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A Struggle over New Things

Contesting Catholic Teaching

When I first met Eileen Purcell at a SEIU United Healthcare Workers West convention in 2005, I mistook her for a nun. Her eyes lit up with clarity and fervor as she talked about the Sisters of St. Joseph of Orange. She celebrated these Sisters, who were arrested with the United Farm Workers, who supported the Justice for Janitors campaign, who continued to fight for the poor and access to healthcare, and who worked for peace and an end to war. Yet she was committed to holding these same Sisters accountable for their ongoing opposition to unions. The union convention—boisterous, scripted revelry—seemed odd when juxtaposed with Purcell’s theological intensity and her eye for complexity. I struggled to hear Purcell over the convention’s music and prerecorded video, which exploded out of loudspeakers over thousands of delegates. Purcell was the sort of person more comfortable singing “This Little Light of Mine” on acoustic guitar.

In 1999, Eliseo Medina, a UFW leader who had joined SEIU in 1996, recruited Fred Ross Jr. to join SEIU’s Healthcare Division. Ross recruited Purcell soon afterward, and the two of them worked together out of the
international’s Oakland office. Together, they were charged with developing SEIU’s “Catholic Strategy,” an approach to organize the largely nonunion Catholic hospital industry. SEIU believed that it could ultimately reach a “national settlement” with Catholic hospitals. In an internal memo, the union discussed “developing a coherent industry-wide strategy to sharpen employers’ choice between strategic alliances with the union and traditional labor-management confrontational/adversarial relations when they refuse to listen to and work with their work force.”

SEIU had already had significant success in isolated Catholic systems. In 2001, for example, it had won an important organizing agreement with Catholic Healthcare West in California and had established contracts at twenty-eight of that system’s hospitals. According to the internal memo, however, the current organizing efforts were “not significant enough for the systems or political/religious allies to come to a table and resolve conflicts or generate national settlement. Most employers have conducted cost benefit analyses and believe they can hold out.” Indeed, notwithstanding the successful collaboration between SEIU and CHW following the bitter struggle leading to that election agreement, most of Catholic healthcare viewed the agreement as a betrayal of industry interests. In order to reach a breakthrough nationwide, union leaders concluded, “We need to build to crisis while holding up positive alternatives.” According to international leaders, a breakthrough at another two Catholic systems within the top ten largest systems (of which St. Joseph Health System was one) would likely create a tipping point within Catholic healthcare nationwide.

Ross began devoting significant time to the Santa Rosa Memorial Hospital campaign soon after the local withdrew its election petition in early 2005. SJHS was one of the few Catholic systems at which workers were already mobilized, and the only nonunion system in which the religious leadership had agreed to speak face-to-face with union representatives. The leadership of Saint Joseph Health System was also closely linked to others in the Catholic healthcare world. The former CEO of St. Joseph Health System had become CEO of the Bon Secours Health System, a large Catholic system headquartered in Maryland. Through its board of directors, SJHS was connected with several other large Catholic systems as well.

For its part, the local SEIU-UHW also had an interest in expanding the Memorial campaign across the entire system. St. Joseph Health System is
headquartered in Orange County, California, an area of Southern California where the union had comparatively low density. Getting in the door at Memorial would likely have repercussions down south. So while the local and international had had disagreements in the past, the SJHS campaign was a point of convergence. In the years after the local withdrew its election petition, union staff dedicated to the systemwide campaign would increase tenfold and would expand to encompass seven of the system’s thirteen hospitals.

Yet in almost all of the “fair election agreement” campaigns that unions had led within Catholic health systems in the past, economic and political leverage were integral parts. At Catholic Healthcare West, the union threatened to lobby the Democratic-controlled state legislature to repeal legislation that permitted the hospital system to retrofit its hospitals gradually for seismic safety. As one organizer told me, this legislative change “was going to cost billions of dollars,” whereas “an increase in labor costs is never going to be that much, ever.” A deal struck with the floundering Caritas Christi Health Care in Boston traded organizing rights for a commitment by the union to lobby for increases in state funding for the system. Other efforts by SEIU in Ohio, Oregon, and New York—and by AFSCME in Illinois—also sought to leverage economic and legislative power.

St. Joseph Health System, on the other hand, was in good shape financially, and so was relatively immune to the economic and political leverage that the union might muster. Rather, the union would have to use moral leverage, “elevating the Sisters’ strong legacy supporting the rights of farm workers, janitors, and immigrants in sharp contrast to their opposition to SJHS workers’ efforts to unionize.” The Sisters of St. Joseph of Orange had one of the most progressive legacies of any hospital system sponsor. As one union memo put it, “The sisters’ greatest strength—their legacy in favor of social and worker justice—was also their greatest vulnerability, given the serious, documented disconnect between their words and deeds at SJHS.”

