Rethinking the Role of Health Care in Early Christianity

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<u>Introduction</u>

The thesis expounded in my book, <u>Health Care and the Rise of Christianity</u> (1999), is that early Christianity can be seen as a movement within Judaism that sought to address some of the health care problems perceived to exist in other Jewish traditions as well as in Greco-Roman traditions.   Historically, my thesis is an enhanced and systematic version of one proposed about a century ago by Adolf Harnack. However, the addition of the insights from medical anthropology have provided new plausibility to the idea that health care issues could be responsible for attracting at least some converts to a new religion.

According to some counts, there are about forty-one healings ascribed to Jesus in the Gospels.[1]   Health care, then, should not be seen as just a literary topos or excuse to showcase Jesus' power in the New Testament. Healing may not just be a sign of the arrival of the Kingdom of God. Health care, far from being a peripheral service, can be the core of a new religious

movement. As such, healing can be a principal factor in attracting new converts who are desperate to relieve themselves of one of the most universal of human problems--illness. In this paper, I address some of the basic features of my thesis, and address some of the objections and queries that have been raised in a number of reviews and discussions that have ensued since the appearance of my book.

Health Care as a System

The distinct aspect of our approach to health care is drawn from recent advances in medical anthropology. In its most general sense, an anthropological approach seeks to apply the insights and theories that develop from the observation of actual societies.[2] Such insights may help place an ancient culture in comparative perspective.

Among the medical anthropologists to whom we are most indebted is Arthur Kleinman. In a series of articles, monographs, and extensive fieldwork, he has advanced the theoretical and practical aspects of medical anthropology.[3] And foremost among the advances in medical anthropology is the exploration of health care as a system. Arthur Kleinman comments:

The single most important concept for the cross-cultural studies

of medicine is a radical appreciation that in all societies health

care activities are more or less interrelated. Therefore, they

need to be studied in a holistic manner as socially organized

responses to disease that constitute a special cultural system:

the <u>health care system</u>.[4]

A health care system may be defined as a set of interacting resources,

institutions, and strategies that are intended to maintain or restore health in a

particular community.[5] A health care system usually includes, but is not

limited to, the presuppositions regarding the causes and diagnosis of illness,

the options available to the patient, and the modes of therapy administered.

Other dimensions include any social or geographic differences in

accessibility to what is perceived to be the best care available in the society,

and the attitudes toward the patient in the society and toward the health care

expert. Most health care systems, modern or not, offer a plurality of options

for patients.

Of course, what a system intends is not always what it yields. In our

case, many systems aimed at preventing and curing illness may have

actually unintentionally promoted illness. For example, Asclepieia, which

were meant to cure the sick, may have unintentionally caused the spread of illness in the larger community by concentrating large numbers of sick people in small places. Thus, visitors who came to be cured of Illness A at the Asclepieion may have contracted Illness B from other patients at the temple. Illness B may have then been transported back to their home.

In any event, since health care is treated as a system, one must explore a number of data from areas that might be relevant. These areas includes ecology, demography, and paleopathology. Changes in the components or their relationships in a health care system may cause significant changes in the delivery of health care in a society. Among the important questions posed by our approach are: How does a socio-religious conceptual framework affect and interact with the type of health care that a society devises for its members? What options are available to the patient? Is there a hierarchy of options?

In order to show how Christianity's ideas about health care might have seemed attractive to some converts, it is important to scrutinize major aspects of Greco-Roman and Jewish health care systems, particularly with regard to economics, therapeutic complexity, the socio-religious status of patients, and temporal as well as geographic accessibility. By examining

these major aspects, one can appreciate how a distinct configuration of options can be posited for Christianity.

Economics

Economics has a large role in determining which options patients will choose.[6] One of the most important costs, of course, was the fee charged by consultants. Such fees could involve anything from tangible goods to conventional currency. Of course, not all healers charged direct fees. Some physicians were actually slaves attached to estates of the wealthy. Often, masters "rented" out the services of these physician-slaves to others. There were also a few physicians who made a living as employees of cities. Such physicians gained a salary as well as other benefits. As Jackson notes, Julius Caesar granted citizenship to foreign physicians working in Rome in 46 B.C.E., and tax-immunity was conferred on doctors in Ephesus at about the same time.[7] Some cities had public physicians who were paid by the city. But, as Cohn-Haft notes, public physicians were not generally meant to offer free medical care.[8]

Healing temples could likewise demand fees for their services. Healing temples often needed significant financing to offer their services.

Epigraphic evidence from Guadiz, Delos, and Pergamum indicates that the wardrobes used at the shrines of Isis could be as costly as those found in the imperial palace.[9] The numerous attendants and laborers in the larger temples only added to the financial burden that had to be transferred to clients.

The fact that healing fees within religious and secular Greco-Roman traditions could be a source of conflict and competition between health care options is evident in various periods in the Eastern Mediterranean. Pliny the Elder attests to the problem that could be posed by fees within principally secular traditions. In fact, Pliny reports that no other art is more profitable than medicine.[10] Speaking of the consequences of establishment of the traditions of Asclepius and Hippocrates, Pliny laments: "Afterwards there was no limit to the profit from medical practice, for one of the pupils of Hippocrates, Prodicus, born in Selymbria, founded iatraliptice ("ointment cure") and so discovered revenue for the anointers even and drudges of the doctors."[11]

Likewise, Galen complains that quackery was rampant: "We come across rich men who have been cheated by the tricks of charlatans and those who claim to be diviners ... Wicked men who take up medicine are aware of this, and by coaxing the rich seek--among other things to deceive them and

to extort money."[12] Galen may not have been exaggerating much. One indication of his accuracy here is that the medical training of slaves for the purpose of profiting their masters became such a crisis that Domitian (or Trajan) restricted such practices.[13] Although it is not certain that fees were the reason for his position, Aristides, the celebrated second century devotee of Asclepius, encourages his readers not to consult physicians. He prefers going to the Asclepius temple.[14]

Aelianus (ca. 200 C.E.) emphasized that Asclepius healed the poor), and that the god did not receive gifts in exchange for healing.[15] Spiritual purity, not wealth, was demanded of those who came in search of healing. But the range of gifts found at many of the excavated Asclepieia indicates that the Asclepius temples did, in fact, contain gifts of varying economic value.[16] Some of the sources concerning Asclepieia indicate that expensive gifts were also accepted, if not demanded.

