



LABOR AND CATHOLIC HEALTH CARE

Fr. John A. Ryan, perhaps the 20th century's greatest teacher of Catholic social theory, wrote presciently in the 1910 edition of the *Catholic Encyclopedia* of a "better, though still remote, day" in which the "extreme" methods then employed by unions would be discarded in favor of "milder practices" to ensure workers' rights.¹ Of course, Fr. Ryan wrote long before our postindustrial, postmodern age. Contemporary Catholics continue to examine and interpret the church's teaching regarding labor in the light of ever-changing economic and social reality. Both the 1994 and 2001 editions of the *Ethical and Religious Directives for Health Care Services* remind us that we must be "communities" of care marked by a "spirit of mutual respect" for one another.² Surely this search for a true community echoes Fr. Ryan's hope for a "better day" in labor relations, including those found in Catholic health care organizations.

Nineteenth- and early 20th-century church teaching on labor focused primarily on the industrial sector, rather than the service sector, a fact that makes the application of the teaching to contemporary health care challenging at times. After all, a Catholic health care organization does not merely deliver a product; it commits itself to a ministry. The primary object of a Catholic health care organization is not primarily financial gain,

The Church's Social Teaching Continues to Provide Guidance for Workplace Problems

BY SR. PATRICIA TALONE, RSM, PhD

but the care of the poor, sick, and vulnerable; it seeks financial strength to serve the ministry. In a Catholic health care organization, the usual employer/employee dichotomy is replaced by a community of people dedicated to working together toward a common goal. When, therefore, contentious arguments erupt between management and employees in such an organization, people both inside and outside the ministry are often dismayed and discouraged.

A Fair and Just Workplace: Principles and Practices for Catholic Health Care, a working document published in 1999 by the Domestic Policy subcommittee of the National Conference of Catholic Bishops (NCCB),* provides critical guidance for health care boards, sponsors, administrators, employees (and leaders of the unions to which some employees belong) on heeding the bishops' call to "find common ground." The church's teaching on labor is situated historically, developing in response to concrete realities within a changing society. However, certain constants shape this teaching and must inform and direct the ministry's approach to workforce issues.

HISTORY AND CONTEXT OF THE CHURCH'S SOCIAL TEACHING

Some writers assert that the church's social teaching on labor began in 1891 with Pope Leo XIII's *Rerum Novarum* and has remained consistently pro-union ever since. The reality is much more nuanced and complex. The church's social teaching has its roots in traditional scholastic philosophy, but it found its voice at the beginning of the industrial revolution. Church leaders at that time expressed concern and indignation at the plight of workers in industrialized countries. Bishops, who were first and foremost pastors, spoke out



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about the state of workers because they saw the effect that deplorable working and living conditions had on the lives of so many of the faithful. Building upon Catholic teaching regarding the intrinsic worth of each person, they asserted people's need to obtain work (especially when they were heads of families) and decent working conditions, their dignity as employees, and their right to a life separate from their work.

As early as the 1830s, pioneering church leaders such as Wilhelm Emanuel von Ketteler, bishop of Mainz, Germany, tried to steer a middle course between socialism and individualism, encouraging "associations" of workers in similar trades. Bishop von Ketteler emphasized the mutual responsibilities of workers and factory owners in early industrialized Germany. A few decades later, other religious, such as Cardinal Henry Manning, archbishop of Westminster, England, served as mediators between workers and management. In the United States and Canada, church leaders initially forbade membership in the Knights of Labor because they considered that early union a secret society. Membership in it would, they feared, weaken Catholic workers' allegiance to their faith. The violence and intimidation employed by some late 19th-century unions did not endear them to church leaders concerned about anarchy. However, prelates such as Cardinal James Gibbons, archbishop of Baltimore, conscious of his own humble Irish origins and deeply committed to the poor, sided with the workers' right to join trade unions and intervened on their behalf in the Roman Consistory of 1886. Working together, men like Bishop von Ketteler, Cardinal Manning, and Cardinal Gibbons forestalled a formal church condemnation of labor unions, and their speeches and writings ultimately positively influenced Pope Leo XIII.

