To Heal as Jesus Healed:
Implications of John Dominic Crossan's Research for the Self-Understanding of Catholic Health Care Sponsors

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D R A F T

Introduction

Catholic health care in the United States was founded and sponsored largely by orders of men and women religious who came to the New World from Europe with successive waves of immigrants. And, with an abiding concern for those too poor or vulnerable to find care elsewhere, these sponsors understood themselves quite literally as continuing the healing ministry of Jesus. Their "works of mercy" were initially oriented toward comforting the dying, and caring for widows, orphans, and the elderly, and their ministrations were offered in the homes of the sick or, increasingly, in the small hospitals they built as they moved into new communities. These efforts were supported by the individual and collective sacrifices of the men and women religious themselves, by early forms of capitated insurance, and by institutionalized philanthropic efforts in the communities they served.

Today, however, with the increasing success of scientific medicine in the twentieth century in treating infectious and other diseases and with the wide-spread use of private health insurance since World War II that helped to fuel the development and centralization of expensive medical technologies, Catholic health care has been transformed—with the rest of the US health care system—into an extremely complex, multi-billion dollar, capital-intensive,

customer-oriented, technology-driven enterprise. Though not without continuing controversy, Catholic health care now is largely hospital-based and oriented toward the provision of acute care services, and it is funded mainly by tax-exempt bonds and employer- and government-based health insurance programs. With this transformation, the sponsors of Catholic health care now find themselves directing and managing huge corporate entities, with thousands of employees, spread geographically over vast territories. Some entities are even working internationally.

And yet, based on their verbal and written statements, the sponsors of these organizations continue to claim that they working in continuity with the healing ministry of Jesus. For example, the mission of the Providence Health System, sponsored by the Sisters of Providence, states (in part) that "[t]he Providence Health System continues the healing ministry of Jesus in the world of today, with special concern for those who are poor and vulnerable." A recent "Shared Statement of Identity for the Catholic Health Care Ministry," published by the Catholic Health Association of the United States, begins with a similar claim. "We are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today."[1]

But is Catholic health care in fact carrying on the healing ministry of Jesus, or is this simply a romantic and perhaps naïve dream of the men and women religious who sponsor it? What does it mean to the sponsors of Catholic health care when they claim to carry on the healing ministry of Jesus in such a changed and changing environment? This paper uses the findings of one well-known representative of historical Jesus research, John Dominic Crossan, to summarize what we now know or can reasonably surmise about how and why Jesus healed,

and to explore some of the possible implications of this summary for the self-understanding of the sponsors of Catholic health care. I will argue that the use of healing by Jesus as a strategy to display and address the social inequities of his society is indeed still animating the sponsors of Catholic health care today, but that realizing his vision of "egalitarian commensality" is difficult even to imagine under current institutional configurations and funding realities.

Crossan's Interpretation of the Historical Jesus

After amassing more than 400 pages of evidence and argumentation, Crossan concludes that "[t]he historical Jesus was…a *peasant Jewish Cynic*."[2] His claim that Jesus was a peasant is not uncontroversial. James Charlesworth, for example, in a direct counter to Crossan, argues emphatically, "In no way was Jesus…a peasant…[H]e was far too sophisticated, learned, and involved with urban life to be a peasant."[3] But, if anything, Crossan's claim that Jesus incorporated many of the views and practices of the Cynics may be even more controversial. Obviously, then, these terms and at least some of the arguments that lead to this conclusion need elaboration if we are to understand Crossan's interpretation of the historical Jesus and, more to the point, the role that healing played in Jesus' overall mission.

While he is admirably clear in outlining and then illustrating his method, Crossan's argument is complex.[4] He works not just with the relevant intra- and extra-canonical texts and historical information, but also makes explicit use of insights, typologies, and inferences derived from sociology and anthropology to interpret the significance of these texts and this information. Moreover, while he does not hesitate to include extra-canonical texts among the "gospels" in his

carefully stratified inventory of Jesus-material, he is generally ruthless in excluding those texts or "complexes" of texts that lack multiple independent attestation among the various sources. He seeks, he says, not an "unattainable objectivity," but an "attainable honesty" about how he develops his conclusions. And, to that extent at least, I am persuaded that he succeeds.

