study can be furthered.”<sup>24</sup>

Designed by architect Louis Allen Abramson, the facility contained the most-advanced medical equipment in the field, as well as air conditioning, heat, and a pneumatic tube system, which would transport information and supplies to any location in the facility. The structure was built on a modular basis, stacked horizontally to allow for future expansion without disrupting the original infrastructure. The sophisticated interior design of each medical floor included a double corridor layout so nurses were never more than 62 feet away from a patient’s bed. Also included in the design was an elaborate intercom system installed over each hospital bed that allowed for easy communication between nurses and patients, between departments, and between rooms.<sup>25</sup> In 1955, the hospital’s architecture and design was recognized by *Modern Healthcare* magazine, winning the magazine’s Modern Hospital of the Year award for its efficacy and economy in planning and construction.<sup>26</sup>



The Long Island Jewish Medical Center was equipped with modern medical equipment that was unavailable in most hospitals at the time.

## 1987

Dr. John Kane, LJI Hillside’s director of psychiatric research, makes a major breakthrough in the treatment of schizophrenia using the drug Clozapine.

## 1999

Donald and Barbara Zucker join the board of the North Shore-LJI Health System, and one year later, Hillside Hospital is renamed the Zucker Hillside Hospital in recognition of their ongoing support.

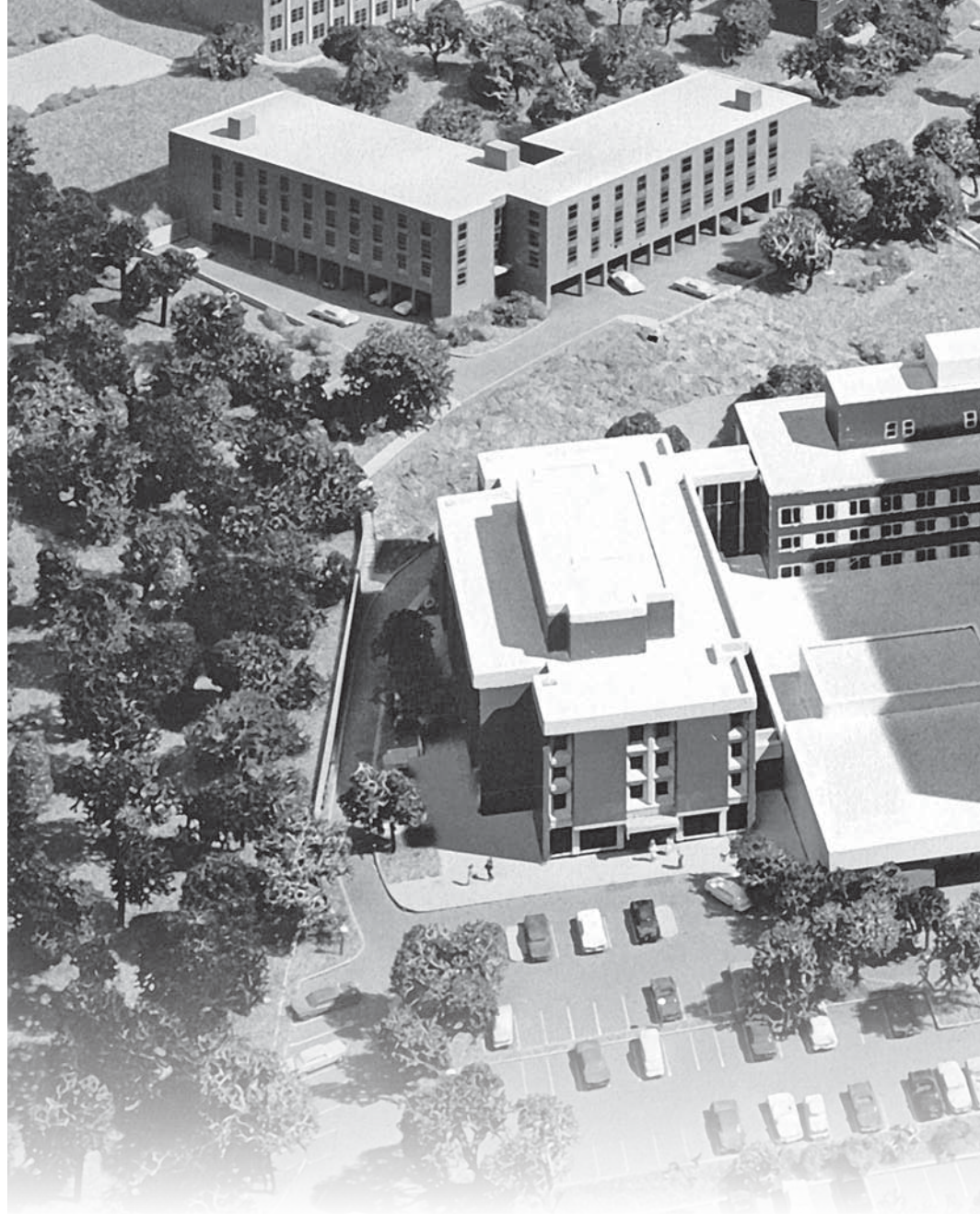
## 2012

Zucker Hillside Hospital celebrates the opening of a new 130,000-square-foot, \$120 million inpatient pavilion, thanks to the generous donations of Donald and Barbara Zucker.

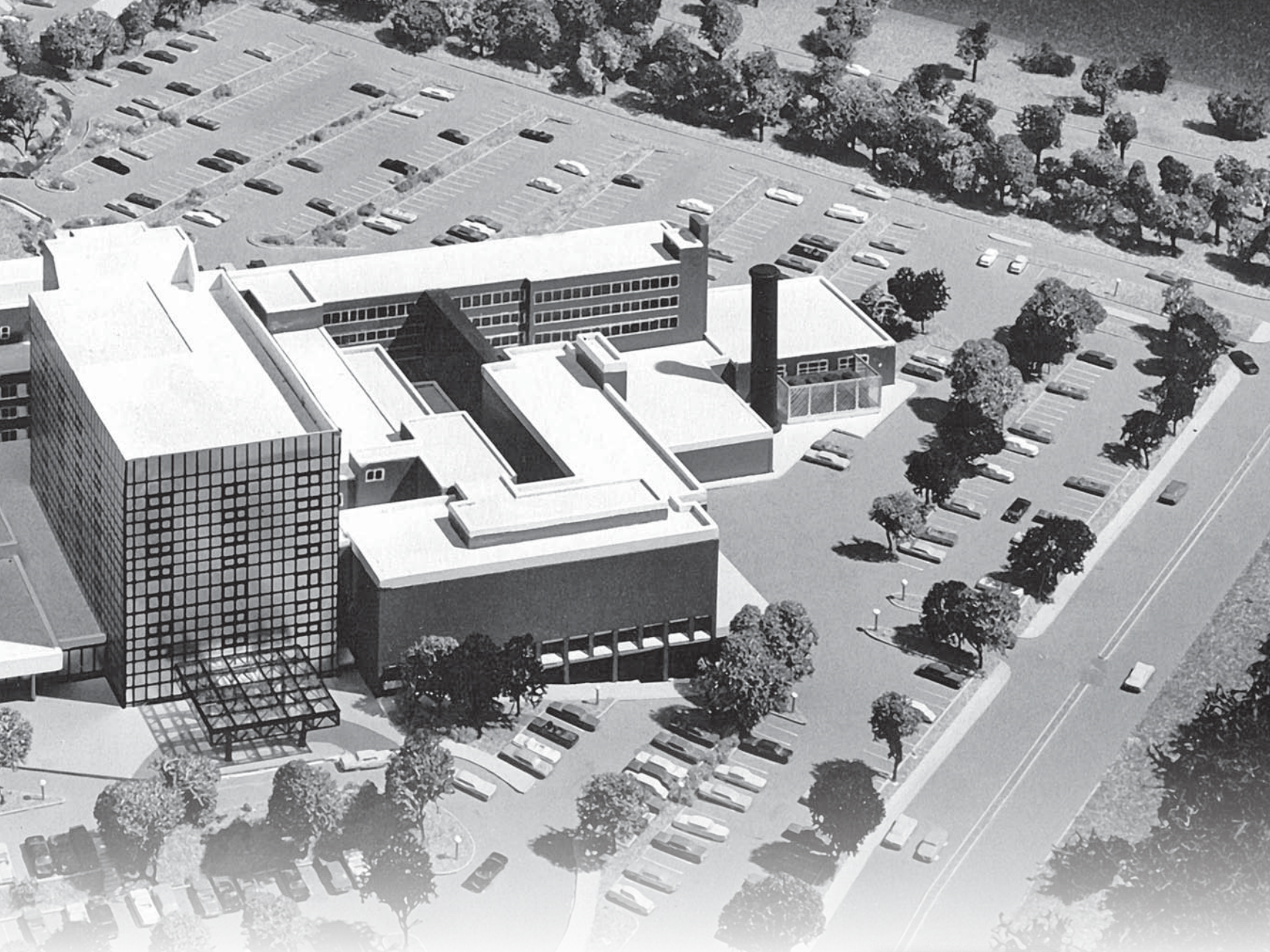
*“I always tell people, you know, you can give money to the museum, you can give money to the arts, and it’s fine to do that ... But when you’re on the floor in your living room passed out, the EMS guys aren’t taking you to the museum.”*

**—Barry Rubenstein**  
Trustee, Northwell Health

North Shore Hospital wrapped up construction of three new buildings in 1976: the Cohen Pavilion, the Levitt Ambulatory Clinic, and the addition of 10 stories to the Whitney Pavilion to create the Whitney Tower.







# *Growth in Nassau*



During the prosperous 1960s, Long Island was marked by the expansion of many local industries. The final stretch of the Long Island Expressway was completed in 1972, opening up Long Island's quaint neighborhoods to traffic and congestion. Developers snapped up waterfront land, building malls, hotels, and housing developments. Hospitals also grew and began to offer more services as technological advances in medicine led to the growth of new specialties.<sup>2</sup>

With an increasing demand for hospital beds, North Shore Hospital and Long Island Jewish Medical Center (LIJ) launched several expansion projects and built new centers to respond to community needs. Despite the hospitals' close proximity to each other,



Jinx Falkenburg—seen here with Tex McCrary (left) and musician Benny Goodman (center)—ensured that celebrities made frequent appearances at North Shore Hospital fundraisers. (*Benny Goodman™ is a trademark of the Estate of Benny Goodman. [www.bennygoodman.com](http://www.bennygoodman.com)*)



with North Shore Hospital in Manhasset and Long Island Jewish Medical Center about two miles away from the Nassau County border in Queens, each hospital soon found its own niche and identity in the growing community. While Long Island Jewish made an immediate impact, tracking close to 60,000 patient days and performing 3,400 operations in the first year, North Shore Hospital grew gradually, earning a reputation as a trusted community hospital with first-class accommodations.<sup>3</sup> Initially, many community members supported both hospitals, but by the mid-1960s, the relationship between the two started to fray. Doctors could no longer affiliate with both hospitals and found themselves having to choose one over the other.

Because of its connection to the Whitneys, the Paysons, and the Paleys, North Shore Hospital was associated with wealth and class. Model and actress Jinx Falkenburg ensured that celebrities made frequent appearances at fundraisers, and the facility always boasted the most modern accommodations, cementing its image as the “Gold Coast” hospital.

Meanwhile, at LIJ, accommodations were more modest, but the young hospital was quickly becoming recognized for its world-class specialists and contributions to medical research.<sup>4</sup> Sol Wachtler, a long-time

## 1956

Long Island Jewish Medical Center holds its annual meeting for the hospital's board of trustees.



## 1957

Dennis Buckley is hired as assistant controller at LIJ shortly after graduating from New York University and is later recruited to the leadership team at North Shore.

## 1957

Dr. Robert K. Match is hired as a staff surgeon at LIJ. He will continue to perform surgeries until 1977, when he becomes president of the medical center.



LIJ board member who began his career as a councilman and town supervisor in North Hempstead, was offered a position on both hospital boards, but was reluctant to choose. “Word on the street at that time was, if you wanted to have a very nice room, you’d go to North Shore Hospital. But if you wanted to get better, you’d go to Long Island Jewish,” said Wachtler.<sup>5</sup> In the end Wachtler chose to join LIJ, which was considered more medically prestigious at the time.

One distinction between the two hospitals was the way the boards formed and interacted with the hospital administrators. From the start, LIJ had a broad support base and a large board, with 150 members, while North Shore’s board remained relatively small and intimate.

At LIJ, the board of trustees monitored the day-to-day functions and strategic planning of the hospital, and they made a point to hire physicians to run the hospital, rather than administrators with a business background. According to former LIJ President Peter Rogatz, “They wanted to know everything that was going on, and I was used to a hospital where the director of the hospital did everything important, and he let the board know about it at the next board meeting. At LIJ, they would practically go into the kitchen and taste the soup before the meals were served to the patients.”<sup>6</sup>

## The Gold Coast Hospital

North Shore Hospital was quiet in the first year, but it grew steadily, slowly earning the community’s trust. In the early days, there were few patients, but the hospital



Comic actor Sid Caesar (center) plays the saxophone at a North Shore Hospital benefit.

## The North Shore Hospital Fair

The North Shore Hospital Fair, a flea market with games, food, animals, and rides, was dreamed up by Sylvia Lester of the Women’s Auxiliary as a fun way to put all the volunteers to work and help raise funds for the auxiliary.

“When the Whitney Polo Field was no longer a polo field and was part of the hospital, I decided that if you could have entertainment there, and here we had all these volunteers, I would like to do a flea market, and for five years, I did what became known as the North Shore Hospital Fair,” said Lester.<sup>1</sup>

Gaining popularity each year, the fair quickly became an iconic community event that raised considerable funds for the auxiliary. By the 5<sup>th</sup> fair, Lester suggested Jinx Falkenburg invite a celebrity to join the festivities, and that year, Falkenburg arranged to have Willie Mays of the New York Giants flown to the fairgrounds via helicopter.<sup>2</sup>

### 1958

LIJ’s renowned hematologist Dr. Kanti Rai begins his career as chief resident of pediatrics at North Shore Hospital. It is here that he meets Laurie, a child diagnosed with acute leukemia, who inspires him to devote his life to hematology.

### 1961

Dr. Peter Rogatz co-authors an often-cited study with renowned economist Eli Ginzberg for the Federation of Jewish Philanthropies, entitled *Planning for Better Health Care*. The men predict that hospital expenditures will increase by 35 percent within the next three to five years, which turns out to be a low estimate.

had plenty of volunteers, as local wives enthusiastically joined the women's auxiliary, which included high-profile women such as Joan Payson, Jinx Falkenburg, Rose Cohen, and Ethel Hausman. The women acted as a welcoming committee, running the hospital's front desk and directing incoming patients to where they needed to go.<sup>7</sup> As the hospital filled up, the Payson-Whitney wing was added in 1963, providing 117 new beds. That same year, North Shore opened the first genetics lab on Long Island, and soon added new patient buildings, teaching facilities, and the Boas Marks Biomedical Science Research Center, which raised North Shore Hospital's regional and national profile.<sup>8</sup>

A defining characteristic of North Shore Hospital was its first-rate administrative team started by Dennis Buckley, who served as North Shore Hospital's CEO from 1965 until 1983. Buckley would often brag to friends that he learned his business savvy as a boy selling the *Jewish Daily Forward* newspapers on his block on Manhattan's Lower East Side. After a stint in the Army, where he was stationed on the Hawaiian island of Oahu during the bombing of Pearl Harbor, Buckley studied accounting at New York University and thereafter began working at Long Island Jewish as the assistant controller. In 1964, Buckley was hired as the controller at North Shore Hospital. Within the year he became the hospital's executive vice president, and was ultimately named CEO.

Under Buckley's administration, North Shore Hospital was transformed into a teaching hospital when it joined with Cornell University in 1969 and its name was changed to North Shore University Hospital (NSUH). According to Ralph Nappi, long-time president of the North Shore-LIJ Health System Foundation, NSUH enjoyed a particularly meaningful affiliation with Cornell, and hospital board members even participated in the faculty committee meeting.<sup>9</sup>

Buckley's leadership guided North Shore University Hospital through two decades of expansion. After a \$30 million fundraising campaign, the hospital began construction

1963

The Payson-Whitney wing is added, providing North Shore Hospital with an extra 117 beds.

Dr. Rogatz is hired as the second executive director of LIJ to oversee a major expansion project as LIJ's occupancy rises from 70 percent to 92 percent.

1964



1964



LIJ takes over city-run Queens Hospital Center, providing doctors and residents to the 1,400-bed facility, a relationship that will continue for 26 years.





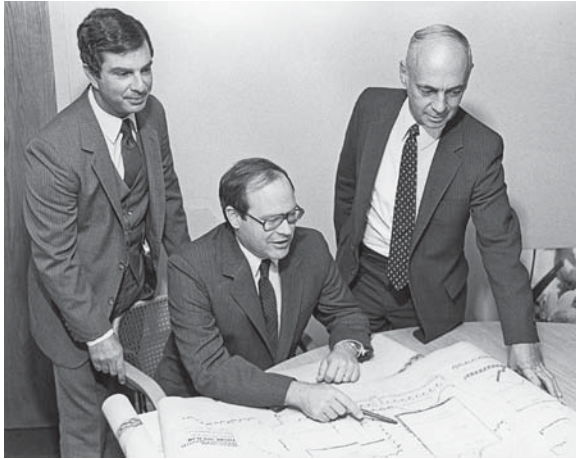
**1964**

LIJ launches a \$15 million expansion plan that adds four floors and 200 more beds, and significantly expands its surgery and radiology departments. LIJ President Rogatz decides to build the additional space vertically rather than horizontally to maximize use of the hospital's land.

**1964**

North Shore Hospital hires two administrators, Dennis Buckley and his intern, Jack Gallagher. Buckley serves as executive vice president and CEO until 1982, and Gallagher later becomes the executive vice president and CEO, overseeing the merger that results in the North Shore-LIJ System.

Two administrators hired in the 1960s, Dennis Buckley (left) and Jack Gallagher (right), would lead North Shore Hospital to success during the next 37 years.



Left to right: Town Supervisor John Kiernan with Joe Guarino and Jack Gallagher, reviewing plans for North Shore's expansion.

on three new buildings that would be completed in 1976: the Cohen Pavilion, the Levitt Ambulatory Clinic, and an addition of 10 stories to the Whitney Pavilion to create the Whitney Tower.<sup>10</sup>

## LIJ Filled to Capacity

In contrast to North Shore's gradual success, Long Island Jewish Medical Center was bustling the first week, and by the late 1950s, it was apparent the hospital needed more beds to handle the growing volume of patients.

In 1964, when LIJ's occupancy had risen from 70 to 92 percent capacity,<sup>11</sup>

Dr. Peter Rogatz was hired as the second executive director of LIJ, though he left after only four years. Charged with overseeing the 1964 expansion project, Rogatz had to figure out where 200 new hospital beds would be added. He decided to build vertically, rather than horizontally, to preserve hospital land. Rogatz launched a \$15 million expansion plan that added four floors and 200 beds. The project also significantly expanded the hospital's surgery and radiology departments.<sup>12</sup> That same year, LIJ took over city-run Queens Hospital Center, providing the doctors and residents to the 1,400-bed facility, a relationship that would continue for 26 years.

Rogatz was also responsible for creating LIJ's Hearing and Speech Center, which was built in 1967 thanks to the support of Jean Leigh and the Long Island Hearing and Speech Society, whose members had started a clinic in Mineola to care for deaf children. Upon learning that the Long Island Hearing and Speech Society was looking to expand, Rogatz agreed to create a home for the new Hearing and Speech Center at LIJ if the Leigh family and other supporters funded the construction of a new building.<sup>13</sup> It was a bold step toward community outreach, moving Long Island in the direction

## 1967

LIJ's Speech and Hearing Center is built. It is a bold step toward community outreach, moving Long Island in the direction of community-focused health care.

## 1968

Dr. Match is hired as a chief executive at LIJ. He later becomes president of the hospital in 1977, a position he holds until his retirement in 1993.

## 1969

North Shore Hospital is transformed into a teaching hospital when it joins with Cornell University, becoming the North Shore University Hospital.



of community-focused health care. The center still exists today and is also the home of the Apelian Cochlear Implant Center. Roy Zuckerberg, a long-time trustee of the hospital system, helped equip the Hearing and Speech Center after learning his daughter had hearing problems. “My daughter didn’t speak, didn’t utter a sound until she was three and a half, and what we didn’t realize was she didn’t hear very well,” said Zuckerberg. “She didn’t know how to mimic speaking. So once she got tested, they put one hearing aid on her, on her bad side, and then she started talking.”<sup>14</sup>

In 1968, LIJ attempted to acquire a home for the elderly called the Home and Hospital of the Daughters of Israel, a facility in Manhattan that was looking to expand. “They were in a decrepit facility, and this was a much bigger deal than the hearing and speech center,” said Rogatz, who persuaded the board to sell a piece of LIJ’s property, on which the Jewish Institute for Geriatric Care was built. Rogatz had hoped that the nursing home would become a formal part of LIJ Medical Center, but, while it was connected by a tunnel, the center never fully integrated with the hospital. “They are, to this day, substantially independent, although there’s a lot of cross support,” said Rogatz.<sup>15</sup>

Before leaving LIJ, Rogatz recommended that his former colleague, Dr. Robert K. Match, who started as chief executive and later became president, continue his vision for the hospital’s expansion and transition toward community-focused health. Match also oversaw LIJ’s partnership with the Albert Einstein College of Medicine, which began in 1989. Match died in a car accident in 1994, a year after he retired.<sup>16</sup>

LIJ also began to make its mark in medical research. In 1975, researchers at LIJ created a clinical staging system—now known as

Left to right: Drs. Philip Lear, Marten Saren, Samuel Karelitz, and Peter Rogatz look at a map marking the hospital’s expanded service to the city-run Queens Hospital Center.



## 1970

LIJ begins to address the needs of Nassau adolescents when it opens Long Island’s first learning disabilities clinic.

## 1971

LIJ uses a \$100,000 grant to open an outpatient drug treatment center in a Manhasset parish. The center treats teens in the early stages of addiction.

## 1971

North Shore University Hospital begins to address the rise in drug use by opening a Drug Treatment and Education Center.



Dr. Robert K. Match (left) greets US Senator Edward M. Kennedy at an LIJ Dinner Dance in 1971. Match is credited with overseeing the growth of LIJ over two decades.



the Rai Staging System—for chronic lymphocytic leukemia (CLL), one of the most common forms of adult leukemia. The system is still used worldwide.<sup>17</sup>

Renowned doctors were drawn to the young hospital. Dr. Harry Steinberg was recruited to LIJ in 1975 to start a pulmonary department and

began working closely with Stony Brook University to train medical students. Since pulmonary medicine was a developing field, Steinberg started out only seeing an occasional patient, focusing his time on research rather than patient care.

“People didn’t know what pulmonary physicians did, because it was moving from an era of a lot of tuberculosis into this new era where lung cancer was becoming more prevalent and emphysema was becoming more prevalent. Critical care wasn’t even around at the time,” said Steinberg. “Coronary care units had just been established.”<sup>18</sup>

Soon, Steinberg recruited a second specialist, Lynn Rossoff, and began seeing patients more frequently. The pulmonary department at LIJ began to grow, focusing on a wide range of respiratory illnesses. Today, it includes an outpatient facility with a pulmonary function laboratory and pulmonary rehabilitation program. It also includes an advanced lung disease program, respiratory therapy programs, and a pulmonary hypertension program, serving one of the largest adult cystic fibrosis populations in the city. In addition, it boasts a sleep laboratory, founded in 1985, right next door.

## 1972

The Long Island Expressway is completed, opening up Nassau and Suffolk counties to further development.



## 1975

Researchers at LIJ create a clinical staging system for chronic lymphocytic leukemia, one of the most common forms of adult leukemia.

## 1975

Dr. Harry H. Steinberg is recruited to LIJ to start a pulmonary department at the hospital.



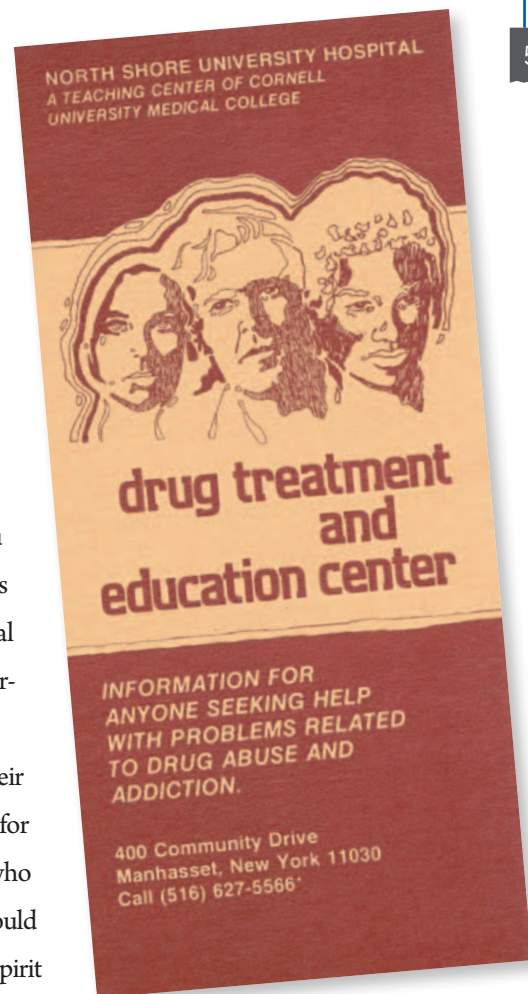
## Responding to Community Needs

During the 1970s, both North Shore and LIJ moved toward community-focused health programs to address the changing needs of the Long Island population. For example, in 1970, LIJ began to address the needs of Nassau adolescents when it opened Long Island's first learning disabilities clinic. In addition, as drug use became more popular among young people, LIJ used a \$100,000 grant to open an outpatient drug treatment center in 1971.