Building on the foundation provided by these and other local bishops, Leo XIII issued his groundbreaking encyclical, *Rerum Novarum*, which asserted people's right to work, to a just wage, and to join what he called "associations" (para. 49).^{*} Not a paternalistic document, *Rerum Novarum* emphasized the duties of both workers and employers. The former were admonished to work well, respect property, and avoid violence of any kind (paras. 41-44), whereas the latter were to proffer just wages, reasonable working hours, and a safe workplace (paras. 32, 41, and 44). Forty years later, Pope Pius XI, in *Quadragesimo Anno*, addressed the faithful in the context of the Great Depression and the threat of totalitarianism, then dominant in Russia,

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Italy, and Germany. Pius reiterated the rights of workers to organize (paras. 32 and 35), and by promoting the principle of subsidiarity—decision-making at the appropriate level—insisted on the legitimacy of their voice in the workplace (para. 80). Pope John XXIII, in *Mater et Magistra*, 1961, described the rewards of labor in such a way as to include a just wage and even profit sharing (para. 168). He implored workers to use collective bargaining rather than strikes (paras. 97-103). John believed that respect and good will must mark relationships between workers and employers as they labored together for the common good (para. 78). The 1965 Vatican II document *Gaudium et Spes* taught that human labor is superior to other tools of economic activity and must be respected as such (para. 67). The document maintained that workers had the right to found and join labor unions and to have goods sufficient enough to support themselves and their families (para. 69). Building on *Mater et Magistra*, the council fathers expressed primary concern for and commitment to the common good of society (para. 26).

Pope Paul VI, in *Populorum Progressio* (1967) and *Octogesima Adveniens* (1971), broadened the church's teaching by voicing concern over the changing world order. The pontiff's travels in Latin America, where he had personally witnessed the poverty of the people, greatly influenced his social encyclicals. He reminded those who live in the industrialized northern hemisphere that their southern sisters and brothers, who labored to feed the north, suffered from underdevelopment (*Populorum Progressio*, paras. 6-13). Concerned about communism, the pope declared that unions were admissible as long as they were truly committed to the good of workers and were not based on materialistic or atheistic philosophy (*Populorum Progressio*, para. 39). Recognizing the limits experienced even by wealthy countries, the pontiff expressed concern that trade unions, abusing their power, might demand more than society could afford to give them (*Octogesima Adveniens*, para. 14). Eschewing a cookie-cutter approach to labor, Pope Paul VI maintained that solutions must be worked out on a regional basis, allowing those involved to ascertain what was best for each locale (*Octogesima Adveniens*, para. 50). Recognizing the inherent dignity of work itself, he insisted that participation in and responsibility for work were as important to the building of the community as the amount of goods such work happened to produce (*Populorum Progressio*, para. 19). Therefore, workers must be involved in the dialogue necessary to build community.

Providing the most systematic consideration of the nature of work by any pope, the current pon-

^{*}A 1999 presentation by Rev. Kenneth Sleyman, MM, on papal teaching regarding labor provided an impetus for this article.



tiff, Pope John Paul II, in *Laborem Exercens*, 1981 also saw unions as a force that could unite people in the formation of community. For John Paul II, every aspect of work—being done, as it is, by people who are made in God's image and likeness—is subject to their dignity and expresses their spirituality (paras. 19, 25, and 26). If *Laborem Exercens* is systematic, then *Centesimus Annus* (1991) is historical, having been promulgated on the 100th anniversary of *Rerum Novarum*. The pontiff sees the market economy as good on the whole, but he expresses serious concern about modern consumerism, linking this aberration to environmental problems (paras. 30-32). Although the pope endorses workers' self-expression through unions, he follows the lead of his predecessors in urging responsibility on the part of both worker and employer and dialogue and harmony between them (paras. 104 and 105).

