

Judaism and Health: Reflections on an Emerging Scholarly Field

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Abstract This paper surveys the field of Judaism and health. The authors trace the history of discourse on health and healing within Judaism, from the biblical and rabbinic eras to contemporary research and writing on Jewish bioethics, pastoral care, communal services, and aging, including congregational and community programming related to health and illness and the emergence of the Jewish healing movement. The work of the Kalsman Institute on Judaism and Health is described, focusing on efforts to unite these various threads into a scholarly field emphasizing basic and applied research on the instrumental functions of Jewish religious life for health and well-being.

Keywords Religion · Spirituality · Health · Healing · Judaism

In 1997, one of the present authors was in Cincinnati to speak at a conference. As a practicing Reform Jew, he thought it would be rewarding to pay a visit to the main campus of Hebrew Union College-Jewish Institute of Religion (HUC-JIR), the Reform movement's rabbinic seminary and graduate educational institution. A uniquely Jewish version of a *hajj*, one might say. While taking in the campus, he came upon a flyer for a noon seminar on an unusual topic for a Reform institution: Jewish congregations as centers for holistic healing. Unfortunately, the talk had just ended, so he was unable to attend or meet the speaker.

Still, the idea of a lecture on healing within a rabbinic seminary seemed shocking. The subject of healing has greater currency, presumably, within Christian denominations than within Judaism. Sacramental healing within Roman Catholicism and high-church Protestantism, Wednesday night prayer at Pentecostal and charismatic churches, healing rites among members of Unity or Religious Science congregations—these are where one is most likely to encounter talk of healing in a congregational setting. Longstanding traditions exist for such services in Christian churches, accompanied by theological and pastoral writing

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(see Kelsey 1995; Weatherhead 1951). But a scholarly talk within the seminary of the Reform movement? This seemed too remarkable to believe.

An article in the Jewish magazine, *Moment*, published the same year as the talk at HUC-JIR, perfectly captured this seeming dissonance:

Heard for the first time, the term Jewish healing can conjure up images of crutches being thrown to the floor as the lame walk, or a laying on of hands that shrinks a tumor. Actually, Jewish healing is about the quest to become spiritually whole, even if the physical body is broken. A cure may not always be possible—but people can learn to cope with their physical or emotional pain so they can achieve spiritual peace of mind (Grossman 1997, p. 62).

In the years since, it is apparent that the lecture at HUC-JIR was not an outlier. The past decade has seen widespread and rapid growth of interest in these issues among Jews and within Judaism. The present authors can attest to this through experiences in congregations and through professional and academic activities. Interest in healing—intellectually and personally—is found throughout the continuum of Jewish religious observance and across the branches of Judaism. This excitement and intrigue mirrors a growing interest in connections between religion and faith, on the one hand, and medicine, health, and healing, on the other, in the biomedical, social, and behavioral sciences.

The research field emerging at the intersection of religion and health is familiar, of course, to readers of this journal. Studies identifying features of religious identity and practice as putative protective factors against physical and psychiatric morbidity have been conducted for decades; the breadth of findings were first comprehensively reviewed in this journal over 20 years ago (Levin and Schiller 1987). The idea of this work as a field *qua* field is more recent, owed in large part to efforts by the late Dr. David B. Larson (see Levin and Koenig 2005b). With the establishment in 2008 of the Society for Spirituality, Theology, and Health (SSTH), researchers have a sense of professional identity and community. The SSTH is a culmination of efforts begun half a century ago with the establishment of this journal. While unapologetically interdisciplinary and multidisciplinary, and admittedly still seen as marginal in some quarters of biomedicine, religion and health can now be thought of as a scholarly field (see Levin 2009a).

An overview of existing studies reveals very little systematic research in this area ever conducted among Jews. The few findings include genetic and molecular-biological studies, as well as essays and reviews related to history and ethics and papers on subjects like patient attitudes, mental health services, and health policy. There are few scholarly works focused on the health impact or relatedness of the Jewish religion.

