

The Emergence of Jewish Health-Care Chaplaincy: The Professionalization of Spiritual Care¹

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Until recently, our only means of training new chaplains was by ‘apprenticing’ them to older chaplains for a number of weeks. However, the need for scientific training of chaplains has long been felt by us. . . .

—*New York Board of Rabbis, ca. 1950*²

This article examines the development of civilian Jewish chaplaincy³ in the United States—service in hospitals, geriatric care centers, mental-health facilities, prisons, and other settings including Jewish community chaplaincy. The discussion below does not include Jewish military chaplains, whose numbers today are much smaller but about whom much more has been written.⁴

The development of a professional field is sometimes only recognized in hindsight. In general terms, professionalization can serve a number of purposes, including fellowship with others in the field, raising the image of the profession, providing continuing education, excluding those deemed incompetent or poorly trained, and seeking recognition from governmental or other official bodies. Usually people have been involved in a field for some time prior to the landmark development of professional organizations, training, and certification. In the United States, for example, fields such as law and medicine existed prior to the formation of the American Medical Association in 1847 or the American Bar Association in 1878. In the 1880s, historians, economists, political scientists, modern language instructors, and folklorists all formed professional groups in the United States. Similarly, the development of professional training and organization in social work or nursing (for example, the American Nurses Association founded in 1896) marked transitions towards a recognized professional status. Other fields have developed very recently, such as bioethics, which reached professional status in the 1990s.⁵

In Jewish life, there is a long-term trend toward professionalization in a number of areas that were originally avocational.⁶ The *mohel* (ritual circumciser) is a specialization centuries old, as most fathers did not feel qualified to carry out this task personally. A paid rabbinate goes back to at least the Middle Ages, with justification for paying people for this role the source of considerable debate. While parents (traditionally fathers) are obligated to educate their children, village teachers gradually took on this role in Europe, and in the last century Jewish education became a profession. An example parallel to chaplaincy was

the development of professional training and organization for cantors. For centuries this field was usually entered by informal apprenticeship. Between 1947 and 1952 all three major Jewish religious movements in the United States opened cantorial training programs at their seminaries and established affiliated professional organizations.⁷

These changes over time—even over just a few decades—signal the emergence of a professional field. Jewish chaplaincy builds on older traditions of *bikur holim*, visiting the sick, which continue today as a volunteer activity. This tradition is traced back in rabbinic literature to God, who visited Abraham: “The Holy One, blessed be he, visited the sick as it is written, ‘The Lord appeared to him by the terebinths of Mamre (Gen.18:1)’—and so you must visit the sick.” It was viewed as part of deeds of loving-kindness—*gemilut hasadim*. This is an obligation, or mitzvah, for Jews.⁸ While the Talmud seems to prohibit payment for visiting the sick, medieval sources find exceptions to this rule based on local custom and the length of time the visitor spends with the sick.⁹ Rabbi Meyer Strassfeld wrote in *The Third Jewish Catalog* (1980): “Until we as a community can reclaim this mitzvah as our own, we ought to make sure that at least we have professionals who represent our care and concern when one of our ‘family’ is ill. Local Jewish federations should be encouraged to make the creation of chaplaincy programs an important priority.”¹⁰

The *Dictionary of Pastoral Care and Counseling* defines pastoral care and those who provide it thus: “*Chaplain* refers to a clergyperson or layperson who has been commissioned by a faith group or an organization to provide pastoral services in an institution, organization, or governmental entity. *Chaplaincy* refers to the general activity performed by a chaplain, which may include crisis ministry, counseling, sacraments, worship, help in ethical decision making, staff support, clergy contact, and community or church coordination.”¹¹ Underlying both Jewish chaplaincy and the choice to become a Jewish chaplain is a very significant thread of pluralism or commitment to *klal yisrael* (the entire Jewish community).

While most professional Jewish chaplains in the United States are rabbis, a significant number are not, including cantors and professionally trained Jewish lay people. Jewish chaplaincy programs often include both professional and volunteer components. However, this paper focuses on the development of full- and part-time professional Jewish health-care chaplaincy, particularly since the middle of the twentieth century. This is now a large, visible field composed of hundreds of Jewish professionals, marked by the formation of the National Association of Jewish Chaplains (NAJC) in 1990, a point to which I will return. (In the interest of self-disclosure, I will note that I was a board member of the NAJC. I served as vice-president from 1994 to 1998, as a board member at large from 2004 to 2006, and as secretary from 2006 to 2010).

This article looks at two elements that influenced this development of a professional field (1) social and organizational trends affecting chaplaincy—i.e., the organization of the field; and (2) trends affecting rabbis and other chaplains—i.e., the individuals—in terms of careers and identity.

In historical research, one typically presents a review of the literature. In the case of Jewish military chaplaincy, a number of volumes exist, including memoirs.¹² It is well documented that Abraham Lincoln appointed the first American Jewish military chaplain in 1862; and during World War II, the Jewish military chaplaincy expanded greatly.¹³ In the case of Jewish civilian chaplaincy, however, any review of the literature will be brief. In the first edition of the *Encyclopedia Judaica* (1971), the only references to chaplains or chaplaincy are to the military. Similarly, in the two-volume centennial history of the Jewish Theological Seminary, the only references to chaplains are to military chaplains.¹⁴ The *Jewish Encyclopedia* (1901–1905) contains a handful of references to Jewish nonmilitary chaplains. It mentions Dr. A.M. Radin, visiting chaplain for New York state prisons, and reports that Isaac Samuel “is the only Jewish minister in England who has received a stipendiary appointment as Jewish chaplain in a non-sectarian institution.”¹⁵ These were clearly exceptional appointments in their period.

One of the few postwar publications to discuss Jewish civilian chaplaincy was a volume in a popular career choice series. Rabbi Alfred Gottschalk, then-dean of the California school of the Hebrew Union College–Jewish Institute of Religion (HUC-JIR), wrote *Your Future as a Rabbi*, published in 1967. It included a few pages on nonmilitary chaplaincy, mentioning rabbis serving as community chaplains as well as in “hospitals, mental institutions, homes for the aged, and orphanages.” It also offered brief profiles of several chaplains.¹⁶ Murray Polner’s *Rabbi: The American Experience* (1977) includes a page or two on Hillel rabbis and two paragraphs on a rabbi who served Jewish prisoners in a correctional institution.¹⁷

David Zucker’s *American Rabbis: Facts and Fiction* (1998) reviews both fiction and research on rabbis and the rabbinate. Zucker includes a few sentences on civilian chaplains in a longer chapter titled, “Non-Congregational Rabbis.” Unlike the longer treatments of military chaplains and Hillel rabbis, Zucker’s reference to health-care chaplains is not based on previously published sources. This is especially surprising since Zucker is himself a chaplain at a Jewish long-term care facility near Denver and served as an officer of the NAJC. The few books on general chaplaincy or pastoral care with a historic element rarely mention Jewish chaplains. In short, there is very little secondary literature.¹⁸

The Early Stages

A history of the New York Board of Rabbis published in 1977 identifies the first hospital chaplain as Rabbi Samuel Isaacs, who served at Jews’ Hospital,

later Mt. Sinai, from 1852 to 1878. However, since he was a full-time congregational rabbi, this was at most a part-time position, if he indeed held the title of chaplain.¹⁹ The New York Board of Jewish Ministers established a visiting chaplaincy for prisoners in 1891. A significant milestone occurred in 1896, when the state legislature funded a Jewish chaplain, parallel to Christian chaplains, for Sing Sing and other prisons. According to the historian of the New York Board of Rabbis, continuing problems were lack of money and supervision—issues continuing to the present. Also, having chaplaincy appointments in the hands of the state or facility was problematic, as Jewish representatives wanted to monitor who was appointed to serve Jewish prisoners.²⁰

There were other early appointments of rabbis in health-care roles. The Jewish Hospital in Philadelphia had a rabbi from the 1890s to the 1950s who led services for the elderly residents of the adjacent Home for the Jewish Aged. One Jewish geriatric facility in New York (on the Lower East Side, and after 1910 on the Grand Concourse in the Bronx) had a rabbi and *rav hamachshir* (kashrut supervisor) as early as 1902. In general, in these early examples, a ritual role was key. No professional standards or credentials for Jewish chaplains existed. There was little vision of pastoral care or counseling as a field, and, outside of some state institutions, patient and family visiting were not always a key responsibility.

