Does the Divine Physician Have an Unfair Advantage? Healing and the Politics of Conversion in Twentieth-Century India

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DOES THE DIVINE PHYSICIAN HAVE AN UNFAIR ADVANTAGE?
HEALING AND THE POLITICS OF CONVERSION
IN TWENTIETH-CENTURY INDIA

Chad M. Bauman

In this essay, I explore the interaction of Christian healers of various kinds with the non-Christian Indians to whom they provided therapy. Such an exploration provides an opportunity to ask two questions of relevance to this volume. First, how does (or how should) the fact that a substantial number of conversions to Christianity in India (as elsewhere) were and are provoked by physical healings affect one's theory of conversion? And second, how does (or, again, how should) one's theoretical understanding of conversion influence one's evaluation of the desirability or "legitimacy" of medical missionary practices and the conversions they initiate? The first question is the more scholarly one, of course, while the second involves the kind of judgments scholars prefer to avoid. Nevertheless, it is very often the case that scholars and social commentators employ evaluative frameworks without recognizing it, or are influenced in their evaluations of missionaries and converts by unacknowledged and unexamined assumptions about the nature of conversion.

For example, Indian critics of conversions provoked by physical healings, like those described below who testified in the 1930s before the Niyogi Committee on missionary activities, often complain that the Christian provision of biomedical care through Christian hospitals constitutes an illegitimate allurement to the faith. Such a complaint rests upon an array of unacknowledged assertions and prejudices about the nature of religion and religious conversion (many of which scholars of religion unknowingly accept and perpetuate): First, that "spiritual" and "material" motivations for religious behavior can be distinguished easily by an outside observer. Second, that religion, and the religious life, is (and should be) exclusively about "spiritual," not "material" matters and concerns (and therefore that the "religious" can be easily distinguished, and should be kept separate from the "political"). Third, that because religion is ostensibly exclusively about the spiritual, "real," "legitimate," or "true" conversions are those that are unaffected by material concerns or considerations. Fourth, that such "purely spiritual" conversions do indeed occur. And fifth, that all other
forms of conversion are enacted by crass materialists or gullible dupes who have neither intelligence nor agency, and convert only when acted upon (illegitimately) by external forces (political operatives, etc.). The exploration which follows suggests, directly and indirectly, that all of these assumptions are problematic at best. I will return to them in the conclusion.

Missionaries and Medicine

In the first decades of the nineteenth century, most mission societies working in India, as elsewhere, equated evangelism with preaching, education, and the translation of scriptures. "Clinical Christianity," or medical work, was not considered of any use in the propagation of the faith. That attitude changed over time, however, and by the beginning of the twentieth century, medical missions were an integral aspect of Christian evangelism. There were several reasons for the shift. One was that in the late nineteenth century "social gospel" theologians came to embrace a more expansive view of what the Christian message was all about, and asserted that it attended (and that Christians should attend) to material as well as spiritual issues. Another was the advance of Western medical theory and practice. At the beginning of the nineteenth century, European medicine, which still addressed many medical problems with purgatives, emetics, and lancing, was not very effective in the colonial context, and was "frequently more iatrogenic than curative." But in the last half of the century, major scientific advances in Europe resulted in the increased effectiveness of biomedical (or "allopathic") practices and the concomitant popularization of them in Europe and the colonies.

Unsurprisingly, biomedicine became in this same period more popular among missionaries around the globe. No less a legendary figure than David Livingstone urged his fellow workers to "imitate as far as you can the conduct of the Great Physician, whose followers we profess to be." Moreover, Jesus, it was claimed, had been the "ideal medical missionary," and within a few decades mission-run medical facilities became commonplace in India. This trend accelerated around World War I, after which (i) medical missionaries began to demand that they be allowed to work full time as doctors and nurses (rather than dedicating part of their time and energy to evangelization); and (ii) Western missionaries increasingly delegated direct evangelical responsibilities to Indian preachers and turned their own attention toward projects of social amelioration. In fact, apart from educational facilities, it was in mission-founded hospitals, leprosaria, and dispensaries that non-Christians were most likely to have sustained contact with Christians. Medical missions also opened doors, gaining missionaries invitations to come and live among non-Christians, and often resulting in the founding of new mission stations. Though some non-Christians harbored concerns about the association of Christianity and healthcare in the colonial period, it was not until after India's independence in 1947 that Christian medical facilities came under serious official scrutiny.

By the early 1950s, a substantial number of Indians were calling upon the Government of India to provide oversight for Christian hospitals and related medical institutions, concerned that they were being used to persuade non-Christians to convert. Christians, on the other hand, believed they were providing India a much-needed supplement to its abysmal healthcare system, and assumed they had the right, even the duty, to do what they could within their medical institutions to "spread the Gospel."

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3 For an excellent overview of the growth and development of Protestant medical missions in India as well as a fuller discussion of the themes of this paragraph, see Fitzgerald, "Clinical Christianity." See also Hardiman, "Introduction," pp. 19–25.