Such financial demands of Asclepius temples could also be a source of conflict. Libanius (314-393 C.E.), for example, defends the necessity of paying fees to the temple of Asclepius, even if that god did not have need for wealth.[17] Libanius argues that the gods are prone to beneficence of their own free will, but that they are even better when petitioned and when a fee is

paid at the temple. In other words, the payment of fees at the temple was defended as a means to show Asclepius the patient's good will rather than because of some need for wealth on the part of Asclepius. Such defenses for fees reflect the fact that there was a resistance to such financial demands by Asclepian hierocracies.

Apuleius, the celebrated chronicler of Isis, also cites the high costs of initiation into the Isis cult through the voice of Lucius: "I procured the equipment for my initiation without stint, meeting the expenses more in accordance with religious zeal than with the measure of my assets."[18] Of course, not everyone needing a cure had to be initiated into the cult of Isis in such an intensive manner. However, such expenses might deter poor persons, regardless of their faith in Isis, from seeking health care in her shrines.

In addition to direct fees charged by temples and physicians, there were many other costs that added to a patient's financial burden in securing health care. In his search for a cure from Isis, Apuleius cites the costs of traveling and staying in the city as a problem for his inheritance: "The cost of my traveling had used up my modes inheritance, and living expenses in the city were much greater than my former expenses in the provinces."[19]

Corinth, one of the early bastions of Christianity, had shrines of Isis and Asclepius that probably provided medical services for travelers.[20]

Pharmaceuticals, of course, also could be expensive.   Plutarch, for example, mentions that physicians often recommended a medicament called Cyphi, which consists of sixteen ingredients, some of which were exotic and costly (e.g., myrrh, juniper).[21] Philostratus, in his <u>Life of Apollonius of Tyana</u>, ridicules those who are ensnared by the promise of cures from exotic pharmaceuticals: "They are given all the spices which the gardens of India yield; and the cheats exact vast sums of money from them for all this, and yet do nothing to help them at all."[22] Likewise, amulets and other magical devices could be expensive, as many of them were made of gold and silver.[23]

In sum, our survey of both secular and religious health care systems shows that economics was an important concern. Fees demanded by physicians may have perhaps been the principal problem, but other costs also added to the misery and expense of health care in first century Mediterranean world.

<u>Geographical accessibility</u>

Where health care is dispensed helps determine which options patients choose, and how health care is distributed within a society. In general, patients will choose the closest and most convenient resources. This is why health care usually begins at the home in most therapeutic strategies. Patients may travel longer distances if home care is not satisfactory, and provided other factors such as physical mobility and economic resources are feasible.

Outside of the home, one may distinguish two types of resources pertaining to geographical accessibility: immobile and mobile. Immobile resources for the sick in the Greco-Roman world consisted principally of medical "taverns," temples, and water sources. We will not concentrate here on the so-called valetudinarium, a sort of hospital found in military installations. Such an installation (e.g., the one in Vetera on the lower Rhine active during the time of Nero) was mostly found in the frontiers rather than in Rome or Italy. Moreover, such military hospitals would not be available for most people.

But many towns had tabernae medicae, which were akin to street-side shops where surgery and other medical assistance could be provided.[24] Examples have been found at Pompeii and other sites. The problem with these establishments, aside from the fees that were charged, was that they

were not very numerous. In addition, some of these physician's "clinics" or houses were located on hilly ground, as is the case with the so-called "house of the surgeon" in Pompeii.[25]

The Romans were particularly famous for the construction and promotion of therapeutic baths. According to one estimate, about seventeen percent of the water supplies in Rome were allotted to baths.[26] However, not all baths were equal insofar as the number or type of diseases that they could service. Pliny the Elder, for example, says that the spring at Thespiae causes women to conceive. The water of Lake Alphius "removes psoriasis."[27] A spring in Gaul cures bladder stones.[28] Such specialization, however, meant that no one water source could serve the needs of all the sick. This could pose difficulties for those that did not live near the water source that was suitable for their particular illness.

Israelite religion also deemed water important in healing. The most famous case, dating perhaps to a pre-exilic tradition, probably involves the use of the river Jordan to cure leprosy in the story of Naaman (2 Kings 5). In Josephus' Antiquities we find mention that Herod's search for a cure took him to the warm baths at Callirrhoe, near the Jordan.[29] A mass grave near the Jordan River apparently contains the remains of sick visitors in search of

healing (ca. 614 C.E.) in the famous waters. Thus, there may indeed have been a medical use of the Jordan river, and its associated waters, with healing from pre-exilic times through the early Christian period.

Ritual bath installations called miqvaot (sg. mikveh) dating from the Second Commonwealth onward, have been uncovered in many Jewish communities (e.g., Jewish quarter in Jerusalem, Masada), but they probably were not used for normal therapeutic reasons.[30] Near the Sea of Galilee, the large thermal bath complex that thrived from the second century to the end of the first millennium at Hammath Gader is explicitly associated in inscriptions with therapy, and may have been used by Romans, Christians, Jews, and Muslims.[31]

The most obvious immobile healing resources are temples, and major cities usually had at least one temple devoted to a healing deity. The most famous of these were probably the ones dedicated to Asclepius. The temples of Asclepius were often specifically designed for the sick. As the Edelsteins note: "In ground plan and construction the Asclepius sanctuaries seemed not to have differed from those of other divinities, with the exception of two features: the Asclepieia had buildings attached to them which were intended to house the patients and to provide the necessary means for their treatment; besides, there was the hall in which the patients slept."[32] Pausanias says that

within the precincts of the Asclepieion near a place called Tithorea were dwellings for both the suppliants and his servants.[33] Likewise, Pausanias notes that some of the sanctuaries were placed on roads well suited for carriages.[34]

However, the difficulty of access was still evident in many ancient sources. While some of the famous Asclepieia were comfortable and accessible, it is likely that the vast majority were not. Even in some large cities Asclepieia could be situated in relatively inaccessible places. Thus, Strabo notes that the shrine of Asclepius at Carthage was situated on a "fairly steep height."[35] Indeed, perhaps most Asclepiea were located in places that were difficult for the sick to navigate.