The fundamental background problem Crossan believes Jesus was trying to address with his mission is the nearly ubiquitous brokerage system of Mediterranean society. Jesus' mission, he claims, "is pointed directly and deliberately at the intersection of patronage and clientage, [and the corresponding ethic of] honor and shame, the very heart of Mediterranean society." This claim is so central to Crossan's argument that he continues, "If that [claim] is incorrect, this book [*The Historical Jesus*] will have to be redone."[5]

Though it evolved long before Jesus lived and continues in some forms even today, the brokerage system of the first century Roman Empire and, indeed, the entire Mediterranean Basin, was then a vast informal network of patron-client relationships that extended vertically and horizontally through and across all social classes. It evolved in a society in which wealth was based principally on land and in which chronic instability led its members to rely almost exclusively on face-to-face, personal relationships to distribute its social and economic benefits and burdens. In this society, there was no middle class and the peasants, who represented the vast majority of the population, were systematically exploited by a few wealthy land owners and political elites at the top of the social hierarchy. But the peasants were not the most marginalized members of this society, for they at least had small plots of land on which to subsist. The lowest classes of the Mediterranean Basin were populated by those who had no land.

The landless classes were made up of excess and illegitimate children of the peasant class who would not inherit the family plot, and by those from other classes who suffered various misfortunes or setbacks from which they could not recover. In addition, peasants could easily lose what little land they farmed if they were unable to pay their debts or taxes or if they were displaced by war or famine, and as a consequence slip even lower in the social scale to become part of these landless classes. These people were artisans (the class in which the adult Jesus probably found himself), day laborers, or those even more desperate: bandits, prostitutes, and rural slaves.

In marked and deliberate contrast to this system of brokerage, Crossan calls Jesus' message about the kingdom of God a "brokerless kingdom." According to Crossan, Jesus understood the kingdom of God not as a place but as a way of life or mode of being in the world; it is about "people [living] under divine rule."[6] Also, in contrast to John the Baptist, Crossan argues that Jesus's understanding of the kingdom of God was not apocalyptic and future, but sapiential and immanent.

> The apocalyptic is a future Kingdom dependent on the overpowering action of God moving to restore justice and peace to an earth ravished by injustice and oppression….The sapiential Kingdom looks to the present rather than the future and imagines how one could live here and now within an already or always available divine dominion. One enters that Kingdom by wisdom or goodness, by virtue, justice, or freedom. It is a style of life for now rather than a hope for life in the future. This is therefore an ethical Kingdom…[7]

Moreover, this kingdom was intended not only for the poor, but also or even more so for landless day laborers, beggars, and defenseless children, whom Crossan calls the truly "destitute" in order to distinguish them from the chronically poor, but landed peasants.[8] The kingdom was brokerless in the sense that it needed no intermediary between it and the individual, no one to permit or bar entrance to a seeker, and we will see that it was his adoption of a number of practices of the Cynics that kept Jesus and his followers from becoming brokers themselves of this vision.

To understand how Jesus planned to effect his vision of the kingdom of God among the poor and destitute, Crossan claims we must investigate both Jesus' use of magic to heal various illnesses and to exorcise demons and his distinctive social practices around meals. By bringing these into "conjunction," Crossan says, it is possible to view Jesus' teachings on the kingdom of God "not as an individual dream but as a corporate plan." He continues, "My wager is *that magic and meal* or *miracle and table* constitutes such a conjunction and that it is the heart of Jesus' program."[9] Further, as an illiterate peasant, Crossan suggests that Jesus did not so much "proclaim" his message about the kingdom (as later followers in the literate classes would do with his teachings)[10] as "perform" it. "In the beginning," Crossan writes, "was the performance,"[11] and this performance united the words and deeds of this apparently rather shrewd Jewish peasant into a social program that was designed not only to display what the brokerless kingdom of God might look like, but actually to bring it into existence and render it sustainable in rural peasant life.

Crossan discusses magic—provocatively and deliberately using this term while nodding to the less provocative and technical term, thaumaturgy—as

"religious banditry," and it is understood anthropologically as one genuine manifestation of religion, though an "unofficial and unapproved religion."[12] Magic, he argues, is deviant religion, practiced by social outsiders and, more to the point in the case of Jesus, practiced as part of a non-violent peasant protest movement against the oppression of the official religion's own brokerage system. That is, Jesus' magic was directed not simply toward healing the sick and the possessed but also toward displaying the corruption of the Temple's own system and toward offering an alternative to the practices of Temple, from which many peasants were excluded. In the end, Crossan argues, it was this threat to the Temple that led to the execution of Jesus,[13] but what is important to note here is that Crossan believes the historical Jesus actually did perform miracles—something often discounted by historical scholars. He distinguishes, however, on the one hand, between Jesus' healing miracles and his exorcisms and, on the other, what are typically called "nature miracles"—those miracles attributed to Jesus in the Gospels and elsewhere and that include such things as walking on water, raising the dead, and Jesus' own miraculous birth and resurrection, all of which Crossan argues were invented later by the nascent church as it tried to understand its experience of the continuing presence of Jesus and it institutionalized a new leadership structure.[14]