Of the thousands of published studies of religion and health conducted in the past several decades, some have included a proportion of Jewish subjects or have compared morbidity or mortality rates between Jews and affiliates of other religions. For instance, a group of early-twentieth-century studies compared rates of cervical and uterine cancer between Jewish and non-Jewish women; another group of mid-century studies identified a significant Jewish risk of colitis and enteritis (see Levin and Schiller 1987). But not much besides several one-off studies among Israelis has focused on the impact of patterns of Jewish observance on markers of physical or mental health or illness (e.g., Anson et al. 1990, 1991; Kark et al. 1996; Shmotkin 1990; Shmueli 2007; Vilchinsky and Kravetz 2005; Yeung and Greenwald 1992). One might conclude that the interface of Judaism and health is a topic rarely considered by researchers.

Expanding one's sights beyond research on health, such as studies by epidemiologists and social scientists, noted earlier, the picture looks different. There is a growing body of

research into the impact of religiousness among Orthodox Jews on indicators of psychological status and psychosocial functioning. These studies are archived at a website called JPSYCH, a resource serving psychologists of religion interested in traditional Judaism. In the arena of applied and evaluative research and health-related programming, quite a bit is going on as well (see Prince and Silverman 2008). Faith-based initiatives in congregational programming and education, psychosocial and health services provided by Jewish community agencies, chaplaincy and rabbinic efforts in pastoral care, the work of Jewish bioethicists, scholarly discourse on biblical and talmudic teachings about medicine, congregational and liturgical innovation in the area of healing—these efforts speak to ongoing pragmatic interests in themes at the intersection of Judaism and health, some of long standing. These efforts speak to a growing desire to explore what Judaism has to say and offer regarding health and well-being.

Expanding one's sights further yet, beyond research studies, basic or applied, to scholarly writing in theology, rabbinics, and Jewish history, the picture looks different still. In short, a lot of work has been done. Jewish scholarship on health, healing, and health-care—religious and secular—has been ongoing for longer even than Christian scholarly writing (see Levin and Koenig 2005a). Jewish religious and academic leaders have begun speaking of Judaism, health, and healing as an acknowledged subject, even as a potential scholarly field.

A key marker of how quickly things have evolved is the establishment of the Kalsman Institute on Judaism and Health (KIJH) at the Los Angeles campus of HUC-JIR. The existence of KIJH suggests that efforts to further scholarship on the intersection of Judaism, health, and healing have begun to coalesce. As efforts progress, the first systematic steps have been taken to set an agenda for a new scholarly field. This paper describes these efforts, outlining the history and scope of Judaism and health discussions, the dynamics and ongoing activities of the contemporary Jewish healing movement, the efforts of KIJH at building an academic field, and new directions in scholarship for this field as identified by leading Jewish researchers.

Historical Perspectives

Implicit in Judaism is a vision of well-being grounded in “engagement with life; the importance of community, and a belief that sacred texts and rituals can be relevant to modern dilemmas” (National Center for Jewish Healing 2009). Judaism recognizes the connection between care of the soul and care of the body. Jewish discourse on health and healing draws on deeply rooted wisdom that has evolved for over 3,500 years with much to say about illness and wellness and their interconnections with body, mind, and spirit.

The definitions of Judaism encompass religion, culture, and national identity, communal and individual. Re-emerging interest in health and healing, coupled with the proliferation of religion and health research, presents an opportunity for programmatic scholarship. Research has affirmed that communal religious participation and private spiritual devotion are salutary influences on the health of people and populations regardless of one's faith tradition (see Levin 2001). There is thus good reason to believe that what is true in this regard for religion, generally, is true for Judaism.

According to Prince (2009, p. 281), “Jewish discourse on health and healing is part of a longstanding tradition of religious and scholarly writing on the intersection of the spiritual and physical realms” dating to before the rabbinic era (see Berger 1995; Heynick 2002). This cannot be traced through one historical trajectory; it contains distinct threads. These

include biblical, rabbinic, and contemporary writing on an array of topics (see Freeman and Abrams 1999). The Jewish canon, for example, has much to say about anatomy and physiology (Finkel 1995) and about the etiology and determinants of illness and health (Preuss 1993). The Torah, Talmud, and Midrash contain prescriptions and proscriptions regarding longevity, disease risk, mental health and well-being, disease prevention, and healing (Levin 2009b). It has been suggested that this collected wisdom constitutes a uniquely “Hebraic medicine” (Epstein 1987), akin to traditional Chinese medicine, the Islamic Unani system, and the Hindu Āyurveda.

