CHARITY AND OLD AGE CARE: THE NON-MUSLIM COMMUNITY HOSPITALS IN ISTANBUL

BURAK ŞAHİN

BOĞAZİÇİ UNIVERSITY

2009

CHARITY AND OLD AGE CARE: THE NON-MUSLIM COMMUNITY HOSPITALS IN ISTANBUL

Thesis submitted to the

Atatürk Institute for Modern Turkish History

in partial fulfillment of the requirements for the degree of

Master of Arts

by

Burak Şahin

Boğaziçi University

2009

"Charity and Old Age Care: The Non-Muslim Community Hospitals in Istanbul",

a thesis prepared by Burak Şahin in partial fulfillment
of the requirements for the Master of Arts in History degree
from the Atatürk Institute for Modern Turkish History
at Bogaziçi University.

This thesis has been approved accepted on 1 September 2009 by

Prof. Dr. Ayşe Buğra (thesis advisor) _____

Assoc. Prof. Nadir Özbek _____

Prof. Dr. Zafer Toprak _____

An abstract of the thesis of Burak Şahin for the degree of Master of Arts from the Atatürk Institute for Modern Turkish History to be taken September 2009

Title: Charity and Old Age Care: The Non-Muslim Community Hospitals in Istanbul

This thesis scrutinizes the non-Muslim community hospitals in Istanbul concerning their present social function and specialties that differentiates them from other private hospitals. Covering the investigation of Greek Hospital of Baloukli, Surp Pirgic Armenian Hospital, Balat Or-Ahayim Jewish Hospital and Surp Agop Hospital, the thesis explores how the outstanding function of the non-Muslim community hospitals today is charitable old age care. The analysis of the social role of the hospitals is situated within a conceptual framework that addresses questions pertaining to social assistance through the analysis of charity patterns in the concerned hospitals.

The research, which was primarily based on in-depth interviews and the publications of the hospital waqfs, detailed the social role of the aforementioned hospitals in the nineteenth century Ottoman Empire in the context of *millet* system. Demonstrating the changing status of the hospitals in the Republican era in terms of their benevolent character, the thesis focuses on the charitable old age care provided in the non-Muslim community hospitals in Istanbul at present. The conclusion reached was that the hospitals provide free old age care to the poor elderly. Supported by the prosperous members of each community, the charitable old age care in the hospitals provide precedence to the community-origin poor elderly although the old age care in the hospitals are open to all elderly. Also, the decision of the community-origin elderly to accept old age care is found related to the communitarian bonds promoted in the hospitals.

Atatürk İlkeleri ve İnkılap Tarihi Enstitüsü'nde Yüksek Lisans derecesi için Burak Şahin tarafından Eylül 2009'de teslim edilen tezin kısa özeti

Başlık: Hayırseverlik ve Yaşlı Bakımı: İstanbul'daki Gayrimüslim Cemaat Hastaneleri

Bu tez İstanbul'daki Gayrimüslim cemaat hastanelerinin, onları bugün diğer özel hastanelerden ayıran sosyal işlevlerini ve özelliklerini incelemektedir. Tez, Balıklı Rum Hastanesi, Surp Pirgiç Ermeni Hastanesi, Balat Or-Ahayim Musevi Hastanesi ve Surp Agop Hastanesi'ni ele alarak Gayrimüslim cemaat hastanelerinin öne çıkan işlevlerinin hayır işleri çerçevesindeki yaşlı bakımı olduğunu iddia eder. Hastanelerin sosyal rollerinin analizi, adı geçen hastanelerdeki hayır işlerinin incelenmesi yoluyla sosyal yardımı işaret eden bir kavramsal çerçevenin içine oturtulmuştur.

Temel olarak derinlemesine mülakatlara ve hastane vakıflarının yayınlarına dayanan çalışma, adı geçen hastanelerin ondokuzuncu yüzyıl Osmanlı İmparatorluğu'ndaki sosyal rollerini millet sistemi bağlamında detaylandırır. Cumhuriyet döneminde hastanelerin statüsündeki değişimi hayırseverlik açısından gösterdikten sonra, tez İstanbul'daki Gayrimüslim cemaat hastanelerinde günümüzde sağlanan hayır işleri bağlamındaki yaşlı bakımına odaklanır. Ulaşılan sonuç bu hastanelerin fakir yaşlılara ücretsiz bakım sağladıklarıdır. Her cemaatin varlıklı mensupları tarafından desteklenen yaşlı bakımı, her yaşlıya açık olmasına rağmen, cemaat mensubu yaşlılara öncelik tanınmaktadır. Ek olarak, cemaat mensubu yaşlıların yaşlı bakımı almaya karar vermelerinde, bu hastanelerde desteklenen cemaatsel bağların etkili olduğu görülmüştür.

ACKNOWLEDGEMENTS

I would like to acknowledge and extend my heartfelt gratitude to the following persons who have made the completion of this thesis possible. First of all, I owe special thanks to my advisor, Ayşe Buğra. I am very appreciative of all the support that she has given me in every step of this thesis. It is certain that her criticisms, questions and comments contributed extensively to this study. I am also indebted to my distinguished jury members, Nadir Özbek and Zafer Toprak. Dr. Özbek's comments during our thesis discussions and my first jury appearance prompted me to prepare this thesis more thoroughly. Also, I am grateful to Tracy Lord for her contribution in the formulation of this thesis and to Kathryn Kranzler for editing this thesis.

I am deeply indebted to Arsen Yarman and Nuran Yıldırım for their unquestioning and kind support during the research period. Yüksel Taşkın, Ahmet Demirel and Nurşen Gürboğa had an important role in that their encouragement marked the beginning of a master period for me. Also, I am grateful to the staff of Near East Section at the Boğaziçi University Library and ISAM Library. Happily, long working hours in the library were rendered bearable thanks to the existence of my dear friends, Selma, Özlem, Kübra, Uğur, Zafer and Murat. Furthermore, I am deeply grateful to TÜBİTAK for their financial support.

Finally, I owe great thanks to all the members of my family. Their unconditional and ceaseless support of my studies has always made life easier for me. I have to admit that their support was indispensable for me during the thesis writing, too. Also, I am most grateful to Pınar, whose support is essential to my life.

CONTENTS

PREFACE

Hospital studies have been the subject of scholarly attention in the last thirty years as a distinct area of social history. After Foucault's influential book, *La Naissance de la Clinique*; hospital studies mushroomed in pursuit of demystifying the language of medicine and exploring the spatial extension of medicine– the hospital. In Foucauldian studies, hospitals are discerned as modern institutions that are useful in the establishment of social control and obtainment of crucial statistical knowledge. Even, the hospital has become an institution focusing on disease rather than the body. Therefore, in the Foucauldian sense, the modern hospital is beyond ethnic, racial or communitarian differences and it is solely an instrument of power and government.

In the beginning of this study, which aimed at exploring naïvely the relation between the community and health care, I was filled with the aforementioned notion of hospital. Hence, it was difficult to comprehend the social function of the Greek, Armenian or Jewish Hospitals in Istanbul. It was evident that their being –*raison d'être*- is rooted in the *millet* system of the Ottoman Empire which rested on the religious compartments within Ottoman society. The difficult thing was to explore their contemporary coexistence with a national health care system. For me, the exit strategy of that confusion was to embrace the cultural studies, in other words, the multiculturalism debates. The contemporary existence of the non-Muslim community hospitals could be explored only by studying the identity of the non-Muslim communities resident in Istanbul. Therefore, the hospitals could be renamed accordingly, the extension of cultural being of the non-Muslim communities.

However, a deeper look at the non-Muslim community hospitals concomitant with a comprehensive reading on history of hospitals paved the way for the current

framework of this study. During my research on non-Muslim community hospitals in Istanbul, the elder care services in the hospitals became very explicit. The elder services functioned in close relationship with the community in the sense of both the elderly sheltered and the beneficent acts. Considered together with the social role of medieval hospitals, the beneficent nature of the elder services brought me to charity studies and, accordingly, the social role of the non-Muslim community hospitals was disclosed; that is, they are "hospice" rather than hospital.

To assert the existence of charitable hospitals in the twenty-first century could be attributed easily to the late modernity notion which is a contested area in the scholarly world. Establishing a framework based on the concept of charity was one of my great concerns during the study due to the fact that the modern conception which draws a linear line from charitable care to the welfare state is a common approach in most of the hospital studies. Nevertheless, neo-liberal social policies, which put forwards private initiative even in the previously uncontested areas of old age and disabled care has posed a great challenge to the modern conception. Thus, the demise of the welfare state after the 1980s has had a destructive effect of the modern notion of linear progress and eased my burden challenging the relation of modernity and charity.

Given the story above, this study scrutinizes the non-Muslim community hospitals in terms of charitable old age care, which is the outstanding social function of the concerned hospitals. Based on the concept of charity, this thesis draws heavily on the old age care in the four non-Muslim community hospitals in Istanbul, the Greek Hospital of Baloukli, the Yedikule Surp Pirgic Armenian Hospital, the Surp Agop Hospital and, lastly, the Or-Ahayim Balat Jewish Hospital. The study also outlines the history of the aforementioned hospitals and ulfolds the charitable affairs in their history, as well as

portraying their transition to a different environment, the Republic of Turkey, as a legacy of the Ottoman social and legal structure. The most important point in this study is the effort to establish a pattern for the non-Muslim community hospitals in Istanbul. In other words, the historical or contemporary social function of each hospital is not examined separately; rather, the four hospitals are placed within a framework by indicating their common nature.

This study makes use of secondary sources when examining charity in the history of the above-stated hospitals due to the fact that the main goal of this study is not to explore the history of the concerned hospitals in detail. Anyway, to make a comprehensive historical study including the archives of non-Muslim community hospitals requires simultaneous competency in Armenian, Greek and Ladino. In addition, employing secondary resources sometimes required exclusion from the unscholarly treatments of historical works on non-Muslim community hospitals authored by the hospital administrators and published by the hospital waqfs. I could exclude myself from the biases of the authors to some extent, but the historical section still is the weakest point of this study. Furthermore, laws, bylaws and sometimes parliamentary minutes were examined in this study in order to reveal the contemporary status of the non-Muslim community hospitals. Concerning the current social functions of the concerned hospitals, which is the backbone of this study, in-depth interviews with the hospital administrators formed the essential sources due to the lack of sufficient data. The interviews were useful for obtaining informal data especially concerning donations to the hospitals. Moreover, journals, anniversary books, booklets and even brochures published by the hospital waqfs were used as primary sources in this study.

Of course, the research process was not seamless as it is in many academic studies. The most important challenge was posed by the interviews. I guess, it is common to all field researchers that delays, rejections and unexpected events change the schedule of the research. Such problems were unavoidable in my research as well. In some interview requests, I was rejected on the grounds that "this hospital is not a community hospital" and sometimes I had to cancel some interviews due to the important personal reasons. At this point, it is important to note that, although all the informants permitted the use of their original names in the study, the reluctance of some trustees to be interviewed and their concern about the use of the interviews prompted me to use nicknames and codes when citing the informants. Moreover, it was an important problem to have an interview with elderly people because of the treatment of hospital administrators and refusal of their families. Also, the mental disabilities of the elderly people and those who are confined to bed impeded the availability of elder informants. Finally, it was not a smooth process to locate the booklets or anniversary books of the non-Muslim community hospitals because just a few of them had been archived in the hospitals. In general, I had to find someone to get a printed document. As a corollary, more documents meant more people to visit.

Consequently, employing the aforementioned notions and sources, this thesis is expected to contribute to hospital studies in the social sciences on a few points. First of all, this is an explorative study which scrutinizes the non-Muslim community hospitals in Istanbul together. Previously studied separately by a few scholars, some of the non-Muslim community hospitals have been examined historically in a chronological fashion. However, this study puts forward the common nature of the hospitals in terms of their historical and contemporary functions. Further, this study draws on contributions

to hospital studies in Turkey by employing the concept of charity. Although the concept has been made use of by some scholars in their historical studies, this thesis implies the social role of hospitals via the concept of charity in contemporary Turkey.

CHAPTER ONE

INTRODUCTION

This thesis scrutinizes non-Muslim community hospitals in Istanbul concerning their present social function and specialties that differentiates them from other private hospitals. Covering the investigation of Greek Hospital of Baloukli, Surp Pirgic Armenian Hospital, Balat Or-Ahayim Jewish Hospital and Surp Agop Hospital, the thesis explores how the outstanding function of the non-Muslim community hospitals today is charitable old age care. The analysis of the social roles of the hospitals is situated within a theoretical framework that addresses the questions pertaining to social assistance through the analysis of charity patterns in the concerned hospitals. This thesis also draws on theoretical contributions to the history of medicine in Turkey.

The non-Muslim community hospitals can be considered to be a legacy of the Ottoman legal and social structure. Their origin goes back to the religiously compartmentalized system of the Ottoman Empire which enabled the religious communities to establish their own institutions of communitarian nature; that are educational, religious and sanitary institutions. These beneficent institutions were established by employing an Islamic legal context, the *vakıf*. The Greeks, Armenians and Jews of the Ottoman Empire established their own institutions as a corollary of this legal and social structure. Each one of the non-Muslim community hospitals which still operate is associated with a religious community, accordingly. The above-stated hospitals are attached to the Orthodox Greeks, Gregorian Armenians, Catholic Armenians and Jews respectively.

After the foundation of the Turkish republic, the non-Muslim community hospitals sustained many of their functions. In 1923, the Lausanne Treaty defined the Ottoman *millet*s of the Greeks, Armenians and Jews as minorities of the Turkish Republic and crystallized the terms and conditions for the beneficent institutions of minorities to which they would be subjected in the Republican era. Mainly due to the guarantees stated in the founding treaty of the republic, the beneficent institutions of non-Muslim communities were able to sustain their functions in the republican era. Nevertheless, the establishment of a nation-state inevitably influenced their operation and administrative styles because of the eagerness of the nascent nation state to regulate every area of society. As a result of the legal regulations in the status of endowments, the hospitals are administered by *mülhak* (supervised by a central authority, but administered by its own community members) "minority" endowments since 1935. Moreover, the waqfs of the hospitals were not the only facet that was under consideration by the republican regulations in the 1930s. Remembering that those hospitals give health care services, the Law on the Private Hospitals assigned the non-Muslim community hospitals the status of private hospitals in 1933.

Given the framework above, the functions of the non-Muslim community hospitals are neither similar to a private hospital nor completely different from a waqf hospital operating in contemporary Turkey. For example, *Bezmi Alem Valide Sultan Vakıf Gureba Hastanesi* (Hospital of Poor Waqf of Bazim-i Alam [meaning "feast of the world"]) operates in the similar status and conditions with the non-Muslim community hospitals. It is administered by a waqf although all the trustees of the waqf are appointed

by the General Directorate of Waqfs.[1] Also, the Vakıf Gureba Hospital benefit from beneficence in the development and sustainment of its services, similar to the non-Muslim community hospitals. Therefore, the non-Muslim community hospitals have similar functions and an operating style like that of other hospitals administered by endowments.

At this point, a few questions remain to be answered: what are the distinct characteristics of the non-Muslim community hospitals in Istanbul? Although the community hospitals are not profit-driven institutions, how can they survive concomitant with a vast health care system? Do they exist to give medical services for only their attached community? Do they have any social functions for the non-Muslim communities living in Istanbul?

Of course, some of these questions are easy to answer. Given the fact that the health care system in Turkey covers the non-Muslim minorities, the hospitals do not serve their attached community solely. The non-Muslim minorities can benefit from the health care services which are provided under the citizenship regime in Turkey, so they do not need a hospital peculiar to them to access health care services.[2] Anyway, it would be naïve to assert the sustainment the non-Muslim community hospitals in that way because of the dramatic decrease in the population of non-Muslim minorities in Turkey.

[1] The General Directorate of Waqfs is a government body which is responsible for both the management and the supervision of the waqfs according to the Turkish Civic Code of 1935 and the law on the abolition of Shariyya and Awkaf Ministry in 1924. The details about the directorate will be explained in the Chapter Four, which gives the details about the contemporary status of the non-Muslim community hospitals.

[2] For further information, see Asena Günal, Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in a Republican Historical Context (Ph.d diss., Boğaziçi University, 2008)

Therefore, the distinct function of the non-Muslim community hospitals is revealed in the area of old age care. All four of the non-Muslim community hospitals in Istanbul offer paid and unpaid old age care although the capacity and content of the old age care differs from one hospital to another.

So, this thesis will investigate the old age care in the non-Muslim community hospitals as their outstanding social function. In the above-mentioned hospitals, elder care is undertaken either in a house for elderly or in geriatric services,[3] or in both. For example, the Greek Hospital of Baloukli, which offers both services, gives old age care to almost 400 elderly people at the hospital. 205 elderly in the hospital are given care in the elderly house (*huzurevi*) according to the official figures.[4] Not surprisingly, old age caring services in the Greek Hospital of Baloukli compose almost half of all of services in the hospital. The Surp Agop Hospital and Elderly House, as befits the name, has an elderly house with a capacity of forty beds in addition to its geriatrics service.[5]

Unlike Baloukli and Surp Agop, the Surp Pirgic Armenian Hospital does not provide geriatric services, but the hospital waqf has twelve elder houses on the hospital site. The total capacity of the elder houses is 267 beds, which demonstrates the allocation of considerable support and resources. Finally, Or-Ahayim Balat Hospital

---

[3] Geriatrics, derived from two Greek words meaning "old age" and "the doctor", is a specific branch of medicine that deals with diseases and problems specific to old age. The development of geriatrics is a corollary of the increase in the elderly population in many parts of the world. See *Illustrated Medical and Health Encyclopaedia*, 1966, sv. "Geriatrics"

[4] Republic of Turkey Social Services and Child Protection Agency, Elderly Houses Belonging to the Minorities, Available [online]: http://www.shcek.gov.tr/Ozel_Kuruluslar/Azinliklara_Ait_Huzurevleri.asp [20.07.2009]. Please note that the figures declared by the trustees of the community hospitals and the official figures sometimes contradict each other. In case of a discrepancy, I employ the official figures.

[5] Ibid.

provides only geriatrics service for the elderly, with 52 beds.[6] It is certain that the elderly services in the hospitals should not be considered among the ordinary medical services in the hospitals. The hospital waqfs support their elderly services with considerable sums of money. One example is the renovated geriatrics services at the Or-Ahayim Balat Hospital. The hospital waqf has made such great investment in the Alegra Torel Geriatrics Pavilion that the hospital was ranked first in health investments in Turkey in 2005.[7]

Nonetheless, the significance of the old age care in the non-Muslim community hospitals stems not only from the big investments or the capacity of the services. The old age care in these hospitals has a significant share in the old age care services in Turkey. Excluding Or-Ahayim Hospital, which provides geriatrics service only, the minorities' elderly houses provide almost 33 percent of the private old age care services in Istanbul in their own right. Moreover, they provide almost 12 percent of the total private elderly housing services of the whole country.[8] Or-Ahayim Hospital, on the other hand, provides qualified and high capacity geriatrics services which are an underdeveloped area in Turkey.

---

[6] For these hospitals are communitarian-origined hospitals. They are supposed to provide supplementary services to their attached community. Or-Ahayim Hospital has only geriatrics service due to the fact that Neve Şalom Jewish Synagogue Barınyurt Hospice and Home for Elderly Care performs the old age caring activities for the ambulant elder members of theJewish community in Istanbul with 101 beds. Therefore, Or-Ahayim Hospital provides only medical care for the old age. In the interviews, the trustees of the Or-Ahayim waqfs said that if any ambulant elder person applies them to enter the old age care service, they have him to go to *Barınyurt* or other asylums in the country.

[7] "Geriatrics," in Or-Ahayim Hastanesi, *Presentation Booklet* (Istanbul: Or-Ahayim Hastanesi Vakfı, 2008).

[8] Republic of Turkey Social Services and Child Protection Agency, Private Elderly Houses, Available [online]: http://www.shcek.gov.tr/Ozel_Kuruluslar/Ozel_Huzurevleri.asp [20.07.2009].

Also, the old age caring services in the hospitals is significant in filling a gap regarding old age care in Turkey. According to the World Health Organization, almost eight percent of the total population of Turkey is over 60 years old, which implies that there are almost six million elderly people living in Turkey.[9] Therefore, the elder services provided by the non-Muslim community hospitals are not ignorable.

It is important to clarify what sort of old age care is provided in the hospitals. In the first place, the elderly houses provide old age care to two kinds of elderly. The first are those who can perform their daily activities by themselves, such as eating and walking. In other words, the self-sustaining or ambulant elderly compose the first group in the elderly houses. The second types of elderly people are bed-bound residents. They are not capable of conducting their daily activities and they are given old age care by the specially educated nurses employed in the hospitals. In some community hospitals, for example in Surp Pirgic, the two types of elderly are given old age care in different sections specially designed according to the daily activities of the bed-bound or ambulant residents. Or they are given old age care in a single section regardless of their health conditions, such as at the Greek Hospital of Baloukli. Moreover, the ambulant residents in the elderly houses sometimes participate in social activities organized by the hospital staff. These activities vary from picnic organizations to the celebration of Christmas. Sometimes the elderly residents of the hospitals are visited by the youth committees of their community; for example, communitarian schools organize school trips to the elderly houses in the community hospitals.

[9] World Health Organization, *World Health Statistics 2009* (Geneva: WHO Publications, 2009) p.138.

Most importantly, the elder care services in the community hospitals carry beneficent characteristics. The hospitals provide old age care through a mix of charity and care. The poor elderly in the hospitals are sheltered and cared for mainly thanks to donations, in contrast to other medical services (such as polyclinics services) in the hospitals. The donors are mainly from the attached community of the hospitals and also there are donators who contribute to the hospital budget from abroad. This is apparent in the exterior design of the hospitals as well. The names of donors are everywhere in the community hospitals: on the walls, on the memorials in the gardens or, more evidently, in the names of the elderly services. For example, in Surp Pirgic Armenian Hospital, all twelve of the elderly houses carry the names of their donors by whom they were built or renovated. Likewise, the Alegra Torel Geriatrics Pavillion, which was built in 2006, carries the family name of its donor. Therefore, the old age care in the hospitals is conducted within the framework of charity which composes the backbone of conceptual approach of this study.

In line with the beneficent characteristics of old age care in the concerned hospitals, it is significant to demystify who is getting old age caring service in the non-Muslim community hospitals. The hospitals offer old age care to any people living in Istanbul regardless of ethnicity and religion, actually. This is very clear at the Greek Hospital of Baloukli whose elderly houses shelter people from different religions and ethnicities. If the Baloukli Hospital had imposed a limitation to the non-Greek origin people, probably half of the elderly houses would be empty because of the dramatically decreased population of the Greek-Orthodox community in Istanbul. On the other hand, it became clear during the research that the poor community members take precedence in access to the old age care in the non-Muslim community hospitals. Most of the elderly

in the elderly houses or in geriatric services are the poor of the non-Muslim communities in Istanbul. Although there are elderly people who are not suffering from poverty but became desolated in their old age, the elderly who cannot live on their own, both financially and sanitarily, compose the majority in the elder services. Therefore, the hospital waqfs are able to give unpaid service to many people and they make their choices mostly on behalf of the members of their community.

Women's committees play an important role in the old age care. Out of the four hospitals that my research covers, only two hospitals, Surp Pirgic Armenian Hospital and Or-Ahayim Balat Hospital, have committees of women whose names refer the same blessed beings, the "angels." According to them, their main duty is to give psychological support to the elderly by talking to them, which makes the elderly feel less lonely. Therefore, provided by the well-off women of the non-Muslim community, the women's participation in the old age care could be regarded as a form of non-material charity.

In line with the short content above, I will give a conceptual framework in Chapter Two. Starting with the definition of charity, the social functions of the hospitals will be discussed in general. The subsection on the religion and hospitals will give the initial intertwinement of hospitals and charity. However, the focus will be on the secular motives and supply side of benevolence which reveals the motivations of benefactors and the role of hospitals in a social group. Considering the religious origin of the non-Muslim community hospitals in Istanbul and the old age care, which is a mix of charity and care, the discussion on the social assistance will demystify the social role of the charitable elder care in the concerned hospitals. Later, I will assert in Chapter Two that the similarities stressed between the medieval European hospitals and the non-Muslim

community hospitals in terms of benevolence do not imply the notion of belatedness. A critical survey of hospital studies will be incorporated in Chapter Two, also.

In Chapter Three, the history of the hospitals under discussion will be outlined thematically. Seeing that the community hospitals were founded in the nineteenth century (only the Greek Hospital of Baloukli was founded, earlier in 1753 as a plague hospital but converted into a general hospital in 1834), the *millet* system in the Ottoman Empire will be discussed as the *reason d'être* of the community hospitals. The *millet* system and its effects in the foundation of non-Muslim community hospitals in Istanbul will be detailed, and further the influence of the transformation in the *millet* system in the nineteenth century on the community hospitals will be given briefly. In addition, the discussion will be extended to the Ottoman hospitals in the nineteenth century, their urban focus, coverage and religious affiliation. Finally, the history of community hospitals will be outlined with reference to the foundation, operation, charitable activity and medical services in this chapter. It will be crystallized in Chapter Three that the community hospitals were always more than "hospitals" the only function of which was to give medical service. They incorporated non-medical institutions such as orphanages, schools and elder houses on their sites in Ottoman times and the charitable function of the hospital could be observed in the hospitals from the nineteenth century onwards. Therefore, Chapter Three will provide the social role of the non-Muslim community hospitals in the nineteenth century which has repercussions for the present role of the hospitals.

Chapter Four presents the contemporary status of the non-Muslim community hospitals from a historical perspective. The hospitals operated under the *millet* administrations in the nineteenth century and they were supervised by their own *millet*

institutions. However, the Turkish Republic made some regulations in the area of health as well as in the area of benevolence. First, the hospitals which were legacies of the Ottoman Empire were assigned a different status in the health system of the republic and the community hospitals, under the guarantee of the Lausanne Treaty, were no exception. Non-medical activities such as schooling were removed from the hospital sites according to the new laws of the republic. The elderly houses in the hospitals became subject to different official status as well. Secondly, the hospital endowments were given a different status due to the dramatic changes in the status and operation of the Ottoman endowments in the 1930s. The regulations on the endowments with the Law on Waqfs in 1935 resulted in some changes in the charity patters in the hospitals. Therefore, this chapter provides information about the current status of the hospitals and describes the transition of the "community" hospitals to "minority" hospitals as a subsidiary goal.

Chapter Five focuses on the main issues of this thesis. In this chapter, the focal point will be on the social role of the non-Muslim community hospitals. As mentioned above, the outstanding specialty of the non-Muslim community hospitals is the elder care that is being carried out currently in the hospitals in a charitable way. However, the contemporary community hospitals will be introduced and the communitarian character of the hospitals will be questioned first. Later, the old age care in the hospitals will be investigated in the light of some questions such as who deserves elder care in the hospitals and how the elder care is financed. The reasons why the elderly seek refuge in the non-Muslim community hospitals will be questioned. Lastly, the women's committees – the angels- that assist the elderly in the hospitals will be scrutinized within

the framework of non-material charity. At the end of this chapter, the social role of the hospitals at present will examined.

Consequently, this study opens up new points in the hospital studies by indicating the social role of non-Muslim community hospitals in Istanbul at present. Considering that this study stands at the intersection point of two matters crucial in Turkey today, minority issues, citizenship and social policies towards the elderly, it has implications for the non-Muslim minorities and their citizenship rights. Moreover, the study will pose questions pertaining to the social policy environment in Turkey as well as the promotion of studies in the history of medicine. The reader will be encouraged to contemplate new questions and the possible implications of this study in the conclusion chapter.

CHAPTER TWO

CHARITY AND HOSPITALS: A CONCEPTUAL FRAMEWORK

Hospitals, throughout their long history, have always coexisted with beneficence. Starting with the encouragement of religious doctrines, the social role of hospitals revealed in the vast framework of beneficence. Thus, considering the charitable elder care function the non-Muslim community hospitals, this chapter aims at providing a conceptual framework for the investigation in these facilities. At this point, the concept of "charity," which is relevant to explaining social interactions between the elites, the needy and other social groups will be employed for this study.

However, the concept of charity is not so easy to employ for a study of contemporary hospitals due to the highly medicalized functions of contemporary hospitals. Medicine has started to be considered as a phenomenon of recent history concomitant with the medical improvements occurring since eighteenth century[10] and the rise of the welfare state. Accordingly, the hospitals became equipped with the technological medical apparatus and they focused on solely medical services to perform curative functions. Even, some hospitals have chosen to focus on a specific disease and, in the Foucauldian sense, just deal with the "disease" rather than the body.[11] But, this

[10] "Particularly with the development, around 1800, of the new medical science typified by physical examination, pathological anatomy, and statistics, the hospital gradually ceased to be primarily a site of charity, care, and convalescence; it turned into the medical powerhouse it has been ever since." See Roy Porter, "Hospitals and Surgery," in *The Cambridge Illustrated History of Medicine*, edited by Roy Porter (Cambridge; New York: Cambridge University Press, 2001), p.224.

[11] See Michael Foucault, *The Birth of the Clinic*: *An Archeology of Medical Perception* (London: Tavistock Publications, 1986).

thesis tells a different story. Due to the elder care in the community hospitals based on beneficence, the conceptual framework of charity stresses the relationship between health care and wealth, Pickstone states, "we often think of medicine as a progress running through recent history… medicine is a part of the complex interplay of economic and political history. Its future, like its past… will depend on the shifting patterns of wealth and power."[12] Hence, seeing that the medicine, and the hospitals, are not exclusive to power and wealth, this thesis will scrutinize the community hospitals within the framework of charity the concept of.

Here, a point requires further explanation. Saying that the non-Muslim community hospitals and the charitable actions in their operation are different from the operation of modern hospitals in some respects does not imply "belatedness" in terms of medical development. In the modernist historiography of medicine, charity and the medical provision of the welfare state have always been regarded as "polar opposites."[13] There has been a notion that as, Barry and Jones write, "all societies on the road to modernity, although following somewhat diverse routes, have generally reached the same goal, the modern welfare system."[14] However, Colin tells us that "the current rethinking of the position of modern medicine within the welfare state has confirmed the

[12] John Pickstone, "Medicine, Society and the State," in *The Cambridge Illustrated History of Medicine*, edited by Roy Porter (Cambridge; New York: Cambridge University Press, 2001), p. 341.

[13] Jonathan Barry and Colin Jones, "Introduction," in *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones (London, New York: Routledge, 1994), p. 2.

[14] Colin Jones, "Some Recent Trends in the History of Charity," in *Charity, Self-Interest and Welfare in the English Past* (Taylor & Francis e-Library, 2006), p. 39.

need to look afresh at the complexity of the relationships between charity and the state, charity and economic growth and charity and medical hegemony."[15]

Hence, since 1980s, as Özbek writes, after the weakening of the welfare state, "a successive progression from kinship to poor laws, from charity to welfare, from private giving to state provision"[16] cannot be accepted "as the norm of historical change"[17] for all societies. The return to charity, private social assistance and, since the 1990s, the neo-liberal "governance" concept has charged beneficence and civil society as the main elements of social policy which marked the retreat of the state.[18] Buğra writes that: "in this current environment, a conservative liberalism with strong religious overtones has become quite vocal in questioning the role of public assistance even in hitherto uncontested areas such as caring for the elderly and disabled in need."[19] Moreover, the

---

[15] Jonathan Barry and Colin Jones, p. 2. Also, it is considerable that some writers advocate the absence of clear distinctions between state and voluntary spheres in their historical studies. Paul Weindling, for example, says that "charity retained a place in the expanding welfare systems of the twentieth century." Friedman, on the other hand, highlights the "American type of welfare state" which is a mix of state and voluntary spheres. See Paul Weindling, "The Modernization of Charity in Nineteenth-Century France and Germany," in *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones (London, New York: Routledge, 1994); Lawrence J. Friedman, *Charity, Philanthropy and Civility in American History* (Cambridge: Cambridge University Press, 2004); Michael B. Katz, Christopher Sachsse (eds), *The Mixed Economy of Welfare State: public private relations in England, Germany and United States, the 1870s to the 1930s* (Baden-Baden: Nomos, 1996).

[16] Nadir Ozbek, "The Politics of Poor Relief in the Late Ottoman Empire, 1876-1914", *New Perspectives on Turkey*, no.21 (Fall 1999) p. 4. See also Nadir Özbek, "Osmanlı İmparatorluğu'nda 'Sosyal Yardım' Uygulamaları: 1839-1918", *Toplum ve Bilim*, no. 83 (Winter 1999/2000).

[17] Ibid.

[18] Ayşe Buğra, *Kapitalizm, Yoksulluk ve Sosyal Politika* (Istanbul: Iletişim Yayınları, 2008), p. 79.

[19] Ayşe Buğra, "Poverty and Citizenship: An Overview of the Social Policy Environment in Republican Turkey," *International Journal of Middle East Studies* 2007, no. 39, p. 35.

notion that charity hospitals practiced the "medicine of confinement"[20] in contrast to the modern hospitals was challenged by the post-modern studies in the history of medicine. Park, in an article on Florence hospitals, belied the notion of "medicine of confinement" and showed that "people entered them [the hospitals] voluntarily, expecting to get better, and their expectations were usually fulfilled."[21] Therefore, as recent studies have revealed, there is not a linear line from charity to the welfare state as the modernization literature on medicine presupposed. Also, referring to the European charity literature for a non-European area does not necessarily mean that Turkish medicine has undergone the same historical path as Europe.[22]

What is Charity?

Charity literally means a beneficent institution, a beneficent act for the public interest, or giving money to the needy. Thus, charity, at the first sight, is a good deed which requires the wealth of the indigent people. At this point, Singer defines charity with reference to two points. First of all, charity is germane to the proper use of wealth; that is, a notion which is responded to in divergent ways by different religious doctrines. As Singer notes, "Some encourage charitable giving by both condemning wealth and praising giving, others by emphasizing the plight of the needy and the responsibility of the rich. It

[20] Katherine Park, "Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence," in *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones (London, New York: Routledge, 1994), p. 38.

[21] Ibid, p. 36.

[22] For a work including the same discussion, see Cengiz Kırlı, "Kahvehaneler ve Hafiyeler: 19. Yüzyıl Ortalarında Osmanlı'da Sosyal Kontrol", *Toplum ve Bilim*, no. 83 (Winter 1999/2000).

is frequently the case that people are encouraged for religious reasons to divest themselves of property, in part or in full, for the benefit of others."[23] The process of giving sometimes could turn to into a contractual relationship that assists the salvation of the benefactor. The needy who receive material aid from his benefactor, also prays for him.[24] Hence, different belief systems, including some pagan beliefs, suppose charity as a part of religious life, which eventually ensures the solidarity of the community.

Secondly, charity could refer to a benevolent action for the public good based on voluntarism. Singer writes that, voluntary "action includes an individual giving money or material goods of rendering services in the form of donated time and expertise, as well as the formation of associations that both collect and disburse these same commodities."[25] Based on the Islamic concept of *maslaha* (public interest), this form of charity can be observed easily in Islamic societies in the form of waqf. More importantly, this form of benevolence includes the health care services in the Islamic societies due to the hospital's promotion of public good.

However, Singer notes that "it is important to recognize that beneficence is not benign, either in its motivations or in its effects."[26] Although beneficence is encouraged by religious doctrines, it incorporates the self-promotion of economic interests and promotion of social status. Therefore, recent charity studies have started to be interested

---

[23] Amy Singer, *Charity in Islamic Societies* (Cambridge: Cambridge University Press, 2008), p. 7.

[24] Bronislav Geremek, *Poverty: a history*, trans. Agnieszka Kolakowska (Oxford: Blackwell Publishers, 1997), p. 48.

[25] Singer, p. 8.

