

## [A Bright Example of Multifaith Cooperation](#)

[View PDF](#)



Rev. Dr. Smith S. J. is President and CEO of the HealthCare Chaplaincy in New York City. This article is based on his presentation at the Institute's conference held on March 2, 2008. This article appears in issue 2 of *Conversations*, the journal of the Institute for Jewish Ideas and Ideals.

Today's conference recognizes that the presence and voice of diverse religious groups—working alone and together—potentially make immense contributions toward building a genuinely active and interactive social harmony and promote a sense of moral accountability within the social order.

For almost a half century, The HealthCare Chaplaincy has been such a presence and voice in New York City and beyond. The most important lesson learned in our collective ministry is that multifaith collaboration is not something to be afraid of. It does not encourage or promote assimilation; it does not lead to syncretism; it does not settle for the least common denominator.

The HealthCare Chaplaincy was founded in 1961 as a small Christian outreach organization. Its original name was the *East Midtown Protestant Chaplaincy*. It wasn't until the mid 1980s that the organization strategically aspired to and subsequently embraced a commitment to religious diversity by opening itself to collaboration with Jews, Muslims, and other non-Christian religions.

Since the 1980s, The HealthCare Chaplaincy has grown much stronger, I would assert, because of this religious pluralism and diversity. Like the history of human civilization, The HealthCare Chaplaincy is not one story, even though its historic roots are discovered in the Protestant Christian tradition, which has enjoyed status as the majority religious culture in America since its founding.

Congregation Shearith Israel's founding 23 members in 1654 had to struggle with this same dominant culture, which at that time was not open or ready to give those Jewish refugees in New Amsterdam either voice or recognition. But your congregation's ancestors persevered, and during the intervening 354 years have not only found a way into that culture, but in the process laid the foundation for American-Jewish life and have contributed immensely to the life and well-being of this city and nation.

Diversity, of its nature, requires intentional interaction. By openly engaging and enfranchising differing religious traditions in collaborative strategic planning, policy, and decision-making, The HealthCare Chaplaincy has not only achieved a level of harmony and effectiveness, but our experience over the past 25 years is a story of continuing search and discovery.

By embracing a multifaith identity, The HealthCare Chaplaincy has been continuously stimulated to create a new and more inclusive healthcare ministry and advocacy mission. In this process of discovery, we have not unexpectedly uncovered myriad ways in which our diverse traditions share a common heritage at various points in history. We have discovered we hold more in common than the differences that historically have conspired to divide us.

Because I am today with a group of Jews who are exploring the rights and responsibilities of Jews living and working in a non-Jewish world, let me reflect a bit about what our outreach to Jews at The HealthCare Chaplaincy has helped to make possible during the past two decades.

In the early 1990s, there were virtually no rabbis or Jewish laypersons involved in providing professional spiritual care to people who were sick and dying in hospitals. By this statement I do not mean to denigrate or minimize the importance of the traditional acts of visiting the sick

(*Bikkur Cholim*)—foundational and obligatory in Jewish law and ethics. Rather, I am referring to the number of rabbis or Jewish laypersons who had received specialized training and achieved board certification as professional chaplains. *Professional chaplaincy* was not a career path that rabbinic students aspired to; it was not seen as an alternate rabbinic ministry to that of serving as pulpit rabbi to a prestigious congregation.

In 2008, the picture has changed dramatically, and The HealthCare Chaplaincy has played a pivotal role in its transformation. Today there is a National Association of Jewish Chaplains (NAJC). Of its eight presidents, three have been educated or are members of The HealthCare Chaplaincy staff. Five of the current 8 executive board positions at NAJC are currently held by Chaplaincy alumni, and 8 of the 14 member-at-large positions are rabbis whom we have trained or employed.

At its most recent national meeting in February, two of our former resident students were board certified: Orthodox Rabbi Daniel Coleman, who is now employed as a chaplain at North Shore University Hospital; and Chasidic Lubovitch Rabbi Yeheskel Lebovic, who works at FECS (Federation Employment and Guidance Service, Inc., est. 1934) as the first full-time rabbi chaplain in its 74 year history.

The picture is pretty clear. Our outreach into the Jewish community has added significant new voices and professional leadership in the field of Jewish pastoral care, and as an organization, we have been immensely enriched by this collaboration. Today, this organization has established a credible presence and reputation in all of the major Jewish seminaries, attracts the best and the brightest rabbinic and cantorial students to its courses, and is successfully placing some of the top rabbinic graduates each year in leadership positions in the field of professional Jewish chaplaincy.

Not only can Jews function and thrive in a non-Jewish world, but—in the case of The HealthCare Chaplaincy—Jews have played a transformative role in its leadership, growth, and development.

