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The *Public Health, Religion and Spirituality Bulletin* is a publication of the Public Health, Religion, and Spirituality Network (publichealthrs.org). Two issues appear per year, Fall and Spring/Summer, with a re-bundled Spring/Fall “annual issue” released in January each year, and are published online and open access in HTML and paginated PDF format. Visit the *Bulletin* website to register for new issue notifications (<http://publichealthrs.org/bulletin/>). Prospective contributors of articles should read Oman & Long’s “Welcome” article (<http://publichealthrs.org/a001>) and contact us with ideas. The *Bulletin* Coeditors include a rotating Guest Editor and Katelyn Long, with Assistant Editors Angela Monahan and Ashley Meehan.

Editors' Introduction: Fall 2023 Issue #9

We are very pleased to share with you the ninth issue of the PHRS Bulletin. In this issue we fix our gaze on the ancient past with two scholars of antiquity who help us see ways that ancient religious responses to public health have something to teach us today. In our [first article](#), Associate Professor of Early and Medieval Christian History, Brenda Llewellyn Ihssen, describes how ancient Christian communities understood and practiced care for those in poverty and poor health. The article points to ways that faith and action were deeply intertwined in the ancient past in ways that remain relevant in our time. In our [second article](#), Professor of Religion and the Healing Arts, Susan Holman, highlights recent publications and resources for those in public health who want to teach about ancient intersections of religion and health but don't know where to begin. In her article, she details textbooks, articles, (and even podcasts!) that might serve as perfect starting points. Dr. Holman is also our guest editor for this issue and helped curate content that will be meaningful for PHRS Bulletin readers who work at the intersections of religion, spirituality, and public health. As always, we also provide an updated list of [PHRS resources](#) featuring new empirical work, upcoming conferences, and webinars.

This issue marks our fifth year of publication! During our annual meeting this past summer, the PHRS board and editors discussed many ways the network and Bulletin might continue to deepen and expand in years to come. We are currently exploring some of these ideas and look forward to sharing updates with our readers in the coming months.

Warmly,

Kate Long for the PHRS Editorial Team

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Humanitarian Charity in History: Christian Beneficence for Public Health

Brenda Llewellyn Ihssen^[1]

Editors' Note: The PHRS Bulletin publishes a wide range of articles, with purposes ranging from education and pedagogy to advocacy to theoretical or historical reflection. In this piece, Brenda Llewellyn Ihssen examines the links between Christian charity and healthcare to understand the legacies of approaches, values, and practices that continue to influence communities and public health thinking today.

Religion and healthcare are ‘having a moment;’ they have long been partners, but this relationship has not always been public in a society that might prefer to see them as contradictory. While the AIDS crisis and 9/11 increased acceptance and visibility of faith-based partnerships in public health, COVID-19 further pushed the religion and healthcare liaison into the national spotlight, with open discourse about religious views on medical testing, vaccine development, public health expectations, and social responsibilities. Everyone had something to say, historically accurate or not. Yet in the dominant Christianity practiced in the United States, often it seems that Dolly Parton is the best representative of Christian charity since Jesus.¹ It is clear that those who seek to relegate care for those in need to governmental systems either are unaware of the historical roots and complex nuances of what is commonly called Christian ‘charity,’ or they are ignoring altogether its deep historical links to health and health care delivery. This essay looks back at those links to help us understand the legacies of approaches, values, and practices that continue to influence communities and public health thinking today.

There are a variety of terms for early Christian philanthropic activity. The most frequently used were *euergesia* (performing an act of kindness) and *eleutheriotes* (demonstration of divine liberality). Jesus and his followers inherited notions of philanthropy from Hebrew scriptures, and the Jesus movement had engaged in wealth-redistribution from the start. Theologians writing to wealthier converts are sometimes ambiguous,² but affirmed renunciation, distribution of wealth,

and the alleviation of debt.³ Both New Testament and early Christian texts unequivocally denounce money as dangerous,⁴ even putting at risk one’s eternal salvation. Jesus’ view of to the hungry, the ill, and the poor, and his demonstration of love for God and neighbour⁵ (by fiscal divestment to the poor)⁶ was an operating principle for early Christian social groups,⁷ supported by various New Testament epistles.⁸ It was several centuries before theologians extolled charitable relief for all regardless of beliefs⁹ —but it is fair to say that Jesus’ activity for the most part transcended gender, status, and racial identity.¹⁰