[26] Ibid.

in the supply side of charitable activity, which clearly demonstrates how and to what extent the charity is abused by the benefactors for personal gains of power and status. Granshaw writes,

> Historians are looking beyond the mere act of lay philanthropy and asking who gave, why they gave, and what their relationship to the hospital was. They are also trying, stretching sources as far as they will go, to assess who the patients were, what social class they came from, whether they were young, middle-aged, or old, whether they were friendless and without family, whether they were local or had traveled long distances for special treatment. Historians now want to know what patients suffered from, whether they were acutely ill or suffering from some slow, incurable malady, whether they were bed-ridden or mobile, institutionalized for a long time of a brief spell.[27]

Hence, recent charity studies focus on the worldly motivations of benefactors as well as the questions relevant to reveal the reasons behind charitable activity.

In addition, it should be indicated that charitable activities do not necessarily include material transactions. Aside from material transactions in cash or in kind, charitable activity could be performed in non-material forms such as "spiritual, emotional, educational or whatever."[28] Pullan states that, sometimes, "mercy towards the soul ranked higher than mercy towards the body." He also gives some examples of "spiritual mercy".[29] Among those, "to instruct the ignorant, to admonish sinners, to comfort the afflicted, to pardon offences, to patientllie support those that be troublesome, to pray God for the quicke and dead" are listed.[30] Considering the examples, it could be asserted that hospitals are among the most suitable places for

---

[27] Lindsay Granshaw, "Introduction" in *The Hospital in History*, edited by Lindsay Granshaw and Roy Porter (London and New York: Routledge, 1989), p. 2.

[28] Jones, p. 42.

[29] Brian Pullan, "Charity and Poor Relief in Modern Italy," in *Charity, Self-Interest and Welfare in the English Past* (Taylor & Francis e-Library, 2006), p. 50.

[30] R. Bellarmine, *A Shorte Catechism*, 1614 (London: Facsmile, 1974), p. 85-91 quoted from Pullan, p. 50.

spiritual charity. To give emotional support to the patients and the elderly, for example, is a well-known type of non-material charity in the hospitals.

Charity and Hospitals

Given the definition of charity, it is significant to reveal how charitable behaviour and hospitals became interweaved. The hospital, which was developed in the age of early Christianity, has close relations with faith systems and, as a corollary, religious charity. Hence, charity and its intertwinement with the hospitals will be elaborated as a background of the concept of charity.

First of all, it is undeniable that religion plays an important role in the foundation and sustainment of hospital services. Charitable activities encouraged by religious motives finally caused hospitals to come into prominence. In the pre-industrial societies, poverty was given a saintly face and religion took the lead in the formation of this thought. As Geremek writes, "in the traditions of Judaism, Christianity and Islam, wealth occupied a lesser place in the estimation of society and culture."[31] Therefore, the question was not about being poor, but about the point of helping the poor. As a corollary of the doctrine of poverty, Christianity exalted charity; charity was a great virtue for believers. Porter notes, "in the name of love, service and salvation, believers were enjoined to care for those in need –the destitute, handicapped, poor, and hungry, those without shelter, and the sick."[32] In this context, early and medieval Christianity

[31] Geremek, p.7.

[32] Roy Porter, "Hospitals and Surgery," p. 208.

creates a dichotomy of the poor and wealthy, each with his own roles in the society. The poor will not complain about his position and the wealth will help the poor. The poor would sell salvation in return for alms and charity.[33] Therefore, it is not surprising that classical Greece had no hospitals although it was relatively medically advanced.[34]

"The history of hospitals has been shaped by principles in accord with the teachings of Christ and the commandment of fraternal charity."[35] In early Christianity, Porter writes, charity was the supreme virtue and nursing and healing the sick were strong reflections of the charity virtue. Hence, the Christian faith brought the love for charitable activities and they were successfully conducted by the Christian believers "in the name of love, service and salvation."[36] The handicapped, poor, hungry, sick and homeless people were nursed and hospitalized in the Christian institutions.[37] Chortasmenos notes that, the hospital, for the early Christians, was a place where "disease is studied, suffering made blest, and sympathy put to the test."[38]

The diaconate, the earliest form of "hospital" service in Christianity, was organized around 1200 AD. The number of charitable hospitals mushroomed in the twelfth and thirteenth centuries in Europe, as the blossoming in number of hospital

---

[33] Geremek, p. 17.

[34] Roy Porter, "Hospitals and Surgery," p. 208.

[35] *New Catholic Encyclopedia*, 1967, sv. "Hospitals, History of."

[36] Roy Porter, "Hospitals and Surgery," p. 208.

[37] Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire* (London: The Johns Hopjkins University Press, 1997), p. 51.

[38] Johannes Chortasmenos: Briefe, Gedichte, und kleine Schriften, ed. Herbert Hunger (Vienna: Österreichische Akademie der Wissenschaften, 1969), p. 158 quoted from Miller, p. 62.

founded in the Paris region demonstrates.[39] Later, a distinction was drawn between the hospice and hospital in philanthropic activities. As an ephemeral institution, the hospice was "a house for the permanent occupation by the poor, the insane, and the incurable and the hospital, was a place where the sick were the temporarily accommodated for medical treatment."[40] However, despite the fact that the same foundation could be both hospice and the hospital, hospices led to the establishment of hospitals in many instances.[41] "Hospices sheltered travelers, gave help to the poor, the sick, the aged orphans, abandoned children, and widows."[42]

The Christian tradition continued in the hospitals of the Byzantine Empire, as well.[43] Bishops were responsible from the hospital organization and function; *Pantokrator, Krales* and even outstanding xenones of Justinian's reign were administered by the men of church.[44] Thus charity had significant functions in Eastern Christianity, too. The hospital services were supported by the generosity of private donors, who were encouraged by the bishops.[45] Encouraged by the church, Miller tells us, "private persons – the great aristocrats of the Empire – occasionally demonstrated their philanthropy by founding and sustaining hospitals."[46]

---

[39] Geremek, p. 22.

[40] *New Catholic Encyclopedia*, 1967, sv. "Hospitals, History of".

[41] *New Catholic Encyclopedia*, 1967, sv. "Hospitallers and Hospital Sisters".

[42] Ibid., "Hospitals, History of".

[43] Miller, p. 51.

[44] Ibid.

[45] *New Catholic Encyclopedia*, 1967, sv. "Hospitals, History of".

[46] Miller, p. 10.

Judaism and Islam faith promoted the foundation of hospitals and supported their functions by encouraging charity. The Jewish *Hekdesh*, or philanthropic institution, meant "hostel for the poor" and it was supported by charitable activities.[47] As demonstrated by Cohen, the *halakha* was an important instrument in the eleemosynary giving.[48] Islamic hospitals were founded in the legal context of waqfs which is a form of ongoing charity in Islamic societies.[49] Consequently, promoted by religious doctrines, hospitals were regarded as the most important instruments for ongoing charity. Hence, the intertwinement of the charity and hospitals is rooted in the different faith systems.

Beyond Religion: Charitable Acts in the Hospitals

Nonetheless, it is significant to recognize that charity is not always benign although it is traced to religious doctrines of beneficence. Explanations based on religious sentiments, however, are inadequate considering the wider context of charity because the religious explanations focus on the demand side of the charitable activity. It is not possible to see the implications of charitable relations by concentrating on the demand side, so private initiative should be placed at the core in the charity studies.[50] In other words, charitable

---

[47] *Encyclopedia Judaica*, sv. "Hospitals".

[48] Mark R. Cohen, "The Foreign Jewish Poor in Medieval Egypt," in *Poverty and Charity in Middle Eastern Contexts* (Albany: State University of New York Press, 2003), p. 59.

[49] Note that the non-Muslim community hospitals were founded in the legal context of *vakıf*. The issue will be detailed in chapter four.

[50] Sandra Cavallo, "Charity, Power, and Patronage in Eighteenth-Century Italian Hospitals: the Case of Turin," in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London, New York: Routledge, 1989), p. 95.

activities have to be examined within a wider framework which reveals the implications of charitable behavior. The wider context includes, first, motivations and role of elites, second, ensuring the solidarity through charity, and third definition of the boundaries of the community.

In a charitable hospital, the administration of the hospital is conducted by the elites in society. Concerning the elite's domination in the hospitals, Porter employs the concept of "gift relations" in his analysis with reference to the Braudel's famous dictum, "he who gives, dominates." [51] This implies a broad definition of the elites in the microeconomy of exchange. In a charitable action, the elites can easily preserve their status in society. At this point, Porter states that "…the hospital gift relation was nothing other than traditional paternalism institutionalized, the stewardship of the rich towards the poor, humanitarian but ultimately conservative." [52] Due to their effects on the administration of the hospital, the elites in a group are able to control the sources and they are able to make use of them according to their own wishes. The governing groups gain prestige and honor by means of charitable action in hospitals. They lend their names to the prestigious institutions of their social context of which they can be proud. This behavior, besides the provision of personal satisfaction, reveals their relations with the indigent people who need care or protection.[53]

---

[51] Roy Porter, "The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-Century England," in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London, New York: Routledge, 1989), p. 150.

[52] Ibid., p. 172.

[53] Ibid.

Furthermore, the elites in the hospital administrations are in charge of donations which are voluntary and spontaneous in nature. Either their own monetary contributions or other contributions from various groups or institutions are controlled by them in society. To control the donations influences the charitable activity in a significant way; that is, the preservation of the hierarchical social order. The governing group, as both the subject and instrument of the giving process, consolidates its status in the society. Therefore, charitable activity sometimes aims at securing the hierarchical order in a social group and operates in the framework of personal relations which creates privilege, patronage and protection.[54] Moreover, the simple mechanism of the appointment of an elite and wealthy chairman prevents the mismanagement of the donated money to some extent.[55] Also, the personal characteristics of the chairman – his popularity, his charisma- sometimes became influential in the quantity of the donations to the charitable institution.

Second, it is important to recognize that the charitable actions in a social group assist in solidarity, just like the earlier forms of solidarity ensured by the religious doctrines of charity. In Christianity, the notion of gift was a universal means of creating bonds between individuals and groups.[56] Likewise, in a social group:

> Attitudes towards poverty are shaped essentially by the idea of mutual aid and solidarity, both in the context of family and the local community and in professional relationships; in both cases, a group comes to the aid of those of its members who are unable to provide adequately for themselves.[57]

---

[54] Cavallo, "Charity, Power, and Patronage… p. 95-118.

[55] Porter, "The gift relation... p. 157.

[56] Geremek, p. 20.

[57] Ibid., p. 250.

Therefore, the charitable action can be employed in order to promote solidarity in a social group. The notion of collective responsibility is so significant in charitable work that eventually strengthens the bonds in a group.

Moreover, the notion of "deserving poor" comprises an essential pillar in the charitable work due to the rationality in the provision of beneficence. In European history, this notion traces to being a foreigner. Foreigners were limited access to the poorhouses or hospitals in any city; therefore, they were thought not to deserve to be cared for or cured. This ensured, in a sense, more rational use of the monetary sources in a charitable institution. Further, as Cavallo writes, the concept of deserving poor sometimes clearly "reflects the configurations of privilege and protection, apart from the degree of need." [58] Charitable institutions also have an important function in defining the boundaries of the community based on the notion of deserving poor.[59]

As a result, beneficent acts are not necessarily benign. Prominent outcomes of the beneficent acts are protection of community hierarchy, promotion of the elite's role in a social group and ensuring solidarity. Hospitals, as the most visible offspring of medicine and charity, provide the instruments for the social outcomes of beneficent acts.

[58] Sandra Cavallo, "Charity, Power, and Patronage..., p. 98.

[59] Zemon Natalie Davis, "Conclusion" in *Poverty and Charity in Middle Eastern Contexts,* (Albany: State University of New York Press, 2003), p. 319.

Existing Literature on Hospitals in Turkey

Although the concept of charity is a very relevant term to the hospital studies in the social sciences, there are few sources that have employed the concept of charity up until now in hospital studies in Turkey. Most of the historical hospital studies do not question the social role of hospitals and focus on them as merely as beneficent institutions; rather, they just recite the functions and operation of the hospitals in a narrative style.

The theoretical studies which concern the charitable area still do not exceed a few in number and the existing works are concentrated on the charitable affairs in the Ottoman Empire. However, it is not deniable that the theoretical studies on the charitable works in the Ottoman Empire provide good insight for studies in the field. To illustrate, Özbek's study on Abdulhamit's charitable institutions including hospitals extends the meaning of some concepts such as that of "legitimation" by Habermas and "social control" of Foucault and provide different insight into the charitable studies in the Empire. Considering the nationalist studies that overpraise the institution of waqf and their outcomes as public hospitals, such studies, employing the notion that charity is not necessarily benign, contribute the to the history of beneficence in the Ottoman Empire in terms of demonstrating the supply side.[60]

In the existing literature on hospitals, descriptive studies are plentiful concerning hospitals in Turkey. Such studies sometimes cover all aspects of the Ottoman Hospitals. The overall approach includes the type of illnesses, the capacity of the hospitals, age,

[60] Nadir Özbek, *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar ve Meşruiyet, 1876-1914* (Istanbul: İletişim Yayınları, 2008). For another study which stands merely on the Foucauldian concepts, see Rober Koptaş, "Bir Başka Gözle Surp Pırgiç Ermeni Hastanesi'nin İlk Yılları: Kiminin Şefkat Evi, Kiminin Dert Yuvası," *Toplumsal Tarih*, no. 148, (April 2006).

gender and religious affiliation of the hospitals in the Empire.[61] Some researchers focus on the institutional histories of the hospitals. Among those, Nuran Yıldırım's works are prominent.[62] The institutional histories mention almost all aspects of the concerned hospital, the administration, physical construction, employees, patients, medical services so on. All these are given in a chronological fashion and the institutional histories make use of both the hospital and archive documents.[63] However, in the institutional histories of the hospitals, details about unpaid services for the poor and embedded services such as orphanages and elderly houses are generally ignored.

[61] See Miri Shefer Mossensohn, "Charity and Hospitality: Hospitals in the Ottoman Empire in the Early Modern Period," in *Poverty and Charity in Middle Eastern Context* (Albany: State University of New York Press, 2003). She also has a book on Ottoman medicine to be printed in September 2009. See Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions 1500-1700* (Albany: State University of New York Press, 2009).

[62] Nuran Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," *Toplumsal Tarih*, September 2006, no. 153; Nuran Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," in *The Other Side of City Walls: Zeytinburnu*. ed. Burçak Evren, (Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006); Nuran Yıldırım, "Zeytinburnu Askeri Hastanesi," in *The Other Side of City Walls: Zeytinburnu*. ed. Burçak Evren (Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006); Nuran Yıldırım, "Hospital of Greek Nation outside Yedikule: Balıklı (Balouki) Greek Hospital Foundation," in *The other Side of City Walls: Zeytinburnu*. ed. Burçak Evren (Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006); Nuran Yıldırım, *İstanbul Darülaceze Müessesesi Tarihi* (Istanbul: Darülaceze Vakfı, 1996).

[63] In addition to Nuran Yıldırım's works, examples include Esra Danacıoğlu, "Tarih Yolculuğunda Yüz Yıllık Bir Durak," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001); Constantinos Trompoukis and Spyros Marketos, "The Greek Orthodox Hospital of Yedikule (Balıklı) in Istabul : A Medical History During the Ottoman Empire," *The New History of Medicine Studies*, no. 5, 1999; Kazım İsmail Gürkan, *Bezm-i Alem Valide Sultan Vakıf Gureba Hastanesi Tarihçesi* (Istanbul: Özışık Matbaası, 1967); Nimet Taşkıran, *Hasekinin Kitabı: İstanbul Haseki Külliyesi, Cami, Medrese,İmaret, Sübyan Mektebi, Darüşşifa ve Yeni Haseki Hastanesi* (Istanbul: Yenilik Basımevi, 1972); Faruk İlker, *Şişli Çocuk Hastanesi (Hamidiye Etfal Hastanesi) Tarihi* (Istanbul: Nurettin Uycan Matbaası, 1976).

Some works on the history of hospitals just focus on the *waqfiyye* (the endowment deed) of the hospitals.[64] Hence, the works are limited to the information provided in the endowment deeds of the hospitals such as the number of employees in the hospitals, the wages, the number of cooks, patients and physicians. The endowment deeds also provide information about the service in the hospitals such as the ingredients of the food and the equipment in the pharmacy. Moreover, those books place an emphasis on the founders of the hospitals and mention the personal virtues of the hospital founders. It is not surprising that these works reflect a nationalist point of view which consider only the benign character and demand side of the charitable activity. Further, there is a considerable number of studies either published by the hospital administrations or by the hospital endowments.[65] The administrations or endowments encourage the publication of scholarly works on their hospitals, but those studies are flawed in a few aspects. Firstly, most of the secondary sources are written by authors

[64] See, for example, Ahmet Süheyl Ünver, *Fatih Darüşşifası: 875 h. – 1470 m.*(Istanbul: İstanbul Kader Matbaası, 1932); Nihad Nuri Yörükoğlu, *Manisa Bimarhanesi* (Istanbul: İsmail Akgün Matbaası, 1948); A. Süheyl Ünver, Sivas Tıp Sitesi (Sivas: Cumhuriyet Üniversitesi Tıp Fakültesi, 1980); A. Süheyl Ünver, *1539-1939 400üncü Yıl Dönümü Dolayısile Haseki Hastanesi Tarihçesi* (İstanbul: İstanbul Üniversitesi, 1939); Asaf Ataseven, *Yaşayan Bir Vakfımız: Bezm-i Alem Valide Sultan Gureba Hastanesi* (İstanbul: [s.n.], 1984); Kazım İsmail Gürkan, *Gureba Hastanesi Tarihçesi* (İstanbul: Kenan Matbaası, 1944); Ali Haydar Balat, *Manisa Mesir Bayramı ve Darüşşifası* (Manisa: Manisa Turizm Derneği Yayınları, 1981); Nihad Nuri Yörükoğlu, *Manisa Bimarhanesi* (İstanbul: İsmail Akgün Matbaası, 1948); Halil Tekiner, *Gevher Nesibe Darüşşifası: Ortaçağ'da Öncü Bir Tıp Kurumu* (Kayseri: TEB 12. Bölge Kayseri Ecza Odası, 2006); Cevdet Muallim, "Sivas Darüşşifası Vakfiyesi ve Tercümesi" *Vakıflar Dergisi*, no. 1; Yılmaz Önge. "Çankırı Darüşşifası" *Vakıflar Dergisi*, no. 5.

[65] Examples include; Hovhannes Çolakyan, *Tarihi Surp Agop Hastanemizin Dünü ve Bugünü* (Istanbul: Ohan Matbaacilik, 2004); Or-Ahayim Balat Jewish Hospital, *Or-Ahayim Hastanesi:Sevgi ve Şefkatin Yüzyılı* ed. Viktor Apalaçi (İstanbul: Or-Ahayim Balat Musevi Hastanesi Vakfı, 2001); Arsen Yarman, *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi Tarihi*, ed.Ali Çakmak (Istanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001); Greek Hospital of Baloukli, *Anniversary Volume* (İstanbul: Balıklı Rum Hastanesi Vakfı, 2003); Zeynep Kamil Hastanesi, *Zeyneb-Kamil Hastanesi: 1860-1954*, haz. Bedi N. Şehsuvaroğlu, Niyazi Ahmet Banoğlu (İstanbul: [s.n.], 1954).

associated with the hospital and they were published by the hospital waqfs. Secondly, most of the secondary sources reflect a glorified past concerning the foundation of the concerned hospital. Especially in the works on the "minority hospitals", the founding period of the hospital is detailed in the texts, but when the text reaches to the Republican period, the information density decreases and historical continuation disappears. Besides, authors slice up hospital histories according to their own value judgments and sometimes, the texts are flawed by the authors' romantic and essentially unscholarly treatment on the history of the subject. However, it should be admitted that some publications of the hospitals give detailed knowledge on issues about the hospital history or hospital administration.[66] This enables the researchers to find detailed knowledge on one aspect of the hospital history or current operation.

Not surprisingly, hospitals in Turkey are considered as a focus of study in the field of architecture.[67] Happily, the studies aiming at making an architectural evaluation of the hospitals give historical or present day information about them. However, the information in the architectural books remains limited for two reasons. They either give information based on the endowment deed or they just give a summary of the other studies on the concerned hospitals. Therefore, the architectural studies, although they

[66] See, for example İstanbul Şişli Bulgar Hastanesi, *İstanbul Şişli Bulgar Hastanesi İç Hizmet Vazifeler Talimatnamesi* (İstanbul: Çausi Galata Basımevi, 1936); Surp Pirgiç Ermeni Hastanesi, *Surp Pirgiç Ermeni Hastanesi 1900-1910 Salnamelerinde İlan ve Reklamlar* (İstanbul: Surp Pirgiç Ermeni Hastanesi Vakfı, 1999). Also, concerning the present operation of an hospitals, some brochures and booklets give satisfying informaiton on the concerned hospital.

[67] See, for example, H. Burhan Bilget, *I. İzzedin Keykavus Darüşşifası* (Ankara: Kültür Bakanlığı, 1990); Gönül Cantay, *Anadolu Selçuklu ve Osmanlı Darüşşifaları* (Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, 1992); Orhan Bolak, *Hastanelerimiz: Eski Zamanlardan Bugüne Kadar Yapılan Hastanelerimizin Tarihi ve Mimari Etüdü* (İstanbul: İstanbul Teknik Üniversitesi Mimarlık Fakültesi, 1950); Sedat Çetintaş, *Sivas Darüşşifası 614-1217* (İstanbul: İbrahim Horoz Basımevi, 1953).

include an analysis of the hospital history, do not include any framework or give inadequate chorological information. Finally, it is important to note that there are a few M.A and Ph.D. theses which focus on the hospitals as institutions but many of them concern the effective management of hospitals, which is irrelevant to the social role of hospitals.[68]

As detailed above, an evaluation on the literature on the hospitals in Turkey demonstrates that a few scholarly works discuss the hospitals and their functions in a theoretical framework. However, the theoretical studies discuss the hospitals and their functions concerning the Ottoman era. Neither considers hospitals as an institution with a history that started in the Ottoman Empire and continues in Turkey. Moreover, the descriptive studies, although some of them present very useful knowledge on the history and current situation of the hospitals, are flawed by the lack of a framework in their narrative-chronological style.

Unlike the former studies, this thesis maintains the concept of charity in order to reveal the social functions of the hospitals. Although it is contentious to employ the term for contemporary hospital studies, the developments after the 1980s belie the notion of linear development from charity to welfare. So, beneficence in the contemporary hospitals does not imply lateness or backwardness; rather, it reveals the relation between health care and wealth.

Charity could be defined many ways, but Singer defines it in two ways: the proper use of wealth and volunteer action for public good. It is rooted in religious doctrines and promoted by them. However, it was asserted in this chapter that

[68] See, for example Bilal Alkoç (master's thesis, İstanbul Üniversitesi, 1996); Hacı Dede Aytekin (master's thesis, Gazi Üniversitesi, 1986); Bilal Ak, Hastane Yöneticiliği (Ph.d diss. Gazi Üniversitesi, 1987).

beneficence is not always benign concerning the latter definition of charity. It could be employed for the protection of hierarchy, the promotion of elites' roles and ensuring solidarity and it is relevant to the role of the hospitals as beneficent institutions in a society.

In the subsequent chapter, the social role of the non-Muslim community hospitals in Istanbul will be outlined. It will be clarified that the hospitals were not only "hospitals," but also "hospices", a notion which has repercussions in the contemporary functions of the non-Muslim community hospitals as well.

CHAPTER THREE

HISTORY OF NON-MUSLIM COMMUNITY HOSPITALS IN ISTANBUL

This chapter outlines the main themes in the history of community hospitals in the nineteenth century Ottoman Empire. Adhering to the conceptual framework of this thesis, this chapter aims at elaborating history of community hospitals in order to demonstrate the social role of non-Muslim community hospitals in the Ottoman Empire. Also, this chapter will illustrate that the hospitals under investigation not only gave medical service, but also provided elder care, vocational courses, orphanage services and even nursing schools. Parallel to the hospitable nature, these hospitals have reflected a beneficent character throughout their history.

The history of community hospitals is narrated thematically rather than focusing on the institutional history of each hospital because the goal of this chapter is to show the main themes in the history of non-Muslim community hospitals pertaining to their social role in the Ottoman *millet*s. This chapter thus starts with a discussion of the *millet* system as the social context which led to the foundation and transformation of community hospitals.

Millet System, Its Reorganization and the Community Hospitals

It is a widely known fact that the non-Muslim communities in the Ottoman Empire existed within the framework of the *millet* system, which comprised the essential pillar of the coexistence of different religious groups in the Empire. The *millet* system allowed the non-Muslim *millet*s to establish and perpetuate their own institutions such as schools,

hospitals and sites of religious worship. However, an important point is that the *millet* system was not an unchanging structure despite its institutionalized nature.[69] The *Tanzimat* and *Islahat* decrees, in 1839 and in 1856 respectively, brought profound changes to the legal status of non-Muslims and their institutions. Therefore, the discussion of the *millet* system is relevant to the history of community hospitals.

Derived from Koranic terminology, the term *millet* may both connote "the real or authentic religion" and "the religion of Jews and Christians."[70] Literally however, it means "community-communitas" which refers to a religious entity.[71] However, in the Ottoman Empire, the term implied more than a mere religious entity. Considering the organizational structure of the *millet*s, Davison writes, the term referred to "a formal organization of the religious community; its ecclesiastical hierarchy; its clerical and judicial organs; its constitution; its partial autonomy as recognized by the Ottoman sultans", besides referring the population of a non-Muslim group in the Empire.[72]

Such a definition coincided with the governing mentality of the empires as well. İnalcık writes that in vast empires like that of the Ottomans, "the central government had to operate, for practical reasons, through such already established organizations,

---

[69] İlber Ortaylı, *İmparatorluğun En Uzun YüzyılIı* (Istanbul: Alkım Yayınları, 2006), p.172.

[70] Bilal Eryılmaz, *Osmanlı Devleti'nde Millet Sistemi* (Istanbul: Ağaç Yayıncılık, 1992), p.11.

[71] *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi*, 1985, sv. "Osmanlı İmparatorluğu'nda Millet".

[72] Roderic H. Davison, "The *Millets* as Agents of Change in the Nineteenth-Century Ottoman Empire," in *Christians and Jews in the Ottoman Empire* (New York: Holmes-Meier Publishers, 1982), p. 320.

religious or professional, in which was the only type of entity officially recognized within the larger political framework of the Empire."[73]

Given the definition of the term *millet*, the *millet* system was "a form of organization and legal status arising from the submission of followers of monotheistic religions (*ehl-i zimmet*) to the authority of Islam after the annexation of a region to the Empire, under an *ahidname* or treaty granting protection"[74] The roots of the *millet* system are generally traced back to the Islam's perception of non-Muslims.[75] Non-Muslims in the Empire were considered dhimmis (*zimmi*) and "people of book (*ehl-i kitap*)" according to Islamic doctrine.[76] This meant that those groups accepted the authority and superiority of Islam and they had a divine religion which was considered legitimate by the Koran.

Shaw writes that in the *millet* system, "the society was divided along religious lines, with each individual or group belonging to one *millet* or another according to religious affiliation."[77] Thus, non-Muslims, who were individually recognized as dhimmi, were collectively identified as a *millet*. Each of the Ottoman *millets* was isolated and each one formed a compartment in the social structure. Although they lived

---

[73] Halil Inalcık, "Status of the Greek Ottoman Patriarchate under Ottomans," *Turkish Review Quarterly Digest* (Winter 1992), p. 31.

[74] İlber Ortaylı, "The Ottoman Millet System and its Social Dimensions," in *Boundaries of Europe*, edited by Rikard Larsson (Stockholm: Forskningsradsnamnden, 1998), p. 123.

[75] For a discussion, see Taner Akçam, "Din Sosyolojisi Açısından Bir Kıyaslama Denemesi: 'Doğu'da ve 'Batı'da Yabancı Kavramı", *Birikim*, no. 102, p.43.

[76] Tanzimattan Cumhuriyete Türkiye Ansiklopedisi, 1985, sv. "Osmanlılarda Millet Sistemi ve Tanzimat"; Tankut T. Soykan, *Osmanlı İmparatorluğu'nda Gayrimüslimler* (Istanbul, Ütopya Yayınevi, 2000), p. 26.

[77] Stanford Shaw, *History of the Ottoman Empire and Modern Turkey* (Cambridge: Cambridge University Press, 1997), Vol. 1, p. 151.

side by side, inter-community relations were kept at minimum levels, almost never intermarrying.[78] Moreover, an outstanding characteristic of the millet system was how it ignored the ethnic and linguistic differences among the different non-Muslim groups.[79]

Historically, Inalcik presents a fourfold periodization of the *millet* system. He states that the basis of *millet* system was formed in the enlargement period of the Empire. "The leaders of the Orthodox church, the Metropolitans, were assigned *timar*s in the frontier provinces, a practice which meant their inclusion in the ruling class."[80] This policy was called *istimalet*. The period after conquest of Istanbul in 1453 witnessed the institutionalization of *millet* system. In the path of being a cosmopolitan Empire, the Ottomans had a considerable number of non-Muslim groups and they had to accommodate with those non-Muslim subjects. Mehmet the Conqueror granted concessions to the Greek, Armenian and Jewish communities. Then, decentralization of Ottoman Empire formed the third period of *millet* system. In this period, a new bourgeois class emerged in each *millet*. Finally, the *Tanzimat* and *Islahat* marked the final period.[81]

As outlined historically with reference to Inalcik, the *millet* system was not uniform or unchanging.[82] Starting with the Greek independence in 1831, the nationalist

---

[78] Çağlar Keyder, "Introduction," in *Istanbul: Between the Global and the Local*. ed. Çağlar Keyder (Lanham, Md. : Rowman & Littlefield, 1999), p.5.

[79] *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi*, 1985, sv. "Osmanlı İmparatorluğu'nda Millet"; Benjamin Braude and Bernard Lewis, "Introduction," in *Christians and Jews in the Ottoman Empire* (New York: Holmes-Meier Publishers, 1982), p. 13.

[80] İnalcık, p.24.

[81] Ibid, p. 24-25.

[82] Uygur Kocabaşoğlu, "The Millet System: A Bird's Eye View," in *Boundaries of Europe*, edited by Rikard Larsson (Stockholm: Forskningsradsnamnden, 1998), p. 129.

movements in the Empire, which were encouraged by plenty of reasons that will not be detailed here, were responded to by the Ottoman authorities by "re-recognition and reorganization of the *millet* structure:"[83] hence, these profound changes in Ottoman society resulted in the declaration of two decrees in 1839 and in 1856, respectively. In the Tanzimat Edict, the life, property and honor of all subjects were guaranteed by the state (*emniyeti can ve mahfuziyeti ırz ve namus ve mal*).[84] New arrangements about confiscation, property safety, tax collecting and conscription were introduced. Most importantly, the principle of equality between *ehl-i Islam* (Muslims) and *millet-i saire* (non-Muslims; literally, the rest of the Muslim *millet*) was introduced.[85] These changes started the dissolution of the classical *millet* system.

Islahat of 1856 was more comprehensive and introduced principles concerning the non-Muslims subjects of the Empire. The *firman* included the perpetuation of the concessions granted by Mehmet II, the amelioration of the election style of the patriarchs, the establishment of clerical and laic assemblies in the autonomous administrations of the non-Muslim *millet*s, the abolition of use of insulting phrases for non-Muslims, the establishment of mixed judicial courts and conscription for all subjects

---

[83] Ibid.

[84] I. Tertip *Düstur,* Cllt I, s.4-7; Ahmet Rasim, *Istibdattan Hakimiyeti Milliyeye,* Cilt: 1, s.233-237; (Istanbul: 1924); Enver Ziya Karal, *Osmanlı Tarihi,* Cilt V, s.263. (Ankara 1947); Maarif Vekaleti, *Tanzimat,* s.48, (Istanbul 1940); Engelhardt, La Turquie et le Tanzimat, Cilt 1, 257-261 (Paris, 1884), quoted from *Tanzimat Değişim Sürecinde Osmanlı İmparatorluğu*, ed. Halil Inalcik /Mehmet Seyitdanlıoğlu (Ankara: Phoenix Yayınevi, 2006), p. 1.

[85] Bilal Eryılmaz, *Osmanlı Devleti'nde Gayrimüslim Tebaanın Yönetimi* (Istanbul: Risale Basın Yayın, 1996), p. 100-101.

of the Empire.[86] However, concerning the *millet* hospitals, the edict included a few important principles. First of all, the edict presupposed the perpetuation of concessions and clerical exemptions granted in the time of Mehmed II. This meant that the basic tenet of the classical *millet* system still continued. Non-Muslim communities would perpetuate their autonomous organizations and were free to establish new ones in the Ottoman domains. Secondly, the Reform Edict of 1856 presupposed the establishment of clerical and laic assemblies for community affairs.

This change in the autonomous administrations of the non-Muslim *millet*s had direct effects on the hospitals of the non-Muslim communities. Formerly having close relations with the religious institutions, the hospitals were taken under the control of secular assemblies.[87] Moreover, such a "reorganization" of the administrations of non-Muslim communities necessitated the participation of community administrations in the reorganization process. All non-Muslim communities, through their own commissions, issued regulations (*nizamname*) reorganizing their autonomous administrations between 1862 and 1865.[88] Although these regulations varied greatly with regard to content and scope, some of them referred the health care institutions under the responsibilities of the laic assembly and regulated charitable affairs concerning these institutions.[89]

---

[86] I. Tertip *Düstur*, Cllt I, s.7, *Ceride-i Havadis*, no. 777, fi 13 Cemaziye'l-ahir 1272, Enver Ziya Karal, *Osmanlı Tarihi,* Cilt V, s.266. (Ankara 1947), Maarif Vekaleti, *Tanzimat,* s.56, (Istanbul 1940), quoted from *Tanzimat Değişim Sürecinde Osmanlı İmparatorluğu*, ed. Halil Inalcik /Mehmet Seyitdanlıoğlu (Ankara: Phoenix Yayınevi, 2006), p. 5.

[87] *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi,* 1985, sv. "Osmanlı İmparatorluğu'nda Millet".

[88] Gülnihal Bozkurt, *Alman İngiliz Belgelerinin ve Siyasi Gelişmelerin Işığı Altında Gayrimüslim Osmanlı Vatandaşlarının Hukuki Durumu (1839-1914)* (Ankara; TTK Basımevi, 1989), p.170.

[89] See Murat Bebiroğlu, *Osmanlı Devleti'nde Gayrimüslim Nizamnameleri*, ed. Cahit Külekçi. (Istanbul: Akademi Matbaası, 2008).

Finally, the Decree of 1856 allowed the repair of religious buildings, schools, hospitals and cemeteries of non-Muslims in their original forms (*heyet-i asliye*).[90] Before 1856, the reparation and construction of a building belonging to non-Muslims had required the approval of the Ottoman authorities.

Inaugurated by the *Islahat*, the regulations of non-Muslim *millet*s carried utmost importance for the non-Muslim subjects in the Empire. Thus, a closer look at the regulations of non-Muslim communities is a must both for the *millet* system and the history of community hospitals. The first regulation approved by the Sublime Porte was the Regulation of the Greek *millet,* which included no mention of a laic assembly. It was composed of a clerical assembly and a mixed assembly. The mixed assembly, in which clerics were in the majority, was responsible for the schools, hospitals and other philanthropic institutions.[91] Moreover, the regulation of the Armenian *millet,* which was issued in 1863, mentioned three assemblies, clerical, laic and mixed.[92] Health issues were assigned to the laic assembly and the hospitals were specifically indicated in the regulation that the Surp Pirgic Armenian Hospital was assigned under the control of Commission on Institutions.[93]

Conversely, the Regulation of the Jewish *millet* and the Catholic *millet* were more limited in content and scope which does not mention the communitarian

---

[90] Eryılmaz, *Osmanlı Devleti'nde Gayrimüslim Tebaanın Yönetimi,* p. 115.

[91] Bebiroğlu, p. 81-123.

[92] The Gregorian Armenian Community had issued a regulation in 1860 but it was not approved by the Sublime Porte.

