



# Labor Relations: A Catholic Matter

BY FR. WILLIAM J. BYRON, SJ

**O**ver the years, I've often noticed that the most effective union organizer is an insensitive top administrator. This is true in health care as well as any other workplace environment. Call them associates, employees, colleagues, co-workers or by any other name, all you have to do is ignore them, shut them out from participation in decisions that affect their wages and working conditions, and you (the CEO, administrator or manager) are inviting them to organize.

But whatever their reasons, you, the CEO or senior administrator in a Catholic health care organization, must respect their right to organize and to participate in collective bargaining. This is all spelled out clearly in a body of doctrine known as Catholic social teaching that the bishops of the United States have called a "central and essential" part of the Catholic faith.<sup>1</sup>

The bedrock principle upon which Catholic social teaching rests is the principle of human dignity.

"In a world warped by materialism and declining respect for human life," wrote the American bishops in 1998, "the Catholic church proclaims that human life is sacred and that the dignity of the human person is the foundation of a moral vision for society. ... If the dignity of work is to be protected, then the basic rights of workers must be respected — the right to productive work, to decent and fair wages, to organize and join unions, to private property, and to economic initiative."<sup>2</sup>

An important element of Catholic social teaching is the principle of association. By association with others — in families and in other social institutions that foster growth, protect dignity and promote the common good — human persons achieve their fulfillment.

Just consider for a moment the word *socius*. It is Latin for "friend." See it there in the middle of

the word "association." See it, as well, in a word we use so often: "society." In order to develop as persons, in order to live full human lives, we need friends, we need associates; we cannot go it alone. We are social beings. Indeed, we were never meant to go it alone. And in order to get where we need to go, want to go, have a right to go as human beings, we have to connect with others.

Sometimes, what appear to be insurmountable forces block our road to progress. To overcome those forces — especially when they are human oppositional forces — we have to team up, organize, bond together. Thus bound together, we can remain committed to nonviolence and still make progress.

As an application of the principle of association, the church recognizes and respects the right to organize in the workplace — to form unions in order to negotiate wages and working conditions.

Phone books list all kinds of associations, literally from A to Z. They reflect an impressively broad range of human activity. Their purpose is to unite people for a purpose; essentially, the purpose is some kind of enhancement of human life and advancement of human growth.

Central to the tradition of modern Catholic social teaching is, as I've indicated, the right to organize, the right to form unions, which are associations of workers formed to protect their dig-

nity as workers. The principle of association has a special place in the tradition of Catholic social thought. The church teaches that we have a right to associate with one another, to unite with one another for the pursuit of objectives and goals that are themselves ordered toward the common good.

Organized labor has been on the decline in the United States over the past several decades. This is not unrelated to the decline in manufacturing employment in the U.S. There are many other factors that contribute to this decline; I'll not explore them here. But it is clear that the labor movement has seen a potential for growth by organizing government employees and looking to the service industries as well. Within the service sector, labor organizers view health care as an area for potential growth.

This has not gone unnoticed by Catholic health care providers who constitute the large and important network of Catholic hospitals and nursing homes in the U.S. They are often managed by members of religious communities and, as we all know, there have been conversations, even confrontations, across the country between union organizers and Catholic health administrators.

On June 22, 2009, the United States Conference of Catholic Bishops (USCCB) released a document through its committee on domestic justice and human development that carries the title, *Respecting the Just Rights of Workers: Guidance*

## **In order to get where we need to go, want to go, have a right to go as human beings, we have to connect with others.**

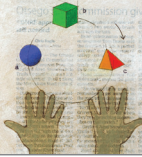
*and Options for Catholic Health Care and Unions.* This is the product of 10 years of quiet and substantive dialogue between and among leaders of the labor movement, Catholic health care and the bishops. They have been exploring together ways whereby Catholic social teaching can influence the actions of unions and Catholic health care institutions. "At the core of this document," say those who wrote it, "is the principle that workers have the right to decide in a free and fair manner whether or not they want to be represented by a union in the workplace."<sup>3</sup>

In a foreword to this document, Bishop William Murphy, of Rockville Centre, N.Y., chair of the USCCB standing committee on domestic justice and human development, says, "The starting points for the agreement were the recognition that

Catholic social teaching holds that 'health care is a human right ... both a service and a ministry ... [it] is a fundamental social good that is essential to the well-being of local communities and society' and the affirmation of 'two key values: (1) the central role of workers themselves in making choices about representation and (2) the principle of mutual agreement between employers and unions on the means and methods to assure that workers could make their choices freely and fairly.'" Now is the time, says Bishop Murphy, to offer "new practical alternatives" to deadlock and hostility in labor relations in Catholic health care.