Complaints about having to travel to Asclepieia may be found in a remarkable passage in Themistius (4th c. C.E.): "If we were ill in body and required the help of the god, and he was present here in the temple and the acropolis, and were offering himself to the sick, just as even of old he is said to have done, would it be necessary to go to Tricca and sail to Epidauros on account of their ancient fame, or to move two steps and get rid of our illness?"[36]

The Isis traditions certainly encouraged the visits to temples for healing. Some may have accommodated clients for long stays. Lucius, the unfortunate character in the <u>Metamorphoses</u>, says that he established a dwelling there.[37] But the temples of Isis were not necessarily very convenient for patients. The Iseum Campense at Rome, for example, was not very easy to navigate. Turcan notes: "To attend the services one had to go round the edifice, passing through a long forecourt opposite the temple."[38] Along the way were stairs and other inconvenient obstacles.[39] All of these obstacles in the sanctuary were in addition to those that the patient probably encountered on the way to the Iseum.

<u>Time</u>

When health care can be administered can affect therapeutic procedures as well as the range of a patient's options. Time limitations may be imposed in a variety of ways. Perhaps one of the most noted is the availability of the consultant. Consultants may not always be available when the patient requests or needs them. The availability of consultants was often related to the type and labor needs of certain polytheistic therapeutic rituals. Recent demographic studies of the Roman empire show that certain times of

the year brought more illnesses than other times of the year.[40] Thus, certain times of the year probably required more physicians than others. Healing temples may not always be open. There may be calendrical restrictions as well. As we shall see below, the propriety of healing on particular days of the week or month was an issue between Christianity and other forms of Judaism.

Ritual complexity

Ritual complexity bears a relationship to the number of deities that must be entreated or repelled to achieve health. At the most basic level, the number of gods in a religious system affected a health care system in a fundamental manner. Here we may distinguish two basic systems: polytheism and monolatry.

Polytheism, as a religious system that acknowledges the existence and/or legitimacy of many gods, affected a health care system in various manners. First, polytheism tends to provide patients with a number of divine options. If one deity does not provide an answer, the patient may go to another deity. As such, polytheism offers greater freedom of options for patients.

On the other hand, a polytheistic system can also complicate and render cumbersome the options available to a patient. Healing rituals for example, may become long and elaborate due to the sheer number of gods that must be entreated or repelled. One example may be seen in a ritual against disease (and) what is termed "malaria" by Simo Parpola, an assyriologist.[41] In order to perform this ritual, one needs:

a figurine of the daughter of Anu (the primary sky-god)

a figurine of Namtar (a minor god of the underworld)

a figurine of Latarak (a little known figure)

a figurine of Death

a substitute figurine made of clay

a substitute figurine made of wax

... 15 drinking tubes of silver for Gula (goddess of healing)

                and Belet seri (Mistress of the desert)

... 7 twigs] of tamarisk

7 twigs of date palm

[7 bot]tles of wine

7 bottles of beer

[7 bottles] of milk

7 bottles of honey

The figurines of the deities, which were probably assembled in the presence of the patient or in some sacred area, represent the supernatural beings that needed to be appeased. The foods were probably intended as offerings to gain the favor of those deities. Prayers to those deities were probably combined with medical treatments applied to the patient, and the entire ritual might last hours or even be spread over a few days.

For our purposes, the catalog of items needed for the ritual against malaria illustrates that labor intensive rituals were related, in large part, to the number of supernatural beings that were to be contacted, appeased or repelled. In fact, sometimes the consultant had to spend much of the time in the performance of complicated rituals and in the procurement of paraphernalia for different gods, even if a single illness was the object of the ritual.

The fact that such labor intensive rituals affected the immediate availability of some health care consultants is also evident in a letter where the king, probably Esarhaddon (681-669 B.C.E.), orders Marduk-shakin-shumi, an ashipu, the term for one of the main healing consultants of Mesopotamia, to perform an anti-witchcraft ritual before the 24th day of the month. The ashipu replies, in part, as follows: "We cannot make it; the

tablets are too numerous, (god only knows) when they will be written. Even the preparation of the figurines which the king saw (yesterday) took us 5 to 6 days."[42] The text again reflects how the complexity of Mesopotamian polytheism resulted in a labor intensive system of rituals that affected the availability of the healers to the king as well as the schedule of rituals. Even with helpers, one type of consultant could not always accomplish the numerous tasks needed in exorcism in the time requested by the king.

The principal effect of monolatry is, perhaps, the automatic bifurcation of a health care system into legitimate and illegitimate options. Since only one god can be approached for healing, all other gods, whether they are believed to exist or not, are automatically rendered illegitimate. In theory, then, monolatry offers less options.

At the same time, a monolatrous system theoretically simplifies the search for the healing deity and thus the liturgy as well. Since only one sender/healer of disease is possible, the liturgy is reduced to appeasing or contacting only one deity. For example, in the biblical story of Elisha and Naaman (2 Kgs 5:11) the expected ritual for curing "leprosy" is as follows: "He would surely come out [of his house] and he shall stand and call upon the name of Yahweh, his god; and he shall wave his hand over the [afflicted] area; and he shall remove the "leprosy."[43] No long liturgy is expected, and

the only deity that has to be consulted is Yahweh. Similarly, the healings by Jesus are quite simple, requiring a short prayer or command. Since rituals for many gods are in principle eliminated, economic costs may be reduced.

We cannot oversimplify the effects of monolatry, however. Even in apparently monolatrous systems, such as Catholicism, one finds patients can resort to a variety of saints and lengthy prayers (repetition of rosary prayers) that can render therapeutic rituals complex. This is because the large number of saints can become the equivalent of the numerous gods to which one could appeal in frankly polytheistic systems.