In any case, key to Crossan's understanding of the healing miracles Jesus did perform is a now common anthropological distinction between disease and illness that he borrows from George Peter Murdock. By disease, Murdock means "primarily the communicable virus-borne or bacteria-borne phenomena," whereas illness refers to "any impairment of health serious enough to arouse concern, whether it be due to communicable disease, psychosomatic disturbance,

organic failure, aggressive assault, or alleged accident or supernatural interference.[15] Crossan quibbles with Murdock's dismissal of supernatural beliefs as a cause of illness, and then develops the distinction further by reference to Arthur Kleinman's and Lilias Sung's cross-cultural investigation of indigenous healing. They discuss disease as "any primary malfunctioning in biological and psychological processes" and illness as "the secondary psychosocial and cultural responses to disease."[16] Current practitioners of scientific medicine are, Kleinman and Sung claim, trying mainly to address disease, whereas earlier Western and all indigenous systems of healing tend to treat illness. As such, they claim that indigenous healers tend to "treat three types of disorders: 1) acute, self-limited (naturally remitting) diseases; 2) non-life threatening, chronic diseases in which management of the illness is a larger component of clinical management than biomedical treatment of the disease; and 3) secondary somatic manifestation (somatization) of minor psychological disorders and interpersonal problems…"[17] To the extent that Jesus healed, then, Crossan argues that it was these three types of illnesses that he addressed.

In a later book, however, Crossan builds on subsequent work by Kleinman and adds a third category to disease and illness, sickness. Quoting Kleinman, he defines sickness as "the understanding of a disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces."[18] This category allows Crossan to link even more directly the peasant experience of illness (he also could have added injury, I think) to the social structures of oppression present in society at the time, and to speculate on their interaction. "Society (and its systemic structures) can not only exacerbate the *illness* that follows from a *disease*, it can create the *sickness* that leads to

disease."[19] This interaction is key to understanding another common distinction used by medical anthropology and not greatly elaborated by Crossan, namely, the distinction between healing and curing. Thus, extending Kleinman's and Sung's distinctions, Crossan suggests that healing activities are typically aimed at addressing illness whereas curing activities are typically aimed at addressing disease.[20] Interestingly, however, Crossan seems to argue that Jesus not only healed but also cured. But to understand how Jesus' healing magic effected cures, Crossan argues that we must investigate the other half of the magic-meal conjunction and look at the social program related to Jesus' practices around eating. It is here that we also learn how Jesus may have incorporated practices of the Cynics into his mission, even as he changed those practices in subtle and important ways.

Crossan argues that the historical Jesus not only performed healing miracles himself, but that he also sent his followers out as missionaries to heal in similar ways (he speculates these followers may have been "healed healers" themselves).[21] Crossan gives much historical weight to those complexes that describe the specific instructions with which Jesus sent out the missionaries. He is persuaded that Jesus deliberately directed his followers to travel in small teams, possibly two by two (which in some cases may have been male-female teams traveling as spouses to protect the woman), and their mission was to heal and exorcise demons just as Jesus did (earlier, presumably, for them). But more than this, they were to travel and dress in a distinctive way. On their journeys, they were to take no money or purse, no sandals, no bread, and no bag.

Crossan claims that the voluntary adoption of an itinerate life of poverty and that walking barefoot from place to place would be practices easily

recognized by observers of the time as practices of the Cynics. But, unlike the Cynics, who carried a bag or purse in order to symbolize their self-sufficiency, the followers of Jesus were not to take a bag with them. They were instructed by Jesus not to provide for themselves. Crossan argues that Jesus intended them to be dependent on those they encountered—or, perhaps better said, the missionaries and those they healed were to be interdependent.

The missionaries were to travel, probably, from house to house in the small, rural, peasant villages in Galilee, and as they entered the house they to were to heal the sick and exorcise demons, eat what was offered, rest, and then move on to the next house. However, Crossan argues that the food and shelter offered the missionaries should not be viewed as payment for services rendered, but rather as a way of establishing a series of mutual and reciprocal obligations between the householders and the missionaries. By these means, Crossan claims that Jesus was trying to do no less than reestablish peasant community life based on what Crossan calls "open commensality" or "shared egalitarianism." Open commensality is one way Crossan indicates the brokerless and, in some senses, classless and perhaps genderless community Jesus was trying to establish between poor peasants and, significantly, between poor peasants and the desperately poor landless classes below them. Crossan argues that these mutual and reciprocal obligations of open commensality are key to understanding Jesus' instructions to his followers.