Brenda Llewellyn Ihssen

Early Christian communities cultivated virtues to assist Christian and non-Christian¹¹ households, and provided indiscriminate public aid in times of social, medical, and economic crises. They show synergies with pre-Christian ‘classical’ Hellenistic ideals of hospitality and love of one’s neighbour,¹² as well as varying degrees of government support beginning in the fourth century CE. Christians emerged as civic representatives of social welfare and philanthropy. Distribution motives did not always fit our modern views of ‘social justice,’¹³ but in the context of the tools of their day—letters, sermons, canon law, and the lives of saints¹⁴ —charity distribution to benefit public health was understood to reflect an ethical, pious Christian life. Theological concepts like salvation,

atonement, and the body of Christ, identified the poor, ill, aged, anguished, and enslaved as pious opportunities for giving. The practice of these values resulted in new approaches to assets managements, the concept of investments, views about the roles of the poor and unhealthy in society, new models of healthcare, and attention to the way that charity bound donors and recipients together toward a vision of healthy society in this life and salvation in the next.¹⁵ Church law and leadership ideals compelled those now in power—bishops and abbots—to apply charitable philanthropy in ways that included—but were not limited to—direct medical care for the needy.

Charity is never independent of historical context. In Christian history, imperial politics and government attitudes toward funding religious institutions has shaped philanthropy, including healthcare-related charity. As charity was channeled through a centralized church, voluntary generosity¹⁶ was replaced with organized and controlled programs.¹⁷ These included building and maintaining hospitals, hospices, and homes for the aged,¹⁸ the orphaned, the poor, the blind, the weary, the dying, and even the dead.¹⁹ Distribution of care to this new constituency reflected a shift in social classifications,²⁰ a shift well worth remembering in light of headlines today: on housing crises, on mental health crises, or on the next wave in the opioid overdose crisis across the United States.²¹



Saint John the Alms-Giver.
Byzantine Psalter, 14th Century

Asked what makes a good religious leader, the city of Alexandria's fifth-century bishop, Cyril, replied, "The gift of prophetic visions is of no use to a bishop, compared with giving to those in need."²² By Cyril's day,

philanthropy had become a way of life for ordinary Christians, and not just bishops.²³ The moral obligation to give alms to the church put goods into reliable circulation as charity. Ecclesiastical lists and sermons witness to registers for distributing money for public healthcare. The works of the Patriarch John the Almsgiver (6th-7th century) and Patriarch Tarasios of Constantinople (8th-9th century) testify to the thousands of clergy, women, men, and children who received charity in various forms: shelter, clothing, money, food, and healthcare.²⁴ Economy and theology were tightly connected and socially transformative, as care for others became, in time, care for an "ever-broadening circle of recipients,"²⁵ each understood as the body of Christ.²⁶

Institutions varied in what they focused on. The municipal poor might turn to a variety of services from bishops and urban monasteries, while rural monasteries tended to focus on pilgrims,²⁷ offering food, clothing, shelter, and money. Some regulated "earned" charity,²⁸ while others built rules for giving into their daily work practices. The fourteenth-century *Typikon of Theodora Synadene for the Convent of the Mother of God Bebaia Elpis in Constantinople*,²⁹ for instance, says that the nuns worked not only for their own "flight from the vanities of this world," but also to be able to "give to those in need" [Eph. 4.28] in accordance with the commandment of the apostle.³⁰ The nuns were also expected to distribute the remains of their daily meal to "those who are driven by starvation and harsh and grievous famine to come to your gate every day."

By renouncing their wealth, Christians were encouraged to emulate the divine benevolence of the supreme giver of gifts,³² but alms distribution was not necessarily the same as being divinely 'charitable.' The *Vision of Kaioumos* tells of a rich man named Philentolos who, during his lifetime was equally committed to charity and dishonorable activities. There was lively debate after he died, over whether his charity was enough to ensure salvation. It likely pleased some of his critics when the hermit Kaioumos had a vision that

Philentolos was in neither heaven nor hell, but rather was spending his eternity with unbaptized children.³³ The subtlety would not be lost on a seventh-century audience, but it is worth affirming here: Philentolos' good works were not nearly good enough to outweigh any "dishonorable activities," leaving him stuck forever in an uncomfortable limbo, rather than enjoying the rewards of paradise.



'Poor box' representing that people still expect that funds will be distributed for the care of others

Conclusion

These stories remind modern audiences that religion is never divorced from other social systems such as politics, economics, and healthcare. The laws, sermons, letters, monastic Rules, and saints' lives of pre-modern Christian texts clearly link charity with eschatological hope, but a hope that benefited all parties in the present in diverse and distinct ways. For these writers, charity prevented greed and hoarding³⁴ even as it promised immediate relief to communities and individuals in need. Inherited from Israelite, Hellenic, Rabbinic, and Roman philosophies of philanthropy, Christian charity, as a duty of care and as an expression and physical manifestation of theology, engaged full societal participation in a divine economy of faith and action.