Located in a Manhasset church parish to be easily accessible to Nassau families, the center treated teens as young as 13 with substance abuse problems from marijuana to heroin. The program, which provided a noninstitutional setting to make the teens feel comfortable, accepted youngsters based on referrals from schools, churches, hospital personnel, and social service agencies.

At first, Manhasset families resisted the drug treatment center moving to their neighborhood. The parents argued that a place of worship should not be used for a rehabilitation program. It was State Supreme Court Judge Bertram Hartnett, who would later advocate for a children's hospital at LIJ, who ruled that the church could be used for those purposes. "The challenges of drugs to the human mind and spirit can be fairly met by the moving thrust of religious institutions," said Judge Hartnett. "Indeed, the essential moral alienation of drug abuse seems most directly a religious problem. There is implicit in drug abuse a breakdown of spiritual and moral values."<sup>19</sup>

North Shore University Hospital also took several steps to meet the changing needs of the Nassau and Suffolk county communities. By the 1970s, more women sought



Both North Shore University Hospital and LIJ started drug treatment and education programs in response to the rise in drug use during the 1960s and 1970s.

## Leaving a Lasting Mark

When he was hired as director of Long Island Jewish Medical Center, Dr. Peter Rogatz was 37, younger than any of the other administrators, but his reputation as a physician and successful hospital administrator made him a clear choice for the hospital. After he completed his residency, Rogatz studied at Columbia's School of Public Health, and then was invited to work as associate medical director of Health Insurance Plan (HIP) of Greater New York. At HIP, Rogatz was assigned to join the administration of a struggling HIP medical center in Hicksville, New York, where he worked with Robert K. Match, who would become LIJ's president in 1977, and later the hospital's chief executive.

In 1961, Rogatz co-authored an often-cited study with renowned economist Eli Ginzberg for the Federation of Jewish Philanthropies, titled *Planning for Better Health Care*. The men predicted that hospital expenditures would increase by 35 percent within the next three to five years, which turned out to be a low estimate. In the study, Rogatz and Ginzberg recommended that federation-sponsored hospitals form closer alliances or merge completely with neighboring facilities.<sup>1</sup>

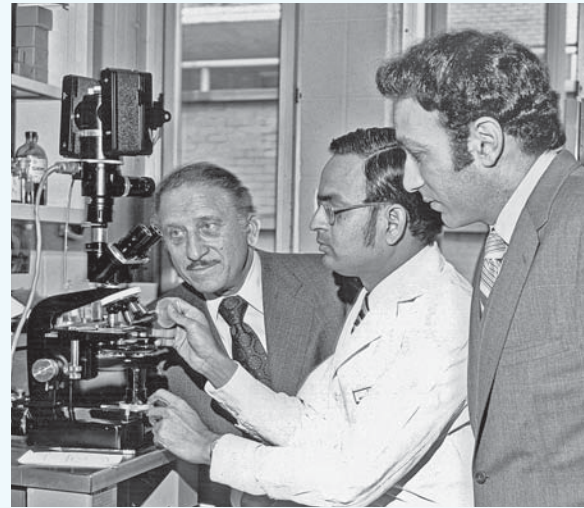
Though he only stayed four years, Rogatz left a mark on the young hospital by foreseeing LIJ's potential to become part of the impressive hospital system it is today.

## A Turning Point

LJ's renowned hematologist Dr. Kanti Rai began his career as chief resident of pediatrics at North Shore Hospital in 1958. It was a little girl named Laurie who drew him to research, and motivated him to invent the first staging system for chronic lymphocytic leukemia. Rai recalled the event that changed his future in medicine:

*While I was the chief resident in pediatrics at North Shore in 1958, I would take care of children, children who are going to be admitted today and children who were already in the wards. When I happened to be on call one night, I was told that a young child, a three-year-old, was coming in at 2:30 or 3 o'clock in the afternoon, so I made myself available. I still remember this three-year-old, who looked like a picture of health. She was having some bad blood counts, and the hematologist who had seen her an hour or so earlier in his chambers felt that she should be admitted, so her parents came directly from the hematologist's office. I took the history—her name was Laurie—and talked to the parents, examined her, and a few hours later, the senior doctor, the hematologist, came and asked me whether I had seen Laurie. "Yes, I have," I said. He then asked, "What do you think?"*

*He had already sent a little piece of paper with her parents where he drew a question mark with the words "acute leukemia," before it. I had done some preliminary work, and he asked if I had ever made a diagnosis on a child with leukemia. I said no. I had seen children with leukemia and had taken care of them, but not from the get-go. "Have you done a bone marrow test on her?" he asked. I said, "No, I haven't." So he said, "We'll do one tonight." And he took me by the hand, as a good teacher and mentor, and together we did a bone marrow test. Then he took me downstairs in the basement, into the laboratory—now it was close to midnight—and stained the slides and pulled out from the box some examples of normal bone marrow slides. He put them side by side with Laurie's bone marrow slide, and it was quite*



*a dramatic teaching session—that is, to see a picture of a deadly disease with such dramatically angry, bad-looking cells compared to what I was shown on the normal picture. Shortly after, we made the diagnosis of acute leukemia in that child.*

*When I said, "How are we going to treat her?" he said, "Well, we don't have too much to offer, but these are the drugs," and he gave me the names of the drugs that would be started. I then asked, "What is the future for this little girl?" And he said, "She'll be dead in six months." I thought, "What a heartless son-of-a-bitch this evil character is." Of course, he was none of that. What he was doing was telling me the statistics in children's acute leukemia at that time, in 1958, and that anger kept me on.*

*So in the course of the next two or three months, Laurie was discharged, brought back, and discharged again, so it must have been two or three times that the parents brought her, and I became somewhat attached to the little girl. You know, we all, as doctors, do become attached to our patients, but this was much more than that.*

*One day, Laurie died right in front of me. I was right there in the room with her parents, and that was a very, very affecting, bothersome event in my life. And this teacher, Arthur Sawitsky, who was head of hematology at Long Island Jewish Hospital and practiced at both hospitals watched it. So he told me I should go into hematology at Long Island Jewish. This sad event became the catalyst for my career.<sup>1</sup>*



college degrees and careers than ever before. More women postponed childbearing, and the median age for women to start having children was 30, which increased the likelihood of high-risk pregnancies. In response to the evolving fertility needs of young couples, in 1976, North Shore University Hospital opened Long Island's first regional fertility treatment center, one of only a few that existed in the country at that time. Dr. David L. Rosenfeld, a reproductive endocrinology specialist, was named the center's director. Within a few weeks of opening, the center saw more than 100 patients from all over the tri-state area and several reported successful pregnancies. Rosenfeld's sensitive approach was evident from the first session, when he would insist on seeing both the husband and wife together, so that neither one would shoulder the blame for their fertility challenges. Rosenfeld told *The New York Times*, "While society and medicine have faced the needs of family planning through education, birth control methods, and abortion, very little attention has been paid to the successful treatment of women who cannot conceive."<sup>20</sup>

In 1979, after local health planning experts declared a shortage of nursing homes in Nassau and Suffolk counties, North Shore University Hospital began to explore ways to address the needs of a growing elderly population. Originally, the 122-bed Cohen Pavilion, which had been funded in part by a state loan program set aside for the creation of nursing homes, was to be designated for that purpose, but hospital executives feared that designating the entire space for long-term care, rather than acute care, would pose a financial crisis for the hospital. In the end, the hospital explored new ways to address the growing needs of Long Island's elderly.

## 1976

Three additions to North Shore Hospital are completed: the Cohen Pavilion and the Levitt Ambulatory Clinic, along with 10 stories that are added to the Whitney Pavilion to create the Whitney Tower.

## 1976

North Shore University Hospital opens Long Island's first regional fertility treatment center—and one of the first in the country—in response to the changing fertility needs of New York area couples.

## 1979

Health care planning experts declare a shortage of nursing homes in Nassau and Suffolk counties, as NSUH begins to explore ways to address the needs of a growing elderly population.

*“We’re not just another hospital and we’re not just another research center. This is a conglomeration of some wonderful institutions, making something that’s very special that will grow and continue to be a powerful force in medicine and health care.”*

**—Roy Zuckerberg**  
Trustee, former chairman,  
Northwell Health<sup>1</sup>

Dr. Jay Bosworth preps a patient  
for radiation oncology treatment at  
North Shore University Hospital.







## *A Fierce Rivalry*

5

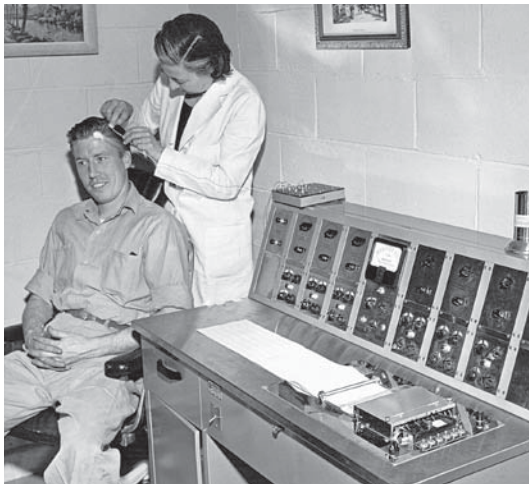
*B*y the 1980s, North Shore University Hospital (NSUH) and Long Island Jewish Medical Center (LIJ) were both well-respected, nonprofit, tertiary hospitals serving Nassau, Queens, and bordering counties. Since both hospitals offered a broad array of sophisticated health services, boasted prestigious academic affiliations, and were committed to excellent care, they each attracted patients from all over Long Island and Queens. A healthy competition had brewed between the neighboring hospitals ever since they opened their doors in the early 1950s, but over the years, as the two hospitals continued to expand and compete for physicians and patients, interactions between the two cooled significantly.<sup>2</sup> But in the 1980s, the rift between North Shore and LIJ suddenly became

very public, and it seemed impossible that Long Island's premier hospitals could ever find common ground.<sup>3</sup>

An impending health care crisis was largely to blame for heightened tensions between North Shore University Hospital and LIJ during the 1990s. The health care industry was in the midst of a radical transformation. On the one hand, there were many exciting advances in medical technology, particularly in areas of diagnostic imaging, fertility treatment, and surgery, spurring new medical specialties and prompting both hospitals to create departments and research centers. But the unprecedented growth in medicine and technology also caused the cost of health care to skyrocket, and insurance companies required patients to pay more out of pocket than ever before. Medical care and health insurance were quickly becoming unaffordable for many Americans.<sup>4</sup>

Alarmed by the rising cost of health care, lawmakers had to come up with new ways to control spending, leading to an era of managed care insurance plans. These plans, such as Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs), contracted with specific health care providers in each area and used various mechanisms to limit reimbursement rates and encourage outpatient care. Since the two hospitals served the same areas, the shift toward managed care introduced a new kind of competition between North Shore University Hospital and LIJ; executives at the two hospitals found themselves in bidding wars for partnerships with managed care plans.<sup>5</sup>

New medical technologies prompted both hospitals to invest in expensive equipment. Here a patient is prepped for an electroencephalogram (EEG), which detects electrical activity in the brain.



## A Focus on the Children

Long Island's suburban, family-centered values are reflected in the focus of its medical centers on neonatal care and pediatrics. The 1980s brought many

### 1956



An ultra-modern nursery to treat premature newborns is built into LIJ's state-of-the-art facility, highlighting the value of neonatal care in the family-centered suburbs of Long Island.

### 1966

Desiring first-rate medical care for their children, Long Island parents form an advocacy group called Children's Medical Fund of New York that would take the dream of a hospital dedicated to pediatric care to the state legislature.

### 1970



A neonatal fellowship is introduced at LIJ, and shortly after, pediatricians there create an early neonatal transportation system that equips ambulances with mini intensive care units, capable of holding multiple newborns at one time.



technological advances in fertility and neonatal–perinatal care, which were embraced by the two Long Island hospitals. A monumental development in the direction of focused pediatric care occurred in 1983 with the creation of the Schneider Children’s Hospital at LIJ after nearly two decades of lobbying from advocates and Long Island parents.

As doctors started to recognize the important health benefits of breastfeeding newborns, both hospitals began providing lactation consultants for new mothers, and in 1979, North Shore University Hospital set up the first free breast milk bank on the East Coast. The bank was started with one baby, Cynthia Callow, who was adopted by her parents from Colombia. Refusing formula, Cynthia kept dropping weight, and her parents were desperate. The Callows went public with a plea to New York City mothers to donate breast milk, and soon received 1,200 offers of frozen breast milk, far more than Cynthia needed. Within seven years, the milk bank had collected 170,000 ounces of milk and had nourished 154 babies.<sup>6</sup>

LIJ also brought many innovations in neonatal care to Long Island. When LIJ built its premature nursery into the original 1956 hospital building, premature babies were typically transported via ambulance in metal boxes infused with oxygen. In 1970, a neonatal fellowship was introduced at the Queens hospital, and shortly afterwards, pediatricians at LIJ designed and built a neonatal transportation system that equipped ambulances with mini intensive care units capable of holding multiple newborns at one time.<sup>7</sup> In 1986, researchers at LIJ made headlines again when they invented an infant-sized pacemaker to correct an 8-month-old East Northport boy’s irregular heartbeat.<sup>8</sup>

New fertility treatments brought many exciting firsts to the Island, as well as unusual legal and ethical questions for psychiatrists and physicians. America’s first “test tube”



The building of the Schneider Children’s Hospital (SCH) was an uphill battle and took 10 years to complete. Pictured at the hospital’s dedication ceremony are (left to right) Robert K. Match, Mindy Schneider, Irving Schneider, Governor Mario Cuomo, Helen Schneider, Lynn Schneider, SCH Director Dr. Philip Lanzkowsky, and LIJ Board President Martin Barrel.

## 1973

President Richard Nixon signs his HMO Act into law, requiring employers to offer employees managed care plans, but it will take a full decade for the law to have an impact.

## 1979

North Shore University Hospital sets up the first free breast milk bank on the East Coast.



## 1983

The Schneider Children’s Hospital, later renamed the Cohen Children’s Medical Center of New York, opens at LIJ after

nearly two decades of lobbying from advocates and Long Island parents.



twins were born at North Shore University Hospital on May 24, 1983. The twins, a boy and girl named Stephen and Amanda, were the 7<sup>TH</sup> and 8<sup>TH</sup> babies born in the world through in vitro fertilization.<sup>9</sup> A year later, on October 16, 1984, a team of doctors at LIJ delivered Long Island's first set of quintuplets through Cesarean section to a Queens couple who had been trying to conceive for years.<sup>10</sup> That same year, LIJ expanded its follow-up program for high-risk newborns by incorporating developmental pediatrics in evaluation of newborns at the time of discharge.<sup>11</sup>

## New Fields of Medicine

In 1983, North Shore University Hospital's first in vitro twins, Stephen and Amanda, were the 7<sup>TH</sup> and 8<sup>TH</sup> to be born in the world.

The 1980s marked a decade of expansion and innovation for North Shore University Hospital and LIJ. As new machinery and technology became available, research centers

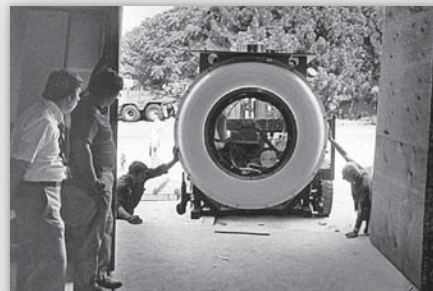


### 1983

North Shore University Hospital creates New York State's first in vitro fertilization program.



### 1983



North Shore University Hospital begins building the first MRI machine in the state.

### 1983

America's first "test tube" twins are born at North Shore University Hospital on May 24. The twins are the 7<sup>TH</sup> and 8<sup>TH</sup> babies born through in vitro fertilization worldwide.



## *An Uphill Battle*

No project fueled tension between the two Long Island health care giants like the building of Schneider Children's Hospital.

Building a children's hospital was the brainchild of two pediatric surgeons, Drs. Burton Bronsther and Martin W. Abrams. Both men approached former New York State Supreme Court Judge Bertram Harnett, who was completing a stretch as the Nassau County Attorney and opening a private practice. Harnett was immediately sold on the idea, recalling his own harrowing childhood experience in a Brooklyn emergency room after being hit by a car. "A nurse came up to me and said 'Shut up, stop your crying, you're going to be dead in a few hours anyway.'"<sup>1</sup>

Harnett's practice would be responsible for maneuvering the many legal disputes that arose with public health organizations and private practitioners alike. In 1966, Harnett pulled together a group of concerned Long Island parents. That group became an advocacy group called Children's Medical Fund (CMF) of New York, which would take the dream of a hospital dedicated to pediatric care to Albany.<sup>2</sup>

It would take 13 years to sell Long Island and the New York area in general on the idea of a children's hospital and to overcome many legislative challenges. In an era of cost containment, hospital building was an unpopular cause, and every step seemed like an uphill battle, but local parents were determined to make it happen. At first, CMF struggled to reach a deal with the Long Island Jewish Medical Center board of trustees, which believed the specialty hospital would be too expensive and would drain hospital funds.<sup>3</sup>

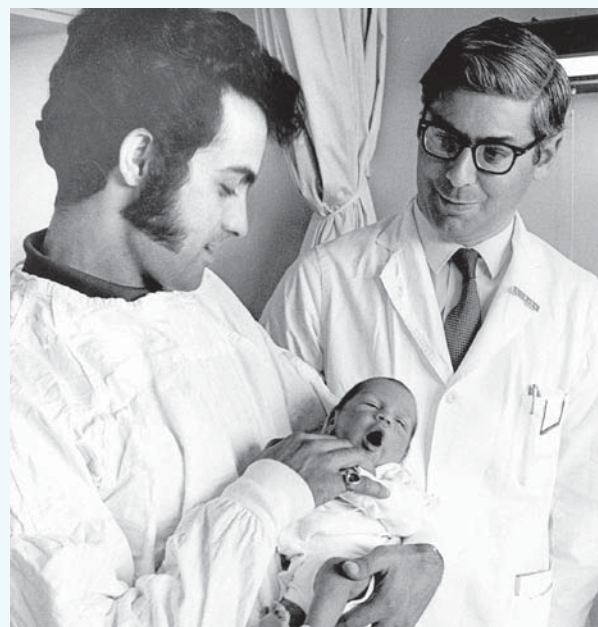
Neighboring hospitals, including North Shore Hospital, and private practitioners tried to block the move, fearing the location would compete for their pediatric patients. Ultimately, to justify the hospital's cost, CMF would have to demonstrate that pediatric facilities on Long Island and Queens were inadequate, and pediatric beds would have to be removed from neighboring hospitals for government agencies to approve construction.

Dr. Philip Lanzkowsky (pictured far right), who had been the director of pediatrics and chief of pediatric hematology at LJ since

1970, was a driving force behind Schneider Children's Hospital and would be named chief of staff when it opened in 1983.

In 1973, Lanzkowsky made a plea for a hospital exclusively for children on Long Island. He wrote, "Children are not adults in miniature; their entire medical and emotional makeup is wholly different from that of the adult and hence should be managed in a separate environment. That environment should be designed to appeal to the children and make them feel comfortable and at home." He then demonstrated how current pediatric facilities at most Long Island hospitals were wholly inadequate for long-term stays, and research facilities for pediatric conditions were either nonexistent or severely lacking. These comments upset many of LJ's competitors. Furthermore, he argued that a large regional center would reduce the underutilization of hospital beds at neighboring medical centers by bringing all pediatric beds in the area under one roof.<sup>4</sup>

After countless public hearings, editorials, and legislative hurdles, the efforts of Harnett, CMF, and Lanzkowsky paid off. And in 1983, Schneider Children's Hospital, now called the Steven and Alexandra Cohen Children's Medical Center of New York, opened in New Hyde Park.<sup>5</sup>





Dr. Richard Laskin, and his medical crew, prepare a patient for knee replacement surgery wearing special suits made to ensure the sterility crucial to orthopedic surgery.

and new specialties grew out of both locations, and important contributions to medical research began emerging from both hospitals. One great example occurred in 1980 when North Shore University Hospital's Department of Orthopedics developed a new system to fix certain hip fractures. The parallel cannulated screw system that NSUH researchers created is now used worldwide.<sup>12</sup> Likewise at LIJ, in 1988, surgeons were the first in New York State to successfully perform complex brain surgery to mitigate the effects of epilepsy. Of the first 22 patients, 43 percent had no epileptic seizures post-surgery.<sup>13</sup>

By the end of the decade, a number of research centers also began to spring up at both hospitals to address the latest community health issues. In 1989, LIJ created a Lyme disease center to treat and study the growing number of Lyme disease cases in Nassau and Queens counties. Headed by Dr. Eileen Hilton, the center's first project studied whether antibiotics could ward off the disease after a bite was discovered. According to Hilton, in some parts of the New York area, up to 100 percent of ticks carried the disease.<sup>14</sup> NSUH also founded Long Island's first comprehensive Center for Joint Replacement in 1991, the same year that LIJ opened Long Island's first comprehensive epilepsy treatment center.

Initially, research took place in makeshift labs squeezed into tight corners of the hospitals, though both NSUH and LIJ soon began investing in the construction of modern buildings that would organize and integrate their various research centers. In 1985, LIJ built the Cohen Institute of Oncology, a major diagnostic and research center, honoring 30 years of dedication to cancer research. The Institute was named for Francis and Alexander Cohen, who headed the Joel Finkelstein Cancer Foundation and spent

## 1984



A team of doctors at Long Island Jewish Medical Center delivers Long Island's first set of quintuplets, through Cesarean section, to a Queens couple who had been trying to conceive for years.

## 1984

In the longest and largest health care strike in New York City's history, 52,000 hospital workers belonging to District 1199 of the Service Employees International Union walk off their jobs for 47 days.



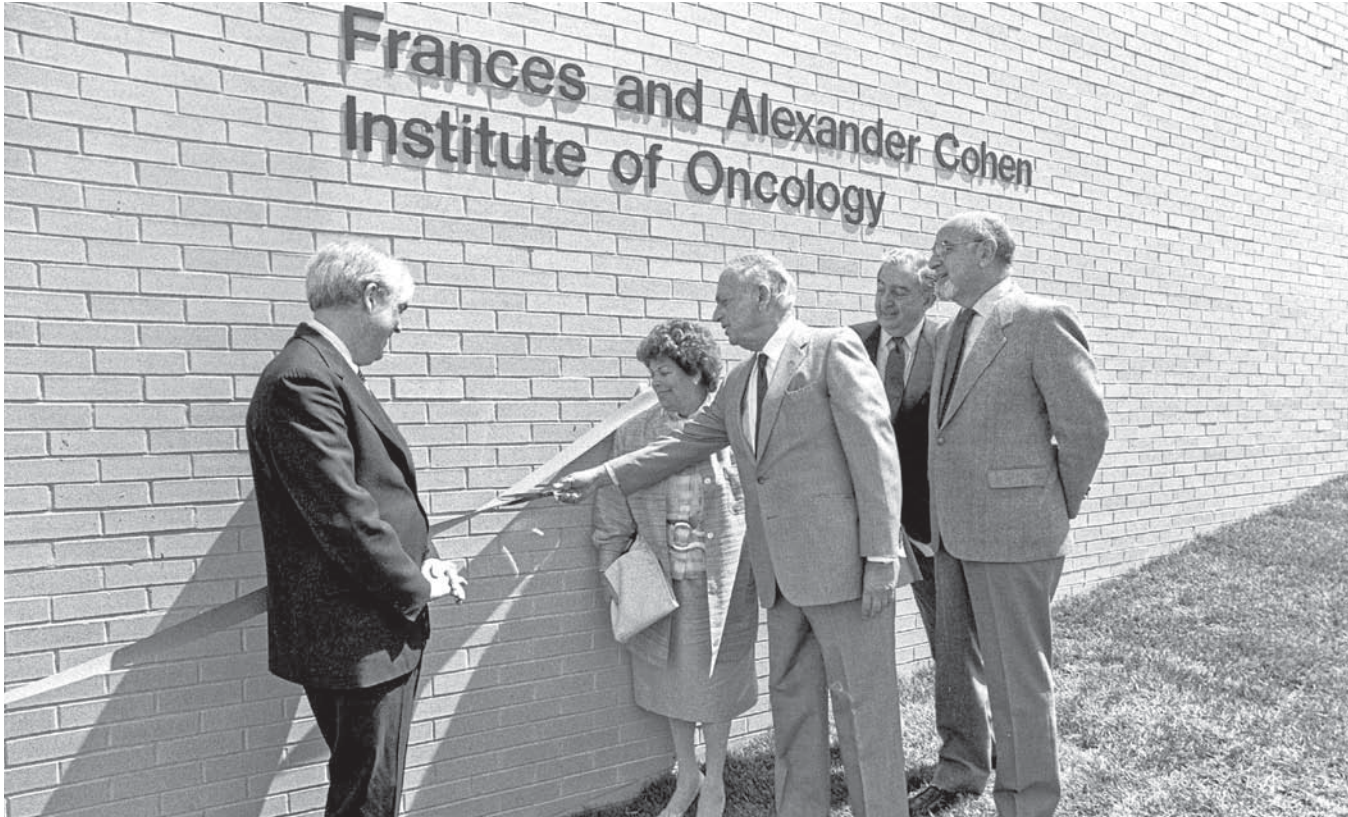
## 1985

LIJ builds the Cohen Institute of Oncology, a major diagnostic and research center, named after Francis and Alexander Cohen for their 30 years of dedication to cancer research.



three decades fundraising for cancer research at the hospital.<sup>15</sup> A year later, in 1986, NSUH consolidated its scattered research centers into one 125,000-square-foot state-of-the-art building, named the Boas Marks Research Center, in Manhasset. New York State Governor Mario Cuomo attended the center's opening. The building, which would later become the headquarters of the Feinstein Institute for Medical Research, was devoted to finding new treatments for terminal illnesses. Rather than just conducting lab experiments, scientists at the center applied their research at the bedsides of actual patients at NSUH.<sup>16</sup>

In 1985, LIJ dedicated the Cohen Institute of Oncology Center to Frances and Alexander Cohen, seen here cutting the ribbon, for their three decades of dedicated support for cancer research.