5 Hardiman, Missionaries and Their Medicine, p. 10.


7 For one example, see Hardiman, Missionaries and Their Medicine, p. 4.
In 1954, the government of Madhya Pradesh, a state in Central India, commissioned an enquiry into Christian missionary activities. The enquiry led to the publication of a document known popularly as the Niyogi Report. Containing as it does the written and transcribed verbal testimony of hundreds of witnesses, it is a veritable treasure-trove of first-hand information regarding both Christian and non-Christian perceptions of missionary work in the region. This chapter will draw upon the Report and upon ethnographic and historical research on missionaries in this region (and others) to explore the question implied by the title of this chapter, that is, whether the ability of Christians to deliver much-needed healthcare gave them an unfair advantage vis-à-vis other communities in the region.

Given the absence of adequate health care in much of India in the 1950s, Indians might not, under normal circumstances, have objected to medical missions. But these were not "normal circumstances." Rather the Niyogi Committee carried out its work in a context rife with concerns about national security and regional stability in the context of postcolonial imbalances of wealth and power at both inter- and intra-national levels. In this chapter, therefore, I will argue that medical missions actually exacerbated these imbalances, not only because Christians were able to provide medical services in rural areas superior to those offered by the Indian government itself, but also because the ability to heal and make whole is itself a kind of power. Such power could be wielded responsibly or abused egregiously, as the chapter suggests. But in every case, it obliged non-Christians who received medical treatment to the Christians who provided it in at least subtle ways, and this sense of obligation complicated the relationships of Christians and non-Christians. To start with, I make this argument with reference to the Niyogi Report. Then, at the end, I will suggest that many of the same complications introduced by medical missions have been introduced again in interesting ways by the growing number of Christian missionaries working in contemporary India (most of them Indian) who proclaim the power of Christ to heal without biomedical intervention.

The Niyogi Report

Not long after Independence (in 1947), government officials in the central Indian state of Madhya Pradesh noticed an uptick in complaints about Christian missionaries. These complaints came primarily (but not exclu-

sively) from the northern and eastern regions of the state. The complaints alleged, in a variety of ways, that Christian missionaries were employing "force," "fraud," "allurement," and "inducement" to win converts among the putatively gullible and "illiterate aboriginals and other backward people." (The use of "force," here, is merely rhetorical. Physical coercion was never actually alleged. Rather, the crux of the accusation was that Christians were luring non-Christians to the faith through offers of money, education, jobs, or medical treatment.) When government officials inquired, Christians denied the allegations and countered with their own complaint that they were being harassed and persecuted by their Hindu neighbors.

To investigate these claims (or to win political points among Hindu nationalists, as some have suggested, then and since), the government constituted a committee to make a thorough inquiry in April of 1954. The official name of the publication that resulted was the Report of the Christian Missionary Activities Inquiry Committee. But the Committee, and the Report, came to be popularly known by the name of its Chairman, Dr. Bhowani Shankar Niyogi, who was a retired Chief Justice of the High Court at Nagpur. Over the span of two years, the Niyogi Committee travelled widely around the state, conducting sessions in 77 locations, making contact with eleven thousand people and recording interviews with several hundred. The Committee also accepted 375 written testimonies, and received back 385 responses (55 from Christians, 330 from non-Christians) to a detailed, if biased and not particularly scholarly survey that it had distributed widely.

The findings of the Committee, which ran to a thousand pages, are aptly summarized by this excerpt from the Report:

There was no disparagement of Christianity or of Jesus Christ, and no objection to the preaching of Christianity and even to conversions to Christianity. The objection was to the illegitimate methods alleged to be adopted by the Missionaries [sic] for this purpose, such as offering allures of free education and other facilities to children attending their schools, adding some Christian names to their original Indian names, marriages with Christ-ian girls, money-lending, distributing Christian literature in hospitals and

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8 Sita Ram Goel, Vindicated by Force: The Niyogi Committee Report on Christian Missionary Activities, 3 vols. (New Delhi: Voice of India, 1998), p. 6. The eastern part of what was then Madhya Pradesh has now become Chhattisgarh.

9 Ibid., p. 167.

10 A copy of the original resolution appears in the Report. Ibid.
offering prayers in the wards of in-door patients. Reference was also made to the practice of the Roman Catholic priests or preachers visiting new-born babies to give "ashish" (blessings) in the name of Jesus, taking sides in litigation or domestic quarrels, kidnapping of minor children and abduction of women and recruitment of labour for plantations in Assam or Andaman as a means of propagating the Christian faith among the ignorant and illiterate people. Critics of the Committee accused it of an anti-Christian bias, and perceived in statements such as "There was [...] no objection to the preaching of Christianity and even to conversions to Christianity" a dishonouring of the highest order. Despite such criticisms, voiced in the midst of the inquiry and afterwards, the Committee published its findings and confidently made a number of recommendations to the Madhya Pradesh government. Among these recommendations was that a law should be passed prohibiting the use of medical or "other professional services" for making converts. One might perhaps assume that non-Christians had found the straightforward use of medical care to make converts objectionable. But in fact the mere existence of Christian medical facilities was perceived by some of those who were not Christians to present a challenge to Hinduism and even to the Indian nation. To understand why, one must attend to the context.

