

Right-Skilling: Rabbis and the Rabbinic Role for a New Century

By Barak Richman & Daniel Libenson

In 2010, a collection of prominent physicians and medical educators formed a Lancet Commission to assess the current state of training healthcare professionals. Recognizing the lapse in time since the last major assessment of medical education, the famed Flexner Report published 100 years earlier, the Commission began *Health Professionals for a New Century* with the following observation:

By the beginning of the 21st Century, however, all is not well... Professional education has not kept pace with [new] challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates. The problems are systemic: mismatch of competencies to patient and population needs; poor teamwork; persistent gender stratification of professional status; narrow technical focus without broader contextual understanding; episodic encounters rather than continuous care; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labor market; and weak leadership to improve health-system performance. Laudable efforts to address these deficiencies have mostly floundered, partly because of the so-called tribalism of the professions—i.e., the tendency of the various professions to act in isolation from or even in competition with each other...

What is clearly needed is a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago.¹

As we reconsider the role and education of American rabbis for the century ahead, even a brief glance at this report's introduction, without any context, is striking. In spite of obvious differences, similar forces have put pressure on traditional approaches in both medical and rabbinic education, and as will become clear in the discussion that follows, the shortcomings in training today's healthcare workers are parallel in surprising ways to the shortcomings of training today's rabbis.

This chapter therefore piggybacks off research into educating physicians, gathering lessons from a thorough inquiry into a profession that has had to face a variety of disruptions to its traditional structure and professional roles. We approach this topic as neither rabbis nor physicians but as congregational lay leaders who have recently participated in rabbinic search processes and as professionals whose careers have had us delve into matters of professional education, community organization, and institutions that either embrace or resist innovation.² While we bring both some personal experiences and professional expertise to our inquiry, our purpose here is to learn from others.

The Challenge of Developing a 21st Century Healthcare Workforce

The Lancet Commission begins with the observation that “the context, content, and conditions of the social effort to educate competent, caring, and committed health professionals are rapidly changing across time and space.” It chiefly observes that dramatic demographic and epidemiological transitions have produced more socially diverse patients than ever before, and at the same time, the rise of information technologies has empowered citizens to be active in how they consume health services and also proactive in

1 Frenk J, et al., “Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World,” *The Lancet*, December 2010.

2 As it turns out, both of us happen to be lawyers, though we readily concede that the common lessons drawn here could easily apply to our own profession.

their interactions with the healthcare system. Health educational institutions have had serious difficulty responding to these marked social and technological changes, promoting the Commission to give a frank and critical assessment:

Consequently, a slow-burning crisis is emerging in the mismatch of professional competencies to patient and population priorities because of fragmentary, outdated, and static curricula producing ill-equipped graduates from underfinanced institutions. In almost all countries, the education of health professionals has failed to overcome dysfunctional and inequitable health systems because of curricula rigidities, professional silos, static pedagogy (i.e. the science of teaching), insufficient adaptation to local contexts, and commercialism in the professions.

In short, a 21st Century healthcare professional must respond to a diverse, informed, and dynamic population, yet current educational institutions are severely ill suited to meet those challenges.

A pervasive theme throughout the Commission's report characterizing the current challenges is one of *mismatches*: the Commission reports that there is "a maldistribution of professionals," "glaring gaps and striking inequities" both within and between countries, and "skill-mix imbalances" in rich and poor countries alike. The problem is not necessarily one of constrained resources, but instead one of misdirecting resources. Health professionals are acquiring expensive skills that offer care to small populations while failing to acquire skills that produce significant benefits to large populations. They prepare for a career of giving directions to patients, rather than enabling patients to make good decisions on their own. And they are trained to work in expensive health systems, are unable to maneuver outside those costly frameworks, and are ill equipped to enable "patient management," which has become the gold standard for cost-effective care. As one leader of a prominent academic medical center lamented, "Practically everything about healthcare needs to change, from who delivers it, to how they are organized together, to how we finance it, to where it's provided."³

