



The Church, Social Justice and the Health Care Ministry

A CHA White Paper

By THE JUST WORKPLACE TASK FORCE
CATHOLIC HEALTH ASSOCIATION

In June 2008, the Catholic Health Association convened a task force to examine Catholic health care institutions as just workplaces. This undertaking was partly in response to a series of open letters concerning unions and Catholic health care by a group of Catholic scholars. They concluded that, according to Catholic social teaching, unions are essential for preserving the dignity of workers and securing the common good.¹

As the task force began its work, members soon realized that they needed to explore more fundamental questions, that is, examine the theological commitments that give rise to the Catholic social tradition. This in turn led the group to study more deeply the nature of the church that undergirds Catholic social teaching and the implications of this ecclesiology, both for Catholic social teaching in general and for an understanding of justice towards workers within the Catholic health care ministry in particular.

This essay results from those discussions. It is a theological analysis of how understanding the nature of the church is the foundation for understanding Catholic social teaching. Using this analysis, the essay explores the implications of the link between ecclesiology and social teaching in order to understand the Catholic health care ministry as a just workplace and to understand the relationship between employees and management within Catholic health care, including the issue of unionization.

Based on this exploration are three broad themes:

- The importance of sacrament, discipleship, communion and the mission of proclaiming the reign of God in understanding the nature of the church that the Second Vatican Council articu-

lated (LG). [See Abbreviations/Citations, page 15].

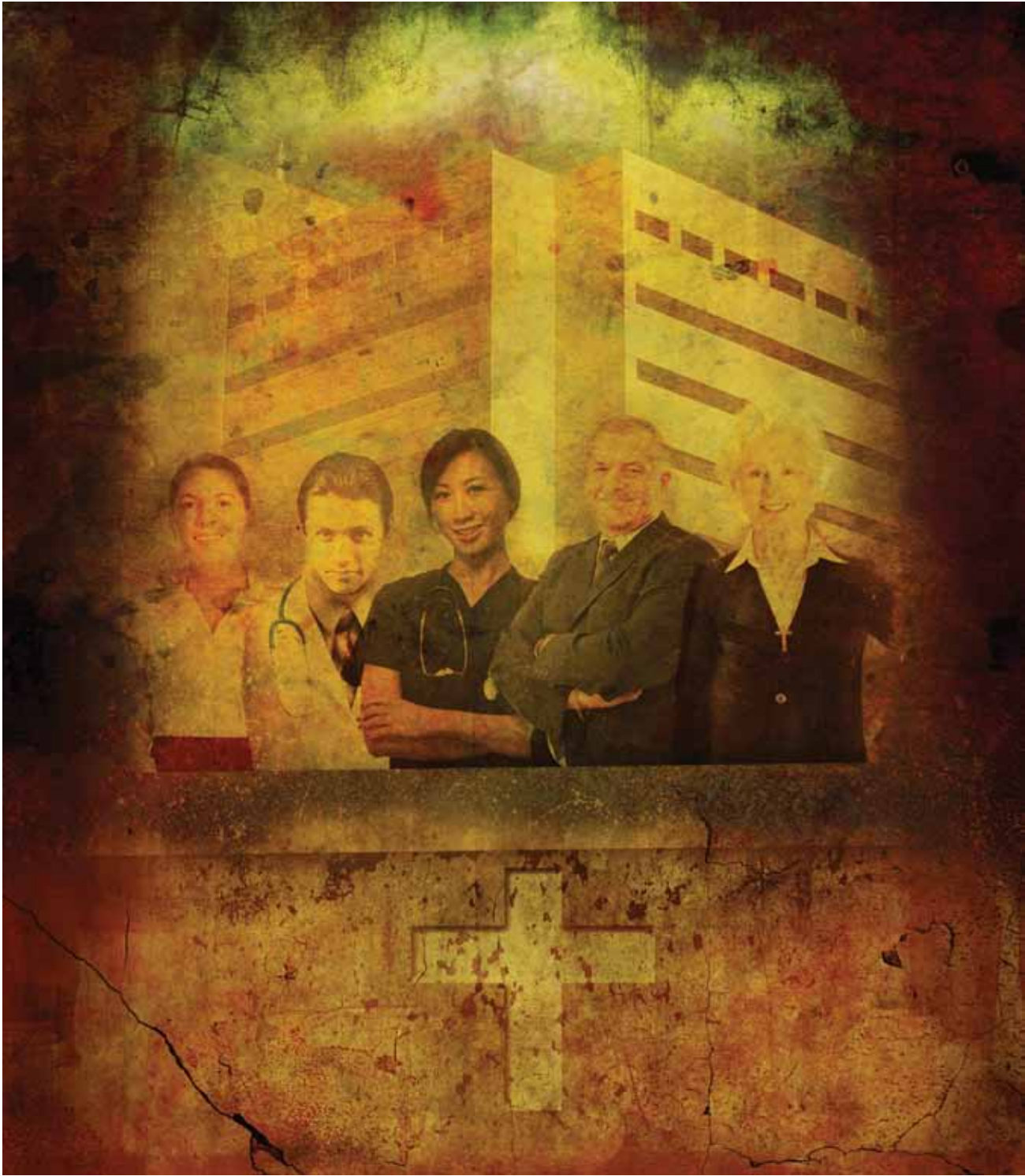
- The ways this understanding has been foundational in developing Catholic social teaching