> The missionaries do not carry a bag because they do not beg for alms or food or clothing or anything else. They share a miracle and a Kingdom, and they receive in return a table and a house. Here, I think, is the heart of the original Jesus movement, a

> shared egalitarianism of spiritual and material resources. I emphasize this as strongly as possible, and I insist that its materiality and spirituality, its facticity and symbolism cannot be separated.[22]

Later, he reiterates his point:

> For Jesus…commensality was not just a strategy for supporting the [healing] mission. That could be done by alms, wages, charges, or fees of some sort. It could have been done, for instance, by simple begging in good Cynic fashion. Commensality was, rather, a strategy for building or rebuilding peasant community on radically different principles from those of honor and shame, patronage and clientage. It was based on an egalitarian sharing of spiritual and material power at the most grass-roots level. For that reason, dress and equipment appearance was just as important as house and table response.[23]

The community of equals, then, that Jesus was trying to establish among the peasants and landless poor of Galilee was intended by Jesus, if I understand Crossan correctly, to be a visible and sustainable representation of Jesus' understanding of the kingdom of God.[24] But to see better how Jesus' mission could undermine the brokerage system of the Mediterranean Basin and thereby lead to the restructuring of peasant community life, we need to understand at least two additional points: the importance of eating as a way of effecting and symbolizing inclusion in and exclusion from the community, and the importance of itinerancy for Jesus' social program.

First, eating in any society symbolizes many important relationships in that society, and first century Jewish society was no different in this regard. Eating practices in first century Jewish society symbolized important social, religious, and gender hierarchies and, by allowing others to see who was invited to the table, they displayed who was included and who was excluded in certain social groupings. Crossan discusses a number of complexes in which Jesus seems to be attacking not only important religious hierarchies (he was accused of eating and socializing with sinners),[25] but also ways in which Jesus's egalitarianism cut against the patriarchal structures of family life itself, also a highly brokered institution (here, Crossan reviews what we can determine about Jesus' statements on family life and divorce).[26] Presumably, many if not most of those with manifest symptoms of illness ("lepers" and the "possessed") were also excluded from Jewish tables. Jesus seems to have ignored class and gender distinctions in his own eating practices and to have insisted that the socially ostracized of his society—the landless and those who had been ill and then healed—should be admitted (or, readmitted) to the table of peasant households as equals. For those who were healed, then, it was evidently the re-incorporation into peasant community life, symbolized by their inclusion or re-inclusion at the table, that moved beyond the magic of the healing Jesus performed to effect their actual cure.[27]

Second, however, given the background problem of brokerage that Jesus was trying to address with his social program, he also had to keep himself and his followers from becoming or being transformed into brokers themselves. To do this, Jesus insisted that his followers and, indeed, that he himself remain itinerate—again, a practice adopted from the Cynics. In that way, Jesus was

keeping himself, his followers, and even those householders they visited from becoming brokers of the movement he was trying to initiate. Thus, rather than settling down in one place and requiring people to come to him, Jesus sent his followers to the people. And rather than letting his followers stay in the houses and villages they visited, he insisted that they do their healing, share a meal, and then leave and move to the next house or village. In this way, claims Crossan, the focus stayed on the "Sender" and not those who were sent. "It is always the Sender who is received."[28] In the eyes of those Jesus was trying to serve (and perhaps in his own eyes), the missionaries were sent by Jesus, and Jesus was sent by God. Again, even Jesus would not allow himself to become a broker of the kingdom of God.

To Heal as Jesus Healed

As often and as boldly as the sponsors of Catholic health care claim that their health care ministries are "continuing the healing ministry of Jesus," one would think it would be easy to discover in some detail what this phrase means for them. Unfortunately, that has not been the case. We do get glimpses, however, of what the phrase means in some of the documents they produce, the practices with which they structure, manage, and guide their health care organizations, and in the ways they communicate their understanding of this phrase to each other and to those with whom they work.

Interestingly, in some documents we find reference to "the healing ministry of Jesus" without additional comment, as if the author believes it is safe assume readers will know what is meant. For example, a recent paper on sponsorship claims that "commitment to the healing ministry of Jesus" is one of

the "nonnegotiables" that should be "spelled out in corporate charters, bylaws, contracts, and other documents relating to new partnerships and networks" with non-Catholic health care organizations, but are we are not told what this might mean in concrete terms.[29] It is clear, however, that it is very important to the authors. But if this phrase is to be included in a contract, it seems it should be sufficiently clarified that compliance can be monitored and its implications detailed for the non-Catholic partner.