Unlike almost any other hospital executive or owner in the country, the chairwoman of St. Joseph Health System’s board of directors had agreed to sit down with SEIU representatives on several occasions. Purcell recognized the rarity of this willingness: “You’re dealing with genuine soul searching and struggling. And I have to say what set Sister Kit [Gray] apart is that she was willing to engage and dialogue.” But
over the course of the SJHS campaign it began to seem that system leaders were using dialogue itself as a tactic to avoid unionization—“dialoguing to death,” as one union leader put it, without changing its practices.

The centerpiece of the union’s campaign thus shifted from the workplace to the religious arena. The union would seek to convince the Sisters that they had a moral obligation to allow their workers a “free and fair union election.” The Sisters would seek to reconcile their position on unions with Catholic teaching. The primary audience for this back-and-forth became the wider Catholic community of which the Sisters were a part.

Catholic Support for the Rights of Workers

The Church’s support for labor unions harkens back to Pope Leo XIII’s 1891 encyclical on “The Rights and Duties of Capital and Labour,” known more formally as Rerum Novarum (or “of new things”). The document, written at a time when the Catholic Church was losing its moral and intellectual centrality in the world, put the church forward as a mediator between labor and capital, and argued that the labor union was the best compromise between the two, a way to ensure the dignity of working people while protecting the private property on which the foundations of society must be based. The Pope recognized that “working men have been surrendered, isolated and helpless, to the hardheartedness of employers and the greed of unchecked competition,” but dismissed the socialist solution. Collective state ownership was equivalent to theft, and toward this “the authority of the divine law adds it sanction, forbidding us in severest terms even to covet that which is another’s.” The labor union—like the “artificers’ guilds of olden times”—would protect workers’ livelihood at the same time that it would preserve their spirit, so long as these unions were not “managed on principles ill-according with Christianity and the public well-being.”

The Church’s somewhat ambivalent stance toward worker power—supporting unions at least in part out of fear of something worse—is reflected in a complicated history of the Church’s involvement in the U.S. labor movement. Nevertheless, in recent years—perhaps in response to the decline of radical labor organizing, and the further expansion of free-market capitalism—the Catholic Church has affirmed its support
for labor unions more unambiguously. In 1981, in *Laborem Exercens* ("On Human Work"), Pope John Paul II argued that workers have a right "to form associations for the purpose of defending the vital interests of those employed in the various professions." He also argued that the labor union should be understood "as a normal endeavor 'for' the just good . . . not a struggle 'against' others." In 1986, the U.S. Catholic bishops asserted in a pastoral letter on the economy, "No one may deny the right to organize without attacking human dignity itself." Moreover, they argued that the "purpose of unions is not simply to defend the existing wages and prerogatives of the fraction of workers who belong to them, but also to enable workers to make positive and creative contributions to the firm, the community, and the larger society in an organized and cooperative way."

Joseph Fahey, a professor of religion at Manhattan College and founder of Catholic Scholars for Worker Justice, became an asset to workers and union leaders during the St. Joseph Health System campaign. He interpreted Catholic social teaching on unions as meaning that Catholic employers should "encourage their workers to organize." *Human rights* in Catholic thought are not to be "passively acknowledged," he said in an interview, but rather "should be positively fostered." He continued, "If you have a right to vote, people shouldn't say, 'Well, then, you have a right not to vote. . . .' You have the right to vote, you should vote." And while civil law may require employers to be neutral, he wrote, "I believe Catholic employers should not sit on that fence. No, Catholic employers should adopt a Quaker 'ethic of welcome' regarding unions. That is, workers should be told by Catholic employers that they welcome unions as a sign of faithfulness to Catholic social teaching."

Unions were not just a means to an end—a protection against a bad workplace—but rather were "an end in themselves, because unions foster solidarity and association," values that are recognized as important in Catholic thought. For him, "any corporate model in which there are owner/managers and non-union/employees necessitates a union on the part of workers so that they may bargain collectively rather than individually for their rights."

This idea—that union membership was desirable under any circumstances—was widespread among union leaders. One union leader said that she "has to believe" that people who are members of unions are better off than those who are not. She observed that while "any human institution is flawed," without unions workers are screwed "because we're dealing with
power and control issues. And the reflex of management is to balance their budgets on the backs of workers.” A corporation was a corporation, regardless of the service it provided or the religious values it espoused.

Many of the organizers with whom I worked had little interest in healthcare or Catholicism before joining UHW, but rather had come to work for the union because of its reputation for advocating strongly and militantly on behalf of workers’ rights. Brandon, the lead organizer on the Memorial campaign, was inspired to work in the labor movement by the 2001 general strikes in Argentina, where he was studying abroad. He took part in a “Union Summer” program after returning to the United States, and when he went back to school that fall he fought a successful campaign at his college to institute a living wage policy for service workers. Upon graduation, he took a job with Local 250 because he heard it would be a “good place to learn how to organize,” but not because “he wanted to work with healthcare workers.” Pete, the lead political organizer on the campaign, had gotten active in labor issues in college, where he created a student-labor alliance in support of the International Longshore and Warehouse Union (ILWU). For each of them, a commitment to workers came before a commitment to healthcare.