**1986**

LIJ signs a contract with the first HMO to serve Long Island, Community Health Program of Queens–Nassau, which was affiliated with Blue Cross Blue Shield at the time.

**1986**

Researchers at LIJ make headlines when they invent an infant-sized pacemaker for an 8-month-old East Northport boy to correct his irregular heartbeat.

**1986**

North Shore consolidates all of its scattered research centers into one 125,000-square-foot state-of-the-art facility called the Boas-Marks Research Center. New York State Governor Mario Cuomo attends the opening.



Above: Governor Mario Cuomo cut the ribbon for the opening of the Boas-Marks Biomedical Science Research Center. Below: Tita Monti presents a check for cancer research to Dr. Thomas Degnan. Flanking them are Dennis Buckley, left, and Dr. Lawrence Scherr.



Among other major supporters of cancer research were Tita and Joseph Monti, who lost their son Don to myeloblastic leukemia in 1972. To honor his memory, the family created the Don Monti Memorial Research Foundation, established the Don Monti Division of Oncology and Hematology at NSUH, and later helped fund the construction of the hospital's nine-story Monti Pavilion. The family also supported the creation of the Don Monti Bone Marrow Transplantation Unit and established Don Monti Cancer Centers at Huntington, Glen Cove, and Plainview hospitals.

Investment into expensive machinery and equipment was a difficult decision for hospital executives who worried about the cost of creating duplicate services for the region. NSUH dominated headlines by staying ahead of the curve with the latest and most sophisticated equipment. In 1983, NSUH began building the first Magnetic Resonance Imaging (MRI) machine in the state. Then, in 1987, NSUH acquired the first Positron Emission Tomography (PET) scanner in the Northeast. The technology allowed physicians to examine tissue in ways never before possible. Unlike X-ray; Computed Tomography; or MRI scans that show the shape, size, or position of organs and tissues; PET scans show their chemical activity.<sup>17</sup>

While North Shore University Hospital's state-of-the-art diagnostic equipment was receiving accolades, LIJ was credited with taking a progressive stand on the negative health effects of secondhand smoke. In 1987, LIJ published a study about the harmful effects of secondhand smoke on athletes who showed decreased lung capacity and more respiratory issues when exposed to cigarette smoke in the home. A year later, in 1988, the

## 1987

North Shore University Hospital acquires the first PET scanner in the Northeast. The technology allows physicians to examine tissue in exciting new ways.

## 1987

LIJ publishes a study about the harmful effects of secondhand smoke on athletes, who display decreased lung capacity and more respiratory issues when exposed to cigarette smoke in the home.

## 1988

Surgeons at LIJ are the first in New York State to successfully perform complex brain surgery to mitigate the effects of epilepsy. Of the first 22 patients, 43 percent have no epileptic seizures post-surgery.



hospital restricted smoking on its grounds and held a well-attended smoking cessation seminar for its staff.<sup>18</sup>

Adding to its academic stature, in 1988, Long Island Jewish Medical Center began an affiliation with the Albert Einstein College of Medicine (AECOM) of Yeshiva University, a relationship that had been proposed by LIJ Executive Director Eugene Rosenfeld. Throughout the years, the hospital trained many undergraduate and post-graduate residents from the prestigious medical school. The affiliation ultimately raised the national profile of both institutions.<sup>19</sup>

## Competition Heats Up

Because of the overlap in location, patient population, and services, a collaboration between Long Island's two premier hospitals made sense, but early attempts to negotiate a partnership erupted in disagreement and bad feelings. LIJ Trustee Sol Wachtler described a meeting that occurred in the early 1970s, during which members of both hospital boards met to discuss the possibility of an affiliation. The meeting took place at the home of Robert Boas, a NSUH trustee who would go on to become the president and chair of the hospital.<sup>20</sup> According to Wachtler, "it blew up before it even started, because there was such animus."

Compounding the turf wars over patients and physicians was the climate of the health care industry in the 1980s, which favored shrinkage of facilities and removal of beds rather than expansion. The New York State Department of Health focused on eliminating extra acute-care beds and shutting down as many hospitals as possible.<sup>21</sup>

Geographic location was a major source of contention between the two hospitals. Over the years, LIJ's efforts to expand into other communities on Long Island

Former North Shore University Hospital board president Robert Boas and his wife Marjorie with Regis Philbin (right) at the hospital's 35<sup>TH</sup> anniversary dinner, held at the Waldorf Astoria in 1988.



## 1989

LIJ creates a Lyme disease center headed by Dr. Eileen Hilton to treat and study the growing number of Lyme disease cases in the New York area.

## 1989

LIJ and Albert Einstein College of Medicine become affiliated, raising the profiles of both institutions.



## 1990

The Don Monti Memorial Pavillion opens to the public.



## *Labor Strife at Long Island Jewish Medical Center*

One characteristic that distinguished LIJ from North Shore University Hospital was the fact that many of LIJ's employees were unionized. As a result, hospital administrators and trustees would step in to take over duties during a strike.

In 1984, 52,000 hospital workers belonging to District 1199 of the Service Employees International Union, including 41 nurses at LIJ's Manhasset location, walked off their jobs for 47 days, in the largest and longest health care strike in New York City history. Hospital administrators filled in for striking workers, managing the switchboards, cooking, and handling the day-to-day chores.<sup>1</sup>

The dispute began when 80 nurses at LIJ's Manhasset division decided to join 1199, and the hospital objected to the workers splintering off. On the first day of the strike, fire hoses sprayed water down stairwells and into elevator shafts, while medical equipment was stolen, and a library door was cemented shut. The union denied responsibility for the incidents.

For more than a month, the strikers picketed, demanding wage increases, and lighter work schedules. The union finally settled with the hospital for a five percent wage increase and every other weekend off.<sup>2</sup>

drew heated complaints and legal challenges from North Shore University Hospital and other neighboring hospitals, which were fearful that the growing Queens hospital would attract the same patient base. Every major LIJ project—from the creation of a drug treatment center in a Manhasset church, to expansion of the cardiac program at LIJ, to the building of a South Shore division in the Five Towns, to the purchase of the Manhasset Medical Center on Northern Boulevard—faced challenges from neighboring medical centers and community members. But no projects created the whirlwind of controversy that accompanied the building of Schneider Children's Hospital. Public hearings and newspaper editorials brought decades-long, unspoken suspicion between the two hospitals into public view. In 1978, Carl Pochedly of Nassau County Medical Center told *Newsweek* that the children's hospital “has opened up a hornet's nest among physicians. One could only guess the remarks passed in private conversation by some of the statements made in public hearings.”<sup>22</sup>

The rise of managed care was a gradual one. President Richard Nixon's HMO Act of 1973 required employers to offer employees managed care plans, but it would take a full decade for the law to have an impact. By the 1980s, nine million Americans utilized managed care plans, up from four million in the 1970s.<sup>23</sup>

The race for contracts with managed care plans in the 1980s and 1990s created an obvious conflict between the two hospitals, since many believed insurers would only contract with one “anchor” hospital per region. Since NSUH and LIJ stood alone as the most prestigious facilities on Long Island, size mattered. In 1988, *Newsday* noted that North Shore University Hospital had added 30 hospital beds for AIDS patients, which made it the largest hospital on Long Island for treatment of the disease, though in overall size, it still lagged behind LIJ, which had a total of 825 beds.<sup>24</sup>

### 1991

LIJ builds Long Island's first comprehensive epilepsy treatment center.

### 1991

North Shore University Hospital opens Long Island's first-ever comprehensive Center for Joint Replacement.



The competition was partially mitigated by state-level regulations that prohibited insurers from negotiating their own fees, but in the late 1980s, New York State would deregulate HMOs, the most restrictive of managed care plans, and by the late 1990s, all those regulations would dissipate, giving insurers unprecedented power.<sup>25</sup>

Anticipating the impending health care crisis, which was affecting hospitals around the country, executives at both locations began looking for ways to adapt to the changing climate. Ultimately, the two hospitals adapted in different ways. In the late 1980s, LIJ embraced managed care, outbidding North Shore University Hospital for HMO contracts by offering quality care at competitively low rates.

The first HMO to serve Long Island and Queens, the Community Health Program of Queens–Nassau, was affiliated with Blue Cross Blue Shield and forged a relationship with LIJ, using the hospital to promote the plan among local residents. In a letter to *The New York Times* in 1986, the plan’s director, Jack Resnick, assured patients that the plan, in conjunction with LIJ, would, “improve the quality of health care on Long Island, particularly to those people at greatest risk,” referring to Medicare recipients.<sup>26</sup>

In 1991, North Shore created an alliance with six Long Island hospitals to prevent price discounting through the Classic Care Network, a joint bargaining agent. The state sued NSUH over Classic Care, and the organization was forced to disband. The Manhasset hospital was also forced to look for ways to reduce costs and increase efficiency. By the 1990s, North Shore University Hospital began to acquire and consolidate with smaller Long Island hospitals as a way to gain leverage.<sup>27</sup>



LIJ’s Manhasset Division, formerly the Manhasset Medical Center, became part of the hospital in 1981.

## 1991

North Shore University Hospital joins with six Long Island hospitals to prevent price discounting through a joint bargaining agent called the Classic Care Network. The state sues NSUH over Classic Care, and it is forced to disband.

## 1997

New York State removes regulations for managed care plans, allowing insurers to negotiate their own fees with providers.

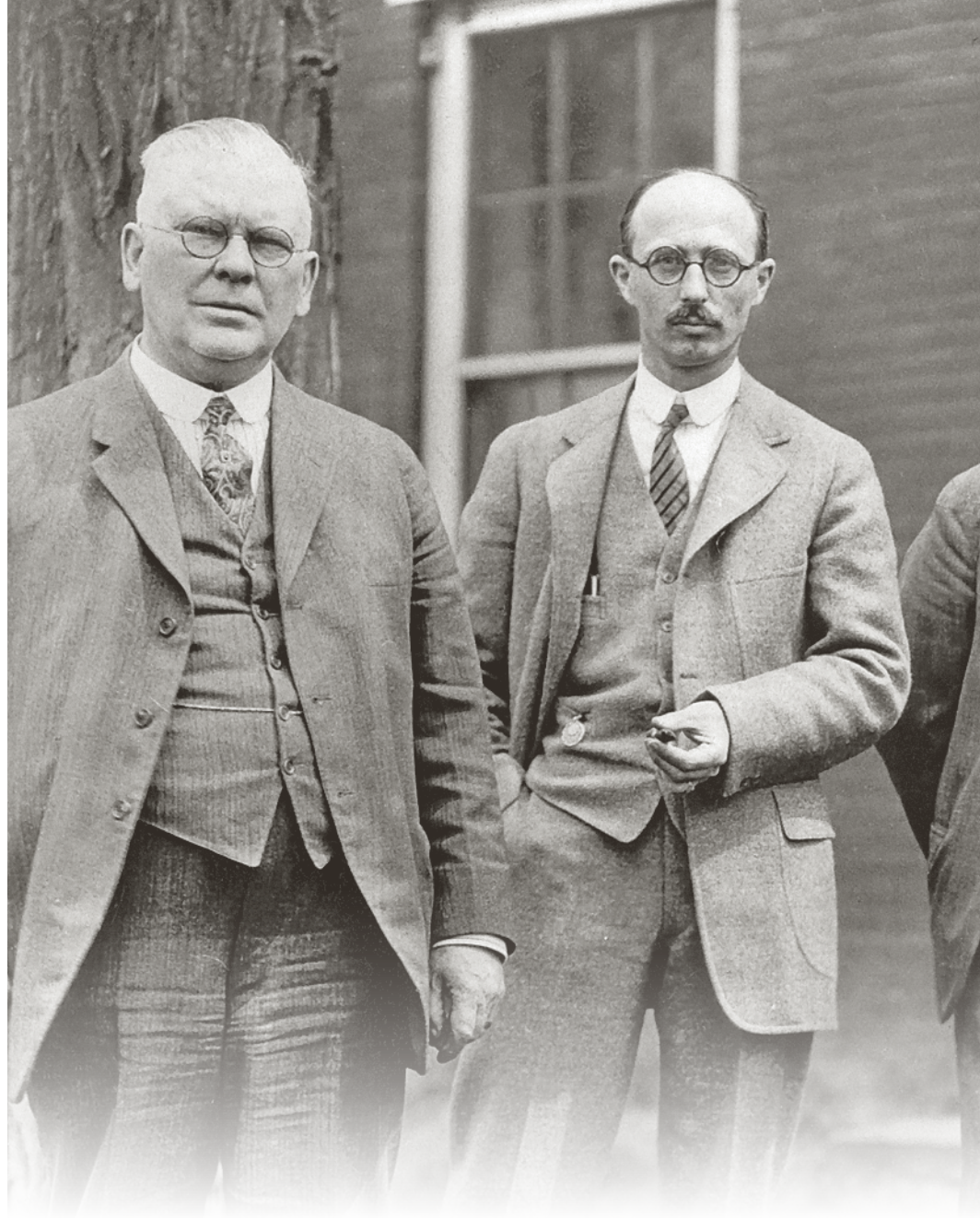
*“I could see where health care was going. I could see North Shore as being on the cutting edge of trying to create a health system, which was in its infancy back then. I knew, from my background in Albany while I was involved in health care, what a trend it was. So the idea of being part of this was very intriguing.”*

**—Michael Dowling**

President and CEO,

Northwell Health<sup>1</sup>

The founders of Glen Cove (left to right), Fred Maidment, Alex J. Hans, Benjamin Downing, Harold Pratt, John Cosgrove, and F. Trubee Davison, 1927.







# *A Growing Network*



The 1990s were a turbulent decade for health care in America, but on Long Island, hospitals faced unique challenges. With an aging population, the hospitals found themselves competing for a shrinking number of patients. According to a 1993 New York State report, one in five hospital beds on Long Island was not needed, and managed care plans were quickly becoming the norm.<sup>2</sup> Smaller, independent hospitals around the country were forced to join with larger hospitals or risk closure.

In the New York metropolitan area, the trend was for a handful of prestigious teaching hospitals to serve as hubs for sprawling hospital networks. On Long Island, the two premier teaching hospitals were North Shore and LIJ. Anticipating the state's





In 1994, the North Shore Health System signed a sponsorship agreement with Huntington Hospital. From left to right are: Ronald M. Gaudreault, president and CEO of Huntington Hospital; David S. Taylor, North Shore chairman; Charles Gay, Huntington chairman; and John Gallagher, North Shore CEO.

plan to deregulate hospital rate setting, which would give health insurance companies unprecedented power, hospital executives were “scared out of their wits.” However, the two hospitals took distinct approaches to managing the new climate.<sup>3</sup>

Recognizing the strength in bed numbers, North Shore University Hospital, led by John Gallagher, adapted by bailing out and buying smaller hospitals all over Long Island, creating the North Shore Health System. LIJ, headed by Dr. David Dantzker, also formed key alliances with other hospitals to strengthen its competitive advantage. It participated in Premier Hospitals Alliance of New York,

(Premier New York), which included such preeminent hospitals as Beth Israel Medical Center, Mount Sinai Medical Center, and Montefiore Medical Center.

LIJ took a more conservative approach when it came to fully integrating with other facilities,<sup>4</sup> and instead embraced managed care. It searched for ways to improve quality while consolidating costs. Rather than buying small practices, clinics, and hospitals, LIJ tried to coax community doctors to affiliate with and refer patients to the hospital.

At about the same time, LIJ also launched the Community Health Plan, one of the first health maintenance organizations.

## HMO Wars

Throughout the late 1980s and early 1990s, the two hospitals faced off in several bidding wars for HMO plans, which would sign a contract with one major hospital in a geographic

### 1857

Lenox Hill is founded by a group of community leaders to address the influx of German immigrants to New York City.

### 1861



Staten Island Hospital begins as a one-room infirmary intended to serve the Island's needy.

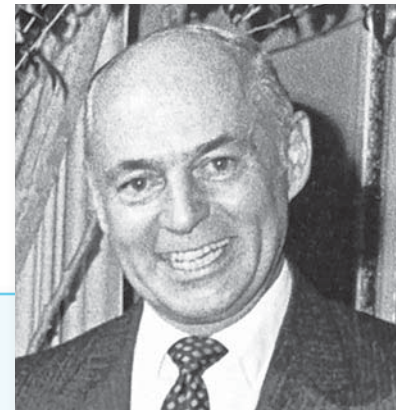


area at the exclusion of the other. For example, in 1993, the health care company Mediplex signed an agreement with Premier New York, the hospital alliance that included LIJ.<sup>4</sup>

Two years later, in 1995, the managed care plan Healthfirst was searching for a tertiary hospital in Nassau County and Queens, and LIJ outbid North Shore. LIJ's President and CEO David Dantzker noted in a memorandum that companies "will contract either with us or with North Shore Hospital but not with both." That same year, Health Insurance Plan of New York (HIP) announced a partnership with the growing North Shore Health System, delivering a financial blow to LIJ.

The objective of managed care was to reel in health care costs and eliminate unnecessary treatments, but by 1996, the public grew anxious as it watched the health care debate continue to rage. According to one survey, while most Long Islanders were satisfied with their own quality of health care, more than half of those surveyed perceived that the overall quality of health care was getting worse.

When some life-extending treatments, such as stomach-reducing surgery for the morbidly obese, were denied by managed care companies, patients began to share their personal health struggles with the public, demanding that coverage for potentially lifesaving services be restored. A public outcry from patients and doctors prompted lawmakers in several states to require health insurance companies to cover 48-hour hospital stays for new mothers and certain breast cancer treatments. This included reconstructive surgery and unlimited hospital stays postsurgery.



## *John "Jack" Gallagher*

Affectionately called "Jack" by those close to him, John S. T. Gallagher grew up in Queens, attended a Jesuit high school, obtained a business degree at Holy Cross College, and began his career at his family's tire business. After completing a master's degree in public health at Yale University, Gallagher helped grow North Shore Hospital from a small community hospital into the health care behemoth it is today.

Gallagher's uncompromising administrative approach, which contrasted sharply with that of LIJ, received strong criticism from some of his rivals, but even his competitors could not help but acknowledge that Gallagher was a true visionary. Detractors, particularly those from Long Island hospitals that

participated in the thwarted Classic Care alliance, criticized Gallagher's aggressive tactics of snapping up local hospitals with little concern for the subsequent fallout. They felt a sense of betrayal that North Shore Hospital, previously an ally, was now a hospital giant threatening their patient base and practices.

Though his style was controversial, no one could accuse Gallagher of greed. Throughout his career, despite pleading from his colleagues, he insisted on being paid less than half the salary of other hospital executives.

"All I'm trying to do is live in this managed care environment, I'm not trying to hurt anyone," Gallagher told *Newsday* in 1996.<sup>1</sup>

These compounding factors created an increasingly tense environment for health care on Long Island, setting the stage for the historic merger between the two health care giants in 1997.

## North Shore Is Buying

### An early image of the Community

Hospital at Glen Cove, which was entirely funded by wealthy estate owners.

In the 1990s, North Shore University Hospital began to acquire and merge with financially troubled hospitals in the New York area. Hospital executives were not modest about

their accomplishments and boasted about the hospital's expansion in television and full-page newspaper ads. There was little resistance from the Long Island community or other medical practitioners, who realized that they might one day work at the rapidly growing health system, which was the second largest employer on the Island.<sup>5</sup>

The first hospital to be acquired by North Shore was the Community Hospital at Glen Cove in 1990. Together, the two hospitals formed the North Shore Regional Health Services Corporation, which would soon be renamed the North Shore Health System. Several Glen Cove board members joined the system board, including New York Mets President Saul Katz and Pall Corporation Chairman and CEO Abe Krasnoff, who would both be instrumental in the eventual merger between North Shore and LIJ.

The Community Hospital at Glen Cove was founded in 1922 and funded entirely by the community's wealthy estate owners to serve their workers, many of whom were



## 1911

Southside is founded by nine doctors in an old boarding house and is initially called "Babylon Hospital."



## 1971

John Gallagher is hired as an administrator for North Shore. Gallagher would guide North Shore through its transformation into an expansive hospital network.



poor immigrants. Today, the hospital continues to honor that legacy by playing an important role in providing health services for the often-undocumented immigrant workers who live in the wealthy enclave. In the early years, two families, the Pratts and the Roosevelts, were the main backers of the community hospital.<sup>6</sup>

In the 1990s, Glen Cove began to transform from a community hospital to a specialty hospital. When an excellent orthopedic medical resident, Eugene Krauss, ended up at Glen Cove, the hospital began earning a reputation for its orthopedic and rehabilitative services. And when the hospital began performing more intricate orthopedic procedures, such as hip replacement surgery, the hospital's pool of patients for orthopedic medicine greatly expanded.<sup>7</sup>

Though Glen Cove had an endowment of \$7 million and no debt, hospital chiefs sought to merge with other neighboring hospitals, recognizing the importance of being affiliated with a tertiary medical center.<sup>8</sup> After a failed attempt to merge with Mount Sinai Hospital, Glen Cove was approached by North Shore Hospital. Peter Crisp, a trustee at Glen Cove for 20 years, recalled the details surrounding the merger:

*Our board felt that an affiliation with North Shore was a good idea. Those conversations ensued and our doctors objected vigorously to the affiliation. So we said: "Okay, that's fine. Our relationship with our local physicians is very important. We won't do it. We'll just call it off. We have enough cash." ... I then retired, although I stayed on the board, and David Tatum took over. Under David's leadership, it appeared it was clear*



David Taylor (left), Glen Cove board chair; and Ralph Nappi (right), North Shore board chair; sign the merger documents between the two hospitals.

## 1990



North Shore University Hospital merges with Community Hospital at Glen Cove, forming the North Shore Health System.

## 1991

The Gambino family makes a generous gift to LLJ, opening a bone marrow transplant unit at the Schneider Children's Hospital, which would save many young lives.

*that the earlier assessment of the desirability of merging with North Shore became even more demonstrable. And so under his leadership, we did the deal.<sup>9</sup>*

Until it was relocated to Syosset Hospital in 2014, the Orthopedic and Rehabilitation Institute at Glen Cove was regarded as one of the best joint replacement and spine programs in the country. The hospital continues to offer rehabilitative treatment in orthopedics, neurology, pulmonary medicine, cardiology, and generalized debilitation related to chronic illness. The hospital's Family Practice Residency Program has trained primary care physicians from all over the country.<sup>10</sup>

By 1995, the North Shore Health System developed sponsorship agreements with Franklin Hospital in Valley Stream and Huntington Hospital, and acquired Syosset Hospital, Plainview Hospital, and LaGuardia Hospital (later renamed Forest Hills Hospital) from the HIP of Greater New York. LIJ, Winthrop University Hospital, and New York Hospital also submitted proposals to purchase Syosset and LaGuardia at the time. After the dust from the bidding war settled, North Shore ultimately won the bids for both hospitals, with LIJ's bid coming in at a close second.<sup>11</sup>

Franklin Hospital in 1960, one of the hospitals acquired by the North Shore Health System.



In 1996, Southside Hospital approved a sponsorship agreement with the North Shore Health System. The Bay Shore Hospital was North Shore's second venture into Suffolk County (Huntington was the other) and a prime example of how merging with the larger network helped a struggling hospital realize its full potential.

Founded in 1911 by nine doctors, Southside was initially called Babylon Hospital and was set up in an old boarding house. Today, that building is the home of the Babylon Post Office. Though the hospital began with only 21 beds, it quickly grew and expanded with the population of Suffolk

## 1992

LIJ ends its affiliation with Queens Hospital Center, leaving 180 vacancies at the city-run hospital.

## 1992

John S. T. Gallagher is named president and CEO of the North Shore Health System.







Doctors and nurses performing surgery at Southside Hospital in 1923.

County. By 1913, enough funds were raised to fully equip the young hospital, and the founders completed the state licensing procedures, renaming the institution Southside Hospital. The not-for-profit hospital grew quickly, and by 1920, doctors at Southside were seeing an average of 25 patients per month—a significant jump from the monthly average of 11 patients treated in 1911.

As patient admissions continued to grow, it was clear that more space was needed. In the early 1920s, the hospital's board launched a series of themed fundraising balls, called Fêtes, inspired by the nations of the world, followed by a successful fundraising campaign targeting Long Island's wealthy. In 1923, after meeting its fundraising goals, Southside Hospital moved to a new location and acquired some new equipment, including the first X-ray machine in the region. By 1929, 8,000 patients had been admitted to the hospital, and 1,300 babies had been delivered there.