This article is based on Llewellyn Ihssen, "Charity and Almsgiving", [2024]". It has been substantially revised and shortened here.

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2. Ecclesiasticus cautions for careful giving, 12.1-7, resulting in all kinds of justifications about giving, such as in Gregory the Great, *Liber regulae pastoralis* (20.21): "Let the alms sweat in thy hand." In Millard Schumaker, *Sharing Without Reckoning* (Waterloo, CA: Wilfried Laurier University Press, 1992): 33.
3. Douglas E. Oakman, *Jesus, Debt, and the Lord's Prayer* (Eugene, OR: Cascade Books, 2014): 17-41; Douglas E. Oakman, *Jesus and the Economic Questions of His Day* (Lewiston, N.Y.: E. Mellen Press, 1986): 175-204.
4. Money as the 'root of all evil,' leading to poverty, scarcity, unhappiness, and an incentive for evil. See, for example: Ex 23:8; Dt 10:17; Dt. 27:25; Prov 14:31; Eccl 5:10; Matt 16:26; Matt 19:16-30; Matt 26:15; Mark 10:23-27; Luke 12.16-21; Luke 16.19-31; Luke 16:13; 1 Tim 6.10.
5. Matt. 22.36-40.
6. Matt. 19.21; Luke 12:33.
7. Justin Martyr, 1 Apol. 14; 67.6; Tertullian, *Apol.* 39.5.
8. 2 Cor. 9; James, 1.27; 2.14-17; 1 Tim. 6:18-19.
9. Leo, serm. 10.4 (CCL 138:43): "Dum ergo tempus habemus, sic ait Apostolus, operemur quod bonum est ad omnes maxime autem ad domesticos fidei," in Neil, "Models of Gift Giving," 236, n.45.
10. The Syrophenician woman of Mark 7:24-30, notwithstanding.
11. Paul Veyne, *Bread and Circuses: Historical Sociology and Political Pluralism*, trans. B. Pearce (London: Penguin books): 19; Bruce W. Winter,

- Seek the Welfare of the City: Christians as Benefactors and Citizens* (Grand Rapids, MI and Carlisle Cumbria: Eerdmans, 1994): 19.
12. "Philanthropy, from the Greek *philanthrōpia*-that is *philein ton anthropon*, to love the human person began as a theocentric concept and it was first used by the tragedian Aeschylus." Demetrios J. Constantelos, "Origins of Christian Orthodox Diakonia: Christian Orthodox Philanthropy in Church History," *The Greek Orthodox Theological Review*, Vol. 52, No. 1-4 (2007): 2; Demetrios J. Constantelos, *Byzantine Philanthropy and Social Welfare* (Rutgers State University Press, 1968), 3-17; G. Mussies, "Greek as a Vehicle of Early Christianity," *New Testament Studies*, Vol. 29 (1983), 356-69; Rhee, *Loving the Poor, Saving the Rich*, 14-27.
 13. Holman, *God Knows There's Need*, 11. See also "Problems in Approaching Poverty," Pauline Allen and Silke Sitzler, in Pauline Allen, Bronwen Neil, Wendy Mayer, eds., *Preaching Poverty in Antiquity: Perceptions and Realities* (Leipzig, DE: Evangelische Verlagsanstalt, 2009): 21-28.
 14. Allen, Neil, Mayer, *Preaching Poverty in Antiquity*, 35-68.
 15. Rhee, *Loving the Poor, Saving the Rich*, 49-102.
 16. Kahlos, *Religious Dissent in Late Antiquity*, 161-62. A. R. Hands, *Charities and Social Aid in Greece and Rome* (Cornell University Press: 1968): 62-76; Countryman, *The Rich Christian in the Church*, 103-107. Garrison, in *Redemptive Almsgiving*, writes that "within the broadly classified popular morality of the Graeco-Roman tradition, we find no specific exhortations to the rich that they should give to the poor." Garrison, *Redemptive Almsgiving*, 41.
 17. Cyprian of Carthage; Julian the Apostate.
 18. Charlotte Roueché, "Caring for the elderly: creating a new concept and practice," in Dionysios Stathakopoulos, ed., *The Kindness of Strangers: Charity in the Pre-Modern Mediterranean* (London, UK: Centre for Hellenic studies, 2007): 21-36.
 19. Constantelos, *Byzantine Philanthropy and Social Welfare*, 88-110; 152-84; 185-22; 222-40; 241-56; 257-69; 275-76; 270-72; 274-75, respectively. See also, J. Herrin, "Ideals of Charity, Realities of Welfare: The Philanthropic Activity of the Byzantine Church," in R. Morris, ed., *Church and People in Byzantium* (Birmingham, 1990): 302-06.
 20. Patlagean, *Pauvreté économique et pauvreté sociale*, 9-35.
 21. Daniel Ciccarone, "The Rise of Illicit Fentanyl, Stimulants and the Fourth Wave of the Opioid Overdose Crisis," *Current opinion in psychiatry* 34, no. 4 (2021): 344-350.
 22. W.E. Crum, *Der Papyruscodex saec. Vii der Phillippsbibliothek in Cheltenham*, *Schriften der Wissenschaftlichen Gesellschaft in Strassburg* 18 (Strassburg: K.J. Trubner, 1915), pp. 9.15 (Coptic) and 61 (trans.). Teodosiana, *Studia Ephemeridis Augustinianum* 58 (Rome: Institutum Pontificium Augustinianum, 1997), pp. 16-35; in Brown, *Poverty and Leadership*, 45.
 23. Constantelos, *Byzantine Philanthropy and Social Welfare*, xi.
 24. Herrin, "Ideals of Charity," 301-02.
 25. Caner, *The Rich and the Pure*, 70.
 26. Matthew 25:31-46. This passage will be used consistently by patristic authors to reinforce ethical behavior. See, for example, Gregory of Nyssa, *In illud: Quatenus uni ex his fecistis mihi fecistis; On the Love of the Poor (GNO 9.1:111-27)*, trans. Holman, *The Hungry are Dying*, 200-201, and Rudolph Brändle "This Sweetest Passage: Matthew 25:31-46 and Assistance to the Poor in the Homilies of John Chrysostom," in S.R.