The rabbinic sages engaged medical themes, notably Maimonides who wrote on both philosophical theology and medicine and on their intersection (see Rosner and Kottek 1993). Some of the medieval Torah commentators were physicians—e.g., Sforno and the Ramban—while notable medical figures of the present day, who write from religious (e.g., Twerski 1997) or secular (e.g., Nuland 2005) perspectives, are renowned for superior Jewish learning. Jewish writing on theology and medicine is a small but vibrant area of scholarship, mostly related to bioethics. It continues an ongoing discussion that dates to the Talmud (Rosner 1995).

Contemporary Jewish writing on health and healing emphasizes several themes. This includes works by prominent rabbis, scholars, and medical professionals. Some writing is on sacred themes— theology, morality, rabbinics, scripture—offering reflection on secular issues related to health, healing, medicine, or healthcare. Other writing is explicitly health-focused, bringing to bear medical, scientific, or professional expertise on matters of concern to Jewish people or communities. According to Prince (2009, p. 281), “The rediscovered heritage of Judaism, health, and healing is grounded in traditional Judaism, but it also is characterized by a new elasticity, stretched by the search for a personal and professional spirituality, demographic shifts, and the feminist movement.” Contemporary writing on Judaism and health contains substantial bodies of scholarship focusing on four issues in particular.

First, a considerable literature, of longstanding, examines the relation between medical *halakhah* (Jewish law) and bioethics. The late Dr. Immanuel Jakobovits (1959), Chief Rabbi of the British Commonwealth and preeminent bioethicist, wrote extensively on this subject in relation to Jewish law and practice. Others have followed in a tradition of writing on *halakhic* dimensions of healthcare and healing with an eye to informing clinical decision-making (e.g., Bleich 1981; Feldman 1986; Dorff 1996; Zohar 2006). The multivolume *Medicine and Jewish Law* (Rosner 1990, 1993; Rosner and Schulman 2005), for example, contains lucid discussions of *halakhic* perspectives on diverse subjects such as physicians’ obligations to disclose and treat, abortion, euthanasia, end-of-life decisions, infertility, genetic engineering, xenotransplantation, accepting gifts from drug companies, and other bioethical challenges.

Second, there are ongoing conversations on Jewish pastoral care (Schur 1987) and communal health services, especially for the aged (Address and Person 2003; Harel et al. 1994). The fields of Jewish chaplaincy, communal service, and non-profit management have been institutionalized through graduate and postgraduate training programs. Academic writing on Jewish health-related issues in the pastoral (e.g., Friedman 2001) and gerontological (e.g., Dulin 1988; Friedman 2008) fields has increased as these fields have become established. This includes descriptions of spiritually based clinical approaches for at-risk adult populations experiencing substance abuse, eating disorders, infertility or neonatal loss, or grave illness or those nearing the end of life (Jacob and Zemer 1998).

Third, Jewish aging is a diverse and rapidly growing area of interest. Contributions include exegetical (Barak and Achiron 1998) and epidemiologic (Ben-Ezra and Shmotkin

2006; Bowling et al. 1992; Cohen et al. 1995; Litwin 2002) analyses, and research and writing in the fields of communal service (Address 2006; Friedman 2006; Newstein and Frumer 2006; Okun 2006; Rose 2006; Shevitz 2006; Siegel 2006), social demography (Brotsky 2003; Kart 1987; Litwin 2004; Rosenwaike 1992), and theological ethics (Kavka and Rashkover 2004). Hiddur: The Center for Aging and Judaism, located at the Reconstructionist Rabbinical College and founded by Rabbi Dayle A. Friedman, is the only academic gerontology center located at a major rabbinic school and is an important locus of education and scholarship.