Likewise, some forms of Judaism in the first century approached polytheism insofar as therapeutic strategies are concerned because of a large array of angels responsible for sickness and healing. We should note that the variety of Jewish amulets and other texts indicate that many Jews did indeed call upon deities or divine figures other than Yahweh in cases of illness. Thus, the following plea is found in an incantation bowl: "May there be good healing for you from heaven in the name of El Shadday and in the name of Samakh, Asgar, Abrishakh, Samakh ..."[44]

More elaborate therapeutic strategies are reflected in the Testament of Solomon. As mentioned above, this work associates specific ailments of

specific areas of the body with specific demons. In turn, these specific

demons are repelled by specific angels. Some examples are as follows:

Demon	Area of body	Angel
Ruax	head	Michael
Artosael	eyes	Ouriel
Oropel	throat	Raphael
Sphandor	shoulder	Arael

On the other hand, 11QApocryphal Psalms[a] seems to reiterate that the

efficacy of its exorcism spell rests on using the name of the Hebrew god.

I:2   "In the name of [YHWH"

IV.4   "Concerning the spe]ll in the name of YHWH"[45]

But even if Yahweh was ultimately held responsible for therapy, a similar

appeal to figures other than Yahweh is apparent in Dead Sea Scrolls that

may have been used in therapy. Thus, 11QPsAp[a] (IV.3) states that "Ra]phael

heals them."[46] In the book of Tobit (3:17), the angel Raphael is sent to cure an unfortunate couple.

Such developed angelology means that some forms of Judaism approximated polytheistic health care frameworks. The fact that such strategies were disturbing to other forms of Judaism is evident in the following warning: "If trouble comes upon a person, let him not cry to either Michael or to Gabriel but let him cry unto Me, and I shall answer him fortwith. This is the meaning of the verse: 'whoever shall call on the name of the Lord shall be delivered.'"[47] In theory, this reduction of senders of disease could simplify rituals. Only one sender of illness needed to be sought or entreated.   On the other hand, any dissatisfaction with the one deity naturally made the search for other healers attractive to many patients.

But the perceived benefits of having a variety of options in polytheism, could be countered by the complexity that polytheistic rituals could engender. The patient may need to engage in a lengthy and cumbersome search for many gods to find satisfactory relief. This could result in a long litany or in complicated rituals. Thus, in the following Greek Magical Papyrus from the first century, we have the following deities mentioned: Osiris, Anubis, The Dioscuri, gods of Hades, and the Eternal

Mistress.[48] There appears to be some paraphernalia, associated with at least some of these deities, that is involved in the preparation of the ritual. Likewise, the developed angelology of first century Judaism could render therapy as complex as that in polytheism. So, as in the case of the Mesopotamian ritual discussed above, we see again how polytheism can result in complicated therapeutic ritual structures.

Faith and the simplification of health care in Christianity

The shift from a theological explanation to a socio-historical explanation for the rise of Christianity must inevitably include a discussion of why converts might have preferred Christianity over other religious systems.

Given the role assigned to healing in the early Christian materials, it is fair to say that Christianity saw one of its advantages in the healing it offered. And more importantly, by seeing health care as a system, we can see what perceived health care benefits Christianity sought to market in the Greco-Roman world.

Perhaps the single most important development emphasized by Christianity was simplification of health care. Simplification was the practical result of an emphasis on the sufficiency of faith to accomplish

healings. By emphasizing that simple faith was sufficient to gain healing, one could logically attempt to eliminate a variety of problems that people voiced in regard to health care in the Roman world.

Early Christianity, as evinced in the New Testament, advocates a highly simplified therapeutic strategy that might have been advantageous to many patients, whether Jewish or not. It is true that Christianity's etiology assumes the role of a large variety of demons in the cause of disease. It is true that Christianity might not have brought any more relief than any one Greco-Roman option.

However, Christianity simplified the therapeutic process by at least two principal concepts. Perhaps the most important shift was a return to a stronger form of monolatry than was evinced in some of the Jewish groups that called upon more than one divine figure. With a sort of reformational attitude, the Jewish group that became known as Christianity seems to have re-established monolatry by calling on one name again.

Repeatedly we find in Christian sources the claim that only the name of Jesus was required to effect healing. Already, in Mark 9:38, which most scholars see as the earliest gospel, we find the notion of the sufficiency of Jesus' name: "John said to him, 'Teacher, we saw someone casting out

demons in your name, and we tried to stop him, because he was not following us.'"

The value and sufficiency of Jesus' name continues in Luke 10:17: "The seventy returned with joy, saying, "Lord, in your name even the demons submit to us!" The emphasis on appealing to a single name in Christianity may, in fact, be a critique and response to the multiplicity of names being used in the therapeutic techniques reflected in Jewish incantations, amulets, and the Testament of Solomon.

The author of Luke-Acts may have constructed this critique by centering the whole issue of Jesus' name in the healing of the paralytic (Acts 3-4). The episode begins at the gate of the temple, the center of traditional Judaism, where a paralytic is begging for alms. Instead of alms, the disciples bid him to stand up and walk "in the name of Jesus Christ of Nazareth" (Acts 3:6).

The use of the single name of Jesus is raised again in the speech of Peter and John before Anas, Caiaphas and other traditional Jewish authorities in Acts 4:10-12:

"Let it be known to all of you, and to all the people of Israel, that this man is standing before you in good health by the name of Jesus Christ

of Nazareth, whom you crucified, whom God raised from the dead. This Jesus is the stone that was rejected by you, the builders; it has become the cornerstone. There is salvation in no one else, for there is <u>no other name</u> under heaven given among mortals by which we must be saved." [Emphasis mine]

Indeed, the whole episode mentions the use of "the name" of Jesus some ten times, a clear sign that the author wishes to emphasize the point.