- The implications for employee-management relations within Catholic health care

DISCIPLES OF JESUS

The Second Vatican Council described the church as a sacrament, that is, “a sign and instrument ... of communion with God and unity among all people.” Faithful to this sacramental understanding, the council articulated a vision of the church in which its members, as disciples of Jesus, are called into communion with both God and others and are sent in mission to proclaim the Good News of the reign of God.

Christ commanded his early followers: “Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit” (Matthew 28:19). It is through baptism that members of the Christian community “are called to a holiness of life in the world befitting disciples of Jesus” (CVL 18). In fact, “discipleship is the fundamental vocation in which the Church’s mission and ministry find full meaning” (CVL 19). Pope John Paul II described the church itself as a community of disciples,



“each of whom in a different way — at times very consciously and consistently, at other times not very consciously and very inconsistently — is following Christ” (RH 21).

Conscious and consistent discipleship demands *personal* commitment. As disciples, all members of the church “should everywhere on earth bear witness to Christ and give an answer to everyone who asks a reason for hope” (LG 10). Members of the church thus have the task to follow Christ, to grow in holiness and to proclaim the reign of God by word and deed. This task is accomplished especially by means of “the love of God and the love of one’s neighbor which points out the true disciple of Christ” (LG 42).

COMMUNION

Pope John Paul II explained that communion “embodies and reveals the very essence of the mystery of the Church ... It is in building this community of love that the Church appears as ‘sacra-

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ment” (NMI 42). In articulating the sacramental nature of the church, the Second Vatican Council described it first of all as the people of God, “a people brought into unity from the unity of the Father, the Son, and the Holy Spirit” (LG 4).²

The dynamic relationship within the Trinity is therefore the theological foundation for understanding the church, since the church is brought forth from the intimate union within the Trinity. Pope John Paul II expressed this in the following way: “Communion is the fruit and demonstration of that love which springs from the heart of the Eternal Father and is poured out upon us through the Spirit which Jesus gives us (cf. Romans 5:5), to make us all ‘one heart and one soul’ (Acts 4:32)” (NMI 42).

The church is rooted in relationship, both divine and human. Members of the church are given “the gift of loving union with God and the sharing of this love in right relationship with oth-

ers” (CVL 19). These relationships arise from the relation of the church to God, and they move out to ordered relationships within the church to the relationship between the Catholic Church and other ecclesial communions and, finally, to the relation of the church to the world. The interconnectedness that lies at the very heart of the church accounts not only for its *unity* but also for *diversity*. Pope John Paul II suggested that “the unity of the Church is not uniformity, but an organic blending of legitimate diversities” (NMI 46).

This theological principle gives rise to what the Pope described as a *spirituality* of communion:

A spirituality of communion indicates above all the heart’s contemplation of the mystery of the Trinity dwelling in us, and whose light we must also be able to see shining on the face of the brothers and sisters around us. A spirituality of communion also means an ability to think of our brothers and sisters in faith within the profound unity of the Mystical Body, and therefore as “those who are a part of me.” This makes us able to share their joys and sufferings, to sense their desires and attend to their needs, to offer them deep and genuine friendship. A spirituality of communion implies also the ability to see what is positive in others, to welcome it and prize it as a gift from God: not only as a gift for the brother or sister who has received it directly, but also as a “gift for me.” A spirituality of communion means, finally, to know how to “make room” for our brothers and sisters, bearing “each other’s burdens” (Galatians 6:2) and resisting the selfish temptations which constantly beset us and provoke competition, careerism, distrust and jealousy (NMI 43).

PROCLAIM THE REIGN OF GOD

The church is not simply communion, but more specifically is a “mystery of Trinitarian communion in missionary tension” (PDV 12). Communion and mission are interrelated. Pope John Paul II explained that these notions are “profoundly connected with each other, they interpenetrate and mutually imply each other to the point that communion represents both the source and the fruit of mission: communion gives rise to mission and mission is accomplished in communion” (CL 32). Turning its attention to the element of mission within this dynamic, the Second Vatican Council maintained that “the Church ... receives a mission of proclaiming and establishing among all peoples the kingdom of Christ and of God, and



she is on earth the seed and the beginning of that kingdom. While she slowly grows to maturity, the Church longs for the completed kingdom” (LG 5).