[93] Ibid, p. 133-167.

institutions.[94] As a consequence, the regulations of non-Muslim *millet*s, encouraged by the Reform Edict of 1856, marked a change in the classical *millet* system and regulated the administration and charitable affairs of the institutions of non-Muslims. The reorganization of the millet system ended up with the Churches Law enacted in the Second Constitutional Period,[95] but "the separate schools, hospitals and hotels, along with hospices for the poor and the aged, have remained to modern times long after the *millet* courts and legal status had been ended by the nation states established in the nineteenth and twentieth centuries."[96]

History of the non-Muslim Community Hospitals

In the preceding subsection, the social context which paved the way for the foundation of community hospitals –the *millet* system- and the effect of the transformation in that system on the hospitals of the non-Muslim communities were elaborated. At this point, it is important to take an overall look to the health services in the Ottoman Empire and to the position of non-Muslim *millet*s in the health services before outlining the history of community hospitals.

It is not surprising that the *darüşşifa*s (Ottoman hospitals) in the early Ottoman Empire were not plentiful. Cantay lists eight *darüşşifa*s which were founded in the period before the eighteenth century. These are, chronologically, *Bursa Yıldırım*

[94] Ibid, p. 36, 169.

[95] İlber Ortaylı, "Osmanlı İmparatorluğu'nda Millet Nizamı," *Prof. Dr. Hamide Topçuoğlu'na Armağan: Ankara, Ankara Üniversitesi Hukuk Fakültesi Yayınları*, 1995, p. 92.

[96] Shaw, p. 151.

Darüşşifası (1400), *Istanbul Fatih Darüşşifası* (1470), *Edirne II Bayezid Darüşşifası* (1484-88), *Manisa Hafza Sultan Darüşşifası* (1539), *Istanbul Haseki Sultan Darüşşifası* (1550), *Istanbul Süleymaniye Darüşşifası* (1533-59), *Istanbul Atik Valde Sultan Darüşşifası* (1582) and *Istanbul Sultanahmet Darüşşifası* (1609-1617).[97] In addition, focusing on the capital of the Empire, Şehsuvaroğlu cites 52 hospitals founded in the Ottoman period. A deeper look reveals that only six of those hospitals were founded before the eighteenth century. Another 46 of the hospitals in Istanbul were founded after 1722.[98] Therefore, it should be concluded that, in the period before the community hospitals were established, only eight hospitals were operating in Anatolia.[99] The number of hospitals increased in the Ottoman Empire in the eighteenth and nineteenth centuries concomitant with the establishment of *millet* hospitals.

On the other hand, the degree of access of the non-Muslims to the Ottoman health institutions is a matter of question. At this point, two opposite views have to be discussed. The first view regards *darüşşifa*s as non-discriminative health institutions. According to this wiews, "health care service was provided without religious, lingual or

[97] Gönül Cantay, *Anadolu Selçuklu ve Osmanlı Darüşşifaları*, p. 15. In the Ottoman Empire, is Istanbul was also the capital of health. It is undeniable that there was an urban focus in the distribution of health services. For example, considering the whole Anatolia, seventeen *darüşşifa*s are known. However, Şehsuvaroğlu cites the number of health institutions founded in Istanbul since 1453 as sixty seven. This was the case for the non-Muslim minorities due to the strict organization in non-Muslim communities in Istanbul which includes the elite support for the hospital foundation. See Bedi N. Şehsuvaroğu, *İstanbul'da 500 Yıllık Sağlık Hayatımız* (Istanbul: İstanbul Fetih Derneği, 1953), p. 63-66.

[98] Şehsuvaroğu, p. 63-66.

[99] This consideration ignores the hospitals dedicated to special diseases. For example, there was a leper house in Scutari (Üsküdar) founded in 1514.

racial discrimination." [100] For example, a soldier who was captured in the Nighbolu War wrote in his memories in 1427 that there had been eight hospitals (*darüşşifa*s) in Bursa and people had been treated in these hospitals without religious discrimination.[101] In addition, Evliya Çelebi described the *Darüşşifa* of *Fatih* which had pavilions for the women and non-Muslims (*kefereler*).[102] The second view's claim is that the *darüşşifa*s were discriminative institutions. Shefer asserts that "in Ottoman society hospitals did not serve members of different religious communities."[103] The foundation deeds of the hospitals usually referred to the benefits offered to Muslims when indicating the advantages of hospitals.[104] Although Evliya Çelebi mentioned a separate pavilion for the non-Muslims, it could be verified by neither the foundation deed of Fatih waqf nor any other document.[105]

In addition, a case about a non-Muslim woman with mental health issues gives ideas about the of non-Muslims to the Ottoman health institutions. In 1892, a Jewish

---

[100] Cantay, p. 2. See also Arslan Terzioğlu. *Osmanlı Devleti'nin 700. Yıldönümü Anısına Osmanlı'da Hastaneler, Eczacılık, Tababet ve Bunların Dünya Çapında Etkileri* (İstanbul: Ministry of Culture, 1999), p. 8

[101] T. Akpınar, "Avrupa'nın İlk Türkoloğu Schiltberger", *Hayat Tarih Mecmuası*, no. 8 (1974) p. 33 quoted from Dr. Ali Haydar Balat, *Manisa Mesir Bayramı ve Darüşşifa'sı* (Manisa: Manisa Turizm Derneği, 1981), p.30.

[102] *Evliya Çelebi Seyahatnamesi*, trans. Zuhuri Danışman (Istanbul: Zuhuri Danışman Yayınevi, 1969), v. 2 p. 24 quoted from Esra Danacıoğlu, "Tarih Yolculuğunda Yüz Yıllık Bir Durak," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 30.

[103] Miri Shefer Mossehsohn, "Charity and Hospitality: Hospitals in the Ottoman Empire in the Early Modern Period," in *Poverty and Charity in Middle Eastern Contexts* (Albany: SUNY Press, 2003), p. 130.

[104] Ibid.

[105] Şehsuvaroğu, p. 36.

woman sent to the *Uskudar Bimarhanesi* (Lunatic Asylum in Scutari) by the police was rejected. Upon this, the Council of Ministers (*Meclis-i Vukela*) ordered the construction of a new building near the existing asylum for the woman.[106] Nevertheless, it is impossible to reach a definite conclusion about the importance of religious affiliation to to access of health care. The desire of non-Muslim communities to establish hospitals may have resulted from the role of hospitals in a social group rather than being denied access to the health care in Ottoman *darüşşifa*s. The following discussion will give clear ideas about the foundation of the non-Muslim community hospitals that the community hospitals were not solely an outcome of inaccessibility.

Foundation of the non-Muslim Community Hospitals in Istanbul

The history of community hospitals does not date back to the classical age of the Ottoman Empire. The oldest one, the Greek Hospital, dates back to the last decade of the eighteenth century. However, it is clear that this and other hospitals were not the only hospitals founded by the non-Muslim communities. Prior to these community hospitals, the Armenians and Greeks had other hospitals. For example, the Panagia Suda Church in Eğrikapı (a psychotherapeutic institution for mentally-ill people), the *Ospitali ton Gemitzidon* (hospital of sailors) in Karaköy and *Stavridromiu* Hospital in Pera were attached to the Greek community.[107] S. Johannes Church and S. Harutyun Church served

[106] Nuran Yıldırım, "A Decree from the Council of Ministers Concerning an Insane Jew," *New History of Medicine Studies*, no. 2-3 (1996-1997), p. 258-259.

[107] Nuran Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne". *Toplumsal Tarih*, September 2006, no. 153. p. 51.

Armenian patients before the establishment of Surp Pirgic Armenian Hospital.[108] The point here is that community hospitals, in the sense of a philanthropic complex for the whole community, were founded in the nineteenth century. To illustrate, in 1839, the General Hospital in Yedikule was officially named by the Greek Patriarchate as "*Ethnika Philantrophica Katastimata*" – Ethnic Philanthropic Institutions.[109] Before then, "hospitals" were mainly lazar houses; scattered and generally located near the churches. In the nineteenth century, although they had religious buildings such as churches and chapels in their body, these hospitals were mainly interested in caring and curing the community's patients. Or-Ahayim hospital was the first hospital of the Jewish *millet* in the Ottoman Empire.

As cited above, the oldest one of the community hospitals, the Greek Hospital of Baloukli was founded in 1753. Later, the Surp Pirgic Armenian Hospital was founded in 1834. This hospital was attached to the Gregorian Armenian Community. The Catholic Armenians were able to establish their hospital in 1856, Surp Agop Hospital. Lastly, Or-Ahayim Hospital was founded by the Jewish community in 1898. Therefore, as indicated above, except for one, the community hospitals were founded in the nineteenth century.

[108] Nuran Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," in *The Other Side of City Walls: Zeytinburnu*, ed. Burçak Evren (Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006) , p.296.

[109] Constantinos Trompoukis and Spyros Marketos, "The Greek Orthodox Hospital of Yedikule (Balıklı) in Istabul : A Medical History During the Ottoman Empire," *The New History of Medicine Studies*, no. 5, 1999, p. 114.

The reason for foundation of the community hospitals is germane to the epidemic diseases infected thousands of people in those times.[110] At least, the epidemics required a reorganization of the old communitarian health institutions. The earliest example was the Greek Hospital of Baloukli. In 1753, an infirmary for those stricken with plague – the *Panoliko-* was built by the prosperous Greek grocers in Micro Valoukli, very close to Yedikule.[111] At the same quarter, in Yedikule, Surp Agop Plague Hospital[112] was built with the efforts of the Gregorian Armenian community. Attached to the Surp Pirgic Hospital, this plague hospital was built because of an epidemic that started in Istanbul when the Surp Pirgic Hospital was being built.[113] Surp Agop Hospital, which is attached to the Catholic Armenians and was established in Taksim, was the successor of Surp Ohan Vosgeparian Hospital that had been built for epidemics. Later, the Vosgeparian Hospital was not considered a suitable place in time of epidemics and Surp Agop, a well-equipped hospital had been needed. The Catholic Armenian community had to cope with the epidemics in a tent hospital during the construction of the Surp Agop.[114] More interestingly, the establishment of a hospital for the Jewish community was

[110] Poor was fundamental to the contagion of disease in those times. Contagious diseases would spread to poor very easily who had a bad diet and insufficient conditions. The more large number of the poor in the community meant the more dangerous contagions. Thus, epidemic years brought an awareness of the need to aid poor. This is the case in many European cities as well. The hospitals mushroomed in Paris, Venice or Florence in times of epidemics. However, this awareness of the poor relief was realized in a communitarian base in the Ottoman Empire.

[111] Trompoukis and Marketos, p. 113.

[112] This hospital is not same with the "Surp Agop Hospital". "Surp Agop Hospital" is the hospital of Catholic Armenians and established in *Taksim*.

[113] Yarman, p. 461-62.

[114] Yusuf Zengilli, "Surp Agop Hastanesi," in Ibid., p. 376.

demanded by the Ottoman Quarantine Administration after an epidemic in the 1830s.[115] Therefore, it is clear that, despite changing in nature, contagions stand on the nodal point in the history of community hospitals.

Although the epidemics encouraged the hospital founding, these complexes were not established hastily. Before the establishment of a hospital, the elites in the non-Muslim communities generally discussed the right site for a hospital complex. For example, Surp Pirgic Hospital was initially thought to be built on Kınalıada. [116] However, the founders of *millet* hospitals had to consider the transportation facilities and the quality of the hospital site. For that reason, the hospitals were generally constructed in the places where transportation for the attached community was easier. Considering Samatya, an Armenian inhabited district, [117] the *Leblebicioğlu* gardens between Yedikule and Kazlıçeşme were a good choice for a hospital site because of its proximity.[118] Likewise, the hospitals of the non-Muslims in *Balat*, where was a purely Jewish settlement, [119] and Beyoğlu indicate the proximity of the hospitals to the areas inhabited by their attached communities. However, the site of the Baloukli Hospital has different characteristics. The site of the hospital had already been granted to the Greek *millet* by the *Bayezid* Foundation and the holy spring in the site was believed to have curative powers.[120]

---

[115] Danacıoğlu, p. 32.

[116] Yarman, p. 452

[117] *İstanbul Ansiklopedisi* (1960) sv. "Ermeni, Ermeniler".

[118] Yarman, p. 452.

[119] *İstanbul Ansiklopedisi*, (1960) sv. "Balat".

[120] Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne", p. 50.

The community elites and their personal stories play an important role in the foundation of community hospitals.[121] An outstanding example is the assistance of Kazaz Artin Amira Bezjian for establishment of Surp Pirgic Hospital in 1830s, who was a member of distinguished Amira group[122] of Armenian community and consultant of Mahmud II and the director of mint.[123] His involvement in the *Vortvots Vorodman* festival in the Narlikapi Church started the construction efforts of the Surp Pirgic hospital because, during the festival, the scream of a mental patient had strangled the festival in the church. Influenced by this scream, Bezjian obtained permission from Mahmud II and led the construction of Surp Pirgic Hospital. Unfortunately, he died before it was finished.[124]

To illustrate with another example, the establishment of Surp Agop Hospital was led by the "poverty commission" of the Catholic Armenian community. The commission itself indicates an elite leadership in the history of Surp Pirgic Hospital; however, it is known that influential members of the Catholic Armenian community were closely involved in the construction of Surp Agop Hospital.[125] Furthermore, the establishment of Or-Ahayim Hospital was leaded by Rafael Dalmetico, a prominent physician in the Empire. As stated above, the Quarantine Administration had demanded establishment of

---

[121] For the relation between Abdulhamit II and *Hamidiye* Children's Hospital and *Darülhayr-ı Ali*, see Özbek, *Osmanlı Imparatorluğunda Sosyal Devlet*..., p. 195-255.

[122] Amira group, whose origin traces back to the *Eğin, Erzincan,* holded important positions in the Ottoman state in 18th and 19th centuries. Residing in and around *Kumkapı*, Amiras had important privileges which are not granted to other non-Muslim groups.

[123] *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi*, 1st Ed, sv. "Bezciyan, Harutyun".

[124] Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," p.296.

[125] Zengilli, p. 376.

a hospital for the Jewish community, but the hospital could not be built "for lack of resources".[126] Later, Dr. Rafael Dalmetico took the lead and established a commission for the foundation of a hospital, the committee of Or-Ahayim. More importantly, it should be borne in mind that the community elites, who have good relations with the Ottoman administration and the clerics were vital to acquisition of an imperial decree for the construction of hospitals since, in the Ottoman *millet* system, non-Muslims had to obtain the consent of the Ottoman Sultan besides the religious leader of the community in order to establish a hospital on waqf.

Operation of the Community Hospitals

Concerning the operation, first of all, the relations of the hospitals with the religious authorities should be noted. Not surprisingly, religious authorities were in charge in the inauguration and the operation of the hospitals. The inauguration of a hospital was timed with a religious festival in general. For example, in 1834, Surp Pirgic Armenian Hospital was inaugurated with an elaborate ceremony during the Hampartsum Festival. [127] More interestingly, during the groundbreaking ceremony of Or-Ahayim Hospital in the Gerush Synagogue, the rabbi read the first verse of Haftara from the Torah, which deals with the construction of a sanctuary. The initial letters of the words in the verse, in Hebrew, correspond to the initial letters of the donors who had made great contributions to the budget of the committee: Rothschild, Hirsche, Hilfsverein, Goldenberg, David Sesson

[126] Avram Galante. *Historie des Juifs de Turquie* (Istanbul: Isis Yayıncılık, 1985), vol.1, p.331.

[127] Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," p. 302.

and Luzzato.[128] Therefore, these illustrations reveal that religious motives coexisted with the hospitals since their foundation, besides the articulation of religion and charity.

Religion in the hospitals was not limited to the inauguration ceremonies. Community hospitals included house of prayers in their body. Although they were not built simultaneously with the main hospital buildings, they were promptly constructed for religious purposes. The chapel in Surp Pirgic Hospital was constructed after the main building to provide moral assistance to the patients hospitalized there: baptizing those born at night, providing moral assistance to those whose loved ones had passed away or were about to pass away.[129] Surp Agop Hospital and Greek Hospital had chapels near their main buildings, too. Therefore, religion and hospitals were inseparable, even in the minds of people since Surp Pirgic Hospital was also called a "*vank* (monastery)" by the Armenian community in Istanbul.[130]

The religious authorities were sometimes effective in the administration of hospitals.[131] The Greek Hospital of Baloukli, formerly "Ethnic Philanthropic Institutions", for example, "were administered by a committee of distinguished members by a Greek Orthodox community and presided over by a Metropolitan usually two year tenure of office as president. The Board of Trustees or 'Ephoria' was appointed by the

---

[128] Galante, vol.7, p.127. Danacıoğlu, in his article, states the names as; Hirsch, Rotschild(Alfonse), Edmond (Rotschild), Goldscmith, David Sesson and Leon (Elie).

[129] Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," p. 302.

[130] Yarman, p. 463.

[131] It is a well-known notion in the European history that Church, employing the doctrine of religious charity, emerged as an intermediary institution between the poor and wealthy. Church was able to distribute the alms to the poor in the hospitals. Hospitals, or rather "hospices" of Christianity sheltered the poor, orphans, insane or homeless people as showing the universal duty of charity. It was a means of ensuring religious solidarity. See Geremek, p. 22, 36, 243.

Patriarch."[132] After the declaration of the Reform Edict in 1856, which brought deep changes in the status and administration of non-Muslim subjects, the religious administration was institutionalized in the form of assemblies and the power of religious administration decreased. However, still they were able to control or intervene in the operation of hospitals. In the post-1856 period, the Permanent National Mixed Board had direct control over the administration of *Balıklı* which was presided over by the Greek patriarch himself[133], just like Surp Agop Hospital. Sometimes, the hospital administrations invited the involvement of religious authorities because of their maladministration. In Surp Pirgic, after the end of tenure of the Çunt administration, an administrative crisis had occurred. No one supported the hospital administration and the administrative vacuum was filled by an "assistance committee," which was supported by the Armenian Patriarchate. In such a way, the Patriarchate became involved in the crisis in the hospital and patriarchal staff took over the administration of the hospital.[134]

Administratively, all the community hospitals were administered by committees which were in charge for varying tenures. For instance, in Surp Agop Hospital, the administrative committee was in charge for eight years and, in Surp Pirgic, the tenure was half of Surp Agop's. Moreover, the tenure of office was subject to change as time passed for the community hospital.[135] The committee, on the other hand, was responsible for the administrative, financial and medical affairs of the hospital. They

[132] Trompoukis and Marketos, p.114.

[133] Ibid.

[134] Yarman, p. 485.

[135] Hovhannes Çolakyan, *Tarihi Surp Agop Hastanemizin Dünü ve Bugünü* (Istanbul: Ohan Matbaacilik, 2004), p. 25.

sometimes worked for the smooth functioning of the medical services by easing the resentment that had risen among doctors,[136] but in general they focused on the sustainment of balance between income and expenses. The financial condition of a community hospital was of such significance that the administrations sometimes had to resign as a result of financial maladministration. So, they had to be very careful in their decisions that a financial crisis could limit both the medical and non-medical services of the hospital. To keep things running smoothly, the administrations generally resorted to revenue collecting and sought to channel the donations to the hospital. Or-Ahayim administrative committee even had a propaganda commission to collect donations.[137]

The hospitals were instruments for inter- and intra-community relations as well. On the demand of the Armenians, for instance, the Greek Hospital of Baloukli was transferred to a more distant and less populated place due to the threat of contagion.[138] Moreover, it is known that a non-Muslim physician sometimes operated in the hospital of another non-Muslim community.[139] Such exchanges occurred in Istanbul as well. For example, Max Abraham was the head physician of Surp Agop Hospital. [140]

---

[136] Trompoukis and Marketos, p.116.

[137] "Erken Dönem Hastane Yönetimi," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 165. Other commissions in Or-Ahayim hospital were, in 1923; medical inspectors, laundry commission, purchase commission, unleavened bread commission, accounting commission, survey (*etüd*) commission, holiday commission, local clinic commission and festival commission.

[138] Nuran Yıldırım, "Hospital of Greek Nation outside Yedikule: Balıklı (Balouki) Greek Hospital Foundation," in *The other Side of City Walls: Zeytinburnu*, ed. Burçak Evren (Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006), p.319.

[139] Kechriotis, in his article, utters Psaltoff's operations in Armenian and Jewish hospitals in Izmir (Smyrna). See Vangelis Kechriotis, "Between professional duty and national fulfillment: the Smyrniot medical doctor Apostlos Psaltoff (1862-1923)," in *Médecins et Ingenieurs Ottomans á l'Âge des Nationalismes*, ed. Méropi Anastassiadou-Dumont (Paris: Maisonneuve et Larose, 2003), p. 338.

On the other side, intra-community relations were not always smooth. Sometimes the hospitals became the focus of harsh opposition. For example, Dr. Parunak said that, "the hospital is not a source of proud for the *millet*; rather it is a troublemaker which devours the money of the *millet*". *Ser* journal asserted that "the politics of the Armenian *millet* do not go further than Yedikule."[141] Or-Ahayim had been experienced harsher opposition in its community. Unhappy with the hospitalization of patients outside of their homes, some Jews organized anti-propaganda for Or-Ahayim. This anti propaganda forced Dr. Dalmediko, the founder, to appear in court of martial law, but the opposition decreased in time.[142]

Community hospitals in Istanbul were not pure medical institutions. The Greek Hospital, for example, was not just an infirmary for those infected by plague after 1839, it was also a health and social service institution that cured the sick and mentally ill and sheltered the elderly and orphans.[143] Surp Pirgic Hospital also sheltered orphans, mentally ill, abandoned people and the elderly. Moreover, in the hospital, there were educational activities activities and different vocational courses for the orphans, such as shoe making, tailoring and agricultural workshops in the hospital. [144] Surp Agop Hospital, then, a short time after its foundation, took over the hospice department of the

---

[140] Çolakyan, p. 53.

[141] Yarman, p. 488.

[142] "Bir Hastanenin Doğuşu," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 84.

[143] Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," p.53.

[144] Varujan Köseyan, "Surp Pırgic Ermeni Hastanesi Tarihine Kısa Bir Bakış," in *Surp Pırgiç Ermeni Hastanesi 1900-1910 Salnamelerinde İlan ve Reklamlar* (Istanbul: Surp Pirgiç Ermeni Hastanesi Vakfı, 1999).

Surp Agop Vosgeparyan Church. [145] Or-Ahayim Hospital sheltered the poor elderly of the Jewish community, but neither operated orphanage nor offered vocational courses. Although an activity report of 1924 mentions discussions on incorporating the hospital with the orphanage, it notes that no development was achieved in the talks.[146]

Despite the fact that the hospitals attached importance to non-medical activities, the health care services in the community hospitals were being handled by the eminent physicians. Many physicians in the non-Muslim community hospitals were generally employed in the Ottoman medical institutions, some of them had been educated in European universities. In the Greek Hospital of Baloukli, after the renovation of the Greek Hospital in the 1840s, Dr.Valvis, who was both the palace physician and a leading professor in the *Mekteb-i Tıbbiye-i Şahane* (Imperial Medical School), was appointed head doctor, on the positive opinions of the most important Greek doctors in Istanbul.[147]

Three of the best physicians contributed to the medical services of the Greek hospital. Alexandros Paspatis, Spridon Mavrogeny and Xenophon Zoghapros were well educated physicians who had close relations with the Ottoman authorities. Mavrogenis was a personal friend to Abdulhamid II while Zographos was a talented doctor both at the Palace and in the Medical School.[148] Zorios Pasha, a trustee in the Greek Hospital of

[145] Çolakyan, p. 17.

[146] "Erken Dönem Hastane Yönetimi," p. 173.

[147] Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," p.53.

[148] Trompoukis and Marketos, p.113.

Baloukli for four years between 1895 and 1899, was a founder and director of Institute for Rabies (*Dersaadet Darülkelb Ameliyathanesi*).[149]

Surp Pirgic Hospital employed Dr. Madteosyan, who was a physician in the American Civil War for a time. [150] In addition, Dalmetico, the founder of or-Ahayim, was a military physician who had been educated in Imperial Medical School.[151]

Concerning the patients of the community hospitals, the sources are limited. However, it is clear that these hospitals were both treated and cared primarily the poor of the non-Muslim communities. The Poverty Commission that conducted the foundation process of Surp Agop Hospital is a persuasive example. In case of financial crisis, the hospital administrations could declare the refusal of non-poor patients as the first measure[152] or did just the opposite to increase their revenues; they give paid service for non-poor people in addition to their free service to the poor.[153]

The geographical distribution of the patients varied. Although the hospitals were located in Istanbul, they gave medical and non-medical services to people from Anatolia and Thrace. In extraordinary times, the number of patients coming from Anatolia, Thrace and other countries increased. Surp Pirgiç Armenian Hospital, during the WWI and after, gave medical services to the Armenian refugees. A report issued in 1925 indicates that only 1/8 of the hospitalized people were from Istanbul.[154] Likewise, Or-

---

[149] Ibid., p.116.

[150] Yarman, p. 489.

[151] *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi*, 1st Ed, sv. "Dalmetico, Rafael".

[152] Yarman, p. 489.

[153] Çolakyan, p. 16.

[154] Yarman, p. 594-596.

Ahayim Hospital hospitalized the Gregorian Jewish immigrants in the 1920's and later, Polish and Thracian Jews.[155]

Donations and Revenue Collecting

Performed through the legal context of waqf, material charity is an important pillar in the history of non-Muslim community hospitals. The benefactors of community hospitals can be grouped into three. First, personal donations comprised the first pillar of donations. Wealthy members of each non-Muslim community donated to the hospital of their community in considerable amounts. In the history of community hospitals, personal donations can be illustrated with many examples, but only outstanding ones will be cited here. For the Greek Hospital, the contributions of Movrokordato, Syggros and Zarifi are noteworthy. Theodore Mavrokordato, a well-known banker in Istanbul, donated ten thousand liras for the construction of the department for contagious diseases in 1904.[156] Eleni Zarifi, the wife of another leading banker, assisted in the construction of the orphanage when the orphanage was transferred to Büyükada (biggest one of the Prince's Islands in Istanbul).[157] Also, Amira Bezjian was the biggest donor of the construction of Surp Pirgic Hospital. For Or-Ahayim Hospital, Camondo proposed donating a building and an annual subsidy.[158] Elie Kadoorie of Hong Kong financed the

---

[155] See Danacıoğlu, p. 53 and Yıldırım, "Hospital of Greek Nation outside Yedikule...," p.325.

[156] Yıldırım, "Hospital of Greek Nation outside Yedikule...," p. 332.

[157] Ibid., p. 327.

[158] Galante, vol.1, p. 332.

construction of a pavilion in Or-Ahayim hospital and gave considerable financial support to the hospital. Personal donations of this kind sometimes were acknowledged by the hospital administrations. In 1931, the name of Or-Ahayim Hospital was converted to Laura Kadoorie Or-Ahayim Jewish Hospital.[159]

Secondly, collective donations comprised an important element of the revenues of the community hospitals. The first point to note concerning the collective donations is the role of the heads of the hospital administrations in channeling donations to the hospitals. This point is illustrated in the history of Surp Pirgic Armenian Hospital. For example, in 1830s, all of the needs of the hospital were being provided by the *sarraf* (moneychanger) friends of Pismis Amira, the head of trustees.[160] Badrik Gulbenkian, a member of the rich and prestigious Gulbenkian family, undertook the relations with between the hospital and the community. Thanks to his personal charisma, he was able to organize balls and feasts for the hospital and raise money.[161]

Whether through a charismatic person or not, the community members were important donors for their hospitals. Armenian craftsmen's donations for the construction of Surp Pirgic were considerable. [162] In the construction of the Greek Hospital, the Greek trade guilds contributed much to the construction expenses when the hospital moved in a distant place in 1837.[163] The hospital administrations appealed for

---

[159] Ibid., vol.7, p.127

[160] Yarman, p. 467.

[161] Ibid., p. 557.

[162] Ibid., p. 456.

[163] Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," p.53.

regular financial assistance from the community. Employees of the Greek Hospital, wearing signs saying "*millet* hospital", were sent into Greek populated areas to collect donations.[164] The donations were considered obligatory for the Greek people according to their financial capacity, just like Pismis Amira tried to do for the Armenian craftsmen. The Catholic Armenians were met with donation boxes for Surp Agop Hospital at church.[165] Likewise, the donation boxes of Or-Ahayim which were distributed to the houses of the Jewish community members are a well known example. Furthermore, the volunteered women in the Gregorian Armenian and Jewish communities were offered their labor to the hospitals.[166]

Donations were not only collected from the community members in the Ottoman Empire. The diaspora made important contributions in the foundation and sustainment of the hospitals. Jews from Paris, London and Vienne made generous grants to Or-Ahayim Hospital,[167] as did the Kadoorie family from Hong Kong, as cited before. Surp Pirgic Hospital, interestingly, had assistance associations in Boston, New York, Los Angeles, Detroit, San Francisco, Oakland, Iowa, Cleveland, Ohio, Cairo and Alexandria.[168] Moreover, the Gulbenkian Foundation in Portugal made generous donations for both Surp Agop and Surp Pirgic. Therefore, donations for community hospitals had no geographic boundaries.

---

[164] Ibid., p. 56.

[165] Çolakyan, p. 19.

[166] See "Gönül Katkıları," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 226; Yarman, p. 483.

[167] "Bir Hastanenin Doğuşu," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 84.

[168] Yarman, p. 594.

The third type of benefactor for the non-Muslim community hospitals was the Ottoman state.[169] The state assistance was given for all non-Muslim community hospitals in Istanbul. The researchers point to the reign of Sultan Abdülaziz as the beginning of state assistance. But, state assistance for the community hospitals continued until the First World War despite abatement. Until the Second Constitutional Era, state assistance was in kind and included bread and meat in considerable amounts. In the Second Constitutionalist Period, the assistance in kind was converted into assistance in cash.[170] Moreover, the state assistance could be provided in different ways. In 1896, Abdulhamit authorized the Jewish community to manufacture a type of cigarette paper to the benefit of Or-Ahayim Hospital.[171] He also bestowed the tax dues and property tax of the old hotel building which had been converted into a Greek orphanage in Büyükada, transferred from the Greek Hospital of Baloukli.[172]

In addition, the assistance would not come necessarily from the Ottoman state. In 1863, Khidiv Ismail Pasha made a contribution of 40,000 kuruş for Surp Pirgic Armenian Hospital.[173] The annual contributions for the Greek Hospital of Baloukli came from "the Greek government for the treatment of the non-Ottoman Christians, from

---

[169] State assistance to the hospitals could be considered as "atiyye-i seniyye" of the Ottoman sultans which aimed the non-Muslims as well. State assistance to the hospitals could be regarded as a means of legitimation of sultan's power. The decrease in the state assistance in the second constitutionalist period demonstrates "nationalization" and "militarization" of the charitable area. See; Nadir Özbek. *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar ve Meşruiyet1876-1914* (Istanbul: İletişim Yayınları, 2008) p. 134.

[170] Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," p.56; Yarman, p. 571; "Bir Hastanenin Doğuşu", p. 92.

[171] Galante, vol.1, p.333.

[172] Yıldırım, "Hospital of Greek Nation outside Yedikule...," p.327.

[173] Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," p.308.

Russia for Christian Slavs, and from Ionian commonwealth for patients from the Ionian Islands."[174] On the other hand, it should be stressed that religious institutions –Jewish and Christian- often made financial contributions to their hospitals.

In addition to donations in cash and property, the community hospitals tried to generate revenue for their hospitals. Of course, while revenue generating activities were not an alternative to donations and permanent revenues however, sometimes these activities made significant contributions to the hospital budgets. Paradoxically, the most common business in which hospitals get involved was the production of cigarette paper. Moreover, Surp Pirgic Hospital established a wax house (*mumhane*), the activities of which were supported by the Patriarchate and a printing house. Both initiatives were unsuccessful.[175] In Surp Pirgic, also, there were carpenter, shoemaking and tailoring workshops in which the orphans were employed. [176] Or-Ahayim hospital was interested in the production of unleavened bread[177] and selling Or-Ahayim badges. [178] In addition, concerts, feasts, lotteries and especially balls were significant revenue-generating activities in the later periods of nineteenth century.

Cultural activities were employed by the hospital founders and administrators as a revenue generating activity. In 1862, Surp Pirgic administration organized an event at

[174] Trompoukis and Marketos, p.115.

[175] Yarman, p. 501, 477.

[176] Ibid, p. 519.

[177] "Erken Dönem Hastane Yönetimi", p. 165.

[178] "Hayırseverler," in *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, ed. Viktor Apalaçi (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001), p. 140.

the Naum Theatre and collected 160,000 kuruş.[179] In the foundation of Or-Ahayim, a theatrical production was staged in order to contribute to the hospital budget. The drama was a work of Saul Naar, which had been translated from Greek to Ladino, "Faith, Hope and Philanthropy."[180]

In this chapter, the charitable activities were revealed in the history of the non-Muslim community hospitals which implies the role of the hospitals in society in the Ottoman era. The chapter started with the discussion of *millet* system, which revealed the social context in which the hospitals were founded. Due to the social organization style in the Ottoman Empire, the non-Muslims founded "hospices" which have both caring and curing functions. Moreover, it was evident that the transformation in the *millet* system influenced the administration and functions of the non-Muslim community hospitals. The regulations of Ottoman *millet*s inaugurated by the Islahat assigned the supervision of community hospitals to either the mixed or the non-religious assemblies, depending on the social conditions of each non-Muslim community in the Empire.

The problem of non-Muslim's accessibility to the Ottoman health care system was not the only reason for the foundation of the hospitals. Epidemics played an important role in their foundation. The material and relational contributions of community elites were indispensable for the emergence of the hospitals. The religious authorities, despite the reforms of the Islahat, were influential in the administration and operation of the hospitals. As mentioned above, the outstanding character of the hospitals was their various activities such as elder care, orphanage services or vocational

[179] Yıldırım, "Yedikule Surp Pirgic Armenian Hospital," p.308.

[180] Danacıoğlu, p. 39.

trainings which assigned the social role of the hospitals in the Ottoman era. On the other hand, the donations, which are a form of material beneficence, were essential to the financial sustainment of the hospitals. The main contributors to the hospitals were the community elites in addition to the collective contributions of the non-Muslims.

Thus, founded and operated in such terms, the non-Muslim community hospitals have remained to modern times long after the *millet* courts and legal status were ended by the Republic of Turkey. In the Republican era, the status of the non-Muslim community hospitals changed dramatically. This will be discussed in the subsequent chapter. The changing environment of the community hospitals, naturally, had its repercussions on the social role of community hospitals in contemporary Turkey.

CHAPTER FOUR

CONTEMPORARY STATUS OF COMMUNITY HOSPITALS IN HISTORICAL PERSPECTIVE

The non-Muslim community hospitals are a legacy of the Ottoman state and legal tradition to the Republican Turkey. However, they were not subject to the same political and legal conditions in the Republic as they had been in the Ottoman Empire. The Turkish state regularized many aspect of society in its consolidation process and, accordingly, the hospitals had to accommodate themselves to the new laws and regulations imposed by the Turkish state. This meant a twofold process for the hospitals in the discussion at hand. First, the hospitals had to accommodate themselves to the new conditions as health care institutions. They had been millet hospitals in nineteenth century and they had not been supervised by any authority other than the millet administrations. In the republican period, the hospitals were given the status of private hospitals and they had to operate under this status. Their new status also implied that they had to coexist with a national health care system in the citizenship regime of the Turkish Republic.

Secondly, the charitable administrative mechanisms of the hospitals –the *vakıf*s - operating as endowments had to adapt themselves to the new legal and political conditions. The change in the status of hospital endowments occurred concomitant with the overall transformation of the status of non-Muslim vakıfs which had always carried out an existential function for the non-Muslim communities living in Turkey. The non-Muslim endowments had been a focus of republican policies against non-Muslim minorities due to the fact that they assisted the non-Muslim communities to sustain their

religious, educational and sanitary institutions which regulate their social lives. Thus, this chapter examines the contemporary status of the hospitals with reference to two points, their status of as health care institutions and their status as charitable endowments. The change in the status of the hospitals will demonstrate the transition of the non-Muslim institutions from the Ottoman period to the Republican period that facilitated the comprehension of the contemporary social role of the non-Muslim community hospitals.