In the immediate post-Independence era, there was, in India, a considerable amount of anxiety about the survival of the Indian nation. Any amount of anxiety would have seemed justifiable, given the violent convulsions that attended Partition. But there were other factors that led to pervasive uncertainty about the future of the nation. In the 1950s, Portugal had still not ceded Goa. Revolutionary bands of Naga tribesmen (and women) were fighting for autonomy in the Northeast. And the final status of Kashmir remained unsettled, leading to concern about another violent conflict with Pakistan. Cold War politics of course exacerbated that concern, particularly after 1954, when the United States signed the Mutual Defense Assistance Agreement with Pakistan. The agreement not only strengthened Pakistan militarily, it also led to speculation that the United States might next set its sights on unaligned India. Americans in India suddenly became suspect as a foreign, potentially subversive element, and for this reason the Indian government revised its visa-granting rules for foreigners, making them more difficult to obtain, particularly for Americans and American missionaries.

The state of Madhya Pradesh also worried about its own territorial integrity. In January of 1948, the princely states of Raigarh, Udaipur, Jashpur and Surguja were merged into Madhya Pradesh. The merger had two important ramifications. The first was that the "adivasi" (tribal or "aboriginal") population of Madhya Pradesh increased considerably due to the fact that the population of "adivasi" in the princely states was nearly three times that of Madhya Pradesh (53 percent as opposed to 18 percent). The second was that the population of missionaries increased considerably as well. Before Independence, the princely states had been allowed a significant degree of legislative autonomy by the British, and many of them, including some of those mentioned above, had anti-conversion laws on the books. However, at Independence, princely state laws gave way to those of the Indian states with which they merged. Madhya Pradesh had no anti-conversion laws at the time, and so the anti-conversion laws of the princely states that merged with it were therefore rescinded. Suddenly, a large population of "adivasi" who had not been previously evangelized became available to missionaries. As a group, they were an appealing target, given the fact that missionaries had historically had more success among lower-caste and "adivasi" communities than among other communities. And so there was an influx of missionaries into the region. The pace of conversions increased dramatically, as did tension between Hindus and Christians. And as more and more of Madhya Pradesh's "adivasi" became Christian, Hindus began to worry that they would demand autonomy (as Muslims had in Pakistan, and as Christians eventually did).

Given the variety of postcolonial concerns just described, it is perhaps unsurprising that a kind of xenophobia emerged at both the local and national level. This xenophobia came in some cases to be directed at Christians because of their alleged association with the foreign influence of America, as well as with the "Christian" secessionism of the Nagas in the Northeastern Highlands and "adivasi" groups in Central India. Christians, it was assumed, had divided loyalties, and could not be counted on to defend the nation. In fact, Christians were widely seen as a fifth column, a potential "state within the state." Conversion to Christianity therefore came to be perceived as a political act, and a traitorous one, and

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11 The regularity of claims of kidnapping and abduction is particularly astounding.
12 Goel, Nyogi Committee Report, 1 p. 2.
13 Ibid., 1 pp. 158-59.
14 Ibid., 1 p. 6.
15 Ibid., 1 p. 100.
those who fought against it were fighting, in their view, not just for the survival of Hinduism, but also for the survival of the Indian nation. In such a context, medical missions became suspect because they were believed to provide poor Indians with an incentive to convert.

**Medical Missions: The Debate**

Some of the practices of Christian medical workers described by those appearing before the Niyogi Committee were, to the extent that they occurred, clearly unconscionable.\(^{16}\) For example, witnesses complained that in certain hospitals non-Christians were pressured, subtly or explicitly, to become Christian before receiving treatment. The testimony of Shri Baredi Bhoi Gond of Muda, Araj (District Mandla) about an acquaintance of his is typical: “Anant Singh Bhoi Mukhi was called for medicine by the Father but was asked to pray before it was given.”\(^{17}\) The implication here, and in other testimonies, was that patients were encouraged or even required to participate in or observe Christian rituals or worship services before they would be treated or given medicine (and that those who refused might be denied care).

Some of the reported incidents were even more severe. During a cholera epidemic around Surguja, a group of non-Christians approached a church of Christ missionary, an American, at Khatipara-Chando. He “exhorted them to embrace Christianity on the pretext that this alone could enable them to avail of the medical services of the mission.” They refused, and “[i]n some cases the missionary totally refused help on the ground that the people concerned did not concede to becoming Christian. In other cases, though he gave some medical aid, it was neither sympathetic nor equal to what was rendered to the converts unconditionally.”\(^{18}\)

Jharhara, a *Telis* leper who was an inmate at the Government Leper Asylum in Raipur (which had formerly been run by missionaries), gave this testimony:

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16. As with any testimony, of course, one must always consider the possibility of fabrication. It is likely that among the hundreds of witnesses interviewed by the Report a few may have been less than truthful. Self-interest, political aspirations, and rumors could also have tainted witness testimony. But I have attempted to focus on behaviors for which the testimony is common and widespread.