Fourth, a growing literature addresses Jewish approaches to health and wellness, including books on spiritual growth, mindfulness, and meditation (e.g., Kaplan 1978, 1982, 1985). This includes academic scholarship on healing (e.g., Sered 2002, 2005) and theological and practical guidance from rabbis on meditation as a means to attain spiritual insight and to deepen one's devotional life (e.g., Cooper 1995). Explorations of kabbalistic perspectives on psychology (e.g., Hoffman 1995) and healing (e.g., Gelberman 2000; Littlewood and Dein 1995) include scholarly writing aimed at Jewish lay audiences, some of it emphasizing themes drawn from Jewish mysticism (e.g., Hoffman 1981). The work of Rabbi Zalman Schachter-Shalomi, founder of the Jewish Renewal movement, is especially influential (Schachter-Shalomi 1993; Wiener and Omer-Man 1993). This writing identifies largely untapped spiritual resources available to contemporary Jews—potential sources of wholeness and wellness that complement more familiar resources found in the mainstream of Jewish liturgy and congregational life.

The Jewish Healing Movement

Alongside research on putative links between Judaism and health, writing has appeared on what has come to be known as the Jewish healing movement. This work draws on the other categories of rabbinic and scholarly writing just identified: biblical and rabbinic perspectives on illness and health; Jewish scholarship and *responsa* (rabbinic rulings) on theology and medicine; the relation of *halakhah* and bioethics; Jewish pastoral care, chaplaincy, and communal service; and kabbalistic perspectives on meditation, psychology, and healing. What makes this movement unique is a collective intention to translate these threads of scholarship into liturgical innovation and programming.

The contemporary Jewish healing movement emerged in the early 1990s. Initial efforts were spearheaded by professionals and lay leaders who recognized that many Jews no longer had easy or meaningful access to spiritual and communal supports that sustained previous generations through illness and loss. These leaders sought institutional remedies, such as health-related services and resources developed for individuals and congregations, especially those in need, and delivered through communal agencies and organizations, grassroots groups, and synagogues. These initiatives drew on wellsprings of Jewish thinking that spoke to the religious tradition as a resource for comfort and solace (see Cutter 2007). These developments came at an opportune time, as Jewish religious leaders had begun to decry that in the healthcare field, as in society, “the sacred is being supplanted by technology” (Silverman 2007).

A milestone in the movement was a conference for rabbinic and community leaders held in 1991. Participants were encouraged “to share experiences and look closely both at what Judaism had to say about illness and loss and what Jewish life had to offer those who were ill or bereaved” (Prince 2009, p. 283.) This led to founding of the Bay Area Jewish Healing Center, the New York Jewish Healing Center, and the National Center for Jewish

Healing. Dozens of Jewish healing centers now exist in North America. Many are located in Jewish Family Service agencies, and several offer training in *bikur cholim*, the *mitzvah* (commandment) to visit and provide comfort to the ill. Examples include the Continuum of Visiting Services program of the Jewish Healing Program of Jewish Family and Children's Services in Sarasota, Florida (Rosenthal 2008), serving those who are alone and experiencing life challenges in homes, nursing homes, or hospitals; and the Kesher 13 inter-generational program pairing *pre-b'nai-mitzvah* children with isolated elders, run through Jewish Family Services of Metrowest, in Framingham, Massachusetts (Rosenthal 2008).

Programs have begun expanding into synagogues. Heavy emphasis is placed on adult and youth education including offerings on a range of health-related topics (e.g., Jewish bioethics, end-of-life care, Jewish meditation) and in various formats (classes, retreats, workshops) (see Prince 2009). Many congregations hold healing prayer services or incorporate elements of healing prayer into daily, *shabbat*, or holiday prayer services. Some "caring congregations" also utilize nurses or social workers, as modeled after church-based parish nursing programs. Additional information on many of the most innovative programs can be found elsewhere (see Prince 2009; Rosenthal 2008).

The Jewish healing movement is evolving to encompass services and resources for those experiencing loss and illness, and to foster wellness through fighting the alienation and spiritual void furthered by society's increasing technophilia and materialism. It is guided by recognition that, for Jews, "religious faith is the most profound response to the wonders and trauma of life" (Karff 2005, p. ix). Judaism recognizes, inherently, the profound consonance and inseparability of "healing of soul, healing of body" (Weintraub 1994).