This belief that the church is “seed and beginning” of the reign of God is highly evocative. The council acknowledges that the church and the reign of God “form one complex reality which coalesces from a divine and a human element” (LG 8). The statement, however, involves an important tension: The church on earth is not fully equated with the reign of God (see LG 9), but neither can the reign of God and the church be separated (see RM 18). The church remains a *pilgrim* church, following Christ in a strange land and waiting to share Christ’s glory in the reign of God in which the final destiny of the church is realized (see LG 7, 9).

The reign of God remains both goal and stimulus for the church. It is the “salvation wrought in Christ, that is, communion with God and among all people” (LG 1). Its establishment “remains a free gift of God, completely transcendent” (CSD 58). Nevertheless, Jesus also proclaimed that “the reign of God is among you” (Luke 17:21). This free gift from God is already present in inchoate form and gives rise to a task for Christians: to scrutinize the “signs of the times” (see GS 4) and to “contribute to the transformation of society” (OA 36) by “transforming humanity from within” (EN 18).

The reign of God challenges the members of the church to engage both in their own ongoing conversion and in the transformation of society. One begins to understand more acutely the interrelationship among sacramentality, communion and mission:

The Church remains in the world when the Lord of glory returns to the Father. She remains as a sign — simultaneously obscure and luminous — of a new presence of Jesus, of his departure and of his permanent presence. She prolongs and continues him. And it is, above all, his mission ... that she is called to continue. For the Christian community is never closed in upon itself. The intimate life of this community ... only acquires its full meaning when it becomes a witness, when it evokes admiration and conversion, and when it becomes the preaching and proclamation of the Good News (EN 15).

On the one hand, “Christ summons the Church to continual reformation as she sojourns here on earth” (UR 6). On the other hand, members of the church are called to “remedy the customs and conditions of the world, if they are an inducement

ABBREVIATIONS/CITATIONS

- CA** Pope John Paul II, *Centesimus annus* (On the Hundredth Anniversary of *Rerum novarum*), 1991.
- CCC** *Catechism of the Catholic Church*, 1994.
- CL** Pope John Paul II, *Christifideles laici* (The Lay Members of Christ’s Faithful People), 1988.
- CSD** Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, 2004.
- CV** Pope Benedict XVI, *Caritas in veritate* (Charity in Truth), 2009.
- CVL** United States Conference of Catholic Bishops, “Co-Workers in the Vineyard of the Lord,” 2005. (Citations refer to pages, not paragraphs.)
- DCE** Pope Benedict XVI, *Deus caritas est* (God Is Love), 2005.
- EJA** National Conference of Catholic Bishops, *Economic Justice for All*, 1986. The National Conference of Catholic Bishops became the United States Conference of Catholic Bishops in 2001.
- EN** Pope Paul VI, *Evangelii nuntiandi* (Evangelization in the Modern World), 1975.
- ERDs** United States Conference of Catholic Bishops, the *Ethical and Religious Directives for Catholic Health Care Services*, Fifth Edition, 2009.
- GS** Second Vatican Council, *Gaudium et spes* (Pastoral Constitution on the Church in the Modern World), 1965.
- HHC** National Conference of Catholic Bishops, *Health and Health Care*, 1981.
- JW** Synod of Bishops, *Justice in the World*, 1971.
- LE** Pope John Paul II, *Laborem exercens* (On Human Work), 1981.
- LG** Second Vatican Council, *Lumen gentium* (Dogmatic Constitution on the Church), 1964.
- MM** Pope John XXIII, *Mater et magistra* (Christianity and Social Process), 1961.
- NMI** Pope John Paul II, *Novo millennio ineunte* (At the Beginning of the New Millennium), 2001.
- OA** Pope Paul VI, *Octogesima adveniens* (A Call to Action), 1971.
- PDV** Pope John Paul II, *Pastores dabo vobis* (I Give You Pastors), 1992.
- PP** Pope Paul VI, *Populorum progressio* (On the Development of Peoples), 1967.
- PT** Pope John XXIII, *Pacem in terris* (Peace on Earth), 1963.
- QA** Pope Pius XI, *Quadragesimo anno* (On the Reconstruction of the Social Order), 1931.
- RH** Pope John Paul II, *Redemptor hominis* (The Redeemer of Man), 1979.
- RM** Pope John Paul II, *Redemptoris missio* (On the Permanent Validity of the Church’s Missionary Mandate), 1990.
- SRS** Pope John Paul II, *Sollicitudo rei socialis* (On Social Concern), 1987.
- UR** Second Vatican Council, *Unitatis redintegratio* (Decree on Ecumenism), 1964.

When seen with the eyes of faith, solidarity demands that members of the church acknowledge that all are sisters and brothers, daughters and sons of God, and therefore that “all are really responsible for all.”

to sin, so that they all may be conformed to the norms of justice” (LG 36).