In addition to Bishop Murphy, the drafting committee was composed of Cardinal Theodore McCarrick, archbishop emeritus of Washington; Sr. Carol Keehan, DC, president and CEO of the Catholic Health Association; Bishop Joseph Sullivan, retired auxiliary bishop of Brooklyn, N.Y.; John Carr, executive director of the Department of Justice, Peace, and Human Development, USCCB; Michael Connelly, president and CEO of Catholic Health Partners; John Sweeney, president, AFL-CIO; Dennis Rivera, chair, health care division of the Service Employees International Union (SEIU); Candice Owley, RN, vice president, American Federation of Teachers (AFT) and Paul Booth, executive assistant to the president of the American Federation of State, County and Municipal Employees (AFSCME). Surely, an impressive and representative group.

The document clearly affirms (and both union leaders and Catholic health care administrators agree) that "workers in Catholic health care have the right to choose to join or not to join a union through a process which is free, fair, and respectful of the roles and missions of Catholic health care and the labor movement."<sup>4</sup> In effect, this is saying that both unions and health care institutions have to be at their best, i.e., live up to their values and ideals, in addressing the issue of the right to organize and the place of collective bargaining in the health care workplace. Neither side may lie or misrepresent the advantages or disadvantages of unionization; neither side may use outside consultants to influence unfairly the decision of workers to organize or not organize. Workers must be able to vote by secret ballot, in an election supervised by the National Labor Relations Board (or by another mutually agreed-upon process) to decide whether or not they want union representation.



Those health care administrators, who for whatever reasons — good or bad — resent having unions represent their workers should, if they want to avoid unionization, make sure that they themselves are good listeners and ready responders to the legitimate needs and requests of their employees. Moreover, health care executives and board members should note, as a recent book on governance in health care does, that

**Those health care administrators, who for whatever reasons — good or bad — resent having unions represent their workers should, if they want to avoid unionization, make sure that they themselves are good listeners and ready responders to the legitimate needs and requests of their employees.**

[t]he expansion of organized labor in health care is an important trend with implications for the role of the organization in workforce development. Unions have become more sophisticated in their appeal to health workers. . . . It is important to note that the line between professionals and nonprofessionals joining unions has disappeared with increased activity among nurses, physicians, and others. Unionization has traditionally been viewed as a negative reflection on management and an imposition on management prerogatives. There is increasing evidence that unions may contribute to a more stable workforce and that collaboration may address shortages and enhance quality of care improvement efforts. Boards will question whether traditional views of labor organization limit their options for solving workforce problems, as unions reassess their traditional relationships with health care organizations.<sup>5</sup>

There is no question that organized labor has done a great deal to protect human dignity and promote justice in the American workplace over the past century. The labor movement is by no means perfect, but it does represent one way of applying the principle of association that will always be part of the great tradition of Catholic social thought. Leaders of labor federations will admit that local unions are sometimes hard to control. But the locals are bound by the spirit of the 2009 agreement their leaders have forged with the bishops and providers. And just as “union-busting” tactics are unworthy of Catholic employers, rival unions must avoid misrepresenting themselves and elbowing their way onto work sites to establish a stealth presence in pursuit of their own self-interested organizing goals. This has happened in the past, but it will not happen in the future if both sides follow the “Guidance and Options for Catholic Health Care and Unions” that constitute the agreement that bears

the straightforward title, “Respecting the Just Rights of Workers.”

Catholic health care can be grateful that it has in Catholic social teaching a useful compass to help it meet all workplace challenges while remaining on the high road of ethical labor relations.

**FR. WILLIAM J. BYRON, SJ**, is University Professor of Business and Society at St. Joseph’s University, Philadelphia. He is past chairman of the board of Georgetown University Hospital and a present member of the board of directors of Catholic Health East, Newtown Square, Pa.

**NOTES**

1. National Conference of Catholic Bishops (now U.S. Conference of Catholic Bishops), *Sharing Catholic Social Teaching: Challenges and Directions — Reflections of the U.S. Catholic Bishops* (Washington, DC: USCCB, 1998), 1.
2. *Sharing Catholic Social Teaching*, 4-5.
3. *Respecting the Just Rights of Workers: Guidance and Options for Catholic Health Care and Unions* (Washington, D.C.: USCCB, June 22, 2009), 10.
4. *Just Rights of Workers*, 13.
5. David B. Nash, William J. Oetgen, Valerie P. Pracilio, eds., *Governance for Health Care Providers* (New York: CRC Press, 2009), 311-312.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, July-August 2011  
Copyright © 2011 by The Catholic Health Association of the United States

---