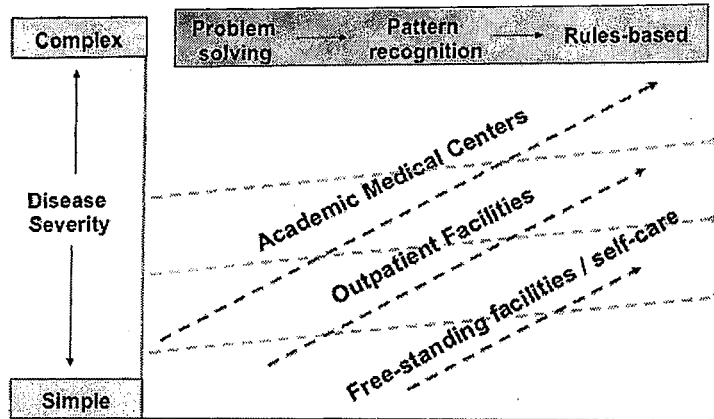
3 William L. Roper, on *The State of Things*, WUNC Radio, January 23, 2014.

One growingly popular response to the pervasive problem of mismatch is to pursue “right skilling,” which simply means developing and employing professionals with the skills the health sector needs. For example, one report, produced from the Global Health Policy Summit that was organized by the World Economic Forum, identifies that the priority for rich and poor alike should be “to get the most out of human capital.” Entitled *A Neglected Resource: Transforming Healthcare Through Human Capital*,⁴ the report observes that “the global economic recession has created challenges in a way that has not been experienced since the Great Depression of the 1930s,” and that continuing to misuse human capital is financially unsustainable.

The report strongly urges industry leaders to re-channel how the health sector invests in human capital. The health sector currently overinvests in complex skills that are costly to develop and utilize. It underinvests in more pervasively useful skills that have both widespread utility and are utilized more efficiently. The authors urge training professionals with skills that are less specialized and costly, and more widely applicable and rudimentary. Would a community be best served by investing a salary line in one doctor or in a team of nurse practitioners? This approach to right skilling, the report argues, not only would better equip professionals with the skills needed for 21st Century medicine, with greater financial sustainability, but it also fits a model in which patients are encouraged to assert greater autonomy and control over their healthcare. In other words, pursuing a system of “patient management” goes hand-in-hand with right skilling professionals and employing human capital most effectively and most efficiently. This collective approach has been depicted in schematic form by Clayton Christensen, perhaps this generation’s leading scholar of innovation. Consistent with Christensen’s observations of how disruptive innovation can upend entire industrial sectors, Christensen warns that the health sector’s transformation relies on right skilling professionals and achieving more sustainable trajectories.

⁴ Victor J. Dzau, et al., *A Neglected Resource: Transforming Healthcare Through Human Capital*, Report of the Innovative Delivery Models Working Group 2012, World Economic Forum.

Right-Skilling



Adapted from Christensen, Bohmer, & Kenagy, Harvard Business Review (2000)

Transforming Healthcare Through Human Capital warns, however, that advancing this model of professional training and education will be difficult and disruptive: “In order to change the trajectories of health systems around the world, strong leadership and disruptive thinking will be required.” It isn’t likely that physicians will appreciate changes that make the healthcare system less dependent on them, relegate them to positions of less authority, or offer them less lucrative remuneration. Nonetheless, the authors observe that many leaders in medicine have already begun implementing this model:

What is clear is that some individuals and organisations—imbued with an entrepreneurial spirit and a willingness to think creatively—have seized the opportunity. Unbounded by orthodoxy, they have found new ways to reach more patients, at lower cost, while also maintaining or raising quality and improving work attractiveness and professional motivation. They are proven examples that excellence in quality, efficiency and productivity is possible. These organisations succeed despite legacy health systems, not because of them; they stand out as isolated beacons within established systems.

The Lancet Commission put the urgency more starkly, concluding that “complacency will only perpetuate the ineffective application of 20th century educational strategies that are unfit to tackle 21st century challenges.”

In sum, the need to reform the education and training of healthcare professionals is pressing, but the path ahead is daunting. Professional skills must better fit the needs of the population, with an emphasis on instilling skills that have greater applicability, are less costly to acquire, and follow a strategy of patient empowerment and self-management. The authors recognize that pursuing such a strategy requires major adjustments to well-established organizations, routines, and professional principles, but they urge the disruptive thinking and vigilant leadership that would enable the necessary reforms.