- Holman, *Wealth and Poverty in Early Church and Society* (2008), 127-39.
- Rudolph Brändle, Matth. 25,31-46 *im Werk des Johannes Chrysostomos* (Tübingen, Mohr Siebeck, 1979). For a treatment of the reception history of this passage, see Eric R. Severson, *The Least of These: Selected Readings in Christian History* (Eugene, OR: Cascade Books, 2007).
27. Herrin, "Ideals of Charity," 303; Holman, *The Hungry are Dying*, 64-98; Claudia Rapp, *Holy Bishops in Late Antiquity: The Nature of Christian Leadership in an Age of Transition* (University of California Press, 2013): 215-34.
28. See, for example, an early version of this in Nitria: "He [the guest] stays here all the time, even if for a period of two or three years. They allow a guest to remain at leisure for one week; from then on he must help in the garden, bakery, or kitchen." Palladius, "7. The Monks of Nitria," in Palladius, *The Lausiac History of Palladius*, trans. Robert T. Meyer (Mahwah, NJ: Paulist Press, 1964): 40-41.
29. Theodora Synadene, *Typikon of Theodora Synadene for the Convent of the Mother of God Bebaia Elpis in Constantinople* in Thomas, Hero, eds., *Byzantine Monastic Foundation Documents a Complete Translation of the Surviving Founders' Typika and Testaments*, trans. Talbot, 1512-78.
30. Synadene, *Typikon of Theodora Synadene*, trans. Talbot, [95], 1551.
31. Synadene, *Typikon of Theodora Synadene*, trans. Talbot, [89], 1549. One of the outstanding features of this series of translations is the cross-referencing of the *typica*; Talbot notes that the daily distribution is similar to (28) *Pantokrator* [11], (29) *Kosmosoteira* [6], (32) *Mamas* [13], (33) *Heliou Bomon* [13], and (58) *Menoikeion* [7]. In the *Document Notes of Synadene, Typikon of Theodora Synadene*, trans. Talbot, 1578.
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Ancient History, Public Health, Religion, and Spirituality: Resources for Pedagogy

Susan R. Holman^[1]

Editors' Note: The PHRS Bulletin publishes a wide range of articles, with purposes ranging from education and pedagogy to advocacy to theoretical or historical reflection. In this piece, Susan Holman examines recent publications and tools that explore ancient pre-modern intersections of religion and spirituality (R/S) and public health topics. Going further, she highlights additional resources that health science faculty may find useful in supplement to existing public health or R/S curricula.