In the story of the healing of the girl with a divining spirit in Acts 16:18, we again encounter the claim for the sufficiency of one name in a Gentile setting: "She kept doing this for many days. But Paul, very much annoyed, turned and said to the spirit, 'I order you in the name of Jesus Christ to come out of her.' And it came out that very hour." So the sufficiency of the name of Jesus, exemplified by many healing stories and speeches, may have helped to announce Christianity's simplification of healing strategies, even if other theological purposes might have been at work.

The value of the single name of Jesus in healing continued to be a polemical issue with other religious traditions in the second century. Thus, in his epistle to the Ephesians, Ignatius denounces those who misuse,

apparently for healing, the divine name. He says that such persons are wild

beasts "scarcely to be cured." Ignatius then concludes that "there is one

physician who is both flesh and spirit ... Jesus Christ our Lord."[49]

Christianity also simplified the therapeutic strategy by

emphasizing the value of faith in healing. It is true that having faith in a

treatment was not a Christian invention. The Wisdom of Solomon (16:12)

points to the efficacy of the "word" rather than pharmaceuticals in the cure

for the serpent bites in Numbers 21:5-9. Likewise, the Asclepius traditions

also included allusions to the value of belief. However, the Asclepius

traditions still place a great value on faith in a wide variety of sometimes

complex rituals.

Christianity, in comparison to other Greco-Roman traditions and

Judaism, is perhaps more emphatic and coherent in the notion that faith

alone could restore health. That is to say, it was not faith in the medical

treatment prescribed by a god, but faith alone that could effect a cure.

Despite the various nuances in the use of faith in the Gospels, there was a

relatively coherent view that faith itself was sufficient to effect a cure.[50]

Faith and economics

As we mentioned, the cost of health care was a common complaint in the Greco-Roman world. Christianity's idea of the sufficiency of faith for healing meant also that one no longer needed to pay for health care. Faith itself was enough. The Christian response to the charging of fees for health care is clear in Matt 10:8: "Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment; give without payment." Likewise, in Luke 14:13-14, Jesus says: "But when you give a banquet, invite the poor, the crippled, the lame, and the blind. And you will be blessed, because they cannot repay you, for you will be repaid at the resurrection of the righteous." This prohibition against fees would have been a great attraction for patients, rich or poor, who might have been charged exorbitant fees by Greco-Roman physicians.

The implications of a theology based on the sufficiency of faith could be quite significant in reducing the cost of health care in other ways. [51] First, such a notion could logically lead to eliminating the perceived need for pharmaceuticals. Tatian, the noted Christian polemicist of the second century, confirms the power of this logic in his portrayal of the whole pharmaceutical enterprise as a Satanic artifice: "Pharmacy in all its forms is due to the same artificial devising. If anyone is healed by matter because he trusts in it, all the more will he be healed if in himself he relies on the power

of God. Just as poisons are material concoctions, so remedies too belong to the same substance."[52] So, for Tatian, faith in the power of God should indeed eliminate the need for pharmaceuticals. The other argument in Tatian is that remedies are as dangerous as poisons because they presumably share the same material constitution.

Vivian Nutton, among others, has argued that Tatian is an extreme case, and not representative of early Christian attitudes toward pharmaceuticals.[53] Yet, an aversion to the use of pharmaceuticals can already be seen in the redaction of Mark by Matthew and Luke. As Crossan notes: "As with the healing medium of spittle in Mark 8:22-26, the healing medium of oil in Mark 6:13 is omitted by both Matthew 10:1 and Luke 9:1, 6."[54] We find a similar anti-pharmaceutical sentiment in Justin Martyr, who praised Christians who were able to heal patients that could not be cured by "those who used incantations and drugs."[55]

The fact remains that most of the New Testament authors rarely, if ever, substitute or use pharmaceuticals in conjunction with faith. Indeed, with the possible exception of the use of spittle, nowhere in the New Testament is Jesus seen prescribing any sort of medication. It is true that Paul prescribes wine as a medication in 1 Timothy 5:23: "No longer drink

only water, but take a little wine for the sake of your stomach and your frequent ailments." Yet even here, it is a single medication that is prescribed for a wide assortment of ailments. Likewise, in the third century Tertullian mentions oil as the only substance used when Proculus, a Christian healer, treated the emperor Severus.[56]

Likewise, adjunct practices, such as the laying on of hands and fasting were quite simple. The laying of hands is a practice found already in the Genesis Apocryphon (1Qap Gen 12:29), in an episode where Abram prays for the Egyptian king (cf. Gen 20:17). In Mark 16:18, Jesus says that the laying of hands will be one of the practices that will be performed by his followers. The authenticity of the passage, of course, has long been disputed.[57] But, the point is that the laying of hands was never deemed to be a requirement for healing.

Fasting seems to be a requirement in some passages. Thus, in Mark 9:29, Jesus proclaims that some demons cannot be expelled without "prayer and fasting." However, as Bruce Metzger notes, the word Greek word for "fasting" may be a later gloss that was resisted by "important representatives of the Alexandrian, the Western, and the Caesarean types of text."[58]

The simplicity of Christian therapeutic ritual was sufficiently generalized to enable Origen to use it as an argument against Celsus: "But even if it be impossible to show by what power Jesus wrought these miracles, it is clear that Christians employ no spells or incantations, but the simple name of Jesus, and certain other words in which they repose faith, according to the Holy Scriptures."[59] This indeed is a remarkable passage insofar as Origen might be willing to concede that, while the mechanisms of Christian therapeutic rituals are unclear, the simplicity of the rituals were a selling point. It is clear that this simplification is something based, not on some post-New Testament development, but reaches back to the New Testament era. The sufficiency of faith alone and the use of one name could indeed obviate the need for many pharmaceuticals, lengthy incantations, and other therapeutic strategies that could become expensive and ritually cumbersome.

Faith and geographic accessibility

The problem of geographic accessibility was also addressed by the concept of the action of faith at a distance, as is illustrated in Matthew 8:5-10.