The Challenge of Developing a 21st Century American Rabbinate

Technological, demographic, and social changes have also altered the terrain for today's rabbis, and the Jewish world now experiences a mismatch between the skills Jewish communities need and the skills that rabbinic education provides.⁵ Much like their physician counterparts, rabbis are acquiring expensive skills that fail to offer direct benefits to large populations, they prepare for a career of giving directions rather than enabling communities to make good decisions on their own, and they are trained to work in expensive environments that rely on diminishing financial resources. Yet 21st Century rabbis engage with a community that is more diverse, more independent, and more mobile than in previous generations, and thus are not a good match for rabbis with traditional training.

Nonetheless, many Jews who are synagogue members continue to cling to an idealized version of a rabbi, the image of which was developed in a very different time. This rabbi has known the family for decades, presided over multiple bar and bat mitzvahs, is certain to accompany those same children under the chuppah and perhaps even console them when their parents pass away. This vision of the family rabbi is not unlike the idealized vision of the house call-making family doctor of yesteryear. Yet many of the same powerful economic, social, and technological forces that have made the family doctor a thing of the past have also made the family rabbi an anachronism. These forces demand a new image of the rabbi's professional role and open the

⁵ Daniel Gordis presented a similar argument in *Requiem for a Movement*, available at <http://jewishreviewofbooks.com/articles/566/requiem-for-a-movement>.

door to considering new professional roles that might provide services that used to be in the sole purview of rabbis.

Religiosity. It seems that American Jews currently prefer expressions of their Jewishness that meaningfully differ from previous generations' expressions. The recent Pew Study of American Jews indicates that a large and growing percentage of American Jews identify as Jewish by culture or ethnicity, but not by religion. Yet the American rabbi's traditional role has been to offer spiritual, emotional, and educational leadership within a religious context, and synagogues—the primary employers of rabbis—continue primarily to be (and to be perceived as) places of religious worship. Twenty-first Century rabbis, other than those that serve highly religious and insular communities, will have to generate a broad appeal and offer services that stretch far beyond religious contexts.

Education. In 21st Century America, Jews have attained levels of secular education unimaginable to their ancestors. With greater secular education—and perhaps with the accompanying inculcation of liberal democratic sensibilities—comes greater emphasis on individualism and personal autonomy, an appetite for explanations and justifications for rules and conduct, and a general resistance to presumed authority. The 21st Century rabbi will need to adjust to both the blessings and the challenges of a highly literate, critically thinking, and intellectually demanding Jewish community.

In some respects, education has had predictable consequences. Just as it is the norm today for doctors to have highly educated patients, including those who (perhaps after having already done some Internet research) have developed views of what amounts to proper treatment, it is similarly the norm for rabbis to have individually-oriented and opinionated congregants. Just as physicians' instructions are less frequently accepted blindly and more frequently accepted only after thorough justifications, rabbis also are no longer the figures of authority who informed congregants what the rules were and instructed congregants what to do.

Rabbinic reasoning has always welcomed debate and disagreement, and in many respects a return by rabbis to their ancient rabbinic roots will be well suited for dialogue and deliberation rather than mere instructions. But some other features of the rabbinic role will likely

adjust less gracefully. One might be the matter of pervasive use by rabbis of their honorific titles, as opposed to their names, a practice that judges, physicians, and some other status professions still cling to, but which serves to distance rabbis from their congregants. Another flows from the fact that the rabbi's role has often relied on having unusual access to certain materials or information—congregants, for example, were not well-versed in Jewish law or ancient Jewish transcripts—a kind of “secret knowledge” that was the hallmark of many ancient professions and guilds. But with excellent translations and other materials widely available, and with easy access to vast amounts of information, commentary, thought, and opinion on the Internet, rabbis no longer have the informational advantages that they once did.