In other documents, we find Catholic bishops, theologians, or moral theologians making references to the healing ministry of Jesus in order to offer theological justification for the Roman Catholic church's presence in health care as an "apostolic work." For example, the Rev. Michael D. Place, current president and CEO of the Catholic Health Association, interprets stories of Jesus' healing thus, following Fr. Donald Senior, CP, and the late Cardinal Joseph Bernadin:

> …Jesus acts as a healer in multiple ways. First he is the *liberator* who comes to free us from our brokenness. Second, through *solidarity*, Jesus stands as one with those who suffer from spiritual and physical brokenness…Finally, through this solidarity with our brokenness and through the power of the resurrection, Jesus brings a profound sense of hope to those who suffer…We must remember that…Jesus healed not as an end in itself but as an opportunity for faith. Although infrequently recounted in the Gospel, Jesus' healing failed when faith was not present in a very profound way in the one afflicted. The healing ministry at its very foundation, then, is an outward sign, a sacramental-type expression that makes the

> triumph of God's continuing reign present in this world. For this reason, Pope John Paul II described the continuing expression of Jesus' healing ministry as an essential ministry of the church.[30]

Such statements are often directed toward internal critics of the Catholic health care ministry, but they are also used to explain the importance of Catholic health care to Catholics for external audiences. In this case, we see evidence that the author is conversant with interpretations of Jesus that are at least in part consistent with recent interpretations of the historical Jesus, even though he focuses as much or more attention on the *person* of Jesus as on what Jesus said and did.[31]

Still, this is not a detailed statement about what the healing ministry of Jesus means to sponsors of Catholic health care. Thus, I asked some of my colleagues for their input, and one forwarded my request to directly a number of sponsors. Through her, one sponsor simply directed me to the Catholic Health Association web site and the Shared Statement of Identity mentioned in the Introduction. But at least one sponsor wrote at some length about her understanding, and I include it almost in its entirety.

> …I must say, I do have an image in my heart when I say "the healing ministry of Jesus."
>
> The image is that we are healing the way Jesus did. HOW he did it is what stands out. The great love, compassion, the touch, the gentle caring voice, the eyes that connect with another's soul, the unconditional profound acceptance and embrace of the other…I see Jesus in my heart and watch the

way he connected with soul and healed from there. Anyway, I image everyone being held, treated, loved, healed in that way. A soul to soul connection. Which leaves me imagining that sometimes healing is just about that, soul connection. Anyway, I want to do this like Jesus did.

Then, my image goes to WHO Jesus heals and, yes, the poor and outcast, the marginal, the forgotten, the rejected come into my heart. I image Jesus going to places, parts of villages, where no one else will go. It is so vivid in my heart.

Then, my image goes to WHY Jesus heals. It is all a part of his vision of the Reign of God where we live as one human family, in relationship with creation. Healing is part of bringing this Reign of God into being, into reality. In the Reign of God we (and creation) are created in the image of God and that dignity gives us the inherited Right to life—life in abundance. That's why Jesus came—to gift us with his vision through word and action.

Then, my image goes to WHAT Jesus did while he was healing. He was questioning, defying the unjust structures that kept people away from what is rightfully theirs. He denounced all that took away life because Jesus walked the way of life, life to it's fullest. He went against law because of his option for the person.

I guess this is why I want to remain in the health care ministry. I image myself in my heart as being like Jesus and that

> mandates a very strong commitment to healing not just the lives of many people but also healing our earth and in the process healing myself, because of the commitment to live in our world as Jesus did.[32]

This is the language of faith, of course, and not that of the historian or even the theologian, but it demonstrates how vividly the healing ministry of Jesus continues to motivate at least some sponsors today. It also suggests an understanding of the historical Jesus that is not far from that outlined above: an emphasis on touching, a focus on the poor and marginalized, the use of healing to address the structural inequalities in society, and the linkage between healing and the kingdom of God. Thus, perhaps we can isolate at least some ways the sponsors of Catholic health care are informed by their understanding of the healing ministry of Jesus, and then consider some senses in which they may not in fact reflect his healing ministry.

To begin, the sponsors of Catholic health care are motivated to be in health care in the first place largely because Jesus healed. This is not to say that they would not be in health care if Jesus had not healed or that the other works they sponsor in addition to health care are not also congruent with their understanding of Jesus' mission, but it is to say that we should not miss the obvious. The sponsors of Catholic health care believe it is important to be in health care not just as a way of addressing human need (although this is a strong motivator of their commitment), but also as a way of expressing a connection or continuity with Jesus himself, who, as we saw and as they believe, healed many of those he encountered.