Contemporary Status as Health Care Institutions

In the nineteenth century, as was detailed in the preceding chapter, the hospitals were supervised and controlled by the communitarian authorities. Initially subject to the communitarian authorities of religious type, the hospitals were supervised and controlled by the commissions operating under the secular or mixed assemblies until the foundation of Turkish Republic. Therefore, in the Ottoman era, the non-Muslim community hospitals were responsible to only their community administrations in their health care services.

In the 1930s, the Republican health system brought status-based distinctions for the hospitals operating in the country. The hospitals belonging to state and the private institutions were separated in terms of status and became subject to different laws and regulations. The point is that these distinctions originated in the Ottoman reforms of the nineteenth century. To illustrate, in 1868, the Regulation of Administration of the Municipality of Istanbul (*Dersaadet İdare-i Belediye Nizamnamesi*) assigned the municipalities to establish hospitals for the poor and needy. The duty of hospital

foundation assigned to the municipalities was reaffirmed in 1877 in the Municipality Law of Istanbul (*Dersaadet Belediye Kanunu*) and the Municipality Law of Provinces (*Vilayat Belediye Kanunu*). [181] The private hospitals or clinics were subject to regulation in the Ottoman Empire as well. In 1898, the regulation on the private hospitals (*Memaliki Mahrusai Şahanede Etıbbai Mütehassısa Tarafından Küşad Edilecek Hususi Hastahane 'Klinik'lere Mahsus Nizamname*) stated the rules for the foundation and operation of the private clinics in the Empire.[182] Hence, the process of complication in the provision of health care had been started in the nineteenth century.

This duality of the hospital system became more complicated in the first years of the Republic.[183] The hospitals were of four different status in 1923, state hospitals,

---

[181] Nadir Özbek, *Cumhuriyet Türkiye'sinde Sosyal Güvenlik ve Sosyal Politikalar* (Istanbul: Emeklilik Gözetim Merkezi, 2006), p. 34.

[182] Republic of Turkey, *Dustur*, 1st Tertip, Vol 7 p. 190-191.

[183] The foreign and "minority" hospitals occupied an important place in the health system in the first years of the Republic. To demonstrate, total number of state, provincial special administration and municipal hospitals was fifty four with 4035 beds in 1923. On the other hand, the number of foreign and minority hospitals was thirty two with 2402 beds. The figures imply that the number of beds in the foreign and minority hospitals was important at the beginning of the republican period because almost more than half of the total number of beds belonged to those hospitals. Therefore, control of hospitals of non-Muslim minority and foreign communities were not ignorable for the state authorities since they were providing health service for a considerable population living in Turkey. (See Meliha Özpekcan, "Büyük Millet Meclisi Tutanaklarına Göre Türkiye Cumhuriyeti'nde Sağlık Politikası [1923-1933] Bölüm 2," *The New History of Medicine Studies*, no. 8, [2002], p.167.) However, in the course of time, it is observable that the relative share of the foreign and community hospitals decreased. In 1955, the number of beds in the foreign and community hospitals was not comparable to the number of beds in the state hospitals. Bearing in mind that the number of hospitals in Turkey showed a great leap in 1950s (See Buğra, *Kapitalizm, Yoksulluk ve Sosyal Politika*, p. 168.), the health statistics of 1955 indicate that the number of hospitals of foreign and minority communities was almost one fifty of the overall number of the hospitals in Turkey. (See *Yearbook of Medical Statistics of the Ministry of Health and Social Assistance 1945-1955*, prepared by Yusuf Tunca [Ankara: Gürsoy Basımevi, 1958], p.80.) In the year 2000, the percentage of non-Muslim community hospitals in the health care system of Turkey was less than 1 percent. (See Metin Yerebakan, *Özel Hastaneler Araştırması* [İstanbul: İstanbul Ticaret Odası, 2000], p.53.) Moreover, in parallelism with the overall decrease in the number of foreign and minority hospitals, their service capacity has dramatically decreased in Istanbul where is the focus of the

municipal hospitals, hospitals of special administrations (*özel idare*) and hospitals of non-Muslim groups.[184] The complicated health care provision system in different statuses was not considered as a priority by the Republican governments until 1930s. Despite the establishment of a ministry in 1920, the Ministry of Health and Social Assistance, the main aim of the Republican governments in the area of health was the prevention of contagious diseases and population increase.[185]

In a parallel vein, in the Law on the Protection of General Health (*Umumi Hıfzıssıhha Kanunu*) enacted in the 1930s, a diversified system of health received no mention. The only article mentioning hospitals kept the municipalities in charge of the hospitals they had been in the Ottoman period. The municipalities were responsible for the foundation and administration of hospitals. However, besides other crucial regulations,[186] the law delegated the state the authority of being the sole regulator in the

---

health care services in Turkey. In 1995, the total number of foreign and "minority" hospitals were ten in the whole Turkey while it was eight in Istanbul. Likewise, the number of beds of the foreign and "minority" hospitals was 1117 in the whole Turkey and 787 in Istanbul in 1996. (See İstanbul Büyükşehir Belediyesi Kültürel İşler Daire Başkanlığı, *İstanbul Külliyatı: Cumhuriyet Dönemi İstanbul İstatistikleri*, vol. 7, Sağlık [İstanbul: İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı, 1997] p. 33-34.)

[184] Özpekcan, p.167.

[185] Özbek, *Cumhuriyet Türkiye'sinde*..., p. 90.

[186] The Law on the Protection of General Health, also, enumerated the organizational units of the Ministry of Health and Social Assistance, specified the duties of the ministry, municipalities and provincial special administrations in the area of health, regulated the struggle against the infectious diseases. More importantly, the law included the part of Protection of Health of Workers. In this part, women's and children's working conditions were ameliorated which marked the first social policy measures for women and children. Hence, the discussions in the Turkish Naitonal Assembly mainly consider the protection of health of workers rather than focusing on the hospitals. See Republic of Turkey, *TBMM Zabıt Ceridesi*, term 3, session 3, vol. 18, 19 October.

area of health. In the first two article of the law, it was cited that the state was responsible for the public health through the ministry and the local governments.[187]

Therefore, the Law on the Protection of General Health was a sign of the eagerness of the nascent state to regulate the area of health, including health service provision. The Law on the Private Hospitals performed this task in 1933.[188] In the first article of the law, it was stated that all sort of "health houses" other than the official hospitals of the state, special administrations and municipalities were considered "private hospitals."[189] After specifying which hospitals were private, the law gave details about the inauguration, operation and closing of the private hospitals in the subsequent articles. Therefore, the non-Muslim community hospitals, which had depended on their millet administrations in the nineteenth century, were specified as "private hospitals" in 1933. Considering that the Law on Private Hospitals remain valid today with a few amendments made in 2008, the non-Muslim community hospitals are

[187] Republic of Turkey, *T.C. Resmi Gazete*, no. 1489, 06.05.1930.

[188] Republic of Turkey, *T.C. Resmi Gazete*, no. 2419, 05.06.1933.

[189] Although the Lausanne Treaty defined the Christian, Jewish and Armenians as "minorities" and provided guarantees for the their beneficent institutions, it is evident in some documents that the ruling party in the single party era -*Cumhuriyet Halk Partisi* (Republican People's Party)- equated the "private assistance institutions" of the "minorities" with the foreign hospitals and foreign beneficent institutions which were initially founded for missionnary aims. For example, the necessitating causes of the Law on Private Hospitals of 1933 makes a reference to the Law of 1898 which was enacted purely for the foreign (non-Ottoman) clinics and hospitals operating in the Empire. Also, Muhittin Celal Duru enunciates the non-Turkish character of the minority institutions –including non-Muslim community hospitals- and appreciates the republican governments for giving the "arts of medicine" to the hands of Turks. For him, republican governments were awfully beneficent and philanthropic governments that they permitted the operation of the minority institutions in Turkey provided that they obey the laws and regulations. See "Necessitating Causes of the Law on Private Hospitals," in Republic of Turkey, *TBMM Zabıt Ceridesi*, term 4, session 2, vol. 15; Muhittin Celal Duru, *Sosyal Yardım Prensipleri ve Tatbikleri*, Cumhuriyet Halk Partisi Yayını Klavuz Kitaplar: 3 (İstanbul: Matbaai Ebuzziya, 1939), p. 131 – 132.

operating under the conditions imposed by this law and they are officially labeled private hospitals. The hospitals' operating rules were specified at a later date through the regulations and by-laws issued by the government. The first regulation on private hospitals was issued in 1983[190] and it was replaced by a new one in 2002.[191]

The point here is that the Law on Private Hospitals of 1933 permitted the beneficent functions of the private hospitals. The lawmakers were well aware of the fact that they included the vakıf hospitals in the status of private hospitals. In this respect, Articles 14 and 31 in the Law on Private Hospitals of 1933 mention gratis service in the hospitals. In Article 31, it is stated that the private hospitals were to admit non-paying patients according to the number specified on their certificates. The law also guaranteed the quality of service paid to the non-paying patients by stating that the quality of service was to be the same as that provided the paying ones. Moreover, the law mentions the hospitals that were founded just for beneficent reasons and authorized them to open pharmacies in the hospital to provide the necessary medical stuff for non-paying patients.[192]

The former *millet* hospitals, which included many other activities other than health care services in the nineteenth century, were transformed in this process concerning beneficent activities. As was mentioned in the previous chapter, the hospitals included schooling activities such as vocational training, courses in the orphanage, and

[190] Republic of Turkey, *T.C. Resmi Gazete*, no: 17924, 10.01.1983.

[191] Republic of Turkey, *T.C. Resmi Gazete*, no: 24708, 27.03.2007.

[192] Republic of Turkey, *T.C. Resmi Gazete*, no: 2419, 05.06.1933.

nursing schools and caring activities such as old age care in the hospital sites.[193] However, in the Republican period, the hospitals could only perpetuate their beneficence for the elderly people since it was not possible to carry on the educational activities in the hospital site due to the provisions in the Law on the Unification of Education (*Tevhid-i Tedrisat Kanunu*). In the Article Two of this law, it was stated that "all the schools and madrasas administered by Shariyya and Awkaf Ministry or private endowments were transferred and attached to the Ministry of Education". This provision marked the end of schooling activities in the hospitals.[194] The beneficence to the elderly was accomplished through the formation of elderly houses or geriatric services in the hospitals.

Beneficence to the elderly was not outlawed and continued to be fulfilled at the hospital sites. However, the elderly houses in the hospitals were given a status at a later date. Categorized under the title of "private elderly house belonging to the minorities,"[195] the elderly houses in the hospitals operate according to the Law on Social Services and Child Protection of 1983.[196] So, they are considered as private elderly care institutions by the Republican authorities like the hospitals themselves. The operation rules in the elderly houses are defined by the Regulation on Private Elderly Houses and Elderly Caring Houses, which was issued in 2008,[197] replacing the old one issued in

---

[193] Remind that each hospital did not necessarily incorporated each of the beneficent activities. The activities varied from one hospital to another.

[194] "Şer'iye ve Evkaf Vekaleti veyahut hususi vakıflar tarafından idare olunan bilcümle medrese ve mektepler Maarif Vekaletine devir ve raptedilmiştir." Republic of Turkey, *Dustur*, 3rd Tertip, Vol: 5, p. 667.

[195] Available [online] : http://www.shcek.gov.tr/Ozel_Kuruluslar/Azinliklara_Ait_Huzurevleri.asp [06.06.2009].

[196] Republic of Turkey, *T.C. Resmi Gazete*, no: 18059, 27.05.1983.

[197] Republic of Turkey, *T.C. Resmi Gazete*, no: 27009, 26.09.2008.

1997.[198] The unpaid service for the elderly houses is mentioned in both regulations, too. According to the latter, the elderly houses have to give unpaid service to elderly people comprising at least five percent of its capacity. As a result, the hospitals and the elderly houses attached to the hospitals operate as private hospitals and private elderly houses and the laws and regulations give necessary flexibility to the hospital administrations for charitable activities.

Contemporary Status as Charitable Endowments

Shefer writes that, in the Ottoman Empire, "hospitals were founded as institutions of *vakif,* the legal format creating an administrative and financial mechanism for charitable institutions in premodern Islamic societies."[199] The foundation of hospitals was considered a pious act and it took place in the endowment system. Within this framework, the hospitals founded by non-Muslim communities were of no exception. The legal format of charitable acts continued into the Republican period by non-Muslim community hospitals. But due to the extensive changes in the status of the vakıf institution at the beginning of the Republican era, the hospitals operated their beneficent acts in a different environment today. Therefore, in this subsection, the current status of charitable endowments founded by non-Muslims will be detailed in three themes pertaining to the historical details about the institution of waqf. These themes are the foundation style of minority endowments, their status as *mülhak* endowments and finally

---

[198] Republic of Turkey, *T.C. Resmi Gazete*, no: 23099, 03.09.1997.

[199] Mossensohn, p. 122.

their administration and supervision. These themes are meant to construct an opinion about the management and status of the "minority" hospitals.

To start with the definition of the vakıf, Singer basically defines it as the "most widespread form of 'ongoing charity' in Islamic societies."[200] Literally meaning "holding" or "binding", a vakıf is composed of properties or capital endowed in legal terms for a specific purpose. The purpose is fulfilled for perpetuity by the managers in the framework of terms of beneficence stated in the *waqfiyye*- the endowment deed in which the properties, beneficiaries and managers are listed together. Nonetheless, the social role of the waqfs is not that simple. Endowments have had many functions in Islamic societies. Singer writes, "urban and rural development; imperial legitimation; the desire for personal prominence; avoiding restrictions on the division of inheritance; the protection of wealth from imperial confiscation; the promotion of community or sectarian interests; and the preservation of social hierarchies and cultural norms."[201]

The foundation of non-Muslim vakıf has had repercussions in contemporary Turkey due to their foundation style. Vakıf-making was not limited to the Muslims in Islamic societies. Christians and Jews in the Islamic societies were able to establish charitable endowments in specified conditions for their communitarian aims. In the Islamic law, the religion of the endower was not a limitation for the establishment of a vakıf but the purpose of the vakıf, which was the logic of qurba, implying the poor and needy people. Hoexter explains that "an endowment by a non-Muslim in favor of his

[200] Singer, p. 92.

[201] Ibid., p. 104. See also Ömer Lütfi Barkan, "Şehirlerin Teşekkül ve İnkişafı Tarihi Bakımından Osmanlı İmparatorluğu'nda İmaret Sitelerinin Kuruluş ve İşleyiş Tarzına ait Araştırmalar," *İstanbul Üniversitesi İktisat Fakültesi Mecmuası*, no: 23/1-2 (September 1963-February 1963), p. 284.

offspring, of the poor of his religious community, of his church or synagogue, of the poor of his own neighborhood, or of the poor in general qualified as valid under these rules."[202] The legal strategy for the establishment a vakıf for the church was to name the beneficiaries as the "poor of the church".[203] This explains how the non-Muslims were able to establish hospitals for the promotion of their communitarian interests in the Ottoman Empire. Nevertheless, it is known that Islamic law certainly accepts the non-Muslims demands for waqf making in order to give hospital services.[204]

Established in this way, the non-Muslim endowments were subject to limitations concerning property acquisition in the time of Ottoman Empire due to their foundation process. The non-Muslim endowments were founded by decrees declared by the Sultan due to the condition of form in the Islamic law contrary to the Muslim vakıfs. This meant that a Christian and Jewish vakıf was not established with a *vakfiye* –a legal document legitimizes acquisition of property-, thus non-Muslims could only endow cash or movable property for their vakıfs. [205] As a response, non-Muslims resorted to diverse strategies for property acquisition. Non-Muslims registered real estates either with a trustworthy person of their community or deceased religious people.[206] However, the lack of vakfiye in the foundation process of Christian and Jewish vakıfs became the

---

[202] Miriam Hoexter, "Charity, the Poor and Distribution of Alms in Ottoman Algiers," in *Poverty and Charity in Middle Eastern Contexts* (Albany: State University of New York Press, 2003), p. 146.

[203] Singer, p. 99.

[204] A. Himmet Berki, *Vakıflar* (Ankara: Nur Matbaası, 1950), quoted from Nazif Öztürk, *Azınlık Vakıfları* (Ankara: Altınküre Yayınları, 2003), p. 119.

[205] Yuda Reyna and Ester Moreno Zonana, *Son Yasal Düzenlemelere Göre Cemaat Vakıfları* (İstanbul: Gözlem Gazetecilik Basın ve Yayın, 2003), p.9.

[206] Ibid., p. 41-42.

main cause of the problems that emerged in the Republican era because of the large amounts of real estate that the non-Muslim endowments possessed. In the 1970s, most of the estates of the non-Muslim endowments were confiscated by the Turkish state. Today, it is important that most of the non-Muslim vakıfs, including the endowments of their hospitals, seek the recovery of confiscated estates.

At the second place, the current *mülhak* status of non-Muslim endowments can be traced back to the Ottoman times due to the continuation in the history of the vakıf institution. At the beginning of the nineteenth century, the vakıfs, both Muslim and non-Muslim, were being governed by assigned managers and each vakıf was autonomous in its affairs pertaining to beneficence and management. However, the centralization process which started in the imperial vakıfs resulted in establishment of a centralized management for endowments in 1826.[207] Ministry of Imperial Vakıfs (*Evkaf-ı Humayun Nezareti*) marked an important point in the history of waqfs since the ministry also indicated a change in the collector of vakıf revenues. The central treasury was assigned the duty of collecting vakıf revenues in 1839.[208] Accordingly, the reforms assayed to "relocate the management of vakıfs into the hands of bureaucrats and to redirect the flow of waqf revenues into the central treasury, and from there back to the original beneficiaries as well as to new ministries to be used for public expenditures."[209] However, the establishment of the Ministry was still supervising the Muslim waqfs. Its impact on the non-Muslim vakıfs will be revealed in the Republican period.

---

[207] Öztürk, *Azınlık Vakıfları*, p. 39.

[208] Özbek, *Cumhuriyet Türkiye'sinde*..., p. 33.

[209] Singer, p.187.

The Ministry of Imperial Waqfs was abolished as a corollary of the First World War and the collapse of the Empire. However, its supervision over the endowments paved the way for political authorities to benefit from the revenues of the endowments. In 1921, the First National Assembly founded the Ministry of Raligious Law and Endowments (*Şeriye ve Evkaf Nezareti*), but the tenure of the newly established ministry was very short. On 3 March 1924, the Ministry of Raligious Law and Endowments was abolished with the enactment of Law on the Abolishment of Ministries of Raligious Law and Endowments and General Staff (*Şer'iye ve Evkaf ve Erkanıharbiyeti Umumiye Vekaletlerinin ilgasına dair kanun*). This law, besides the abolishment of the ministry, had important consequences concerning the endowments in Turkey. In the Article 7, it was posited that the endowment affairs were delegated *permanently* to the prime ministry "suitable to the essential benefits of the public."[210]

Although the general directorate under the prime ministry was intended to be an *ad hoc* institution supervising the endowments, the directorate still performs its functions as an annexed budget institution that possessed legal personality.[211] The directorate now is responsible for many duties varying from fulfilling the beneficiary acts indicated in the endowment deeds of *mazbut*[212] endowments to conducting research about the history of endowments. Of course, the directorate is responsible for the

[210] Republic of Turkey, *Dustur*, 3rd Tertip, vol: 5, p. 665.

[211] *Cumhuriyet Dönemi Türkiye Ansiklopedisi*, sv. "Cumhuriyetten Sonra Vakıflar".

[212] *Mazbut* endowments are those administered directly by the General Directorate of Endowments.

supervision of the non-Muslim endowments including the endowments of non-Muslim community hospitals.[213]

Therefore, it should be stressed that the endowments founded by the Greek-Orthodox, Jewish or Armenian people in the Ottoman times were entitled as "minority endowments" by the General Directorate of Vakıfs. This is due to the provisions in the founding treaty of the Republic of Turkey, the Lausanne Treaty, which defined the Greek-Orthodox, Armenian and Jewish people as minorities.[214] Moreover, defining who is "minority", the endowments of the non-Muslims were guaranteed in the Article 42 of the Lausanne Treaty, which states that "…the Turkish Government commits to grant every sort of protection to the churches, synagogues, cemeteries and other religious institutions belonging to the above cited minorities…"[215] Despite the fact that this provision was violated by the confiscations conducted in the 1970s,[216] the "minority" endowments in Turkey is under protection by an international treaty as well.

As a corollary of the aforementioned developments, the minority endowments in Turkey are classified as *mülhak* endowments by the General Directorate of Vakıfs. In the Temporary Law on the Possession of Properties of Landed Estate by Legal Persons[217] (*Eşhas-ı hükmiyenin emval-i gayrimenkuleye tasarruflarına mahsus kanun-ı*

---

[213] Republic of Turkey, *T.C. Resmi Gazete*, no: 26800, 27.02.2008

[214] Hasan Güneri. "Azınlık Vakıflarının İncelenmesi", *Vakıflar Dergisi*, no. 10, 1973 p. 86

[215] Republic of Turkey, *Dustur*, 3rd Series, vol. 5, p. 40

[216] At this point, Çizakça states that (implying waqfs) " the fate of these institutions was closely linked to the fate of states under which they functioned." See: Murat Çizakça, *A History of Philanthropic Foundations; the Islamic world from the seventeenth century to the present* (Istanbul: Boğaziçi University Press, 2000) p. 1

[217] Republic of Turkey, *Dustur*, 2nd Tertip, vol. 5, p. 114

muvakkat), non-Muslim endowments were entitled as Communitarian and Institutional Beneficence of Ottomans and, as mentioned, they were operated in the context of millet system.[218] However, the Law on Vakıfs enacted in 1935 made a distinction between the vakıfs established before the inauguration of the Civic Code of 1926. According to this distinction, which was originated from the Ottoman system of endowments, the endowments in Turkey were classified into two: *mazbut* and *mülhak*. The former implies endowments managed by the central government while the latter implies the endowments managed by their own trustees but supervised by the central authority.[219] Therefore, as a corollary of the 1935 law on vakıfs, the minority endowments are classified as *mülhak* endowments and are supervised by the General Directorate of Waqfs but administered by the elected members of each community.

At the third place, the administrations of the *mülhak* minority endowments were defined by the changes in the 1930s. In 1938, the term "elected communities" was changed and they started to be administered by trustees appointed by the General Directorate of Vakıfs (GDV). However, in 1949, the method of "single trustee" was replaced with the old one again and the community endowments started to be administered by elected commissions due to the difficulties in the governance of minority vakıfs by the staff of the GDV. [220] The principle of elected committees was reaffirmed two times. In 1981, an amendment in the Law of 1935 supported the administration by elected committees and, in 2008 the new Law on Vakıfs stated that

[218] Reyna and Zonana, p. 79.

[219] Öztürk, *Azınlık Vakıfları*, p. 37.

[220] Nazif Öztürk, *Türk Yenileşme Tarihi Çerçevesinde Vakıf Müessesesi* (Ankara: Türkiye Diyanet Vakfı Yayınları, 1995), p. 344.

"the administrators of community vakıfs are elected by the community members."[221] Further, in 2008, the method and principles concerning the election of the administrative committees were specified through a bylaw. In this bylaw, it was declared that the election procedure, which formerly had been supervised by the Security General Directorate and the Ministry of Internal Affairs, would be conducted by the General Directorate of Vakıfs. The elections were to be held in every four years and the administrative committee was to be composed of at least three and at most seven trustees. More importantly, the district in which the endowment was located was to be the election district and the constituency would be extended to the community-populated cities or districts.[222]

As a consequence, the non-Muslim community hospitals were founded in the nineteenth century in the social and legal context of an empire. In the first quarter of the nineteenth century, however, the hospitals had to operate in a different legal and social context. The transition to the nation state had its repercussions on the contemporary social role of the hospitals. Hence, this chapter demonstrated the transition of hospitals to the Republic of Turkey as a nation state.

After the Republic was founded, the hospitals were assigned the status of private hospitals. The nascent nation state differentiated the hospitals in terms of their affiliation with the state and the non-Muslim community hospitals were classified as private initiatives. Although the state imposed some rules for the private hospitals with the 1933 Law on Private Hospitals, there was a loophole in the 1933 law that the beneficent acts could be perpetuated through the non-Muslim community hospitals.

---

[221] Republic of Turkey, *T.C. Resmi Gazete*, no: 26800, 27.02.2008

[222] Republic of Turkey, *T.C. Resmi Gazete*, no: 27010, 27.09.2008

Moreover, the beneficent acts in the hospitals such as education and caring activities were subject to deep changes in the Republican era. While the laws in the area of education abolished the education activities in the non-Muslim community hospitals, they could perpetuate the caring activities. Even though it occurred in a later date, the old age care in the hospitals were given a status and the old age care institutions at the hospital sites were converted to private elder houses as the hospitals themselves.

The legal context of the charitable activities in the hospitals, the vakıf, was under consideration by the new nation state. The lack of endowment deed in the foundation of non-Muslim vakıfs created serious problems in the 1970s which resulted in the confiscation of estates of many non-Muslim endowments. Moreover, in terms of status, the vakıfs of the non-Muslim community hospitals were defined as *mülhak* vakıfs, which are administered by the members of a non-Muslim community and supervised by the GDV. In a parallel vein, the administrative terms of the hospital vakıfs were defined by the GDV.

Consequently, the hospitals were not able to perpetuate their social role in Ottoman society. In addition to the changes in their administration, property and endowment status, they were able to give social assistance neither for orphans nor for the elderly. The transition to the republic resulted in the perpetuation of only old age care function in the hospitals which is their outstanding function in the contemporary health care system. The next chapter, then, will investigate the contemporary social role of the non-Muslim community hospitals focusing on the old age care system provided in those hospitals.

CHAPTER FIVE

CHARITY AND OLD AGE CARE: THE HOSPITALS AT PRESENT

This chapter gives the present outlook of the non-Muslim community hospitals. As private hospitals operating in the legal context of vakıf, the hospitals offer both polyclinic or specific medical services and old age caring functions today. Hence, this chapter first investigates the polyclinic services and other specific medical services in the hospitals pertaining to the range and content of the services and the profile of the patients. Secondly, the charitable old age care in the hospitals will be detailed. The capacity and content of the old age care services, the eligibility for the charitable old age care and financing the charitable old age care will be discussed. Finally, the reasons of the elderly people to be sheltered in the non-Muslim community hospitals and the women committees who contribute to the charitable old age care services will be elaborated. Thus, the outstanding function of the non-Muslim community hospitals, the charitable old age care, will have been explored with regards to the social role of the hospitals.

The Non-Muslim Community Hospitals Today

Today, the non-Muslim community hospitals in Istanbul have two functions at first glance, care and treatment. They could be investigated in terms of these two points. The former function provided by the hospitals is the polyclinic and some specific medical services. The latter is the old age care functions in the hospitals. Here, the curing functions of the non-Muslim community hospitals will be detailed. Of course, the

elaboration will not include the technical medical details. Moreover, the treatment function in the hospitals is germane to the communitarian character of the hospitals, which requires details about the patient profile.

In a sweeping statement, non-Muslim community hospitals cannot be ignored considering their medical services. In terms of range and capacity, the leading one is the Greek Hospital of Baloukli. Its polyclinic services include internal diseases, surgery, urology, gynecology, neurology, otolaryngology, ophthalmology, dermatology, physiotherapy, dermatology, infantine diseases and dentistry.[223] Moreover, the Baloukli Hospital has clinics for alcohol and drug addiction, in addition to sections for long-term treatment to the patients who needs psychiatric care. It is certain that these services are not provided solely by the Greek Hospital of Baloukli, however these specific medical services are not common to many hospital in Turkey. Moreover, with its 222 beds, the Greek Hospital of Baloukli is listed ninth among the ten biggest private hospitals in terms of bed capacity.[224]

Surp Pirgic Hospital is another hospital that provides an extensive range of polyclinic services. Besides the essential medical services, it also provides polyclinic services in specific branches such as immunology and sleep disorders. Moreover, Surp Pirgic Hospital includes psychiatric services and a service for children with psychiatric needs.[225] Both hospitals are able to give medical services to more than 400 people per

[223] Balıklı Rum Hastanesi, *Presentation Booklet* (Istanbul: Balıklı Rum Hastanesi Vakfı, 2003), p. 8.

[224] Serkan Bayar, "Sağlık 250," *Turkishtime,* no:80 (December 2008).

[225] Surp Pırgiç Ermeni Hastanesi, *Presentation Booklet* (İstanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2007).

day. The administrators say, that of Baloukli, that 250 to 300 people are treated in the polyclinics per day.[226] For Surp Pirgic, the figures increase to up to 700 people.[227] Hence, among the community hospitals in Istanbul, the Greek Hospital of Baloukli and the Surp Pirgic Armenian Hospital have prominent positions in terms of their medical services and capacities.

On the other hand, the Surp Agop Hospital and Or-Ahayim Hospital could be considered "boutique hospitals", limited service hospitals designed to provide one medical specialty, such as geriatrics. As Çelebi writes, Or-Ahayim Balat Hospital provides services "with its 84 bed capacity, three surgery rooms, neonatal and adult intensive care units, polyclinic that provides services in fourteen branches, emergency unit operating on a twenty-four hour basis, physical therapy and rehabilitation center, dental unit and implant center and geriatrics clinic."[228] Considering the bed capacity of the geriatrics clinic which is presented as 52 beds,[229] the boutique character of the hospital comes to the fore. On the other hand, the Surp Agop Hospital has a capacity of 25 beds concerning their non-elderly services. [230] The hospital has 15 branches in its polyclinic services and two surgery rooms, but the elderly house is the most important part of the hospital.[231] Concerning the polyclinic services, Or-Ahayim Hospital provides

[226] HOSP-B.01, interview by author, notes of the author, Istanbul, Turkey, 22 April 2008.

[227] HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[228] Tunç Çelebi, "From the Medical Director," in *Or-Ahayim Hastanesi Presentation Booklet* (İstanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2008).

[229] Or-Ahayim Hastanesi, *Brochure of Alegra Torel Geriatrics Pavillion* (Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2005).

[230] Available [online]: http://www.surpagop.com/index.php?option=com_frontpage&Itemid=1.

[231] "Poliklinik, Doktorlarımız", *Genç Surp Agop*, no: 10 (Nisan 2009) p. 8.

medical services to 300 people per day.[232] In contrast, the Surp Agop Hospital's polyclinic services give medical care to a more limited number of people per day due to the lack of their agreement with the Social Security Institution.

The Communitarian Character of the Hospitals

The non-charitable services in the community hospitals and the number of treated patients in the polyclinics have been discerned. The range of treated patients per day varies from 300 to 700 people according to the information given by the trustees. So, it is worth investigating whether all the patients of the community hospitals are members of non-Muslim communities. At this point, the decreased population of the non-Muslim communities comes to the fore, because the informant trustees of this study indicate the population of their communities. According to them, to be a community-oriented hospital is impossible considering the population of each non-Muslim community. A simple calculation reveals that the total number of treated or operated patients per month exceeds the population of a non-Muslim community. Therefore, the percent of patients from the communities range from two percent to fifteen percent.

According to the trustees, the population of their communities cannot be known exactly. The phrase that "we do not know our population even, you can never find it out" is a common statement among the trustees of non-Muslim community hospitals. But the population of a non-Muslim community can be estimated. Hence, the population

---

[232] HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

of Greek-Orthodox community in Istanbul is almost 1200 people at present.[233] Some trustees increase the number to 1500, but no one cited the population of Greeks as being more than 1500. The size of the Armenian population in Istanbul is cited as varying around 60,000, but excluding the Protestants and Catholics reveals the number of Gregorian Armenians to be 58,000 now.[234] The population of Catholic Armenians is estimated to be around 1700, [235] and finally the Jewish population in Istanbul is estimated to be around 20,000.[236]

To compare the given figures with the official ones, it is not possible to assert the existence of a significant discrepancy between the official and communitarian figures.[237] According to the 1965 census, the Gregorian population was 69, 526 and the Jewish population is 24, 493.[238] In 1995, the Greek-Orthodox population was estimated to be around 3000 according to the Greek Patriarchate.[239] Although the official figures indicate the population of religious communities all of Turkey, the tendency of the

[233] HOSP-B.01, interview by author, tape recording, Istanbul, Turkey, 22 April 2008.

[234] HOSP-D.01, interview by author, tape recording, Istanbul, Turkey,15 June 2009.

[235] HOSP-C.02, interview by author, tape recording, Istanbul, Turkey,16 June 2009.

[236] HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

[237] Official censuses of Republic of Turkey recorded the population of linguistic and religious minorities until 1965. Therefore, most current figures could be provided from the year 1965. Nevertheless, one should bear in mind that the trustworthiness of the official figures is questionable because some figures reveal significant errors concerning some minority groups that intersect religiously and linguistically. For example, in some instances, the Gregorian population was cited more than the Armenian population which incorporates Gregorian, Catholic and Protestant Armenians together. Or, some figures indicate great discrepancies between the Jewish population and Ladino speaking population. See Fuat Dündar, *Türkiye Nüfus Sayımlarında Azınlıklar* (Istanbul: Doz Yayınları, 1999), p. 59, 62.

[238] Dündar, p. 58, 62.

[239] Ibid., p. 128.

religious minorities to live in Istanbul should not be ignored. This tendency proves the estimated figures as well. For example, eighty percent of the Jewish population was living in Istanbul which indicates a dramatic decrease in the Jewish population in other cities.[240] The tendency of residential change influenced the Armenian population as well. Ninety nine percent of the Armenian population was living in Istanbul in 1965.[241]

Therefore, given the populations and the number of treated patients per day, it becomes evident that the non-Muslim community hospitals are not community-oriented hospitals in terms of their treatment functions. They provide medical care regardless of religion and ethnicity and the patients mainly come from the surrounding neignbourhoods. Nevertheless, some figures can be cited concerning the non-Muslim communities and their hospitals. However, the trustees and medical personnel in the community hospitals remark that the figures they give do not include the elder services in the hospitals. For example;

> I do not know because we do not keep the statistics there…but, let me put aside the elderly house, let me put aside the geriatrics, too. If we consider the patients in the hospital, if 100 people stay in the hospital, how should I know, two or three Greeks stay in the hospital out of all.[242]

As cited before, the percentage of patients who are members of the non-Muslim communities varies from two percent to fifteen percent. For the Greek Hospital of Baloukli, the percentage of Greek patients does not exceed five percent, according to the

---

[240] Ibid., p. 6.1

[241] Ibid., p. 94.

[242] "Hiç bilmiyorum çünkü istatistik tutulmuyor orada. Ama... ihtiyarhaneyi bir kenara koyalım, geriatriyi de bir kenara koyalım, hastahane yani hasta olarak yatanları alırsak, ne bileyim ben 100 kişi yatıyorsa iki tane, üç tane Rum vardır arasında." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 23 May 2008.

trustees. These figures imply that the Greek Hospital of Baloukli is the least community-oriented hospital among the non-Muslim community hospitals in Istanbul mainly due to the dramatically decreased Greek population in Istanbul. However, the percentage exceeds five percent for other community hospitals. The trustees of Surp Pirgic cite the percentage as six or seven percent:

> The patients from our community do not exceed six or seven percent. Ninety three or ninety four percent of our patients come from around Zeytinburnu. The lower class, but interestingly the plenitude of Alevi and Kurdish people of the lower class is considerable.[243]

On the other hand, the trustees of Or-Ahayim cite the percentage of community patients as fifteen percent for the polyclinic services.[244] Moreover, the trustees of Surp Agop accept sadly that a considerable portion of the patients are from the Amenian Catholic community due to the communitarian image of the hospital that they have not been able to overcome.[245]

Moreover, the cooperation of private hospitals with the social insurance institutions[246] has led a dramatic change in the patient profile of the Surp Pirgic

---

[243] "Cemaat yüzde altı ile yediyi geçmez. Yüzde doksan üç, doksan dört arasında özellikle Zeytinburnu çevresi. İstanbul'daki ortanın altındaki halk, bunun içinde çok dikkate değer, Alevi kesiminin ve Kürt kesiminin bir hayli fazla olması." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15 June 2009.