Rabbis, like physicians, need to adjust to this democratization of information. In the extreme, both physicians and rabbis have been informational intermediaries whose role is being partially displaced by sites like WebMD and myjewishlearning.com. (In truth, the amount of Jewish material available on the Internet is staggering, yet it was not long ago that a person had only two routes to obtaining answers to substantive Jewish questions: spending time in a high-quality library or asking a rabbi.) We should expect only further disintermediation of professional knowledge. Physicians have made meaningful beginnings to accommodating patients who have acquired significant medical information on their own, and part of that transition has had physicians become co-discoverers more than repositories of information, and facilitators and curators of knowledge rather than presumed experts. To be sure, there are many congregants who will continue to expect rabbis to have informational expertise and moral authority, and perhaps an additional challenge for the 21st Century rabbi is to navigate multiple constituencies with different resources and demands. But there is little question that the degree and the nature of the education now enjoyed by American Jews, and their easy direct access to outstanding Jewish information, are presenting difficult challenges to the traditional paradigm.

Mobility. Twenty-first Century Americans—especially young ones—are substantially more mobile than they were in the past. The ideal of the American congregation is that of a stable community that stays

connected to and invested in a single synagogue for many decades and perhaps generations, full of families who can be expected to be part of the community through multiple life-cycle events and throughout the childhoods of their children. But the 21st Century American Jewish community is highly mobile, easily moving to different regions and just as easily switching synagogues.

Mobility brings obvious challenges for any community institution that relies on local financial support. Mobility likely makes individuals more price sensitive and less committed to institutions that require legacy investments. Mobility also might undermine the strength of traditional rabbi-congregant relationships, which relied at least in part on deep understandings of family and community circumstances and a certainty of a long-term relationship ahead. Both the 21st Century rabbi and the 21st Century congregant must adapt to the reality that developing traditional rabbi-congregant relationships will be challenged by generational mobility.

The Digital Age. Though the digital age certainly has contributed to the widespread democratization of knowledge and to the population mobility, it also has had a meaningful impact on our social and community structures that traditional Jewish institutions have not yet fully realized. We communicate differently, relying less on sermons or mass gatherings. We develop social relationships differently, relying less on fraternal organizations, community centers, and youth groups. We also synthesize information differently, glued to smartphones and tweets.

Much ink has been spilled on how the digital age has forced changes upon education, politics, and the media, and Jewish leaders have similarly been probing at what the digital age has meant for the Jewish community. Rather than repeating that discourse, we merely observe that it is a technology that can potentially blindside traditional community structures, roles, and relationships.

Dwindling Resources. Although economic downturns are by no means uniquely 21st Century phenomena, the Great Recession was by far the worst economic downturn faced by the Jewish community since the bulk of today's communal infrastructure was built in the post-War years. In the 21st Century, Jewish institutions will not be able to rely on customary funding sources. Meanwhile, younger Jews display

diminishing interest in traditional Jewish institutions. The foreseeable future will thus exhibit a declining desire of American Jews to pay—through membership dues, tuition, and charitable giving—what Jewish institutions have historically relied upon to function. Like healthcare professionals, Jewish leaders are confronted with new demands while also having to overcome the consequences of the Great Recession.

Towards the 21st Century American Rabbi

Some American professional education programs have markedly changed the nature of their curricula because of recent and rapid developments that often made the learning they offered obsolete. The Harvard Medical School engineered a dramatic change to its curriculum in 1985, underwent another major change in 2006, and is scheduled for yet another one in 2015. Harvard Business School also overhauled its curriculum in 2011, shifting from a case-study approach to one that emphasizes ethics and teamwork. Other areas of higher education are embarking on potentially dramatic strategic changes, in part necessitated by the challenge of online education. Thus, even within well-established professions, and even at age-old institutions, curricular change is possible when the demands for the profession similarly change.

Following the parallel lessons from medicine, we offer three primary recommendations. The first is to embrace the health sector's pursuit of right skilling. Given the increasingly limited resources of the organized Jewish community, we need to scrutinize critically the roles for which rabbis are truly necessary. Much like talented and appropriately expensive brain surgeons, rabbis should be used when their expertise is needed and when there are no substitutes. Otherwise, Jewish professionals with less elaborate and expensive training should have expanded roles in Jewish organizations. Professionals with master's degrees in Jewish education could play greater roles in fulfilling educational missions traditionally assumed by rabbis, social workers with a year of enhanced Jewish study could play larger roles in pastoral counseling, and community organizers could assume leadership of Jewish community organizations.