CONTINUING RELEVANCE OF CHURCH TEACHING

Like their 19th-century predecessors, contemporary American bishops reflect upon the social, ministerial, economic, and moral realities their pastoral duties set before them. Thus, the publication of *A Fair and Just Workplace*. In a sage understatement, they observe that changes in the ways health care is delivered, financed, and structured pose significant challenges for our shared ministry. Catholic health systems and institutions exist in their respective communities as providers, employers, advocates, and citizens, with reciprocal relationships and responsibilities in each of these functions.

Often whole communities rise or fall, depending on whether their Catholic health care institutions survive and flourish. Disquietude in either internal or external forces increases stress in all of such an institution's relationships, bringing with it the potential to challenge and even alienate the communities, our co-workers, and our patients and residents—thereby putting the future of the ministry at risk. Looking at the church's teaching on labor, one might easily conclude that the models that arose during the industrial revolution do not necessarily or directly apply to contemporary society, especially to its service sector jobs. How then, do Catholic health care leaders heed the USCCB's admonition to seek guidance from the church's social teaching?

The church's teaching has never been static. It arises in particular historical contexts and builds, with thoughtful reflection, on its already rich tradition. Although this article's admittedly cursory survey of the social teaching from before *Rerum Novarum* to the present day shows development, it reveals warnings as well. However, the teaching

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contains strong themes, reiterated over more than 150 years, that can assist contemporary Catholic health care leaders as they work to build the respectful communities of care to which the *Ethical and Religious Directives* call us.

These themes can be described in the following way.

Because individuals are made in God's image, organizational relationships and actions are evaluated in light of whether they build up or tear down *human dignity*. An individual lives and works within the context of the human community; *interdependence* with others thus characterizes our relationships and our responsibility toward one another. Individuals work out their salvation primarily in their homes and through their work. Therefore, church teaching upholds the *dignity of work*, the *right to work* the right to a *safe workplace*, a *just wage*, and compensation that extends beyond mere financial remuneration to include aspects of the worker's family commitments.

Workers collaborate with one another and with employers in the process of building up the community. Therefore, employers, in a spirit of respect, dignity, and collaboration, involve workers by granting them an active *voice in the workplace*. The voice in the workplace makes participation possible. It stands to reason that one given the opportunity to *participate* more fully in his or her work can grow and develop through work. In organizations, this principle expresses itself through *subsidiarity*, which gives the individual as much responsibility and accountability as possible, while, at the same time, providing an environment in which decision making is done at the proper level.

Because of the unique interdependence we humans possess, we likewise have the *right to join* (or not join) *associations* whose purpose is to further workplace justice and excellence. But workers, unions, and management alike must recognize that greed, violence, intimidation, and coercion are totally unacceptable because these actions tear down rather than build up the community.

Commitment to the *common good* characterizes the faithful working community. The Catholic understanding of this notion—far different from the utilitarian notion of the “greatest good of the greatest number”—is expressed by John XXIII in *Mater et Magistra*. The pontiff described the common good as “the sum total of those conditions of social living, whereby men [sic] are enabled more fully and more readily to achieve their own perfection” (para. 65).

APPLYING THE TEACHING

In this article, I have traced the historical context
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COMMUNICATION STRATEGIES

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The program has captured hearts around the world.


there's no limit to what you can do. You can be free, you can fly, you can be anybody you want to be."

Esvin Rodriguez was just 15 years old when he was paralyzed from the neck down after a gunshot wound. He learned to paint at Rancho, beginning with a paint-by-number set. "When I paint, I forget my past and only concentrate on what I am doing at this moment. I believe my art expresses and praises the beauty in the world around me," he says.

Other artists' stories are just as compelling. Bonnie Dodge was unable to move her hands because of juvenile rheumatoid arthritis. After a series of joint replacement surgeries, she paints and has resumed her career as a concert cellist. Steve Clay's painting hand was incapacitated by a stroke. Rancho taught him to paint with his other hand while he underwent years of therapy that eventually restored much of his ability.