Over the years, the community hospital had its share of struggles. Since many of its patients were destitute, the hospital and doctors often incurred the cost of treatment.<sup>12</sup> As a result, Southside Hospital relied heavily on the generosity of famous and wealthy

## 1993

Because many hospitals on Long Island were struggling with extremely low occupancy rates, New York State publishes a report indicating that one in five hospital beds on Long Island is not needed.



## 1994

Dr. David Dantzker takes over as president of LIJ during an uncertain financial period for the hospital.

estate owners who visited in the summers, such as Rudolph Valentino, Florenz Ziegfeld, and Jack Dempsey. However, during the Depression years, even Long Island's most affluent were feeling the pinch.<sup>13</sup>

The post-World War II boom ushered in an era of growth for the hospital. The hospital's East Wing was added in the 1940s, the Gulden Wing in the 1950s, the Brackett Building in the 1960s, and the Tower in the 1970s. In 1972, the Southside Family Practice Residency Program welcomed its first class of residents, turning the small community hospital into a regional teaching hospital.



In 1996, Southside Hospital became the 10<sup>th</sup> location in the growing North Shore Health System. Included in the photo are (from left) Mike Nolan, Theodore Jospe, and Stewart McLaughlin of Southside, along with Saul Katz and Jack Gallagher.

While Southside saw many advancements throughout the 1970s, the 1980s set off two decades of financial hardships for the hospital. At the time, the Bay Shore area, where Southside is located, was experiencing an economic downturn. The hospital also suffered through a crippling strike.

Adding to Southside's troubles, in the 1990s, the rise of managed care and plummeting reimbursements threatened to leave the hospital in a crisis.

Between 1989 and 1990, Southside lost \$17 million, and the state designated it as a financially distressed hospital, qualifying it for state funds. Hospital chiefs realized Southside had to merge with a larger organization to save itself and make much-needed investments. After merging with North Shore's growing hospital network, Southside was able to add many new facilities, including an enhanced oncology center.

Over the past decade, Southside has benefited greatly from the resources the health system has provided to modernize and renovate many areas of the hospital. The most significant investment, which enabled Southside to evolve

## 1994



Central General Hospital joins North Shore and is renamed Plainview Hospital.

## 1995

LJ as part of the Premier Alliance, launches Healthfirst, one of New York's first Medicaid managed care plans. Healthfirst now manages more than a million Medicaid members.



from a community hospital to the health system’s first tertiary care hospital in Suffolk County, was in building up the hospital’s cutting-edge cardiac services capabilities.

In 2007, Southside renovated and expanded its cardiac catheterization laboratories, becoming the first hospital in Suffolk County to perform elective cardiac stenting procedures. The crowning achievement came in February 2011, when the combined cardiothoracic surgery program at North Shore University Hospital and LIJ Medical Center was extended to Southside, under the leadership of Dr. Alan Hartman.

Today, Southside boasts some of the nation’s leading cardiologists, cardiothoracic surgeons, and state-of-the-art facilities. The hospital is also highly involved in the local community. Former Southside Executive Director Winifred Mack, who now serves as the health system’s eastern regional executive director, said:

*We’re at every health fair. We’re at every community parade. We sit on the Chamber of Commerce. We organize all kinds of patient education programs right down to healthy cooking. We’re very ingrained in the community and it’s a wonderful feeling. By us really becoming part of the fabric of the community, that’s how we were able to turn Southside around.<sup>14</sup>*



In February 2011, the cardiothoracic surgery program at Northshore University Hospital and LIJ Medical Center was extended to Southside.

## 1995

Franklin Hospital, Huntington Hospital, and Syosset Hospital join the North Shore Hospital System. LaGuardia Hospital is also acquired and renamed Forest Hills Hospital.



## 1996



Staten Island University Hospital joins North Shore Health System.

## Trouble at LIJ

In the early 1990s, LIJ Medical Center, which included LIJ Hospital, Schneider Children's Hospital, and Zucker Hillside Hospital, was in financial turmoil. The hospital's President, Dr. Robert K. Match, struggled to balance the hospital's finances in a rapidly changing health care climate. In 1991, Match took steps to end the hospital's affiliation with Queens Hospital Center, which was becoming a major financial drain on LIJ. Hospital chiefs at LIJ complained that city cutbacks for specialized care at the Queens hospital were increasingly in conflict with LIJ's mission to be a prestigious teaching hospital, and residents who rotated through the troubled hospital felt they were not exposed to the full gamut of clinical experiences.

The city-run hospital, which served much of the city's poor and uninsured, had fallen into such a state of disrepair that the chairman of the New York City Health and Hospitals Corporation said it was at risk of operating under unsafe and deplorable conditions in its emergency room, and its prenatal gynecology and outpatient pediatric sections risked closure.<sup>15</sup> On June 30, 1992, LIJ did not renew its \$40 million contract with the troubled Queens hospital. Officials at Queens Hospital expressed outrage at the decision, accusing LIJ of abandoning its service to the poor, but Match maintained that the decision was simply an issue of compatibility.

LIJ's financial troubles did not stop there. After Match resigned in 1992, the hospital was run for more than a year by an interim committee made up of four doctors, headed by Dr. David Dantzker, a pulmonary specialist. Department heads Dr. Philip Lanzkowsky, Dr. Allan Abramson, Dr. Jon Cohen, and Chief Nurse Christine Pappas were also members of the interim committee. The hospital was in debt, and as a result, the committee initially rejected requests from HMOs to accept lower rates

## 1996

Southside Hospital becomes the 10<sup>th</sup> location in the growing North Shore Health System.



## 1997

North Shore Health System and LIJ merge to create the North Shore-LIJ Health System.



Photo Courtesy of Newsday.



in exchange for patient referrals. This move cost the hospital many patients, and when Dantzker took over as president of LIJ in 1993, he knew the hospital would have to compromise to win back insurers and patients.<sup>16</sup>

The Bronx-born, lung doctor-turned-hospital chief had a monumental challenge before him, and, in contrast to North Shore, Dantzker took a decidedly conservative approach to the new health care reforms. Dantzker's administration invested in computer programs and managed to streamline some of the hospital's administrative processes. Dantzker also took a progressive approach to hospital management, assigning clinical nursing specialists rather than doctors to oversee nursing protocol. The bold step saved physicians time and the hospital money, ultimately producing better care for patients.<sup>17</sup>

LIJ implemented several cost-conscious programs in its training of young residents. First-year residents were required to carry cost-cards, which listed comparative prices of intravenous antibiotics. In addition, doctors were instructed to spend eight-hour shifts working alongside nurses to become more sensitive to the superfluousness of many medical tests.<sup>18</sup>

Dantzker rejected the strategy embraced by LIJ's rivals to buy up individual practices and smaller hospitals. Having practiced medicine for 25 years, Dantzker was sympathetic to practitioners, so he decided to incentivize doctors to partner with LIJ by offering them autonomy and full control over their practices, which he argued physicians ultimately wanted. "The goal is to support doctors, not buy them," he said.<sup>19</sup>

The plan, though risky because of its loose terms, appealed to local medical practices. In 1996, LIJ struck a deal with 251 doctors, 130 of them primary care physicians, extending the hospital's access to thousands of patients from western Queens. Though the



After the resignation of Dr. Robert K. Match in 1992, Dr. David Dantzker, a pulmonary specialist shown here with medical residents, was named president of Long Island Jewish Medical Center in 1993.

## 1998

The Core Laboratory is launched and renamed North Shore-LIJ Laboratories.

## 1999

The North Shore-LIJ Research Institute is established, the Center for Emergency Medical Services is opened, and the Home Care Network is consolidated.



## 2000

The Hospice Care Network joins the North Shore-LIJ Health System.



hospital's financial future was still uncertain, Dantzker seemed to have successfully pulled LIJ out of its financial slump. However, he knew that expanding the network was inevitable.<sup>20</sup>

## Into the Boroughs

In 1996, the soon-to-be North Shore-LIJ network expanded its reach to another island: Staten Island. Staten Island University Hospital joined the growing network, marking the debut of Long Island's first-rate health care service into New York's outer boroughs. The hospital brought its own rich history dating back to 1861, when it started as a one-room infirmary intended to serve Long Island's neediest.<sup>21</sup>

During the first half of the 19<sup>th</sup> century, Staten Island was settled by a group of ultra-wealthy elite families, while immigrants, farmers, and fisherman made up the rest of the population. At the time, only wealthy Staten Islanders could afford health care, which was delivered by private physicians who made house calls. One such doctor, Dr. Samuel Russell Smith, committed to treating poor immigrants free of charge—sometimes in his own home. After Smith died in 1851, Dr. William A. C. Anderson continued the benevolent practice of his much-admired predecessor. Upon his recommendation, the Richmond County Medical Society opened a dispensary to treat Staten Island's poor. The volunteer-based dispensary soon grew to a fully equipped infirmary, called the Samuel R. Smith Infirmary as a tribute to Smith's service and dedication to the poor.<sup>22</sup>

In 1887, Dr. George W. Frost, a fellow physician and admirer of Smith, purchased six acres for the infirmary on Castleton Avenue, on which the community built a splendid castle, with four towers, massive ceilings, and seaweed-insulated walls. Over the years,

## 2002

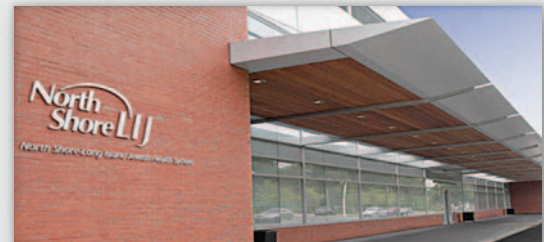
North Shore-LIJ receives state approval to assume the license of the Picower Institute, creating the Elmezzi Graduate School of Molecular Medicine, which awards PhDs to MDs interested in pursuing careers in medical research.

## 2002

The Center for Learning and Innovation is established.

## 2004

The Zucker Hillside Hospital Ambulatory Pavilion opens.





the infirmary grew into a hospital that continued to expand, becoming a well-respected teaching facility and a hub for medical research.

The hospital's 1996 affiliation with the North Shore Health System was a fruitful relationship that benefited both parties. Staten Island University Hospital benefited from North Shore's relationship with HIP, and North Shore expanded its influence off the shores of Long Island. Gary Geresi, former chairman of Staten Island University Hospital, recalled the merger:

*Joining North Shore-LIJ, in my view, turned out to be the best thing that Staten Island University Hospital ever did. We had the right partners, the right people, and they supported us as a tertiary hospital. It was not their goal to take the tertiary cases from Staten Island and bring them to Manhasset. The goal was to say that Staten Island needed a tertiary hospital, and so there were three tertiary hospitals in the system when it was LIJ, North Shore, and Staten Island.<sup>23</sup>*

In 2010, the health system made its first venture into Manhattan, where the prestigious Lenox Hill Hospital had been struggling financially for several years, despite its excellent reputation and first-rate physicians.

Lenox Hill's history dates back to 1857, when it was created by a group of community leaders to address the influx of German immigrants to New York City. The hospital began as the German Hospital and Dispensary and was renamed Lenox Hill in 1918.



An ambulance driver and a medic stand in front of a Staten Island Hospital ambulance in 1917. Seventy-nine years later, the hospital would join North Shore Health System's growing network.

## 2005



The North Shore-LIJ Research Institute is renamed the Feinstein Institute for Medical Research.

## 2005

The Center for Advanced Medicine is established in Lake Success, New York.

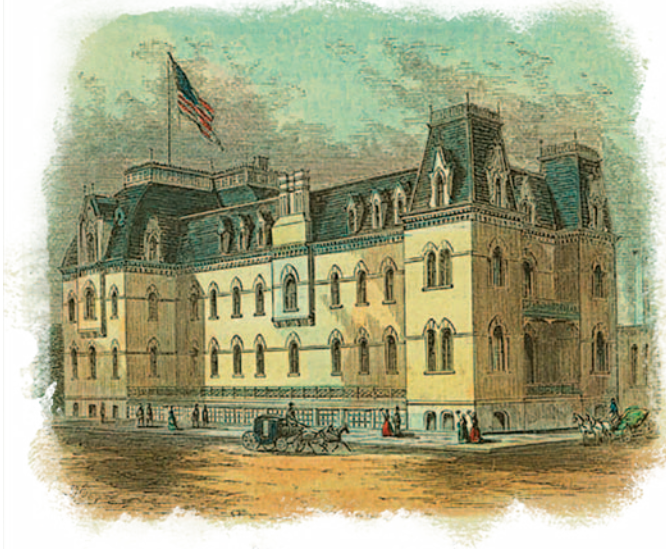


The hospital has many proud milestones in its history. In 1868, the hospital moved to its current location on Park Avenue (then 4<sup>TH</sup> Avenue) and became a teaching hospital in 1887, accepting four German-American women to the hospital's first Nurses Training School class. In 1907, the hospital established America's first physical therapy department and one year later opened New York City's first tuberculosis division. In 1931, the hospital made headlines for treating Great Britain's Prime Minister Winston Churchill after Churchill was hit by a car while crossing Fifth Avenue.<sup>24</sup>

Throughout the years, Lenox Hill cemented its reputation as an industry leader of medical innovation and technology, particularly in the areas of cardiac care and oncology. For example, in 2000, Lenox Hill was one of the first hospitals in the nation to acquire a state-of-the-art robotic cardiac system, which allows surgeons to perform minimally invasive heart surgery. That same year, the hospital took over the Manhattan Eye, Ear and Throat Hospital, an internationally renowned specialty institute recognized as a leader in ophthalmology, otolaryngology, and plastic surgery. In 2003, the first FDA-approved drug-coated stent in the nation was implanted at Lenox Hill Hospital.

Despite its location on the Upper East Side of Manhattan, the city's most affluent neighborhood, its independence from a wider network left the hospital increasingly vulnerable in negotiations with insurers during the 1990s and 2000s. By 2010, Lenox had lost more than \$165 million in five years and was shopping for a large-network partner.<sup>25</sup> North Shore-LIJ and New York University Langone Medical Center both presented proposals to Lenox Hill, and in the end, Lenox Hill selected North Shore-LIJ as its partner.

Robert Shapiro, the health system's chief financial officer, looked at the hospital's records and found that it tried to negotiate with insurers in the early 1990s, but without



An etching of Lenox Hill Hospital in its earliest days. Today, the hospital remains a pillar of the community on Manhattan's Upper East Side.

## 2005

Nassau University Medical Center becomes affiliated with the North Shore-LIJ health system.



## 2010

Lenox Hill Hospital in Manhattan joins North Shore-LIJ Health System.





a relationship with a large network of partner hospitals, it was shortchanged in agreements. Shapiro also found that the hospital was understaffed. By making a modest financial investment, rehiring a few key positions, and integrating Lenox Hill with the North Shore-LIJ Health System by minimizing overlap, Lenox Hill became profitable and sustainable within several years.<sup>26</sup>

## Joining Forces

In 1997, shortly after Staten Island University Hospital joined the health system and 13 years before the deal with Lenox Hill, the historic partnership between the North Shore Health System and Long Island Jewish Medical Center was signed. The deal put an age-old rivalry to rest and resulted in the largest integrated health system in New York State and the second-largest, nonprofit, secular health system in the country.<sup>27</sup> Dr. Paul Gitman, former medical director at LIJ and vice president of medical affairs at North Shore-LIJ, reflected on the union of the hospitals:

*All of a sudden, there we were, married. The cultures were entirely different. What we used to say was, "A mile apart, a world apart." The effort was to try and leave the baggage alone, or behind, and to build something better than either of us had alone.<sup>28</sup>*

During the next two decades, the health system continued to grow. Today, it includes 21 hospitals, five home-health organizations, four long-term care facilities, a research institute, and more than 450 outpatient physician practices across Long Island and New York City.<sup>29</sup>

Nineteen-year-old Yankee rookie outfielder Mickey Mantle watches the 1951 World Series from his bed at Lenox Hill Hospital. Mantle severely injured his right knee in the second game of the series against the New York Giants. (Photo courtesy of Associated Press and Mantle I.P. Holdings, Ltd.)



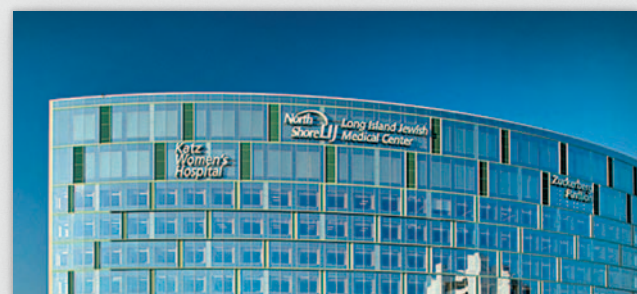
## 2011



The Hofstra North Shore-LIJ School of Medicine welcomes its inaugural class of 40 students. Also, the Katz Women's Hospital opens at North Shore University Hospital.

## 2012

The Katz Women's Hospital and Zuckerberg Pavilion open at LIJ Medical Center.



*“The new LIJ management team wasn’t burdened with the legacy of 20 years of competition with North Shore. They saw things from a different perspective. They saw what was possible in Queens and Nassau. They saw, yes, North Shore was competition, but there was a way to work with it, work around it where both institutions and the community would benefit.”*

**—Jeff Kraut**

Executive Vice President of  
Strategy and Analysis, Northwell Health

The 58-acre Sandra Atlas Bass  
Campus rebranded with the North  
Shore-LIJ signage post-merger.







# *The Merger*



*B*y the late 1990s, Long Island was more multicultural and economically diverse than ever, and the mid-century class lines between the old wealth and new money had eroded. At North Shore and LIJ, much had changed as well. Administrations shifted, founding trustees passed on, and many of the new players who made up the two great hospitals had forgotten the acrimonious history. But who could have predicted that Long Island's two greatest health care rivals, following nearly half a century of competition, legal disputes, and mudslinging, would put their differences behind them and form the largest, most-integrated health network in the tri-state area?



Below: Roy Zuckerberg, chairman of the LIJ board of directors. Opposite: Saul Katz, chairman of the North Shore board of directors (top), and Sol Wachtler, former chief judge of the New York State Court of Appeals and LIJ board member (bottom).



Many external catalysts led to the merger between North Shore and LIJ in 1997: the fear of pending deregulation of managed care, a growing number of empty hospital beds, and a completely new health care climate that was threatening hospitals throughout the country. In 1992, the competition between North Shore and LIJ had reached an impasse. Following the departure of Dr. Robert K. Match at LIJ, the hospital found itself in a difficult position as a result of its aging and neglected infrastructure. Many of LIJ's buildings were outdated, and executives at the hospital ultimately recognized that modernizing and growing the medical center was vital if it was going to survive in the new HMO climate. Throughout the next 20 years, the health system would go on to spend hundreds of millions of dollars to bring the infrastructure up to contemporary standards.

In addition to improving LIJ's facilities, the hospital attempted to merge with Beth Israel Hospital, but the deal fell through. At the time, North Shore was just beginning its remarkable period of expansion and acquisition and was also working on a merger of its own with New York University. This deal also fell through.

The merger would also generate considerable savings in health care spending by eliminating duplicate departments and services. But the deal still had its detractors. Insurers complained that they would lose all leverage in fee negotiations with health care providers, while government agencies feared the alliance would dominate the health care market, causing the cost of health care on Long Island and Queens to rise. Ultimately, the question boiled down to whether the two health care greats could reconcile their differences and create a unified culture.

## 1990

Glen Cove board members Abe Krasnoff and Saul Katz join the North Shore Health System board with the merger of the two hospitals. The men are responsible for shepherding the eventual merger between North Shore and LIJ.

## 1992

Dr. Robert K. Match retires from LIJ.





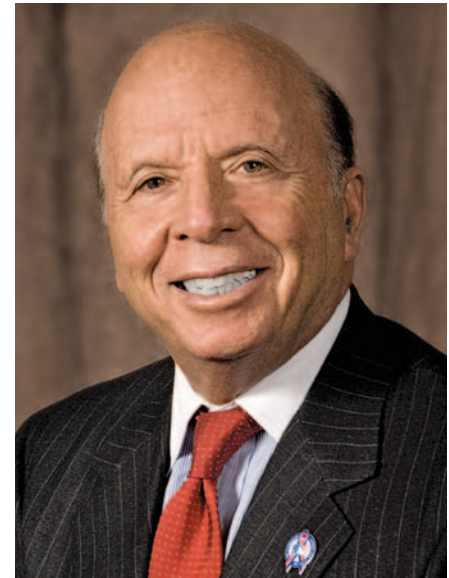
## Proposal

The unspoken tension between the boards of both hospitals had begun to fade by the 1990s. Roy Zuckerberg was the chairman of the LIJ board, and Saul Katz was the chairman of the North Shore board. Sol Wachtler, the former chief judge of the New York State Court of Appeals and board member at LIJ, was related to Katz through marriage and was friendly with both men. Wachtler and Katz were eager to see the two hospital giants on better terms.

In 1995, Katz and Glen Cove board member Abe Krasnoff suggested approaching LIJ again, but the idea was immediately shot down. The pair were relatively new to North Shore, having joined the board when Glen Cove merged with the hospital system. However, the men noted that board members of both hospitals got along well—they were neighbors and friends, members of the same country clubs—though a handful of key executives had longstanding economic and political disagreements that they were less than willing to put aside.<sup>2</sup>

Katz described a tense meeting with North Shore top officials, including Chief of Academic Affairs and Medical Board Chairman Dr. Lawrence Scherr, Foundation President Ralph Nappi, Chief Financial Officer Thomas Reza, then-Executive Vice President Michael Dowling, and President and CEO John Gallagher. When Katz suggested approaching Long Island Jewish to see if merging was a possibility, they declined. “The answer was ‘They hate us. We hate them.’” said Katz.<sup>3</sup>

But Katz would not give up. Appointing himself as a delegate from North Shore, he met with trustees on both sides, reminding them that the hospitals ultimately belonged to the community, and encouraged them to put their old grudges aside.



### 1992



North Shore acquires Glen Cove, creating the North Shore Health System, which begins acquiring hospitals throughout the New York metropolitan area.

### 1995

North Shore trustees Katz and Krasnoff propose a merger with LIJ again, but the idea is immediately dismissed.



Saul Katz, who was instrumental in the merger between the hospitals, is pictured with health system donor Sandra Atlas Bass and cardiologist Dr. Stanley Katz.

these were organizations that really were at each other's throats for many years. And so trust became a very important word.<sup>5</sup>

North Shore loyalists were no more optimistic. "It was very difficult at the beginning," said Ralph Nappi, who is currently executive vice chairman of the board of trustees. "I was one of the people who had reservations. I would never have guessed that we would have come this far in this period of time. I'm absolutely astounded."<sup>6</sup>

Of his reconciliatory gesture, Katz said: "I was never talking about North Shore. I was always talking about the system, and people understood that. They had to keep their parochial or personal feelings aside because they couldn't get away with it with me."<sup>4</sup>

Gedale Horowitz, an LIJ trustee since 1980, said he and many of his colleagues were skeptical of the proposal: "This merger took more than salesmen. This merger took goodwill because

## *Dr. Lawrence Scherr: A Legacy of Leadership*

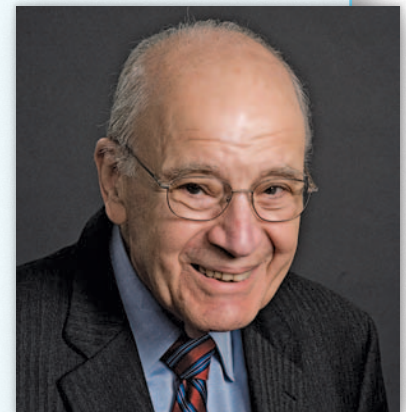
Throughout his 43 years with the health system, Dr. Lawrence Scherr was an esteemed physician who served as an administrator, clinician, and educator. Though Scherr passed away in 2012, his contributions to medicine have left an indelible mark on the institution, those he worked with, and the students he taught.

"[Dr. Scherr's] clinical expertise and dedication to medical education contributed to North Shore University Hospital's reputation for excellence as well as the health system's reputation as a destination for training new physicians," said Dr. Lawrence Smith, the health system's executive vice president and physician-in-chief, and dean at the Hofstra Northwell School of Medicine.<sup>1</sup>

Prior to Scherr's involvement in medical education, he worked to expand the programs and services within the department of medicine during North Shore University

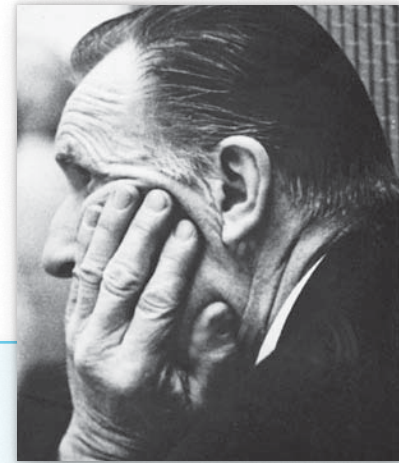
Hospital's formative years when it evolved from a community hospital into a renowned tertiary facility. Decades later, Scherr's leadership was once again instrumental during the merger between North Shore University Hospital and Long Island Jewish Medical Center, where he helped transition the departments of medicine at both hospitals into one operating unit.