[244] "Polikliniğe gelen Yahudi sayısı yaklaşık yüzde on beş civarında." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

[245] "Mesela bazı gençler; "ya burası Ermeni hastanesi, bize bakmaz burası" gibi önyargıları olabiliyor. Biz bunu kırmaya çalışıyoruz bir takım broşürlerle, bir takım ilanlarla, bir takım... İşte, halkla ilişkiler yapan bir arkadaşla çalışıyoruz, onun da şeyiyle. Yani bu hastanenin, evet bu hastane bir cemaat hastanesi ama cemaate mahsus bir hastane değil" HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[246] They were the Social Insurance Institution of workers, Bag-Kur of the self-employed and Retirement Fund of civil servants. They were all combined under the title of Social Security Institution in 2006. See Republic of Turkey, *T.C. Resmi Gazete*, no: 26173, 20.05.2006.

Hospital, Greek Hospital of Baloukli and Or-Ahayim Balat Hospital.[247] Service provision by the community hospital to the patients insured by the social insurance institutions has increased the number of incoming patients to the hospitals and ensured a decrease in the communitarian character of the hospitals in terms of patient profile:

> If the hospital was visited by 300 polyclinic patients eight years ago, that was an important figure for that day. But if 750 patients visit the hospital today, it is considered as an inadequate number for the polyclinic services. The range of service has extended in this way, because the hospital provides services both to its surroundings, to the patients in Zeytinburnu and Kazlıçeşme, and to the all residents of Istanbul as much as to the nearby residents. Even, the hospital provides service to the patients coming from every corner of Turkey, of course, with its extended facilities and its accessibility.[248]

Further, the administrators advocate that the demand of peope living in the area increased for their services after their agreement in 2005. The surrounding residents choose their hospital instead of going to another hospital because of the lower fees in the community hospitals;

> The quarter in which the hospital is currently located is populated by poor people…The patients from this quarter appealed to the hospital more than they had before and it is certain that our potential of patient care has increased dramatically.[249]

---

[247] Surp Agop Hospital does not have an agreement with the Social Security Institution concerning the service provision to the patients insured by the Turkish state.

[248] "Sekiz yıl önce günde 300 poliklinik hastası hastaneyi ziyaret ederse bu önemli bir rakamdı o gün için. Ama bugün artık 750 olduğu zaman, "bugün az insan gelmiş" deniyor polikliniğine hastanenin. Hizmet alanı da bu şekilde genişlemiş oldu. Çünkü esas olarak hastane hem yakın çevreye, buradaki Zeytinburnu, Kazlıçeşme civarındaki insanlara, onlara olduğu kadarda İstanbul'un bütününe, hatta Türkiye'nin muhtelif tarafından gelen hastalara hizmet veren biryer, tabi şu genişlemiş imkanlarıyla, birde erişilebilir olmak durumuyla." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[249] "Şimdi bulunduğumuz semt fakirlerin bulunduğu bir semttir. Eyüp, Balat, oranın hastaları, tabi buranın SGK hastanesi olmasındn sonra, buraya daha çok rağbet etmişlerdir ve hasta bakma potansiyelimiz muhakkak ki çok artmıştır." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

> After we concluded an agreement with the SSI [Social Security Institution], with the insurance, number of [incoming patients to the] polyclinic increased suddenly. The number of [incoming patients to the] polyclinic increased to sixteen-seventeen thousands. If you ask how many people visit from your community, from the Armenian Community? For me, three or five percent comes.[250]

Therefore, the preference of the social security institutions to purchase medical service from the private hospitals has influenced the patient profile of the non-Muslim community hospitals. The number of incoming patients to the hospitals has increased and the range of the services extended as a corollary of the increase in the number of patients. The community hospitals no more reflect a communitarian character in terms of their patient profile.

Also, the patient profile of the non-Muslim community hospitals depended on the economic well-being of the community members. A well-off member of a non-Muslim community may not necessarily prefer the hospital of his community; he might prefer to be treated in a more qualified hospital in Istanbul. A physician from Greek Hospital made an analysis in this way. According to him, well off Greeks prefer better private hospitals. Thanks to their private insurance, they are able to go to the American Hospital or German Hospital in Istanbul. Therefore, the Greek patients of the Baloukli Hospital are middle or lower class Greeks resident in Istanbul.[251] Likewise, a trustee from the Surp Pirgic Armenian Hospital said, "the rich Armenians never came to the hospital in the past. They were going to the American Hospital, to the best hospitals. The

---

[250] "SGK ile anlaşma yaptıktan sonra, sigorta ile, poliklinik sayımız birden arttı. On altı on yedi bine çıktı poliklinik sayımız. Dersen ki sizing cemaatten kaç kişi geliyor? Ermeni Cemaati'nden? Bence yüzde üçü, yüzde beşi geliyor." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[251] HOSP-B.03, interview by author, notes of the author, Istanbul, Turkey, 06 June 2008.

rest were coming to our hospital, anyway."[252] Therefore, the economic position of the non-Muslim community members plays a significant role in the decision to get health care in addition to the decreased population of the non-Muslim communities resident in Istanbul.

Although the patient profile of the hospitals does not reflect a communitarian character, it changes dramatically at the level of administration, where it crystallizes. As mentioned in the previous chapter, the hospitals are administered by hospital vakıfs and the trustees are responsible for the management of vakıf functions including hospitals. Thus, the communitarian character of the hospitals becomes more and more evident due to the communitarian base of the "minority vakıfs". In the first place, the elections of the trustees who are responsible for the administration support such a structure in the hospital administrations. According to the valid regulation on the vakıfs, the existing administrative board prepares the list of constituents and constituency before the elections.[253] Hence, the polls are placed in the churches, synagogues or communitarian schools where is populated by residents of a non-Muslim community. For example, after ascertaining the constituencies, the ballot boxes were placed in Samatya, Kadıköy, Pangaltı and Surp Agop Hospital for the election of Surp Agop Hospital Vakıf.[254] Moreover, the constituencies from a non-Muslim community may elect the list prepared

[252] "Ermenilerin zengin kesimi zaten geçmişte hiçbir zaman hastneye gitmezdi. Amerikan Hastanesi'ne, en iyi hastanelere giderlerdi. Gerisi de zaten bizim hastaneye gelirdi." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey,15 June 2009.

[253] Republic of Turkey, *T.C.Resmi Gazete*, no: 27010, 27.09.2008.

[254] "Dört ya da beş yerde sandığımız vardır. Nedir bu? Samatya, Kadıköy, Surp Agop Hastanesi, Pangaltı. Dört yerde sandığımız var ve bu dört seçim bölgesinde yaşayan Ermeni Katolik Cemaati ancak oy atabiliyor." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

by their community members because sometimes the election lists are subject to the approval of the community:

> None of the administrators here can serve at this hospital without the approval of the community, the Jewish community. First, his curriculum vita is sent to the community. If he is approved of by the community, he can serve here. Today, the Jewish community has 150 voluntary workers. I am mistaken, 1500. Those 1500 people are all approved.[255]

In this way, the administrators of the hospitals have to be community members. The administrative duties, therefore, turns into a voluntary work, which is different from managing a profit-driven hospital. In other words, the hospital administration turns to be a "relay race."[256]

Also, the administrators' motivations for the duty are rooted in the community solidarity. It is not surprising that many of the administrators' duties in the hospitals are related to the encouragement by the community members or motivations of communitarian bonds. For example, the decision to participate in the hospital administration may be rooted in former activities in the community institutions, such as participation in youth organizations or being employed in the community media.[257] The

---

[255] "Bir hastane yöneticisi, Cemaatin, Yahudi Cemaati'nin icazetini almadan burada hizmet veremez. İlk önce onun özgeçmişi Yahudi Cemaati'ne yollanır. Onay gelirse çalışabilir. Bugün Musevi cemaatinde çalışan 150 gönüllü çalışanı vardır Musevi Cemaati'nin. 1500, yanlış söyledim. Bu 1500 kişide tasvip gören insanlardır." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[256] Jojo İllel, "Eski Başkanın Mesajı," *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no: 4 (January 2009) p. 1.

[257] "Üniversite yıllarından itibaren cemaatin bir çok dernek ve kurumlarında çalışmaya başladım. Önce gençlik dernekleri, arkasından ... gazetesi ve arkasından, bir arkadaşımın önerisiyle, benim de aslında bilinç altından yakınlık duyduğum sağlık kurumunda çalışmaya başladım" HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009; "66' yılından beri ... gazetesinde yazıyorum." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

success in the community affairs is a criterion for support for the administrations of the hospital, one of the leading institutions of the community. A trustee said that,

> In general, one is elected to our institutions with the suggestion and encouragement of community members. Of course, they [trustees] mobilize all the opportunities to become successful. I participated in vakıf affairs in this way. Namely, to become involved in the communitarian affairs is fulfilled in this way.[258]

Also, some trustees have former ties with the hospital through lines of descent. For example, a trustee said that his involvement in the administration was rooted in his deceased father's involvement in the vakıf administration in the 1980s,[259] while another trustee said that his mother and grandmother had been on the women's committee in the hospital, which ensured his sympathy towards hospital.[260] Communitarian ties are of the same significance for the participation in the hospital administration as well: "I was not interested in those affairs, but eventually it is your turn in the absence of volunteers."[261] Another trustee cited the same argument;

> My consideration was that a small community has some churches, hospitals, so on. If no one takes care of this, no one works, what will happen to these enterprises? Hence, to take the responsibility…This is a relay race. I admitted

[258] "Genelde cemaat mensuplarının tavsiyesiyle ve beğendiği kişilerin arkasından itmesiyle kurumlarımıza seçilinir. Tabi başarılı olmak için de ellerinden gelen bütün imkanları seferber ederler. Vakıf işine ben bu şekilde girdim. Yani bizim cemaat içinde vakıf işine girmek için bu şekilde." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[259] "Hastaneyle ilişki şöyle benim babam, rahmetli, idare heyetindeydi 80'li yıllarda, 76'lı yıllardaki seçimlerde idare heyetine girmişti. Yani bir yerde biraz biliniyorduk." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey,16 June 2009.

[260] "Benim büyükannem de hem zamanında çalışmış hastanede annem de çalışmış. Mavi Melek olarak." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey,15 June 2009.

[261] "Ya benim pek o işlerde fazla bir ilgim yoktu ama adam kalmayınca eninde sonunda size de geliyor sıra." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 23 May 2008.

> this considering that today this is my business, but tomorrow another one will replace me.[262]

Hence, it is evident that lines of descent and the communitarian bonds are significant in the decisions of trustees to get involved in hospital administration.

Furthermore, the administrations' relations with the religious authorities are another indicator of the administration-community affiliation in the community hospitals. However, one can easily estimate that the religious authorities of the non-Muslim communities do not involve administrative matters:

> The patriarch is our spiritual head. Therefore, we have relations in spiritual matters. But he has no relation with the hospital administration. Can he give ideas? Yes, if we ask, he can. But what can I ask to the Patriarch? Does he know the economy better than I do? Today, hospital administration is economy. Will I pose an economic question to him?[263]

As revealed in the quotation, the administrative matters are not related to the religious authorities in the non-Muslim communities. However, religious authorities are respected due to the religious affiliation of the administrative board. "We all come to our feed when the patriarch came."[264] This is a good statement indicating the communitarian character of the Surp Pirgic Hospital. Moreover, sometimes the appeals from the religious authorities are welcomed in the administrations of the community hospitals;

---

[262] "Çünkü benim düşüncem şuydu: zaten az bir cemaat mensubunun bir takım kiliseleri var hastanesi var falan filan. Bunu o idare etmezse, öteki çalışmazsa, berisi çalışmazsa bu işletmeler ne olacak? Dolayısıyla işi bir tarafından ele alıp... Bu bir bayrak yarışıdır. Bugün ben yaparım, yarın başka biri yerime geçer düşüncesiyle bizde bunu kabul ettik." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[263] "Yani patrik manevi başımızdır. Dolayısıyla manevi konularda bağımız vardır. Ama Hastane yönetimiyle ilgili Patrik Hazretlerinin hiçbir bağlantısı yoktur. Ha, bir fikri ifade edebilirmi edemezmi? Sorulduğunda eder. Ama ne soracağım? Yani ekonomiyi benden iyi mi biliyor? Artık bugün hastane yönetimi bir ekonomidir. Ekonomik bir soru mu soracağım ona?" HOSP-D.01, interview by author, tape recording, Istanbul, Turkey,15 June 2009.

[264] "Ama patrik geldiği zaman hepimiz ayağa kalkarız." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey,15 June 2009.

> The patriarchate does not directly give orders to us such as you will do that in this or that way, because we are a civil association. But we meet their demands in one way or another, if we find them acceptable. What are these demands? It may be about the acceptance of an elder person or unpaid care for a poor patient. We do not reject these demands.[265]

Although some administrators exaggerate the position of the religious authorities as the owner of the hospital,[266] the relations between administrators and the religious authorities is limited to the respect for them which reveals the communitarian relations in the non-Muslim community hospitals. The management of the hospitals is not controlled by the religious authorities, but the administrators themselves do not ignore their religious-communitarian origin.

As a consequence, the non-Muslim community hospitals provide medical services to all kinds of people today. The patient profile of the hospitals does not reflect a communitarian character for multiple reasons. In addition to the decreased population of the non-Muslim communities, the well-being of the community members and multiplication of the number of incoming patients reduce the role of the non-Muslim communities in the hospitals. On the other hand, the administrations of the community hospitals operate in a purely communitarian structure. The administrators of a non-Muslim community hospital are all community members and their trusteeships are encouraged and, in some instances, approved by the community. Moreover, the

[265] "Direk olarak Patrikhane bize şöyle yapacaksınız, böyle yapacaksınız şeklinde talimatlar, direktifler vermez, bir sivil kuruluş olduğumuz için. Ama oradan gelen talepleri de biz bir şekilde uygun görürsek eğer karşılarız. İşte nedir bu talepler? Belki bir yaşlı kişinin alınması veya muhtacin olupta parası olmayan bir hastanın ücretsiz bakılması gibi talepler olabiliyor. Bunlara da biz hayır demiyoruz." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[266] "Hahambaşılık buranın sahibidir. Biz onların hizmetkarıyız. Burası Musevi hastanesidir. Belkide Yahudi Cemaati'nin amiral gemisidir. Ama yinede Yahudi cemaatine bağlıdır. Hahambaşılığa bağlıdır." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

influence of communitarian-religious structure in the hospitals can not be ignored with regard to the indication of the communitarian character of the non-Muslim community hospitals. In short, although the administrations are purely composed of community members, the non-Muslim community hospitals do not serve only their members in terms of treatment services.

Old Age Care in the Non-Muslim Community Hospitals

The distinguishing character of the non-Muslim community hospitals comes to fore in terms of their care functions. All four of the non-Muslim community hospitals in Istanbul provide elder services for both for the people in their community and outside their community. The old age caring functions in a charitable framework are based on beneficence.

First of all, it is important to note that the old age care in the non-Muslim community hospitals is not exclusive to the growing elderly population in the world and in Turkey. Their elder care services contribute to institutionalizing old age caring services in Turkey. As a result of industrialization and urbanization, old age population has reached to considerable points both in the world and in Turkey.[267] According to the WHO statistics, there is no region in the world where the population over sixty is less than five percent. In Europe, the percentage of the older population reaches to nineteen

[267] *Cumhuriyet Dönemi Türkiye Ansiklopedisi*, sv. "Cumhuriyet Döneminde Yaşlılar ve Sorunları."

percent.[268] Not surprisingly, the elder population in Turkey keeps up with the world trends. In 1935, the elderly population comprised three percent of the whole population.[269] However, in the 1950s, life expectancy increased due to improvements in the basic health conditions[270] and in the year 2000, the elder population reached almost four million people which implies that 5.69 percent of the Turkish population is over 65. Today, elderly population comprises eight percent of the population of Turkey.[271] 45.3 percent of the elder population is male while 54.7 percent is female.[272]

In transition to a new demographic structure, institutional solutions to the old age care become the first response to the aging population in Turkey.[273] Accordingly, the Law on Social Services and Child Protection required the establishment of elder care facilities in 1983 and highlighted the importance of elder care houses in the services to the elder population.[274] Therefore, the Turkish state provides elder caring service to almost 13,000 elderly in 109 elder houses of the Social Services and Child Protection

---

[268] World Health Organization, *World Health Statistics 2009* (Geneva: WHO Press, 2009), p. 140.

[269]Available [online]: http://www.tuik.gov.tr/PreIstatistikTablo.do?istab_id=205 [03.08.2009].

[270] *Cumhuriyet Dönemi Türkiye Ansiklopedisi*, sv. "Cumhuriyet Döneminde Yaşlılar ve Sorunları."

[271] World Health Organization, *World Health Statistics 2009* (Geneva: WHO Press, 2009), p. 138.

[272] Republic of Turkey State Planning Institution, *Türkiye'de Yaşlıların Durumu ve Yaşlanma Ulusal Eylem Planı,* Publication no DPT: 2741 (Ankara: State Planning Institution, 2007), p. 6.

[273] *Yaşlılar ve Yaşlı Yakınları Açısından Yaşam Biçimi Tercihleri*, ed. Sibel Kalaycıoğlu (Ankara: Türkiye Bilimler Akademisi, 2003), p. 30.

[274] See Republic of Turkey, *T.C. Resmi Gazete*, no: 18059, 27.05.1983.

Agency, Ministries and Municipalities.[275] For example, a well-known elder care institution in Turkey, the *Darülaceze*, is a hospital which provides care for indigent and disabled people besides elderly. Legally attached to the Istanbul Metropolitan Municipality, Darülaceze has a bed capacity of 1000, half of which is reserved for the indigent elderly.[276]

In addition, private elderly houses play an important role in the elder care services. Private elder care in the world, as well as in Turkey, is on the way to being an important sector given the demographic structure of the world population. In Turkey, there are 151 private elderly houses providing elder care to 8307 people, seven of which belong to the "minorities." Thirty four elder houses belong to the associations and vakıfs and the rest, 110 elder houses, are privately owned.[277] This implies that the private elderly houses have an important share in old age care services in Turkey. An increase in the private elder houses is observable in other countries. Especially European countries pay great importance to elder care and it is on the way to becoming a profitable sector in Europe. For example, private elder houses in Germany are supposed to add 1.5 million beds to their existing bed capacity, according to the German Economic Research Institute.[278]

---

[275] Available [online]: http://www.shcek.gov.tr/hizmetler/yasli/Yasli_Bakim_Hizmetleri.asp [04.08.2009].

[276] *Dünden Bugüne İstanbul Ansiklopedisi*, sv. "Darülaceze."

[277] Available [online]: http://www.shcek.gov.tr/hizmetler/yasli/Yasli_Bakim_Hizmetleri.asp [04.08.2009].

[278] İsmail Tufan, "Toplumun ve Yaşlılığın Geleceği," Available [online]: http://bianet.org/bianet/bianet/93440-toplumun-ve-yasliligin-gelecegi [05.08.2009].

In this framework, the elder care services in the non-Muslim community hospitals play an important role in the elder care in Turkey, providing almost twelve percent of the private elder care services in Turkey.[279] To start with, the Greek Hospital of Baloukli has an elder house sheltering 205 people.[280] The hospital has four different elder care buildings in its body. The ambulant elderly are cared for in the elder houses in the hospitals but the bedridden elderly are cared for in the geriatrics service. Hence, when combined with the geriatrics service, the capacity of the elder caring in the Greek Hospital raises up to 450 people.[281] The Surp Agop Hospital and Elderly House is another hospital that has both geriatrics and housing services for the elderly. The Surp Agop Hospital, besides its elderly house providing care service to 40 people,[282] takes care of the bedridden elderly in its geriatrics service.

The Surp Pirgic Hospital provides elder care service in its elder houses. Its capacity of elder care cannot be ignored because the capacity of the hospital is 267 beds.[283] Although there is no distinction of geriatrics or old age care in the Surp Pirgic Hospital, bedridden elder people are cared for in the elderly houses under the supervision of physicians. Furthermore, the hospital has twelve elderly houses which carry the names of their donors, Bilek, Kazancıyan-Yerganyan, Manukyan, Karakaş-

[279] Available [online]: http://www.shcek.gov.tr/hizmetler/yasli/Yasli_Bakim_Hizmetleri.asp [04.08.2009].

[280] Available [online]: http://www.shcek.gov.tr/Ozel_Kuruluslar/Azinliklara_Ait_Huzurevleri.asp [05.08.2008].

[281] HOSP-B.01, interview by author, tape recording, Istanbul, Turkey, 03 July 2009.

[282] Available [online]: http://www.shcek.gov.tr/Ozel_Kuruluslar/Azinliklara_Ait_Huzurevleri.asp [05.08.2008].

[283] Ibid.

Arzivyan, Gövderelioğlu, Jamgoçyan, Özçelik, Karamanukyan for male and female elders, Hintliyan-Taş for male and female elders and finally the Tarver Service. The luxurious specialties of each elder house create the differences among the twelve elder houses. For example, the rooms in the Bilek Elder House incorporate a bed, a commode, a TV table, two seats, a dining table and two chairsThe rooms, in addition to the sea view, have special toilets, baths and a kitchen which includes an electric furnace and a small cooler.[284] It is certain that other elder houses do not provide such comfortable living due to their building dates because previously founded elder houses were built in the dorm system. The positioning of the elderly among different houses is arranged depending on the occupancy rate.[285]

Finally, Or-Ahayim Balat Hospital accepts elderly patients in its geriatrics building, the Alegra Torel Geriatrics Pavilion, built in 2005.[286] The hospital has offered geriatrics services since its foundation, however, the year 2005 marks an important milestone for the hospital in that the geriatrics service was renovated and the capacity of the geriatrics service was increased.[287] The hospital provides geriatrics service with 26 rooms and 42 beds. The pavilion also incorporates a polyclinic, an emergency section and a diagnosis center for the treatment of elder patients. The geriatrics clinic in the

[284] Available [online]: http://www.surppirgic.com/bilek.asp [05.08.2009].

[285] "Neresi boşalırsa oraya. Birisi vefat etti bir yer boşaldıysa, o yere talip varsa, o oraya alınıyor." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 07 July 2009.

[286] "Geriatrics," in Or-Ahayim Hastanesi, *Presentation Booklet* (İstanbul: Or-Ahayim Hastanesi Vakfı, 2008).

[287] Jojo İllel, "From the President," in Or-Ahayim Hastanesi, *Presentation Booklet* (İstanbul: Or-Ahayim Hastanesi Vakfı, 2008).

Balat Hospital accepts Alzheimer and other geriatrics patients who do not have serious psychiatric disorders.

The Charitable Elder Care

As detailed above, the non-Muslim community hospitals give old age care service of various scopes and character. However, the significant point is that all the non-Muslim community hospitals in Istanbul provide old age care service, which indicates their outstanding function. More importantly, the elder services in the hospitals have a beneficent character in that the poor elder people can get unpaid care in the non-Muslim community hospitals.

The trustees in the community hospitals do not hesitate to stress the charitable character of the old age care that they provide. For example, a trustee in Greek Hospital of Baloukli is proud of the charitable attitudes in the hospital. Indicating the firman of Mehmed the Second, he stated that the Greek Hospital provides free service for the indigent or desolate people; the hospital is a poor house (*acziye*) at the same time.[288] Likewise, another trustee of Baloukli cites the existence of unpaid old age caring without hesitation; "There are both paid and unpaid [elder patients], but many of them [elder patients] stay without payment."[289] Moreover, the trustees of the Surp Agop Hospital trace the charitable old age care to the foundation of the hospital;

[288] HOSP-B.01, interview by author, notes of the author, Istanbul, Turkey, 22 April 2008.

[289] "Ücretli de var, ücretsizde var ama büyük ölçüde ücretsiz kalıyorlar onlar." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 08 June 2008.

> Anyway, it would not be such a problem because, initially, the hospital started [its functions] responsible for caring for the elder. It would be because the two are complementing each other. What happens if I shelter my elder in my hospital? If he [the elder] has nothing to do when caring him in the hospital – namely, it is not about death, not considering his death- but if he is not sick and has no relatives, you take him to the elder house.[290]

> The aim of this hospital in the foundation was to assist the poor patient. In the initial years, they were only curing the poor patients. Later, well off patients accepted because of the fact that, the hospital could not operate with poor patients without any profit. Now, we operate as a normal hospital. We have predetermined fees. We have a normal list and everybody pay those fees. But if one is poor, if one has no income and needs care, we fulfill these under specific circumstances. We do it if it is possible.[291]

Likewise, a trustee of the Surp Pirgic Hospital traces the old age care in the foundation of the hospital and accepts the charitable old age care enthusiastically;

> Exactly! The goal in the foundation was that. The waqfiyye [endowment deed] becomes invaluable if the elder, poor and indigent are not cared for.[292]

On the other hand, the trustees of Or-Ahayim Balat Hospital stress the function of geriatrics service in the community, in the first place;

---

[290] "Şimdi hoşgeldinde zaten bu yaşlılara bakmakla yükümlü bir yer olarak da başladığı için heralde öyle bir sorun olmazdı. Olurdu çünkü ikisi birbirini tamamlayan bir şey olduğu için. Noluyor yani benim yaşlıma hastanemde bakıyorum. Hastanede bakarken artık bu adamın yapılacak hiçbirşeyi yoksa -yani ölümsel olarak değil, ölecek falan diye değil- ama hastanelik değilse ve de kimsesi yoksa bu sefer ne oluyor yaşlılar yurduna alıyorsun adamı. Bunlar birbirini tamalayan bir şey oluyor veya yaşlılardan rahatsız olan direk hastaneye geçiyor." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

[291] "Bu hastanenin kuruluş amacı, 1837 yılında, fakir hastalara bakım yapabilmekti. İlk yıllarında sadece parası olmayan fakir hastaları tedavi ediyorlardı. Daha sonra, tabi bu hastalarla, herhangi bir geliri olmadan hastanenin çevrilemeyeceği görülünce paralı hastalar da alınmaya başlandı. Bugünkü çerçevede normal bir hastane gibi çalışıyoruz. Belirli bir ücretlerimiz vardır. Normal bir listemiz vardır, herkes o ücreti öder. Ama eğer o kişi fakirse, herhangi bir geliri yoksa ve de bakıma muhtaçsa tabi bunu da belirli koşullarda yerine getiriyoruz. Yapabildiğimiz hastanenin imkanları dahilinde." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[292] "Kesin. Kuruluş gayesi o yani. İhtiyara, fukaraya, muhtaça bakmadıktan sonra onun vakfiyesinin değeri yok ki." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 07 July 2009.

> This community has an elder house. This community has a hospital as well. The ambulant ones go to the elder house and the bedridden ones come to the hospital. He who gets sick in the elder house is sent directly here and he returns after his treatment.[293]

Later, the trustees in Or-Ahayim hospital described the beneficence in the hospital;

> He who is desolate, homeless and especially the sick... We have such patients. Let me say, it changes during the year; we have 15 or 20 such patients. Our field is geriatrics, but we took care of cancer and disabled patients once. But there are patients who have diseases we are not authorized to treat. We cannot take care of them. Then we send them either to Baloukli or La Paix, the patients go there.[294]

> As is everywhere, there are people in need of nursing, desolate people. As it is in every corner of the world, there are [such people] here, too. He is desolate or alone. His wife passed away. Therefore, if he is sick also, we are definitely responsible of his care. And we do, too.[295]

Therefore, it is evident that the old age care in the community hospitals operates in a charitable basis. In other words, the poor, indigent and sick people are cared for in the community hospitals without a payment.

At this point, it is important to note the reasons for charitable old age care. Why do the non-Muslim community hospitals give free old age care to elderly people? It is because of the fact that that the non-Muslim community hospitals are still administered

---

[293] "Bu cemaatin ihtiyarlar yurdu da var. Bu cemaatin hastanesi de var. Kendine bakabilenler ihtiyarlar yurduna, bakamayan da hastaneye geliyor. İhtiyarlar yurdunda hastalanan herhangi birisi doğrudan doğruya buraya sevk edilioyOr ve burada bakılıp tekrar yerine gönderiliyor." HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

[294] "Hiçkimsesi olmayan, evi olmayan ve özellikle hasta olan tabi. Böyle hastalarımız var. Ortalama diyim, sene içinde değişiyor tabi, 15 ile 20 arası böyle hastalarımız var. Saha, [daha] çok yaşlılık hastalıkları ama zamanında kanser olan, kötürüm olan bir sürü hastaya da baktık. Ama bizim ruhsatımızda olmayan hastalıkları olan insanlar da var. Onlara bakamıyoruz tabi. O zamanda ya Balıklı Rum'a ya La Paix'ye, oralara gidiyor hastalar." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

[295] "Her tarafta olduğu gibi bakıma muhtaç, kimsesi olmayan... Dünyanın her yerinde olduğu gibi burada da var. Kimsesi yok. Ya yanlızdır, çocukları yoktur. Eşi vefat etmiştir. Dolayısıyla, eğer hasta da oluyorsa, tabiki ona bakmakla yükümlüyüz. Bakıyoruz da." HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

by a mentality of beneficence. Although the hospitals and the elder houses of the non-Muslim communities have the status of private initiative, the benevolence in the foundation of the hospitals is not ignored by the administrators. To illustrate, for a trustee of the Greek Hospital of Baloukli, the status of the hospital as a private initiative was an important mistake so that none of the private hospitals could give unpaid care to patients. It was certain to him that the private hospitals operate with a profit-driven logic which even leads some private hospitals to rent their parking lots.[296] Hence, the Greek Hospital of Baloukli was not a profit-driven hospital; rather, the benevolence of the hospital was more important.

The same notion of benevolent hospital was observed in the administrators of other non-Muslim community hospitals in Istanbul:

> This has not been a commercial hospital. Now it is not, too. Now, it does not have commercial goals... to try to be a communitarian hospital... to shelter the poor... Initially, the goal of the hospital was to be like a benevolent hospital.[297]

> It is normal because the popular hospitals on the market are profit-driven institutions. Namely, he made an investment in the hospital business. Therefore, he expects profit from that. But here [this hospital] was founded as a benevolent institution. Our goal here is not to make money. We aim at providing good service and taking in enough money to ensure the function. And we ensure the function of the hospital, thanks to God. We do not aim at making money. The origin of here was a vakıf and the vakıf has a hospital. It was founded with the goal of beneficence and we perpetuate this work aiming at beneficence.[298]

---

[296] HOSP-B.01, interview by author, notes of the author, Istanbul, Turkey, 22 April 2008.

[297] "Ticari amaçlı pek bir hastane olamamış burası. Şu anda da değil. Şu anda da ticari amaçlı değil...cemaat hastanesi olmaya çalışması... fakir fukarayı barındırması... Amaç olaraki hoşgeldini bir kere hayır hastanesi gibi olmuş zaten." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

[298] "O çok normal tabi çünkü piyasada sesini duyuran hastaneler kar amacıyla kurulmuş kurumlardır. Yani adam hastane işine para yatırmış. Dolayısıyla ondan bir kar bekliyor. Ama burası bir hayır kurumu olarak kurulmuş. Bizim burada amacımız hastalardan para kazanmak değil. Biz hastalara iyi hizmet vermeyi, dönecek kadar da para almayı amaçlıyoruz. Dönecek kadar da alıyoruz, çok şükür. Bizim para kazanma amacımız yok. Burasının aslı bir vakıf, vakfın

> This hospital has a special position. I tried to stress that shortly before. The hospital is the focal point of the community as an important benevolent institution.[299]

The benevolent character of Or-Ahayim Hospital is evident in the publications of the hospital vakıf such as brochures and monthly journals, in addition to the discourse of the trustees. For example, the president of the administrative board stressed this point at the inauguration of his tenure. According to him, the hospital would continue to provide health care services in his four year tenure as a "humanist and boutique vakıf hospital which is clear of commercial concerns." [300] Moreover, the advertisements of Or-Ahayim Hospital indicate the benevolent charachter of the hospital. Of course, all the services of the hospital are not of a benevolent charachter, but the benevolence in the geriatrics service is clearly stressed in the advertisements; *Tecrübe, Teknoloji, Tsedaka, Torel* (Experience, Technology, *Tsedaka* [benevolence], Torel).[301]

As a consequence, the beneficent mind still prevails in the community hospitals and the provision of unpaid care to the elderly is a result of this benevolent perception of the existence of the hospitals. Bearing in mind that benevolence is not only a notion, the following focus on the supply side of the benevolence.

---

da bir hastanesi. Hayır amacıyla kurulmuş, hayır amacıyla da bu işi sürdürüyoruz." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11June 2009.

[299] "Bu hastanenin özel bir konumu var işte. Biraz evvel onu vurgulamaya çalıştım. Hastane önemli hayır kurumu olarak cemaatin devamlı odak noktası..." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11June 2009.

[300] Elio Medina, "Yeni Başkanın Mesajı," *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no: 4 (January 2009), p. 1.

[301] Or-Ahayim Hastanesi, *Brochure of Alegra Torel Geriatrics Pavillion* (Istanbul: Or-Ahayim Hastanesi Vakfı, 2005). The capitals of the four words are "t" which creates an equivocation in the brochure.

Financing Charitable Old Age Care: Who Gives?

The financing the benevolence in the hospitals is not of a uniform character and it is not performed thoroughly. The revenues of the hospitals are ensured from many different sources which includes the profit from medical services and different types of vakıf revenues and donations. Thus, the different types of revenues will be investigated first. After the importance of donations is given, the donors and the type of the donations will be revealed with reference to the fact that giving could be employed for personal aims.

Concerning the revenues of the hospitals, many of the trustees cited three types of revenues, profit from the medical services, waqf revenues and donations. According to them, these sources of revenues are complementary. The hospital cannot properly function depending mainly on one type of the revenue:

> The sources of income are, essentially, the income acquired from the hospital activities, it participates the insurance system. Also, there is income from the non-insured patients. This is the great portion. Apart from this, the hospital has some estates and there are rental incomes…Donations are taken sometimes, but they are not so much…Some devices could be bought with those donations. Rarely, reparation and paint work can be performed thanks to the donations. But what belongs to the hospital is essentially the income of the hospital activities.[302]

> The hospital, normally, has revenues from its own fees and price lists. Sometimes we receive donations despite the fact that they are small. But these donations are a drop in the ocean, namely they are not great figuratively. But we

[302] "Gelir kaynakları, esas itibariyle, şu andaki durumuyla daha çok yaptığı hastane faaliyetlerinden gelen gelirler, sigorta sistemine girdi. Ayrıca sigortalı olmayanlardan da alınan paralar var. Büyük kısmı o, onun dışında hastanenin işte bir miktar gayrimenkulleri var, onların kiralarının gelirleri var... Bir miktar bağış geliyor zaman zaman bağışlar tabii çok fazla değil... Bir takım aletler falan alınabiliyor o bağışlar sayesinde. Daha ender zamanlarda bir takım bağışlar sayesinde tamirat, boya şu bu işleri yapılabiliyor. Ama esas itibariyle hastane faaliyetlerinin geliridir hastaneye ait olan." HOSP-B.01, interview by author, tape recording, Istanbul, Turkey, 23 May 2008.

> can live off the rental incomes of our surrounding buildings for the investment and subvention of the hospital.[303]
>
> The hospital revenues are sustained in two different ways. But it should be remembered that the Surp Pirgic Armenian hospital was divided into two in 1990 as hospital management and vakıf. The hospital management is subject to the status of a corporation. It pays taxes and VAD. Besides fulfilling its other responsibilities, it is subject to the status of vakıf as well. It is responsible to them [General Directorate of Vakıfs]. We have two types of income. The hospital has an income from the patients, vakıf revenues, also, the grants in the supervision of the vakıf like donations.[304]

Above, the administrators of the community hospitals cited three types of income. They mainly rely on the revenues acquired from medical services and their permanent incomes such as vakıf revenues although the importance of a specific type of income depends on the specific conditions of each non-Muslim community hospital.