When he entered Capernaum, a centurion came to him, appealing to him and saying, "Lord, my servant is lying at home paralyzed, in terrible distress." And he said to him, "I will come and cure him." The centurion answered, "Lord, I am not worthy to have you come under my roof; but only speak the word, and my servant will be healed. For I also am a man under authority, with soldiers under me; and I say to one, 'Go,' and he goes, and to another, 'Come,' and he comes, and to my slave, 'Do this,' and the slave does it." When Jesus heard him, he was amazed and said to those who followed him, "Truly I tell you, in no one in Israel have I found such faith.

The whole story illustrates the high value of healing at a distance for this author (cf. 1 Kings 8:37ff). No longer does a patient need to be brought to a healing center such as an Asclepieion. A healer need not even be where the patient is. Geography poses no obstacle to faith. Faith, not a temple or any therapeutic locus, was virtually the only requirement in this Christian health care system.

<u>Faith and temporal restrictions</u>

Likewise, the problem of temporal differentials in accessibility to health care were eliminated by the emphasis on faith alone. Christianity responded to the issues of temporal restrictions in a number of ways. Perhaps the most significant one is the abolition of any legal temporal restrictions altogether. This is illustrated in the following story in Matthew 12:9-15:

> He left that place and entered their synagogue;
>
> a man was there with a withered hand, and they asked him, "Is
>
> it lawful to cure on the sabbath?" so that they might accuse him.
>
> He said to them, "Suppose one of you has only one sheep and it
>
> falls into a pit on the sabbath; will you not lay hold of it and lift
>
> it out? How much more valuable is a human being than a
>
> sheep! So it is lawful to do good on the sabbath." Then he said
>
> to the man, "Stretch out your hand." He stretched it out, and it
>
> was restored, as sound as the other. But the Pharisees went out
>
> and conspired against him, how to destroy him.
>
> When Jesus became aware of this, he departed. Many crowds
>
> followed him, and he cured all of them.

The pericope has at least two significant features for our purposes. First, the author presumes that there was a prohibition against healing on the Sabbath, something corroborated by the Damascus Document (11:16-17) and other Dead Sea Scrolls texts. Second, the story clearly opposes this health care policy of not healing on the Sabbath. The setting of the confrontation in a synagogue seems to emphasize the fact that Jesus is portrayed as critiquing at least some traditional forms of Judaism.

Christianity's answer, as depicted in Jesus' actions in this story, was to abolish temporal restrictions altogether. There was no day of the week in which health care could not be administered. Moreover, a principle was also enunciated--namely, that restoring human health took precedence over rules about time. Finally, the whole notion of simple prayer and faith, which would not have required work as defined by Jewish law, would have rendered moot all temporal restrictions on healing. As such, Christianity may be seen as a Jewish sect that had, as one primary goal, the reformation of the health care system enunciated by those forms of Judaism that held Leviticus to be normative.

Equally significant, Christianity abolished temporal restrictions that might have been current in Greco-Roman traditions. For example,

diagnosis was either immediate or not very important in Christianity. Christian healers certainly would not wait the three days mentioned by Galen to make a diagnosis.[60] Therapy was also immediate. This feature of the Christian health care system would be very attractive to patients who wanted immediate relief from their suffering. Even if Christian therapy was not any more medically effective than those of other traditions, at least the immediate attention paid to a patient's problem, even on the Sabbath, would offer a type of relief not found elsewhere.

Some objections

The study of the role of health care in the rise of Christianity has met with some noted objections. One general objection to my thesis is based on skepticism that people would find low cost sufficiently attractive to lure converts. Felix Just, in a review in the Catholic Biblical Quarterly (63 [2001] 136-37), states:

Although it sounds plausible that low cost and easy accessibility of healers might lead to large numbers of conversions, Avalos presents no direct evidence for this, except for NT stories of Jesus himself healing people. One could just as plausibly speculate, however, that

fear of having to pluck out one's eyes or chop off one's hands (cf.

Matt 5:29; 18:29 [sic]; etc.) scared potential converts away!"

It is true that we have no statistics about how many people converted

because of the low cost of health care.   We can, however, make inferences

that are no less reasonable than those that favor some other motive for

conversion. For example, the fact that some NT authors (e.g., Mark

5:26//Luke 8:43) do portray people coming for help after being

impoverished by "physicians" shows that the author is aware that this could

be a motive for an initial encounter with Christianity that leads to

conversion.

Second, we do have Christian apologists who make a point that

Christianity does not charge for its services. For example, Irenaeus, in his

Against Heresies (22:4) where, speaking of the miracles done by the church,

he says: "She [the church] exerts day by day for the benefit of the Gentiles,

neither practicing deception upon any, nor taking any reward from them."

Third, ethnographic analogies point to many examples where the cost of

health care is a direct or indirect reason for the initial appeal of religious

groups (e.g. Pentecostals) that emphasize free health care.[61]

Moreover, the passage in Matt. 18:8-9 (//Mark 9:45-47) regarding the mutilation of one's body ought not have the same missionary value as the command to heal the sick for free in Matthew 10:8. The passage is Matthew 18:8-9, even if meant literally, applies to specialized cases where a member of the body is causing one to sin The command in Matthew 10:8, on the other hand, is more generalized, and seems chosen because the author thought that free health care constituted a promising missionary strategy.

Another sort of objection has come from John Pilch, in his review in Review of Biblical Literature (http://www.bookreviews.org/ Reviews/ 1565633377.html). He states:

....religion in ancient Mediterranean culture not a free-standing or formal institution as in modern Western culture. It was rather a substantive institution embedded in kinship and politics. Thus there was domestic economy, political economy, domestic religion (household gods), and political religion (temples). Because he seems unaware of this basic cultural reality, Avalos postulates that the rise of "the state" and other suprafmiliar organizations that defined the worth of human beings worked great changes in antiquity. Political scientists and political anthropologists remind us that the historical reality of

"nation states" emerged in the various political movements of the 18th century (e.g., The American Declaration of Independence; the French Revolution). What existed in antiquity is a very different reality. One must use the word "state" for antiquity with caution and with proper definition.