Perhaps at least in part as a result, organizers often spoke of all “workers” at the hospital in one breath, despite the radically different job classifications and pay scales within the bargaining units that were being organized. During one staff meeting regarding efforts to expand the campaign into a St. Joseph Health System hospital in a neighboring county, the organizing director of the union said that while the technical and professional employees he visited may have lived in nice houses, they identified as “workers” nonetheless. If you live in the community around the hospital, he explained, “you know you’re not rich because you don’t own a winery.” For him, it seemed, all employees’ relationships to their bosses shared similar characteristics, regardless of their specific pay scales or positions.

As the union and its supporters sought to make their case in the religious community, they highlighted the declining role of sisters in the daily operation of the facility, implying that the Sisters had ceded theological authority to business-oriented managers. At one point in time, the Sisters of St. Joseph of Orange both managed and made up most of the staff within their hospitals. But as “labor priest” Monsignor George G. Higgins observed of contemporary Catholic hospitals, “the men and women who . . .
work in the kitchens of our Catholic hospitals . . . have not volunteered to serve the church.” Among management at Memorial, the union suggested, a business ethic has filled the vocational void. One Catholic priest noticed, “You go there to Memorial you wouldn’t find a nun in there. You might find one floating around as a chaplain, but that place used to be filled with nuns.” A labor leader added: “The stalwarts were the women religious, and they’re getting old and dying. And so these institutions remain and they’re being led by people whose culture is largely the business culture.”

According to many religious leaders supportive of the union, Sister Katherine Gray and the sisters leading the hospital had become pawns of the business side of the healthcare system. One priest observed, “She’s got all these people that are making six-figure salaries that are advising her and saying, ‘Unions are going to bring down this hospital system, they’re going to destroy it,’ so she’s trying to walk a tightrope.” Another priest recalled speaking to Sister Katherine about her position on unions. She had responded, “I will listen to my advisers.” This priest remembered thinking, “So that’s where I say, ‘What is it that’s supposed to really advise you? Your spirituality and your social teaching.’” A third priest suggested that the sisters’ loyalty to their hospitals had meant they had come to depend on business expertise in order to keep them strong: “What they’ve done to manage this whole situation [is] they’ve had to hire all these laypeople, and these people come out of a business structure, so many of them come out of an antiunion business structure, so they’ve turned a lot of the actual administration over to them.” According to this priest, the Sisters’ divestment from the active administration of the hospital was reflective of broader changes in the healthcare system that made the market unavoidable:

They’re in the market system. And that’s what makes the union all the more important, is to fight out that in the market system, the rights of employees, to equalize that situation out. You can’t be a multibillion-dollar corporation and contend you’re not in the market system.

Religious leaders tended to see the Sisters as serving little more than a symbolic role at the hospital, espousing religious values that belied their corporate practices. One priest argued that the Sisters “have had to develop a vocabulary and a propaganda mechanism in order to defend the
way they are.” According to one union leader, some priests went so far as to suggest “there are no longer Catholic hospitals” at all, with their religious values emptied entirely of meaning. Similarly, Brandon saw the system’s hired ethicist as having almost no autonomy from the prerogatives of management: “[He] provides a justification for whatever the company wants to do. There’s no other PhDs in theology [around], [so] no one’s gonna tell [the ethicist] he’s wrong ‘cause no one knows anything about it.” He thought that it was no coincidence that the system’s rhetoric on unions varied “little from the standard antunion line from the Chamber of Commerce or the National Right to Work committee or any other normal private sector employer.”

Nevertheless, among union organizers, the challenge was to elevate the Sisters’ legacy and challenge them to take a more active role in shaping the everyday practices within their hospitals. This made organizers’ perspectives differ slightly from their religious supporters. Where religious leaders suggested that the market for healthcare had vanquished the Sisters’ capacity to lead, organizers pointed out that the Sisters remained at the helm, at least formally, and that the Sisters struggled with the tension between their values and the business of running a hospital. Indeed, it was this tension that provided the union with the possibility of moral suasion. Purcell noted that while the hospital was a business, “there are some sisters monitoring the mission, or aspiring to, who act out of that charism. And that has a softening impact, that has a pastoral dimension that is part of the culture, that is different from a for-profit hospital.” When I asked Ross whether he thought the Sisters were like any other executives or whether they were susceptible to religious argument, he answered, “They’re both.” Brandon believed that among the religious leadership there was “a certain amount of self-delusion going on.” He suggested that these leaders “also understand that a union means they lose power and it’s worse to them to lose power than to do something they might have to do some mental acrobatics around to rationalize.” But he contrasted these religious leaders with the business-minded local CEO at Memorial who could “go run a factory someplace and be just as happy.”