Not surprisingly, the administrators regard the amount of donations to be inadequate compared to the expensiveness of the medical sector, which is the second most technology-intensive sector after space sector.[305] For example, a trustee from Surp Agop while complaining about the expensiveness of the medical equipment said that the cost of an MRI machine had reached 1.5 million dollars, while a mammography

---

[303] "Hastane normal, biraz evvel anlattığım gibi hastanenin kendi ücretlendirme, fiyat listelerinden dolayı bir gelirleri var. Çok az olmakla beraber zaman zaman bir takım bağışlar yapılabiliyor. Fakat bu bağışlar devede kulak yani rakamsal olarak büyük bir meblağ tutmuyor. Ama hastanenin daha fazla bu yatırımı için ve hastanenin sübvansiyonu için çevredeki binalardan aldığımız kiralarla geçinebiliyoruz." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[304] Hastane gelirleri iki yoldan sağlanıyor. Yanlız unutmamak lazım ki bizim Surp Pirgiç Ermeni Hastanesi 1990 senesinde ikiye bölündü. Hastane işletmesi ve vakıf olarak. Hastane işletmesi tam bir anonim şirket statüsüne tabi. Vergisini veriyor. KDV'sini ödüyor. Diğer vecibelerini, yani anonim şirketlerin tüm vecibelerini yaptıktan öte birde vakıflar statüsüne tabi. Onlara hesap veriyor. Onlardan teftiş görüyor. İki çeşit gelirimiz var. Hastane, hastalardan elde ettiğimiz gelirler, vakıf gelirleri, birde vakıflar denetiminde aldığımız hibeler, bağışlar gibi." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15 June 2009.

[305] Metin Yerebakan, *Özel Hastaneler Araştırması* (İstanbul: İTO, 2000), p. 9.

machine cost five hundred.[306] Thus, even donations of large sums failed to meet the costs of medical equipment. However, donations are essential to the charitable elder care in the hospitals since it is not as technology-intensive as pure medical care. For example, building a new wing costs less than one of the latest machines. Thus the donors prefer the elder care services because they can show their benevolence instantly and permanently in that area;

> But the donations exist from the very beginning, my brother. It started with Kazaz Amira and comes until today. For example, today there is the Cezotaş section in our elder houses. Its former name was Hintliyan, I guess. Our friend ... renovated it 4 years ago. After 4 years, its paint had become bad and now he is having it [elder house] repainted... Hintliyan founded and Hintliyan [the name] remains but it is labeled "renovated by ... 5 years ago." If it was renovated now, it would be labeled "renovated in 2009 by ..."[307]

Moreover, it was clearly stated by the trustees of Or-Ahayim Hospital that the donations are employed to care for the elderly and the poor people;

> Now, the biggest income of our hospital is the amount earned from the polyclinics and surgical operations. Also, there are donations collected for the vakıf. There are donations given for taking care of the poor patients.[308]
>
> As I stated before, profit making is almost impossible for this hospital, it is sustained only through the donations. And those donators have never left the

[306] "Hastaneyi ileri bir seviyeye ulaştırmak için bugün bir MR aleti 1,5 milyon dolar. Bir mamografi 500 bin dolar!" HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[307] "Ama kökünden beri bağış zaten kardeşim. Kazaz Amira ile başlıyor günümüze kadar. Mesela bugün şu anda ihtiyarhanenin Cezotaş bölümü var. Eski adı Hintliyan galiba. ... diye bir arkadaşımız 4 sene evvel yeniledi. 4 sene geçti boyaları bozuldu şu anda boyasını tekrar yaptırıyor... Hintliyan kurmuş ama son 5 sene evvel, o Hintliyan kalır kısmı altında, ... tarafından yenilenmiştir ... tarafından diye yazar. Şimdi yine yenileniyorsa 2009'da yenilenmiştir ... tarafından diye yazar." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 07 July 2009.

[308] "Şu anda bizim hastanemizin en büyük geliri hastanenin poliklinik yaparak, ameliyat yaparak kazandığı rakamlardır. Birde vakıf için toplanan bağışlar var. Fakir hastalara bakmamız için verilen bağışlar var." HOSP-A.01, Elio Medina, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

> hospital in its 100 years history. The building in which now we are standing is called the Alegra Torel Geriatrics Service. This building was built in the memory of the wife of Rafael Torel, who is a former president of the hospital. When we just visited the hospital, the plaques on the doors show the names of donors. Also, the plaques in the various sections of the hospital walls show the donors who have donated to the hospital.[309]
>
> We are always in pursuit of donations. Anyway, the philanthropists do not break their emotional ties with the hospital. They continue their support.[310]

Therefore, old age care in the hospitals is mainly conducted within a charitable framework, which implies the significance of donations in old age care. Either in cash or in kind, old age care is mainly based on the donations.

As will be revealed below, the donors are mainly wealthy community members because of the fact that giving requires a surplus of money. In other words, the elite members of a non-Muslim community support the old age care activities in the hospital of the community. To illustrate with a specific example, a famous composer, musician and pianist who was treated in the Surp Pirgic Armenian Hospital in his last days, had been the donor of the Karamanuk service in the hospital. [311] Likewise, other elder houses in the Surp Pirgic were built by the rich members of the Armenian-Gregorian

---

[309] "Dediğim gibi bu hastanenin kar etmesi imkansıza yakın ancak bağışlarla ayakta kalır. Ve bu bağışseverler 110 yıllık tarihi boyunca hiçbir zaman hastaneyi yanlız bırakmamışlardır. Şu içinde bulunduğumuz binanın ismi Alegra Torel Geriatri Bölümü'dür. Bunu 6-7 sene önce hastanenin eski başkanlarından olan Rafael Torel, eşinin anısına inşa etmiştir. Hastaneyi az evvel ziyaret ettiğmizde kapılarda gördüğünüz plaketlere o hayırseverlerin isimleri yazılır. Ayrıca hastanenin duvarlarının muhtelif yerlerinde hastaneye bağış yapmış insanların isimleri yazılır bu plaketlerde." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[310] "Bağışların biz her zaman peşindeyiz. Bağış severler zaten kendiliğinden de gönül bağlarını bizden koparmazlar. Desteklerini sürdürürler." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[311] "Ünlü Kompozitör Sivart Karamanuk Aramızdan Ayrıldı," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 707-708 (September-October 2008), p. 2.

Community. Thus, the well-off members of the community contribute to the charitable old age care in the hospital:

> The upper class donates. The middle [class] cannot. From the upper class.[312]

> The members of the community, precisely, to that side as Mr... says, to the side what we call elder house... Also there is the section of Hintliyan here that a hundred more elder and care-requiring people, the bedridden people over the hill, stay. Hintliyan. The people there amount to approximately 100. Everybody regards them as their parents. Ones who are well-off send *kurban* [sacrificed animals]. They send donations.[313]

> The hospital is the focal point of the community as an important beneficent institution. Sometimes the well-off people who have small or big sources transfer that money here as donations thanks to being the focal point. There is nothing here. But the hospital is in the focal point of the community as a beneficent institution. [The community] keeps its hand over [the hospital], that is the explanation.[314]

Likewise, the well-off members of the Armenian-Catholic community members are interested in the Surp Agop Hospital;

> The hospital is a place of saving for the Armenian Catholic community. Namely, if something happens to me, I have a hospital and it will take care of me. For they regard their future guaranteed, they in no way let a change in the place of a

---

[312] "Üst sınıftan geliyor. Orta da yapamaz. Üst sınıftan." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15 June 2009.

[313] "Cemaat mensupları muhakkak ki, bu bizim, işte ... Bey'in dediği gibi şu tarafa, ihtiyarhane, huzurevi dediğimiz... Birde Hintliyan kısmımız var ki burada o huzurevinde yaşlanmış ve çok bakıma muhtaç kişilerin, elden ayaktan düşmüş yatağa bağımlı olmuş kişilerin de bulunduğu aşağı yukarı yüz kişi de öyle var o tarafta.Hintliyan. Oradaki kişiler, mesela 100 kişi de orada var aşağı yukarı. Herkes bunları annesi babası gibi görür. Durumu iyi olanlar kurban gönderirler. Bağış gönderirler." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[314] "Hastane önemli hayır kurumu olarak cemaatin devamlı odak noktası. Dolayısıyla bu odak noktasında bulunmak sebebiyle hastane küçük büyük kaynağı olanlar, durumu iyi olanlar bu parayı zaman zaman buraya aktarırlar bağış şeklinde. Bunun içinde büyük olanlar da vardır, damlalar şeklinde algılayacaklarınız da vardır. Burada bir şey yok. Ama hastane yani cemaatin bir hayır kurumu olarak odak noktasındadır. Eli üzerindedir yani bunun izahı o." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

> stone in the hospital in the negative meaning. Thus, the hospital is the apple of our wealthy members' eye.[315]

The trustees of Or-Ahayim assume every community member as a potential donor; "There is no distinction here, from the smallest to the biggest."[316] However, they attach significance to the well-off members of their community since, as they know from experience, small donations like money boxes are not as effective as a big donation:

> Also, there are famous rich businessmen. They do not forget the hospital and make donations once a year or once in two years. Donations from abroad are so small. It is not much up to now. So, let me say as a summary that the community sustains the hospital via donations.[317]

Hence, it is certain that the well-off members of the non-Muslim communities in Turkey contribute to the hospital budget and they assist the elder care services.

The donations from abroad are so limited that they are of no mention for some non-Muslim community hospitals. The Surp Pirgic Hospital, which has many assistance associations abroad, is an exception among them. As in the past, the Gulbenkian Foundation plays a significant role in the charitable affairs in the hospital. The close relations between the Foundation and the hospital continue today. For example, Zaven Yergavian, an influential figure and the Director of the Armenian Department of the

---

[315] "Hastane Ermeni Katolik Cemaati'nin bugün bir kurtuluş yeri. Yani bana birşey olursa benim hastanem var, hastane bana bakacak. Benim yarınımı garanti olarak gördükleri için hastaneyi hiçbir şekilde bir taşının dahi değişmesini istemiyorlar negatif manada. Dolayısıyla zenginlerimiz hastaneye gözbebekleri gibi bakıyorlar." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

[316] "Ayrım yok burada herkes, küçüğünden büyüğüne kadar. Bir lira veren de olur, on lira veren de olur, yüz lira veren de olur, bin lira veren de olur." HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

[317] "Ayrıca bilinen maddi durumu iyi işadamları vardır. Onlar senede bir, iki senede bir hastaneyi unutmaz bağış yaparlar. Yurtdışından bağış pek azdır. Şu ana kadar pek yoktur. Yani cemaat kendi içinde bağış yaparak hastaneyi ayakta tutmaya çalışıyor deyim özet olarak." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

Gulbenkian Foundation, stressed the close relations between the hospital and the Foundation during his Istanbul visit in 2008. According to him, the mausoleum of the Gulbenkian family which is located in the garden of the Surp Pirgic Hospital, establishes the most important link between the foundation and the hospital.[318] The trustees also are aware that the most important activity of the Gulbenkian Foundaiton is supporting the Surp Pirgic Armenian Hospital; however, the trustees add that the foundation is in crisis and can no longer assist their budget in great amounts, just like the assistance communities abroad:

> They continue [to donate]. Still they donate. Not only in the sixties or seventies, but also the Gulbenkian donates today. His mausoleum is over there.[319]
>
> The assistance associations abroad –crises influences those. No money has come from the assistance associations abroad for a long time. Very little. The Gulbenkian Foundation is in crisis, too. One of their important goals is our hospital. But a little equipment assistance; so on. They cannot do more. The crises strike.[320]
>
> For three years, it has been very little. They have kept their investment in US dollar. The rise of the Euro, their disengagement from petroleum weakened the foundation.[321]

---

[318] "Prof. Zaven Yegavyan'la Söyleşi," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 705-706 (July-August 2008), p. 2.

[319] "Devamlı ediyorlar. Şimdik de ediyorlar. Altmışlı yetmişli yıllarda değil, bugün de Gülbenkyan bağış yapıyor. Cenazesi orada göstermedilermi sana? Mezarı orada." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15 June 2009.

[320] "O dışardaki yardım kolları –işte krizler bunları etkiliyor-, dışarıdaki yardım kollarından epey bir zamandır yardım gelmiyor. Çok az. Aynı krizi mesela Gülbenkyan Vakfı da yaşıyor. Gülbenkyan Vakfı'nın mesela önemli hedeflerinden biri bizim hastane. Ama birkaç cihaz yardımı vesaire. Bunun dışına çok çıkamıyorlar yani. Krizler etkiliyor." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[321] "Üç senedir çok az. Bunlar Dolar'da kalmışlar. Euro'nun paritesinin yükselişi, petrolden çıkmaları vakfı zayıflatmış." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

So, the weakening of the foundation has decreased the support of the Gulbenkians; however, individual and spontaneous donations to Surp Pirgic from abroad continue. A story narrated by a trustee of Surp Pirgic indicates the spontaneous nature of the donations from abroad:

> For example, there were people from various corners of Anatolia sheltered in this hospital in the 1920s –in the time of poverty and war. Or people from the surrounding cities of Istanbul sheltered, how should I know. There were a girl and a boy sheltered of the same age, but they did not meet here. They had to go to America. They met there. They got married. During their chat, when one said I had been that place at that time and the other said I had been that place, they understood that they had been at the same place. The men passed away when he was 101. The women passed away when she was 103. She passed away one and half years ago. But her will came here four years ago. She stated in her testament "sell my house and give the money to Surp Pirgic Armenian Hospital in Istanbul." I was informed that her house amounts approximately 1.5 million dollars at that time. When she got sick, she was hospitalized. When the money ran out, they sold the house. 616,000 dollars left from that money. The money was transferred here according to her last testament. That was an interesting donation when I was here, for example.[322]

Moreover, foreign visitors to the Surp Pirgic Hospital make spontaneous donations. A choir from Los Angeles made a considerable donation as a result of the hospitality that they had received in the hospital.[323] Thus, the contributions from abroad could be

---

[322] "Mesela 1920'li tarihlerde bu hastanede, o fakirlik dönemi savaş zamanı, bu hastanede barınanlar olmuş Anadolu'nun muhtelif yerlerinden. Veyahut da, ne bileyim ben, İstanbul'un çevresinden bu hastanede kalanlar olmuşlar. Aynı tarihte burada olan bir genç kızla bir delikanlı, ama burada tanışmıyorlar. Amerika'ya gidiyorlar. Orada tanışıyorlar. Evleniyorlar. İşte kendi muhabbetleri arasında işte şu tarihte şuradaydım, o da bende buradaydım derken aynı yerde bulunduklarını anlıyorlar. Adam 101 yaşında rahmetli olmuş. Kadıncağız da 103 yaşında rahmetli olmuş. Bundan bir buçuk sene önce rahmetli oldu. Ama dört sene önce vasiyetnamesi geldi. Demiş ki benim evimi satın, İstanbul'da, Türkiye'deki Surp Pirgiç Ermeni Hastanesi'ne parayı verin diye bir vasiyetname yazmış. Kadının evi aşağı yukarı 1.5 milyon dolar filan eder diyorlardı o tarihlerde. Kadın tabi rahatsızlanınca orada hastaneye yatıyor. Para yetişmeyince evi satıyorlar. Paradan 616 bin Dolar para kalıyor. Onun da vasiyet gereği para buraya geliyor. Mesela ben burada bulunurken öyle enteresan bir bağıştı bu." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[323] "Los Angeles'in 'Haçaduryan' korosu S.P. Hastanesi'nde," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 701-702 (March-April 2008), p. 6.

considered an important source of income for the charitable activities in the Surp Pirgic Hospital.

Similarly, Surp Agop hospital benefits from donations from abroad. Although they are not supported by the Gulbenkian Foundation nowadays, *Caritas Internationalis*,[324] which is a charity institution on behalf of Catholics, supports the charitable activities of Surp Agop Hospital. They have donated some medical equipment to the Hospital.[325]

The Greek Hospital of Baloukli shows a discrepancy from the three other community hospitals in terms of donors. It was evident above that the Armenians and Jewish people living in Istanbul support the hospitals of their community. Even the community members from abroad donate to the community hospitals. The Greek Hospital, however, receives big support and donations from non-members of the Greek community. Usually, they are big corporations or important businessmen in Turkey. For example, the donations of Türkiye İş Bankası, Burger King Turkey and other important businessmen are important for the hospital.[326] Further, important businessmen from the entertainment or construction sectors make large donations to this hospital. Businessmen have sponsored the establishment of specific services such as intensive care service. [327]

---

[324] Available [online]: http://www.caritas.org/about/index.html [09.08.2009].

[325] "Gülbenkian vakfı tamamen Gregoryan'lara, biz Katolik'iz mesela, tamamen Gregoryan'lara yönelik bir vakıftır. Onun bize bir katkısı olmaz. Ha nedir? Caritas diye bir yardım kuruluşu vardır mesela. O Caritas denilen yardım kuruluşunun makina parkuru yardımı olur." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

[326] Balıklı Rum Hastanesi, *Anniversary Volume of 250th Year (*İstanbul: Balıklı Rum Hastanesi Vakfı, 2003), p. 37-39.

[327] Ibid.

Communitarian assistance plays a part in the hospital. The Association to Assist the Poor Patients and Elderly of Greek Hospital of Baloukli Waqf is an association with purely communitarian tones. Administered by the members of Greek-Orthodox community, the association aims at assist the indigent elder people resident in the hospital.[328] Finally, there have been of donations from the Greek government.[329]

The type of the donations is important as well. Like with every grant, the donations to the hospitals are either in kind or in cash. The donations in kind include varies from the building of an elderly service wing to the donation of medical equipment. The publications of the community hospital vakıfs include plenty of information concerning such donations.[330] As mentioned above, donations in kind result in the perpetuation of the name of the donor because his name is labeled on the equipment, the service or the whole building like the Alegra Torel Geriatrics Service in Or-Ahayim Balat Hospital. Examples are easy to find;

> He undertook all the expenses to give his name to the elderly clinic. There are such events. You cannot invest otherwise. There are two ways of investment. Either donations...For example, you see the name of the donor in the intensive care service... Donations are a fixture. If the construction type of donations are lacking, it would not be done anyway.[331]

Another type of donations is conditional donations made generally by the elderly people resident in the non-Muslim community hospital. The simple logic of this type of

---

[328] Ibid., p. 47.

[329] Ibid., p. 189.

[330] See "Bizden Haberler," *Surp Agop*, no: 3 (June 2004), p. 1.

[331] "Adam yaşlılar kliniğine adını vermek için bütün masraflarını üstlendi. Böyle şeyler var. Başka türlü yatırım yapamazsın. Yatırımın iki yolu var. ya bağış... Mesela git yoğun bakımın üstünde bağışçının ismi var... Bağış demirbaş. İnşaat yönünden bağışlar olmazsa zaten yapılamaz." HOSP-D.01, interview by author, notes of the author, Istanbul, Turkey, 15 June 2009.

donation is to give a certain amount of money in return for lifelong care. Therefore, the donated material may be some amount of money in cash or in the form of an apartment which can ensure rental income for the hospital. According to a physician in the Greek Hospital of Baloukli, it was an old practice that the elderly people would exchange lifelong care in return for two apartments. This practice has been applied since the foundation of the hospital.[332] Conditioned donations are common to other non-Muslim community hospitals as well. However, besides its rare nature, making or making use of a conditioned donation is not a seamless process according to many trustees;

> Some people offer to spend the last days of their life on the condition of donating their apartment. This is a process which is thorough and hard to follow up because the rich of the old days who reside in quarters outmoded today –they are very poor now-, the quarter in which they reside lost its value and is not worth much. However, financing of the care of the eldery in the hospital is very expensive today. I have just stated that four people serve one resident and their salaries are paid, too. This is a question of mutual discussion and persuading the heirs, because those elders have relatives who do not care for them when alive, but remember them when they have died.[333]

> Up to now, it has occurred two or three times in our history. Nobody comes to the elder house after donating his house. Most of the elders in the elder house are poor. If he had a house, he would stay there.[334]

---

[332] HOSP-B.03, interview by author, notes of the author, Istanbul, Turkey, 06 June 2008.

[333] "Ömrünün sonbaharında olan bazı insanlar oturdukları evi bağışlamak kaydıyla hastanede hayatlarının son zamanlarını geçirmeyi teklif ederler. Bu çok zor ve takibi çok zor bir süreçtir. Çünkü bugün kıymeti düşen bazı semtlerde oturan zamanının zenginleri - ki bugün yoksullaşmışlardır-, oturdukları mahalle artık önemini kaybetmiştir ve ellerindeki değer de çok büyük değildir. Halbuki hastanede ömrünün son senelerinin finansmanı çok yüksektir bugünkü şartlarda. Az evvel söyledim bir kişiye dört kişi hizmet veriyor ve onların maaşları da ödeniyor. Bu bir karşılıklı müzakere sorunudur, birde mirasçıları da ikna etme sorunudur çünkü o yaşlıların hayattayken bakmadıkları ama vefatında hatırladıkları akrabaları vardır." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[334] "Şimdiye kadar dönemimizde ya iki kere ya üç kere olmuştur. Çünkü öyle herkes evini bağışlayıp ta öyle ihtiyarhaneye gelmez. Gelenlerin çoğu da parası olmayan fakir kişiler. Evi olsa zaten evinde oturur." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

> It is very rare. A person donates his house to you. But, what reciprocates that? On condition to be cared for in the hospital or guaranteeing his care in the elderly section. It [the donation] is a sort of drop in a bucket. It is not that easy, because his heirs do not want to give. Of course, imagine that –God forbid- your father wants to donate somewhere. You say "what are you doing?" But the rental income is ours.[335]

> Such demands [conditioned donations] were rarely requested but they are compatible with our system in a limited way. If he is healthy and wants to be cared for, we have another institution, like the elder house, like Barınyurt, there are people who live and are cared for there. But these are healthy. If he is sick, we do not care if he has money or owns a home. If he is really sick, we admit. That is the goal of the hospital.[336]

Sometimes, conditioned donations are rejected due to the former practices of the Turkish state. In the 1970s, the confiscation of the properties of the minority vakıfs which included the properties acquired by conditioned donations resulted in a deep distrust of the state:

> It is so dangerous today. Once such donations were taken, but the state took them back. A man made a conditioned donation in 1948. He granted his house on the condition to being cared for. In 1974, the state said that "no, you are not authorized to take this". It [the donations] was taken back from the hospital. In the meantime, the hospital met its own requirements. Namely, the man gave a conditioned donation to stay in the elder house, to be cared for in case of sickness, and to be fed, so on. It [the hospital] fulfilled all these. Then you came and say "you cannot take this."[337]

---

[335] "Ayda yılda bir olan birşeydir o. X biri çıkar evini bağışlar sana. Ama o da neye karşılıktır? Hastanede bakımına ya da yaşlılar kısmında bakımını garantilemek kaydıyla. O da devede kulak denen cinsten birşey. Hiç öyle kolay birşey değil o, çünkü varisleri istemez. Tabi yani düşün, Allah göstermesin de, baban biryere bağışlamak istiyor. 'Ne yapıyorsun' dersin ya. Ama bizim kira geliridir." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

[336] "Böyle talepler tek tük geldi bize ama çok uygun değil bizim sistemimize. Yani eğer sağlıklıysa ve bana bakın diye şey yapıyorsa, bizim bir kurumumuz daha var ihtiyarlar yurdu gibi, Barınyurt gibi, oralarda yaşamlarını idame ettirip bakılan insanlar var. Ama bunlar hasta olmayan insanlar. Hasta olduğu zaman biz o evi varmı, parası varmıya pek bakmıyoruz. Eğer gerçekten hastaysa bir şekilde mutlaka kabul ediyoruz. Hastanenin amacı da o zaten." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

[337] "O artık çok tehlikeli. O bir zamanlar yapıldı sonradan devlet geri aldı onları. Adam 1948'de o koşullu bağışı yapmış. Bakılmak kaydıyla evini bağışlamış. 1974'de devlet demiş ki hayır senin almaya hakkın yoktu demiş. 48 neresi 74 neresi. Gitmiş almış onu hastanenin elinden. Bu ara hastane kendi tarafından olan şeyi karşılamış. Yani adam koşullu bağış yapmış ben gelicem

The quotations imply that conditioned donations are made rarely due to the problematic nature of this type of donation. Also, the elderly who will be sheltered in the elderly houses are generally poor people, some of whom only make such a donation due to the destitution, according to trustees.

Some special days ensure a flow of donations to the hospitals. Funerals, births, weddings and other special days encourage donors to make donations to the non-Muslim community hospitals. These kinds of donations are explicit, especially in the Armenian Hospitals in Istanbul:

> Look, donations are made as a result of some regrettable and happy events. Let's say, a person who lost his relative donates to the hospital to perpetuate his memory or a grandfather or a father could give donation for a baby given birth, he assists willingly. He is recovered from a specific disease, he applies on his own to purchase the medical equipment for that specific disease. There is no rule but the donators assist the hospital in various ways.[338]

> You donate, for example, instead of donating to the poor at the wedding ceremony, I tell him that I will make a donation of two hundred million to the hospital in his name. You go to a funeral. At the funeral, you make a donation to the hospital in the name of the deceased. There are other types of donations, too.[339]

---

ihtiyarhanede kalıcam, bakacaksınız hastalanırsam veya orada yemeğim bilmemnem falan. Bütün bunları yapmış. Sen geliyorsun ondan sonra bunları alamazsın diyorsun." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 08 June 2009.

[338] "Şimdi bak; bazı üzücü ve sevindirici olayların sonunda bağış yapılır. Diyelim ki, yakınını kaybeden bir insan yakınının hatırasını sürdürmek için hastaneye bir bağış yapar, veya bir doğumdan sonra dünyaya gelen bir bebek için büyükbabası yada babası bir bağış yapabilir, gönlünden kopar yardım eder. Bir hastalık atlatmıştır, o hastalığı tedavi etmeye yönelik araçların alınmasında tıbbi malzemenin alınmasında kendi müracaat eder. Bunun bir kaidesi yoktur ama muhtelif şekilde bağışseverler hastaneye yardım eder." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[339] "Bağış yapıyorsun. Mesela ben bir fakire düğünde bağış yapacağıma diyorum ki senin adına hastaneye ikiyüz milyon bağışta bulunuyorum. Cenazeye gidiyorsun. Cenazeye gittiğin zaman ölünün adına hastaneye bağış yapıyorsun. Başka bağışlar da var." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15.06.2009.

Furthermore, the religious days and some commemorative days are important for the community, like the anniversary of the foundation of the hospital which is employed by the hospital administrations to increase the flow of the donations. For example, a brochure published by the Or-Ahayim hospital introduces the gifts prepared by the hospital administrations "to send to loved ones" during the Passover festival. The range of gifts is so large that it varies from celebration cards to chocolate baskets and special health cards. Other religious festivals of Judaism are considered as well: "in two festivals, in two Judaic festivals –one is the religious New Year and the other is *Hamursuz*- we collect donations via the celebration cards."[340]

The commemoration of the foundation of hospitals, also, increases the flow of the donations as a separate type. On these commemoration days, balls are organized and donations for the hospitals are collected:

> Balls are organized at need. They are organized less often. There were many in the past...here, when celebrating the centenary of the hospital at CRR [concert hall], we invited an artist from abroad. The people who were interested in the invited artist donated to us. We collect donations in this way.[341]
>
> We organize love tables in the anniversary of celebration, in May. But we never do that; [one is] neither compelled nor forced [to donate].[342]

---

[340] "İki bayramda, iki Musevi bayramında, ki biri dini yılbaşıdır, biri de Hamursuz Bayramı'dır, biz tebrik kartları vasıtasıyla bağış toplarız." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[341] "Yemek de oluyor gerekirse. Daha az oluyor. Eskiden daha çok oluyormuş...burada da, CRR'de 100. yılını kutlarken hastane, yurtdışından bir sanatçı getirmiştik... O getirdiğimiz sanatçı ile alakalı olan insanlar bize bağışlarda bulunmuşlardı. Dolayısıyla bu bağışları bu şekilde alıyoruz zaten." HOSP-A.03, interview by author, tape recording, Istanbul, Turkey, 29 June 2009.

[342] "Bir tane sevgi masaları yapılıyor, kuruluş yıldönümünde, mayıs ayında. Fakat hiçbir zaman şey yapılmaz. Ne mecbur edilir ne zorlanır." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey 15 June 2009.

However, some trustees question the effectiveness of the organized donation collecting and refuse the organization of such activities;

> Such things occurred in the past. The last time such things happened was 1948. Now you cannot organize because how much from whom...Donations still continue, they always given. But the hospital budget is so big that such donations [organizations] cannot meet the needs.[343]

According to him, donation collecting via organizations is ineffective due to the highly expanded budget of the hospital, but it is certain that administrations sometimes employ this method in order to the increase flow of donations.

Consequently, it became evident that the non-Muslim community hospitals have three sources of income. The first is the revenues acquired from the medical services such as polyclinics or surgeries. However, the interviews reveal that the income from medical activities is only sufficient to meet the expenses of the hospital. In other words, due to the fact that the hospitals are not profit-driven, their aim is to finance the medical activities such as polyclinic services with their own income.

The second is the vakıf revenues, which are sometimes supposed to support the medical activities such as in the purchase of medical equipment. Vakıf revenues such as rental incomes are essential to the charitable old age caring in the hospitals. Third, donations could also be considered as revenue of the vakıf because the donations are transferred to the old age care via the vakıf legally, purely to support the charitable old age care activities in the hospitals. Mainly given by the rich community members, donations support the old age care in terms of the construction, renovation of the buildings and the provision of needs. The well-off members of the non-Muslim

[343] "Eskiden oluyormuş öyle şeyler. En son 1948'lerde falan yapılmış öyle şeyler. Fakat şimdi yapamazsın çünkü kimden ne kadar... bağış yapılmıyor değil, her zaman geliyor bağışlar. Ama artık hastanenin bütçesi o kadar büyük ki böyle bağışlarla bunu kurtaracak bir durum yok." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 08 June 2009.

community, therefore, consolidate their position and protect the hierarchy in the social group via in-kind or in-cash assistance to the hospitals. Their donating activities are encouraged by the organizations by the hospital administrations in the religious festivals or commemoration days. Finally, conditioned donations of the elderly, which are rare, could be regarded as a type of in-kind donation.

Who Deserves Charitable Old Age Care?

What is important in the charitable acts is the existence of a limitation in the provision of a given service. Depending on the aim of the charitable work, the beneficiaries of that charitable work are defined according to some formal and informal rules. This is an important instrument of ensuring solidarity in a community or social group. Likewise, the charitable old age care in the non-Muslim community hospitals has a limited nature. Not everyone is eligible to receive charitable old age care. First, as in many charitable acts, unpaid care is given to the poor elderly. Even though there are some elderly who give their property in return for their care, this does not necessarily mean that they are rich. In most instances, the property they donate is a sum of their lifelong savings. The rarity of such donations was discussed above. Second, although the charitable old age care is open to all poor people, the members of non-Muslim communities have precedence over the people outside the community in terms of accessibility to care. This section investigates the beneficence in the hospitals pertaining to accessibility, which is another indicator of the social role of the non-Muslim community hospitals.

As stated before, the poor elderly make up the absolute majority in the elder houses. The extent of poverty in the elder houses changes from one person to another, of course. The administrators clarify the extent of the poverty in the elderly houses:

> There are those who come willingly. Why? Because he has aged, he has lost his children or he has no child. He has to be sheltered. They come... One was found on the street. He was transferred here because of his identity. He taken and cared for here. This was his own decision. He was not sent via the decision of a committee... He had taken the Green Card [health care card for uninsured people in Turkey] in the past but he did not have any place to live, any bread to eat. Then came, applied in a way. He took shelter here. When he came here, his health problems were cured, in other words there are those who came after he got sick. When he is ambulant, he gets sick and comes here. He has no relatives. They are cured here completely without charge.[344]

> He gets old and desolate. He cannot do any work. He says "what happens to me if I die here?" and comes here. He says "Will you accept me?" We accept him.[345]

> In our endowment deed, the essential aim of the foundation is to assist the poor. I mean, today if one... Three or four years ago, I settled a fisherman whom I found in Samatya on the streets. And, he died, I suppose. Maybe he did not. We have to accept all the people who are needy, poor, nude, care-requiring and mentally-ill, if there are empty beds. If not, where will you settle them?[346]

---

[344] "Bir kendi arzusuyla gelenler var. Niye çünkü, yaşlanmıştır, çoluğunu çocuğunu kaybetmiştir veya yoktur. Barınması lazım. Onlar gelir...Sokakta bulunmuştur. Aidiyeti itibariyle buraya sevkedilir. Burada da alınır bakılır yani. kendi kararıdır yani. Bir meclis toplanıp onu oraya gönderelim demez. Geçmişte yeşil kartını almış ama o yeşil kart neye yetiyor ki adamın oturacak yeri yok yiyecek ekmeği yok. Ondan sonra gelmiş. Başvurmuş bir şekilde. Buraya gelmiş sığınmıştır yani var öyleleri. Buraya geldiği zaman sağlık sorunları da halloluyor, yani hastalanıp gelenler de var. Hani kendi işini aslen görebiliyorken hastalanıyor o zaman geliyor buraya. Kimsesi yok. Tamamen ücretsiz bakılıyorlar burada." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[345] "Yaşlanıyor. Tek başına kalıyor. İşini göremez hale geliyor. Korkuyorum burada ölürsem bana ne olur diye diyor. Geliyor buraya. Diyor ki beni alırmısınız. Alıyoruz." HOSP-D.02, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[346] "Çünkü esas bizim vakfiyemizde kuruluş gayesi fakire yardım etmek. Yani adam eğer bugün... Ben bundan üç dört sene evvel samatyada sokakta bulduğum bir balıkçıyı getirdim yerleştirdim. Ve galiba yeni öldü, belkide ölmedi. İhtiyacı olan, beş lirası olmayan, çıplak olan,bakıma muhtaç olan, akıl hastası olan herkesi almak zorundayız. Yer olduğu zaman. Yer olmadığı zaman nereye alacağız?" HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15.06.2009.

> You witnessed today. A man called ... who is 90 years old came. He is poor. He has no money, no food, he has nothing. He is an author. He was mentally ill for three days; he was in the hospital section. We called caretakers and said don't take him. He will be cured after three days and you can take him then, but he has no nurse, no money. He has nothing and lives in a bad place, anyway. You take him back and make him worse, let him stay in the elder house. You witnessed this. He is a leftist called ..., he is among the first leftists of Turkey, and namely he is one of the last living leftists of the era of Behice Boran. He was one of the last living leftists, but he has not been interested in earning money. He has a book also.[347]

Hence, it is clear that the poor elderly are taken in to be sheltered in the elder houses. In the quotations above, the main cause of the elderly could be revealed as poverty; but it can be accompanied by other reasons such as desolation and needing care.

At this point, providing care for the poor elderly requires the decision of who is poor. The authority to decide who is poor implies the authority of defining the boundaries of the social group:

> The administrative board – although it is not considered as an endowment deed by the state- regard itself also bound to these services due to the traditions. Thus, it provides free care to the poor. How it is decided whether one is poor? Research is conducted, in that way. He is questioned via his relatives. Some authorities send a paper attesting to his poverty. We decide in this way. The administrative board decides who is given free care.[348]

---

[347] "Bugün şahit oldun işte mesela. Bugün orada ... diye 90 yaşında bir adam gelmiş. Fakir fukara, parası yok, yemeği yok, ekmeği yok. Hiçbirşeyi yok. Ama eski bir yazar. Adam üç gündür kapalıydı zihni hastane kısmındaydı yani. Çağırdık kim bakıyorsa ona dedik ki bunu götürmeyin. İki üç gün sonra iyileşecek toparlanacak götüreceksiniz ama adamın bakıcısı yok, parası yok. Hiç bir boku yok, zaten kötü bir yerde yaşıyor. Üç gün götüreceksiniz adamı küllüm edeceksiniz, varsın ihtiyarhanede kalsın. Gözünlen şahit olduğun misal. ... diye bir solcu, Türkiye'nin ilk solcularından, yani Behice Boran falan devrinden kalma son yaşayan solcularından adam ama parayla falan hiç işi olmamış. Birde kitabı var." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 07.07.2009.