As this network and *Bulletin* have emerged over the past five years, it is evident that readers share a commitment to evidence-based data on why and how religion/spirituality (R/S) matter for public health in the twenty-first century. Readers also, clearly, share a broad interest in good stories on how we might learn from the past. And yet the “past” in public health stories is often—at least it seems so to me—limited to data or stories from sometime within the past one, or at most two centuries, starting around the time of Edward Jenner, that milkmaid, and that cow. But what if we push back further, for yet more ancient pre-modern intersections of R/S and public health topics? How might health-related texts before Pasteur, Koch, Jenner, before the French Revolution, before even the earliest microscopes of the sixteenth century¹ — inform modern public health pedagogy? In what follows, I highlight just a few recent publications and open access pedagogical tools that ask that question, which might be used in the classroom to invite students to explore and consider how the ancient past speaks to us today. I focus first on a recently published Sourcebook of ancient medicine by scholars in religion and the health humanities designed as a full-course textbook, and the components it could offer in even short

modules of other classes. I then highlight a sampling of other resources that might supplement existing public health or R/S curricula. Health science faculty may also find these tools useful when launching into research on cross-disciplinary issues outside their scholarly “comfort zone,” to consider health narratives (and data, or hints of it at least) from the far distant past.



Susan R. Holman²

A new sourcebook

Historians Kristi Upson-Saia, Heidi Marx, and Jared Secord’s new text, *Medicine, Health, & Healing in the Ancient Mediterranean, 500 BCE – 600 CE: A Sourcebook* (University of California Press, 2023)³ invites readers to consider modern healthcare discussions through some of the sources at the root of modern western medicine in the late antique Mediterranean world. Intentionally designed to be a classroom-friendly text for students in public health and medicine as well as religious studies, disability studies, classics, and the

history of the ancient world, the book pairs short, accessible explanations with a wide range of key primary sources in English translation.

The *Sourcebook* opens with immediate engagement of the “why” question—why is ancient medicine relevant for those who care about religion and the health sciences today? They answer this in the first five pages, with six representative (i.e., logical but non-exclusive) reasons: (1) to cure historical amnesia as we “trace the origins and legacies” and continuities of “approaches, values, and practices” we still observe today; (2) to understand how things have changed, as practices “sometimes morph to better suit new historical moments and new social contexts”; (3) to “complicate” our temptation to smugly assume that medicine has moved to a progressive know-all pinnacle; in fact, providers in the ancient past “had medical insights long before we did”; (4) to inspire new perspectives; the context of a time very different from our own can “unstuck” us to “reorienting and refocusing”; (5) to help us “see how social and cultural norms infiltrate medical reasoning” in ways that prompt us “to question our own modern medical priorities and investments”; and (6) to help us cultivate “an impulse to be empathetic” by our encounter “with a wide range of worldviews, practices, preferences, and values—put simply...a plurality of people.” Following longer explanations of each of these possible reasons, Chapter 1 concludes with the crucial methodological question, “How do we study the history of medicine?” Here the authors highlight concerns that shape epidemiological factors across time. For example, we can identify environmental disparities that increased health risks for the poor: fevers suggesting malaria in those living in marshlands, air pollution from

indoor cookstoves, and water pipes that correlate with measurably toxic levels of lead and other elements. Ancient sources offer a wealth of details on models of the healing professions, on sick people’s experiences of suffering, and make possible the study of human remains in bioarcheology, and hints about environmental and epidemiological conditions across class, race, and gender. Following this introduction, Chapters 2 and 3 outline a chronological overview of Greek and Roman Medicine (Ch. 2) and the health-related living conditions of the ancient Mediterranean (Ch. 3).

These chapters set the stage for Chapters 4 through 15, twelve thematic modules that each include a brief essay by the authors, followed by substantial excerpts from what together total 48 representative primary [ancient] texts in English translation. While some are translations published elsewhere, many are newly commissioned just for this book. Chapter 4, “The Cosmos and the Body as a (Micro)cosm,” helps readers understand how differently ancients understood the body and the cosmos, in terms of humoral theory, geography, and astronomical forces believed to determine disease risks. Themes then range from “Theories” (Chapter 6), “Diagnosis” (Chapter 7), “Common Complaints” (Chapter 9), “Common Treatments and Therapeutics” (Chapter 10), to “Patients” (Chapter 12, “Ethics and Professional Conduct” (Chapter 13), and “Healing Places and Spaces” (Chapter 15). Public health themes thread through the essays and translations, particularly those on women’s health, epidemics, pharmacology, incubation and dream healing, ethics, and healing places and spaces. The *Sourcebook* ranges across a millennium, drawing from diverse philosophies and religions, but largely focusing on sources originally in

Greek and Latin, with representative religions limited to the Greek and Roman pantheon, Christianity, and to some extent Judaism. These limits were intentional and help keep the book affordable (at 432 pages) and practically useful for readers in the English-speaking Western world.