One male organizer of Catholic faith went so far as to suggest that the Sisters struggled with a kind of “internalized colonization.” As women in the church, the Sisters had been “treated as second-class citizens.” As a result, they “then say screw you all, including the male hierarchy of the
church,” and argue that they “know what’s best for the workers.” The paradox was that the Sisters had come to embody the same paternalism that has subordinated them within the Church: “They actually become what they hate.” Another union leader offered a less psychoanalytic perspective. For her, Catholic institutions—including women’s religious orders—had always been hierarchical “in their bones and structure and architecture and governance structures. . . . You still have vows of obedience.” This leader asked rhetorically, “Did they ever believe in worker voice? I don’t think so.”

A Different Frame

Leaders of St. Joseph Health System rejected the charge that they were antiunion, although they did ultimately acknowledge—after sanctions from the NLRB—that their behavior in Santa Rosa in 2005 had been inappropriate. One system ethicist acknowledged that there had been times when the system “conducted campaigns in a shameful way.” Another system executive suggested that the Fair Election Commission Report produced by the union after it had withdrawn its election petition in 2005, and supported by prominent local religious leaders, had drawn the hospital system’s attention to the union question: “When there was a group of people alleging a certain set of behaviors on our part, I think we stepped back and said, ‘We need to look at that.’” Union leaders pointed out, however, that this report did not change the system’s antiunion practice in significant ways over the next four years.

In addressing the question of unionization, system leadership disputed the idea that they represented a “powerful organization” in opposition to a “voiceless worker.” As one ethicist put it, “I came to realize through study, through research, and through discernment that that is not the landscape of this issue. The landscape is, there is a healthcare organization with power, there are unions with power. And there are two voices of employees, some employees who want [a union], and employees who don’t want [it]. So for me, that’s the landscape.” The ethical question for him was how to create an environment in which workers could choose without being unduly influenced by either organization.

According to one union leader, however, equating the hospital with the union as two equally powerful organizations “assumes that workers
are vulnerable to the union in this equal way that workers [are vulnerable to employers].” The hospital “hires and fires them and assigns them their schedule and has power over them,” whereas the union has none of this authority. Equating the hospital and the union denied the “power relationship” that existed within the hospital.

But for hospital leaders, the union and its supporters were too dogmatic in their advocacy for unions under any circumstances. While expressing its support for unions and affirming the rights of workers to organize, the Compendium of the Social Doctrine of the Church, for example, also argued that unions “must overcome the temptation of believing that all workers should be union-members.” One system executive explained how she had come to see that some union leaders and supporters believed “there cannot be a fair and just workplace without a union, that there is an inherent unfairness in the manager relationship. I don’t believe that; that’s certainly not a position that I share.”

A second ethicist argued that theologians such as Joseph Fahey were “fundamentalist in their approach,” in that they took “a limited set of texts” and interpreted them too literally. Rather than draw narrowly on those teachings on the rights of workers to organize, ethicists within the health system argued that they “were really looking at a larger body of theological stuff that had to do with work, the workplace, human dignity, growth, civic responsibility, and then kind of trying to see the issues of unions and union elections in that kind of a context.”

This position was fleshed out more fully by Jack Glaser, an ethicist during the early stages of the Santa Rosa Memorial Hospital campaign and the chief architect of SJHS’s early position regarding unionization. Glaser had been with St. Joseph Health System since 1986, and was a progressive voice on U.S. healthcare reform. In an article titled “Fruit on the Diseased Tree of U.S. Healthcare,” he argued that Catholic hospitals cannot be in keeping with religious dictates without systemic healthcare reform. By analogy he wrote of the efforts of a colony of Mennonites who sought to renounce slavery in South Carolina in the seventeenth century, only to leave in failure. Just as the colony failed, Catholic healthcare could not be true to its values and sustain itself within the “parameters of organizations within . . . society.” In a separate piece for the CHA, Glaser argued that while “most Americans implicitly frame healthcare as a commodity, a market good . . . in all other developed countries and in Catholic social
teaching, health care is recognized as a social good—an indispensable
good required for the flourishing of society and the individuals in it.”
From 2002 to 2009, Glaser helped to lead the system’s Center for Health-
care Reform, and was quoted as having argued that “dysfunctional ethics
on the societal level have cascaded down into our Catholic health care
ministry in such a way that makes it almost impossible to carry out our
ministry in any respectable manner.”