From the 1920s through World War II, professional training for ministry (and later for chaplaincy) began to develop in the Protestant community. This program, which was based on case studies, fieldwork, and clinical supervision, came to be called Clinical Pastoral Education (CPE). While CPE programs had grown by World War II, they were still loosely organized and more or less limited to Protestant ministers and seminary students, virtually all of whom were white males.

In the same period, Hillel, B'nai B'rith's Jewish campus program, began to create an alternative model of noncongregational rabbinic service. Rabbi Benjamin Frankel, the first Hillel rabbi, served the University of Illinois from 1923 to 1927. Despite the Depression, the program grew to twenty-five campuses with full-time directors by 1938. According to historian Deborah Dash Moore, "In sum, Hillel established the secular synagogue on campus, founding in this way a new calling for the rabbinate."²¹ The Hillel program was not tied to a congregation or to one particular Jewish denomination, a model also followed in chaplaincy.

In the late nineteenth and first half of the twentieth century, most Jewish patients in large and medium-sized American cities were treated in Jewish facilities with a Jewish atmosphere and strong ties to local rabbis and congregations. More than sixty of these hospitals were established, not only in large cities such as New York, Boston, and Philadelphia, but also in medium-sized communities such as St. Louis, San Francisco, Louisville, and Milwaukee. Historian Alan

Kraut notes that Jewish hospitals became “powerful cultural mediators for the Jewish community.” Many made provision for kosher food and were havens from antisemitism, which affected patients and physicians. However, few, if any, had a Jewish chaplain.²²

The Post-World-War-II Era

Moore has noted the widespread impact of Jewish military chaplains during World War II. Some three hundred rabbis served in the U.S. military, and their roles received widespread attention. Furthermore, while chaplaincy was based on interreligious cooperation, Jewish chaplaincy was based even more on a shared sense of mission and pluralism overcoming Jewish denominationalism. Abraham Duker wrote that military chaplaincy “furnished a laboratory for the blending of the [Jewish] religious groupings.” More than half a million American Jews served in the armed forces during the war. While not all of them had contact with Jewish chaplains, many did. These influences continued after the war.²³

It is not coincidental that it was in 1945 that the Jewish Federation of New York responded to the New York Board of Rabbis’ request to establish a chaplaincy program, including a coordinator. The rabbi hired, Rabbi Harold Gordon (ordained by both the Jewish Theological Seminary and by Chief Rabbi Avraham Kook of Palestine), was known as the “Flying Chaplain” in World War II. By 1950, New York State required the New York Board of Rabbis’ approval for all Jewish chaplaincy appointments to their facilities. By 1951 the program was extensive, with a full-time coordinator, four full-time and seven part-time chaplains, plus support staff.²⁴

In Chicago, the Board of Rabbis and the federation established a central chaplaincy service in 1946. In addition to the full-time community chaplain, others were employed by Illinois penal and mental-health facilities. In 1951 in Los Angeles, the federation’s Jewish Committee for Personal Service employed two half-time Jewish chaplains, after failing to find one person for the role, plus a number of part-time chaplains.

In Philadelphia, the Jewish Family Service in 1942 established a small one-rabbi chaplaincy program to state facilities and prisons. Beginning in 1951, the Philadelphia Board of Rabbis worked with the Allied Jewish Appeal and the Federation of Jewish Charities to establish a Jewish chaplaincy program, soliciting information on chaplaincy programs in other cities to bolster their case. In addition, they surveyed local Jewish hospitals and institutions. The survey did not include Christian and nonsectarian hospitals; apparently the surveyors assumed that almost all Jewish patients sought general medical care at Jewish facilities.²⁵ When an independent Jewish Chaplaincy Service was established in 1955 in Philadelphia, the first full-time director was Rabbi Joseph Rothstein, an Orthodox rabbi with family counseling training and a background as a military chaplain.²⁶

Other programs were also created during this period. In Baltimore, Sinai Hospital hired its first chaplain in 1952. Newark started a chaplaincy program in 1958. Milwaukee began a community chaplaincy program, especially to serve Jewish hospital and mental-health patients, in 1962. Miami established a community chaplaincy program in 1966.²⁷ Often these services initially were limited to Jewish, county, and state facilities and did not even attempt to reach patients in facilities under nondenominational or Christian sponsorship.

Despite the increasing numbers of Jewish chaplaincies, formal training or standards had not yet been developed.²⁸ Around the country, numerous Jewish facilities serving geriatric and other clients had a rabbi, but few of them participated in CPE programs. One of the early participants, Israel J. Gerber, wrote of his remarkable chaplaincy training experience in Boston in 1948, exclaiming in his first paragraph, "I am so impressed with their value that I have decided to write out my experiences so that they may stir other rabbis to undergo similar post-graduate training."

In New York in 1948, the Board of Rabbis established a Chaplaincy Institute based at Mt. Sinai Hospital and its Institute for Pastoral Psychology. Also in the early 1950s, Rabbi Fred Hollander, an Orthodox rabbi at Bellevue Hospital in New York, was another one of the few rabbis in the country to have experience in CPE. In 1958, he was approved as a CPE supervisor by the predecessor of the Association for Clinical Pastoral Education (ACPE). Hollander was almost certainly the first Jew to hold such a certification.²⁹ He ran summer training sessions that attracted many rabbis, including those from other movements, most of whom became pulpit rabbis. The cross-denominational nature of the sponsorship and participation is noteworthy and a continuing theme. In general, however, rabbis seeking greater human relation skills were more likely to get an additional degree in social work.³⁰

Non-Jewish chaplaincy experienced wide expansion in the period following World War II. In 1940 only "a handful" of Protestant hospitals had a chaplain, and there was no organized chaplaincy in the Veterans Administration (VA) or in state mental health facilities. By 1950, there were "almost 500" full-time chaplains in general hospitals and 241 employed by the VA.³¹ Christian groups were also organizing professionally. The Chaplains Section of the American Protestant Hospital Association was founded in 1946 (again, note the post-war date) and became the College of Chaplains in 1968, still affiliated with the Protestant hospital organization.³² The National Association of Catholic Chaplains was founded in 1968. The ACPE was formed out of several smaller groups in 1967. However, there was little organization of Jewish civilian chaplains before the 1980s (except for a group of Jewish correctional chaplains centered in New York).

The Recent Era

When Rabbi Jeffery Silberman participated in an intensive CPE program in 1981, he was one of the few rabbis to do so. He was also one of the first rabbis with this training to enter chaplaincy professionally. Silberman wrote of his experiences in a 1986 article that dealt with both the learning he gained from case experience and the challenges of working in a program whose content and supervisor were infused with Christian assumptions. In particular, an assignment to reflect on the experience of “grace” did not fit with his Jewish beliefs. Silberman not only went on in chaplaincy but also became a certified Jewish supervisor in the field in 1988, authorized to train other students in a formal program. At the time, he was the only Jew in the United States to hold this status.³³

While its history is outside the scope of this paper, it should be noted that the makeup of CPE, and its professional group, the ACPE, was changing by the 1980s. Established and led by white Protestant males, the field significantly shifted, as many women, Catholics, African Americans, other minorities, and eventually non-Christians entered CPE programs and some became CPE supervisors.

Jewish chaplaincy was also undergoing change by the 1980s. New people were entering the field, including many women in the rabbinate. Other more senior people found their way to the field after serving in congregations and other posts. Still, Jewish chaplaincy had an image problem. Silberman, the first president of the recently founded NAJC, wrote an editorial in an interfaith journal in 1992, explaining the new organization to Christian colleagues: “Unfortunately, Jewish chaplaincy is still saddled with an old stereotype about rabbis ‘who cannot cut it in congregations.’ While this image has changed in recent years, many hospital administrators believe that Jewish chaplains are good only for determining whether or not the hospital kitchen is kosher.”³⁴ Silberman implied something that many Jewish chaplains felt: that many rabbis did not consider nonmilitary chaplaincy to be a “real job,” let alone one that a competent rabbi would choose.