18. Ibid., 2A: p. 343.

19. *Telis* are members of a caste traditionally associated with oil-pressing.


22. "Promoting" (American goods) and "preaching" or "propagating" Christianity (by gramophone, perhaps for the playing of hymns) are both indicated by *pracär*, a Hindi term.
not desirable.\textsuperscript{23} As is perhaps implied in this testimony, some Indians objected to the fact that they were forced to pay for American medicines in hospitals. One witness complained that all the medicines used were "allopathic medicines, mostly manufactured in America [...] and England. The mission hospitals prescribe only the American and English medicines as according to the country to whose tall they are tied. These hospitals are salesmen for such medicines. They never prescribe Indian [made] medicines even though equally effective.\textsuperscript{24}

Similarly, though at some hospitals all patients were charged the same rate, in others, Christians received treatment for free or at reduced rates. In District Akola, a group of non-Christians complained, "In hospitals patients are required to attend prayers. Discharge to a patient is delayed and patient is persuaded to embrace Christianity and if the attempts fail heavy bills are charged."\textsuperscript{25} In District Yeotmal, one Shri Wasudeo Krishna asserted that in mission hospitals, if a patient is found helpless, he is advised to embrace Christianity in order to get free medicines.\textsuperscript{26}

Oddly, one of the most common complaints was that the Christian medical facilities monitored the reading of their patients. Bhagwanprasad Hota, from Basna (near Dhantari), said that at the local Christian hospital "[Christian] religious books were given to patients and doctors expected the patients to be reading them when they paid visits."\textsuperscript{27} Some hospitals even prohibited the reading of non-Christian books. A Satnami\textsuperscript{28} provided this testimony: "I was an inmate of the Mission Leper Asylum at Chapa [Champa, presumably]. On being admitted, the asylum authorities took away my Ramayana and gave me a Bible to read. The Foreign Missionary in-charge, the pastor and the Mukadam, etc., used to tell me often to become Christian."\textsuperscript{29} An inmate at the mission-run Pendra Sanatorium had a similar experience. "The American ladies used to distribute Christian tracts," he said. "Once she found me reading Ramayana and warned me that if I were to read Ramayana my health would deteriorate and that I [should not] read Ramayana in the hospital [because I] would not get peace of mind thereby."\textsuperscript{30}

And here is where the behavior of Christian medical practitioners, both foreign and Indian, becomes more ambiguous. In the incident described just above, it appears that the American missionary asks the inmate to stop reading the Ramayana not merely out of a desire to convert him—though that desire was almost certainly there—but also out of a sincere belief that by so doing the patient would improve his chances of medical recovery. A Christian cantor replied to the Committee’s questionnaire by admitting, "Faith and treatment go hand in hand, in the treatment of patients. A Christian doctor cannot think of using his knife on a patient, before invoking the wisdom and help, of Christ, who to him, is source of all help and healing [...]."\textsuperscript{31} Other Christians clearly believed that Christ's power to cure extended as well to spiritual sickness. Shri R. K. Pande at Bichchwadi (District Mandla) told the Committee that "sisters and mothers of the Missions visit houses and attempt to oblige people by rendering free medical advice and aid. Some of their agents do Mantra Tantra.\textsuperscript{32} The local people believe in this. These agents tell them that Father will drive away the ghost. The Father gives them [a garland made of the Guro fruit] with a Cross and they are asked to put it on."\textsuperscript{33}

It appears to have been relatively rare that Christian medical workers would require conversion before offering treatment to non-Christians. It was not at all uncommon, however, for them to assert that faith in Christ would speed or otherwise aid a patient's recovery.\textsuperscript{34} This belief was
communicated in a variety of ways, some more subtle than others. For example, the entrance to the Mission Hospital at Mungeli was decorated with a large painting that depicted Christ as Divine Physician, healing the sick.¹⁵ Another Hindu recounted his experience at a Christian dispensary near Raipur, where one preacher on staff distributed tracts along with medicines, and told him the following story: "There was a leper who went to a Rishi, who was Bhatka [a devotee] of Ram, and asked him to cure him. The leper could not be cured by the Rishi. Then, while returning back, he found Jesus on the way. He prayed to him and he was cured. Jesus cured him." After concluding the story, the preacher added, "Look here […] the difference between our Lord and your Lord."²⁶

Some Christian doctors were more forceful. Shri Dhunnaulal Soni, Secretary of the Arya Samaj at Didori (District Mandla), said, "When a villager is ill, Christian Father is approached by a Missionary agent on behalf of the patient. The Father throws away the village deity telling that it has no power to recover a patient and then gives him medicine. After recovery the patient loses confidence in his village deity and becomes a Christian."²⁷ The testimony of a convert to Christianity confirms Shri Dhunnaulal’s general impression: "When I was on death bed, I took baptism in 1947. The result was that I began to recover gradually [and became a Christian]."²⁸