Yet Glaser was opposed to unionization efforts in St. Joseph Health Sys-
tem hospitals, and he developed a theological argument for the system’s
antiunion efforts. According to Glaser, the question facing any Catholic
organization is whether, in that particular workplace, a union offers a
greater or lesser probability of moving toward a “Biblical” workplace.
Responding to the body of Catholic social teaching that expounds on the
virtues of unions, he argued that unions tend to use church teachings as
“battle quotes,” which were “simple; brief; [and] narrowly focused.” He
suggested that this body of teaching was actually “layered; elaborate; and
expansive.” Glaser believed that a workplace is “a community, a network
of systems and structures that serve sacredness of dignity”; that work is “an
essential way that holy and sacred dignity grows to fullness.” The start-
ing point for evaluating a workplace should be whether it makes dignity
possible. He went on to elaborate what distinguished “good” from “bad”
workplaces, as well as “good” from “bad” unions. A good workplace, he
implied, may justly work to keep out a “bad” union. This idea was echoed
by SJHS’s CEO Deborah Proctor, who argued that Catholic social teaching
“doesn’t start out talking about unions, it starts by talking about the dignity
of the person. That’s the primary principle of Catholic social teaching.”

Among workers and union leaders, the system’s promise to promote
workplace dignity struck a hollow chord. Furthermore, for Fahey, Glaser’s
theological position was “dishonest” and “a really fraudulent presentation
of Catholic teaching.” Purcell maintained that the Glaser paradigm was
flawed on at least three counts. First, it failed to acknowledge the power
differential between management and workers. Second, it failed to honor
workers’ right to decide for themselves whether or not to unionize. Third,
it held a truncated view of unions, which limited their function to pro-
tecting against abusive employers and negotiating for wages, benefits, and
working conditions. For Purcell, unions were about a broader conception
of economic citizenship and social justice.
About Glaser himself, Fahey believed, “he’s dangerous. And these nuns, frankly, they sit and listen. They hear what they want to hear.” They weren’t the only ones. Rumors were that Glaser’s PowerPoint presentation on unions in Catholic hospitals had been in demand across the country.

The Mission-Driven Workplace

Hospital system leaders did not admit to being antiunion. Rather, they consistently affirmed that they “preferred a direct relationship” with their employees over unionization. This phrase had been used as a euphemism for antiunionism in other systems as well, but it also accurately conveyed hospital leaders’ hesitancy about the union. For them, a union would threaten the organization’s capacity to be oriented toward its mission. According to one Sister on the SJHS board, “We want people to experience the workplace as a community, as teams focused on the mission, patient care, and care for one another.” A union, she implied, would make this more difficult. Another executive said that her biggest challenge was “organizational alignment . . . having one vision and moving everybody towards that vision and ministry together.” She suggested that the “nature of the [union-management] relationship tends to be one of defensiveness [as opposed to] alignment.” This was not necessarily the case, she continued, yet she thought that by its very nature a union “seems to create a chasm to begin with.” An ethicist within the system suggested that a union generated “loyalty within the subgroup, that needs to be there for that to have a meaningful life of its own.” But this loyalty, he implied, would distract from the organization’s greater purpose.

This explanation for antiunionism has special resonance within the world of Catholic healthcare. Historically, the nun had been a prototype for the selfless caregiver, and this selflessness was important for the development of Catholic hospitals. When sisters were actively running and administering hospitals, spiritual formation fostered “submission and obedience,” which in turn “enabled the motherhouse to apply the human resources of the community expeditiously.” A belief in the importance of self-subordination—of the martyred heart—has had important symbolic effects long after nuns withdrew from active nursing practice. Extended to the present, it implies that financial considerations sully the motivations
of caregivers. In 2002, *Health Progress*, the journal of the Catholic Health Association (CHA), dedicated an entire issue to the problem of labor. In an especially revealing piece, Sister Patricia Talone argued that traditional Catholic teaching on unions is irrelevant to Catholic healthcare:

> 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, but the care of the poor, sick, and vulnerable; it seeks financial strength to serve the ministry.\(^{18}\)

As a result, in Catholic healthcare, “the usual employer/employee dichotomy is replaced by a community of people dedicated to working together toward a common goal.”\(^{19}\) When there are “contentious arguments” between management and employees in such organizations, “people both inside and outside the ministry are often dismayed and discouraged.”\(^{20}\) The union sets up a class dichotomy where there should be harmony, and replaces selflessness with self-interest. Privately, the Sisters worried that a union would replace covenants with contracts, that it would reduce the hospital’s mission to a set of rules. One ethicist worried that a union would “formalize and juridicize things that don’t need that.” A nun who met with Sister Katherine Gray reported that Gray worried that a union would ruin the good relationship that existed between workers and managers.

St. Joseph Health System, like many businesses, asserts a set of “values” toward which it strives: “Dignity, Excellence, Service, and Justice.” Unlike other businesses, however, the system has at each of its hospital facilities a department dedicated solely to “mission integration,” or ensuring the consistency of the system’s practices with the Catholic values on which it was founded. The system also has hired “ethicists” who apply Vatican-issued directives on Catholic healthcare and, more generally, helped translate Catholic teaching into practice.