THE CATHOLIC SOCIAL TRADITION

The Synod of Bishops spoke about the relation between the Gospel and justice: “Action on behalf of justice and participation in the transformation of the world fully appear to us as a constitutive dimension of the preaching of the Gospel” (JW, Introduction). Thus the church “fulfills her mis-

sion of preaching the Gospel” when it “teaches ... the demands of justice” (CCC 2419). The very nature of the church gives rise to its social tradition. There have been various descriptions of this social justice tradition, especially since the publication of Pope Leo XIII’s encyclical, *Rerum novarum*, in 1891. Common to these descriptions has been two important pillars of the tradition — the dignity of the human person and the common good.

These are not really two distinct principles but, rather, are intimately related. A primary concern of the Catholic tradition has been the dignity of the human person, created in the image of God. This dignity, however, cannot be understood in a completely individualistic sense. As we acknowledge that God is Trinity, we also acknowledge that the human image of God is necessarily communitarian and relational.

Furthermore, the understanding of natural law that is foundational to the tradition itself also recognizes that the human person is inherently social. Persons flourish only in community. Therefore in the Catholic tradition, there is a strong interdependence between the dignity of the person and the common good. The dignity of the person is nourished by respect for the common good, which itself is understood in terms of individuals and social groups having access to their own fulfillment (see GS 26 and MM 65).

Thus there is a close relationship between the Catholic social tradition and an understanding of the church that stresses communion and the call to conversion and transformation in light of the reign of God. If this ecclesiological context has any relevance to Catholic social teaching, then it ought to move members of the church to respect human dignity by establishing right relationships and to deepen their commitment to personal conversion and a transformation of society ordered to the common good.

COMMUNION AND THE CATHOLIC SOCIAL TRADITION

As early as 1931, Pope Pius XI underscored the importance of communion in the church’s social teaching, suggesting that in this way “will true cooperation be possible for a single common good when the constituent parts of society deeply feel themselves members of one great family and children of the same Heavenly Father” (QA 137).

More recently, Pope Benedict XVI explained:

Because it is a gift received by everyone, charity in truth is a force that builds community, it brings all people together without imposing barriers or limits. The human

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community that we build by ourselves can never, purely by its own strength, be a fully fraternal community, nor can it overcome every division and become a truly universal community. The unity of the human race, a fraternal communion transcending every barrier, is called into being by the word of God-who-is-Love (CV 34).

The Pope thus made it clear that the church's social doctrine is an expression not only of justice but also of charity. He explained that "this dynamic of charity received and given is what gives rise to the Church's social teaching" (CV 5), adding that "to desire the *common good* and strive towards it is a *requirement of justice and charity*" (CV 7, emphasis in the original).

Communion highlights the interrelation among three important elements of the Catholic social tradition — solidarity, subsidiarity and participation — inviting members of the church "to make their choices consistent with the Gospel and, in the framework of a legitimate plurality, to give both personal and collective witness to the seriousness of their faith by effective and disinterested service" (OA 46).

Solidarity derives from "the intrinsic social nature of the human person, the equality of all in dignity and rights, and the common path of individuals and peoples towards an ever more committed unity," (CSD 192). Pope John Paul II described it as "a firm and persevering determination to commit oneself to the common good" (SRS 38). When seen with the eyes of faith, solidarity demands that members of the church acknowledge that all are sisters and brothers, daughters and sons of God, and therefore that "all are really responsible for all" (SRS 38).

The principle of subsidiarity illustrates that the tasks of social groups need to be accomplished at the lowest appropriate level; that is, at the level as close as possible to the people involved. Pope Benedict XVI has explained:

Subsidiarity is first and foremost a form of assistance to the human person via the autonomy of intermediate bodies. Such assistance is offered when individuals or groups are unable to accomplish something on their own, and it is always designed to achieve their emancipation, because it fosters freedom and participation through assumption of responsibility. Subsidiarity respects personal dignity by recognizing in the person a subject who is always capable

of giving something to others (CV 57).

Subsidiarity is closely linked to solidarity: "The former without the latter gives way to social privatism, while the latter without the former gives way to paternalist social assistance that is demeaning to those in need" (CV 58). However, it should not be confused with the libertarian principle that the government that governs best, governs least. The principle of subsidiarity also acknowledges there may be tasks that can only be accomplished by larger entities that have the means available to achieve the goals envisioned. For example, the principle justifies state interventions that limit the autonomy of parties "commensurate with society's real needs," describing them as antidotes to "self-centered localism" (CSD 351; see also CA 15).