Many Hindus objected to the attempt, by missionaries, to associate their healing abilities with their Christian religion. In Chikhli (District Buldana), the Committee interviewed Shri Dongre, secretary of the Bundala District Jan Sangh, who said, "In Chikhli mission hospital, non-Christian patients are told that prayers are offered to Christ for their recovery. They are given medicines and thereby they recover. Poor patients are misguided. They are made to believe that Christ has recovered them."²⁹ Moments later another witness who had been to a tuberculosis sanatorium in the United States, said, "In America, no religious prayers are offered in hospitals […] There is no restriction on anybody about prayers. I do not believe that patients cannot be cured in hospitals without prayers."³⁰ But just a few minutes afterwards an Indian Christian preacher, Shri Gangadhar, stood before the Committee and said in response, "We believe that patients can be cured by prayers without medicine. It is also our experience. Even though we believe in this, we give medicines."³¹

As indicated by Gangadhar’s testimony, many Christians in India at the time believed quite sincerely that there was a connection between their faith and the efficacy of the medicine they dispensed. As was quite common at the time, they reasoned that Christian Europe had been allowed the boon of scientific advance because of its Christianity. Allopathic medicine therefore, was for them in a very real sense Christian medicine. And though few of them would have suggested that one should pray in lieu of reliance on allopathic medicine, as a growing number of Indian Christians assert today (see below), most of them would have argued that prayer, and the faith it demonstrated, could increase the efficacy of allopathic medicine.

And here lies a curious paradox. Many missionaries viewed biomedical practices as the cure to India’s many “heathen superstitions.” Destroy India’s faith in her healers, so the reasoning went, and she would lose her faith in her gods. Biomedicine was considered a demonstration of rationality, and—because of its assumed connection to Christianity—of the superiority of rational religion (read: Christianity). Yet at the same time, the maintenance of that connection between Christianity and biomedicine required the perpetuation of what skeptics would call another superstition, to wit, the belief that the power and putative superior efficacy of biomedicine lay not in its sound scientific foundation, properties, and practices, but rather in the power of the Christian God.³²

This paradoxical thinking was quite common among missionaries and Indian Christians in mid-century India. Milton Lang, a missionary in eastern Madhya Pradesh with what would become the Evangelical and Reformed Church (and, later still, the United Church of Christ), wrote: "The might of medical missions lies […] in the demonstration, that by attacking disease at its source and [utilizing] preventative medicine, belief in evil spirits, demons, malign gods and goddesses, and witchcraft must

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¹⁵ Witnesses complained not only about the subject matter, but also that the painting had been made outside of India. Ibid., 2A: p. 72.
¹⁶ Ibid., 2B: p. 76.
¹⁷ Ibid., 2A: p. 215.
¹⁸ Ibid., 2A: pp. 84-85.
¹⁹ Ibid., 2A: p. 149.
²⁰ Ibid.
²¹ Ibid., 2A: p. 130.
²² See, for example, Hardiman, Missionaries and Their Medicine, p. 13.
vanish. And clearly Indians who worked with Western missionaries had often assimilated this way of thinking. One evangelist who worked with Lang's mission recorded in his journal that he had confronted a Hindu with this challenge: "If your science is true, contradict the English Science [sic] and ask any educated Hindu which one is true. If your Science is false then your religion is also false."  

At mid-century (and still to a large extent today), many in Central India accepted the notion that spiritual forces were involved in health and healing. Religious and medical beliefs could not, therefore, be entirely separated. Because of this, even many non-Christians accepted the missionary innuendo that biomedicine was Christian science. And there is evidence that they saw in certain Christian practices an echo of the practices employed by non-Christian healers in the region. For example, the prayers offered by Christian doctors, nurses, and hospital chaplains were understood by many as mantras. And since mantras were considered a necessary part of the treatments offered by local Hindu exorcists and healers, Hindus often even requested that Christian doctors dispense prayers along with their biomedical therapies. Similarly, many in Central India at the time interpreted the Christian medical practice of taking a patient's pulse within the framework of nārī bheda, a traditional method of diagnosing illnesses by feeling the pulse (nārī bheda). Not surprisingly, then, many Hindus accepted Christian claims linking Christianity and biomedicine. At the same time, however, they were not as inclined to believe that a single successful cure proved the truth of a particular religion. Indians were quite pragmatic, piecemeal, and experimental in their search for cures, and moved freely from healers in one tradition to healers in another. The proven abilities of a healer generally led to confidence in that particular healer and in the ability of his or her god to cure certain diseases, but did not necessarily lead to belief in the religion he or she espoused more generally, and only very rarely led to an exclusive belief in that religion.

Habib and Raina have suggested that the association of Christianity with scientific empiricism constituted a kind of allurement to the faith. While this may have been true in certain highly educated Hindu circles, it was certainly not true, for the most part, in this context. If biomedicine constituted an allurement in Central India, it was not generally because those who received it were impressed with its foundation in scientific empiricism. It was rather because it worked, and in many cases worked better than the medical care given by local healers. To the extent, then, that Christians could provide biomedicine, or access to it, biomedical missions may have constituted an allurement to the faith. For the power to heal is, as I have suggested, a real and significant power. And some may have converted in order to access this efficacious medicine.