In 1990 the College of Pastoral Supervision and Psychotherapy (CPSP) was formed. This alternative professional and educational group, sometimes in competition with ACPE, has a number of Jewish chaplains who are now active in this group.³⁵

While the number of Jewish hospitals significantly declined through mergers and closures from the 1980s onward, the number of Jewish facilities serving the elderly grew. A 2003 report found more than 160 Jewish nursing homes (mostly federation-sponsored) and 396 federation-affiliated senior housing or assisted living apartment projects in North America.³⁶ These figures do not include the many privately owned facilities or those with significant Jewish populations

under independent nonprofit sponsorship. Many of these facilities do not have a Jewish chaplain, but a large number do.

By the late 1980s a significant number of men and women were seeking ways to serve the Jewish community through health-care chaplaincy. Non-Orthodox seminaries by the 1990s were offering or encouraging clinical education, particularly CPE. Women in particular seemed to find the emphasis on building relationships in chaplaincy to be meaningful. They also found the time demands more flexible than congregational work, particularly for mothers of young children. For example, Amy Eilberg, the first Conservative woman rabbi, entered hospice chaplaincy after a short time in a large congregation. For many new rabbis who did not aspire to lead large congregations, chaplaincy seemed a natural fit. As in the field of Jewish education, chaplaincy was becoming a field entered by choice rather than by accident.³⁷

The publication of professional literature—including theological perspectives as well as practical experience and guidance—also signaled an increasing professionalization of the field. The most significant single work to date was edited by Rabbi Dayle Friedman, a faculty member at the Reconstructionist Rabbinical College and a former geriatric chaplain. *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources* was initially published in 2001, with a revised edition appearing in 2005.³⁸

Many Jewish chaplains are part of interreligious teams and serve patients of all religious backgrounds. Of those who serve in primarily Jewish facilities, many do arrange for services and holiday celebrations. However, their main roles are in counseling and supporting patients/residents, staff members, and families. They also contribute to creating a Jewish atmosphere, particularly in residential and long-term care settings with many Jewish residents. A large number—in many cities, most—of Jewish patients or residents are unaffiliated with a congregation, yet they still may value their Jewish heritage, particularly at a time of crisis. Jewish chaplains can fill a role that congregational rabbis often cannot, due to limited time to visit multiple institutions and, sometimes, a lack of training that enables them to be comfortable in these settings.

Since the 1980s, two wider trends have occurred that have affected the field of Jewish chaplaincy. One is the greater societal emphasis on spirituality as well as on ritual aspects of religious life in health care; the other is that the emphasis on spiritual care is also reflected in regulations by accrediting agencies.

The first trend—an increasing emphasis on spirituality in health care—has manifested itself in various ways. For example, the selective medical periodical index Medline listed 91 articles dealing with religion, spirituality, or pastoral care in 1999; 203 articles published in 2003; and more than 1,600 (of which 420 appear in an annotated bibliography) in 2007.³⁹ There has been a significant growth of research on spirituality and health in pastoral care, medical, and academic settings.⁴⁰ In the Jewish community, too, recent decades have seen a

large increase in the number of publications, conferences, and gatherings dealing with spirituality. This includes the many publications by Rabbi Lawrence Kushner, the growth of the Jewish Lights publishing house, retreat center programs at Elat Chayyim, the development of the Jewish Renewal movement, and numerous publications and events relating to Hasidism and kabbalah from both traditional and innovative perspectives. The formation of the Institute for Jewish Spirituality is another example, as is the Kalsman Institute on Judaism and Health at the Hebrew Union College–Jewish Institute of Religion in Los Angeles. The HealthCare Chaplaincy, a multifaith nonprofit in New York, had long included Jewish chaplaincy students and supervisors; and in the 1990s it opened a specific Jewish program, today the Department of Studies in Jewish Pastoral Care.⁴¹ In addition, the growth of dozens of community-based Jewish healing centers deserves its own study.⁴² This growing awareness of the spiritual dimensions of life within health care, in both the general and Jewish society, does not lead directly to professional chaplaincy staffing, but it raises awareness of the concerns that chaplains address.

Some local Jewish communities set up training programs to advance the field of Jewish chaplaincy. A program in Detroit organized by the Jewish Hospice and Chaplaincy Network trained eight rabbis in CPE from 2000 to 2004. In the last decade, the New York Board of Rabbis also sponsored CPE programs to improve the skills of rabbis serving as chaplains, along side of programs based in hospitals and other health care centers.⁴³

The second trend mentioned—that is, changes in accreditation regulations that reflect an increased emphasis in spiritual care—has been formalized since the 1990s. Hospice programs, for example, are required to provide pastoral care. U.S. hospitals and geriatric centers accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO, now known simply as the Joint Commission) now are required to address spiritual care. The 2007 hospital standards include under Standard RI.2.10 (“The hospital respects the rights of patients”): “Element of Performance #2: Each patient has the right to have his or her cultural, psychosocial, *spiritual*, and personal values, beliefs, and preferences respected. . . . Element of Performance #4: The hospital accommodates the right to pastoral and other *spiritual* services for patients” (p. RI-10; emphasis added). At the end of life, “Interventions address patient and family comfort, dignity, and psychosocial, emotional, and *spiritual* needs, as appropriate, about death and grief” (p. PC-25; emphasis added).

While these and other standards for accreditation (necessary for health-care institutions to receive Medicare and other government funding) do not *require* hiring staff chaplains or those of particular religions, they put the issue on the agenda of secular and denominational facilities.⁴⁴ Chaplains in these health-care facilities often are required to be endorsed by a recognized pastoral care organization, although so far that is not a formal Joint Commission requirement.

A New Organization

In the early 1980s, the Council of Jewish Federations General Assembly held sessions that included discussions about Jewish chaplaincy. By the mid-1980s, a core of Jewish chaplains serving health-care and geriatric populations had begun seeking recognition and fellowship, which they did not find in either Christian chaplaincy groups or in denominational rabbinic organizations. Several Jewish chaplains began consultations on establishing a new national organization. They approached the major rabbinic groups, including the Reform Central Conference of American Rabbis and the Conservative Rabbinical Assembly, for assistance. However, these groups focused on the congregational rabbinate; supporting civilian chaplains was not a priority.⁴⁵ Between 1986 and 1987 they did receive support from the New York Board of Rabbis, the Miami Rabbinical Association, the Board of Rabbis of Greater Philadelphia, and the Chicago Board of Rabbis, following a meeting of executives of those groups. Significantly, the preliminary financial support for professional chaplaincy—five hundred dollars from each board of rabbis—came from local groups working across denominational lines, which often had an interest in chaplaincy service.

In 1988 a major interfaith pastoral care seminar, “Dialogue 88,” was held in Minneapolis. By pre-arrangement, twenty or so Jewish chaplains met and established a framework for a new organization. Early in 1990, the National Association of Jewish Chaplains (NAJC) held its founding convention in Atlantic City.⁴⁶

Since its formation, the NAJC has experienced three organizational milestones. First, in 1993, it voted as to whether only rabbis would be eligible for full membership. There were some concerns about “quality control” should nonordained people be admitted. However, the proposal to include non-rabbis passed overwhelmingly.⁴⁷ The open policy was similar to those of Catholic and Protestant chaplaincy groups, yet the clinching argument for the Jewish community had more to do with the role of women. Since Orthodox women, no matter how highly educated, could not be ordained, they would not be eligible for full NAJC membership otherwise. Today, some 80 percent to 90 percent of the professional members are rabbis. Most of the non-rabbis are women from various denominational backgrounds who have pursued Jewish education and chaplaincy training but have not been ordained.