An important corollary of the principle of subsidiarity is participation (see CSD 189), understood as engaging as many as possible in those tasks of public life necessary for promoting the common good (CCC 1913). Participation in the

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social and political community is a "natural consequence of human dignity" (PT 73), by means of which citizens are able to exercise their appropriate civil roles "with and for others" (CSD 190). This is the very basis of democracy. The principle stems from an appreciation that there is a basic equality among all citizens and that all have the right and duty to take part in the life of society. Consequently, social groups have an obligation to be as inclusive as possible, encouraging all stakeholders to participate in the community's decisions. Whatever impedes such participation is an injustice.

CALL TO CONVERSION

Exploring the church's social teaching through the lens of its mission to proclaim the reign of God, we see that this teaching is also a call to personal conversion and to the transformation of society. The tradition stresses that "it is from the conversion of hearts that there arises concern for others, loved as brothers or sisters" (CSD 552). Conversion is a gift from Christ who preached the reign of God and whose death and resurrection

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inaugurated that reign, demonstrating that “a new manner of social life is made possible, in justice, brotherhood, solidarity, and sharing” (CSD 325).

The idea of conversion involves a radically new way of thinking and acting, moving from self-centeredness to the love of God and neighbor. The traditional term for such a fundamental change of heart is *metanoia*. As it pertains to the Catholic social tradition, conversion recognizes what Pope John Paul II called the “social structures of sin,” those societal structures that degrade people and impede human development (see SRS 36-37). This recognition becomes a call for Christians and others of good will to work together for social transformation, a task that also demands personal conversion:

The transformation of social structures begins with and is always accompanied by a conversion of the heart. As disciples of Christ, each of us is called to a deep personal conversion and to “action on behalf of justice and participation in the transformation of the world.” By faith and baptism we are fashioned into a “new creation.” ... Renouncing self-centered desires, bearing one's daily cross, and imitating Christ's compassion, all involve a personal struggle to control greed and selfishness, a personal commitment to reverence one's own human dignity and the dignity of others by avoiding self-indulgence and those attachments that make us insensitive to the conditions of others and that erode social solidarity (EJA 328; the document quotes from JW 6).

Finally, this call to conversion and transformation involves a challenge for those in power not only to *see* in new ways but also to *respond* to the needs of the poor and vulnerable. It is a moral imperative:

For *Christians*, as for all who recognize the precise theological meaning of the word *sin*, a change

of behavior or mentality or mode of existence is called “conversion,” to use the language of the Bible (cf. Mark 13:3, 5; Isaiah 30:15). . . . On the path toward the desired conversion ... it is already possible to point to the *positive and moral value* of the growing awareness of *interdependence* among individuals and nations. The fact that men and women in various parts of the world feel personally affected by the injustices and violations of human rights ... is a further sign of a reality transformed into *awareness*, thus acquiring a *moral* connotation (SRS 38).

The interrelated notions of communion and proclamation of the reign of God, with the corresponding call to solidarity on the one hand and to ongoing conversion and social transformation on the other, are foundational to the Catholic social tradition. They show themselves not only in the principles articulated in the previous section but also in the preferential option for the poor and vulnerable and the call for transparency and accountability on the part of individuals and institutions.

Although the term “preferential option for the poor” had been used by national and regional conferences of bishops since the 1970s,³ it entered into official papal teaching in the 1980s with Pope John Paul II. He called this preferential option “a special form of primacy in the exercise of Christian charity, to which the whole tradition of the Church bears witness” (SRS 42). Thus, even though the terminology is relatively new, the reality is even older than the Catholic social tradition, finding its origins in the Hebrew prophets (see, for example, Isaiah 58:6-9, Micah 2:1-5, or Amos 4:1-3). Christians are called to evaluate alternatives in light of God's special relationship to the poor and disadvantaged. To ignore this, Pope John Paul II maintained, “would mean becoming like the ‘rich man’ who pretended not to know the beggar Lazarus lying at his gate” (SRS 47, see Luke 16:19-31).

It is even more recently that the idea of transparency has entered into the Catholic social tradition. Pope Benedict XVI has challenged the church's charitable institutions and their members to be transparent in their operations, which

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he says “can only redound to the effectiveness of charitable service” (DCE 30, see also CV 47). Transparency refers to the openness and public nature of decisions and actions. Transparent individuals and organizations explain not only what is being done but also why it is being done. The opposite of such transparency is secrecy. On the one hand, transparency of decisions and actions is a necessary condition for the forms of participation discussed earlier. On the other hand, transparency promotes accountability.

Catholic social teaching has not explicitly discussed the notion of accountability, but it has spoken of responsibility. The church’s social justice tradition deals with “issues that decisively summon personal and collective responsibility with regard to ... what human beings are, what they are able to accomplish and what they should be” (CDS 16). Theologian Judith Merkle has suggested that accountability is the structuring of responsibility and “marks a community vision with structures and procedures for holding decision-makers accountable.”⁴

This sense of accountability is not simply a form of compliance. Rather, the principle of accountability addresses some of the issues that Pope Paul VI raised when he spoke, for example, of flagrant inequalities that can threaten and enslave human dignity (see PP 9) or of “oppressive structures resulting from the ... improper exercise of power” (PP 21). To return to the words of Pope John Paul II, accountability helps to break down the social structures of sin.