However, I never argue that economics is "free-standing" in any state, ancient or modern. I do think Pilch is mistaken in saying that economics forms a "free standing" institution in modern Western culture as opposed to ancient ones. I never argue that economics is free standing in ancient cultures. Economics, religion, and other "institutions" are more "aspects" than "institutions" in my view of ancient cultures.

I do agree that "state" must be carefully defined, but it is another thing to assume that "state" means "nation state" in my book. "State" is still very much alive as a term used by anthropologists to describe organizations that are based on levels beyond and above kinship levels. The use of the term "state" can range from the classic treatment of Elman Service (Origins of the State and Civilization, 1975) to more recent discussions evinced in the collection of essays edited by Gary M. Feinman and Joyce Marcus (Archaic States [Santa Fe, NM: School of American

Research Press, 1998). In the case of Israel, we have Frank Frick's <u>The</u> <u>Formation of the State in Ancient Israel</u> (Sheffield: JSOT, 1985).

The reason that the concept of the "state" in studying health care systems is important is simply that such suprafamilial organizations can control and define illness in ways that are meant to benefit the state. Health care then is intertwined with notions of purity that are often based more on the ability to perform functions beneficial to the state than on some more abstract idea of contagion or ritual purity.

In another instance Pilch, referring to me, argues that "His confusion of anthropology and sociology is similarly disappointing...Sociology is the study of one's own society; anthropology is the comparative study of many societies, allowing for comparisons and generalizations." But Pilch's definition of "sociology" is not documented by any reputable sociologist I can find, and it would be self-defeating. If "sociology" is the study of one's own culture, then I am not sure how there can be any such thing as a sociology of ancient Israel since no one now belongs to that society. There could probably be no such thing as a sociological study of Russia written by an American, since, according to Pilch, one could only study "one's own society." Anthropology is properly the study of humanity, and medical

anthropology is the study of health care among human beings, especially from a cross-cultural and evolutionary perspective.

Conclusion

Rethinking the role of health care in early Christianity may result in a whole new view of the origin of Christianity. My aim has been to provide a point of departure for future research. As we dialogue about how health care affected and was affected by the rise of Christianity, we are in fact validating the idea that health care is an important topic in the study of early Christianity. My thesis may be modified, validated, or discarded based on new evidence. But the point is that, given new medical anthropological information about the relationship between health care and religion, we ought to consider health care as a possible factor with as much vigor as we have pursued other possible factors in the past.

On scientific grounds, of course, we cannot claim that Christian prayer healed the sick any more so than prayers to Asclepius or any other Greco-Roman deity. What we do claim is that a certain segment of the population could be attracted to a health care system that, even if it did not cure an illness more than any other, at least did not require fees, travel to a therapeutic locus, or temporal restrictions. All things being equal in terms of

healing, Christianity bore advantages that would have attracted those that

perhaps could least afford the expense, travel, and other costs of health care

in the Greco-Roman world. As such, health care issues formed an

important, though not the only, factor in the rise of Christianity.

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* For a more comprehensive version of this paper, including the history of scholarship

and passages of Greek texts cited, see Hector Avalos, <u>Health Care and the Rise of

Christianity</u> (Peabody: Hendrickson, 1999).   Unless noted otherwise, all biblical citations

are from the NRSV. Transliterations from Greek, Akkadian, and Hebrew may not be

according to convention due to submission of this paper as an attachment. T. =

Testimonia of Asclepius as numbered in Ludwig Edelstein and Emma Edelstein,

<u>Asclepius</u>. 2 vols. Baltimore: The Johns Hopkins University Press, 1945.

[1]See Morton Kelsey, <u>Healing and Christianity</u> (Minneapolis: Ausburg, 1995), 44-45.

[2]For further comments on the anthropological approach and biblical studies, see

Bernhard Lang, ed., <u>Anthropological Approaches to the Old Testament </u>(Philadelphia:

Fortress, 1985).

[3]Arthur Kleinman, <u>Patients and Healers in the Context of Culture: An Exploration of the</u>

<u>Borderland between Anthropology, Medicine, and Psychiatry</u> (Berkeley: University of

California, 1980); Arthur Kleinman and B. Good, eds., <u>Culture and Depression</u>

(Berkeley: U. of California Press, 1985).

[4]Arthur Kleinman, <u>Patients and Healers</u>, 24. On the centrality of this concept of a health

care system echoed by other anthropologists, see also George M. Foster, "Disease

Etiologies in Non-Western Medical Systems," <u>American Anthropologist</u> 78 (1976): 773-

782; George M. Foster and B.G. Anderson, <u>Medical Anthropology </u> (New York: John

Wiley & Sons, 1978); Thomas M. Johnson and Carolyn E. Sargent, <u>Medical</u>

<u>Anthropology</u> (New York: Praeger, 1990).

[5]There have been other rubrics applied to the study of systems which involve healing,

medicine, etc. We prefer the rubric "health care system" over "healing system" because

the latter restricts its focus to healing rather than the maintenance of health and

prevention of illness. The rubric, "medical system," bears too many associations with

modern medicine that may be misleading in the study of the ancient world.

[6] For the impact of economics on health care options, see William C. Cockerham, Medical Sociology (6th ed.; Englewood Cliffs, N.J.: Prentice Hall, 1995), 118-132.

[7] Ralph Jackson, Doctors and Diseases in the Roman Empire (Norman: University of Oklahoma Press, 1988), 56.

[8] Louis Cohn-Haft, "The Public Physicians of Ancient Greece," Smith College Studies in History 42 (1956): 44.

[9] Robert Turcan, The Cults of the Roman Empire (Trans. Antonia Nevill. London: Blackwell, 1996), 111.

[10] Natural History, 29.1 (Jones, LCL): "cum sit fructuosior nulla."

[11] Natural History, 29.2 (Jones, LCL): "Nec fuit postea quaestus modus, quoniam Prodicus Selymbriae natus, e discipulis eius, instituit quam vocant iatrilipticen et unctoribus quoque medicorum ac mediastinis vectigal invenit."

[12] Galen, On Physicians, 45.

[13] Nutton, "Social History of Graeco-Roman Medicine," 40.