The movement's efforts are generally supported by the laity and rabbinate, across the branches of Judaism. Certain innovations, however, notably liturgical, have met with some controversy. Among the Torah-observant, concern has been raised over the question, "Is Jewish healing *kosher*?" (Ozarowski 1998). That is, regarding new healing rituals involving congregational praying: do these activities violate Jewish law or are they consistent with stringent interpretations of *halakhah* and thus *kosher* (permissible)? This is no small issue for many Jews, especially those located within the Orthodox spectrum where *halakhic* rulings remain the principal source of guidance for gauging whether an activity is permissible or forbidden. This issue has been resolved affirmatively: healing prayer is *kosher* if implemented as informal *z'aka* (unstructured crying out to God) as opposed to formal *t'filah* (organized prayer services) comprising *davvenen* (ritual prayer) and requiring a *minyan* (10-man quorum) and *mechitza* (separation of the sexes) and other *halakhic* stringencies (Ozarowski 1998).

Kalsman Institute on Judaism and Health

Where the Jewish healing movement has lagged is in coalescing a foundation of scholarship to inform and guide its efforts. The seminar at HUC-JIR in 1997 is more the exception than the rule. Recently, there has been some excellent scholarly writing and increased attention to pastoral education within the rabbinic seminaries, a development which has helped to build the field of Jewish chaplaincy. It is within the seminary framework that efforts to foster research and scholarship will best succeed.

KIJH was established at HUC-JIR as a home for training, collaboration, and dialog on health, healing, and healthcare from a Jewish perspective. It is served by a national steering committee and by a network of nearly 2,000 rabbinic, academic, and professional partners

who contribute to the work of the Institute in five distinct content areas: pastoral care education, spirituality and healing, bioethics, congregational programming related to illness and wellness, and policy responses to the organization, delivery, and financing of healthcare.

KIJH was founded in 2000 by Rabbi William Cutter and, with the succession of a new director in 2007, has added a sixth area of focus—or, rather, an emphasis that cuts across all of its activities. Through a focus on research, KIJH seeks to establish a scholarly field at the intersection of Judaism and health, cobbled together from the existing areas of scholarship identified earlier. Goals are to provide a scholarly foundation for programmatic and educational efforts related to Judaism, health, and healing; to create a community of collaborating scholars; and to promote and conduct basic and applied research on themes at the intersection of Judaism and health. These ambitious goals are consistent with the premium that Judaism places on the value of *torah*, or learning. KIJH's agenda is multifaceted; it aims for a “big tent” approach to research and plans to support a wide range of scholarly activities.

To achieve its aims, KIJH has convened a working group of Jewish experts for think-tank-style deliberations to provide direction and leadership. The Kalsman Roundtable on Judaism and Health Research, supported by funding from the John Templeton Foundation, consists of a select group of contributors brought together for ongoing discussion on how to build a scholarly field and to catalyze research. Members constitute a cohort of leading rabbinic, academic, and communal service figures in American Judaism with scholarly and/or professional expertise and interest in Judaism, health, and healing. KIJH hopes for the Roundtable to establish an enduring professional community of scholars and practitioners who will produce collaborative research, writing, and evidence-based programming.

Among the most important tasks of the Roundtable in the next couple of years is to consider a few broad questions meant to focus deliberations that will define and build the field of Judaism, health, and healing. KIJH has identified five categories of topics:

1. *Putative connections between Judaism and health*: What aspects of Judaism and Jewish life are most relevant to health and well-being? How does the trend among North American Jews toward secular life impact acceptance of Jewish communal support for health needs? Can connections between religion and physical and mental health, studied in general populations (see Koenig, McCullough, and Larson 2001; Levin 2001), be successfully extrapolated to the Jewish population? If so, how do these connections manifest among Jews? Do spiritual needs of Jews facing physical and life challenges differ from those of non-Jews? In what ways, if at all, are Jewish conceptions of God, covenant, and responsibilities to others associated with beliefs and practices about health, well-being, and healing?
2. *Jewish religious diversity as a factor in the relation between Judaism and health*: What health-directed practices are normative for Jews within respective Jewish movements and *minhagim* (religious traditions)? Is there an association between level of Jewish observance and overall or domain-specific well-being or quality of life? Are different styles or degrees of Jewish observance more conducive to well-being? Are features of Jewish life associated with psychological distress? How do the respective Jewish movements differ in institutional commitment to fostering positive health-related change for Jewish individuals and communities and for society as a whole, such as through constructive efforts in the health policy arena? Are there disparities in