Accountability asks both to whom and for what a person or institution is answerable. It challenges individuals and institutions to reflect upon their own contributions to the structures of sin and the ongoing need for conversion and transformation.

INSTITUTIONS AND THE COMMON GOOD

There is a strong relationship between the strength of human institutions and the common good. Pope Benedict XVI has explained: “To desire the *common good* and strive towards it is a *requirement of justice and charity*. To take a stand for the common good is on the one hand to be solicitous for, and on the other hand to avail oneself of, that complex of institutions that give structure to the life of society, juridically, civilly, politically and culturally, making it the *polis*, or ‘city’” (CV 7). In contemporary society, institutions are a key component for sustaining and enhancing human flourishing. They gather the capacity of individuals into organized systems so that the skills of individuals are

honed into collaborative roles productive of ever higher levels of human flourishing.

The principles of social justice pertain to institutions as much as they pertain to individuals. If *solidarity* is “a firm and persevering determination to commit oneself to the common good” (SRS 38), then social institutions that contribute to the common good become “structures of solidarity” (see CSD 193). In fact, the forms of solidarity which institutions are able to demonstrate can surpass those of individuals (see DCE 30). *Subsidiarity* becomes possible by means of mediating institutions. Strong and diverse social institutions help guarantee “the *participation* of the greatest number in the life of a society” (CDS 151). Likewise in contemporary society the *option for the poor* is an institutional as well as a personal demand. An institutional option for the poor is especially necessary when particular individuals are powerless within a society (see CA 10). When Pope Benedict XVI spoke of the importance of *transparency*, he was discussing social institutions (see DCE 30). By allowing greater openness, the transparency of

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institutions further increase social participation. *Accountability* for the common good is a political responsibility. Since individuals cannot achieve their full development by themselves, institutions are necessary (see CSD 168).

Within the church, discipleship also takes on an institutional form. Over a decade ago, Rev. J. Bryan Hehir reminded members of CHA that the Catholic Church “is institutional by instinct and by nature.” He suggested:

If one seeks to influence, shape, direct, heal, elevate, and enrich a complex industrial democracy, it cannot be done simply by the integrity of individual witness. It is done by institutions that lay hands on life at the critical points where life can be injured or fostered, where people are born and die, where they learn and teach, where they are cured and healed, and where they are assisted when in trouble ... In a large, com-

plex democracy like ours, institutions ultimately always make a difference for good or for ill.⁵

In part, it is through its institutions that the church remains visible and active in the contemporary world. The institutions of the church are in fact mediating realities, called to make the presence of God felt by people in the real world. They are sacramental — visible signs through which God’s people are able to experience grace. Pope Benedict XVI has called this the “institutional path of charity,” explaining that it is “no less excellent and effective than the kind of charity that encounters the neighbor directly, outside institutional mediation” (CV 7).

As Pope Benedict XVI has explained, although “there will never be a situation where the charity of each individual Christian is unnecessary,” there is also a demand for “practicing charity as an *organized* activity of believers” (DCE 29, emphasis added). The church requires an *institutional* involvement in activities such as feeding the hungry, clothing the naked and caring for the sick. He adds that “the Church’s charitable organizations ... ought to do everything in their power to provide the resources and above all the personnel needed for this work” (DCE, 31). Paralleling the language usually used in describing the discipleship of indi-

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viduals, he calls for the church’s organizations to engage in their work “with full commitment” and with “a heart which sees where love is needed and acts accordingly” (DCE 31). Christian discipleship is clearly institutional as well as personal.

CATHOLIC HEALTH CARE

The vision of church articulated in this essay also has implications for Catholic health care. Catholic health care is first and foremost a ministry of the church, part of the church’s institutional discipleship. As a sacramental reality, it mediates God’s presence by continuing “God’s life-giving and healing work” and embodying the “Church’s ministry of healing and compassion” (see the *Ethical and Religious Directives for Health Care Services*, General Introduction). It is “a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus’ ministry

and God’s love for us” (*ERDs*, Conclusion). Therefore, when Catholic health care examines justice in the workplace, it approaches the issue not simply as a business but rather as a ministry of the church that carries on the healing work of Christ.

The *ERDs* explain that “the mystery of Christ casts light on every facet of Catholic health care” (*ERDs*, General Introduction). As Catholic health care strives ever more to embrace this reality, it finds itself called into communion and sent in mission to proclaim the reign of God and help in the transformation of society. It is called to be a sacrament of hope, making Christ’s healing a more palpable reality in the world.