"Those looking for a model of a dedicated hard-working physician, a master clinician, and educator should look to Dr. Lawrence Scherr," said Smith. "He has left a legacy of leadership and service of the highest standard."<sup>2</sup>





Attempting to bring North Shore and LIJ together on research, Dr. Thomas Degnan, a hematologist and North Shore's former oncology research specialist, set a course to raise funds for gene therapy research. He planned to approach a number of donors, including Edwin Marks, former chairman of the Boas-Marks Biomedical Research Center in Manhasset. Degnan recalled how two misunderstandings led Marks to fund the entire project:



## *Dr. John Mountain: An Immovable Legacy*

It is one thing to leave your footprints on an organization for others to admire. It is an entirely different thing to have so many follow them. Though he passed away in 2006, Dr. John D. Mountain left a lasting impression on the staff, residents, and interns at North Shore-LIJ.

Hired by North Shore Hospital after its founding, Mountain's contributions to surgery and emergency medicine earned him a reputation as one of the most efficient, devoted, and demanding physicians in the hospital system. His charisma also made him one of North Shore's most beloved and respected instructors.

Having established the first training program for physicians at the hospital through Cornell University Medical College, Mountain taught two generations of students what

it meant to be a doctor. His staunch discipline in the practice of medicine made him the perfect mentor. "His style quickly instilled a sense of personal standards that I have strongly held for myself and for my residents over many years," said Dr. Richard M. Lieberman, one of Mountain's former students. "He was not a man of titles. He was a man of action."<sup>1</sup>

Though his years of medical experience and knowledge were integral to his instruction, Mountain's lessons were always underscored by what he believed was most important: The science of medicine should always take a backseat to care.

Much like his last name, Mountain's legacy at North Shore-LIJ is immovable, not because he brought a wealth of experience and discipline to the profession or because he spurred medical innovation, but simply because he gave back.



Dr. John Mountain, seated at left, with, from standing, Dr. John Procaccino, Dr. Andrew Sama, Dr. Vincent Parnell, Ralph Nappi, and Dr. Stanley Katz. Seated to Mountain's left are Dennis Dowling and Dr. Kevin Tracey.

## 1997

Dr. Thomas Degnan raises funds for a viral vector lab. Edwin Marks, a North Shore life trustee and prominent New York City philanthropist, provides the funding for the construction of the Boas-Marks Biomedical Research Center in Manhasset.



Ralph Nappi initially had reservations about the merger between the two hospital systems.

*I wanted to raise \$700,000. I didn't want it all from Edwin Marks, but I wanted a lot from him to set up a viral vector lab. So we went out to lunch, and I took out my list that allocated the \$700,000. I wanted \$200,000 from Edwin. But he wasn't paying attention to me. He was interested in his hamburger. So I gave him the list. He didn't even look at it right, and he said, "Oh, you got me at a bad time, Tom. I'll give you half now," which he assumed was half of the \$700,000. "And I'll give you the other half in a month." So I went back to Ralph [Nappi], and I told him I got the whole thing. He couldn't believe it.<sup>7</sup>*

Later, realizing he needed another \$700,000 to complete the project, Degnan approached Marks again:

*For some reason I didn't estimate it right. We just couldn't do it for that amount. So Edwin and I had lunch again, and I told him we had a little problem. He said, "What do you want?" I said, "Another \$700,000." So he became furious and started screaming at me, "You doctors don't know anything. You gotta know business!" So I said, "Are you done?" He said, "I'm done." So I finally said, "Is my name on the building? It doesn't say Tom Degnan. It says Marks. Do you want good research support? You've got the \$700,000." The whole thing was hilarious.<sup>8</sup>*

With North Shore working to bridge the gap with LIJ in terms of research, there was plenty of goodwill to spread around. After careful consideration and a number of meetings, officials at the two hospitals were finally persuaded that a 50/50 partnership would be beneficial to both institutions. The first meeting between the two groups was held during the first week of December 1996.

## *What's in a Name?*

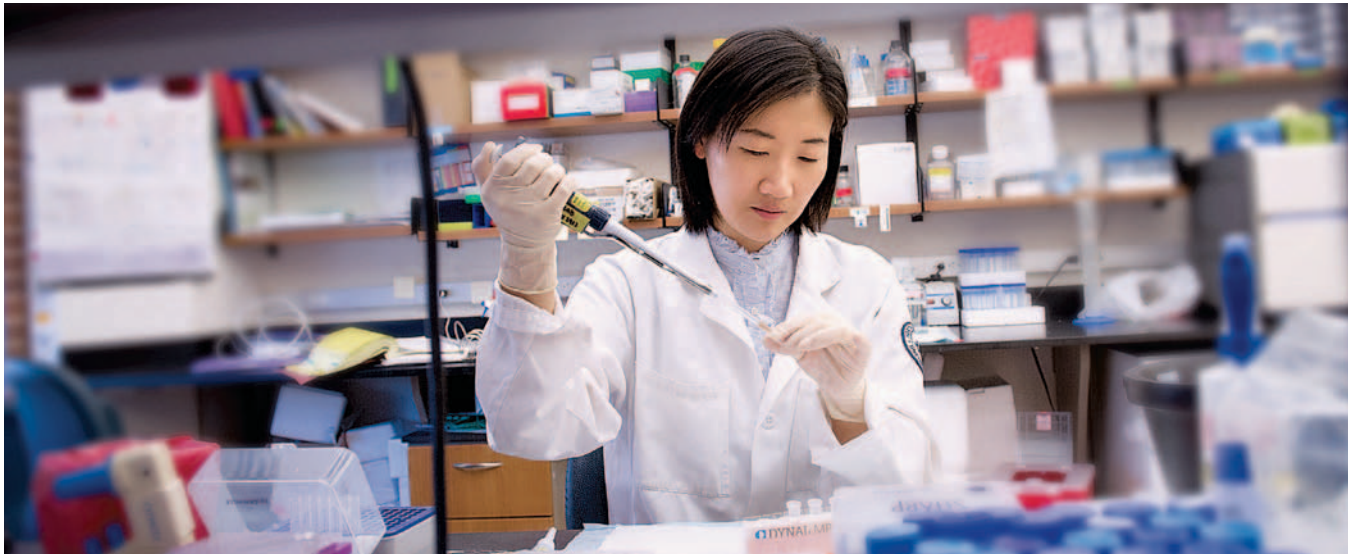
When the two hospitals merged, both brought well-known brands and hard-earned reputations to the table. Deciding on a name for the joint hospital system that would be true to both health care giants proved to be a difficult task.

Many argued that the "North Shore-Long Island Jewish Hospital System" was too wordy and difficult to brand. Also, several of the hospital system's locations, including LIJ, Zucker Hillside Hospital, and

Schneider Children's Hospital, were not geographically located on Long Island but in Queens, not to mention Staten Island University Hospital.

North Shore wanted to keep its name prominent, while Long Island Jewish wished to preserve the legacy of Jewish philanthropy, which was reflected in its name. North Shore-LIJ had become the default brand until the health system was renamed Northwell Health in 2015.





By January 1997, both sides agreed to the details of the merger, which set the stage for creating the largest integrated health care system in New York.<sup>9</sup>

Bringing the hospitals together on research served as one of the catalysts for the merger between North Shore and LIJ.

## Challenges

The merger was not without its challenges. The US Justice Department initially tried to block the historic deal, charging violation of federal antitrust laws and that the merger would raise the cost of health care on Long Island.<sup>10</sup> The trial began August 11, 1997, and lasted 13 trial days, during which 18 witnesses testified, and more than 300 exhibits were introduced. Joel I. Klein, known more recently for his eight-year run as New York City Schools chancellor, was the assistant attorney general assigned to the case.

The case largely focused on Section 7 of the Clayton Act, which requires that “no person engaged in commerce ... shall acquire the whole or any part of the assets of

## 1997

North Shore and LIJ put their differences behind them and agree on a 50/50 partnership to create the North Shore-LIJ Health System.



## 1997

New York State deregulates managed care pricing, giving insurers unprecedented leverage in negotiations with health care providers.



another person ... where ... the effect of such acquisition may be substantially to lessen competition, or to tend to create a monopoly.” The government had to demonstrate how the merger would have significant impact on the competitive market. The government charged: “Consumers buying managed care plans and living on Long Island, particularly in Queens and Nassau Counties, overwhelmingly want the option to go to either North Shore Manhasset or LIJ Medical Center if they become ill and require hospitalization. ... Managed care plans, therefore, must include either of these two hospitals in any network that covers Queens and Nassau Counties, or else they will be at a substantial disadvantage.”

Some insurers testified that the merger between two anchor hospitals could potentially make it impossible to negotiate reimbursement rates. Others, such as a representative from Empire Blue Cross Blue Shield, which had five million subscribers, testified that the merger would actually drive down costs and was a good idea. The health system representatives disputed the claim that North Shore and LIJ were the only respected hospitals in the region, arguing that they competed with many other renowned hospitals in the metropolitan area.<sup>11</sup> Analysts representing the hospitals projected that the venture would generate \$92 million in savings annually, while a witness for the federal government suggested the numbers were inflated, and the merger would only bring \$6.2 million in annual savings.<sup>12</sup>

Hoping to persuade the courts that the merger was a good idea, North Shore and LIJ officials vowed to freeze prices for treatments for two years. They also guaranteed to return between \$50 million and \$100 million in annual savings to their patients in the form of community health services.<sup>13</sup> State Attorney General Dennis Vacco signed off on the deal, saying it would improve health care on Long Island and lower costs.<sup>14</sup>

## 1997

The US government sues to block the merger between North Shore and LIJ, claiming it violates antitrust laws. After a 13-day trial, the federal judge on the case rules in favor of the merger and clears the last hurdle for the deal.

## 1998

The new hospital system is off to a shaky start, losing \$50 million in revenue in 1998.



## 2000

By renegotiating contracts with payers, the health system ends the year in the black, with a \$25 million surplus, for the first time since the historic merger between North Shore and LIJ.





In the end, the government could not prove that the merger would monopolize health care in the large geographic areas of Queens and Nassau counties. The story goes that Saul Katz called up Joel Klein and said: “Joel, we beat you in court. It’s over. Don’t start appealing this thing. This is ridiculous. This is not a stock corporation.”<sup>15</sup>

Sure enough, the Department of Justice did not appeal. With the stroke of a pen, a historic health care rivalry came to an end on October 30, 1997. North Shore and LIJ came together to form the largest integrated health care organization in the state.

## The Fallout

While both hospitals had hard-earned reputations for quality care and were connected to prestigious academic institutions, reconciling their very different cultures would not happen overnight. Melding the best of the two cultures together from both a management and administrative standpoint would take time, and not everyone would make the transition. In addition, LIJ had a highly involved board, while North Shore had a board that allowed administrators to make many of the decisions for the health system. Adding to the challenges, merging all of the conflicting managed care plans and contracts would be a complicated effort.<sup>16</sup>

The signing of the merger between North Shore and LIJ. From left: Saul Katz, Dr. David Dantzker, Roy Zuckerberg, and John Gallagher.



### 2004

Seven years after the merger, the hospital system issues \$85 million in bonds, prompting Fitch ratings to award the North Shore-LIJ Health System an A- grade—a high rating for a health care provider in an increasingly difficult-to-maneuver market.

### 2006

North Shore-LIJ opens the \$17 million Monter Cancer Center at the 450,000-square-foot Center for Advanced Medicine in Lake Success, New York. The Monter Cancer Center doubles in size in 2014.

### 2009

Within one decade, North Shore-LIJ’s annual revenues double, jumping from \$2.3 billion in 1997 to \$4.5 billion in 2009.

Michael Dowling joined the North Shore Health System in 1994 as the chief operating officer, having served 12 years under New York Governor Mario Cuomo.



Peter Stamos, of the health care consulting firm Stamos Associates, Inc., was hired to negotiate a working arrangement between both parties and their boards.<sup>17</sup> The plan was that Long Island Jewish President and CEO David Dantzker and North Shore CEO Gallagher would share the position of president of the merged system. However, sharing the upper management positions did not work out as planned, and many disagreements erupted between Dantzker and Gallagher in the first few years. Their distinct management styles and the hospitals' different cultures seemed impossible to reconcile.

Initially, consolidation of departments and department heads moved at a slow pace, but changes occurred on both sides of the merger in ensuing years. Dr. Vickie Seltzer, formerly the chief of obstetrics and gynecology at LIJ, took charge of the units at LIJ and North Shore University Hospital. She also served as vice president of the OB/GYN service line for the rest of the system. Similarly, North Shore's chief cardiologist, Dr. Stanley Katz, became the chair of both LIJ and North Shore as well as senior vice president of cardiology for the entire system. Other clinical services were also integrated in the coming years under single leadership. Remarkably, no layoffs took place during the consolidation process. Instead, many employees opted for early retirement.<sup>18</sup>

Perhaps the greatest marker of the health system's success was its high ranking from a prominent debt-rating agency in 2003, just six years after the merger. The hospital system issued \$85 million in bonds, prompting Fitch ratings to award the North Shore-LIJ Health System an A- grade—a high rating for a health care provider in an increasingly difficult market. Fitch credited the hospital system for raising patient numbers and increasing revenue growth in the five years that followed the merger. According to the report, the hospital system had an operating margin of 1.6 percent in 2002, compared to negative 3 percent in 1999.<sup>19</sup> The hospital system, which held debt at several locations—such as Franklin and Syosset hospitals—expected the

## 2010

Lenox Hill Hospital is acquired, marking the health system's expansion into Manhattan.



## 2012

Founded in 1882 as the Long Island Home Hotel for Nervous Invalids, South Oaks Hospital, a 233-bed behavioral health facility, joins North Shore-LIJ and becomes the 16<sup>th</sup> hospital in the system.







# North Shore LIJ

Left: The modern lobby of the Katz Women's Hospital and the Zuckerberg Pavilion at LIJ were part of a major infrastructure investment at LIJ.

ranking to lower borrowing costs for the health system so it could ultimately rebuild Zucker Hillside Hospital and refinance debt for the entire system.<sup>20</sup>

Despite the cultural differences between the two hospitals, the North Shore-LIJ system proved successful, with relatively few problems compared to other mergers, such as the failed marriage of Mount Sinai and New York University medical centers in the late 1990s. The success of the North Shore and LIJ merger and the defeat of the federal antitrust suit set a historic precedent for other hospitals that were trying to adapt to the era of managed care.

Top right: After initially identifying itself as the North Shore-Long Island Jewish Health System, the name was shortened to North Shore-LIJ in 2003.

## 2013

The North Shore-LIJ Health System holds a fundraiser at the Intrepid Sea, Air and Space Museum in Manhattan, which greatly surpasses fundraising expectations. Pictured are then-Chairman Richard Goldstein, actress Cynthia Nixon, and President and CEO Michael Dowling.



*“This is what we tackled: science where memory is not the gold standard but application and scientific concepts to real patients—knowledge and action as opposed to regurgitating facts. So we have completely blown up the entire way that medical school happens and designed it around those parameters.”*

**—Dr. Lawrence G. Smith,**  
Founding Dean,  
Hofstra Northwell  
School of Medicine<sup>1</sup>

The first graduating class of the Hofstra  
Northwell School of Medicine.







# *A New Kind of Medical Education*



The Health System's mission to educate and train physicians dates back to the founding of North Shore and LIJ, when few training opportunities existed for young doctors and the founding trustees of both hospitals recognized an opportunity to change the status quo. Half a century later—in what seemed to be almost a symbolic repetition of history—a new opportunity arose to make an impact in the landscape of medical education. In 2006, a study by the Association of American Medical Colleges recommended that medical schools increase student enrollment by 30 percent by 2015. The study cited an aging population in the United States, with the number of senior citizens expected to double between 2000 and 2030, creating a great need for more practitioners of medicine. Due to the dearth



of medical schools in the United States, close to half of all doctors were being recruited from abroad.<sup>2</sup>

Dr. Lawrence G. Smith, the health system's chief medical officer at the time, and Michael Dowling, president and CEO, had toyed with the idea of building a medical school for years. But when a 2006 study came out, indicating that there was a serious need for more American medical colleges, the men knew the timing was right.<sup>3</sup>

At the time, the health system had 120 separate resident training programs certified by the Accreditation Council for Graduate Medical Education and more than 1,500 residents and Fellows spread throughout 15 hospitals. The hospital system also boasted state-of-the-art, in-house research facilities and affiliations with six prestigious medical schools, so opening its own medical school seemed like a logical next step. Dowling sent the report to Hofstra University President Stuart Rabinowitz, who was interested in raising the national profile of the Long Island-based school. Traditionally seen as a commuter school, attracting many students from the New York area, Hofstra was beginning to see a greater number of applications and higher SAT scores, and a prestigious medical school would take the college to the next level. In 2008, Rabinowitz and Dowling met to discuss joining forces to create a long-overdue, new kind of medical school. Rabinowitz commented on their initial meeting:

*We shook hands on it and knew that, if it were humanly possible, we would get our people to work it out. They could deal with the details and the finances and the fine print, but we had agreed on the goal, and our goals were the same. We wanted to create not just another medical school, but a great new medical school that would add to the luster and prestige of each institution.<sup>4</sup>*

Dr. Lawrence G. Smith, founding dean of the Hofstra Northwell School of Medicine.



## 1971 thru 2001

Given the 30-year gap in medical school building in the United States, medical education is outdated and desperately in need of a new model.







Three years and many conversations later, the North Shore-LIJ Health System and Hofstra University agreed on a 50/50 partnership and formed New York State's first new allopathic medical school in 40 years. The medical school was a huge milestone for the health system, which was already the most integrated in the region. The School of Medicine has changed the face of medical education and inspired other universities to follow its lead.

From left: Stuart Rabinowitz, Lawrence G. Smith, and Michael Dowling at the announcement of the Hofstra North Shore-LIJ School of Medicine.

## A New Kind of Medical Education

When Smith first raised the idea of creating a new medical school, he was told that it would be too expensive and too complicated. After the 2006 study came out, Dowling agreed that the timing was right. After Rabinowitz and Dowling came to an agreement, Smith was charged with building the medical school from the ground up. Initially, Smith

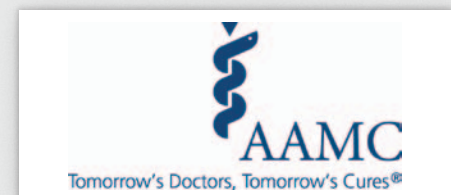
### 2005

Dr. Lawrence G. Smith joins the health system as chief academic officer. He broaches the idea of a medical school early on, but the timing is not quite right.



### 2006

The Association of American Medical Colleges (AAMC) publishes a study declaring a future shortage of physicians in the United States, recommending that medical schools increase student enrollment by 30 percent by 2015.



Logo featured by permission of  
The Association of American Medical Colleges.



The founding project team of the School of Medicine.

held two positions: He continued to run the day-to-day operations of the health system as chief medical officer while working on the medical school. As Smith became more immersed in the new initiative, he realized he had to commit his time to the medical school if his vision was to become a reality.<sup>5</sup>

“I was splitting my time as I am now to this day between the medical school and the health system. I had two offices and two secretaries,” said Smith. “I realized after about a year and a half that I couldn’t be the CMO, which was a lot of day-to-day putting out fires and dealing with crises and dropping everything you were doing because, you know, something bad just happened.”<sup>6</sup>

In 2008, Smith was named founding dean of the medical school. To help see the vision through, Smith recruited recently hired Dr. David Battinelli, who had spent a decade at Boston University’s School of Medicine, as dean of medical education. Smith also recruited Dr. Veronica Catanese, from New York University, as associate dean. Both Battinelli and Catanese brought a wealth of experience in medical school administration. Other members of the new school design team were either creative or flexible. “We had to dilute out the creative people with

## 2007



Dr. David Battinelli is hired as North Shore-LIJ’s chief academic officer to consolidate graduate training programs throughout the hospital system.

## 2008

Hofstra President Stuart Rabinowitz and North Shore-LIJ President and CEO Michael J. Dowling meet to discuss the possibility of joining forces to create a long-overdue, new kind of medical school.





not-so-creative but very flexible people,” said Smith. “And we had to get rid of people who couldn’t buy into this new model. The one phrase we forbade ever being said in our presence is ‘when I was in medical school.’ You couldn’t say it. If you said that, you were thrown out, and you couldn’t be part of our curricular design team.”<sup>7</sup>

The team spent six months deciding what the medical school and its graduates would look like. To figure out the core values of the new school, Smith and his team set out to visit universities all over the world to investigate their approach to medical education. They visited schools in Canada and Ireland as well as Albuquerque, New Mexico; Cleveland, Ohio; and San Francisco, California. Between 1971 and 2001, no medical schools had been built in the United States, leaving a huge gap in medical education. “It had become over 40 years of mismatch between what was a great curriculum in the 1970s and now is out of step with either science or clinical medicine in 2011. Nobody was modernizing it as everything else was changing,” said Smith.<sup>8</sup>

As the preliminary accreditation began, Smith and his team decided that the new school would be different than other medical schools. It would focus on humanism and cultural competency by getting students in contact with patients early in their training.

## *A Greater Purpose*

Giving back is not only part of the health system’s culture; it’s a priority. For the faculty at the Hofstra Northwell School of Medicine, mirroring that same culture of philanthropy to its students is vital. To help achieve this, the medical school initiated a volunteer program that offers second-year students an opportunity to donate their summers to various missions of mercy throughout the world.

One of these projects, which took place in the Dominican Republic, focused on assessing how much women who had given birth in an impoverished community known as “Batey 16” knew about prenatal and neonatal care. Another project that took place in the same community provided dehydration and water sanitation education to locals by using posters

illustrating the signs and symptoms of dehydration, treatment for dehydration, and basic prevention of cholera and rotavirus.

For many of the medical students who have embarked on this journey, the experience is life-altering. “The kindness shown by the families was incredible,” said Collin Fuller, a Hofstra Northwell medical student. “I came away from this experience with a desire to return and help serve this community in the future.”<sup>1</sup>



The new school would adopt a holistic approach to medical education. Rather than cramming for exams and memorizing information, students would come to class having read the information and ready to practice case studies.<sup>9</sup>

“Everybody agreed the way science had been learned in the 1970s—when it was conceivable that you could actually memorize all the facts known about the human body—was silly,” Smith said. “We needed a whole new way to teach science where the smartest kid in the class was not the best memorizer but the person who could take the concepts of science, see them in the patient, and use that science to make the patient better.”<sup>10</sup>

Ten core values were identified for the graduating class: community, scholarship, innovation, learning, humanism, diversity, professionalism, patient-centeredness, reflection, and vision.

Medical students attend a lecture at the Hofstra Northwell School of Medicine.



## The Medical School Is Born

The partnership went as planned: The health system provided the school with its expansive clinical facilities and world-renowned research facilities, while Hofstra University supplied the campus and the support of a comprehensive university. Battinelli began working for North Shore-LIJ in 2007 as chief academic officer to consolidate graduate medical education training programs in the health system’s hospitals, including those for physician assistants, podiatrists, dentists, osteopathic, and allopathic training programs. He juggled relationships with six other medical schools and all the continuing medical education. Now that the medical school was founded, Battinelli oversaw nearly 1,000 faculty staff dispersed throughout 24 clinical

### 2008

Lawrence Smith is named the founding dean of the Hofstra North Shore-LIJ School of Medicine.

### 2009

Lawrence Smith recruits a team of educators to plan the new medical school’s curriculum and decide on its core values.

### 2010

The Liaison Committee on Medical Education (LCME) grants Preliminary Accreditation to the School of Medicine, which establishes offices at the former summer training camp for the New York Jets at Hofstra University.





departments and service lines. “Hofstra itself really didn’t have a foothold in any educational programs for students or residents,” said Battinelli.<sup>11</sup>

The 48,000-square-foot building that was the original home of the School of Medicine is located on Hofstra University’s North Campus and was previously the summer training facility for the New York Jets. The building includes 16 flexible learning areas, a 108-seat lecture hall (the Medical Education Theater), a health sciences library, a structure lab equipped with state-of-the-art technological tools, and a full-service café. In early 2015, the school opened a newly constructed 65,000-square-foot addition, which includes office and classroom space, doubling the size of the school. During construction, the university installed a camera with a bird’s eye view so students, parents, and faculty could track the building’s progress by logging on to the school’s website.<sup>12</sup>

Students also have access to the health system’s prestigious Feinstein Institute for Medical Research, the Center for Learning and Innovation, the Patient Safety Institute, and the Bioskills Education Center. These advanced learning facilities provide human-simulation laboratories with digitally enhanced and controlled mannequins, partial- and full-body task trainers, standardized patient rooms, and high-fidelity surgical skills training stations for students to practice clinical skills and case management without risk of injury to patients.<sup>13</sup> “I think what really allowed us to do this medical school was that we had such a vibrant research facility in the Feinstein Institute,” said Mark Cluster, who was selected chairman of the health system’s board of trustees in 2014. “If you had to build that from scratch, that would have made it impossible to do. But to have the research facility that we had, that you need in any medical school, as part of any medical school,



Above: The School of Medicine’s first building on the Hofstra University campus.

Below: Groundbreaking ceremony for the new School of Medicine building in 2013.



## 2011

The Hofstra North Shore-LIJ School of Medicine welcomes its inaugural class of 40 students.



## 2012

The *Midsummer Night’s Dream*-themed gala contributions go toward the Physicians Scholarship Fund, which benefits students at the School of Medicine.



Photo by Lee S. Weissman.



A medical student hard at work.

made it a lot easier for us to go forward in this venture with Hofstra.”<sup>14</sup>

In 2011, the School of Medicine welcomed its first class of 40 students. The new medical school received 4,000 applications and interviewed 800 students. Accepted applicants had high Medical College Admission Test (MCAT) scores and graduated from top schools such as Harvard and Johns Hopkins. Many had roots in New York, and approximately half of the pioneering class hailed from Long Island, a good indicator that many would wind up serving communities in the New York area upon graduating.<sup>15</sup> The second incoming class of first-year students showed a similar pattern. Of the 60 students admitted to the medical school in 2012, more than half were from New

York, and roughly a quarter were from Long Island.