Christian missionaries therefore found themselves in the paradoxical position of proclaiming, as one missionary did, that "magic" had been "the greatest enemy to human progress," while they were at the very same time asserting what one might call the "magical" power of prayer and faith in Jesus Christ. And one suspects that some of them were sensitive to this paradox. And one also suspects that they were consciously or unconsciously aware of the fact that the association of Christianity with biomedical institutions benefitted Christianity and indirectly at the very least constituted a kind of allurement to Christianity. And this might account for the fact that they did little to contradict the belief that the efficacy of biomedical practices was rooted in the power of the Christian God.


64 Some believe that particularly good healers can even cure illnesses through the practice of nārī bheda. The practice is still quite common in central India. While I was conducting research in Chhattisgarh in 2002, I developed a sinus infection. One of my translators, an older man with a mystical bent, felt my pulse and declared that I would soon recover. I felt better the next day.


68 For a similar claim about another part of India, who had "little desire to demystify what appeared to local people to be a form of superior magic," see Hardman, Missionaries and Their Medicine, p. 177.
However, by the time that the Christian Missionary Activities Inquiry Committee was conducting its interviews around Madhya Pradesh, some non-Christians had recognized the paradox, and had begun to criticize Christian missionaries for their inconsistency. Here the old essentialist and orientalist notion that India was a hotbed of quackery and superstition whereas the West was home to reason and science breaks down. Some Indians found it difficult to believe that Western doctors would perpetuate the notion that religion had anything to do with physical healing and health. Shri Tiwari, a witness from Khandwa (District Nimar), described a local hospital where doctors, he said, ‘compel a patient to pray [to] Jesus Christ and on recovery, ask [the patient] to [thank] him. They stress the point that Christ has improved [the patient] […]. I do not understand why doctors, who believe in science, should attach so much importance to religion.’ Having in some sense assimilated the notion that western medicine rested on hard science and reason, many educated non-Christians found it difficult to fathom that doctors really believed that Christ had anything to do with healing, and therefore interpreted Christian assertions to that effect as a cynical attempt to lure the gullible to Christianity.

Christians themselves did not see it that way. Dr. B. D. Sukhnandan, Medical Superintendent of the Mission Hospital at Mungeli, known far and wide for its eye-clinic, reported to the Committee:

‘Before our hospital work commences, we have a prayer, and similarly in the EYE-camps also before starting work we used to gather for prayers. We attended the prayers as well as the staff and the patients. Although we do not preach […] we do explain the implications of our prayers to the effect that we are merely instruments in the hands of God and that real healing is done by God alone.’

Dr. Spiker, a missionary doctor interviewed by the Committee at Basim (District Akola), agreed with Sukhnandan: ‘We do not baptize, we merely preach. We do not expect patients to come for prayer. There are no prayers in wards. We have come to India out of sheer love, for the people and the country. We spread the love of Christ wherever we go. We do not force anybody. We have come with love for people. That is Christ’s message.’

The testimony of one (formerly Hindu) Christian preacher supports Dr. Spiker’s assertions. ‘I am the son of a Pandit,’ he said; ‘I became a Christian willingly because of the circumstances in which my community [the Balahis] was treated by other communities. Temples were not open to us […] Balahis are converted by love, love in [the] hospital. When the Christian missionaries love us so much in the hospital, naturally we feel that there must be some great love in their religion.’

On the other hand, many non-Christians in Madhya Pradesh worried that Christian motives were not purely charitable. The Nyogi Report itself quotes from Rethinking Missions, the result of an enquiry into worldwide missionary practices funded by John D. Rockefeller and directed by Harvard philosopher William Hocking in the 1920s:

[… ] when medical aid or education are thus consciously subordinated to explicit evangelism there are unfortunate effects in various directions including the quality of education or the medical aid. The service ceased to be disinterested. It has an ‘ulterior object; the philanthropic object is likely to be pursued in a manner saddening of a commercial interest in the promotion of one’s own type of piety.’

The testimony of one Christian seems to confirm the non-Christian belief that there was more to Christian medical work than pure love. Rev. Gaikwad, of Basim, argued before the Committee, ‘If we are not allowed to preach, there is no point in our running the hospital.’ Gandhi himself complained about ulterior motives of this kind: ‘Christian missionaries have been doing valuable service for generations, but, in my humble opinion, their work suffers because of the end of it they expect conversion of these simple people to Christianity […]. How very nice it would be if the missionaries rendered humanitarian service without the ulterior aim of conversion.’
Few of these missionary activities—praying, preaching, etc., in hospitals—would have been objectionable to non-Christians had it not been for the fact that medical workers were essentially in a position of power over their patients. An advocate from Sagar, B. L. Saraf, said:

I entirely disagree with [Christians] in their views that they should [witness to Christ, which they say is acceptable] in the case of a doctor to a patient [or] a teacher to a student [or] a manager of an orphanage to an orphan. I consider this bad, as the patient and the student and an orphan are so situated that they cannot displease them, and it would be taking undue advantage of their situation as a patient, student or an orphan.59

Living as they had for so long under colonial authority, newly-independent Indians understandably desired to preserve their right of self-determination, not only politically, but religiously. Despite the temptations of theocracy, those who drafted the Indian Constitution declared India a secular state and protected religious freedom. But the Constitution assumed, as it were, a level playing field, that religious groups would not take “undue advantage” of the situation. What many of the witnesses who appeared before the Nyogt Committee suggested was that in fact the religious playing field had tilted, that the Christian community’s ability—because of its connections to the West—to provide valuable medical services which the government itself could not adequately provide, constituted an unfair advantage.