CATHOLIC HEALTH CARE AS COMMUNION

The U.S. bishops have explained that “by its very nature a Catholic health care facility aims to take on the character of a Christian community” (HHC 50). Similarly, the first of the *ERDs* stresses that “a Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.”

This sense of community is necessary in order for Catholic health care, as a ministry of the church, to express Christ’s healing concern for the sick. As we have seen, community is expressed in terms of right relationships, those relationships that respect human dignity and promote human flourishing. It is therefore a responsibility of Catholic health care to build up these relationships as simply and directly as possible. It will respect the principles of solidarity, subsidiarity and participation described above and will provide those who are part of the ministry with a voice in the ministry, thus promoting the spirit of community.

Communion allows both for respect for diversity and for collaboration within the ministry itself and together with other organizations. Attention to communion allows Catholic health care, truly a ministry of the Catholic Church, to be also an ecumenical and interfaith enterprise. Members of many faith traditions collaborate within Catholic health care to care for the sick and to improve the quality of our ministering to them. Moreover, Catholic health systems partner with others to provide quality care for the sick. In doing so, they are able to provide better service and embody what Pope Benedict XVI has called a mutual coordination “that can only redound to the effectiveness of charitable service” (DCE, 30). In



spite of the complexities that such collaboration brings — along with potential conflicts — such collaboration nevertheless builds up the community of Catholic health care, “animated by the Gospel of Jesus Christ” (*ERDs*, No. 1).

PROCLAMATION OF THE REIGN OF GOD

As a ministry of the church, Catholic health care has a mission to proclaim the reign of God by word and action. As part of its very discipleship, it is called to “conversion and to ‘action on behalf of justice and participation in the transformation of the world’” (EJA 328, quoting JW 6). Catholic health care’s mission, however, is often carried out within a set of social structures that are not always friendly to the church’s identity or social teaching. The progress of contemporary medicine and health care witnesses to an ambivalence regarding the nature of the human person and human culture. The general introduction to the *ERDs* points out that in a time of new medical discoveries, rapid technological developments and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person.

As Catholic health care endeavors to express the mystery of Christ’s healing in the current social climate, it faces complex social and political realities that create ever more difficult decisions that can involve conflicting values. As Catholic health care tries to actualize these decisions, it acknowledges in humility that it cannot achieve everything it desires. In less than ideal circumstances, it nevertheless attempts to promote and defend human dignity, to care for the poor, to contribute to the common good, to exercise responsible stewardship and to remain faithful to the church’s moral teaching (see *ERDs*, Introduction to Part One). As it strives to be a “conscious and consistent” follower of Christ (RH 21), it experiences elements both of the “already” and of the “not yet” of the reign of God.

At times, the reign of God can also be seen as a stimulus, calling Catholic health care itself to conversion and asking whether Catholic health care institutions might become entangled in the “social structures of sin” (SRS 36). Rather than continuing Christ’s healing ministry to the poor and vulnerable, is it possible that our institutions can be a source of injustice both for those it serves and for its own workers? If Catholic health care refuses to acknowledge this possibility regarding its own institutional structures or remains com-

placent about it, then conversion within Catholic health care may be as necessary as the task of transforming the larger society.

A CULTURE OF JUSTICE

It is not enough for Catholic health care institutions simply to avoid injustice. They are called to strive for the righteousness of the Gospel. In this sense, the Catholic social justice tradition is an embodiment of the church’s attempt to live out the reign of God in whatever circumstances it finds itself. As Catholic health care endeavors ever more toward such righteousness, it needs to develop a discerning heart able to read the signs of the times (see GS 4). As the U.S. Catholic bishops

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have suggested, this demands “both courage and imagination” (HHC 46). It forces those involved in Catholic health care to ask the hard questions that help us benchmark how well we are creating in our institutions a culture of justice. It raises questions regarding whether we have developed concrete and practical discernment tools that can help us analyze how far our institutions are from what we are called to be and to do and have developed concrete and practical plans to move forward.

One of the more difficult questions facing Catholic health care is that of developing a just workplace. There are many who insist that the only way in which a workplace can become just is by means of unions. Some Catholic health care leaders question this claim. They see the sometimes antagonistic relationship between unions and management as the antithesis of the form of community discussed in this essay.⁶ Others are appalled by corporate campaigns waged by unions, seeing them as an affront to those whose sweat and blood have created Catholic health care institutions. Still others believe that the sorts of contractual negotiations that characterize union activity do not belong in a ministry of the church. Although Catholic social teaching acknowledges that a just workplace can exist without the presence of a union (see CSD 306), it also maintains

that workers have a *right* to unionize (see ERDs, No. 7). The presence of a union does not necessarily make for a just workplace, just as the absence of a union does not make it unjust. What is vital, however, is respect for workers and respect for their full and conscious participation in the ministry, in whatever form they choose to participate.