- how rabbis, educators, communal service professionals, and chaplains are trained in health-related issues throughout the American seminaries?
3. *Potential partners and benefactors for a field of Judaism and health:* Who constitutes the field of Judaism and health? Who should be involved, and what professions, disciplines, and specialties should be represented in its leadership? What constituencies stand to benefit from scholarship on Judaism, health, and healing, and how can their specific needs inform Roundtable deliberations? Once the Roundtable's preliminary work is completed, whom should it communicate, work, and partner with in the Jewish community in order to fulfill its mission? How can the Roundtable best interface with non-Jewish scholars in the religion and health field? How can the Roundtable's work contribute to the larger religion and health field? How will the Roundtable determine whether its long-term mission is being accomplished?
 4. *Priorities for scholarship focused on Judaism and constructed to compare and contrast Jews to members of other faith traditions:* In what ways is a Judaism-health connection similar to connections between religion and health within other faith traditions? Is there something uniquely Jewish about interconnections of Judaism and health? For this field, how can we identify "where Judaism differs" (Silver 1987) and where it does not? What is it about Jewish observance and belief that is distinctively health-related? How can we validate existing religious assessment instruments in order to ensure their applicability to Jews and at the same time to ensure their cross-religious comparability? Is this possible?
 5. *Issues of meaning at the intersection of Judaism and health:* Why should the ontological categories of Jewish spirituality and physical and psychological well-being (individually or communally constructed) be associated? What is it about the former that would lead us to expect it to influence the latter; and what is it about the latter that would lead us to anticipate antecedents related to the former? Is such a perspective consistent with biblical, rabbinic, or contemporary understandings of the Jewish religion? If so, what does such a connection imply? What does it really mean? What does it not mean: i.e., how has the idea of a "religion-health connection" (Ellison and Levin 1998) been distorted in research on other religions? Why does this matter—for the health of Jews and for the practice of Judaism?

A special emphasis of the Roundtable is active collaboration across Jewish movements. About a third of KIJK partners are from branches of Judaism outside the Reform movement. In addition, KIJK has collaborated with rabbinic and other educational institutions across the Jewish religious spectrum, including the Jewish Theological Seminary of America, American Jewish University, and Reconstructionist Rabbinical College. KIJK is a founding member of the Academic Coalition for Jewish Bioethics (ACJB), a joint venture among all seminaries. Among the cohort working on the present initiative are rabbis and academics affiliated with the Reform, Conservative, Reconstructionist, Jewish Renewal, and Modern Orthodox movements.

The emphasis on inter-movement collaboration is a Jewish value akin to Christian ecumenism. Within institutional Judaism, this is called "transdenominationalism." This is a significant issue for Jews seeking to navigate such collaborations, as the demarcation lines among movements map out territory claimed by respective organizations and institutions belonging to each branch of Judaism. For an issue such as social action, for example, there is the Conservative Jewish Action Center, the Religious Action Center of Reform Judaism, the Jewish Reconstructionist Federation's Tikkun Olam program, and the Orthodox Union's Institute for Public Affairs. For health and wellness, the Roundtable

expects to find the same diversity of movement-based programs. A key task will be a field-wide assessment of precisely what is going on and where, for purposes of mapping the Judaism, health, and healing terrain. This has never been done and, by itself, is an essential part of the field-building enterprise.

KIJH and its partners strongly endorse the value of transdenominationalism. It is requisite not just for enabling an accurate picture of the full scope of current Judaism and health initiatives, but for the challenging work of field-building to have the widest impact. This is best realized through formal liaisons with organizations that operate independently from the respective movements in the diaspora and in Israel. In the past, KIJH has collaborated on projects with Jewish healing centers, boards of rabbis, Jewish Community Centers, Jewish Family Service organizations, Jewish Federations, centers for bioethics, educational institutions, and medical centers, including hospitals, homes for the aged, and hospices.