By 2013, the school accepted 80 students, many of them the same caliber as the students at NYU Medical School or Albert Einstein College of Medicine, bringing the total number of medical students to 180. The class was made up of 37 women and 43 men, ranging in age from 21 to 36, and was selected from 5,585 applicants.<sup>16</sup>

## Focus on Humanism

Rather than having students spend their first year entirely in the classroom, all aspects of the medical school curriculum are hands-on, and students are engaged with real

### *Creating a Literary Journal*

In 2012, the School of Medicine demonstrated its commitment to humanism, self-expression, reflection, and reverence for the doctor-patient relationship with the launch of its literary journal, *Narrateur: Reflections on Caring*. The journal—which features fiction, nonfiction, poetry, photography, and illustrations by students, faculty, and employees—is published annually.

“The hope is that the *Narrateur* will inspire and nurture the voices of students and staff as they grapple with the care of their patients, the decisions they

must make, their reactions to those decisions, and the outcomes,” said Dean Smith.<sup>1</sup> “*Narrateur* will give voice to the challenges and celebrations of patient care and also serve as a method of self-reflection.”

The project falls under the category of Narrative Medicine, a field that intersects medicine, the arts, and science to offer students a “narrative competence.” It is in line with the school’s mission to train physicians who value professionalism, humanism, scholarship, and patient-centered care.



patients and real cases. “We decided that really brilliant 25-year-olds probably don’t need to come into the classroom to see boring PowerPoint slides of facts that are probably better written in textbooks,” said Smith. “So we don’t teach facts. We have cases, and we tell them to learn whatever facts you need to know so that tomorrow, when you come to class, you and the faculty can solve that case.”<sup>17</sup>

During the first nine weeks of the year, incoming students train as emergency medical technicians (EMTs), working shifts on health system ambulances. Under close supervision of certified EMTs and paramedics, students visit, evaluate, and treat patients during ambulance rounds. They also round with physicians at community clinics and in patients’ homes.<sup>18</sup> Merryl Siegel, the health system’s executive director of post-acute services, explained the benefits of the unique program:

*Working with the EMTs gives the medical students the exposure of dealing with patients from the onset, rather than sitting in class and doing anatomy. So I think that’s a tremendous curriculum change, and we found that they really enjoyed it because they felt like they weren’t just sitting in class; they were really getting exposed to live emergencies.<sup>19</sup>*

Brian O’Neill, former vice president of the health system’s emergency services, added:

*The closer you are to a patient early on in your training, the better. I think some of the best experiences that shaped me as a leader came from working as a paramedic. And I think that gives medical students the perfect aspect to see exactly what’s going on. It gives them an entire 360-degree view of that patient. What’s it like when you walk into their apartment? What’s it like in South Jamaica, Queens, where they live? See what it’s like when you’re going to a place of someone who’s a diabetic or has COPD. What does their*



Students train for surgery in the mock operating room at the health system’s Patient Safety Institute.

**2012**



The medical school’s Health Sciences Library enlists medical students to participate in a 12-week study to determine the effectiveness of iPads as a tool in medical education.

**2012**

The School of Medicine launches its literary journal, *Narrateur: Reflections on Caring*.





*Graduating Class of 2015*



*Class of 2016*



*Class of 2017*



*Class of 2018*



*Class of 2019*

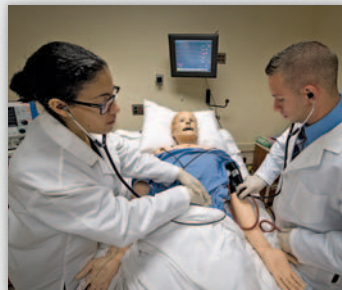
Above class photos by Zachary Lane, courtesy of HOFSTRA NORTHWELL School of Graduate Nursing and Physician Assistant Studies.

## 2012

The second freshman class is admitted to the School of Medicine, this time with 60 students. More than half are from New York, and roughly a quarter are from Long Island.

## 2013

The School of Medicine accepts 80 students, bringing the total number of medical students to 180.



## 2013

The new medical school begins construction to double the size of its campus. A camera is installed so that students, parents, and faculty can stay up-to-date on the building's progress by logging on to the school's website.





*environment look like? This gives medical students a different mindset. And that's why I think they're going to be better physicians at the end of the day.*<sup>20</sup>

At the conclusion of their rigorous training in emergency medicine, students participate in a Mass Casualty Incident, an event coordinated by the Fire Department of New York to train emergency personnel. It simulates real-life emergencies such as a fire, a bus terrorist attack, or a car accident. Flown into the simulated emergency is a real medevac helicopter, allowing students to receive instruction in medevac operations and safety.<sup>21</sup>

Another practical skill first-year students are offered is medical Spanish classes. As the Spanish-speaking population in New York grows, as it has in the rest of the country, the next generation of doctors must be able to communicate effectively with their patients.<sup>22</sup>

Physicians that staff the health system show their enthusiasm for the new medical school and its students at the Annual Physicians' Celebration, which began in 2011 as a way to create camaraderie with the health system's medical personnel. Each year, medical students are invited, along with the health system's more than 10,000 physicians, to celebrate at the themed bash and mingle with their current and future peers. Funds from the gala go toward the Physicians Scholarship Fund, which benefits medical students.<sup>24</sup>

"We think the School of Medicine was a fine addition both to the health system and to the Huntington Hospital community and its physicians," said Dr. Bernard Rosof, chairman of the board of directors of Huntington Hospital. "They've had an opportunity to participate more in academics. And not only is it a win-win now, but I think as we go forward, and the school begins to be responsible for residents going out in the community, people will benefit from that in the long term. We think it's a big positive."<sup>24</sup>



The School of Medicine's newest facility opened in 2015. (Image Courtesy of HLW International© Halkin Mason Photography.)

## 2015

The School of Medicine earns accreditation from the Liaison Committee of Medical Education (LCME).



## 2015

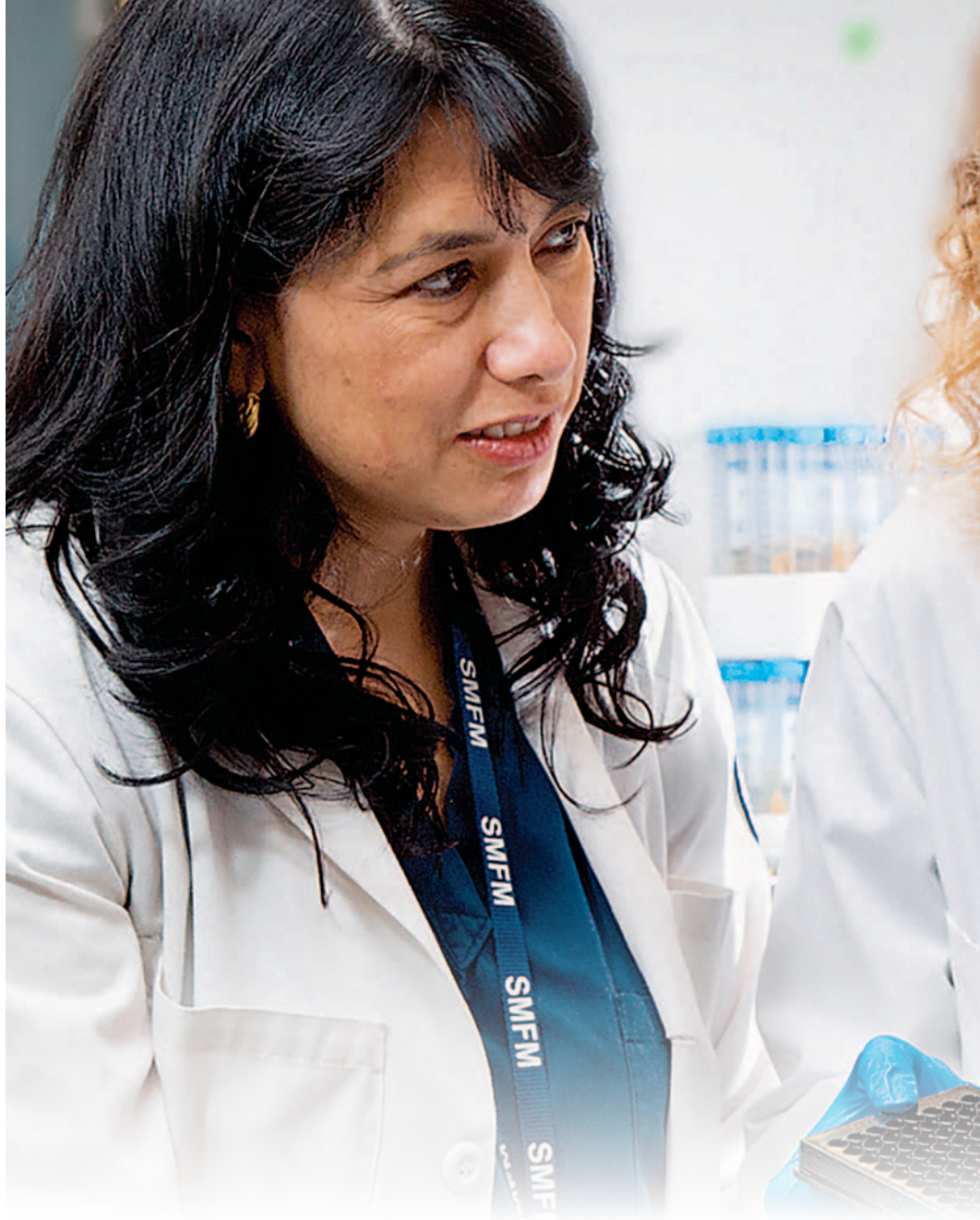
The School of Medicine graduates its first class in May and celebrates its first match day, where graduates choose which residency programs they will enter to continue their medical education.



*“On the outside, it looks like a big system because of the 21 hospitals, but it is equally large in terms of ambition and vision with respect to the ambulatory practices and what we call the continuum of care.”*

—**Dr. David Battinelli,**  
Dean for Medical Education  
and Chief Medical Officer<sup>1</sup>

Members of the Feinstein Institute  
for Medical Research.







# Leaders in Health Care

9

*M*ore than 60 years ago, the seedlings of the health system were planted by the passion and idealism of a small, enterprising Long Island community. Today, the health system is having an impact beyond the borders of New York City and Long Island, becoming a model of success for health care organizations all over the country. The health system has demonstrated how a network of hospitals, expanding over a wide geographic area, with each one bringing its own distinct culture and history, can successfully merge into one cohesive powerhouse of medicine. In fact, the health system has managed to accomplish more in the last decade together than the founding members of the individual hospitals could have anticipated.

As a unit, the organization's fundraising potential has skyrocketed. The institution continues to invest its revenue back into its hospitals and the communities they serve, placing the health system at the cutting edge of the health care industry in innovation, research, education, information technology, and business management strategy. By using information technology wisely—increasing transparency, creating infrastructure to support employees, and forming key strategic alliances throughout the nation and the world—executives at the newly renamed Northwell Health are pioneering new ways to deliver medical care that is safer, faster, more efficient, and more cost-effective than ever before.

Northwell has become a role model for the health care industry by embracing the accountable care model, launching bold and creative ways to work alongside insurers to provide patients with better care that is also financially sustainable. The health system progressively pursues a model of health that focuses on the overall well-being of the patient and the community rather than simply treating the sick. From the creation of the network's various comprehensive health education programs to the launch of its insurance plan, CareConnect, Northwell has asserted itself as an industry leader in the movement toward a fully integrated health care system. Officials at Northwell have managed to take an industry that is notoriously complicated and multifaceted and transform it into something that's cohesive, efficient, and comprehensible.

## Using Technology

The health system is an industry leader when it comes to using technology wisely to make medicine more sustainable and effective.

### 1995



Michael J. Dowling is recruited to North Shore Health System as chief operating officer.

### 1997

The decades-long rivalry between North Shore and LIJ comes to an end. The two health care giants merge to become the North Shore-LIJ Health System.





The margin of error in medicine can often be attributed, in part, to gaps in communication or language barriers. That is why, in 2003, the hospital system adopted a sophisticated language interpretation system that can translate up to 150 languages to ensure that patients and their family members can decipher doctors' orders. The system also ensures that physicians can communicate with patients and/or family members.<sup>2</sup>

That same year, the health system rolled out a progressive ambulatory Wi-Fi system that allows emergency personnel to transmit information directly from the ambulance to the receiving hospital. The health system also abandoned X-ray viewers and replaced them with a digital X-ray archiving and viewing system.<sup>3</sup>

In 2006, the health system demonstrated its commitment to community health and preventative medicine with the purchase of an innovative mobile health clinic that would provide health access to underserved areas. The van, which looks much like a traditional camper, is fully equipped with a laboratory, a refrigerator, and a

The health system's Mobile Health Clinic has provided medical services to many underserved areas.



1999

The Feinstein Institute for Medical Research is established. Scientists at the state-of-the-art research enterprise find many new cures and treatments and change the way medicine is practiced.

1999

The health system establishes a Center for Emergency Medical Services in Syosset, the largest hospital-based emergency services operation in the East, and one of the most comprehensive emergency preparedness centers in the nation.



Photo by Lee S. Weissman.

freezer in addition to sophisticated technology that includes electronic medical records and a touch-screen computer.<sup>4</sup>

After Hurricane Sandy hit in 2012, the mobile health clinic allowed the health system to reach the worst-affected areas. In the weeks following the storm, the mobile van staff offered free medical services to hurricane victims in Queens, Long Island, and Staten Island through an outreach campaign called Project Coastal Care. The van was staffed by a doctor, a physician's assistant, a nurse, an administrator, and a driver. And medical personnel provided a number of services, including giving tetanus and flu shots free of charge without asking patients for proof of insurance.

Over the years, Northwell has also made use of technology to improve transparency and performance. In 2007, the health system became the first nonpublic hospital system in New York State to post its hospitals' quality performance data on its website, including infection rates.<sup>5</sup> A year later, North Shore University Hospital implemented a video monitoring system in its intensive and surgical



## *A Refuge for Veterans*

In December 2012, the health system, in partnership with the Northport Veterans Affairs Medical Center, opened the Unified Behavioral Health Center in Bay Shore. Designed to help military families cope with the emotional burdens veterans often face after returning home from combat, the center provides mental health and primary care services for veterans and their families under one roof.

"This is patient-centered care at its best—where the public and private sector join forces to treat the whole person," Dr. Robert A. Petzel, the VA's Under Secretary for Health, said at the ceremony commemorating the new center. "We're not here to just treat post-traumatic stress disorder, or depression, or substance abuse. We're here to treat complex human beings. And bringing their families into the treatment equation is something we should have started doing years ago. It's long overdue."<sup>1</sup>

The health system also meets the medical needs of veterans—including behavioral health services—via the



Rosen Family Wellness Center in Manhasset. Through its Office of Military & Veterans' Liaison Services, the health system also has numerous resources in place for veterans, their families, and supporters aimed at facilitating successful reintegration into civilian life, including an initiative called Barracks to Business. A major recruitment effort over the past several years has led to the hiring of hundreds of new veterans for jobs across the organization. To help ease the financial burden of military deployment on employees who continue to serve in the armed forces, the health system pays veterans returning from active duty the difference between their military pay and the salaries they would have received had they not taken military leave from their jobs.



care units to track how frequently employees were washing their hands. Initially, the program found that only 10 percent were doing so, but since launching the video surveillance system, hand-washing compliance jumped to 90 percent. Most recently, video cameras were installed in operating rooms at Forest Hills Hospital and LIJ Medical Center to ensure patient safety. The remote video auditing ensured that surgical teams take a timeout before beginning a procedure to go through a patient safety checklist aimed at avoiding mistakes. North Shore-LIJ was the first medical facility to use video monitoring to improve care.<sup>6</sup>

Recognizing that a comprehensive electronic health record (EHR) is a critical and necessary tool to ensuring patient safety and promoting an integrated approach to health and wellness, the health system has invested hundreds of millions of dollars over the past decade to develop and integrate an EHR system at all of its inpatient and outpatient locations, as well as its emergency departments. Powered by Allscripts, the health system's EHR is driving unprecedented improvements in the efficiency and quality of care. Embedded within the EHR are automated care guides that help improve clinical care, prevent illness, and avoid medical and drug errors. In addition to integrating the EHR into its own facilities and practices, the health system provided community-based physicians with individual subsidies of up to \$40,000 to implement the Allscripts medical records system into their private practices.

In 2014, the health system rolled out a web-based patient portal called FollowMyHealth™, that allows patients to access their personal health information from any computer, tablet, or smart phone at any time. FollowMyHealth™ gives patients the ability to communicate privately with physicians for non-emergencies via secure messaging and allows patients to view test and lab results as well as their doctor's comments about the results. The system also lets patients

## 2002

Michael J. Dowling is promoted to CEO and president of North Shore-LIJ. He is charged with managing and integrating the growing health system.

## 2002

The Center for Learning and Innovation is founded at North Shore-LIJ. It is now the largest corporate university in the health care industry, setting the standard for educational excellence and demonstrating the highest level of innovation.





The modern addition to the Feinstein Institute for Medical Research.

review their medications and request prescription refills, send requests to schedule or change appointments, and review hospital discharge instructions.

## Medical Innovation and Research

Over the years, the health system, first as its individual hospitals and later as a combined enterprise, took several steps to organize the research facilities spread across its locations. Beginning in the late 1990s with the founding of the Feinstein Institute for Medical Research, the health system continued to be a leader in medical research by changing the way medicine was practiced.

“I think that the appeal to research here, what drew me and others after me here, was the ability to do very sophisticated molecular biology work in the heart of a huge clinical enterprise,” said Dr. Kevin J. Tracey, president and CEO of the Feinstein Institute for Medical Research. “That was and is still unique today.”<sup>7</sup>

Established in 1999, the Feinstein Institute is a state-of-the-art research facility, funded in part by the generous contributions of Leonard Feinstein, co-founder of Bed Bath & Beyond, to find new drugs, technologies, and cures for diseases and bring them directly to patients.<sup>8</sup>

“With medical research, you can’t stay where you are. You’ve got to either move forward, or you’re going to move backward,” said Feinstein. “I looked at what was going on, and I felt very good about the research institute, and so I made a major commitment that set it on a path where it could really move forward.”<sup>9</sup>

## 2002



Kathleen Gallo, RN, PhD, is named the health system’s chief learning officer and is tasked with developing the curriculum for the Center for Learning and Innovation.

## 2004

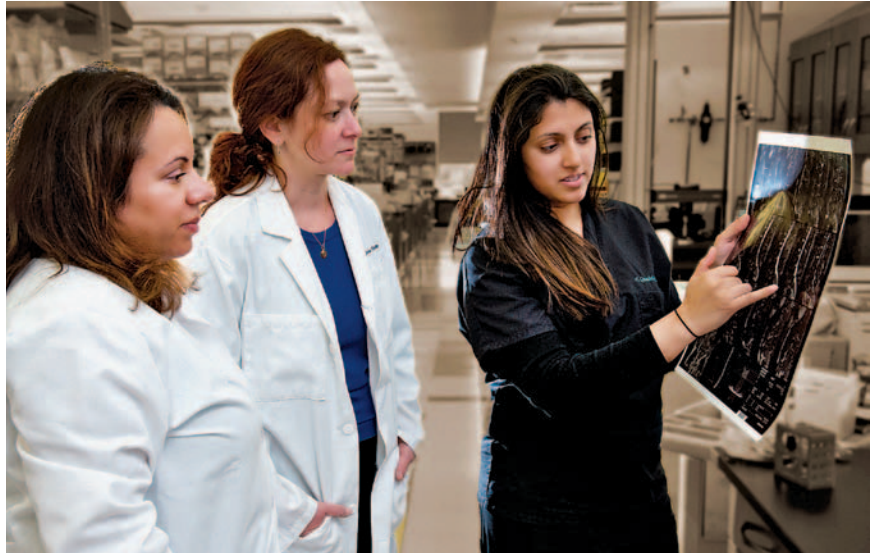
In one of its first major moves toward expanding outpatient services, the health system begins developing 450,000 square feet of a former Lake Success defense manufacturing plant into a Center for Advanced Medicine.



## Feinstein Institute Milestones

- 1975** Dr. Kanti Rai and others at LIJ Medical Center create the Rai clinical staging system for chronic lymphocytic leukemia, one of the most common forms of adult leukemia. The system is still used around the world today.
- 1980** Dr. John M. Kane and colleagues at Zucker Hillside Hospital publish a landmark study of the drug Chloral, which leads to Food and Drug Administration approval of the first atypical, antipsychotic drug. The study is one of the most frequently cited studies in the field of psychiatry.
- 1998** Dr. David Eidelberg and colleagues discover metabolic abnormalities in the brains of patients with Parkinson's disease using positron emission tomography (PET) imaging, a new way to diagnose the disease.
- 1999** The North Shore-LIJ Health System establishes the North Shore-LIJ Research Institute as an independently chartered, not-for-profit research corporation.
- 2000** Dr. Kevin J. Tracey and colleagues discover the inflammatory reflex, a neural circuit through which the brain directly controls the immune system, that will lead to the launch of "bioelectric medicine."
- 2001** Dr. David Eidelberg and colleagues publish in *The New England Journal of Medicine* the results of transplanting neurons into the brains of Parkinson's patients.
- 2002** The North Shore-LIJ Graduate School of Molecular Medicine is renamed the Elmezzi Graduate School of Molecular Medicine. It offers a unique PhD program to train physician-scientists.
- 2003** Dr. Kevin J. Tracey and colleagues report in *Nature* the discovery of a receptor that controls inflammation as a new drug target for the condition.
- 2004** Dr. Peter K. Gregersen and colleagues discover a gene that doubles the risk for rheumatoid arthritis.
- 2005** The North Shore-LIJ Research Institute is renamed The Feinstein Institute for Medical Research in recognition of the largest single gift in the history of the health system from Bed Bath & Beyond co-founder Leonard Feinstein, and his wife Susan. Dr. Kevin J. Tracey is named president and CEO of the institute.
- 2006** Dr. Betty Diamond and colleagues at Zucker Hillside Hospital discover why many patients with lupus develop cognitive impairment.
- 2006** Dr. Todd Lencz and colleagues at Zucker Hillside Hospital discover a genetic mutation that predicts response to medication in first episode schizophrenia, an important step toward personalized medicine.
- 2007** Dr. David Eidelberg and colleagues use gene therapy as a new treatment approach for Parkinson's disease.
- 2007** Dr. Peter K. Gregersen and colleagues discover genetic mutations associated with autism, lupus, and arthritis.
- 2007** Dr. Anil Malhotra and other researchers at the Zucker Hillside Hospital discover a new gene that increases the risk of developing schizophrenia.
- 2008** The Feinstein Institute signs a collaboration agreement with the Karolinska Institute in Sweden, home of the Nobel Prize. The agreement will lead to the publication of more than 100 scientific papers.
- 2010** Dr. Christopher J. Czura and colleagues report the discovery of the "neural tourniquet," a nervous system pathway to control bleeding.
- 2011** Dr. Peter Davies and colleagues report the discovery of a molecule that offers a new target for drug development in Alzheimer's treatment.
- 2013** Dr. Peter K. Gregersen receives the Crafoord Prize, conferred by the King of Sweden in Stockholm, for his lifelong research on rheumatoid arthritis.
- 2015** Dr. Peter Davies receives the 2015 Potamkin Prize for research in Pick's Alzheimer's and related diseases at the American Academy of Neurology's annual meeting—the world's largest gathering of neurologists.
- 2015** Dr. Kanti Rai receives the 2014 Wallace H. Coulter Award for Lifetime Achievement in Hematology from the American Society of Hematology for his career contributions in leukemia research.
- 2015** Dr. Bettie Steinberg receives the Lifetime Achievement Award from the International Papillomavirus Society for her discovery of a drug target for life-threatening respiratory cancer.

Researchers at the Feinstein Institute for Medical Research discuss patient scans.



The institute, which focuses on the study of bioelectronic medicine, brain research, genetics, cardiopulmonary, autoimmunity, and oncology, among others, is made up of more than 800 scientists who are published routinely in major peer-reviewed journals, including the *New England Journal of Medicine* and *Proceedings of the National Academy of Science and Nature*.

The Feinstein Institute conducts more than 2,300 research studies involving more than 15,000 participants each year and receives more than \$35 million in funding annually from the National Institutes of Health (NIH) and other government agencies. These factors place it in the top 6 percent of research institutions that receive NIH grants.

“They’ve always believed in research, and the type of research was primary translational research or disease-based research, as opposed to pure laboratory research. And that effort has grown and is subsidized as need be by the health system,” said Dr. David Battinelli, the health system’s chief medical officer. “But it

## 2004

The health system formalizes a financial assistance policy for uninsured patients that would become a state and national model for helping those who cannot afford to pay the full cost of their medical care.

## 2005

North Shore-LIJ becomes one of the nation’s first health systems to participate in a federal demonstration project in which hospitals voluntarily report their performance in meeting a series of quality-of-care measures that have proven effective in improving patient outcomes.



really forms an anchor, to push the model of discovery, primarily the discovery of new knowledge.”<sup>10</sup>

Researchers at the Feinstein Institute have recently discovered a human B1 cell that protects people from infection and may help counteract heart disease, cancer, and neurodegenerative conditions. It also might offer benefits for advanced Parkinson’s disease. They have explored effectiveness of a completely novel treatment for advanced Parkinson’s disease, Huntington’s disease, and other movement disorders.