[14] T. 464b. See comments in Timothy S. Miller, The Birth of the Hospital in the Byzantine Empire (Baltimore: The Johns Hopkins University Press, 1985), 40.

[15] Fragments, 101 = T. 455.

[16] For examples, see Sarah B. Aleshire, The Athenian Asklepieion: The People, their Dedications, and the Inventories (Amsterdam: J. C. Gieben, 1989). For a discussion of expensive votives from a non-Asclepian healing shrine in the first century B.C.E., see T.

W. Potter, "A Republican Healing Sanctuary at Ponte di Nona near Rome and the Classical Tradition of Votive Medicine," Journal of the British Archaeological Association 138 (1985): 23-47.

[17]Declamationes 34:23-26 = T. 539.

[18]Metamorphoses 11:30 (Hanson, LCL): omnibus ex studio pietatis magis quam mensura rerum mearum collatis.

[19]Metamorphoses 11:28 (Hanson, LCL): Nam et viriculas patrimonii peregrinationis attriverant impensae, et erogationes urbicae pristinis illis provincialibus antistabant plurimum.

[20]Donald Engels, Roman Corinth (Chicago: University of Chicago, 1990), 57, 101.

[21]Plutarch, Isis and Osiris 80 (Babbit, LCL).

[22]Philostratus, Life of Apollonius of Tyana 7.39 (Conybeare, LCL).

[23]See examples in Christopher A. Faraone and Dirk Obbink, Magika Hiera: Ancient Greek Magic & Religion (New York: Oxford, 1991), 110-15. See further, Vivian Nutton, "From Medical Certainty to Medical Amulets: Three Aspects of Ancient Therapeutics," Clio Medica 22 (1991): 13-22.

[24]See Jackson, Doctors and Diseases, 65-66.

[25]Hans Eschebach, "Die Arzthäuser im Pompeji," Antike Welt 15 (1984): 8.

[26] J. Donald Hughes, Pan's Travail: Environmental Problems in

the Ancient Greeks and the Romans (Baltimore: The Johns Hopkins University Press, 1994), 160.

[27]Natural History 31.8.11 (Jones, LCL): vitiligines tolli.

[28]Natural History 31.8.12 (Jones, LCL).

[29]Josephus, Ant. 17.169-176.

[30]See Ronny Reich, "The Hot Bath-House (balneum), the Miqweh, and the Jewish Community in the Second Temple Period," JJS 39 (1, 1988): 102-107.

[31]See Yizhar Hirschfeld and Giora Siolar, "The Roman Thermae at Hammat Gader: Preliminary Reports of Three Seasons of Excavation," IEJ 31 (1981), 197-219.

[32]Asclepius, 2:191.

[33]Descriptio Graeciae 10.32:12 = T. 499.

[34]T. 772.

[35]T. 834.

[36]Themistius, Oratio 27 = T. 385.

[37]Apulieus, Metamophoses 11, 19.

[38]Turcan, Cults, 109. See also, R. A. Wild, "The Known Isis-Serapis Sanctuaries from the Roman Period, ANRW 2.17. 4: 1739-1851; M. Malaise, Inventaire préliminaire des documents égyptiens découverts en Italie (EPRO 21; Leiden: E. J. Brill, 1972), 289ff.

[39]See further, Michel Malaise, Inventaire préliminaire des documents Égyptiens découverts en Italie (Leiden: E. J. Brill, 1972), 187-215.

[40]Brent D. Shaw, "Seasons of Death: Aspects of Mortality in Imperial Rome." <u>Journal of Roman Studies</u> 86 (1996): 100-138.

[41]<u>LABS</u> 296, rev., lines 3-14; Parpola does not document his diagnosis of the Akkadian phrase, <u>GIG</u> <u>di^{a}u,</u> as malaria. My explanation of the deities are in parenthesis, and the words in brackets are based on reconstructions by Parpola.

[42]Parpola, LABS 255, 8-13.

[43]Author's translation. "Leprosy" may describe a variety of skin diseases here.

[44]Naveh and Shaked, <u>Magic Spells and Formulae</u>, 123 (Bowl 18:5-6).

[45]Following the edition of Émile Puech, "11QPsAp^a : Un rituel d' exorcismes. Essai de reconstruction," <u>RQ</u> 14 (3, 1990):377-408.

[46]Puech, "11QPsAp^a," 387.

[47]J. <u>Berakot</u> 9:12 p. 13a; As cited in E. E. Urbach, <u>The Sages</u>, 1:182.

[48]PGM CXVII (Betz). See also Antonio Carlini, et al., eds., <u>Papiri Letterari Greci</u> (Pisa: Giardini, 1978), no. 34.

[49]<u>Ign. Eph.</u> 7:2 (Lake, LCL).

[50]Meier (<u>A Marginal Jew</u>, 2:543) notes, for example, that Luke tends more than Mark to see faith as a result produced by miracles. See also Christopher D. Marshall, <u>Faith as a Theme in Mark's Narrative</u> (Cambridge: Cambridge University Press, 1989).

[51]E. N. Jackson, <u>The Role of Faith in the Process of Healing</u> (London: SCM, 1981).

[52]Tatian, <u>Oratio ad Graecos</u>, 18.

[53]Vivian Nutton, "Medicine in Late Antiquity and the Early Middle Ages," 74.

[54]Crossan, The Historical Jesus, 344.

[55]Justin Martyr, The Second Apology 6 (ANF 1:190).

[56]Tertullian, Ad scapulam, 4.

[57]See Bruce M. Metzger, The Text of the New Testament: Its Transmission, Corruption, and Restoration (3rd ed.; New York: Oxford, 1992), 226-229.

[58]Bruce M. Metzger, A Textual Commentary on the Greek New Testament (London: United Bible Societies, 1975), 101.

[59]Against Celsus, 1:6 (ANF 4:399).

[60]Galen, On Physicians, 89.

[61]For example, see Murl Dirksen, Pentecostal Healing: A Facet of the Personalistic Health System of Pakal Na, a Village in Southern Mexico. Ph.D. Dissertation, University of Tennessee, Knoxville, 1984.