A second milestone was the institution of certification in 1995. Rabbi Yaakov Frank of Chicago, an Orthodox rabbi who had previously served as certification chair for the Association of Mental Health Chaplains (AMHC), encouraged this effort. All professional membership in NAJC requires advanced Jewish and chaplaincy education, but NAJC certification demands go beyond that, requiring more advanced education and recognition by a peer panel. Currently, both chaplains working in the field as well as new chaplains are pursuing this education and seeking professional status and peer recognition comparable to

that which most non-Jewish chaplains have. Today there are more than one hundred certified Jewish chaplains.⁴⁸

Jewish chaplains also sought to find their place in the wider community. The NAJC in the late 1990s was briefly a member of the Conference on Jewish Communal Service, an umbrella group of organizations representing other Jewish communal workers, but that affiliation ended in 1999. By 2000, the NAJC was putting an emphasis on relationships with other Christian and non-denominational pastoral care and education organizations. It also was involved in coalitions concerned with disaster relief and was in regular contact with the Association of Jewish Aging Services, representing Jewish geriatric venues.⁴⁹

A third milestone, in 2003, was the designation of CPE as the only recognized clinical path for becoming a Jewish chaplain. In that year, the NAJC and five other North American pastoral care organizations approved joint outlines for procedures for certification, education, and ethics. At the same time, the NAJC became more specific in the training requirements to become a professional member, a stage prior to certification. In earlier years of Jewish chaplaincy and the NAJC, various formats (often social work, but sometimes another area of psychology or marriage and family therapy) were recognized; but beginning in 2003, new chaplains would need at least two units (total eight hundred hours) of CPE as well as rabbinic or other graduate-level Jewish study, to become full voting members of the NAJC, the initial step for professionals.⁵⁰

Recent years have also seen Jewish chaplains become increasingly involved in training other future chaplains, caregivers, and clergy of all backgrounds. In earlier years, while there were few Jewish chaplains, those involved in professional pastoral care education had even fewer Jewish peers. In 2007, led by Conservative Rabbi Naomi Kalish, a Jewish Supervisors Network was formed within the ACPE. Ten Jews who are full supervisors (certified as CPE educators), and an additional five candidates currently in ACPE training to become qualified to teach in this field, are members of this ACPE network. The members are from all Jewish religious movements; about two-thirds are women. In the CPSP, a smaller professional group, there are two Jewish supervisors and several more in training.⁵¹

Chaplains achieving certified chaplain status meet additional standards. Although many NAJC chaplains were initially “grandfathered” into certified status based on training and experience, they now must have four units (1,600 hours or a full-time calendar year) of CPE or an equivalent, in addition to rabbinic or advanced Jewish education, plus self-assessments, recommendations from peers, and a demanding interview. These standards for certification are comparable to those of cognate non-Jewish professional chaplaincy organizations. Certified chaplains must complete a minimum of fifty hours a year of continuing education and a peer review meeting with a committee of chaplains every three years.

Since 1990, the NAJC has grown to some 300 professional members, full- and part-time chaplains (plus an additional 300 students, retired members, and affiliates, including a number in Israel). As of 2009 the NAJC included chaplains from all Jewish movements, including several from the haredi (“ultra-Orthodox”) communities. More than 150 attended the 2002 conference in Philadelphia; more than 125 attended the 2006 conference in Los Angeles. Its board, membership, and past presidents include chaplains from all four major Jewish religious movements.⁵²

At the 2005 NAJC national convention in Philadelphia, the national executives of the Reform, Conservative, Reconstructionist, and Orthodox rabbinical groups were invited guests. During one lunch session, participants were broken into groups by denomination (as well as a group of lay and unaffiliated chaplains), and the executives met with rabbis and rabbinical students from their own denominations. What is remarkable is that this lunchtime discussion was the only breakout by denomination, except for worship services, at a four-day conference of 150 Jewish chaplains, the large majority of whom were rabbis.

The NAJC faces challenges, including providing ongoing services to members with a largely volunteer effort, in addition to producing publications and holding the annual national conference. Its print and web publications are not widely distributed outside of the membership. After almost twenty years of existence, its staff consists of a half-time executive director and a part-time administrative assistant, housed at the Jewish Federation of Metrowest, New Jersey. At the June 2009 board meeting, that group set a goal of employing a full-time executive director by 2012. Its website, www.najc.org, is relatively modest. Regional efforts, begun in earnest in 2007, have had only limited success. There have been a number of regional study sessions and meetings, but Jewish chaplains, whether or not NAJC members, meet regularly in only a few locales (e.g. Chicago and Denver).⁵³

For various reasons, not all Jewish chaplains are members of the NAJC. At least some may be unaware of the organization’s existence. Others, while Jewish, see themselves as more “generic” chaplains rather than “Jewish” chaplains. Some have been certified by the APC and maintain it as their primary professional affiliation, and others are uncomfortable with the degree of pluralism in the NAJC. And still others lack either the clinical or the advanced Jewish education required for NAJC professional membership (although affiliate status would still be open to these individuals).

The ability of the NAJC to cross denominational lines and promote cooperation and learning on caring for the sick, the aging, and their families is noteworthy. For example, The NAJC has collaborated with other groups to sponsor special CPE chaplaincy training sessions in Brooklyn for members of the haredi communities. At a 2009 conference dinner honoring CPE educator Rabbi Bonita Taylor, who has guided many Jewish and non-Jewish students,

one of the speakers praising her work as a teacher was a rabbi from the Satmar Hasidic group, a former student.⁵⁴

The NAJC represents Jewish chaplains and the Jewish community in health care and other wider audiences. It provides a Jewish organization that is a peer with other North American professional pastoral care groups. In 2001 the NAJC joined with four other pastoral care groups to issue a “white paper,” *Professional Chaplaincy: Its Role and Importance in Healthcare*, explaining and documenting the value of chaplaincy in the field for hospital administrators and others.⁵⁵ In February 2003, the NAJC for the first time held a joint convention with three other chaplaincy organizations—Catholic, nondenominational, and Canadian—in Toronto. In 2003 to 2004, the NAJC and five other American and Canadian pastoral care, education, and counseling counterpart organizations formed a loose Council on Collaboration (since renamed the Spiritual Care Collaborative), which developed “universal” standards for pastoral care education, certification, and ethics. Another joint membership conference, Summit ’09, was held in Orlando in February 2009. Although the NAJC was the smallest of the six sponsoring groups, it had an equal role in leadership and planning. A number of NAJC members led workshops and spoke at plenums, including Ben Corn, a physician from Israel interested in spiritual care, who was one of four plenum speakers. There were approximately 120 Jewish chaplains out of 1,800 participants, including at least nine visitors from Israel.⁵⁶

The chaplaincy field has not experienced uniform growth. Changing demographics and a concern with financial issues have led to the reduction or elimination of chaplaincy positions, with some hospitals and other facilities questioning the value of nonrevenue-producing programs. The Milwaukee Jewish community chaplaincy program, for example, eliminated its full-time staff as of June 2009. Other institutions and agencies have reduced chaplaincy hours or funding.⁵⁷ Some facilities, however, are showing an awareness of the efficacy of these programs—chaplains increasingly cite clinical studies that show increased patient satisfaction and shorter hospital stays as part of a rationale for their positions—and new Jewish community chaplaincy programs have opened in the last several years in San Diego; Phoenix; Columbus, Ohio; Harrisburg, Pennsylvania; and Princeton-Trenton, New Jersey.

American Chaplains and Israeli Spiritual Care

Unlike other Jewish professions, such as rabbi, teacher, cantor, or *mohel*, there was no accepted term for “chaplain” in either classical or modern Hebrew. Rabbi Dayle Friedman, in her book *Jewish Pastoral Care*, proposed the term *livui ruchani* (a revision of her earlier suggestion of *hitlavut ruchanit*, “spiritual accompanying” [her translation], with a pastoral caregiver called *melaveh ruchani* (masc.)/*melavah ruchanit* (fem.). Some Israeli caregivers have adopted Friedman’s terminology, but another phrase, emerging in Israel since 2005, is *temicha ruchanit* (“spiritual support”), with a spiritual caregiver called a

tomech ruchani (masc.) or *tomechet ruchanit* (fem). These terms focus on the interpersonal relationships rather than the employer (as in *rav tzeva'i* [literally, “military rabbi”], the contemporary Israeli term for a military chaplain, whose role in Israel is largely ritual).