**Faith Healing and the “New Breed” of Indian Missionary**

Given the history recounted here, one might predict that controversies involving missionary medical practices would decline as technological modernity increased and biomedicine became the norm. But in fact the issue remains a live one and has become even more salient in recent years. There are two reasons for this. The first is that adequate healthcare still has not been extended, through public or private effort, to the significant portion of India’s population that lives in rural areas. The second is that there has been an appreciable increase in mission work by a new kind of Evangelical and Pentecostal missionary. This “new breed”59

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59 Geol, Nyogt Committee Report, 23: p. 165.


61 Most western missionaries in India in the late nineteenth and early twentieth centuries believed that the time of miraculous healings like those performed by Jesus was over, and that “in contemporary times… miracle-workers were generally charlatans, and their supposed cures fraudulent.” Hardiman, *Missionaries and Their Medicine*, p. 13. Because of this, there was no room for “magical practices, such as exorcism, the laying-on of hands or the use of charms. Such practices were, rather, seen to be positively dangerous, as they would concede too much ground to the enemy, which at that time included both ‘heathens’ and Roman Catholics who continued to perform such rituals” (Ibid., p. 126). See also, Hardiman, “Introduction,” p. 26.

would, it was believed, invite supernatural intervention on their behalf. This accommodation, and the perceived ability of Christian missionaries to heal, led to a surge in baptisms. The willingness of Indian Christian pastors, evangelists, and missionaries to engage in spiritual healing practices brings them into direct conflict with Hindu shamans, exorcists, and healers (e.g., the northern ojhās, bāgīs, and bhāvas, or the southern mantīravātī or campīyātī), as well as with gurus of local or international fame (e.g., Sathya Sai Baba) who engage in healing practices as part of their spiritual repertoire. In fact, just as with the missionary hospital doctors described above, the methods of Christian faith healers are quite similar to that of these Hindu figures, who frequently utilize mantras in their healing. Christian prayers such as "In the name of Jesus, be healed" are perceived by many, Christian and non-Christian, as efficacious mantras. Not surprisingly, then, many Indians, even Indian Christians, are quite pragmatic about healing, and will not necessarily confine themselves to their own religious tradition in their search for succor.

Good health, then, is the default state for Christians of this theological persuasion. Illnesses and addictions are signs of sin and/or spirit affliction to be overcome by the pious. There are, of course, economic benefits of good health, and of breaking addictions like alcoholism. Because of this, the Christian claim to ensure good health, through healings and help with addiction, draws people toward the faith. That many have converted after receiving healing or help with addiction draws the ire of Hindu nationalists, who raise again the accusation of allurement. And certainly spiritual healing is attractive, particularly in places like the Dangs, where biomedical care is inaccessible and/or unaffordable.

In fact, Hardiman interprets the anti-Christian riots in Dangs, Gujarat (1998) at least in part as a response to a surge in conversions, many of which resulted from Christian healings or other purported demonstrations of spiritual power. And here again, the common portrayal of Christianity as a purveyor of modernization in the context of more traditional

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62 Bergander, *South Indian Pentecostal Movement*, p. 123.
63 Ibid., p. 125.
64 Ibid., p. 126.
65 Hardiman, *Missionaries and Their Medicine*, p. 121.
66 "Gujarat Christian Workers" is a pseudonym. The group originates in South India.
religions gets flipped on its head, for very often Hindu critics of Christians have accused them of being:

[... ] guilty of [superstition], by duping credulous 'tribals' into conversion through what they depicted as trickery [... ] [Christian missionary] activities were contrasted to the Hindu religious workers who were known to provide [...] 'legitimate' health care. According to this line of reasoning, it was not acceptable to link healing with religion so far as actual medical technique was concerned; religious figures were expected to encourage and employ 'modern' methods.  

There is of course a certain irony in the accusation, from Hindu nationalists, that Christians are not adequately modernized, since in many other situations Indian Christians are accused, by dint of their presumed connections to Western Christianity, of being peddlers of a "foreign" (and threatening) modernity.  

Conclusion

In both of the contexts discussed in this chapter, the mere ability of Christians to heal, to make whole what was broken, to provide succor for suffering, was appealing to non-Christians. It was a demonstration of potency, of ability and power. And Hindus perceived in this aphrodisiacal power to heal, whether through biomecision or merely the power of prayer, a kind of allurement to the Christian faith, a perception not at all unjustified in the context of postcolonial imbalances of wealth and power, and in the context of an ongoing lack of access, for many Indians, to secular biomedical care. The Divine Physician does indeed, therefore, have an advantage.