Even rabbis in more traditional roles need not require the extensive traditional training they now receive. For example, because information

has become so much more widely available, including phenomenal audio and video lectures, courses, and books on the Internet, rabbis in some communities might serve congregants better as curators of the Jewish knowledge and experiences that are widely available, rather than themselves owning expertise in many fields. Congregants often need only an informed purchaser to help them navigate the instructional materials available online, rather than needing an actual instructor. Thus, rather than learning to be experts or even teachers themselves, rabbis might be trained to serve as concierges for their congregants. The Harvard Medical School pursued a similar strategy when it changed its curriculum in 1985, developing a “New Pathway” in light of the accelerating pace of medical discoveries, which aimed to adjust to the constantly changing status of medical knowledge; it became less important for medical students to learn information than to learn how to think, how to learn continually, and how to avoid becoming committed to an inadequate cognitive model of disease that was likely to change soon anyway. These concierges would not need five or six years of advanced study, but rather two or three years focused on their specific roles.

Jewish educational institutions should invest in developing less costly and extensive training programs, and Jewish organizations should seek to employ these right-skilled professionals in roles that traditionally have been occupied by rabbis. Many synagogues (especially small congregations) might benefit more from a rabbi (or Jewish professional with a different title) with skills that are tailored to the community’s immediate needs, perhaps in leading prayer and offering rudimentary adult education, rather than one that has extensive graduate-level training—a rabbi more akin to a nurse practitioner than to the brain surgeon.

Our second recommendation is to encourage rabbis to reorganize themselves to accommodate for both the need for specialization and the economic necessity for right-skilling. One effective model pursued by physicians, as medical practice became more complex, was the multi-specialty physician practice, in which no one physician was individually expected to master all the fields necessary to serve patients. Rabbis too might find it infeasible to fulfill all the elements of the traditional relationship with the modern Jewish community and similarly might

find attractive the many efficiencies that compelled physicians to specialize individually while offering a full range of services as a group.

Pursuing a group practice model might force a rethinking of the traditional rabbi-congregational relationship. Large congregations might be able to afford a large staff that captures all the necessary specialization, thus requiring little change, but a group practice approach would have a collection of rabbis serving a number of congregations. This approach might reflect the reality that it is increasingly difficult to find 300 families with sufficiently common needs and demands to sustain a mid-sized one-denomination synagogue. A rabbinic practice group would allow rabbis with different specialties to serve a number of congregations, and the model would allow multi-denominational congregations to exist without having to fight about what kind of rabbi to hire. The synagogues themselves would not have rabbis on their staffs, but rather their staffs would be made up of the “nurse practitioners” described above, and they would contract with a rabbinic practice group for a bundle of rabbinic services. The group’s brilliant sermonizer might come to a given synagogue once a month, while the moving-life-cycle-event specialist can be on hand for every wedding and bar and bat mitzvah at multiple smaller synagogues, and can be on call for circumcisions and funerals. The great teacher can teach once a week at four or five different synagogues. Four (or more) synagogues could pay full-time salaries to a four-person rabbinic practice group and get outstanding rabbinical services in four different areas, rather than having to choose a rabbi who may be great at one thing but only mediocre at the other three.