SJHS leadership seemed to understand these values as needing protection from the adversarial, contractual practices of labor unions. When workers first started organizing at Memorial in late 2004, it was the hospital’s director of mission integration who led compulsory antiunion meetings for all staff. She suggested that the union would undermine otherwise harmonious relationships between managers and workers. This was a conception shared widely among administrators in Catholic healthcare.
Memorial CEO George Perez stated that his duty was “to educate employees about what a union will do to the hospital, how it will upset our family.”

The Sisters’ experiences of labor organizing drives in Catholic hospitals reaffirmed this belief. According to Purcell, who had been in contact with over thirty sisters to explore bridging the divide between organized labor and Catholic healthcare, “At the CHA annual convention, the union was cast as one of several forces threatening Catholic healthcare’s survival.”

The relationship between sisters and this healthcare union had some history, of course. The confrontational tactics employed during the previous campaign at CHW had alienated sisters from SEIU. The campaign had been long and drawn out, though at the end the system agreed to a preelection agreement, most workers in the system elected to unionize, and SEIU and CHW embarked on developing a working partnership. Nevertheless, after the campaign the relationship between the union and hospital management was significantly more collegial than the relationship between the union and the sisters who had been involved in the struggle:

Many women religious sponsors and lay managers viewed the CHW-SEIU settlement as a betrayal of Catholic healthcare systems. CHW sponsors themselves remained highly critical for years after the protracted, system-wide organizing drive at their hospitals—even after settlement was achieved and an effective and creative labor-management relationship was put in place—and supported their counterparts’ resistance to unionization.

One religious leader in the Memorial campaign knew friends of Sister Katherine Gray and attested she was “shaken to the roots” by the union’s theological strategy:

Some very legitimate people have said, “You’re way off base here.” And when people keep telling her that, “You’re way off base here, there’s something wrong with you, you’re not functioning right,” well, you can only take that so long. You begin to doubt the way you’ve been thinking.

 Whereas both labor and management had understood the campaign as something of a contest, many of the Sisters had felt personally and more lastingly wounded, experiencing the union’s strategy as an ad hominem attack. One organizer consistently demonstrated this tension within the
union between its theological rhetoric and more adversarial stance. In public, and with religious leaders, he would speak in moral language about the Sisters’ honorable legacy and the “disconnect” between their values and their antunion practices. In private, however, he assumed a crasser stance when he felt that the hospital leaders were betraying workers’ rights: “Stick it to them, fucking assholes,” he growled on more than one occasion.

Union organizers did disrupt the status quo, but from their perspective they did not introduce an adversarial employment relationship so much as provide a counterbalance to an adversarial power relationship that already existed. The union was necessary precisely because workers did not feel they had the kind of reciprocal relationship with the Sisters that a “direct relationship” implied. In a meeting I helped to arrange between my father, Robert Reich (Secretary of Labor during President Clinton’s first term), Sister Katherine, and SJHS CEO Deborah Proctor, Reich suggested that a “direct relationship” might actually be more possible with a union than without, so that workers could have a voice that is not silenced by power differences in the workplace. Certainly, an environment that management describes as harmonious can be experienced quite differently by workers themselves.

That being said, even within the labor movement there is some history to the idea that vocational commitment is inconsistent with unionization. Where union supporters publicly espoused the mobilized heart—that unionization would allow workers the opportunity to reclaim the mission of the hospital—unions have traditionally fostered the martyred heart among their own staffs. Suzanne Gordon has documented the prevalent antiunionism of unions when their own staff members tried to organize, articulated most clearly by the former organizer and contemporary labor scholar Lance Compa: “You’re working to serve the membership . . . so it’s inherently a conflict of interest to act in an adversarial manner that involves the use of strikes or pressure tactics to . . . interfere with the workings of the union.” For him, the important question was “whether [your work is] just a job or whether you consider yourself as belonging to a movement that has a broader social meaning . . . And that kind of movement requires dedication and the ability to resolve conflicts as colleagues and comrades, not as adversaries or enemies.” Compa would go on to become the author of the influential Human Rights Watch report *Unfair Advantage: Workers’ Freedom of Association in the United States under Human Rights Standards*. 


At the very least, Compa’s articulation of the inconsistency between voca-
tional commitment and unionization suggests that the martyred heart is
not foreign to union organizers themselves. In a revealing moment, Pete
asked, “Why do organizers work the amount of hours they do for the pay
they get? I think it has a piece of faith to it.”

Outside Agitators

Another widespread belief among St. Joseph Health System leaders was
that the union was a “third party” made up of people other than the work-
ers themselves. In response, union leaders pointed out that workers at
Memorial had called the union—the union did not begin the campaign
uninvited. More generally, however, union leaders argued that social
movements are rarely sparked without “outsiders” recruiting, training,
and developing leaders—an idea supported by the social movement litera-
ture. 30 Ross put the point succinctly:

Planting seeds is not illegitimate. UAW went in to organize auto, right?
Cesar [Chavez] went into Delano. It wasn’t like thousands of farmworkers
sent letters to Cesar and said, “Please come organize us.” Yeah, you go out,
you evangelize, you plant seeds, and there’s either interest or there isn’t. But
a fundamental principle for us, there’s gotta be worker interest and leader-
ship. That’s what’s gonna drive it.