Moreover, since Catholics believe that access to health care is a "right" given to all humans by God, and since there is (except in some narrowly defined cases) no such right recognized in the United States, sponsors of Catholic health care in this country use their ministries both to address this gap (they typically advocate that health care should be distributed on the basis of need and that no one should be turned away from needed health care simply because they cannot pay for it) and to display to the wider society the social inequities of such a system. Providing health care for those who do not enjoy ready access to it and then advocating for them before various legislative bodies can be viewed, then, as a form of non-violent social protest not unlike Jesus' own healing activities. Such activities display the social inequities and self-contradictions of the U.S. health system generally and offer a possible model for transforming it into a different kind of system.[33]

Also, consistent with the views that health care should be distributed on the basis of need and that access to health care ought to be recognized in this country as a legal right, and in what they believe is in direct continuity with the historical Jesus, the sponsors of Catholic health care also espouse a special concern for the poor and vulnerable in our society. Further, it is not just that they believe such people ought to have access to health care, they believe the poor should receive preferential treatment. Also, sponsors of Catholic health care are not only trying to address the health needs of the poor *per se*, but are also trying to use the healing process to integrate more fully those who are healed into the wider society. Thus, when they advocate that the "whole person" should be treated in their health care facilities, they mean that an individual's health needs should not be reduced merely to those that are physical (that is, as suggested

above, an individual's illness should not be reduced to disease alone), and that treatment should include the psychological and spiritual needs an individual patient might have. But more than this, treating the whole person also means, where possible or feasible, that an individual's social needs and those social conditions that undermine the health of individuals should be addressed. Thus, we see, for example, Catholic health systems investing in housing and health education for the poor and we see them sending employees to third world countries not only to address health needs directly but also to help build community infrastructure—in short, to rebuild peasant societies in these countries. Thus, it may be fair to conclude that the sponsors of Catholic health care are, like the historical Jesus, trying to build or at least trying to model a certain kind of community—an immanent kingdom of God?—by the way they welcome and treat the poor in their health care ministries.

Where, of course, sponsors of Catholic health care seem to differ from the historical Jesus in addressing the health-related needs of those they serve is that they are not likely to resort to or to endorse the use of magic to effect healing. Magic has, as Crossan observes, been disapproved by many established religions and the church is no exception to this generalization. Magic, for instance, is usually sharply distinguished from the church's sacramental ministries. Moreover, in the last few centuries and especially since the end of World War II, practitioners of scientific medicine have worked wonders that even the most adept indigenous healers could hardly have imagined, rendering much of their magic unnecessary. This said, however, perhaps magic as Jesus practiced it has not been completely eschewed by sponsors of Catholic health care. For they typically do not discount the possibility of miracle cures and they have

consistently and deliberately emphasized the importance of touching as a part of the healing process. Miracles and magic are, according to Crossan, simply different terms for the same phenomenon, even if he limits Jesus' miracles to the healing of certain types of illnesses in ways that Roman Catholic sponsors of health care would not.

The greatest and most obvious difference between the healing offered by the historical Jesus and that offered by the sponsors of Catholic health care is the institutional setting in which the healing is typically offered. With some notable but probably institutionally minor exceptions, most of current Catholic health care is not itinerate. That is, it does not travel to the homes of the sick and injured, but is mainly offered on or in acute care hospital sites to which the sick and injured come seeking access to the technologies and arts of scientific medicine. Of course, based on Crossan's analysis, it can be argued that Jesus did not offer anything remotely approaching the acute health care of scientific medicine. Sponsors are well aware of this, and at times debate among themselves whether they should abandon acute care altogether and get more involved in public health or primary care. This is certainly a debate worth having, but my concern here is somewhat different.

By adopting the predominant form in which the delivery of acute health care has been institutionalized in this country, the sponsors of Catholic health care have themselves been turned into "brokers" of this care. Moreover, because of the vast financial resources required to sustain this form of institutionalization, the health care organizations of these Catholic sponsors must, like others, charge fees or collect insurance payments from those they serve; without these, they offer charity care to those who cannot pay. Thus, because of how health care is

institutionalized in this country, I find it nearly impossible to imagine how the mutual and reciprocal obligations of Jesus' vision of open commensality or shared egalitarianism might be continued or realized in today's settings. If I read Crossan correctly, this current form of institutionalization implies that those who pay for health care, either through fees or insurance, can acquire it's benefits as they would acquire any other commodity (even though Catholic sponsors would not view health care as a commodity); and, it implies that those who receive health care as charity (even though Catholic sponsors would view this care not so much as charity but as a right of social justice), may acquire it without being able to discharge the debt of such a gift. In the first case, no community need be established; rather, a transaction takes place. Or, if a community is established, it is one based on very different practices than Jesus advocated. In the second case, a community might be established, but it too easily becomes a community of patrons and clients, one in which the receivers of charity health care are rendered dependent on its providers, not mutually dependent or interdependent. If Crossan is correct, this is not how Jesus healed.