In addition to the overview essays, the book includes 72 images from ancient art and archaeology that illustrate various physical aspects of community life and material or bodily practices. The supplementary back matter includes a timeline for those unfamiliar with this period in history, names and sources, a glossary of common terms and concepts in the context of ancient medical thought, a glossary of people, and a short bibliography for further reading. With the publisher's blessing, the authors also developed and have posted a free online Instructors' Guide, available at <https://remedhe.com/pedagogy-2/>.

*Disability in the Ancient World:
Scholar Networks and Other
Resources*

The *Sourcebook* is just one example (though it is a uniquely comprehensive example) of a variety of new resources for considering health care, community, and medical issues through a lens that prisms lessons from pre-modern history. Another, related but more interactively social, resource is the international working group cofounded by two of the *Sourcebook's* authors, on [Religion, Medicine, Disability, and Health in Late Antiquity \(ReMedHe\)](#). ReMedHe is an open collective of academic scholars (including independent scholars and graduate students) who meet online together at a broad range of organizational conferences, and collaborate (pro bono) to support new ideas

and junior scholars, and to “push the envelope” on diversity, equity, access and inclusion issues within the academic sphere. ReMedHe has sponsored a summer writing workshop, “first book” workshops, all-day sessions on how to publish one's first article, topical sessions at national and international conferences, and recently launched a book series on religion, medicine, and health in late antiquity.⁴ ReMedHe affiliates have also co-taught large-scale courses relevant to religion, health, and public policy, and members used the pandemic to freely share online resources, syllabi, and educational videos. Its volunteer model, independent of today's ruling climate of institutional funding insecurities, may encourage other affiliations of health care-related scholars to do the same. In 2022, the ReMedHe Board drafted a list of best practices and action items professional societies and scholarly communities could take to be more inclusive and welcoming to historically underrepresented colleagues, then hosted a workshop in which scholars (mostly from the fields related to late antiquity) together produced [Actions for Inclusivity in Scholarly Communities: A Working Guide](#). This example reminds us how engagement across disciplines (something PHRS is also engaged in) affords new dimensions of interdisciplinary work that takes seriously scholarship in various fields.

Decentering ableism is an important theme in other resources on ancient religion relevant to modern public health concerns and debates. Voices from the field (and often personal experiences) of disability studies help readers rethink the cultural assumptions around what “healing” means for those with neurodiversity and other-abled bodies.⁵ In her new book, *Loving Our Own Bones: Disability Wisdom and the Spiritual*

Subversiveness of Knowing Ourselves Whole (Beacon Press, 2023), Georgetown professor and rabbi [Julia Watts](#) Belser combines personal narrative, as a “queer disabled Jewish feminist” with examples directly relevant to public health today, of the stigma and shame that typically follows ‘normative’ readings of sacred texts in ways that deny disabled voices from the past.⁶ Another voice working inside conventional medicine is that of Victoria Sweet, MD, who combines her clinical practice with the homeless with lessons from 12th century medic, artist, and mystic nun, Hildegard of Bingen.⁷ My community health nursing students instantly connect with clips from Sweet’s TEDx talk on lessons from Hildegard about “*The Efficiency of Inefficiency*.”⁸

Diverse religious traditions and the ancient past

Beyond these resources, there is a wealth of other material on similar topics that might be used to supplement classroom discussions or individual modules on premodern roots of R/S and their pertinence to global and public health issues today. Some focus on particular religious traditions. For example, new scholarship on the history of Jewish medicine in public health-related interests includes a 2021 open access volume on [Defining Jewish Medicine](#) edited by German scholar, Lennart Lehmhaus, of the Institute for Jewish and Religious Studies in Tübingen, Germany and funded by a research project at the Free University of Berlin; the book includes a chapter on “Public Health in Jerusalem according to the Talmudic Literature,” by Estēe Dvorjetski. Swiss scholar, [Monika Amsler](#) explores the way Jewish Rabbinic texts contain (sometimes hard-to-notice) recipes for health, in her work on medical “magic” and the transmission of knowledge.

(Both Lehmhaus and Amsler publish in English.) Connecting and encouraging further studies, the Herbert D. Katz Center for Advanced Judaic Studies at the University of Pennsylvania recently announced that its [2024-25 Fellowship year](#) will support “new research at the intersection of Jewish studies and the study of health, medicine, and the body.”