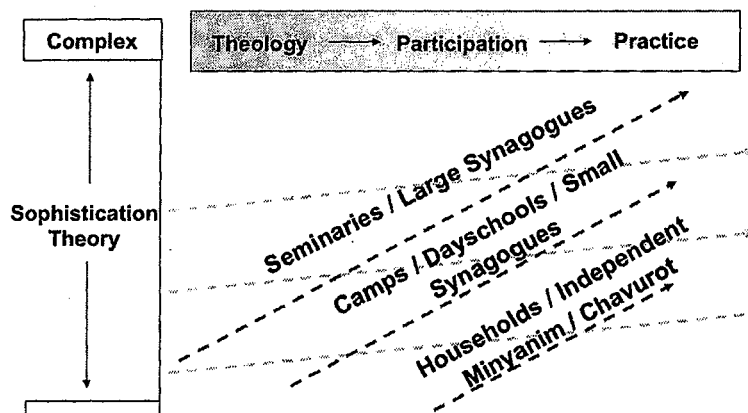
If rabbis become specialized, then training of rabbis should also become more specialized. Rabbinic education could foster different specialties—pastoral care, education, prayer leadership, and public sermonizing, for example—while also preserving the opportunity for some rabbis to remain generalists. Presumably, some rabbis will find themselves in traditional rabbinic positions in relatively large single-denomination-based synagogues that are able to survive as such, but many others would play targeted roles and would require less expansive training. This would also mean that congregations would not be burdened by salary expectations that are appropriate for professionals expected to play leadership roles on multiple fronts.

A move towards reasonable specialization, with the efficiencies of collaboration, would offer some immediate rewards. It would open up advanced Jewish education, offering less expensive, less specialized degrees and training to a greater number of Jewish professionals with the skills that Jewish communities severely need. It would offer more affordable professionals and enable struggling Jewish organizations and congregations to benefit meaningfully from long-needed efficiencies, which is critical given the number of synagogues currently imploding under the weight of financial strain. And it might offer rabbis more professional satisfaction, allowing them to specialize in accordance with their skills and passions while also alleviating the pressures of having to serve a community alone.

There are certainly drawbacks as well. Something meaningful is lost when a rabbi is not squarely and exclusively associated with a congregation, and there might be a feeling of inadequacy when a congregation is served by a professional with more limited training than most current rabbis. By the same token, however, congregations might find that they are actually better served by devoted right-skilled professionals. These adaptations are unlikely to offer greater professional satisfaction to everyone considering a career in the rabbinate and are certain to deter some from becoming rabbis. But it is paramount that we construct a rabbinate that is attentive to the needs of Jewish communities, rather than attempting to construct communities in order to sustain the visions and demands of the rabbinate. Nonetheless, we are confident that there is sufficient commitment to serve Jewish communities among American Jews such that we will recruit talented individuals to assume these critical new roles. In any event, it is not helpful to pontificate only on the ideal rabbi, nor is it our agenda to praise or critique this new reality. Unless the traditional models somehow become both financially sustainable and adequate for modern demands, the training of rabbis must either prepare rabbis to confront and contribute to the new realities of Jewish life in America, or it ought to be training far fewer rabbis, as the numbers of jobs available for the old kind of rabbi are declining rapidly and will continue to do so.

Our third recommendation is to follow the medical world's focus on patient management—a strategy in which the focus is not the

patient's specific interactions with healthcare professionals, but rather the patient's overall health needs. This approach has been proven not only to yield more cost effective care, but it also empowers patients, fosters autonomy and effective decision-making, and encourages self-management of health needs, thereby building greater patient dignity and improving patient quality of life. Rabbinic professionals, similarly, might produce better communities by seeking to foster self-management and self-sufficiency. Rather than placing centrality on individual interactions with religious professionals and religious institutions, Jewish clergy guide Jewish communities towards seeking and organizing their own Jewish experiences. And rather than constructing large organizations that place rabbinic professionals atop a religious hierarchy, Jewish professionals can foster organic, bottom-up expressions of Jewish practice through household or *chavurot*-based practices. This would make the community, not the professional, the locus of religious activity, and it is likely to foster more meaningful, gratifying, and self-sustaining religious experiences. Adapting Christensen's schema on the health sector to American Jewish communities might look something like the following:



This connection between organizational innovation and the richness of religious self-sufficiency is not new. Clayton Christensen himself, who is attentive to organizational features across disciplines and contexts, has often parlayed his scholarly lessons to inform and explain his personal faith. A devout member of the Church of Jesus Christ of Latter Day Saints, Christensen has credited his

church's organization for its vitality and the rewards it has provided him and his family: "because of the way the church is organized, it puts opportunities to help others in my path every day. It facilitates my efforts—and in some instances almost compels me—to practice Christianity daily, not just believe in it." Christensen offers a specific explanation of how organizational features translate into meaningful religious experiences:

[T]he church helps me understand and practice the essence of Christianity. The mechanism by which the organization achieves this is to have no professional clergy. We don't hire ministers or priests to teach and care for us. This forces us to teach and care for each other—and in my view, this is the core of Christian living as Christ taught it. I actually have come to feel badly for my friends who belong to faiths in which professional clergy are employed—because they don't know how much joy they miss when they "outsource" the teaching and care of the members of their church to specially trained professionals.⁶

While some might take Christensen's suggestion to its logical extreme, that Jewish religious practice should be entirely without professionals, we merely heed his emphasis on how organizational features, including the role of professional clergy, can shape the meaning and content of a community's religious experience. Right skilling professionals, in both American industry and in American religious organizations, is both an economic imperative and a valuable strategy to organize meaningful religious life. At the very least, there are undeniably strong parallels between the success of organizing physicians around patient management and the potential of organizing clergy around the participatory model that Christensen describes.

Conclusion

Any professional education program must train professionals for the profession as it will be over the next forty years, not for the

⁶ Clayton Christensen, "Why I Belong and Why I Believe," *Clayton Christensen*, <http://www.claytonchristensen.com/beliefs>, accessed July 28, 2014.

profession as it was in the last forty. Rabbinical training is no different. In times of stability, this is relatively easy to do, bringing to mind a recent *New Yorker* cartoon in which a caveman tells his son, “When I was your age, things were exactly the way they are now.” But in times of rapid Jewish change, such as our time, it is entirely unclear what the role of a rabbi will be (or ought to be) in four years, much less forty.

Perhaps we need fewer rabbis, perhaps we need more, and perhaps we need different kinds. Perhaps—following the advice that Jethro gave to Moses in the book of Exodus—rabbis might need to see themselves as part of a system of professionals that works together, rather than as figureheads atop discrete communities. It seems we have again become a “desert generation,” living in a time of wandering, and our religious leaders accordingly will need to assess our changing needs and evolving community structures. At the very minimum, we need to educate rabbis to expect and embrace change, just as the medical profession is learning that doctors must be trained to do, and we need to design professional training in accordance with the needs of the population rabbis serve. We have no doubt that Jewish continuity will remain strong, but our promising future will be more indebted to our ability to manage change than to our commitment to ossified paradigms, including the roles and education of rabbis.

Daniel Libenson is Founder and President of the Institute for the Next Jewish Future, an education and idea center dedicated to accelerating bold innovation in Jewish Life. He is also Founder and Executive Director of JU: Jewish U Chicago, a new campus organization focused on empowering students to build Jewish communities for themselves and their peers. Libenson previously served as Executive Director of the University of Chicago Hillel and as Director of New Initiatives at Harvard Hillel. He has received major awards for his innovative work, including the AVI CHAI Fellowship and Hillel International's Richard M. Joel Exemplar of Excellence award. Libenson has published articles on Jewish innovation, Jewish education, and the Jewish future in numerous newspapers, journals, and on-line publications. He has an A.B. degree from Harvard College and a J.D. degree from Harvard Law School. He lives in Chicago with his wife and two children.

*Barak Richman is the Edgar P. and Elizabeth C. Bartlett Professor of Law and Business Administration at Duke University. Both an attorney and an institutional economist, his primary research focuses on how social relationships shape economic performance. His book *Stateless Commerce*, to be published by Harvard University Press in 2015, studies how ethnic merchants organize the diamond industry, and his research on health policy has examined the utilization of*

health insurance benefits, antitrust policy towards healthcare providers, and organizational innovation in healthcare markets. Professor Richman's primary appointment is at Duke Law School, where he won the Blueprint Award in 2005 and was named Teacher of the Year in 2010, and he also is on Fuqua's Health Sector Management faculty and is a Senior Fellow at the Kenan Institute for Ethics. He represented the NFL Coaches Association in an amicus curiae brief in American Needle v. The Nat'l Football League, which was argued before the U.S. Supreme Court in January 2010, and again in Brady v. The Nat'l Football League in 2011. His recent work challenging illegal practices by Rabbinical Associations was featured in the New York Times.