[348] "Ama tabi yönetim kurulu bu geleneklerden dolayı -hani her ne kadar vakfiye sayılmasada bunlar devletçe- kendisini onlara bağlı görüyor. Dolayısıyla yoksullara parasız bakıyor. Nasıl kararlaştırılıyor yoksul olup olmadığı da? Bir araştıma yapılıyor bir şekilde. Hani, onu tanıyanlara soruluyor. Bir takım makamlardan yoksul kağıdı geliyor vs. Ona göre karar veriliyor. Yönetim kurulu kara veriyor buna parasız bakılacak diye." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 08 June 2009.

These people do not have Green Cards. If you ask how their acceptance is decided, two people from the administrative board are assigned. They make an investigation. There are absolutely some people who know [who is poor] because the community is not a big one. If this investigation is results in the affirmative, if requirement is certain –their needs are investigated through the other institutions of the community as well- , they are accepted to the hospital after they receive their approval.[349]

This has a procedure. In the Jewish community, there is an institution called *Barınyurt* – they are experienced in these matters- and they decide who is poor. We take charge of the patients from *Barınyurt* who are cared here for *Barınyurt*. This is their function.[350]

Now, the Patriarchate... Mr. ... and his entourage know who is really poor. Also, we have a commission on the poor. We assign that patient to the commission on poor. We say "investigate if he is a really poor person as he stated." If they approve, he comes...[351]

If you say how do you decide if they are poor, we have a commission on indigent people. That commission investigates and makes research and reports to us. It [the commission] believes itself. Makes us believe. We try to reach a decision in accordance with the information they submit. Also, whether he is poor or not could be revealed easily through a questioning of 4 or 5 people in a community of two hundred people –let's say two hundred because we insist.[352]

---

[349] "Bunlar Yeşil Kart'ı olmayan insanlar. Bunların nasıl alınmasına karar veriliyor derseniz bizim yönetim kurulundan iki kişi görevlendiriliyor. Bunların bir incelemesini yapıyor. Cemaat de çok büyük bir cemaat olmadığı için mutlaka tanıyan birileri çıkıyor. Bu incelemeden olumlu bir şey çıkarsa, gereksinim duydukları belirleniyorsa –ki cemaatin diğer kurumlarına da soruluyor bu insanların bir şeye ihtiyacı varmı diye- onlar onay alındıktan sonra hastaneye kabul ediliyorlar." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009

[350] "Bunun bir prosedürü var. Bakın Yahudi cemaatinde fakir kağıdını, Barunyurt diye bir kurum var onlar bu konuda deneyimlidirler, fakir olup olmadığına onlar karar verirler. Barınyurt adına burda yatan hastaların biz ücretini Barınyurt'dan alırız. Onların işlevi budur." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[351] "Şimdi Patrikhane ... Bey ve yanındakiler bu kişinin hakikaten fakir olduğunu biliyorlar. Ayrıca bizim birde fakirler komisyonumuz var. Biz o fakirler komisyonuna devrediyoruz hastayı. Diyoruz ki araştırın bu hasta hakikaten denildiği gibi fakir birimi. Onlarda evet derlerse geliyor." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[352] "Onların fakir olduğuna nasıl karar veriyorsun dersen, bizim bu muhtacinlerle ilgili bir komisyonumuz var. O komisyon araştırır, soruşturur. Önümüze getirir. Kendisi buna inanır. Bizi de inandırır. Onların verdiği bilgiler dahilinde karar vermeye çalışırız. Birde zaten ikibin, – madem ki ısrar ediyoruz öyle gidelim- ikibin kişilik bir cemaatte üç aşağı beş yukarı muhtaç mıdır değil midir falan 4 5 kişiden bir sondaj yaparsan çıkar." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

> The church of their quarter is responsible for the decision on poverty. He takes a paper of poverty from that church. After he takes the paper on poverty, he submits it to us. We have forms. We make an investigation considering those forms. It is cared of without charge after his poverty is revealed. But, today the Social Security Institution is responsible for the care of every citizen. But there are some differences. For example, it [SSI] does not pay for prosthese. We pay for them or we find a rich man to meet [the cost]. He [the patient] never pays.[353]

Hence, the trustees clearly state that the unpaid care to the elderly is given to the poor; but not every poor person is eligible for the service. The administrative boards, in corporation with some communitarian institutions, decide who will be cared for without charge. A trustee of the Greek Hospital, however, stated different conditions of eligibility:

> Some of them are poor. This is a vakıf. We do not charge the poor and give free service. They make investigation; the headman of the quarter [*muhtar*], the municipality. Either free or will be charged less. We shelter him accordingly.[354]

The trustee of the Greek Hopsital included the municipality and even the headman (*muhtar*) in the investigation of the economic conditions of a poor person. Unlike the other community hospitals, the Greek Hospital does not conduct a community-based investigation process. Nevertheless, it is certain that the elites control the free service in the hospitals and decides who will be sheltered in the hospitals without charge. At this point, the control of the elites in the beneficiary acts seems to be on behalf of the

---

[353] "Onun fakir olduğuna karar veren oturduğu bölümdeki kilise. O kiliseden fakir kağıdı alır. Fakir kağıdı aldıktan sonra bize getirir. Bizim bir formlarımız var. O formlara göre bir tahkikatı da biz yaparız. Fakir olduğu ortaya çıktığı andan itibaren de bedava bakılır. Ama bugün zaten Sosyal Güvenlik Kurumu yeni düzenlemelerle her vatandaşın bedava bakımını üstlenir. Ama tabi bazı farklar var. Mesela protez parasını vermiyor falan. Onları da bir şekilde ya biz karşılıyoruz ya da karşılayan bir zengin buluyoruz falan filan yani. Onun cebinden para çıkmıyor." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 15 June 2009.

[354] "Bunların bir kısmı fakirdir. Burası vakıf. Parası olmayandan para almıyoruz bedava yapıyoruz. Tahkikat yapıyorlar. Muhtarı, belediyesi. Ücretsizdir veya az ücret alacaktır. Bizde ona göre yatırıyoruz." HOSP-B.01, interview by author, tape recording, Istanbul, Turkey, 03 July 2009.

community-members. The free elder care is given all the poor people, but the preference of the administrative boards leans toward community members, indeed:

> In the elderly house, there are only Greeks. This is because of the internal regulation. In the other one [geriatrics service], everybody receives care. There are many Jews. I mean, they are not in the majority but there are many, because there is no elderly house in Or-Ahayim.[355]

> Of course there are Armenians. But this does not mean that there are no Muslims; there are. In Turkey, there are a hundred thousand places for Muslims, but there are not any for Armenians.[356]

> We have 30 beds. There are 27 elder people. We do not have any potential to increase it up to 35 or 40. I guess our community has not enough elder people to be cared for that sometimes there are requests outside the community. We accept the requests outside the community if we have empty beds. If we do not have empty beds, we cannot accept. Now, three beds are empty here and we reserve three beds. We have to give priority to them. I mean, one is really aged, really desolate, and really indigent; I cannot throw him out. I have to take him back but if I do not have empty beds, I will say no. Therefore, we reserve a few beds to care for them [the community elderly] but everyone being sheltered in the elderly house is not Armenian Catholic.[357]

However, it is not possible to figure out the proportion or number of the community members in the elderly houses. Even the statements of the trustees differ on some points. For example, contrary to the aforementioned statement which describes the poor in the

---

[355] "Yaşlılar yurdunda, ihtiyarhanede sadece Rumlar olur. Yönetmelik icabı öyle. Öbüründe herkes var. Musevi çok var. Çok derken çoğunluk değilde var yani. Çünkü Or-Ahayim'de yok ihtiyarhane." HOSP-B.02, interview by author, tape recording, Istanbul, Turkey, 08 June 2009.

[356] "Tabii ki Ermeniler var. Ama bu demek değil ki Müslüman yok; var. Türkiye'de Müslümana göre yer yüz bin tane var ermeniye göre yok." HOSP-D.01, interview by author, tape recording, Istanbul, Turkey, 07 July 2009.

[357] "Otuz tane yatağımız var, yirmi yedi tane yaşlımız var. Bunu otuz beşe, kırka çıkarma imkanımız şu anda yok. Cemaatin de çok fazla bakıma muhtaç yaşlısı yok heralde ki zaman zaman cemaat dışında bir takım talepler geliyor. Biz o cemaat dışı talepleri eğer yerimiz varsa kabul ediyoruz. Yerimiz yoksa kabul edemiyoruz. Burada şu an üç yatak boş ve üç yatağı saklıyoruz mesela rezerve olarak. Onlara bir öncelik tanımaya mecburuz. Yani hakikaten yaşlı, hakikaten kimsesiz, hakikaten muhtacin. Ben bu adamı dışarı atamam. İçeri almam gerekiyor ama yerim yoksan hayır diyeceğim. O bakımdan bir iki yatağı böyle rezerv tutup da gerektiğinde onlara çalışıyoruz ama hastanemizde şeyde kalanların hepsi Ermeni Katolik değil." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

elder house of the Greek Hospital, a trustee disclosed that there were approximately 120 Greek people sheltered there. Most of them preferred the hospital due to poverty. That was the only function of hospital in the community. According to him, there were many Turks (Muslims) in the elder house, as well.[358] Moreover, some trustees stated that services for the elderly are only for the community poor. He answered such a question by saying, "yes, not generally, a hundred percent are inside the community."[359]

Nevertheless, the important point here is that the community members take precedence over the people outside the community. The community poor, in other words, are more eligible for the free elder care service in the non-Muslim community hospitals;

> I mean, when we formed the board of administrators, my friends assigned the management of the hospital to me considering that my business is in Taksim and I can easily take the management. I am not a hospital manager, indeed. I am one who tries to do his best. I started to deal with the elder house. Do its painting, organize the beds, fix the broken lightening, install the air conditioner so and so forth. One day, one of the elderly people asked why I was so busy with those affairs. I said, "I am getting prepared because I will come in the future." That is the system, indeed.[360]

As pointed out in the facetious anecdote of a trustee, the community members, including the trustees, are aware of the fact that the free elderly care functions mostly on behalf of the poor community members. In the proceeding subsection, therefore, the elderly, their

---

[358] HOSP-B.01, interview by author, notes of the author, Istanbul, Turkey, 22 April 2008.

[359] "Evet. Yani genelde değil yüzde yüz öyle." HOSP-A.01, interview by author, tape recording, Istanbul, Turkey, 09 June 2009.

[360] "Yani biz idare heyetini kurduğumuz zaman, arkadaşlar benim işyerim Taksim'de olduğu için hastane ile daha kolay ilgilenebilirim diyerekten bana verdiler hastanenin idaresini. Aslında ben hastane idarecisi falan değilim. Yapabileceğimi yapmaya çalışan biriyim. İhtiyarhane ile uğraşmaya başladım. Yok işte badanası boyası, yataklarını düzelt, yanmayan yerleri düzelt, air condition koy onu yap bunu yap. Birgün ihtiyarlardan biri bana dedi ki niye sen dedi bu kadar uğraşıyorsun. Dedim 'yarın bende geleceğim hazırlık yapıyorum'. Sistem o aslında." HOSP-C.02, interview by author, tape recording, Istanbul, Turkey, 16 June 2009.

reasons for staying in the elder houses and the emotional support to the elderly will be discussed.

The "Hospital Residents," Their Activities and Their "Angels"

Needless to say, the elder houses in general shelter the people over 65 years old. Likewise, the elder houses in the non-Muslim community hospitals shelter the elderly over 60 and they have various reasons to stay in the elder houses, ranging from poverty to loneliness. Moreover, as it is indicated above, the communitarian links influence the decisions of the elderly to stay in the elder houses. In my interviews with the elderly people, for example, the community-origin was proved to be helpful in the knowledge of the free old age care facilities in the non-Muslim community hospitals:

> First, I was being cared for at home. However, when I got very sick, I came to this hospital on the recommendation of a friend of my daughter. They were content with the hospital because their mother was staying at the hospital, too.[361]

> I was interested in trade. I had a small shop...I had been here as a disciple for 7 or 8 years, one or two terms, in the administrative board of the hospital.[362]

> We already knew this elder house. Because we are inside the community, we had heard about it.[363]

> I knew of it. My relatives stayed here before. I know in that way. I came here when I had one foot in the grave.[364]

---

[361] "Önce evde kalıyordum. Ama sonra işte fenalaşınca, kızımın arkadaşının tavsiyesiyle bu hastaneye yattık. Onun annesi de hastanede kaldığı için onlar da memnundu." HOSP-A.04, interview by author, tape recording, Istanbul, Turkey, 12 June 2009.

[362] "Ticaretle uğraştım. Dükkanım vardı...Çömez olarak ben burada, 7-8 sene, bir iki devre geldim...Hastanenin yönetim kurulunda." HOSP-C.03, interview by author, tape recording, Istanbul, Turkey, 16 July 2009.

[363] "Biliyorduk tabii ki bu huzurevini. Cemaatten olduğumuz için haberimiz vardı." HOSP-D.04, interview by author, notes of the author, Istanbul, Turkey, 07 June 2009.

Hence, the charitable old age care, which is mostly given to the community-origin elderly, benefits from the communitarian networks, as well.

On the other hand, the overall system of charitable elder care renders a notion possible that the community-dominant elder care in the non-Muslim community hospitals has a potential to replace the familial relations via communitarian bonds for the community-origin elderly. According to recent studies on the elder population and elder care, there is a negative perception of the elder houses in Turkey. Elder houses are predominantly regarded as a last solution for indigent people.[365] Only poverty is a legitimizing reason for being sheltered in an old age care institution. Neither a lonely life nor being bedridden is an important reason to take up residence in an old age care institution.[366] Therefore, it is evident that most of the elderly population living in Turkey prefers living close to their family. Not surprisingly, recent research has revealed that seven elder people out of ten live either in the same house or in the same building or in the same quarter with their children or relatives.[367] Among the familial life styles, the predominant one for the elder people is an independent life in their own houses, which is

---

[364] Biliyordum. Daha önce akrabalarımdan yatan olmuştu burada. Oradan biliyorum. Elden ayaktan düşünce biz de buralara geldik." HOSP-D.05, interview by author, notes of the author, Istanbul, Turkey, 07 June 2009.

[365] *Yaşlılar ve Yaşlı Yakınları Açısından Yaşam Biçimi Tercihleri*, ed. Sibel Kalaycıoğlu (Ankara: Türkiye Bilimler Akademisi, 2003), p. 103.

[366] Sosyal Hizmetler ve Çocuk Esirgeme Kurumu, *Yaşlılara Sunulan Sosyal Hizmetin Değerlendirilmesi* (Ankara: Sosyal Riski Azaltma Projesi Koordinasyon Birimi, 2006), p. 13.

[367] Republic of Turkey State Planning Institution, *Türkiye'de Yaşlıların Durumu ve Yaşlanma Ulusal Eylem Planı,* Publication no DPT: 2741 (Ankara: State Planning Institution, 2007), p. 11.

geographically close to their children.[368] On the other hand, it seems that the communitarian bonds exceed the familial relations for the community-origin elderly in some instances. For example, some elderly living in the elder houses of the non-Muslim community hospitals disclosed that,

> My son-in-law chose this hospital after I became ill.[369]
>
> ...I lost my wife at an earlier time. I have a son and daughter. My daughter is in Spain, my son is here. I got fed up with the loneliness and I came to here in 1990.[370]
>
> I applied myself. My children are abroad and my wife has passed away. I came here then.[371]
>
> My relatives brought me here. I became lonely after my wife passed away. I was not able to do my own work. Then my relatives brought me here.[372]

The statements imply that despite the sample elderly people choose to live in the elderly house although they have a chance to live close to their children or relatives. Even some elder people, as the administrators stressed in the statements, come to the elderly houses willingly Nevertheless, it is undeniable that they all have a feeling of loneliness as an outcome of old age. However, they do not chose to meet the problems of old age

---

[368] *Yaşlılar ve Yaşlı Yakınları Açısından Yaşam Biçimi Tercihleri*, ed. Sibel Kalaycıoğlu (Ankara: Türkiye Bilimler Akademisi, 2003), p. 32.

[369] "Damadım seçti bu hastaneyi ben rahatsızlandıktan sonra." HOSP-A.04, interview by author, tape recording, Istanbul, Turkey, 12 June 2009.

[370] "...ben erken hanımı kaybettim. Oğlum var, kızım var. Kızım İspanya'da, oğlum burada. Yanlızlık sıktı. 1990'da ben buraya geldim." HOSP-C.03, interview by author, tape recording, Istanbul, Turkey, 30 June 2009.

[371] "Kendim müracaat ettim buraya. Çoluk çocuk yurtdışında, hanım da vefat etti. Ben de buraya geldim." HOSP-D.04, interview by author, notes of the author, Istanbul, Turkey, 07 June 2009.

[372] "Akrabalar getirdi buraya. Hanım vefat edince yanlız kaldım. Kendi kendime işlerimi yapamaz oldum. Akrabalarım da buraya getirdi." HOSP-D.05, interview by author, notes of the author, Istanbul, Turkey, 07 June 2009.

through a living close to their relatives or children; rather, the community bonds have replaced their search for emotional contact. Furthermore, the charitable elder care which was preferred by the elders willingly demonstrates the influence of cultural factors in elder care.

Accordingly, the elder houses in the community hospitals provide a range of activities for the elderly. First of all, as was detailed before, the elder people can perform their prayers in the elder houses due to the existence of religious chapels. Although the religious temples are not of permanent character, they give service on the religious festivals or funerals, whenever it needed. However, some trustees take it seriously and provide religious services regularly:

> We have a chapel in our hospital because the chapel is for the people sheltered in the elder house. The Catholic elderly have priority because mostly the Armenian Catholics stay here and we are a Catholic institution. A religious ceremony is organized in the chapel on Sundays to meet their religious needs...It is only for the Armenian patients in the hospital.[373]

> It is especially for the residents in the elder houses; when one is ages one grows closer to God, of course. Therefore, the religious ceremonies are fulfilled because here is composed of completely elder people. It is especially for them.[374]

Therefore, the religious aptitudes of the elderly are taken into account in the elderly houses and religious services are provided for them in the hospitals.

---

[373] "Şimdi hastanemizde bir şapel var çünkü hastanemizdeki şapel ihtiyarhanede kalan kişiler için. Genelde Ermeni Cemaati'nden olanlar kaldığından dolayı ve de bizim bir Katolik kurumu olduğumuzdan Katolik yaşlılara bir öncelik var. Onların dini ihtiyaçlarını karşılamak için Pazar günleri şapelde bir rahip ayin yapıyor...o sadece hastanede kalan Ermeni hastalar için." HOSP-C.01, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

[374] "Özellikle huzurevindekiler için; tabi yaş ilerledikçe insan tanrıya daha çok yaklaşıyor. Dolayısıyla bizim orası da tümüyle yaşlılardan müteşekkil olduğu için bu ayinler yapılıyor tabi. Özellikle onlara dönük." HOSP-D.03, interview by author, tape recording, Istanbul, Turkey, 11 June 2009.

Social activities for the elderly are not ignored by the hospital administrators. According to the trustees, social activities are important to sustain the elderly psychologically, hep them to adapt new social roles, to get in contact with peers and to diminish depression.[375] The social activities in the elderly houses include the celebration of Christmas, Mother's Day, Father's Day, Teacher's Day, St. Valentine's Day and the Elder's Day;[376]

> We attach great importance to this especially. We certainly celebrate Mother's Day and Father's Day. We say eloquent words to our mothers and our fathers. We hand out flowers. We sing. We try to share their memories. Also, we try to celebrate the religious festivals. In the therapy programs that I just mentioned, we make birthday celebrations. We keep the records of the birthdays of our patients and we make birthday celebrations every month.[377]

On those days, the elderly are accompanied by the trustees and the women's committees in the hospitals. On religious days the religious leaders accompany the elderly as well.

In a parallel vein, the visits to the hospitals are an important factor to ensure the psychological health of the elderly. The religious leaders visit the hospitals on the

---

[375] Nurgün Oktik, *Huzurevlerinde Yaşam ve Yaşam Kalitesi: Muğla Örneği* (Muğla: Muğla Üniversitesi Basımevi, 2004), p. 7.

[376] Information about the celebration and activities can be found in the monhly publications of the hospital waqfs. See "Hastanede Huzurevi Sakinleri İçin Yılbaşı Şenliği," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 697-698 (November -December 2007), p. 5; "S.P. Hastanesi'nde Paskalya," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 701-702 (March-April 2008), p. 8; "Hastanemizde Öğretmenler Günü Kutlandı," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 709-710 (November-December 2008), p. 12; "Surp Pırgiç Hastanesinde Sevgililer Günü Kutlandı," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 711-712 (January-February 2009), p. 6.

[377] "Özellikle buna çok dikkat ediyoruz. Anneler Günü, Babalar Günü, bunu mutlaka kutluyoruz. Sevgili annelerimize, çok değerli babalarımıza o gün güzel sözler söylüyoruz. Çiçek dağıtıyoruz. Şarkı söylüyoruz. Onların anılarını dinlemeye çalışıyoruz. Ayrıca bayramları da kutlamaya çalışıyoruz. Biraz önce bahsettiğim terapi programında muhakkak doğum günü kutlaması yapıyoruz. Hastalarımızın ne zaman doğduklarını biryerlere kaydediyoruz ve her ay doğum günü kutlaması yapıyoruz." HOSP-A.06, interview by author, tape recording, Istanbul, Turkey, 03 July 2009.

religious festivals and more frequently the students of the community schools such as Ulus Private Jewish Schools and Private Pangaltı Armenian School visit the hospitals in order to give emotional support to the "hospital residents."[378] Also, some associations to assist the elderly[379] and members of the government sometimes visit the.[380] These activities help the elderly to overcome the negative perception of the elder houses and to replace familial bonds.

Finally, although it is not provided in all of the community hospitals, the women's committees play an important role for the elderly people. Composed of volunteers, the women's committees at Or-Ahayim Hospital and Surp Pirgic Hospital assist the elderly whose lives can became continuously boring and ultimately depressing emotionally and psychologically. In the Surp Pirgic Armenian Hospital, the 19 member women's committee is called as "blue angels."[381] In Or-Ahayim Hospital, the 60 members of the women's committee are called as "pink angels". [382] Therefore, the angels sometimes take care of the elderly in the hospital and sometimes give emotional and psychological support to the elderly:

---

[378] See, for example; "Pembe Meleklerden Mesaj," *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no: 4 (January 2009), p. 8; "Mihitaryanlılar Surp Pırgiç'te," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 709-710 (November-December 2008), p. 13.

[379] "Yaşlılar Haftası Nedeniyle Dernek Başkanlarının Ziyareti," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 713-714 (March-April 2009), p. 8.

[380] See *Şalom*, 21 May 2006; "Devlet Bakanı Nimet Çubukçu S.P. Hastanesini Ziyaret Etti," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 701-702 (March-April 2008), p. 2; "Sağlık Bakanı Recep Akdağ S.P. Hastanesi'ni Ziyaret Etti," *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no: 711-712 (January-February 2009), p. 3.

[381] "Huzurevleri Hakkında," available [online]: http://www.surppirgic.com/huzurevleri.asp [10.08.2009].

[382] Jojo İllel, "From the President," in Or-Ahayim Hastanesi, *Presentation Booklet* (İstanbul: Or-Ahayim Hastanesi Vakfı, 2008).

Some had to assist the patients to meet their humanitarian needs, and more importantly some had to share their love with the patients, because when you get old. Today we listen to such memories that the person has came to in 90 years old in a way. He has been able to live until 90 but lost his son, his wife. He is alone. He found himself here when he got sick. Maybe he came here willingly to be cared for. So, you also admit that he needs love first of all. He needs to talk to someone. Namely, the pink angels first share the humanitarian love that they carry in their hearts. You share your love with a patients cared for ten years, or you share it with a patient who will undergo an operation now. You give him courage that everything will be ok; you will return to your bed in a healthy condition. But in the past, the Pink Angels used to cut the nails of the patients, cut the hair of the patients or clean patient's cabinets; they were doing much more work. Now, such work is done by professional people because the hospital has improved itself in accordance with contemporary conditions. It has kept up with [the contemporary developments]. None of the pink angels have to shorten the patient's hair, clean his cabinet or ensure his personal hygiene, but feeding by a caretaker or feeding by a pink angel, which is more sympathetic? Maybe feeding by a pink angel is more sympathetic. Now the Pink Angels are conducting the therapy program that I will mention and feed the patients. They chat with the patients. They share the problems and love of the patients. They try to decrease the patient's desolation even a little bit...If you keep these patients in the same room, the same bed, I guess they will feel worse. But every morning between 11pm and 12 pm, we take these patients out of their room every day except Sunday. We make them draw pictures, knit and paint. Sometimes we play with balloons with them. We have beautiful chats. We ask them small questions...We drink coffee. Sometimes we celebrate birthdays. Sometimes we listen to live music. Sometimes we dance.[383]

[383] "Hastalara insani ihtiyaçlarına cevap verebilecek şekilde birilerinin yardım etmesi, bence bundan da önemlisi birilerinin gönlündeki sevgiyi onlarla paylaşması gerekiyordu. Çünkü sizin yaşınız ilerlediği zaman, bugün burada öyle insanların hikayelerini dinliyoruz ki, karşınızdaki insan bir şekilde 90 yaşına gelmiş. O doksan yaşına kadar yaşayabilmiş ama evladını kaybetmiş, eşini kaybetmiş. Tek başına kalmış. Hastalanınca da kendini burada bulmuş. Belkide kendisi isteyerek bakılabilmek için buraya gelmiş. Şimdi bu insanın takdir edersiniz ki önce sevgiye ihtiyacı var. Birileriyle konuşmya ihtiyacı var. Yani bana göre pembe melekler önce yüreklerinde taşıdıkları insani sevgiyi burada hastalarla paylaşıyorlar. Bu sevgiyi burada on senedir yatan hastayla da paylaşıyorsunuz, şimdi ameliyata gidecek hasta ile de paylaşıyorsunuz. Ameliyata gidecek hasta ile de en azından herşey güzel olacak, inşallah sağlıklı olarak yatağına döneceksin diye moral veriyorsunuz. Ama çok eski yıllarda pembe melekler burada yatan hastaların tırnaklarını da kesermiş, saçını da kesermiş, saçını da tararmış, dolabını da temizlermiş. Çok daha fazla iş yaparmış. Şimdi artık bu işleri profesyonel insanlar yapıyor çünkü hastahane günün şartlarına göre kendisini geliştirdi. Ayak uydurdu. Hiçbir Pembe Melek'in hastanın saçını kesmesine, dolabını temizlemesine, hastanın hijyeni açısından kişisel temizliğini yapmasına gerek yok ama bir bakıcının mı hastaya yemek yedirmesi yoksa bir Pembe Melek'in mi hastaya yemek yedirmesi, hangisi daha sempatik? Belki bir Pembe Melek'in yedirmesi daha sempatik olabilir. Şu anda Pembe Melekler bahsedeceğim terapi programını yürütüyorlar, yemek yediriyorlar hastalara. Oturuyorlar onlarla birlikte sohbet ediyorlar. Onların dertlerini sevgilerini paylaşıyorlar. Yanlızlıklarını bir yudun olsun gidermeye çalışıyorlar...Şimdi

> In the past, we were doing much more work. Now, the conditions in the hospital have changed much. They came daily, we visit the elderly...We take them on trips. We have activities here. We organize Elder's Day, St. Valentine's Day. If they crave for *lahmacun* [a sort of pizza with spicy meat topping], we order *lahmacun*. We bring music here. That is what we do.[384]
>
> They [the Pink Angels] give psychological support. That is the therapy hall that we are inside now, there are distict therapy halls in every floor, there is one in our main building, too. The patients are assigned some work -some handwork in accordance with their capacity- in these therapy halls to make them cling to life, to make the inward-oriented ones feel life...They are not left alone in the religious festivals. It is a sort of psychological support, therapeutic support.[385]
>
> Our geriatric patients can stay in modern, elegant, single or double rooms with baths and enjoy the comfort. Furthermore, 60 volunteer "Pink Angels" work to revive and instill the joy of live in the patients and provide the peace of mind, warmth and care, of their home...As such, they ensure that patients feel more secure and attached to life.[386]

As the statements reveals, the most important function of the women's committees is to give emotional and therapeutic support to the elderly in the hospitals. This function of

---

siz bu hastayı sürekli kendi odasında tutarsanız, hep aynı odada, hep aynı yatakta kendini bence daha da hasta hisseder. Ama biz bu hastaları Pazar hariç her gün sabahleyin 11 12 arası odalarından bir saat alıyoruz ve terapi odası dediğimiz bir odaya topluyoruz. Orada onlara resim çizdiriyoruz, örgü ördürüyoruz, boyama yaptırıyoruz. Bazen onlarla balon oynuyoruz. Çok güzel sohbetler yapıyoruz. Onlara küçük küçük sorular soruyoruz....O bir saatte de kahve içiyoruz. Bazen doğum günü kutluyoruz. Bazen canlı müzik yapıyoruz. Bazen dans ediyoruz.." HOSP-A.06, interview by author, tape recording, Istanbul, Turkey, 03 July 2009.

[384] "Eskiden çok daha fazla şeyler yapardık. Şimdi çok değişti hastanemizin durumu tabi. Günlük gelirler, yaşlıları dolaşırız... Onları geziye götürüyoruz. Burada aktivitelerimiz var. Yaşlılar günü yaparız. Sevgililler günü yaparız. Canları lahmacun istiyorsa lahmacun getirtiriz dışardan kadınlar kolu olarak. Müzik getiririz. Yaptıklarımız bunlar." HOSP-D.06, interview by author, tape recording, Istanbul, Turkey, 13 July 2009.

[385] "Psikolojik destek verirler. İşte şu anda içinde bulunduğumuz bu terapi salonu, her katta ayrı bir terapi salonu vardır, ana binamızda da vardır. Bu terapi salonlarında hastaları hayata bağlamak için, yani hayattan kopmuş insanları hayata kazandırmak için bazı işler verilir, onlara bazı el becerileri yapılır, kapasiteleri dahilinde... Bayramlarda onlar yanlız bırakılmaz. Psikolojik destektir bir yerde. Terapik destek." HOSP-A.02, interview by author, tape recording, Istanbul, Turkey, 30 May 2009.

[386] Jojo İllel, "From the President," in Or-Ahayim Hastanesi, *Presentation Booklet* (İstanbul: Or-Ahayim Hastanesi Vakfı, 2008).

the angels, therefore, contributes to the improvement of the conditions in the elder houses in the non-Muslim community hospitals and influences the notorious image of the elder houses in the hospitals.

On the other hand, one can consider the women in the committees to be a pillar of the supply side. The function can be regarded as a non-material form of charity. As mentioned in Chapter Two, charity does not necessarily take material form; it can include non-material forms such as emotional support. Further, their non-material beneficence is not mutually exclusive to the material form of charity that is being conducted on the level of administration. In my interviews, the first degree relatives of the Pink Angels were either hospital administrators or influential people in the community. The examples include,

> I participated in this hospital in 2002. At that time, my spouse was on the administrative board. Until the last year, my spouse was a member of the administrative board. Thus, I know the hospital well because my spouse was on the administrative board. Also, my spouse and I are Jewish and I already know this hospital. I know the organization Pink Angels, anyway. I asked my spouse "could you ask your friends in the administrative board or the head of the Pink Angels if they will accept me to participate in the Pink Angels?"[387]

> I always considered it because I love elderly so much, but I was working. I had no opportunity. After I got married, I started here when my spouse informed me about the reorganization of a women's committee. I started in 1980.[388]

---

[387] "2002 yılında ben bu hastaneye girdim. O tarihte benim eşim yönetim kurulunda üye idi. Geçtiğimiz yıla kadar eşim yönetim kurulunda üye idi. Dolayısıyla eşim yönetim kurulunda olduğu için bu hastaneyi iyi biliyordum. Ayrıca ben ve eşim Museviyiz, bu hastanenin varlığını zaten biliyordum. Pembe Melekler gibi bir örgütlenmenin varlığını zaten biliyordum. Eşime sordum dedim ki yönetimdeki arkadaşlarına ya da Pembe Melek başkanına sorarmısın acaba ben Pembe Melek olmak istesem beni kabul ederler mi? HOSP-A.06, interview by author, tape recording, Istanbul, Turkey, 03 July 2009.

[388] "Yaşlıları çok sevdiğim için devamlı düşünürdüm ama çalışıyordum. Böyle bir fırsatım yoktu. Evlendikten sonra bir eşimin hastaneye yeni bir kadınlar kolu kurulacak demesiyle başladım. 1980'de başladım." HOSP-D.06, interview by author, tape recording, Istanbul, Turkey, 13 July 2009.

Therefore, the non-material form of charity is closely related to the material charity provided by the elites in the community. As well-off members of either Jewish or Armenian community, the Angels contribute to the solidarity and protection of elites' position in their communities. Although the work of the "Angels" is considered volunteer work, it is not deniable that their work has repercussions on the social group. As stated in their message, "the volunteer work is a one-sided work which is conducted without any mutual expectation...the volunteers perpetuate their work in a lovely fashion and they strive to be benignant to society without abstaining from any self-sacrifice."[389]

This chapter investigated the present day functions of the non-Muslim community hospitals in Istanbul by attaching utmost importance to the old age caring functions in the hospitals. The concerned hospitals, in the first place, have two functions today. The treatment function of the hospitals canno be ignored in terms of both their capacity and service range. All four of the non-Muslim community hospitals provide medical services in many different branches. However, the Surp Pirgic Armenian Hospital and Greek Hospital of Baloukli come into prominence in the sense that their capacity and service range are above those of a standard private hospital, unlike the boutique ones.

Because these hospitals are associated with the non-Muslim communities, it was relevant to investigate their communitarian character. In terms of patient profile in the treatment services, they do not reflect communitarian characteristics due to the dramatically decreased population of non-Muslim communities in Istanbul, the well-being of the members of non-Muslim communities and their inclusion in the national

[389] "Pembe Meleklerden Mesaj," *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no: 5 (April 2009), p. 8.

health insurance system. In contrast, the administrations of the non-Muslim community hospitals are composed of community-origin trustees.

In terms of the care function, the hospitals provide old age care. Elder care is provided in elder houses and geriatrics services. Unlike Or-Ahayim Hospital, which provides elder care only in its geriatrics services, the rest of the non-Muslim community hospitals provide elder care in the elder houses, too. Moreover, the share of the mentioned hospitals in the total private elder care services in Turkey rise to twelve percent in terms of bed capacity, which is a considerable figure.

The old age care which functions on the basis of benevolence in the non-Muslim community hospitals, differentiates them from the other private hospitals in Turkey. The administrators attach utmost significance to the benevolent character of the hospitals and the poor elderly are given shelter without charge. The wealthy members of each non-Muslim community assist the elder care with donations and, accordingly, the community elderly precedes over the elder people outside the community in terms of accessibility to the charitable elder care, although the old age care is open to everyone.

Furthermore, the communitarian nature of the charitable old age care plays an important role in the decisions of the elderly people. Unlike the common perception of elder care and elder houses, the community-origin elderly choose the charitable elder care in the non-Muslim community hospitals. The communitarian bonds have an influence in their decisions in the sense that they are provided systematic, emotional support through the community bonds.

Finally, it is important to note that the charitable elder care reveals the social function of the non-Muslim community hospitals. The well-off members of each non-Muslim community contribute financially to the elder care, which protects their status in

the community. Therefore, the hierarchy in the social group is ensured through material donations. The non-material benevolence provided by the women's committees who are close to the administrations of the community clinches the hierarchy in the social group. Moreover, the authority to decide on the accessibility to the elder care assists the elites in the community to ensure solidarity and to define the boundaries of the social group.

CHAPTER SIX

CONCLUSION

This thesis examined the non-Muslim community hospitals in Istanbul pertaining to their distinct social functions and specialties at present. Exploring how their outstanding function is charitable old age care, the study examined the patterns of benevolence in the concerned hospitals. The social role of the hospitals was traced back to the nineteenth century Ottoman Empire and the transition of the hospitals to the Republic of Turkey as a legacy of the Ottoman social and legal structure was detailed. Finally, the charitable old age care was examined with regards to the supply side.