Addressing social determinants of health connected with ethnocentrism and bias, a number of resources about ancient health care may help “de-colonize” its classical focus on Greece and Rome. A new [book](#) from anthropologist-physician, Piers Mitchell at the University of Cambridge, highlights how parasites have shaped civilizations, including their (unintended) presence in the religious wars of the Crusades. Israeli scholar Ronit Yoeli-Tlalim, who teaches in London, recently published the richly illustrated [ReOrienting Histories of Medicine: Encounters along the Silk Roads](#) (Bloomsbury, 2021). Looking at bidirectional influence between ancient Greece and Rome with China and India, Yoeli-Tlalim illustrates medical practices that include the uses of dice, moxa-cautery (traditional Chinese medicine therapy), and related medical texts from the Dunhuang caves, a medieval Buddhist monastic library in northwest China, on the edge of the Gobi Desert. A more extensive study on these texts and their social context is Christopher Cullen and Vivienne Lo’s [Medieval Chinese Medicine: The Dunhuang Medical Manuscripts](#) (Routledge, 2005). Social factors in the history of health in Buddhist communities is also a pervasive theme throughout a massive anthology of English translations, [Buddhism and Medicine: An Anthology of Premodern Sources](#), edited by

C. Pierce Salguero (Columbia University Press, 2017).

Online Resources

All of these sources have value as we try to understand the past in ways useful for modern healthcare conversations. Many of them also wisely remind us of the danger, when reading history, of imposing retrospective diagnoses into disease frameworks that are based on very different cosmic interpretations from our own. Certain pathologies obviously cross time and some can be measured clearly. Bioarcheology can confirm, for example, malaria, plague, lead levels, malnutrition, and various work or domestic stressors. But ancient readers also describe symptoms that suggest very different realities in their world and ours. For instance, modern readers might be tempted to impose diagnostic terms like “schizophrenia” on descriptions of ecstatic spiritual experiences described in religious healing ceremonies, which may disregard how such encounters powerfully shaped and informed the experience of suffering and healing in the ancient world, and further, how echoes of these practices still exist in the modern world.

A final example here is that of health historians and R/S researchers in public social media. The COVID-19 pandemic, for instance, inspired several Byzantine and classical historians to post open access resources and launch new podcasts on the histories of infectious diseases in the pre-modern world. One of these is [Dr. Monica Green](#) an independent scholar, former Radcliffe Institute Fellow, and author of more than 250 articles and translations on the history of global health, women’s health, and the ancient and medieval plagues.⁹ [Kristina Killgrove](#) brings her voice as an

anthropologist to media news on bioarcheology. Anthony Kaldellis’s podcast, “Byzantium and Friends”—beyond the usual radar of public health feeds—also includes occasional interviews about new books on health conditions in the ancient world. His talk with historian Paul Stephenson, on [“Lead mining and lead pollution in the Roman world,”](#) discusses the science in detail and its measurable consequences on ancient bones, drawing from Stephenson’s ongoing project on metallurgy and environmental violence. Finally, Princeton-trained Byzantine historians, Merle Eisenberg and Lee Mordechai, teamed up in 2020 to launch [“Infectious Historians,”](#) with now more than 100 hour-long interview podcasts posted on current research and new books connecting pre-modern (and modern) history with concerns around social and biological contagion health, and religion. Invited guests have ranged from public policy experts in Europe to medical research at the National Library of Medicine to new data on social and population effects of cholera, flu, Jews and the Plague, anti-vaxxers, 16th century Mexican missionary medicine, immigration health from the ancient to the modern world, and much more.

In conclusion, the resources highlighted here are only a small sampling of new scholarship on ancient history that can be useful in public health pedagogy. Even when the data they document is visual and suggestive rather than globally statistical for modern epidemiology, such tools can help us—and our students—understand R/S nuances and their role in community transmission and control of diseases and health risks across time.

Disclaimer: The author is a member of the ReMeDHe Board; all Board members serve pro

bono. She has no financial interests in any of the resources mentioned in this essay.

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6. See also Belser’s public archive project on “Disability and Climate Change,” <http://disabilityclimatechange.georgetown.domains>. She is also co-author of a 2006 health handbook for women with disabilities, https://store.hesperian.org/prod/A_Health_Handbook_for_Women_with_Disabilities.html.
7. Victoria Sweet, *God’s Hotel: A Doctor, A Hospital, and a Pilgrimage to the Heart of Medicine* (New York: Penguin Press, 2012).
8. TED. (2013, August 15). *The efficiency of inefficiency* | Victoria Sweet [Video]. YouTube. <https://www.youtube.com/watch?v=VA08kzp7tSg>.
9. One recent talk is “A Mediterranean Divide: Islamic versus Christian experiences of the Black Death,” at <https://www.medievalists.net/2022/10/islamic-versus-christian-experiences-black-death/> and at <https://www.youtube.com/watch?v=MbV9vCthlas>.
10. [1][^]Susan R. Holman, John R. Eckrich Chair and Professor, Religion and the Healing Arts, Valparaiso University, Valparaiso, Indiana (susan.holman@valpo.edu).