Whether that advantage is unfair, and whether these allurements are illegitimate, is of course another question altogether. And the answer might be different depending on the context. For example, an argument could be made, perhaps, that the ability to offer access to efficacious biomedical therapies in contexts where they are otherwise unavailable constitutes a greater (and therefore a more unfair) advantage than the assertion that illnesses can be cured through prayer and faith in Christ. Whereas the former implies access to wealth and power, the latter does not; local healers could presumably compete with Christian faith healers on a relatively level playing field.

Of course that presumption requires a kind of skeptical scholarly materialism that assumes all claims to spiritual healing are equally spurious. But what if it could be shown scientifically that Christian faith healers were more effective than their non-Christian counterparts (or vice versa), even if only marginally so? That would certainly constitute an advantage, but would it be an unfair one? Could one be faulted for engaging in superior faith healing practices if the superiority of those practices did not in any way depend on having greater access to Western wealth?

Questions such as these lay bare the thorniness of this issue. For even if it could be proven, for example, that Christian faith healers were more effective than their non-Christian counterparts, how could one know whether their greater effectiveness was rooted in the superior power of their God or in the superior power of their rhetoric to convince people that they can be healed through prayer and therefore—since the influence of mind over body is well-established—to actually cure them, at least in some cases? And if their greater effectiveness lies not in their God but in their more effective psychological manipulations, does this constitute an illegitimate allurement to the faith?

Does the Divine Physician, then, have an unfair advantage? Clearly the Divine Physician does have an advantage. That is to say, Christians have an advantage, in terms of attracting people to their faith, when superior biomedicine is offered by them in contexts where it is otherwise unavailable, or when people are convinced that Christians possess the power, through prayer, to heal (and heal better than others). But whether that advantage is deemed an unfair one will of course depend on many factors, most important among them how one decides which kinds of advantages—spiritual, material, rhetorical, psychological, scientific—are fair and which are not.

And how one makes that decision depends to a significant degree on how one theorizes religion and religious conversion. If one understands religion to be the domain of the purely spiritual, and believes not only that it is possible that actors might guide their religious actions according to purely spiritual concerns, but also that outside observers possess the ability to confidently discern such situations from others where material considerations enter the picture, then one might be inclined to attempt to decide which conversions are purely "spiritual" and declare all others illegitimate because they involve material considerations, and therefore various forms of allurement or subtle forms of coercion.

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73 Ibid., pp. 190–91.
74 Ibid., p. 191.
But that is an inadequate understanding of religion and conversion. It is common to assert that the lines between religion, politics, and culture are more difficult to discern in India than they are in the West. And it is true that the idea of "Hindu dharma" refers to more than what Westerners commonly think of as "religion." But that, in my view, does not mean that Indians are somehow more materialistic, or political in their religious activities than are their Western counterparts. Apart from the obvious orientalism involved in such an assertion, the idea that Westerners are on the whole more intellectual about their faith is also overly simplistic. As implied by the distinction now commonly made by Westerners (and others), "I may be spiritual but not religious," the religious life always includes more than the purely spiritual. What those who use the phrase fail to recognize about themselves, however, is that even they are not "purely" spiritual. All religion involves a messy concoction of what we might call 'material' and 'spiritual' concerns, a mixture of the pursuit of answers to life's big questions and a more intuitive search for belonging, respect, and self-esteem. This would be obvious, it seems to me, if we had the ability to truly know what was going on in the minds of others, which would of course imply that we had the ability to know, at the very least, what was going on in our own minds. (We do not.)

And this, then, suggests that scholars who deal with conversion must get out of the business of trying to determine motivations for religious conversion. The tendency to attempt such determinations derives from so many faulty assumptions about religion and religious behavior that it is a wonder anyone still engages in it at all (though I am as guilty as any). Above all, it seems to me, the obsession with motivations, and the desire to differentiate 'spiritual' from 'material' concerns relies upon what is, in the end, a kind of religious assertion that religion is a privileged and unique domain of human life and experience: that religion is a source of individual and communal identity that is somehow substantially different than sources like language, ethnicity, or political ideology. Post-Enlightenment political secularism, notions of church-state separation, and the privatization of religion have led many to think of religion in this way. But the secularist assertion that religion and politics should or could be distinct does not mean that they are.

It is only those who think of religion as a privileged and unique realm, somehow special because it involves a person's "deepest beliefs," that are shocked that material motivations might play a part in conversion and scandalized when they do. But those who understand religion as a social phenomenon not unlike politics are less likely to be ruffled by such realizations. They might still be inclined to make value judgments about or hierarchize the reasons why people remain part of or change religions, just as they would about the reasons why people support one political party rather than another. But they would do so armed with a more nuanced and sophisticated theory of conversion that recognizes, as a matter of simple fact, that religious behavior, like all human behavior, operationalizes ideal and material interests, goals, and concerns.