This said, two other, more tentative observations can be offered that might be relevant. First, there is recent evidence that the sponsors of Catholic health care are trying to enhance the ability of employees who work in their sponsored facilities to participate more fully in the decisions that affect them. This effort is justified in a number of ways, though mostly by reference to the social tradition of the Catholic church and as a strategy to limit the influence of unions. Even on the question of unionization, there is evidence of a remarkable openness among sponsors to permit employees to make their own decisions without undue influence on the part of managers. Regardless of the reasons, however, this

tendency shows an increasing willingness to level some of the hierarchical administrative and control structures within their ministries and to share decision making with lay leaders and other employees. Might some of this willingness be also motivated by sponsors' understanding of the egalitarian emphasis in Jesus' healing mission? I suspect it is, though it would require more research to determine this with any degree of confidence.

Second, women religious may use their health care ministries not only to contend with the unjust structures in society, but also with what they perceive as the unjust structures within their own church. The Roman Catholic church remains one of the most patriarchal institutions in the Western world, and in many ways is also one of the most highly brokered (in the sense that Crossan discussed brokerage in the Mediterranean Basin). Since the Second Vatican Council, however, many orders of women religious have worked to bring about more egalitarian and participatory decision making within their own ranks, and some have pushed for this not only within their own sponsored ministries (as just observed) but also within the church generally. Again, these actions are justified in a number of ways, partly by reference to the documents of Vatican II and partly by a greater self-consciousness arising the women's movement generally. But at least for many of the women religious involved in health care, it is also their understanding of Jesus' treatment of women that motivates and sustains this development. This raises the more speculative possibility that the sponsors of Catholic health care are using their ministries not only to model a different kind of community to the world generally, but also to their own church leaders. This too remains a rather tentative observation until it could be researched empirically, but it is one that seems plausible on anecdotal grounds.

Conclusion

It is risky for an ethicist, even a Christian ethicist, to venture into the world of the biblical scholar. Ethicists like to base their normative arguments on grounds about which there exists at least some degree of consensus, however limited this consensus may be. Yet, even limited consensus may be difficult to find when reviewing recent research on the historical Jesus, and this for two reasons. First, it seems biblical scholars have not in fact reached a consensus on their historical interpretations of Jesus. Crossan himself admits that the current diversity of interpretations regarding Jesus and his mission constitutes an "academic embarrassment."[34] Second, however, even if biblical scholars did reach a consensus on an interpretation of their historical findings regarding Jesus, it is unclear what normative weight Christian ethicists ought to give it. While any historical interpretation should be open to revision and reconstruction as new data or new interpretative schemes come to light, it is obvious that this second observation leads to a host of questions concerning the relation of the Jesus of history to the Christ of faith, and, more generally, of the relation of history to Christian theology.

Thus, those who might wish to challenge the deliberate "conjunction" in this paper, namely, bringing Crossan's interpretation of the historical Jesus into dialogue with the self-understanding of the sponsors of Catholic health care, could do so in at least three ways. First, they could question the validity of Crossan's interpretation of the historical Jesus; second, they could question the validity of my own interpretation of the self-understanding of the sponsors of

Catholic health care with respect to the healing ministry of Jesus; or third, they might grant both interpretations and ask, normatively, the "so what?" question.

On the first, I am not competent to defend Crossan's interpretation in any depth, though I confess that I find it very compelling based on the limited research I have done. Regarding the second concern, I will let Catholic sponsors themselves correct or add to my interpretation as they will, though I ask them to push beyond the tendency (identified above) to assume others know what they mean and to detail carefully this important source of their self-understanding. The third concern I take to be the most difficult for Christians generally, for while it is clear that our faith is not based on a strictly or merely historical understanding of Jesus (after all, we read the "Gospels" as the principal sources of our understanding of Jesus), I think it is safe to claim that what the historical Jesus actually did and said, if this could be determined with confidence, would and should carry normative weight for Christians. It should at least be held up as a mirror to critique our traditional or too facile interpretations of actions taken in the name of Jesus. Of course, how Jesus might heal if he were alive today and faced with our current institutional framework is an entirely different question. It is, however, one that is worth asking.

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[1] See http://www.chausa.org/IDENTITY/IDENTITY.ASP .
[2] John Dominic Crossan, *The Historical Jesus: The Life of a Mediterranean Jewish Peasant* (San Francisco: HarperSanFrancisco, 1991, 1992), p. 421. Emphasis in original.
[3] James H. Charlesworth, "The Historical Jesus and Exegetical Theology," *The Princeton Seminary Bulletin* XXII, no. 1 (2001): 45-63, p. 50. If he had stopped there, we might think this is only a professional disagreement among experts, but Charlesworth continues in what seems to be an *ad hominum* argument directed toward Crossan and his colleagues, "Sometimes these claims appear without the demeanor of scholarly dialogue."
[4] Crossan's method is summarized in the "Prologue" of *The Historical Jesus* and discussed at numerous points throughout the book.
[5] Crossan, *The Historical Jesus*, p. 304.
[6] Crossan, *The Historical Jesus*, p. 266.
[7] Crossan, *The Historical Jesus*, p. 292.
[8] Crossan, *The Historical Jesus*, pp. 266-292.