In Israel, where the field and even the concept of civilian pastoral care was little known, there is a growing interest in spiritual care. Ten Israelis attended the NAJC conference in Philadelphia in January 2005; and “dialogues” between American chaplains and sixty to seventy Israelis from various health-care, social service, and religious organizations were held (largely in Hebrew) in Jerusalem in March and December 2005. Since then, an Israeli steering committee on spiritual care has taken the initiative, with encouragement from the NAJC and the UJA-Federation of New York, to hold conferences annually. Several American Jewish chaplains have attended each conference, often as presenters, and delegations of Israeli spiritual caregivers attend the NAJC conferences in North America.

The May 2008 conference near Jerusalem had more than 180 Israeli attendees from a wide variety of professional fields and religious and secular backgrounds. The fifth annual Israeli spiritual care conference in May 2009 had about 200 participants, and the planners were able to select presentations as more speakers applied than could fit in the two-day schedule. Many of the participants, from fields such as social work, nursing, medicine, psychology, and geriatrics, have an interest in the emerging field of spiritual care whether or not they are employed in it. In addition, CPE programs were held in Jerusalem for the first time in 2006 (continued in subsequent years), led by a visiting American supervisor, Rabbi Zahara Davidowitz-Farkas. Three such groups were conducted in 2008 and two in the summer of 2009.

Other training programs for spiritual caregivers in Israel are expanding. In 2008, sixteen agencies and hospitals interested in strengthening the field founded the Israel Spiritual Care Forum, which now has a representative serving on the board of the NAJC. Currently, several Israeli candidates are studying in the United States to become CPE supervisors and train spiritual caregivers on their return to Israel. Unlike in the United States, where the large majority of Jewish chaplains are rabbis, in Israel most come from other backgrounds, including nursing, counseling, social work, or education.⁵⁸

Jewish health-care chaplaincy in civilian communities, hardly visible on the communal stage a few decades ago, now has grown to a critical mass. It includes an organized network for professional support and a framework for professional certification and continuing education. The field of chaplaincy—hospital, geriatric, hospice, community—represents (along with its Hillel and military cousins) an important and virtually unique area of American Jewish religious cooperation and service across denominational lines, modeling possibilities for Israel as well.

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Notes

¹There is no standard nomenclature for nonmilitary chaplaincy. Earlier drafts of this article suggested "civilian Jewish chaplaincy," which is not a term in general use but one created to contrast with military chaplaincy. Several readers suggested "health-care chaplaincy." While the large majority of civilian chaplains work in health-care-related fields such as hospitals, geriatric service, hospices, and mental health facilities, this heading is not sufficiently inclusive. The field also includes prison, police and fire, airport, disaster relief, and community chaplaincy, among other areas, as well as administration and training for chaplaincy. The term "nonmilitary chaplains" does not focus on what those in this field actually do. This article does not include campus chaplaincy (e.g., Hillel), which can be viewed as a related field. Earlier versions of this article were presented at the American Jewish Historical Society Scholars Conference in Albany, New York, in June 2002 and at the Spirituality, Religion, and Health Interest Group of the Hospital of the University of Pennsylvania in Philadelphia in March 2003. The author wishes to thank participants in these programs for their questions and comments, as well as the anonymous reviewers for their suggestions. See also Robert Tabak, "Hospitals: Chaplaincy" in *Encyclopedia Judaica* (EJ) 9, 2nd ed., ed. Michael Berenbaum and Fred Skolnik (New York: Macmillan Reference USA, 2007), 564–565. Also available at http://www.jewishvirtuallibrary.org/jsource/judaica/ejud_0002_0009_0_09261.html (accessed 8 November 2010).

²"Structure of Chaplaincy Activities of the New York Board of Rabbis," [ca. 1951], copy in the Jewish Federation Collection, box 11, folder 18, Philadelphia Jewish Archives Center (PJAC), Philadelphia. PJAC has merged, as of early 2009, with Temple University's Urban Archives. I have used the location numbers and citations in use at the time research was conducted.

³The terms "chaplaincy," "pastoral care," and "spiritual care" are used interchangeably in this article.

⁴Prior to the Iraq war in 2003, fewer than three dozen active duty Jewish military chaplains were in the U.S. armed forces. A larger number served in reserve units. In 2007 sixty-six Jewish chaplains were on either active duty or in actively drilling (i.e., activated) reserve units (figure from Chaplain Maurice Kaprow, U.S. Navy, June 2007).

⁵Information on bioethics from Paul Root Wolpe, Ph.D., formerly of University of Pennsylvania Center for Bioethics, now at Emory University. On critical time periods, see Burton J. Bledstein's data on the rapid expansion of medical and scientific professional associations in the United States from 1864 to 1889. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: W.W. Norton & Co., 1976), 85–86.

⁶I am indebted to Dr. Jonathan Sarna of Brandeis University for this insight.

⁷There are at least two book-length studies of the cantorship as a field: Leo Landman, *The Cantor: An Historic Perspective* (New York: Yeshiva University, 1972); and Mark Slobin, *Chosen Voices: The Story of the American Cantorate* (Urbana and Chicago: University of Illinois Press, 1989). Of course, in religious terms the development of specialists assists but does not change individual obligations (mitzvot) such as circumcising sons, educating children, studying Torah, or visiting the sick.

⁸BT Sotah 14a; also Rambam (*Mishneh Torah*, Laws of Mourning 14:1), who sees visiting the sick as a rabbinic ordinance, in contrast to some other early sources that see it as biblical.

⁹BT Nedarim 39a. Comments of Tosafot, the Rosh, *Shitah Mekubetzet*, and Ran on this Talmud page and the preceding one are summarized in “Visiting the Sick” in the *Encyclopedia of Jewish Medical Ethics*, vol. 3, ed. Avraham Steinberg (Jerusalem and New York: Feldheim Publishers, 2003), 1119–1125. Thanks to Chaplain Elanah Naftali for this source.

¹⁰“Visiting the Sick,” in *The Third Jewish Catalog*, ed. Michael Strassfeld and Sharon Strassfeld (Philadelphia: Jewish Publication Society, 1980), 140–145. Quotation is on p. 140.

¹¹Rodney J. Hunter, ed., *The Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), 136.

¹²A very partial list of publications on Jewish military chaplains includes Albert Isaac Slomovitz, *The Fighting Rabbis: Jewish Military Chaplains and American History* (New York: New York University Press, 1999); Julian N. Jablin, *The Jewish Military Chaplain* (New York: Jewish Education Committee of New York, 1962); Louis Barish, *Rabbis in Uniform: The Story of the American Jewish Military Chaplain* (New York: J. David, 1962); Alex Grobman, *Rekindling the Flame: American Jewish Chaplains and the Survivors of European Jewry, 1944–1948* (Detroit: Wayne State University Press, 1993); and Philip S. Bernstein, *Rabbis at War* (Waltham, MA: American Jewish Historical Society, 1971).

¹³A popular summary of the Civil War period is “The Fight for Jewish Chaplains,” number 15 in a series of articles written for the American Jewish Historical Society at <http://www.ajhs.org/scholarship/chapters/chapter.cfm?documentID=200> (accessed 22 December 2010).

¹⁴Index of the *Encyclopedia Judaica*. (As noted, the revised *EJ* includes an article on nonmilitary chaplaincy as a section of the “Hospitals” article, although it covers other areas of chaplaincy as well.) Jack Wertheimer, ed., *Tradition Renewed: A History of the Jewish Theological Seminary* (New York: JTS Press, 1997).

¹⁵“United States: Development of Industry,” *Jewish Encyclopedia* 12 (New York: Funk and Wagnalls Company, 1905), 369 and “Isaac Samuel,” *Jewish Encyclopedia* 11, p. 19.

¹⁶Alfred Gottschalk, *Your Future as a Rabbi: A Calling that Counts* (New York: Richard Rosen Press, 1967), 102–106.

¹⁷Murray Polner, *Rabbi: The American Experience* (New York: Holt, Rinehart and Winston, 1977), *passim*.