Despite these arguments, there was something of a divide between
union staffers and worker leaders in the Memorial campaign, which occa-
sionally created a degree of tension. During my experience with the union
there were often at least two levels of meetings that took place before work-
ers had input into strategy: a meeting between the organizing director and
other lead organizers (often in Oakland), and a meeting between the lead
organizers and the other staff organizers. Even in the weekly organiz-
ing committee meetings with worker leaders, workers often sat around
a large square table while a staff organizer stood at the front. The orga-
nizer would have written the agenda beforehand, often with little room
for spontaneous participation. 31 It is not necessarily surprising that a large
labor organization would sometimes take on the trappings of bureaucracy,
but these bureaucratic tendencies did come into tension with the conception of the union as an organization that made possible worker voice.

And while the union did not want to be seen as outsiders, most of those who worked for the union were outsiders to some extent. Nearly every staff person on the campaign drove to Santa Rosa from San Francisco or the East Bay. Mari described how the union “changed people like socks,” as organizers were hired on to the campaign or left to work somewhere else. The feeling of being an outsider hit home for me on a cloudy afternoon before a press conference at Santa Rosa Memorial Hospital for which I was responsible. I suddenly realized that although I had worked on the campaign for almost six months, I had spent almost all of my time working in the local religious community and I had no idea how to get to the facility. Another community organizer and I spent almost fifteen minutes driving around town before we found our bearings.

In their discussions of union strategy, St. Joseph Health System leaders implied that workers did not really desire a union. This was not true, although support for unionization emerged organically in some places and was more carefully developed and amplified in others. In Santa Rosa, workers had always been the leaders of the campaign, but as the “fair election” campaign moved statewide in 2007 there was not the same kind of spontaneous support. In February 2007, with the leadership of Glenn Goldstein, the union organized a “blitz” of workers in the system’s three hospitals in Orange County. For three days, two hundred union staffers and members contacted workers at their homes in teams of two, looking for those few workers who might be able to lead the organizing efforts. The metaphor that one union organizer used was that of “mining for diamonds.”

Since wages and benefits were not of great concern to many employees within St. Joseph Health System, we were trained by union leaders to search for stories that would highlight the need for a union outside of the standard wage and benefit concerns. In a section of the training entitled “tough questions,” we spent several minutes discussing how to respond to a worker if he or she said, “I love my job.” The correct response, we learned, was to say, “That’s great. What do you love about it?” The goal was to get the person to open up about his or her work, and then ask, “Is there anything you’d want to change about your job?” At another morning meeting, we spent a good deal of time discussing how to respond to workers if they said that their workplace is “like a family.”
For St. Joseph Health System, this kind of targeting proved that union staff was promoting discord where previously there had been harmony. For the union, on the other hand, these sorts of systemwide campaigns were just good strategy. Moreover, union leaders argued, support often exists well before it is visible, as the Arab Spring movements for democratization demonstrated in 2011. Organizing only those “hot shops” with spontaneous worker leadership would never be enough to reverse labor’s decline. During the door-knocking drive, several “diamonds” had emerged. And soon afterward, organizers put together a meeting for all these supporters. Ross spoke of that first meeting as “quite an emotional experience.” He saw that the “big elephant in the room was worker fear.” Workers had the desire to organize, he remembered, but anticipated an aggressive counter-campaign from management. Anticipating this reaction, organizers had made sure that worker leaders from Santa Rosa were present to offer “encouragement and hope” to these relative newcomers. Andrew, a unit secretary and one of the strongest leaders from Memorial, discussed how he had been afraid too. But he went on to tell the others “how good it felt to put my pro-union flyer right in George Perez’s [Memorial’s CEO] face.” Ross recalled “huge peals of laughter, ‘cause people could see themselves doing that to their CEO.” At another moment in the meeting, when an organizer explained to worker leaders how publicly supporting the union gave you legal rights that silent support would not, “a light bulb clicked on and this one worker jumped up and said, ‘I get it! Norma Rae!’”

Given a broader context in which the labor movement has been declining in power and influence for two generations, should we really expect rank-and-file leadership to emerge from the ether?