There is another reason to endorse this approach. Jews raised, educated, and working within respective Jewish movements are socialized to a particular perspective on what constitutes normative Jewish belief and practice and on the ideal instrumentalities of dimensions of Jewish religion for Jewish life, personally and communally (Cohen and Blitzer 2008). Subtle and not so subtle differences govern what the movements teach about what it means to be Jewish, what qualifies as religious observance, what matters most in living a Jewish life, what religious sanctions apply to myriad health-directed behaviors and decisions, even something as basic (and contentious) as who is a Jew. For the Roundtable to maximize its effectiveness across the Jewish spectrum, it must draw on the collective wisdom and traditions of Jews whose lives occupy different places within that spectrum.

New Directions in Scholarship

To establish a scholarly field of Judaism and health, the Roundtable's objectives for the next few years include (a) building a research foundation for the Jewish healing movement; (b) promoting research that will validate ancient and contemporary Jewish teachings about illness, wellness, and healing through historical, liturgical, biblical, and rabbinic scholarship; (c) proposing formal standards for evaluation of health services, resources, and care provided by Jewish congregations and organizations; and (d) creating a community of scholars and practitioners who will systematically research topics at the intersection of Judaism and health.

For Judaism, these goals remain unrealized ideals. Professionals and scholars are pursuing streams of work related in some way to Judaism, health, and healing, but in isolation, disconnected from others, without a unifying context for their efforts. There are Jewish healthcare providers; chaplains and pastoral care providers; social workers and communal service professionals operating in healthcare settings; policymakers and researchers focused on concerns ranging from social demography to public health; rabbis and theologians writing on themes related to body, mind, and spirit; even a few Jewish scientists among the core group who began the religion and health field. But each respective professional community, generally speaking, does not collaborate with or perhaps even know of the others.

The Roundtable aims to remedy this situation and to establish Judaism and health as a reputable subject for basic and applied research. It seeks to bring together experts from religious and secular disciplines and professions to make common cause in order to further knowledge and improve the status and quality of Jewish personal and communal life.

Looking to the future, KIJH envisions a thriving field. What would this look like? For one, there are the usual markers of research success: funded research programs, publications in peer-reviewed journals, symposia at annual conferences, scholarly books, invited lectures at rabbinic schools and secular universities. These signify touchstones of success for academic researchers. KIJH is anxious to identify mechanisms to increase interest in subjects related to Judaism, health, and healing across academic disciplines, and to help to engineer a future in which this field can be self-sustaining. If interest in research can be successfully catalyzed, next steps might include developing a Request for Proposals for larger research programs, hosting a curriculum competition for undergraduate or graduate professional programs in Judaic studies, underwriting bibliographies and other scholarly monographs, and perhaps establishing an academic journal and endowing a chair at one of the rabbinic seminaries.

The growth of the religion and health field has been impressive. While most of the emphasis has been on the health impact of Christian religious practice and on health-related programming in Christian churches, Jewish-themed scholarship is starting to appear, a development that would have seemed improbable a few years ago. Besides the various elements identified earlier, there have been influential denominational policy statements and position papers (e.g., Union for Reform Judaism 2007; USCJ Commission on Social Action and Public Policy 1993)—a timely contribution in light of current debate on healthcare reform—as well as longstanding discussion of the intersection of Judaism and public health (e.g., Dorff 1988; Solomon 2009; Vorspan and Lipman 1956, p. 20).

An especially notable contribution would be the development of a Jewish counterpart to the US Health Interview Survey or a North American version of the Israel National Health Survey (Kessler 2007; Levinson et al. 2007). A Jewish population health census, besides its value to public health scientists and policymakers, would enable an evidence-based approach to communal programming, public health intervention, clinical outreach, and health policy. At present, even as basic a question as, “How healthy are American Jews?” is not answerable. An answer, coupled with a comprehensive needs assessment of existing resources in the Jewish community, would make a substantial contribution both to the study of the Jewish religion, of synagogue life, and of Jewish institutions and to the health and general well-being of *k'lal Yisrael* (the Jewish community). This work promises a thoughtful and creative engagement of the biblical maxim that the path of *torah* and its observance is “life to those who find them, and healing to all their flesh” (Proverbs 4:22).

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