Ann Ruth was paralyzed below the neck by an gymnastics accident. Yet today, despite not being able to move her arms and legs, she has become a noted painter and also parasails and skydives.

"The Art of Rancho program has been a very important part of our marketing effort. But most importantly, it has captured the hearts of our patients, our staff, and our colleagues throughout the world," says Diaz. "It has helped us show, in a way that everyone can understand, how the Rancho team works with our patients to help them realize the power of their dreams." □

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Segmenting the market by key characteristics will help identify needed services and opportunities to enhance programs, visibility, and revenues. These approaches include identifying certain socioeconomic characteristics, disease categories, and/or fast-growing geographic markets within the population being served that can be targeted for new or enhanced service development. This population- and market-based approach will increase differentiation of services in the marketplace and help support the feasibility of new program development and the organization's financial success. □

NOTES

1. J. R. Popovic and M. G. Hall, "1999 National Hospital Discharge Survey," *Advance Data*, no. 319, April 21, 2001, and D. K. Cherry, C. W. Burt, and D. A. Woodwell, "National Ambulatory Health Care Survey: 1999 Summary," *Advance Data*, no. 322, July 17, 2001.
2. N. Milliken et al, "Academic Models of Clinical Care for Women: The National Centers of Excellence in Women's Health," *Journal of Women's Health and Gender Based Medicine*, vol. 10, no. 7, 2001, pp. 627-636.
3. S. Jones and G. Fritts, "User-Friendly Healthcare for the Elderly Pays Off for Patients, Care Givers, and Providers," *Healthcare Marketing Report*, vol. 19, no. 7, 2001, pp. 16-18.
4. U.S. Census Bureau, 2000.
5. U.S. Census Bureau, 2000.
6. C. Markham, "New Focus for Community Hospitals: Neuro Centers," *Health Care Strategic Management*, vol. 18, no. 3, 2000, pp. 21-23.
7. U.S. Census Bureau, 2000.
8. "St. Rose Dominican to Build Third Las Vegas Hospital," *Catholic Health World*, December 1, 2001, p. 7.
9. U.S. Census Bureau, 2000.
10. "Centura Hospital Set for Parker," *Denver Post*, December 14, 2000, p. A-01.
11. Centura Health, "Centura Health Finalizes Hospital Land Deal," www.centura.org, December 15, 2001.

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from which the church's key themes regarding labor have developed. Part of the richness of the Catholic Church's tradition lies in the fact that it does not attempt to provide definitive answers for every possible scenario the faithful must face, but, instead, proffers moral guidance and sacramental and spiritual support for mature, responsible, faithful decision makers. It would be presumptuous to suggest explicit applications for health care trustees and administrators. However, one can safely assert that the church's long tradition urges organizations to value their employees as their greatest resource. Such organizations must elicit, listen to, and implement employee participation, collaboration, and suggestions. The Catholic Health Association's performance improvement research (*Living Our Promises, Acting on Faith*) corroborates an old truth: Organizations that align their expectations and tools for employees and managers with relevant training, provide vehicles to enable performance, articulate clear performance measures, and require accountability and appropriate follow-up will achieve greater employee satisfaction. In so doing, they give substance and form to the church's teaching on labor.

None of these suggestions will fully assuage or rectify the tensions experienced in today's health care work force. If we are ever to achieve Fr. Ryan's hoped for a "better day" in labor relations in Catholic health care, we will only do so through understanding of, reflection on, and commitment to the church's long and evolving social tradition. □

NOTES

1. John A. Ryan, "Labor Unions (Moral Aspects)," *Catholic Encyclopedia*, Appleton, New York City, 1910. The text of Fr. Ryan's article can be found at newadvent.org/cathen/08724a.htm. The passage cited is on p. 8.
2. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, p. 9.