In this framework, the concept of charity was employed for this study. Charity implies benevolent acts for either religious aims or the public good. Hospitals, as an institution, were placed at the core of two forms of charity. Religious mercy was the earliest form of benevolent activities which were concretized through the institution of the hospital in early Christianity. Also, the hospital was a public good that it served for the poor of society. However, the benevolent acts did not necessarily have benignant characteristics. The benevolence can be employed for personal aims of power and prestige. Moreover, the benevolence may influence the position of the elites and the solidarity in a social group.

The concept of charity was defined and the social role of the non-Muslim community hospitals in the nineteenth century Ottoman Empire was discussed in the context of the *millet* system. The religiously compartmentalized nature of the *millet* system in the Empire paved the way for the foundation of the hospitals in the form of a non-Muslim vakıf. Later, the non-Muslim community hospitals founded or turned into a philanthropic complex in the nineteenth century when the hospitals started to proliferate.

The elites and their personal stories were influential in the foundation as well as in the operation of the hospitals. The donations to the hospitals and the care activities in the hospitals such as orphanage, elderly house and schooling activities implied the beneficence in the hospitals as well as their social role in terms of the charity notion. However, when the Republic of Turkey founded, the hospitals remained to the nascent nation state as a legacy of the *millet* system and the perpetuation of their social role was a question in their new environment.

The status derived from the *millet* system of the non-Muslim community hospitals was subject to deep changes in the 1930s. They were assigned the status of "private hospital", a status which ignored the beneficence in the hospitals. In addition, the hospital endowments were given the status of *mülhak*, which implies that the endowments are administered by the community members but supervised by the General Directorate of Vakıfs. Moreover, most of the benevolent activities of the hospitals had to be abolished in the Republic because the government regulations allowed only old age caring activities on the hospital site.

At present, the non-Muslim community hospitals give health care services as a private hospitals but keep their charitable character in the area of old age care as a corollary of the aforementioned transition process. In other words, today the non-Muslim community hospitals in Istanbul have both treatment and care functions. The treatment services are high capacity and offer wide-range medical services which give health care service to all people who demand their medical service. The hospitals do not operate in a communitarian framework in terms of polyclinic or other specific medical services because they are private hospitals operating in agreement with the Social Security Institution and the decreased population of non-Muslim communities renders a

solely communitarian service impossible, indeed. However, the administrations of the non-Muslim community hospitals are purely composed of community members.

Concerning the treatment function, the non-Muslim community hospitals give a large proportion of the old age care services in the total private elder care services in Turkey. However, the old age care functions in the community hospitals operate mainly on the basis of benevolence. The non-Muslim community hospitals give unpaid old age care to the poor elderly which is supported in material and non-material forms by the prosperous members of each community. Therefore, the community-origin poor elderly have precedence over the elderly outside the community in terms of accessibility to the elder care. The communitarian bonds also assist the poor elderly in their effort to overcome the problems of old age and influence their decision to take old age care in contrary to the common perception in Turkish society.

The charitable old age care in the non-Muslim community hospitals has implications for the social group in which the benevolent acts are fulfilled. The prosperous members of the non-Muslim communities, the elites, consolidate their position in the community via donations in kind or in cash. Moreover, the authority to decide on the accessibility to the free elder care is another outcome of benevolence which ensures and strengthens the solidarity in the community. Therefore, the free old age care in the hospitals also defines the social role of the hospitals in the community.

In the context given above, the continuation in the benevolent character of the non-Muslim community hospitals does not neccessarly imply the late modernity notion which supposes a linear line from charity to the welfare state. The neo-liberal environment of the post-1980 era belied the notion of a linear development. However, the implications of the charitable old age care in the hospitals are not limited to the

questioning of modern perception. Rather, the free old age care in the non-Muslim community hospitals provides a ground for the questioning of the social policies in the Republican Turkey. Although the neo-liberal health reforms in Turkey attempt to diminish the discriminatory nature of the social policy environment, the hierarchical system in the social policies of the Republican Turkey always pose a question pertaining to the discriminatory attitudes of the state. In this context, the charitable old age care in the non-Muslim community hospitals may be a starting point for further research areas such as the discriminatory attitudes of the Turkish state in old age care.

Moreover, the establishment of a charitable old age care system in the community hospitals may pose questions pertaining to the nature of the old age care system in Turkey. More than half of the total old age care capacity in Turkey is provided by private initiative and an overwhelming majority of the elderly people in Turkey prefer to live close to their relatives or children. Therefore, the role of private initiative in Turkey is considerable concerning the old age care and this may be an encouraging factor of the charitable old age care system in the non-Muslim community hospitals. The neo-liberal environment of the post-1980 period may promote an "American type of welfare state"; however, the share of familial, communitarian and private areas in the total old age care in Turkey also implies an inadequate and ineffective social policy environment as well.

Also, the charitable old age care in the non-Muslim community hospitals indicates the role of culture in old age care. It is undeniable that the attitude towards the elderly varies throughout different ages and cultures. The elderly were respected in the Middle Ages due to their experience in life, but in industrial society they are regarded as depended and unproductive division of the population, for instance. The change in the

attitudes toward the elderly is evident in the charitable old age care services in the non-Muslim community hospitals as a cultural phenomenon. The community-origin poor elderly are regarded as the “fathers and mothers” of a community and the communitarian social assistance strives for the substitution of familial relations for communitarian bonds.

As a point of further research, the endowment hospitals could be investigated with reference to the aforementioned points, too. A study on the present functions of the endowment hospitals in Turkey which also investigates their operation may demonstrate different aspects of the social policy environment in Turkey. Their possible social functions such as old age care, poor sheltering and free medical treatment may disclose the areas left to the benevolence by the social policies in Turkey.

Furthermore, the proliferation of the research on the endowment hospitals may contribute to the history of medicine as well as their promotion of the questions pertaining to private initiative. Research focusing on only one institution may both conduct a comprehensive historical research and a present day analysis of the endowment hospital. Such institutional studies may reveal the differences between the endowment hospitals. It is important to admit that this study considers the common aspects of the non-Muslim community hospitals in Istanbul in terms of benevolence; however such a consideration sometimes results in the ignorance of the small differences between different institutitons.

Today, there is a process in which the points revealed in this study are under a debate. The minority issues in Turkey and their endowments still constitute a point of consideration in political debates. More importantly, the social policy and its transformation with the neo-liberal environment are an important element in the

academic discussions. Hence, studies on the non-Muslim institutions always have potential to give ideas about the minorities and their citizenship rights. When specified as the non-Muslim community hospitals in Istanbul, it could be asserted that the hospitals stand at the intersection point of the aforementioned issues.

APPENDIX
PROFILE OF THE INFORMANTS

Code	Age	Gender	Birth Place	Education	Position in the Hospital
HOSP-A.01 Menashe 09.06.2009	53	Male	Istanbul	Bachelor	Trustee
HOSP-A.02 Moiz 30.05.2009	67	Male	Istanbul	High School	Trustee
HOSP-A.03 Yeşua 20.06.2009	53	Male	Istanbul	Bachelor	Trustee
HOSP-A.04 Estreya 12.06.2009	92	Female	Istanbul	High Scholl	Elder Patient
HOSP-A.05 Mehmet 12.06.2009	54	Male	Zonguldak	Bachelor	Medical
HOSP-A.06 Şule 03.07.2009	56	Female	Istanbul	Bachelor	Elder Services
HOSP-B.01 Mikis* 22.04.2008 and 03.07.2009	82	Male	Istanbul	High School	Trustee
HOSP-B.02 Alekos* 23.05.2008 and 08.06.2008	62	Male	Istanbul	Graduate	Trustee
HOSP-B.03 Vasilis 06.06.2008	68	Male	Istanbul	Bachelor	Medical
HOSP-C.01 Alen 11.06.2009	62	Male	Istanbul	Bachelor	Trustee

Code	Age	Gender	Birth Place	Education	Position in the Hospital
HOSP-C.02 Garo 16.06.2009	57	Male	Istanbul	High School	Trustee
HOSP-C.03 Gevorg 30.06.2009	89	Male	Istanbul	Secondary School	Elder Patient
HOSP-D.01 Harutyun* 15.06.2009 and 07.07.2009	60	Male	Istanbul	Bachelor	Trustee
HOSP-D.02 Yervant 11.06.2009	57	Male	Istanbul	Bachelor	Trustee
HOSP-D.03 Agop 11.06.2009	70	Male	Istanbul	Bachelor	Trustee
HOSP-D.04 Kevon 07.07.2009	86	Male	Istanbul	High School	Elder Patient
HOSP-D.05 Badrig 07.07.2009	83	Male	Istanbul	High School	Elder Patient
HOSP-D.06 Arşaluys 27.01.09	67	Female	Istanbul	Secondary School	Elder Services

* Asterisked informants were interviewed two times.

BIBLIOGRAPHY

Informants

Agop. 70, interview by the author of the thesis, tape recording, Istanbul, Turkey, 11.06.2009.

Alekos. 62, interview by the author of the thesis, tape recording, Istanbul, Turkey, 23.05.2008.

Alekos. 62, interview by the author of the thesis, tape recording, Istanbul, Turkey, 08.06.2009.

Alen. 62, interview by the author of the thesis, tape recording, Istanbul, Turkey, 11.06.2009.

Arşaluys. 67, interview by the author of the thesis, tape recording, Istanbul, Turkey, 27.01.2009.

Badrig. 83, interview by the author of the thesis, tape recording, Istanbul, Turkey, 07.07.2009.

Estreya. 92, interview by the author of the thesis, tape recording, Istanbul, Turkey, 12.06.2009.

Garo. 57, interview by the author of the thesis, tape recording, Istanbul, Turkey, 16.06.2009.

Gevorg. 89, interview by the author of the thesis, tape recording, Istanbul, Turkey, 30.06.2009.

Harutyun. 60, interview by the author of the thesis, tape recording, Istanbul, Turkey, 15.06.2009.

Harutyun. 60, interview by the author of the thesis, tape recording, Istanbul, Turkey, 07.07.2009.

Kevon. 86, interview by the author of the thesis, tape recording, Istanbul, Turkey, 07.07.2009.

Mehmet. 54, interview by the author of the thesis, tape recording, Istanbul, Turkey, 12.06.2009.

Menashe. 53, interview by the author of the thesis, tape recording, Istanbul, Turkey, 09.06.2009.

Mikis. 82, interview by the author of the thesis, notes of the author, Istanbul, Turkey, 22.04.2008.

Mikis. 82, interview by the author of the thesis, notes of the author, Istanbul, Turkey, 03.07.2009.

Moiz. 67, interview by the author of the thesis, tape recording, Istanbul, Turkey, 09.06.2009.

Şule. 56, interview by the author of the thesis, tape recording, Istanbul, Turkey, 03.07.2009.

Vasilis. 68, interview by the author of the thesis, notes of the author, Istanbul, Turkey, 06.06.2009.

Yervant. 57, interview by the author of the thesis, tape recording, Istanbul, Turkey, 11.06.2009.

Yeşua. 53, interview by the author of the thesis, tape recording, Istanbul, Turkey, 20.06.2009

Other Sources

http://www.surpagop.com/index.php?option=com_frontpage&Itemid=1

http://www.surppirgic.com/huzurevleri.asp

http://www.caritas.org/about/index.html

http://www.shcek.gov.tr/hizmetler/yasli/Yasli_Bakim_Hizmetleri.asp

http://www.surppirgic.com/bilek.asp

http://www.tuik.gov.tr/PreIstatistikTablo.do?istab_id=205

http://www.shcek.gov.tr/Ozel_Kuruluslar/Ozel_Huzurevleri.asp

http://www.shcek.gov.tr/Ozel_Kuruluslar/Azinliklara_Ait_Huzurevleri.asp

Ataseven, Asaf.. *Yaşayan Bir Vakfımız: Bezm-i Alem Valide Sultan Gureba Hastanesi*. Istanbul: [s.n.], 1984.

Aybay, Aydın. "Vakıf" *Cumhuriyet Dönemi Türkiye Ansiklopedisi*. Istanbul: İletişim Yayınları, 1983.

Balat, Ali Haydar. *Manisa Mesir Bayramı ve Darüşşifa'sı*. Manisa: Manisa Turizm Derneği, 1981.

Balıklı Rum Hastanesi, *Anniversary Volume of 250th Year*. Istanbul: Balıklı Rum Hastanesi Vakfı, 2003.

____. *Presentation Booklet*. Istanbul: Balıklı Rum Hastanesi Vakfı, 2003.

Barry, Jonathan and Jones, Colin. "Introduction". In *Medicine and Charity Before the Welfare State*, edited by Jonathan Barry and Colin Jones. London, New York: Routledge, 1994.

Bayar, Serkan. "Sağlık 250". *Turkishtime*, no.80 (December 2008).

Bebiroğlu, Murat. *Osmanlı Devleti'nde Gayrimüslim Nizamnameleri*, edited by Cahit Külekçi. Istanbul: Akademi Matbaası, 2008.

"Bezciyan, Harutyun." *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi*. Istanbul : Yapı Kredi Kültür Sanat Yayıncılık, 1999.

Bilget, H. Burhan. *I. İzzedin Keykavus Darüşşifası*. Ankara: Kültür Bakanlığı, 1990.

"Bir Hastanenin Doğuşu." In *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, edited by Viktor Apalaçi. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001.

"Bizden Haberler." *Surp Agop*, no. 3 (June 2004).

Braude, Benjamin and Bernard Lewis. "Introduction".In *Christians and Jews in the Ottoman Empire*. New York: Holmes-Meier Publishers, 1982.

Brundage, J.A. "Hospitallers and Hospital Sisters." *New Catholic Encyclopedia*. Catholic University of America, New York: Mc Graw-Hill, 1967.

Bolak, Orhan. *Hastanelerimiz: eski zamanlardan bugüne kadar yapılan hastanelerimizin tarihi ve mimari etüdü*. Istanbul: İstanbul Teknik Üniversitesi Mimarlık Fakültesi, 1950.

Bozkurt, Gülnihal. *Alman İngiliz Belgelerinin ve Siyasi Gelişmelerin Işığı Altında Gayrimüslim Osmanlı Vatandaşlarının Hukuki Durumu 1839-1914*. Ankara: TTK Basımevi, 1989.

Buğra, Ayşe and Keyder, Çağlar. *Sosyal Politika Yazıları*. Istanbul: İletişim Yayınları, 2008.

Buğra, Ayşe. "Poverty and Citizenship: An Overview of the Social Policy Environment in Republican Turkey." *International Journal of Middle East Studies*, no. 39, (2007).

____. *Kapitalizm, Yoksulluk ve Sosyal Politika*. Istanbul: İletişim Yayınları, 2008.

____. "AKP Döneminde Sosyal Politika ve Vatandaşlık." *Toplum ve Bilim*, no. 108 (2007)

Cohen, Mark R. "The Foreign Jewish Poor in Medieval Egypt." In *Poverty and Charity in Middle Eastern Contexts*. Albany: State University of New York Press, 2003.

Cavallo, Sandra. "Charity, Power, and Patronage in Eighteenth-century Italian Hospitals: the Case of Turin." In *The Hospital in History*, edited by Lindsay Granshaw and Roy Porter. London, New York: Routledge, 1989.

____. *Charity and Power in Early Modern Italy*. Cambridge: Cambridge University Press, 1995.

Cantay, Gönül. *Anadolu Selçuklu ve Osmanlı Darüşşifaları*. Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, 1992.

Çavdar, Tevfik. "Cumhuriyet Döneminde Yaşlılar ve Sorunları." *Cumhuriyet Dönemi Türkiye Ansiklopedisi*. Istanbul: İletişim Yayınları, 1983.

Çelebi, Tunç. "From the Medical Director." In Or-Ahayim Hastanesi, *Presentation Booklet.* Istanbul: Or-Ahayim Hastanesi Vakfı, 2008.

Çeşitli Kanunlarda Değişiklik Yapılmasına Dair Kanun, 4771, 3 August 2002.

Çeşitli Kanunlarda Değişiklik Yapılmasına Dair Kanun, 4778, 3 January 2003.

Çetintaş, Sedat. *Sivas Darüşşifası 614-1217*. Istanbul: İbrahim Horoz Basımevi, 1953.

Çizakça, Murat. *A History of Philanthropic Foundations: The Islamic World from the Seventeenth Century to the Present.* Istanbul: Boğaziçi University Press, 2000.

Çolakyan, Hovhannes. *Tarihi Surp Agop Hastanemizin Dünü ve Bugünü*. Istanbul: Ohan Matbaacilik, 2004.

"Dalmetico, Rafael."*Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi*. Istanbul: Yapı Kredi Kültür Sanat Yayıncılık, 1999.

Danacıoğlu, Esra. "Tarih Yolculuğunda Yüz Yıllık Bir Durak." In *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, edited by Viktor Apalaçi. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001.

Davis, Zemon Natalie. "Conclusion." In *Poverty and Charity in Middle Eastern Contexts*. Albany: State University of New York Press, 2003.

Davison, Roderic H. "The *Millets* as Agents of Change in the Nineteenth-Century Ottoman Empire." In *Christians and Jews in the Ottoman Empire*. New York: Holmes-Meier Publishers, 1982.

"Devlet Bakanı Nimet Çubukçu S.P. Hastanesini Ziyaret Etti." *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 701-702 (March-April 2008).

Duru, Muhittin Celal. *Sosyal Yardım Prensipleri ve Tatbikleri*. Cumhuriyet Halk Partisi Yayını Kılavuz Kitaplar: 3. Istanbul: Matbaai Ebuzziya, 1939.

Dündar, Fuat. *Türkiye Nüfus Sayımlarında Azınlıklar*. Istanbul: Doz Yayınları, 1999.

"Erken Dönem Hastane Yönetimi." In *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, edited by. Viktor Apalaçi. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001.

Ersel, Hasan et al. "Vakıflar." In *Cumhuriyet Ansiklopedisi*. Istanbul: Yapı Kredi Yayınları, 2003.

Eryılmaz, Bilal. *Osmanlı Devleti'nde Millet Sistemi*. Istanbul: Ağaç Yayıncılık, 1992.

Foucault, Michael. *The Birth of the Clinic*: *An Archeology of Medical Perception*. London: Tavistock Publications, 1986.

Galante, Avram. *Historie des Juifs de Turquie*. Vol.1 and 7. Istanbul: Isis Yayıncılık, 1985.

Geremek, Bronislav. *Poverty: A History*, translated by Agnieszka Kolakowska. Oxford: Blackwell Publishers, 1997.

"Geriatrics." In *Illustrated Medical and Health Encyclopaedia*. New York: H. S. Stuttman, 1966.

"Geriatrics." In *Or-Ahayim Hastanesi: Presentation Booklet*. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2008.

Granshaw, Lindsay. "Introduction." In *The Hospital in History*, edited by Lindsay Granshaw and Roy Porter. London and New York: Routledge, 1989.

"Gönül Katkıları." In *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, edited by Viktor Apalaçi. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001.

Günal, Asena. *Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in a Republican Historical Context.* Ph.D. diss., Boğaziçi University, 2008

Güneri, Hasan. "Azınlık Vakıflarının İncelenmesi." *Vakıflar Dergisi*, no. 10. (1973).

Gürkan, Kazım İsmail. *Bezm-i Alem Valide Sultan Vakıf Gureba Hastanesi Tarihçesi*. Istanbul: Özışık Matbaası, 1967.

____. *Gureba Hastanesi Tarihçesi*. Istanbul: Kenan Matbaası, 1944.

Hatemi, Hüseyin. "Tanzimattan Cumhuriyete Vakıflar" *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi*. Istanbul, İletişim Yayınları, 1985.

____. "Cumhuriyetten Sonra Vakıflar." *Cumhuriyet Dönemi Türkiye Ansiklopedisi.* Istanbul : İletişim Yayınları, 1983.

"Hayırseverler." In *Or-Ahayim Hastanesi: Sevgi ve Şefkatin Yüzyılı*, edited by Viktor Apalaçi. Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2001.

Hoexter, Miriam. "Charity, the Poor and Distribution of Alms in Ottoman Algiers." In *Poverty and Charity in Middle Eastern Contexts*. Albany: State University of New York Press, 2003.

Hususi Hastaneler Kanunu, 2219, 5 June 1933.

İlker, Faruk. *Şişli Çocuk Hastanesi (Hamidiye Etfal Hastanesi) Tarihi*. Istanbul: Nurettin Uycan Matbaası, 1976.

İllel, Jojo. "Eski Başkanın Mesajı", *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no. 4 (January 2009).

____. "From the President." In Or-Ahayim Hastanesi, *Presentation Booklet.* Istanbul: Or-Ahayim Hastanesi Vakfı, 2008.

İnalcık, Halil. "Status of the Greek Ottoman Patriarchate under Ottomans". *Turkish Review Quarterly Digest* (Winter 1992).

İstanbul Büyükşehir Belediyesi Kültürel İşler Daire Başkanlığı. *İstanbul Külliyatı: Cumhuriyet Dönemi İstanbul İstatistikleri*. Vol. 7, Sağlık. Istanbul: İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı, 1997.

İstanbul Şişli Bulgar Hastanesi. *İstanbul Şişli Bulgar Hastanesi İç Hizmet Vazifeler Talimatnamesi*. Istanbul: Çausi Galata Basımevi, 1936.

Jones, Colin. "Some Recent Trends in the History of Charity". In *Charity, Self-Interest and Welfare in the English Past*. Taylor & Francis e-Library, 2006.

Katz, Michael B., Sachsse, Christopher. "Introduction." In *The Mixed Economy of Welfare State: Public Private relations in England, Germany and United States, the 1870s to the 1930s*. Baden-Baden: Nomos, 1996.

Kechriotis, Vangelis. "Between Professional Duty and National Fulfillment: the Smyrniot Medical Doctor Apostlos Psaltoff(1862-1923)." In *Médecins et Ingenieurs ottomans á l'âge des nationalismes*, ed. Méropi Anastassiadou-Dumont. Paris: Maisonneuve et Larose, 2003.

Keyder, Çağlar. "Introduction." In *Istanbul: Between the Global and the Local*, edited by Çağlar Keyder. Lanham, Md. : Rowman & Littlefield, 1999.

Keyder, Çağlar. "Giriş." In *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar*, edited by Çağlar Keyder et. al. Istanbul: İletişim Yayınları, 2007.

Kırlı, Cengiz. "Kahvehaneler ve Hafiyeler: 19. Yüzyıl ortalarında Osmanlı'da Sosyal Kontrol." *Toplum ve Bilim*, no. 83 (Winter 1999/2000).

Kocabaşoğlu, Uygur. "Osmanlılarda Millet Sistemi ve Tanzimat." *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi*. Istanbul: İletişim Yayınları, 1985.

____. “The Millet System: A Bird’s Eye View.” In *Boundaries of Europe*, edited by Rikard Larsson. Stockholm: Forskningsradsnamnden, 1998.

Koptaş, Rober. “Bir Başka Gözle Surp Pırgiç Ermeni Hastanesi’nin İlk Yılları: Kiminin Şefkat Evi, Kiminin Dert Yuvası.” *Toplumsal Tarih*, no. 148 (April 2006).

Koçu, Reşat Ekrem. “Ermeni, Ermeniler.” *İstanbul Ansiklopedisi*. Istanbul: İstanbul Ansiklopedisi ve Neşriyat, 1960.

____. “Balat.” *İstanbul Ansiklopedisi*. Istanbul: İstanbul Ansiklopedisi ve Neşriyat, 1960.

Köseyan, Varujan. “Surp Pırgic Ermeni Hastanesi Tarihine Kısa Bir Bakış.” In *Surp Pırgiç Ermeni Hastanesi 1900-1910 Salnamelerinde İlan ve Reklamlar*. Istanbul: Surp Pirgiç Ermeni Hastanesi Vakfı, 1999.

Lawrence J. Friedman. *Charity, Philanthropy and Civility in American History*. Cambridge: Cambridge University Press, 2004.

“Los Angeles’in ‘Haçaduryan’ korosu S.P. Hastanesi’nde.” *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 701-702 (March-April 2008).

Medina, Elio. “Yeni Başkanın Mesajı.” *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no. 4 (January 2009).

Memaliki Mahrusa-i Şahanede Etıbba-i Mütehassısa Tarafından Küşad Edilecek Hususi Hastahane (Klinik) lere Mahsus Nizamname, 10 March 1898.

“Mihitaryanlılar Surp Pırgiç’te.” *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 709-710 (November-December 2008).

Miller, Timothy S.. *The Birth of the Hospital in the Byzantine Empire*. London: The Johns Hopkins University Press, 1997.

M. JU. /F.R, “Hospitals” *Encyclopedia Judaica*, (ed. Cecil Ruth) Jerusalem: Keter Publishing House.

Mossensohn, Miri Shefer. “Charity and Hospitality: Hospitals in the Ottoman Empire in the Early Modern Period.” In *Poverty and Charity in Middle Eastern Contexts*. Albany: State University of New York Press, 2003.

Muallim, Cevdet. “Sivas Darüşşifası Vakfiyesi ve Tercümesi.” *Vakıflar Dergisi*, no.1 (1938)

Nasalli-Rocca, E. “Hospitals, History of.” *New Catholic Encyclopedia*. Catholic University of America. New York: Mc Graw-Hill, 1967

Oktik, Nurgün. *Huzurevlerinde Yaşam ve Yaşam Kalitesi: Muğla Örneği.* Muğla: Muğla Üniversitesi Basımevi, 2004.

Or-Ahayim Hastanesi. *Brochure of Alegra Torel Geriatrics Pavillion.* Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2005.

____. *Presentation Booklet,* Istanbul: Balat Or-Ahayim Musevi Hastanesi Vakfı, 2008.

Ortaylı, İlber."Osmanlı İmparatorluğu'nda Millet Nizamı." *Prof. Dr. Hamide Topçuoğlu'na Armağan.* Ankara: Ankara Üniversitesi Hukuk Fakültesi Yayınları, 1995.

____. "Osmanlı İmparatorluğu'nda Millet." *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi.* Istanbul: İletişim Yayınları, 1985.

____. "The Ottoman Millet System and its Social Dimensions." In *Boundaries of Europe,* edited by Rikard Larsson. Stockholm: Forskningsradsnamnden, 1998.

____. *İmparatorluğun En Uzun Yüzyılı*. Istanbul: Alkım Yayınları, 2006.

____. "Osmanlı Kimliği." *Cogito Osmanlılar Özel Sayısı.*

Önge, Yılmaz. "Çankırı Darüşşifası." *Vakıflar Dergisi*, no. 5.

Özbek, Nadir. "The Politics of Poor Relief in the Late Ottoman Empire, 1876-1914." *New Perspectives on Turkey,* no. 21 (Fall 1999).

____. "Osmanlı İmparatorluğu'nda 'Sosyal Yardım' Uygulamaları: 1839-1918." *Toplum ve Bilim,* no. 83 (Winter 1999/2000).

____. *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar ve Meşruiyet, 1876-1914*. Istanbul: İletişim Yayınları, 2008.

____. *Cumhuriyet Türkiye'sinde Sosyal Güvenlik ve Sosyal Politikalar*. Istanbul: Emeklilik Gözetim Merkezi, 2006.

Özel Huzurevleri ve Yaşlı Bakımevleri Yönetmeliği, 26960, 7 August 2008.

Özel Huzurevleri ve Yaşlı Bakımevleri Yönetmeliği, 23099, 3 September 1997.

Özpekcan, Meliha. "Büyük Millet Meclisi Tutanaklarına Göre Türkiye Cumhuriyeti'nde Sağlık Politikası [1923-1933]." [Part 2]. *The New History of Medicine Studies*, no. 8 (2002).

Öztürk, Nazif. *Türk Yenileşme Tarihi Çerçevesinde Vakıf Müessesesi*. Ankara: Türkiye Diyanet Vakfı Yayınları, 1995.

Öztürk, Nazif. *Azınlık Vakıfları.* Ankara: Altınküre Yayınları, 2003.

Park, Katherine. "Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence." In *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones. London, New York: Routledge, 1994.

"Pembe Meleklerden Mesaj." *Yaşamın Işığı: Balat Or-Ahayim Hastanesi Sağlık Bülteni*, no. 4 (January 2009).

Pickstone, John. "Medicine, Society and the State." In *The Cambridge Illustrated History of Medicine*, edited by Roy Porter. Cambridge, New York: Cambridge University Press, 2001.

"Poliklinik, Doktorlarımız." *Genç Surp Agop*, no. 10 (Nisan 2009).

Porter, Roy. "Hospitals and Surgery." In *The Cambridge Illustrated History of Medicine*, edited by Roy Porter. Cambridge, New York: Cambridge University Press, 2001.

____. "The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-century England." In *The Hospital in History*, edited by Lindsay Granshaw and Roy Porter. London, New York: Routledge, 1989.

"Prof. Zaven Yegavyan'la Söyleşi." *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 705-706 (July-August 2008).

Pullan, Brian. "Charity and Poor Relief in Modern Italy." In *Charity, Self-Interest and Welfare in the English Past* . Taylor & Francis e-Library, 2006.

Republic of Turkey State Planning Institution. *Türkiye'de Yaşlıların Durumu ve Yaşlanma Ulusal Eylem Planı,* Publication no DPT: 2741. Ankara: State Planning Institution, 2007.

Reyna, Yuda and Ester Moreno Zonana. *Son Yasal Düzenlemelere Göre Cemaat Vakıfları*. Istanbul: Gözlem Gazetecilik Basın ve Yayın, 2003.

"Sağlık Bakanı Recep Akdağ S.P. Hastanesi'ni Ziyaret Etti." *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 711-712 (January-February 2009).

Shaw, Stanford. "Osmanlı İmparatorluğu'nda Azınlıklar Sorunu." *Tanzimattan Cumhuriyete Türkiye Ansiklopedisi*. Istanbul: İletişim Yayınları, 1985.

____. *History of the Ottoman Empire and Modern Turkey*. Vol. 1. Cambridge: Cambridge University Press, 1997.

Singer, Amy. *Charity in Islamic Societies*. Cambridge: Cambridge University Press, 2008.

Sosyal Hizmetler ve Çocuk Esirgeme Kurumu, *Yaşlılara Sunulan Sosyal Hizmetin Değerlendirilmesi*. Ankara: Sosyal Riski Azaltma Projesi Koordinasyon Birimi, 2006.

Sosyal Hizmetler ve Çocuk Esirgeme Kanunu, 2828, 24 May 1983.

Soykan, Tankut T. *Osmanlı İmparatorluğu'nda Gayrimüslimler*. Istanbul, Ütopya Yayınevi, 2000.

Şalom, 21 May 2006.

Şehsuvaroğlu, Bedi N. *İstanbul'da 500 Yıllık Sağlık Hayatımız*. Istanbul: İstanbul Fetih Derneği, 1953.

Şer'iye ve Evkaf ve Erkanıharbiyeti Umumiye Vekaletlerinin İlgasına Dair Kanun, 429, 3 March 1924.

Surp Pirgiç Ermeni Hastanesi, *Presentation Booklet*. Istanbul: Surp Pirgiç Ermeni Hastanesi Vakfı, 2007.

Tanzimat Değişim Sürecinde Osmanlı İmparatorluğu, edited by Halil Inalcik and Mehmet Seyitdanlıoğlu. Ankara: Phoenix Yayınevi, 2006.

Taşkıran, Nimet. *Hasekinin Kitabı: İstanbul Haseki Külliyesi, cami, medrese, imaret, sübyan mektebi, darüşşifa ve yeni Haseki Hastanesi*. Istanbul: Yenilik Basımevi, 1972.

Tekiner, Halil. *Gevher Nesibe Darüşşifası: ortaçağ'da öncü bir tıp kurumu.* Kayseri: TEB 12. Bölge Kayseri Ecza Odası, 2006.

Terzioğlu, Arslan. *Osmanlı Devleti'nin 700. Yıldönümü Anısına Osmanlı'da Hastaneler, Eczacılık, Tababet ve Bunların Dünya Çapında Etkileri*. Istanbul: Ministry of Culture, 1999.

Tevhid-i Tedrisat Kanunu, 430, 3 March 1924.

Trompoukis, Constantinos and Marketos, Spyros. "The Greek Orthodox Hospital of Yedikule (Balıklı) in Istanbul : A Medical History During the Ottoman Empire." *The New History of Medicine Studies*, no. 5 (1999).

Tufan, İsmail. "Toplumun ve Yaşlılığın Geleceği." Available [online]: http://bianet.org/bianet/bianet/93440-toplumun-ve-yasliligin-gelecegi

"Ünlü Kompozitör Sivart Karamanuk Aramızdan Ayrıldı." *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 707-708 (September-October 2008)

Ünver, A. Süheyl. *Sivas Tıp Sitesi*. Sivas: Cumhuriyet Üniversitesi Tıp Fakültesi, 1980.

____. *1539-1939 400üncü yıl dönümü dolayısile Haseki Hastanesi tarihçesi*. Istanbul: İstanbul Üniversitesi, 1939.

____. *Fatih Darüşşifası: 875 h. – 1470 m.*.Istanbul: İstanbul Kader Matbaası, 1932.

Vakıflar Kanunu, 5737, 20 February 2008.

Vakıflar Yönetmeliği, 27010, 27 September 2008.

Weindling, Paul. "The Modernization of Charity in Nineteenth-Century France and Germany." In *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones. London, New York: Routledge, 1994.

World Health Organization: *World Health Statistics 2009*. Geneva: WHO Publications, 2009.

Yarman, Arsen. *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi Tarihi*, edited by Ali Çakmak. Istanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001.

"Yaşlılar Haftası Nedeniyle Dernek Başkanlarının Ziyareti." *Surp Pırgiç Ermeni Hastanesi Aylık Dergisi (Turkish Annex)*, no. 713-714 (March-April 2009).

Yaşlılar ve Yaşlı Yakınları Açısından Yaşam Biçimi Tercihleri, edited by Sibel Kalaycıoğlu. Ankara: Türkiye Bilimler Akademisi, 2003.

Yearbook of Medical Statistics of the Ministry of Health and Social Assistance 1945-1955, prepared by Yusuf Tunca . Ankara: Gürsoy Basımevi, 1958.

Yerebakan, Metin. *Özel Hastaneler Araştırması*. Istanbul: İstanbul Ticaret Odası, 2000.

Yıldırım, Nuran. "Panoliko'dan Balıklı Rum Hastanesi'ne" *Toplumsal Tarih*, no. 153 (September 2006).

____. "Yedikule Surp Pirgic Armenian Hospital." In *The Other Side of City Walls: Zeytinburnu*, edited by Burçak Evren. Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006.

____. "Zeytinburnu Askeri Hastanesi." In *The Other Side of City Walls: Zeytinburnu*, edited by Burçak Evren. Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006.

____. “Hospital of Greek Nation outside Yedikule: Balıklı (Balouki) Greek Hospital Foundation”. In *The other Side of City Walls: Zeytinburnu,* edited by Burçak Evren. Istanbul: Cultural Publications of Zeytinburnu Municipality, 2006.

____. *İstanbul Darülaceze Müessesesi Tarihi*. Istanbul: Darülaceze Vakfı, 1996.

____. “A Decree from the Council of Ministers Concerning an Insane Jew”. In *New History of Medicine Studies* (1996-1997).

____. “Darülaceze” *Dünden Bugüne İstanbul Ansiklopedisi*. Istanbul; Tarih Vakfı, Ankara; Kültür Bakanlığı, 1993.

Yörükoğlu, Nihad Nuri. *Manisa Bimarhanesi*. Istanbul: İsmail Akgün Matbaası, 1948.

Zengilli, Yusuf. “Surp Agop Hastanesi.” In *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi Tarihi*, edited by Ali Çakmak. Istanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001.

Zeynep Kamil Hastanesi. *Zeyneb-Kamil Hastanesi: 1860-1954*, haz. Bedi N. Şehsuvaroğlu, Niyazi Ahmet Banoğlu. Istanbul: [s.n.], 1954.