The institute also discovered a molecule called c-Abl, which plays a role in leukemia and now also appears to have a role in Alzheimer’s disease. Plus, researchers at the Feinstein Institute have figured out how to explain memory loss and behavioral changes in lupus patients, along with identifying a genetic risk factor for lupus and finding an essential regulator of inflammation.<sup>11</sup>

These are only a few of the key discoveries made at the institute. Additionally, several biotech companies have been founded in the last decade to make medical innovations from the Feinstein Institute available to the public.<sup>12</sup>

In 2008, the Feinstein Institute added a \$50 million wing, with a generous gift from the Feinstein family. The sleek addition includes environmentally conscious bamboo



A scientist checks a blood sample at the Feinstein Institute for Medical Research.

## 2006

North Shore-LIJ purchases an innovative mobile health clinic, which would provide health access to underserved areas. The camper-like clinic includes electronic medical records, a touch-screen computer, a laboratory, a refrigerator, and a freezer.



## 2006



The Center for Learning and Innovation adds the Patient Safety Institute, a high-tech simulation lab with

life-sized computerized mannequins that allow physicians, nurses, and other health care professionals to practice their clinical skills in simulated medical emergencies.



The main lobby at the Feinstein Institute for Medical Research.

flooring and adds 35,000 feet of laboratory space as well as the Victoria and Lloyd Goldman International Conference Center. The center is also used for many seminars and symposia, bringing together national and international scientists from many different fields.<sup>13</sup>

Adding to its accolades, in 2014, a new field of medicine, called bioelectronic medicine, was pioneered by the Feinstein Institute and Dr. Tracey. Bioelectronic medicine has the potential to improve the way doctors treat diseases such as rheumatoid arthritis, Crohn's disease, diabetes, paralysis, bleeding, and cancer, revolutionizing medicine and patient care. The approach uses nerve-stimulating technology to regulate molecular targets underlying disease. It also promises to deliver therapies superior to pharmaceuticals in terms of efficacy, safety, and cost without significant side effects.

**2006**

Marking a major milestone at the Center for Advanced Medicine, the health system opens the Monter Cancer Center, moving chemotherapy and other ambulatory hematology/oncology services out of North Shore University Hospital.



**2006**

The health system partners with Case Western Reserve University's Frances Payne Bolton School of Nursing in Cleveland, Ohio, to create a doctoral nursing degree program. More than 50 nurses system-wide enroll in the first year.



## Partnering with Cold Spring Harbor Laboratory

Feinstein Institute scientists and the more than 200 academic oncologists and clinicians at the Northwell Health Cancer Institute have been advancing the understanding and treatment of several types of cancer for many years. Then in 2015, the health system took a major step forward on the cancer research front by signing a historic affiliation with Cold Spring Harbor Laboratory (CSHL). The transformative collaboration



### *Architect of a World-Class Clinical, Educational, and Research Enterprise*

Born in Limerick, Ireland, Michael J. Dowling moved to New York as a teenager. The first in his family to attend college, he found jobs as a construction worker, longshoreman, plumber, janitor, and other trades to support his family. He also saved enough to pay his way through University College Cork in Ireland and Fordham University in New York, where he earned a master's degree in social work in 1973. Dowling's early work ethic and drive shaped his leadership style as president and CEO of Northwell Health.

After working and teaching at Fordham, he spent the next phase of his career in New York state government, working his way up to director of Health, Education, and Human Services under former Governor Mario Cuomo and commissioner of social services. After leaving state government, he worked briefly for Blue Cross Blue Shield before joining the North Shore Health System in 1995 as chief operating officer. In 2002, he was promoted to CEO and president of North Shore-LIJ, charged with managing and integrating the growing health system.

"I could see where health care was going," Dowling said. "I could see North Shore being on the cutting edge of trying to create a health system, which was in its infancy back then. The idea of being part of this was very intriguing."<sup>1</sup>

Dowling led the health system through a successful period of unprecedented growth, building

up its world-class research center, expanding home care and emergency care, and moving Northwell Health in the direction of accountable care.

Gene Tangney, Northwell's senior vice president and chief administrative officer, said of Dowling's leadership:

*He challenges you, and he expects the highest level of output. But he is also a realist, and he is a roll-up-your-sleeves-type of leader who is willing to work with you in the most difficult situations. He just doesn't dictate. He gets down and really focuses on the front lines and the challenges the front-line staff face every day. I think there's no better leader I've ever worked with that has an incredible appreciation for the front-line staff, and his ability to just migrate and interconnect with them is fantastic. There was a time when I'd seen him sitting on the curb with the nurses, just talking about what their challenges were in the emergency department during a busy day, and you don't get that often in a leadership role.<sup>2</sup>*

As a result of his hands-on leadership, Dowling has been included on *Modern Healthcare's* list of the "100 Most Influential People in Healthcare" for nine consecutive years, putting him in the same company as the presidents of the Mayo Clinic and the Cleveland Clinic.<sup>3</sup>



Health system President and CEO  
Michael Dowling touring the Cold Spring  
Harbor Laboratory (CSHL) with CSHL  
President and CEO Dr. Bruce Stillman.  
*(Photo by Lee S. Weissman.)*

between one of the country's largest health systems and a world-renowned research institution promises to accelerate cancer therapeutics research and support early-phase clinical studies of new cancer therapies not available in the New York area.

The initial investment in this affiliation will be about \$240 million over the next decade, reaffirming Northwell Health's long-term commitment to be a national leader in clinical cancer care and research. Through its Cancer Institute and the

Feinstein Institute, the health system has been supporting cancer research in the region for more than 30 years. With its extensive network of inpatient and outpatient cancer services and clinical trials, the Northwell Health Cancer Institute is one of the largest cancer providers in the metropolitan area, treating more than 16,000 cancer patients each year.

The CSHL/Northwell affiliation will promote collaboration between clinicians and bench scientists looking for cures and new treatments for various cancers. It has enormous potential for delivering new cancer therapeutics to patients throughout the region, enhancing Northwell's ability to further integrate new developments and breakthroughs in clinical cancer care throughout the health system. The first clinical study born from the Cold Spring Harbor Laboratory/Northwell Health strategic alliance is a phase I trial for HER2-positive breast cancer that began in 2016. It was developed by physician scientists from DepYmed (a Long Island-based cancer therapeutic development company), the Northwell Health Cancer Institute, and CSHL, and is being offered to Northwell patients at the Monter Cancer Center in Lake Success.

## 2006

The health system receives a \$1.7 million US Department of Defense bioterrorism grant to institute a state-of-the-art surveillance system to detect potential infectious disease outbreaks in their earliest stages.

## 2007

North Shore-LIJ becomes the first nonpublic hospital system in New York State to post its hospitals' quality performance data on its website.





## Supporting Employees

One of Michael Dowling's first moves as the new health system's president and CEO was to create the Center for Learning and Innovation (CLI). The center's objective is to promote continuous learning opportunities and equip its more than 61,000 employees with the knowledge, attitude, and skills necessary to support the health system's strategic and business goals. "You have to have a visionary leader who is not afraid, who has an ideal but is not an ideologue, who has a vision of building something and building it with excellence and building it fast—not waiting fearfully," said Howard Gold, the health system's executive vice president of managed care and business development. "And the health system again has been blessed with leaders like Michael who have continued this legacy, notably with CLI."<sup>14</sup>

CLI is supported by much literature, which demonstrates that organizations that employ formal coaching programs see their return on investment increase. Coaching programs are known to develop leadership skills and have a significant impact on job satisfaction, employee productivity, and overall employee engagement.

"We don't see leadership as a job title," said Maureen White, the health system's senior vice president and chief nurse executive. "We see it as an innate quality within everybody, and some individuals may exhibit more than others, and so it's taking charge, taking ownership, being accountable for your practice, and for helping us, as a partner, to move the organization forward."<sup>15</sup>

Since it opened in 2002, CLI has become the largest corporate university in the health care industry, setting the standard for educational excellence and demonstrating the highest level of innovation.<sup>16</sup> "Through the Center for Learning and Innovation, thousands of employees at all levels of the organization are rediscovering the benefits



Medical personnel train to use a CT scanner at Northwell's Center for Learning and Innovation.

### 2007

North Shore University Hospital opens a kidney transplant center serving Nassau and Queens counties.



### 2007

The health system establishes the President's Award to honor individuals who exemplify the highest standards of caring and extraordinary service to patients, families, physicians, and colleagues.

### 2008

North Shore University Hospital implements a video monitoring system to track employee hand-washing in intensive care units.



Between the Hofstra Northwell School of Medicine and the Center for Learning and Innovation, the health system offers medical students many educational resources.

of life-long learning and being part of our vision to transform the health system into a world-class learning organization to meet our business and strategic goals,” said Kathleen Gallo, who has served as the health system’s chief learning officer since CLI was established in 2002.<sup>17</sup>

In 2006, CLI created the Patient Safety Institute (PSI), a high-tech simulation lab with life-sized, computerized mannequins that allow physicians, nurses, and other health care professionals to practice their clinical skills in simulated medical emergencies. The lab, one of the largest medical simulation centers in the nation, plays an important role in training medical students from the Hofstra Northwell School of Medicine.

The health system’s weekly Beginnings orientation is one example of a workforce engagement initiative that ensures that all employees in the health system are working toward the organization’s goals. Each Monday, Dowling welcomes 100–150 new employees—including doctors, nurses, administrators, lab technicians, cleaning staff, and parking attendants—to share his vision for the health system. It is an opportunity for Dowling to familiarize incoming staff with the health system’s mission and values. In his signature style, Dowling encourages the employees to continue improving themselves, reminding them that nothing is impossible while warning them of the dangers of becoming complacent. Most importantly, Dowling reminds his audience that Northwell Health is all about the patient. “We’re a service organization,” said Dowling. “If you look at the consumer movement in health care, you’re dealing with people who come to us for a service. ... If we’re not customer-focused, you lose, which is an interesting concept in health care because it’s not fully accepted.”<sup>18</sup>

CLI oversees the health system’s Physician Executive Program, which trains doctors in leadership skills that are not taught in medical school. An external coaching

## 2008

The Feinstein Research Institute adds a \$50 million wing, a sleek addition that includes environmentally conscious bamboo flooring and adds 35,000 feet of laboratory space.



## 2009

The health system begins automating all of its inpatient and outpatient records in all medical settings.



firm carefully selects 25 physicians that have a “demonstrated ability to drive change” and are seen as “a natural influencer in the environment that they are in.” It then trains them in the business side of medicine in skills such as strategy, organizational behavior, and team-building to help meet the goals of the organization. Approximately 150 doctors have gone through the program since its inception in 2011.

To lay the groundwork for the next generation of administrative leaders, CLI launched an Administrative Fellowship Program in 2003, giving graduates with their MBAs and other master’s degrees an opportunity to gain practical knowledge of various aspects of health care through interaction with all levels of administration. Sixty-seven Fellows have graduated from the program since its inception, and 28 of them currently hold leadership positions across the health system.

Similarly, the health system has an Administrative High Potential Program that fosters career development and growth among employees who have demonstrated skills and talent that may qualify them for future leadership positions within the health system. More than 500 employees have participated in the program.

The health system’s culture of supporting employees, team-building, and focusing on the consumer’s experience has benefited both patients and employees. Even during the peak of the national recession that began in 2007, employment at the health system remained constant. Dr. Robert Geller, one of Northwell Health’s first-year residents, commented on the system and its evolution:



A view from inside the control room at Northwell’s Patient Safety Institute, part of the health system’s Center for Learning and Innovation.

## 2009

The health system creates a Department of Population Health to develop initiatives aimed at promoting and engaging health and wellness for its workforce as well as the community at large. It will also include a population health and epidemiology research program.

## 2009

The health system receives a \$50 million pledge from the Steven A. and Alexandra M. Cohen Foundation, one of the health system’s largest single gifts. In honor of the



Cohens’ contribution, Schneider Children’s Hospital is renamed Cohen Children’s Medical Center of New York.

## *The Health System's 2013 Gala Raises \$21.5 Million*

One testament to the success of the merger was the significant increase in fundraising potential the hospitals acquired as a single entity. On April 25, 2013, the health system held a fundraiser at the Intrepid Sea, Air and Space Museum in Manhattan, which surpassed all expectations. The event was hosted by Bravo TV's Andy Cohen and NBC anchor Meredith Vieira. More than 1,200 people attended, enjoying performances by Harry Connick Jr. and LaGuardia Arts High School. It was

the largest fundraising campaign in the system's history. President and CEO Michael Dowling addressed the crowd:

*Every five years, we hold a health system gala to benefit the more than eight million people living in the communities we serve across the metropolitan area. It is our mission to be constantly transformative and innovative, but at the core of all we do, it is always about the patient.<sup>1</sup>*



From left: Richard Goldstein, Andy Cohen, Meredith Vieira, and Michael Dowling.



Susan Boas Claster and Mark Claster.



Harry Connick Jr.



Phyllis Mack and William Mack.



From left: Kathy Dowling, Michael Dowling, Harry Connick Jr., and Elizabeth Dowling.



*Take care of the patients and take care of each other. That's always been North Shore-LIJ's philosophy, and that's very important—how people treat each other. If your employees are happy, your customers are happy, and the customers are patients. ... I find the system still has the same spirit it had in the beginning—that spirit that I remember back then of being the very, very best you could be, regardless of what your job was, is what still permeates the culture today.<sup>19</sup>*

## Moving Toward Accountable Care

Due to the rapidly changing landscape of health care, Northwell Health had to be adaptable, take risks, and make bold decisions to survive. In 2011, the health system began to embrace accountable care practices designed to better manage consumers' health and promote wellness and disease prevention by shifting away from “fee-for-service” reimbursement to a value-based system that rewards providers for keeping people healthy. Accountable care programs, a key part of the Affordable Care Act, are designed to reduce overutilization of medical care and hospital readmissions by encouraging providers to deliver only necessary treatments and be reimbursed based on specified quality standards.<sup>20</sup>

In 2011, the health system participated in a novel collaborative project with the Dartmouth Institute for Health Policy and Clinical Practice to better control medical and surgical costs. The project's aim was to develop practice care and payment models that would raise patient safety standards and reduce costs. The health system also formed a unique partnership with the internationally recognized Institute for Healthcare Improvement, focusing on quality treatment of sepsis, palliative care, and other pressing

### 2010

President Barack Obama signs the Affordable Care Act into law, which aims to make preventive care more accessible and affordable for many Americans.



Official White House Photo by Pete Souza. Photo courtesy of flickr.com, Creative Commons License Deed 4.0 International, <http://creativecommons.org/licenses/by/4.0/>.

### 2010

The health system receives the National Quality Forum's National Quality Healthcare Award—the first hospital in the New York metropolitan area to receive this highly prestigious distinction.





Northwell's CareConnect team.

health care issues. Executives at the health system set out to create an alignment in three criteria: patient experience, quality, and financial performance. The health system created a digital dashboard, monitoring criteria assigned to each employee to ensure that caregivers are constantly working toward the goals of the organization.<sup>21</sup>

On October 1, 2013, the health system launched its own insurance company, CareConnect, the first provider-owned insurance plan in New York State. The plan offers in-network coverage to individuals, families, and businesses, large and small. The one-stop-shop model of health care, where the payers and health care providers are all included under one umbrella organization, has many advantages. Insurance companies and health care providers can better advise patients about the best course of treatment with access to both their medical records and insurance benefits.<sup>22</sup>

“We believe the future of medical health is that health systems will completely take over the management of a patient and be responsible for their care, no matter what it consists of,” said Donald Zucker, who, along with his wife Barbara, is one of Northwell Health’s most respected benefactors. “Whether their treatment is paid through their own insurance companies, who will collect a premium, or whether we do it ourselves

## 2010

The health system opens the newly expanded Patient Safety Institute at the Center for Learning and Innovation in Lake Success, creating one of the nation’s largest medical simulation facilities.

## 2010

The health system expands into Manhattan with the addition of Lenox Hill Hospital.





through our own insurance plan, the health system will ultimately be responsible for the patient.”<sup>23</sup>

It was not a coincidence that the launch of the insurance plan coincided with the opening of the health insurance exchanges that are the foundation of the Affordable Care Act (ACA). Creating an affordable insurance plan and improving accessibility to coverage across the metropolitan area is just one example of the health system’s shift in focus from treating illness to promoting wellness, a key goal of the ACA.

In creating CareConnect, the health system is at the forefront of a wider trend in American medicine. More than 100 hospitals nationwide have launched similar programs so far, with many more expected to create in-house insurance plans in the near future. Health care providers with in-house insurance plans, such as integrated health systems like Kaiser Permanente and Geisinger Health System, have demonstrated that such plans are effective at improving quality and reducing costs.<sup>24</sup>

During the enrollment period from late 2015 to early 2016, CareConnect’s customer base more than tripled to over 90,000 members.

## Expanding the Vision

In recent years, the health system has experienced some of its most significant growth to date, increasing its market share to about 28 percent on Long Island and in Queens, Staten Island, Manhattan, and Westchester County. With annual operating revenues of \$9.5 billion in 2016, the health system saw its market share jump with the 2014 addition of two hospitals in Westchester County: Phelps Memorial Hospital Center in Sleepy Hollow and Northern Westchester Hospital in Mount Kisco. In addition, the health system expanded its presence in central and eastern Long Island in early 2016 when



The health system launched CareConnect in 2013, the first provider-owned health insurance plan in New York State.

## 2011

The hospital system joins with the Institute for Healthcare Improvement in a unique partnership focusing on quality



Photo courtesy of alexskopje/ iStock/Thinkstock.

treatment of sepsis, palliative care, and other pressing health care issues.

## 2011

North Shore-LIJ participates in a novel collaborative project with the Dartmouth Institute for Health Policy & Clinical Practice to better control medical and surgical costs. The project’s aim is to develop practice care and payment models that will raise patient safety standards and reduce costs.

## *The Mack Family*

The Mack family has been personally involved with the health system for more than 40 years, beginning with H. Bert Mack and Ruth Kaufman, who were early supporters of Long Island Jewish Medical Center. Thanks to the family's support, LJ Medical Center was able to pursue a \$34 million renovation and expansion

project that doubled the size of the hospital's busy emergency department to 36,500 square feet. Opened in 2007, the Phyllis and William Mack Emergency Center at LJ has helped ease wait times for emergency patients, improving the customer experience.

When they heard about the health system's plans to bring quality health care back to Manhattan's west side, Phyllis and William Mack were the first ones to step up and offer their support for building a new neighborhood medical complex now called Lenox Health Greenwich Village, located across 7<sup>th</sup> Avenue from the former St. Vincent's Hospital. Under construction since 2012, the Phyllis and William Mack Pavilion is a historic, ship-like building that served as the former headquarters of the National Maritime Union. It is being redeveloped at a cost of more than \$150 million. The 28,000-square-foot emergency center that anchors the facility averaged close to 100 patients a day during its first year in operation. It serves as a receiving facility for the New York City 911 emergency medical system and includes an advanced-life support ambulance to transport patients who need to be hospitalized. A range of other comprehensive medical services will be added to the six-story Mack Pavilion in 2016, including ambulatory surgery, imaging, and medical specialty practices.



Photo by Adam Cooper RBP.

## *2011*

The health system is named one of the country's "50 Most-Engaged Workforces" by Achievers and recognized among the "Elite 8" for superior demonstration of leadership.

A little over four months after receiving state approval, North Shore-LIJ extends its cardiac surgery program to Southside Hospital, the first for Suffolk County's south shore residents. With the addition of the program, Southside becomes the health system's fifth tertiary hospital.

## *2011*





Peconic Bay Medical Center in Riverhead joined the health system. A strategic affiliation with the 711-bed Maimonides Medical Center approved in 2015, represented the health system's first foray into Brooklyn, opening up other opportunities for further growth.

While the addition of new hospitals has certainly expanded the health system's footprint in Westchester and eastern Long Island, much of the health system's growth has been fueled by the opening of new outpatient physician practices and other ambulatory locations, which numbered about 450 sites throughout the metropolitan area as of early 2016. Since the fall of 2014, for instance, the health system has partnered with Access Clinical Partners to open more than 20 Northwell GoHealth Urgent Care Centers throughout the region, with plans for 30 other locations.

Building on the success of Lenox Hill Hospital in Manhattan, the health system opened a major new medical complex in 2014 called Lenox Health Greenwich Village, which is anchored by Manhattan's first freestanding Emergency Center. Situated in the Phyllis and William Mack Pavilion, the 160,000-square-foot facility represents a new model of community-based care that features seamless access to 24-hour emergency care. Lenox Health Greenwich Village provides a valuable community resource for West Side residents who had been traveling out of their neighborhoods to access emergency and other medical services since the 2010 closure of St. Vincent Hospital.

Beyond adding new hospitals and expanding its network of outpatient services, the health system continues to invest in its facilities and clinical service lines to position them for future success. To strengthen its pediatric capabilities, for instance, the health system funded the construction of a \$130 million inpatient pavilion at Cohen Children's Medical Center that opened in 2013. The six-story, 120,000-square-foot



Children's rooms at the Steven and Alexandra Cohen Children's Medical Center are equipped with Nintendo Wii consoles. Here a young patient plays on the Wii from his hospital bed.

## 2012

The health system takes in nearly 300 patients evacuated from other hospitals during Hurricane Sandy and offers free medical services to storm victims in Queens, Long Island, and Staten Island through its "Project Coastal Care" health van in the weeks following the storm.



## 2012

The health system forms a strategic alliance with Cleveland Clinic.

facility, made possible by a \$50 million gift from Steven and Alexandra Cohen, features the region's largest dedicated pediatric emergency department, a pediatric imaging center, a 25-bed pediatric intensive care unit, and a 25-bed medical-surgical unit. Reaffirming its support of behavioral health services, the health system in late 2013 opened a new 130,000-square-foot, \$120 million pavilion with 115 inpatient beds at Zucker Hillside Hospital, replacing outdated living quarters dispersed across the campus.

Cancer services have been another area of major investment. Over the past several years, the health system has spent more than \$175 million to open and expand cancer treatment centers throughout Long Island, Queens, Manhattan, and Staten Island, including an \$84 million expansion of the Northwell Health Cancer Institute's headquarters at the Center for Advanced Medicine (CFAM) in Lake Success. With an additional 93,000 square feet of space that opened in 2014, the facility brings together all outpatient cancer services offered by North Shore University Hospital and LIJ Medical Center under one roof, including ambulatory hematology/oncol-

ogy, chemotherapy, and radiation medicine as well as surgical oncology and brain tumor services.

Adding to its expansion, the health system, in 2015, established a new nursing school. The graduate programs at the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies have been designed to meet the increasing need for nurse practitioners and physician assistants to deliver community-based health care. Beginning with an inaugural class of 30 students, the school offers a three-year, part-time program leading to a master of science degree in Adult-Gerontology Acute Care and Family Nursing.

**Opposite:** The health system's state-of-the-art SkyHealth helicopter flies over Manhattan.

*(Photo by Adam Cooper RBP.)*

**Below and front cover:** Nursing students in training at the Northwell Bioskills Education Center. *(Photo by Lee S. Weissman.)*



## 2012



Completing a \$300 million construction project, the largest in the health system's history, the Katz Women's Hospital and Zuckerberg Pavilion open at LIJ Medical Center, transforming the appearance of the hospital.

## 2013

North Shore-LIJ launches its own insurance company, CareConnect, the first provider-owned insurance plan in New York State, offering affordable health coverage to individuals and businesses.



## Taking Flight

Recognizing the critical role of trauma services at its hospitals, the health system in 2014 launched the New York area's first hospital-based Helicopter Emergency Medical Service, called SkyHealth. In partnership with Yale-New Haven Health in Connecticut, the helicopter enables patients of both health systems to receive lifesaving care for major traumas, heart attack, stroke, and other life-threatening brain injuries, avoiding congested highways and providing the fastest hospital-to-hospital transfers for the most-vulnerable patients. To support SkyHealth, the health system invested \$7 million to purchase the helicopter and \$6.5 million to build a rooftop helipad at North Shore University Hospital (NSUH), which provides for quicker and safer landings of patients requiring medevac transport.

The helicopter is a key part of Northwell Health's efforts to expand its trauma capabilities throughout the health system. As of early 2016, Northwell Health had three of eight hospitals statewide verified as trauma centers by the American College of Surgeons (ACS): NSUH is a Level I trauma center for adults, Cohen Children's Medical Center is a Level I pediatric trauma center, and Southside Hospital is a Level II adult trauma center. Other Northwell hospitals are also in the process of seeking ACS trauma verifications.



### 2013

The health system opens inpatient pavilions at Zucker Hillside Hospital (pictured) and Cohen Children's Medical Center.



### 2014

The health system expands into Westchester County, adding Phelps Memorial Hospital Center and Northern Westchester Hospital.





To manage the effects of Hurricane Sandy, the health system set up a command center to address the public's health needs in the immediate aftermath of the storm. (Photo by Lee S. Weissman.)

## Preparing and Responding to Emergencies

While Northwell facilities meet the day-to-day health needs of a service area that includes more than eight million people, the health system also serves as a vital community resource during public health emergencies. The health system's Emergency Management Division oversees all disaster preparedness activities for Northwell's hospitals and other facilities. During a large-scale emergency, whether caused by a terrorist act, an act of nature, an infectious disease outbreak, or

an accident, all the resources of the health system and its hospitals are mobilized and coordinated to meet the public's health needs. Recognizing that a large-scale disaster or public health emergency could overwhelm any hospital, the health system has developed a close working relationship with other New York-area hospitals, as well as health, law enforcement; and emergency management officials at the local, state, and federal levels.