¹⁸An exception is *My Life as a Chaplain* (New York, 2000), a volume by Rabbi Charles A. Spirn, longtime chaplain at Mt. Sinai Hospital in New York. Also, an article reviewing the current state of the field by Robert Tabak, “Jewish Chaplaincy: Into the Twenty-first Century,” *Journal of Jewish Communal Service* 74, no. 1 (Fall 1997): 36–43. Available online at <http://www.policyarchive.org/handle/10207/bitstreams/16336.pdf> (accessed 8 November 2010). This was apparently the first article on Jewish chaplaincy in the three-quarters of a century of that journal. David Zucker, *American Rabbis: Facts and Fiction* (Northvale, NJ: Jason Aronson, 1998). For a significant review of professional chaplaincy in general, see David B. Plummer, “Chaplaincy: the greatest story never told,” *Journal of Pastoral Care* 50, no.1 (Spring 1996): 1–12. Joel Curtis Graves, *Leadership Paradigms in Chaplaincy* (Boca Raton: Dissertation.com, 2007) includes a brief section on Jewish chaplaincy, 70–72. Sociologist Wendy Cadge’s publications include “Hospital Chaplaincy in the United States: A National Overview” with Jeremy Freese and Nicholas Christakis, *Southern Medical Journal* 101, no. 6 (2008): 626–630; and “Lost in Translation? Sociological Observations and Reflections on the Practice of Hospital Chaplaincy” with Raymond De Vries and Nancy Berlinger, *The Hastings Center Report* 38, no. 6 (2008): 9–13. Her forthcoming book, *Paging God: Religion in the Halls of Medicine*, will offer important insights into the field. Cadge shared findings from her research, “The perspectives and institutional realities of hospital chaplains,” unpublished lecture, Spirituality, Religion and Health Interest Group, Hospital of the University of Pennsylvania, Philadelphia, October 2009.

¹⁹Isaacs, born in the Netherlands, was rabbi of Shaarey Tefilla congregation in New York and a vice-president and founder of Jews’ Hospital. Prior to arrival in New York around 1839, he had served as “principal” of a Jewish hospital and orphan’s home in London. See Cyrus Adler, “Samuel Myer Isaacs” in *Jewish Encyclopedia* 6, p. 635.

²⁰Rabbi Alvin Kass, "Watchman for the Community," in *The American Rabbi: A Tribute on the Occasion of the Bicentennial of the United States and the 95th Anniversary of the New York Board of Rabbis*, ed. Gilbert S. Rosenthal (New York: Ktav, 1977), 10–13.

²¹Deborah Dash Moore, *B'nai B'rith and the Challenge of Ethnic Leadership* (Albany, NY: SUNY Press, 1981), passim and 148.

²²Alan M. Kraut, "Foreign Bodies: The Perennial Negotiation over Health and Culture in a Nation of Immigrants," *Journal of American Ethnic History* 23, no. 2 (Winter 2004): 3–22. Quote from p.13. Also see Alan M. Kraut and Deborah A. Kraut, *Covenant of Care: Newark Beth Israel and the Jewish Hospital in America* (New Brunswick, NJ: Rutgers University Press, 2007). This book contains only one passing reference to a proposed chaplaincy program. Thanks also to Dr. Jonathan Sarna for his observations on Jewish hospitals.

²³See Deborah Dash Moore, "Worshipping Together in Uniform: Christians and Jews in World War II," Swig Lecture delivered at the University of San Francisco, Swig Judaic Studies Program, 2001. Duker (1949), quoted in Deborah Dash Moore, "When Jews Were GIs: How World War II Changed a Generation and Remade American Jewry," David W. Belin lecture at the University of Michigan, 1994, p.17. Her book, *GI Jews: How World War II Changed a Generation* (Cambridge, MA: Harvard University Press, 2004), expands on the role of Jewish chaplains. The New York Board of Rabbis was called the New York Board of Jewish Ministers until 1946.

²⁴Kass, "Watchman," 10, and Jack Reimer, "Harold Gordon," in *Encyclopedia Judaica* 7, 2nd ed., 768.

²⁵"Chaplaincy Service," Philadelphia Allied Jewish Appeal memo and report from Mr. E. Pearlman to Mr. E.R. Gomberg, 3 April 1952, Allied Jewish Appeal, Executive Director's files, Jewish Chaplaincy Service, Federation record group 93, Box 26, folder 40, PJAC. This was a brief review of community-funded chaplaincy programs in other major cities. It included an estimated census of Philadelphia Jewish patients/residents in local mental health, psychiatric, and Jewish hospitals, as well as Jewish homes for the aged (total between 1008 and 1168), excluding an additional number deemed "inaccessible" in institutions or in private hospital rooms. This did not include another seventy-five to eighty in prisons and deliberately excluded nonsectarian and Christian-affiliated hospitals. It was followed by a list of questions to be considered in planning a local chaplaincy service, including sponsorship and funding.

²⁶For example, Philadelphia Board of Rabbis Executive Committee meeting, 14 September 1951, on both chaplaincy and training in pastoral skills for rabbis (Board of Rabbis papers, PJAC); Chaplaincy Service (Committee) meeting, which included rabbis, professional staff, and lay leaders, minutes of 21 May 1952 (Allied Jewish Appeal, Executive Director's files, Jewish Chaplaincy Service, Federation record group 93, box 26, folder 40, PJAC). Note the argument of the (locally oriented) Federation of Jewish Charities leaders that "the Federation cannot enter into a religious program" and that it is a "health and welfare agency." Press release, "Rabbi Joseph Rothstein Added to Jewish Chaplaincy Service," 21 July 1955, Federation records, Jewish Community Chaplaincy Service, box 11, folder 7. The press release does not mention Rothstein's military chaplaincy service, but the committee minutes and papers do.

²⁷Personal communications and telephone interviews by author with several individuals, Winter–Spring 2002: Rabbi Mitchell Ackerson, chaplain, Sinai Hospital (now part of Lifebridge Health System), Baltimore; Cecille Asekoff, chaplaincy coordinator for Joint Chaplaincy Commission of Metrowest, Whippany, NJ, and executive director of the NAJC; Rabbi Len Lewy, community chaplain, Milwaukee; Rabbi Sol Schiff, former director of the Greater Miami Rabbinical Association and coordinator of chaplaincy.

²⁸A 1979 nonexhaustive survey of chaplaincy programs at Jewish hospitals by Beth Israel Hospital (Boston) found full-time Jewish chaplains at Mt. Zion Hospital in San Francisco, Cedars Sinai Medical Center in Los Angeles, Mt. Sinai Hospital in New York, Michael Reese Hospital in Chicago, and Beth Israel Hospital in Boston. The local Jewish federations funded each entirely or in large part. Albert Einstein Medical Center in Philadelphia hired its first full-time chaplain

in 1982. The Philadelphia Geriatric Center (now named the Abramson Center) hired its first full-time chaplain (for pastoral care, not kashrut supervision) in 1985. Copy in Albert Einstein Medical Center papers, record group 2302, box 17, folder 2, PJAC.

²⁹On Hollander's certification, personal communication from Cecille Asekoff, executive director of the NAJC, February 2009. Hollander served as president of the AMHC in 1959–1960, the first of six rabbis to do so between 1959 and 1992. This group later merged into the College of Chaplains, predecessor of today's Association of Professional Chaplains. AMHC past presidents list at <http://www.professionalchaplains.org/index.aspx?id=117> (accessed 26 February 2009). Hollander later made aliyah to Israel.

³⁰Israel J. Gerber, "A Rabbi 'in White,'" *Reconstructionist* (5 March 1948): 8 pages, not numbered, copy available at <http://www.najc.org/documents/recon1.pdf> (accessed 22 December 2010); and "Pastoral Clinical Training in Operation," *Reconstructionist* (19 March 1948): 7 pages. Copy available at <http://www.najc.org/documents/recon2.pdf> (accessed 22 December 2010). Thanks to Rabbi Richard Hirsh for this reference. Contrasting with the secular Massachusetts General Hospital where he trained, Gerber adds, "Unfortunately, I do not know of one Jewish-sponsored hospital that can boast of a chapel and a full-time chaplain." While somewhat exaggerating the lack of chapels (the Jewish Hospital in Philadelphia, now Albert Einstein Medical Center, had a historic synagogue that opened in 1901 and a chapel even earlier), he was largely correct regarding Jewish chaplains. The ties between rabbis and social work education deserve additional study.