Catholic health care must take its responsibilities to its workers seriously if it is to be true to its own call to continue the healing mission of Christ and to promote the reign of God. It has a duty to be just to its employees: “This involves not only just wages, fringe benefits, and the like, but also the effective honoring of the desire of employees ‘to be treated as free and responsible men and women, able to participate in the decisions which affect their life and their future’” (HHC 51).

If Catholic health care is to continue to create in its organizations a culture of justice, we need to analyze how well our institutions are embodying the mission described in this essay and to develop concrete plans of action to make our institutions even more what they are called to be, more trans-

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parent and accountable as organizations. Benchmarking and quality improvement have already become hallmarks of Catholic health care. Our institutions also need to benchmark and assess their effectiveness as ministries of the church, called into communion and sent to witness the reign of God. They should be clear regarding their concrete embodiment of the Catholic social tradition and its principles of solidarity, subsidiarity, participation and option for the poor and vulnerable.

EXAMINATION OF CONSCIENCE

How does Catholic health care begin this benchmarking process? There is a centuries-old custom in the Catholic Church called the examination of conscience. This practice, usually associated with sacramental confession, is a review of one’s actions in light of their conformity with the Gospel. It usually consists of a series of questions that one asks oneself. Those in the Catholic health care ministry might develop a similar series of questions to use in examining the organization’s

conscience, asking whether the actions of the institution are consistent with what we say we are as a ministry of the church and a just workplace. Among the questions that organizations might ask are the following:

- In what ways do our institutions concretely demonstrate that they are ministries of the church?

- How do they witness to justice and charity?

- How do our institutions show themselves as agents of transformation in our local communities and in the larger society?

- In what ways do they demonstrate that they are communities in the sense developed in this essay?

- How do they show respect for the dignity of their employees?

- Are employees treated as responsible co-ministers?

- How do they concretely promote right relationships within the institution?

- Do our institutions foster full and conscious participation on behalf of employees? What does such participation mean, practically?

- How transparent are the decisions of senior management?

- In keeping with the principle of subsidiarity, do our institutions help their employees foster freedom and participation by taking on appropriate responsibilities?

- Does the institution value collaboration on all levels? How is this shown?

- Does management recognize its responsibilities to employees?

- To whom are members of the ministry accountable?

- To whom is senior management accountable? How is this shown?

- For what are they accountable? Is accountability simply a bottom-up affair?

- What is the differential in pay scale between employees and senior management? Is this equitable?

- Do our institutions benchmark and measure social justice initiatives as they do other elements within the ministry?

- Can unions in any way help our institutions be a better ministry of the church?

As ministries of the church, Catholic health care institutions are called to be *disciples of Jesus* who are called *into communion* with both God and others and *sent in mission* to proclaim the Good News of the reign of God. Church teaching in this area has articulated important ideals, but because of the complexity of decisions and the often con-



flictual atmosphere in which decisions are made, gaps can remain between the ideal and what is achieved. Nevertheless, the tradition continues to move church institutions to conversion and to social transformation. It calls those who lead our institutions to a continuously greater commitment to justice and communion. It calls Catholic health care to a “firm and determined commitment to the common good” and the good of its workers and co-ministers, knowing that “all are really responsible for all” (SRS 38).

NOTES

1. Joseph Fahey, “Catholic Social Teaching, EFCA, and the Current Crisis.” See www.catholicscholarsforworkerjustice.org/cg-currentcrisis.html.
2. The Council quotes Sts. Cyprian, Augustine and John Damascene, showing the ancient heritage of this notion.
3. See especially the final document of the Third General Conference of the Latin American Episcopate, held in Puebla, Mexico, Jan. 27 to Feb. 13, 1979.
4. Judith Merkle, *From the Heart of the Church: The Catholic Social Tradition* (Col-

legeville, Minnesota: Liturgical Press, 2004), 250.

5. J. Bryan Hehir, “Identity and Institutions,” *Health Progress* 76, 8 (November-December, 1995): 18. This originally was an address given at the annual CHA Assembly in June 1995.

6. Thus, Catholic health care leaders do not consider such unions as having the “social power of building community” discussed by Pope John Paul II in his description of unions (see LE 20).

A Passionate Voice for Compassionate Care



UPCOMING EVENTS

Foundations of Catholic Health Care Leadership — An Online Course for Formation and Development

*Every Friday from 1-3 p.m. ET
Feb. 3 through March 9, 2012*

Holding in Trust: Governance in the Catholic Setting

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San Antonio*

Catholic Health Assembly

*June 3-5, 2012
Philadelphia*

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Feb. 28 from 2-3:30 p.m. ET*

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March 7 from 4-5 p.m. ET

Community Benefit Webinar

*Setting Priorities: Linking Assessment to Planning
April 3 from Noon-1:30 p.m. ET*



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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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HEALTH PROGRESS®

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