During Hurricane Sandy in 2012, for instance, health system hospitals provided a refuge to 294 patients who were evacuated from other hospitals, nursing homes, and shelters throughout New York and Long Island. During the Ebola crisis in 2014, the health system was nationally recognized for its preparedness efforts. As part of its mobilization efforts, the health system invested more than \$6 million to establish a two-room Specialized Disease Treatment Center at Glen Cove Hospital. The health system also purchased personal protective equipment to safeguard frontline caregivers

## 2014

Bioelectronic medicine is pioneered at the Feinstein Institute for Medical Research by its president, Dr. Kevin J. Tracey.



## 2014

Construction is completed on an \$84 million expansion of the Montefiore Cancer Center and a new Radiation Medicine Center within the health system's Center for Advanced Medicine in Lake Success. With a total of about 130,000 square feet of space, the facility provides patients with a fully integrated spectrum of comprehensive cancer services.



Photo courtesy of © Halkin/Mason Architectural Photography LLC.



from exposure to the deadly disease and trained thousands of physicians, nurses, and other staff in recognizing and treating the symptoms of Ebola. While no Ebola patients were treated at its facilities, the health system was prepared, recruiting and training a volunteer team of critical care experts to provide around-the-clock care to Ebola patients at the Glen Cove containment unit. The Joint Commission has recognized the health system's emergency preparedness efforts as a national model.

## New Name, New Era

Signaling the health system's most public move yet, the North Shore-LIJ board of trustees voted unanimously on September 10, 2015 to change the name of the health system to reflect its vibrant past, its celebrated present, and a future focused on promoting wellness. In January 2016, the health system officially became Northwell Health.

"While we have considered many different ideas over the years, our board of trustees selected a new name that signals a clear vision for the future of health: Northwell Health," said Mark Cluster, the board chair. "All those associated with this organization clearly are proud of our heritage. Yet, our trustees recognized the need for a more consumer-friendly name that did not confine us geographically and reflects our emergence as a regional health care provider with a coverage area that extends beyond Long Island."<sup>25</sup>

With the continuing shift in the nation's health care delivery system and the growing emphasis on health and wellness promotion and disease prevention, President and CEO Michael Dowling said, "We wanted a name that underscores our focus on keeping people



In January 2016, North Shore-LIJ's name was officially changed to Northwell Health.

## 2014

The health system launches SkyHealth, the New York area's first hospital-based Helicopter Emergency Medical Service in partnership with Yale-New Haven Health.



Photo by Lee S. Weissman.

## 2015

The John M. Einsenberg Patient Safety and Quality Award from The Joint Commission and the National Quality Forum is presented to the health system for its work in lowering sepsis mortalities.

## 2015

The health system acquires Peconic Bay Medical Center in Riverhead and partners with Maimonides Medical Center in Brooklyn.



Photo by Jim Lennon.

well and better managing their health, rather than only treating them when they are sick or injured. The future of health care is about guiding and engaging consumers in a very different way.”<sup>26</sup>

The new Northwell Health name has been the centerpiece of the most-aggressive rebranding and marketing campaign in the health system’s history, beginning a multi-year process to build recognition of the new name and distinguish the organization in a cluttered health care market. “Being highly visible and clearly understood within and beyond the New York metropolitan area requires strong brand recognition,” Dowling said. “Our new name is a reflection of our past and a beacon of our future. It’s unique, simple, and approachable, and better defines who we are and where we are going.”<sup>27</sup>

### Quality Care First

One of the many strong points the newly branded Northwell Health has always had is its culture of caring for patients—putting the patient and quality service first. “We’re all doing this for the day that we may be patients or someone we love may be a patient, and that’s the part that’s not entirely philanthropic,” said Lloyd Goldman, a health system board member. “We’re doing this for the people we love and the community we love.”<sup>28</sup> Dowling added:

*When many people think about health care, they think: “Well, it’s all about the doctors.” No, it’s not. Then they say, “It’s all about nurses.” Well, yeah, a lot about nurses, but not just that. It’s about the guy who parks the car. It’s about the guy who washes dishes. It’s about the guy who cleans the room. If you’re in a hospital for five days, you will see the doctor once every day and maybe twice a day for four minutes. You’ll see all of the other*

## 2015

The Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies is established and begins with an inaugural class of 30 students.







*people all of the time. So you've got to get the people in front of you to realize that they're not just there as ancillary functionaries associated with a doctor. What they do is what determines whether there's a good experience or not, and what patients are looking for in health care is the experience, a positive experience. They're looking for quality. They expect that. And how they're treated by everybody will determine their perception of quality.<sup>29</sup>*

**Northwell Health's marketing and communications team is pictured in front of the brand bus that visited health system facilities in the two-to-three months leading up to the official name change in January 2016. (Photo by Lee S. Weissman.)**

While North Shore Hospital and Long Island Jewish Medical Center were close in proximity, yet worlds apart in culture for much of their history, quality care is the foundation that both systems were built on and the common denominator that ultimately united them. Today, exceptional quality remains at the forefront of every decision the system makes. For Dowling and Northwell Health's more than 61,000 employees, quality is defined as a commitment to innovation, clinical excellence, and transparency—yesterday, today, and tomorrow.

**2015**

The health system signs a strategic affiliation with Cold Spring Harbor Laboratory to align its world-class cancer research with Northwell Health



Photo by Lee S. Weissman.

Cancer Institute's growing network of clinical services encompassing more than 16,000 new cancer cases annually across the metropolitan area.

**2016**

North Shore-LIJ is officially renamed Northwell Health to better align with its focus on promoting wellness.

**2016**

The health system's operating revenues increase to \$9.5 billion. Insurance premium revenue of \$651 million from CareConnect is a major contributor to the increase.

# Northwell Health Hospitals

## Glen Cove Hospital

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Photo courtesy of photographer Alex John Beck.

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101 Street Andrews Lane  
Glen Cove, NY 11542

For more than 90 years, Glen Cove Hospital has been serving its local community with competence and compassion. While maintaining inpatient beds for medical and surgical patients, along with an emergency department and intensive care unit for patients requiring critical care, Glen Cove Hospital has placed a greater emphasis on outpatient, community-based, and home-based services. The addition of a Clinical Decision Unit has allowed the hospital to extend the period of observation and treatment for patients seeking emergency care. Glen Cove Hospital has continuously strived to provide innovative clinical programs that allow the hospital to continue to care for patients at their most critical time of need, while also managing the health and wellness of those in outpatient settings.

## Huntington Hospital

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270 Park Avenue  
Huntington, NY 11743

Huntington Hospital is a full-service, 408-bed, nonprofit community hospital serving Huntington Township and its surrounding communities. Established in 1916, Huntington Hospital's mission has always been to improve the health and quality of life for the people it serves by providing world-class service and patient-centered care. The hospital serves as a clinical campus for the Hofstra Northwell School of Medicine. The hospital is committed to the education of health care professionals, the expansion of knowledge through research, the development of its employees, and the promotion of educational programs for the community.



## Lenox Hill Hospital

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Established in 1857, Lenox Hill Hospital is a 632-bed, acute care hospital located on Manhattan's Upper East Side. The facility has earned a national reputation for outstanding patient care and innovative medical and surgical treatments. It has been recognized for excellence in internal medicine, cardiovascular disease, orthopedics, sports medicine, otolaryngology/head and neck surgery, and maternal/child health. The hospital is also a recognized leader in public health education and community outreach.



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100 East 77<sup>TH</sup> Street  
New York, NY 10075

## Long Island Jewish Forest Hills

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LIJ Medical Center at Forest Hills is a 312-bed community hospital that provides inpatient medical and surgical care, intensive care, and obstetrics and gynecology services. The hospital's Emergency Department is a 911-receiving site, a certified heart station, and a New York State-designated stroke center. Specialized treatments include lithotripsy, advanced wound healing, a nationally-recognized advanced illness program and a nationally-recognized lung cancer screening program. Surgical services include: bloodless, thoracic, bariatric, vascular, endovascular, laparoscopic, breast, orthopedic, spine, and podiatry. The hospital's new Orthopedic Center of Excellence provides patients with a full spectrum of joint replacement and supportive services. Additionally, the hospital offers a newly developed Adult Primary Care Clinic, surgical specialty clinics, hospice and palliative care, and programs in men and women's health. The hospital also offers teaching programs and residencies in internal medicine and podiatry.



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102-01 66<sup>TH</sup> Road  
Forest Hills, NY 11375

## Long Island Jewish Valley Stream

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Photo courtesy of photographer Alex John Beck.

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900 Franklin Avenue  
Valley Stream, NY 11580

LIJ Medical Center at Valley Stream has undergone a number of major changes since it was founded in 1963 as a small community hospital in Valley Stream, New York. Today, the 305-bed hospital offers a wide range of programs and services to patients from Nassau and Southeastern Queens counties. The hospital has one of the most advanced Emergency Departments in the region and a 21-bed short-term psychiatric unit. The hospital is also home to the Orzac Center for Rehabilitation, a state-of-the-art, 120-bed skilled nursing facility. The facility houses the hospital's long-term care and rehabilitative medicine department and the medically oriented Adult Day Health Care Program.

## Long Island Jewish Medical Center

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270-05 76<sup>TH</sup> Avenue  
New Hyde Park, NY 11040

Long Island Jewish (LIJ) Medical Center is a 524-bed, nonprofit teaching hospital founded in 1954. The hospital, located on a 48-acre campus, includes the Zuckerberg Pavilion, Katz Women's Hospital, Sandra Atlas Bass Cardiology Center and Harris Chasanoff Heart Institute, Francis and Alexander Cohen Institute of Oncology, Joel Finkelstein Cancer Foundation Radiation Oncology Institute, and outpatient programs at the Center for Advanced Medicine. LIJ Medical Center offers patients world-class cardiology, cardiac surgery, thoracic surgery, orthopedics, head and neck oncology, urology, gynecology, and vascular programs.



## Northern Westchester Hospital

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Northern Westchester Hospital in Mount Kisco, New York, provides quality, patient-centered care through a combination of medical expertise, cutting-edge technology, and a commitment to humanity. The 245-bed, non-profit hospital employs more than 650 highly-skilled physicians, state-of-the-art technology, and professional staff of caregiv-



ers to ensure that patients receive treatment in a caring, respectful, and nurturing environment. As a testament to its dedication for excellence, Northern Westchester Hospital has established extensive internal quality measurements that surpass the standards defined by the Centers for Medicare & Medicaid Services and the Hospital Quality Alliance National Hospital Quality Measures. These standards ensure that the treatment patients receive is among the very best. Northern Westchester Hospital serves patients in the Westchester County area and as far as New York City and parts of Connecticut.

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400 East Main Street  
Mount Kisco, NY 10549

## North Shore University Hospital

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As one of the cornerstones of Northwell Health, North Shore University Hospital, founded in 1953, provides a full range of clinical health care services for patients of all ages. The 764-bed teaching hospital on the 58-acre Sandra Atlas Bass Campus is academically affiliated with the Hofstra Northwell School of Medicine and employs



more than 6,000 highly experienced physicians, nurses, and other medical staff. North Shore University Hospital provides leading-edge care in all medical specialties, including open-heart surgery, neurosurgery, orthopedic surgery, urology, and maternal-fetal medicine. The hospital continues to meet the needs of its community through exceptional primary health care and Level I trauma emergency services.

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300 Community Drive  
Manhasset, NY 11030

## Peconic Bay Medical Center

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1300 Roanoke Avenue  
Riverhead, NY 11901

Peconic Bay Medical Center, formerly Central Suffolk Hospital, has served Long Island's East End since 1951. Peconic Bay Medical Center now serves as the region's primary medical source for health care, taking care of more than 7,000 inpatients and 168,000 outpatients annually. The hospital recently partnered with Northwell Health and is a New York State-designated stroke center that offers services and programs along with state-of-the-art technology. The Peconic Bay Medical Center continuum includes an advanced surgery facility, centers of excellence in joint replacement and bariatric surgery, and a growing network of family care and specialty physician practices throughout Suffolk County. In addition to community-based services, the hospital operates a certified home health agency, a 60-bed nursing and rehabilitation center, a six-bed palliative care center, and an advanced ambulatory and urgent care campus. Peconic Bay Medical Center offers the community a choice in health care.

## Phelps Memorial Hospital Center

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701 North Broadway  
Sleepy Hollow, NY 10591

Founded in 1956, Phelps Memorial Hospital Center is a 238-bed, not-for-profit acute care community hospital in Sleepy Hollow, New York, serving patients from Westchester, Rockland, Putnam, and Dutchess Counties in New York and Fairfield County in Connecticut. The hospital is dedicated to providing comprehensive care in a safe, modern environment where advanced medical technology and procedures are combined with a strong tradition of caring. With an emphasis on quality, Phelps offers a broad range of preventative, diagnostic, and treatment services. The hospital is known for excellence in orthopedics, gastroenterology and urology, and its Wound Healing Institute is complemented by a Hyperbaric Medicine Center that features the largest chamber in the Northeast.



## Plainview Hospital

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Plainview Hospital is a 219-bed acute care community hospital that treats patients with a wide range of medical, surgical, and gynecological conditions. The hospital has a same-day surgery program and is also home to one of the Don Monti Cancer Centers. The Emergency Department offers expanded treatment areas and a Fast Track



Unit that allows patients with minor illnesses or injuries to be treated immediately. Plainview Hospital is also a New York State Department of Health Primary Stroke Center. Additionally, the hospital was recently recognized by the Joint Commission for achieving excellence in performance in its accountability measures for heart attack, heart failure, pneumonia, and surgical care. Within the local community, Plainview Hospital's outreach efforts range from offering programs that financially help patients who cannot afford to pay for treatment to providing services that support the men and women of the armed services who are making the difficult transition back to civilian life.

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888 Old Country Road  
Plainview, NY 11803

## South Oaks Hospital

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The staff at South Oaks Hospital recognizes how critical it is for individuals suffering from mental illness and addiction to secure the very best care available. Situated on the Nassau/Suffolk County border on Long Island, the hospital has earned a long-standing reputation of commitment to quality and compassion-



ate care, crisis management, and treatment and recovery both locally and nationally. For more than a century, South Oaks Hospital has dedicated its expertise, staff, and resources to providing treatment and recovery from acute psychiatric illness and addiction in an optimal setting for individualized assessment.

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400 Sunrise Highway  
Amityville, NY 11701

## Southside Hospital



301 East Main Street  
Bay Shore, NY 11706

For over a century, Southside Hospital, with its expert staff, has had a vested interest in the health and welfare of the surrounding community. The hospital was established in 1911 by a group of physicians as a 21-bed facility. Over the years, Southside Hospital has undergone numerous expansions and today, it is a tertiary hospital comprised of several buildings with 341-beds. The campus facilities include the award-winning cardiac surgery program located within the Entenmann Family Cardiac Center. The Bohlsen Family Emergency Department provides exceptional services for the community including an ACS verified trauma center. Southside Hospital brings the latest medical innovation, education, and clinical advances to Suffolk County. The hospital also provides cutting-edge care in all medical and surgical specialties, including open-heart surgery, neurosurgery, orthopedic surgery, colorectal surgery, urology, minimally invasive surgery, and women's health.

## Staten Island University Hospital

### North Campus



North Campus  
475 Seaview Avenue  
Staten Island, NY 10305

South Campus  
375 Seguine Avenue  
Staten Island, NY 10309

### South Campus



Founded in 1861, Staten Island University Hospital (SIUH) is a 714-bed, specialized teaching hospital located in New York City's fastest-growing borough. Occupying two large campuses and featuring a number of community-based health centers, the hospital provides quality care to the people of Staten Island and the New York metropolitan area. The north campus is home to the renowned Heart Institute and the prestigious Nalitt Institute for Cancer and Blood-Related Diseases. The south campus offers all the services of a community hospital and a range of behavioral health services and specialty programs that include psychiatry and the hospital's accredited Institute for Sleep Medicine. Today, SIUH remains an innovator with leading-edge research protocols and a compassionate, caring ethic.



## Steven and Alexandra Cohen Children's Medical Center

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Founded in 1983, the Steven and Alexandra Cohen Children's Medical Center is an exceptional 202-bed hospital dedicated exclusively to the care of children. The specialists in the hospital's national and international programs cover an entire range of specialties including: cardiology, cancer, cardiothoracic surgery, minimally



invasive surgery, and stem cell (bone marrow) transplantation. State-of-the-art care for children's medical, surgical, and dental needs are provided in both inpatient and outpatient settings. As a result of various discoveries, advancements, and achievements throughout the years, Cohen Children's Medical Center has earned a reputation as one of the most cutting-edge children's hospitals in the nation. Today, the facility is the largest provider of pediatric health services in New York State, serving 1.8 million children in Brooklyn, Queens, and Nassau and Suffolk Counties.

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269-01 76<sup>TH</sup> Avenue  
New Hyde Park, NY 11040

## Syosset Hospital

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Syosset Hospital provides medical care and advanced technical services performed by skilled, compassionate professionals who are trained in the latest medical procedures. The 136-bed hospital has a well-equipped special care unit, a psychiatric wing, and an emergency department that includes an eight-bed trauma unit. In addition,



the Abdullah Mishrick, MD state-of-the-art surgical suite performs advanced laparoscopic and general surgery procedures. Syosset Hospital is also home to the Center of Excellence for Bariatric Surgery as well as for orthopedics. Membership in local service organizations, joint activities with schools and other community organizations, sponsorship of health fairs and screenings, and patient education programs make Syosset Hospital a vital institution that serves its community in the best possible way.

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221 Jericho Turnpike  
Syosset, NY 11791

## Zucker Hillside Hospital

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75-59 263<sup>RD</sup> Street  
Glen Oaks, NY 11004

Zucker Hillside Hospital is Northwell Health's behavioral health center known for its world-renowned clinical, teaching, and research programs. Inpatient specialties at Zucker Hillside Hospital include early phase treatment of depression, schizophrenia, bipolar, and personality disorders. To complete further studies of schizophrenia, the National Institute of Health established a Clinical Research Center at Zucker Hillside Hospital, which is today one of only four such facilities in the nation. Outpatient services offer patients the use of various health centers, partial hospital treatment programs, and the full range of psychiatric rehabilitation services that encompass Northwell Health's complete continuum of care.

## Boca Raton Regional Hospital

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Photo by photographer Glenn Przyborski.

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800 Meadows Road  
Boca Raton, FL 33486

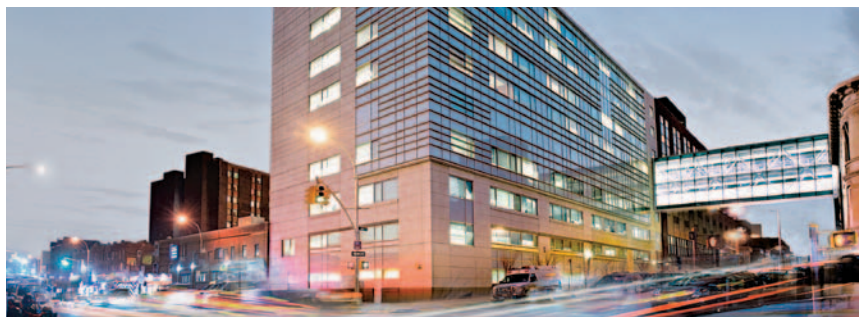
Founded in 1967, Boca Raton Regional Hospital in Palm Beach County, Florida, is an advanced, academic medical center. A Northwell Health affiliate, the non-profit 400-bed hospital is accredited by The Joint Commission and is designated by the Florida Agency for Health Care Administration as a Comprehensive Stroke Center. Boca Raton Regional Hospital is also a recognized leader in oncology, cardiovascular disease and surgery, minimally invasive surgery, orthopedics, women's health, emergency medicine, and the neurosciences.



## Maimonides Medical Center

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In 1911, a group of concerned women opened a dispensary to serve poor and needy residents within their New York neighborhood, thereby planting the seed that would grow into Maimonides Medical Center. At more than 100 years old, the nonprofit, nonsectarian hospital is the pre-eminent treatment facility



and medical center in the Brooklyn borough. As a premier academic medical center, the hospital is devoted to educating its health care professionals, patients, families, employees, and the community it serves. Signing a strategic affiliation with Northwell Health in 2015, Maimonides Medical Center provides safe, high quality, and compassionate patient care and is dedicated to fostering healthy communities.

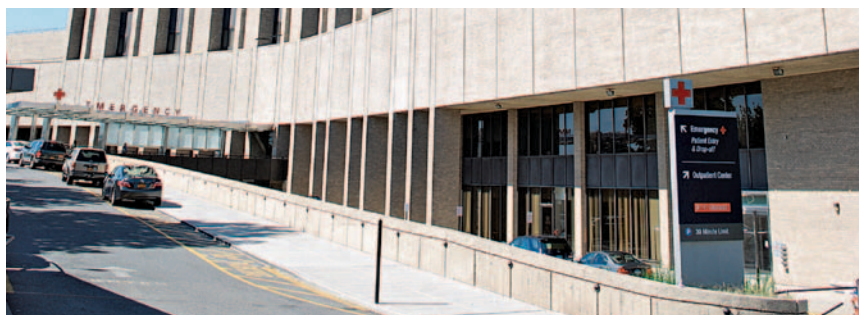
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4802 10<sup>TH</sup> Avenue  
Brooklyn, NY 11219

## Nassau University Medical Center

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Nassau University Medical Center (NUMC) is a 530-bed tertiary care teaching hospital that has been the primary source of medical care for millions of Nassau County residents since it was founded in 1935. As the county's premier Level I trauma center, the Northwell Health affiliate hospital treats many of Long Island's most critically injured patients, and



has long carried the responsibility of being Nassau County's "safety net" hospital. Some of NUMC's facilities include the Nassau County Firefighters Burn Center; a designated stroke center; and the Zaki Hossain Center for Hypertension, Diabetes, and Vascular Disease. For more than 60 years, NUMC has maintained a strong commitment to medical education. As a teaching facility academically affiliated with the Hofstra Northwell School of Medicine, NUMC works to educate medical students, train residents, and provide continuing education for physicians serving a broad patient population in a fast-paced environment.

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2201 Hempstead Turnpike  
East Meadow, NY 11554



*Northwell Health has more than 450 ambulatory and physician practices, including:*

### **Diagnostic Imaging**

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- Bohlsen Women’s Imaging Center at Northwell Health Imaging Center at Great South Bay
- Mitchell A. Goldman, MD, Diagnostic Imaging Center
- Northwell Health Imaging Center at Garden City
- Northwell Health Imaging Center at Glen Cove
- Northwell Health Imaging Center at Great Neck
- Northwell Health Imaging Center at Huntington
- Northwell Health Imaging at Syosset
- The Schlanger, Gottlieb, Partners Council Breast Imaging Center
- Verrazano Radiology/Breast Imaging Center at Staten Island University Hospital

### **Outpatient Rehabilitation**

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- Glen Cove Hospital
- Huntington Hospital
- Southside Hospital
- Sports Therapy and Rehabilitation Services (STARS): East Meadow, Franklin Square, Great Neck, Huntington, Manhasset, Massapequa, Rego Park, Roslyn Heights
- Staten Island University Hospital, North and South
- Transitions of Long Island®

### **Urgent Care Centers**

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- Northwell Health Physician Partners and Northwell Health GoHealth operate urgent care centers in dozens of locations.

### **Special Needs Programs**

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- Adults and Children with Learning and Developmental Disabilities, Inc. (ACLD) (affiliate)
- Association for the Help of Retarded Children (AHRC)—Nassau (affiliate)
- Brookville Center for Children’s Services (affiliate)
- Barbara C. Wilson Preschool Program
- Children’s Education Center
  - Leeds Child Development Center
  - Marcus Avenue
  - SUNY Old Westbury - The Center for Attention and Learning, Lenox Hill Hospital
- Fay J. Lindner Center for Autism (affiliate)

### **Veteran Services**

---

- Florence and Robert A. Rosen Family Wellness Center
- Unified Behavioral Center for Military Veterans and their families

### **Women’s Health**

---

- Katz Institute for Women’s Health
- Katz Women’s Hospitals at
  - Long Island Jewish Medical Center
  - North Shore University Hospital
- Ann & Jules Gottlieb Women’s Comprehensive Health Center





*The Northwell Health system also includes the following:*

### **Clinical Laboratory**

---

- Northwell Health Laboratories

### **Education**

---

- Hofstra Northwell School of Medicine
- Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies
- Elmezzi Graduate School of Molecular Medicine
- Center for Learning and Innovation
- Patient Safety Institute
- Bioskills Education Center

### **Emergency Medical Services**

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- Center for Emergency Medical Services

### **Insurance**

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- CareConnect Insurance Company, Inc.

### **Post-Acute Services**

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- Home Care Network
- RegionCare, Inc.
- Hospice Care Network

### **Acute Inpatient Rehabilitation**

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- Glen Cove Hospital
- Staten Island University Hospital, North
- Southside Hospital

### **Research**

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- Feinstein Institute for Medical Research

### **Skilled Nursing/Senior Living Facilities**

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- Broadlawn Manor Nursing and Rehabilitation Center
- Orzac Center for Rehabilitation
- Stern Family Center for Rehabilitation
- Peconic Bay Skilled Nursing and Rehabilitation Center

### **Strategic Alliances**

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- Barnabas Health
- Karolinska Institute
- CASAColumbia
- Montefiore Medical Center
- Cleveland Clinic
- Yale New Haven Health
- Cold Spring Harbor Laboratory

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