³¹Statistics and "handful" quote from E. Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Nashville: Abingdon Press, 1983), 273. The leading professional journal, the *Journal of Pastoral Care* (today the *Journal of Pastoral Care and Counseling*), was founded in 1947.

³²In 1998 the College of Chaplains became the Association of Professional Chaplains, officially an interfaith group. In a brief online history of the APC, it notes that in 1945 only 38 of 465 Protestant hospitals (8 percent) employed chaplains. <http://www.professionalchaplains.org/index.aspx?id=86> (accessed 26 February 2009).

³³Jeffery Silberman, "A Jewish Experience of Clinical Pastoral Education," *Journal of Pastoral Care* 40, no. 4 (1986): 354–357. A contrasting and much more positive assessment of CPE experience is Israel Kestenbaum, "The Rabbi as Caregiver: A Clerical Model," *Tradition* 23, no. 3 (Spring 1988): 32–40, reprinted in Basil Herring, *The Rabbinate as Calling and Vocation: Models of Rabbinic Leadership* (Northvale, NJ: Jason Aronson, 1991).

³⁴Jeffery Silberman, "The National Association of Jewish Chaplains," guest editorial by NAJC president, *Journal of Pastoral Care* 46, no. 1 (Spring 1992): 1–2. On that date, the NAJC became one of the official organizational cosponsors of the journal.

³⁵As of autumn 2010, CPSP was not part of the Spiritual Care Collaborative (SCC), the umbrella council of five other North American pastoral care and education organizations. This is a source of some tension, as CPSP training programs (CPE) and professional criteria for training supervisors are not granted full reciprocity by SCC members, including the NAJC. Currently, only one of the four units of CPE required for certification can be from the CPSP. The coordinating group's website is www.spiritualcarecollaborative.org (accessed 22 December 2010).

³⁶Ori Nir, "Groups Mobilizing to Protect Medicaid," *Forward* (11 July 2003): 3. The article cites Harvey Tillman, executive director of the Association of Jewish Aging Services. Also see Levi Meier, "Hospitals," *Encyclopedia Judaica* 9, 2nd ed., 562–564.

³⁷On gender and professional choices, see an early study of rabbis and rabbinical students by Elaine Shizgal Cohen, "Rabbis' Roles and Occupational Goals: Men and Women in the Contemporary Rabbinate," *Conservative Judaism* 42 (Fall 1989): 20–30. This is reinforced by recent anecdotal information from male and female Jewish chaplains.

³⁸Dayle Friedman, ed., *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources* (Woodstock, VT: Jewish Lights, 2001; second edition, 2005). This anthology sets out to define the field. It is noteworthy that the introduction includes brief sections titled "Professionalization of Pastoral Care in the Jewish Community" and "The Dearth of

Contemporary Literature on Jewish Pastoral Care” (2nd ed., xvii–xx.) Also significant is Joseph S. Ozarowski, *To Walk in God’s Ways: Jewish Pastoral Perspectives on Illness and Bereavement* (Northvale, NJ: Jason Aronson, 1995). In addition, articles reflecting on chaplains’ experiences and roles have appeared in the *Journal of Pastoral Care and Counseling*, rabbinical movement journals, anthologies, and the NAJC’s *The Jewish Chaplain*, published irregularly since 1996. (In 2003, this journal was renamed *Jewish Spiritual Care*, reflecting a desire to serve a wider audience.) For example, Marion Shulevitz and Mychal Springer, “Assessment of Religious Experience: A Jewish Approach,” *Journal of Pastoral Care* 48, no. 4 (Winter 1994): 399–406; and Bonita E. Taylor and David J. Zucker, “Nearly Everything We Wish Our Non-Jewish Supervisors Had Known About Us as Jewish Supervisees,” the *Journal of Pastoral Care and Counseling* 56, no. 4 (Winter, 2002): 327–338, available at <http://www.davidjzucker.org/djzNEWW/index.htm> (accessed 14 November 2010). See Cary Kozberg, “Saving Broken Tablets: Planning for the Spiritual Needs of Jews in Long-Term Care Facilities,” in *A Heart of Wisdom: Making the Jewish Journey from Midlife Through the Elder Years*, ed. Susan Berrin (Woodstock, VT: Jewish Lights Publishing, 1977), 199–205. Many articles in Jack Bloom, ed., *Jewish Relational Care A–Z: We Are Our Other’s Keeper* (New York: Haworth Press, 2006), are related as well. Other recent books include *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health*, ed. Rabbi William Cutter (Woodstock, VT: Jewish Lights Publishing, 2008) and Dayle A. Friedman, *Jewish Visions for Aging: A Professional Guide for Fostering Wholeness* (Woodstock, VT: Jewish Lights Publishing, 2008). James Michaels and Cary Kozberg are editors of *Flourishing in the Later Years: Jewish Perspectives on Long-Term Pastoral Care* (Mishawaka, IN: The Victoria Press, 2009).

³⁹“Spirituality & Health: A Select Bibliography of Medline Published Articles,” ed. John Ehman, has appeared annually since 1999; available at <http://www.uphs.upenn.edu/pastoral/ressed/bibindex.html> (accessed 8 November 2010). Medline does not index every publication, but it includes (in English) dozens of journals such as the *New England Journal of Medicine*, *Journal of Health Psychology*, *Family Medicine*, *Journal of Clinical Oncology*, *Holistic Nursing Practice*, *Lancet*, and *Southern Medical Journal*. Ehman’s annotated bibliography includes publications in English from around the world, although the large majority is American.

⁴⁰Among the many research projects touching on spirituality and health are the Center for Spirituality and the Mind at the University of Pennsylvania, <http://www.uphs.upenn.edu/radiology/csm> (accessed 26 February 2009); Harvard’s frequent conferences on Spirituality and Healing in Medicine; programs at Duke University, <http://www.dukespiritualityandhealth.org/> (accessed 26 February 2009); the Center for Spirituality and Healing at University of Minnesota; the University of Florida Center for Spirituality and Health, <http://www.ufspiritualityandhealth.org/> (accessed 26 February 2009); and The George Washington [University] Institute for Spirituality and Health, <http://www.gwish.org/> (accessed 26 February 2009). Many of these websites have links to other programs. The Healthcare Chaplaincy, a multifaith pastoral care educational and service agency based in New York, also has a major research division, <http://www.healthcarechaplaincy.org/research.html> (accessed 26 February 2009). The Association for Clinical Pastoral Education maintains an extensive website featuring an article of the month, <http://www.acperesearch.net> (accessed 26 February 2009).

⁴¹This brief list does not include activities at the local level.

⁴²Although it is already dated, see David Hirsh and Rabbi Simkha Weintraub, “Jewish Healing and the Jewish Family Service Field,” *Journal of Jewish Communal Service* 73, no. 2/3 (Winter–Spring 1996/1997): 188–191. More recently, Susan Sered has written an important article, “Healing as Resistance: Reflections upon New Forms of American Jewish Healing,” in *Religion and Healing in America*, ed. L. Barnes and S. Sered (Oxford and New York, 2005), 231–252. While not dealing specifically with chaplains, Sered notes the key roles for women and gay men in the emergence of the Jewish healing movement from the 1980s onward. She also notes the use of Jewish religious language in these programs, although they often are in contrast to traditional Jewish religious roles.

⁴³For example, see *Detroit Jewish News* (28 June 2002), http://www.jewishhospice.com/news_062802.php (accessed 14 November 2010) for a report on the program there.