[9] Crossan, *The Historical Jesus*, p. 304, emphasis in original.
[10] John Dominic Crossan, *The Birth of Christianity: Discovering What Happened in the Years Immediately Following the Execution of Jesus* (San Francisco: HarperSanFrancisco, 1998).
[11] Crossan, *The Historical Jesus*, p. xi.
[12] Crossan, *The Historical Jesus*, p. 305.
[13] Crossan, *The Historical Jesus*, pp. 354-394.
[14] Crossan, *The Historical Jesus*, pp. 395-416.
[15] George Peter Murdock, *Theories of Illness: A World Survey* (Pittsburgh: University of Pittsburgh Press, 1980), p. 6, quoted in Crossan, *The Historical Jesus*, p. 319.
[16] Authur Kleinman and Lilias H. Sung, "Why Do Indigenous Practitioners Heal? *SSM* 13B/1:7, quoted in Crossan, *The Historical Jesus*, p. 336.
[17] Authur Kleinman and Lilias H. Sung, "Why Do Indigenous Practitioners Heal? P. 24, quoted in Crossan, *The Historical Jesus*, pp. 336-337.
[18] Authur Kleinman, The Illness Narratives: Suffering, Healing, and the Human Condition (New York: Basic Books, 1988), quoted in Crossan, *The Birth of Christianity*, p. 295.
[19] Crossan, *The Birth of Christianity*, p. 295. Emphasis in original.
[20] Crossan, *The Birth of Christianity*, p. 294.
[21] Crossan, *The Historical Jesus*, p. 334.
[22] Crossan, *The Historical Jesus*, p. 341.
[23] Crossan, *The Historical Jesus*, p. 344.
[24] Crossan, *The Historical Jesus*, p. 345.
[25] Crossan, *The Historical Jesus*, pp. 261-264.
[26] Crossan, *The Historical Jesus*, pp. 295-302.
[27] For a critique and elaboration of Crossan's understandings of healing and curing, see a fascinating new study by Donald Capps that purports to pick up where Crossan (and some of his colleagues) left off: Donald Capps, *Jesus: A Psychological Biography* (St. Louis, MO: Chalic Press, 2000). See especially p. 168 and following, where Capps tries to re-integrate illness and disease by looking more closely at the psychological aspects of the two, rooted particularly, he says, in anxiety (following Freud and others).
[28] Crossan, *The Historical Jesus*, p. 348.
[29] National Coalition on Catholic Health Care Ministry, "Catholic Sponsorship Today" (1995), at http://www.chause.org/$MEMB/SPONSOR/COALITIN.ASP, accessed on 14 December 2001.
[30] Michael D. Place, "Elements of Theological Foundations of Sponsorship," *Health Progress* (November-December 2000), at http://www/chausa.org/PUBS/PUBSART.ARP?ISSUE=HP0011&ARTICLE=1, accessed on 14 December 2001.
[31] Crossan claims that this shift of attention from the sayings of Jesus to the *person* of Jesus occurred very soon after his execution, and is part of the process the church used to institutionalize its leadership structure. Do we have evidence of this process in the article by Place? Perhaps. At one point, he defines ministry as "carrying on the mission of the church in the *name of*, and on *behalf of*, the community of faith. Ministry also differs from what baptized Christians do when they carry on the mission of Jesus. The nature of ministry involves an official call, preparation, and deputation by the community through the church's pastors." Ministry is not what Christians do in the name of Jesus, it is what church pastors authorize in the name of the church. See Place, "Elements," p. 3. Emphasis in original.
[32] Email communication with Maria Elena Martinez, OSF, used by permission.
[33] Catholic sponsors of health care typically argue that some basic package of health care should be available to all (universal coverage) who need it in this country as a human right. The claim that health care is a right, however, is based less on their understanding of Jesus and more on their understanding of the first biblical creation myth, that is, that humans were created in the "image of God." It is questionable, however, whether Jesus himself welcomed all who came to him for healing, in spite of his open commensality. He evidently showed little interest in urban dwellers and in non-Jews. Also, his itinerate practices may have meant many who could have benefited from his healing could not get access to it.
[34] Crossan, *The Historical Jesus*, p. xxviii.