Resources & Updates: Fall 2023

PHRS Staff

Editors' Note: This section emphasizes resources at the intersection of religion/spirituality and public health, as well as major organizations that at times address these intersections. Please see the "Resources" tab on the PHRS website for more content, and please send new potential content to this section to: phrsadml@publichealthrs.org

New Research

- Idler E., Jalloh M. F., Cochrane J., Blevins J. (2023). Religion as a social force in health: complexities and contradictions. *BMJ*, 382:e076817 [doi:10.1136/bmj-2023-076817](https://doi.org/10.1136/bmj-2023-076817)
- Rasanathan J. J. K. (2023). Religion and health, and the search for common ground. *BMJ*, 382:p1661 [doi:10.1136/bmj.p1661](https://doi.org/10.1136/bmj.p1661)
- Cox, H., Gebru, Y., Horter, L., Palomeque, F. S., Myers, K., Stowell, D., Easterling, T., Salazar de Noguera, N., Medina-Forrester, A., Bravo, J., Pérez, S., Chaparro, J., La Place Ekpo, L., Cranford, H., Santibañez, S., and Valencia, D. (2023). New York State, New York City, New Jersey, Puerto Rico, and the US Virgin Islands' Health Department Experiences Promoting Health Equity During the Initial COVID-19 Omicron Variant Period, 2021-2022. *Health Security*, 21(S1), S25-S34. <http://doi.org/10.1089/hs.2023.0001>
- Santibañez S., Allen E.M., Hairston S., Santibanez T.A., Jeon S., Hayman K. (2023). Racial and Ethnic Differences in Openness to Communication From Local Faith-Based Congregations During Public Health Emergencies. *Public Health Reports*. doi:[10.1177/00333549231186578](https://doi.org/10.1177/00333549231186578)

Articles, Books, Commentaries, Interviews, Webinars, Projects, and Networks

- **Upcoming Webinar: [Religion, Spirituality, and Health Scientific Interest Group: "Shaken to the Core: Spiritual Struggles as a Vital Topic for Clinical Research and Practice"](#)** with Dr. Kenneth Pargament, Tuesday, October 17, 2023.
- Valparaiso University. (2023, April 19th). Susan Holman Religion, Spirituality & Global Health Guest Interview with Katelyn Long, DrPH [Video]. YouTube. <https://www.youtube.com/watch?v=pACSL0JBoXA>
- Faith 4 Public Health. (2023, March 29). Health in the City: Enhancing Health in Times of Crisis [Video]. YouTube. https://www.youtube.com/watch?v=TYs9I6azVa0&ab_channel=Faith4PublicHealth
- World Health Organization. (2023). *Report of the WHO and Religions for Peace global conference: strengthening national responses to health emergencies, October–December 2021*. <https://www.who.int/publications/i/item/9789240054035>
- Shablysty V.V., Kosiachenko K.E., Berezniak V. S., Katorkin R. A., & Konopelskyi V. Y. (2023). Activities of international medical and humanitarian NGOs in Ukraine under martial law. *Christian Journal for Global Health*, 10(1), 33-42. <https://doi.org/10.15566/cjgh.v10i1.749>

- Kemp, S. (2023). Effective Faith Partnerships during COVID-19: Lessons Learned from Development Practitioners. *Joint Learning Initiative on Faith & Local Communities*. <https://jliflc.com/resources/effective-faith-partnerships-during-covid-19-lessons-learned-from-development-practitioners/>
- Langevin, H.H. (2023). Including Spirituality Into a Fuller Picture of Research on Whole Person Health. *NIH National Center for Complementary and Integrative Health*. <https://www.nccih.nih.gov/about/offices/od/director/past-messages/including-spirituality-into-a-fuller-picture-of-research-on-whole-person-health>
- [Hearing the Voice](#) (2012-2022). A 10 year interdisciplinary research project on voice-hearing. Led by Durham University. Funded by the Wellcome Trust.
- [Religion, Health, and Humanities Researchers Network](#).

Upcoming Conferences and Calls for Papers (newest first)

- **Call for Abstracts:** [The Conference on Medicine & Religion](#) is accepting abstracts until **11:59pm EST, Wednesday, November 1, 2023**. The theme for this year's conference is "*In Pursuit of the Great Coherence: Healing in the Spaces Between*". Conference date: April 14-16, 2024.
- **Upcoming:** [2024 Oxford Patristics Conference](#) (August 5–9, 2024) Conference theme: "Hope in Health: Our Labor is Not in Vain". Conference date: August 5-9, 2024, Oxford, England. **[Deadline to register:](#)** August 5, 2024