⁴⁴Quotations are from “References to “Spirituality/Religion” in JCAHO’s 2007 CAMH [Comprehensive Accreditation Manual for Hospitals],” posted with 2008 additions at <http://www.uphs.upenn.edu/pastoral/resed/jcahorefs.html> (accessed 5 July 2007 and 14 November 2010). The relevant references to spirituality, religion, beliefs, and cultural diversity in the revised 2010 Joint Commission’s Comprehensive Accreditation Standards for Hospitals are posted at <http://www.uphs.upenn.edu/pastoral/resed/JCAHOspiritrefs2010.pdf> (accessed 14 November 2010). Thanks to Chaplain John Ehman for these documents. See Paul Clark, et al., “Addressing Patients’ Emotional and Spiritual Needs,” *Joint Commission Journal on Quality and Safety*, December 2003, http://www.pressganey.com/files/addressing_es_needs.pdf (accessed 26 June 2008). Also “Evaluating your Spiritual Assessment Process,” JCAHO, *The Source* 3, no. 2 (February 2005): 6–7, <http://www.pastoralreport.com/archives/spiritual.pdf> (accessed 26 June 2008).

⁴⁵Interviews with Rabbi Jeffery Silberman, New York (May 2002) and Rabbi Sol Schiff, Miami (June 2002), both founding members and past presidents of the NAJC. The late Rabbi Mel Glatt of Cherry Hill, New Jersey, also played a key role in early stages of professionalization. I also thank Cecille Asekoff, Father Joseph Driscoll, and Rabbis Dayle Friedman, Yaacov Rone, and Israel Kestenbaum for their insights. (Personal communications in 2002, with follow-up personal communications with Dayle Friedman, Yaacov Rone, and Cecille Asekoff in 2008 and 2009.)

⁴⁶A partial list of chaplains with key roles at this early stage includes Rabbis Jeffery Silberman and Charles Spirn of New York, Mel Glatt of Cherry Hill, New Jersey, and Amy Eilberg of Philadelphia.

⁴⁷This decision had a positive secondary effect: Right-wing Orthodox rabbis, who would not join a rabbinic group with other denominations, felt welcome to join a non-rabbinic body.

⁴⁸The AMHC later merged and became part of the Association of Professional Chaplains. Personal communication, August 2009 from Cecille Asekoff, executive director of the NAJC, who reported 106 current certified members, compared with 81 in 1995 and 84 in 2000. The total number of chaplains certified by the NAJC since 1995 is higher than the current number, as some certified chaplains have since retired and dropped their certified status; left the field of chaplaincy; switched primary affiliation to another professional group; or died. Informal data indicate that all these categories would total several dozen people.

⁴⁹“JCSA: Results of the 1999 Membership Survey,” *The Journal of Jewish Communal Service* (Fall/Winter 1999): 11–22. Page 14 notes that “NAJC was affiliated with the JCSA at the time of the survey [1998]. They have since ended their affiliation.” The reasons for disaffiliation are not clear, but the predominance of federation-based social service agencies in the JCSA may not have been a good fit for the largely rabbinic NAJC, many of whose members did not work for Jewish federations. This change was also around the time when the NAJC made a priority of establishing more significant ties with cognate pastoral care organizations.

⁵⁰Personal communications from past NAJC presidents Rabbis Stephen Roberts and Shira Stern, February 2009. People who had already joined NAJC under earlier, more flexible standards were “grandparented” and could continue in that status.

⁵¹Personal communications from Rabbi Naomi Kalish about ACPE, February 2009 and July 2009. Personal communication from Rabbi James Michaels about CPSP, September 2009. In each case it is possible that there are a few Jewish chaplaincy educators or candidates who have not contacted their colleagues. The large majority of the Jewish supervisors and candidates are also members of the NAJC.

⁵²The 2009 NAJC board of twenty-one members included eleven women. Of the twenty-one, including the past president, all but two were rabbis. The vice-president was a lay chaplain, Sheila Segal, as was a CPE supervisor-in-training, Allison Kestenbaum, a member-at-large. As of October 2009 the NAJC had had eight presidents since its founding in 1990. These came

from all four major Jewish denominations; three were women. At the time of their elections, three presidents were in chaplaincy agency work, two were hospital chaplains, one a hospice chaplain, one a Veterans Affairs chaplain, and one a pastoral counselor. This list under-represents chaplains serving geriatric populations.

⁵³Minutes, NAJC board meeting, June 2009. Copy in author's possession. The economic recession led to a freeze in NAJC dues from 2008 to 2010, which made the goal of increased staffing more distant. NAJC dues notice, mailed July 2010, in author's possession.

⁵⁴Rabbi Jonas Gruenzweig was one of four speakers honoring Rabbi Bonita Taylor, a graduate of the Academy of Jewish Religion. Taylor is employed by the Healthcare Chaplaincy in New York, a multifaith organization. The NAJC dinner in her honor took place in Orlando, Florida, as part of the larger Summit '09 conference on 2 February 2009.

⁵⁵The "white paper" can be found at <http://www.professionalchaplains.org/index.aspx?id=229> (accessed 26 June 2008).

⁵⁶The standards are found at <http://www.spiritualcarecollaborative.org/standards.asp> (accessed 26 June 2008).

⁵⁷Personal communication from Rabbi Len Lewy, then Milwaukee community chaplain, February 2009. *Wisconsin Jewish Chronicle*, "Federation Allocations Reflect Economic Downturn" (30 June 2009), http://www.jewishchronicle.org/article.php?article_id=11585 (accessed 14 November 2010). Report from NAJC Vice-President Sheila Segal, NAJC board meeting, June 2009.

⁵⁸The NAJC's Israel activities were supported by a grant to increase spiritual care in Israel from the UJA-Federation of New York. Some Israeli spiritual care programs can be found through links on the English-language website of Life's Door-Tishkofet, a program in Jerusalem: www.lifesdoor.org (accessed 8 November 2010). For a discussion on a number of such Israeli programs in the general press, see Tabei Frosh, "Preparing to Meet the Maker," *Haaretz* (15 January 2009), <http://www.haaretz.com/hasen/spages/1055925.html> (accessed 8 November 2010). Another article discusses the program at Shaare Zedek hospital in Jerusalem; see "A Vital Approach" by Peggy Cidor in the *Jerusalem Post* (5 November 2010), <http://www.jpost.com/LocalIsrael/InJerusalem/Article.aspx?id=194016> (accessed 8 November 2010). Additional information from unpublished conference presentation, "The Evolution of Spiritual Care in Israel: A Multi-Disciplinary Approach Developed to Address a Diverse Multi-Cultural Society," presenters included Rabbi Zahara Davidowitz-Farkas, Elisheva Flamm-Oren, Dr. Ephraim Yakir, and Dvora Corn. Spiritual Care Summit, Orlando, Florida, 3 February 2009. Make-up of the spiritual care field in Israel is based on the author's participation and conversations at Israel Spiritual Care Conference at Maaleh Hahamishama, May 2009.

Providing spiritual care in the fast-paced environment of a major medical center requires a team effort. At Johns Hopkins Hospital as well as Johns Hopkins Bayview Medical Center the Chaplains on our Leadership Team work in concert with the Adjunct Chaplains, CPE Resident Chaplains, Intern Chaplains and On Call Chaplains to provide 24/7 care for patients, visitors and staff. Our staff members also make significant contributions within their faith communities and communities. Providing biopsychosocial/spiritual care for patients facing a life threatening illness can be complex, and this complexity can be amplified when a patient identifies as Jewish. A common but incorrect assumption is that a person who identifies him or herself as Jewish abides by the tenets of the Jewish religion. However, many Jews consider themselves Jewish in an ethnic or cultural sense rather than connected to a religion or belief in God. This case report presents an ethnic/cultural Jew with a life threatening illness of advanced lung cancer.Â The emergence of Jewish health-care chaplaincy: the professionalization of spiritual care.Â Jewish pastoral care: a practical handbook from traditional and contemporary sources. DA Friedman. Woodstock (VT): Jewish Lights About chaplaincy and spiritual care services across the HCA UK network. Find out more.Â The chaplaincy team represents all major faiths and will happily contact representatives of other faiths at your request. For further information contact HCA Spiritual Care/Chaplaincy Lead on 07889318764. Annual service of thanksgiving and remembrance. Services are held each year to remember patients who have died in HCA hospitals, or who have passed away in the community having been previously treated in HCA Hospitals.