The Just Workplace

St. Joseph Health System leaders and the Sisters themselves downplayed workers’ independent interest in unionization. An admission of workers’ interest, it seemed, would mean that leaders had not been proper stewards; it would be an admission that Catholicism had lost its centrality within the system. One system ethicist said that employees’ interest in unionization would indicate “that somehow there’s something in the workplace that our folks feel they’re going to be better represented by
somebody that they don’t even know right now, than by the supervisors and the administration and the structures of the organization.” For him, workers’ interest in unionization “should become a kind of a wake-up call.” In a local newspaper article, the hospital’s vice president of human resources suggested that employees had actually resisted unionization because of “the spirit of the people who come to work here. People come here not just to work in health care, but to work in a Catholic, nonprofit system. We encourage a safe, open environment where we can talk to one another, and we are very committed to doing that.” Support for the union, she implied, would mean the hospital system had failed to create this kind of environment.

One priest, who had previously served on the board of a St. Joseph Health System hospital, discussed how “the hospital looked upon unions as the black plague and took it as a personal affront: ‘You mean to tell me that we’re not taking good care of you? Why do you have to have somebody else looking out for your benefits when we are looking out so well for you?’” This perspective—that support for the union was an indictment of the Sisters’ capacity to sustain their own values—was one that hospital leaders shared with many Catholic allies who did support the campaign. A Catholic deacon who supported the organizing drive at Memorial argued that “the way to avoid a union is to eliminate the need for one, and the way you eliminate the need for one is to manage your company with the people in mind and not just your own gain.” A former Sister of St. Joseph of Orange thought that the Sisters still wanted “to be the ones that will hear the workers and do for the workers. . . . I don’t believe that there are mechanisms [for this] or workers wouldn’t be asking for a union.”

In some ways St. Joseph Health System actually was a good employer compared to other hospital systems and did engage in some indisputably charitable endeavors. During one of my first days working for the union, I accompanied my boss as we met with the union’s video producer. The producer had very specific ideas about what kinds of stories would be powerful in a piece: in a video made for another hospital, he had interviewed a woman who was homeless because she could not afford to pay rent given her low hospital pay; in another video, he interviewed a man who had to live in Tijuana and commute across the border to work at a Southern California hospital. Yet these stories just did not exist at Santa Rosa Memorial Hospital. As we urged the producer to frame the video around the rights
of workers to have a “voice” at work, and the inconsistency of SJHS’s anti-unionism with Catholic social teaching, the producer interjected:

You know, we should try to get a Hispanic to talk about being an immigrant, ideally this person would speak in Spanish, talk about being an immigrant, taking citizenship classes, trying to make ends meet, and having a hard time because he or she isn’t being paid well enough at the hospital.

These sorts of stories were not common at Memorial, however, a hospital at which the staff was largely white and fairly well compensated.

According to one hospital executive, over the course of the campaign religious leaders had approached him with the impression that the system was “paying terrible wages and don’t give [employees] benefits.” When he showed them “what we pay the people who work in our housekeeping departments and our dietary departments and our service departments and the level of benefits that they had,” these religious leaders changed their perspective: “Their feeling that they had to come in to protect the workers just kind of went away.”

In another revealing moment, the union held a staff meeting at which a group of organizers discussed the system’s community outreach team. St. Joseph Health System had hired six organizers to work on pastoral outreach, which included advocating on behalf of immigrants—an issue that took on particular importance during the immigrant rights rallies in the spring and fall of 2007. In the middle of the meeting, the union’s organizing director turned to the rest of the staff and said—half jokingly—“Why’d we pick this target again?” Talking about union strategy regarding St. Joseph Health System, a different organizer said in an interview:

You have companies like Tenet Health and the way we broke those guys was we helped expose the fact they were performing unnecessary bypasses on people, totally fraudulent heart surgeries, they’re cracking people’s chests for no good reason.

But St. Joseph Health System had not been doing “anything that everyone else isn’t doing,” he suggested, meaning that it was less vulnerable to the sorts of public campaigns that the union had engaged in against other hospital systems.
For union allies, however, the issue was not so much about wages or benefits as about workers being entitled to respect. According to one union leader, St. Joseph Health System believed “unions are exclusively to protect workers from bad actors.” For her, “unions have a much larger vision. They’re part of not only the bread and butter issues but good citizenship, economic citizenship, civil rights movements, immigrant rights movements.” Within the campaign, she continued, “we were facilitating workers claiming their role in the institution as stakeholders who love their work, loved the Sisters of old, but wanted greater voice.” Indeed, without this voice, it was difficult to tell how workers really felt at all. In his meeting with hospital leaders, Robert Reich told them, “Managers always want to believe workers are more satisfied than they are.” He suggested that when workers are powerless they often feel afraid to express support for the union, meaning that they could not possibly have a sense of how much support there was for a union without a “fair election” agreement. José suggested that St. Joseph Health System loved immigrants, until they decide they want to form a union.

In 2007, 2008, and 2009, the system was given a Gallup Great Workplace Award by the Gallup polling organization. According to Gallup, the award “honors organizations for their commitment to providing a workplace that enables employees to be engaged and productive.” It is based on surveys conducted among employees by the Gallup organization, which is paid consultancy fees. But while SJHS managers touted the award as a testament to its commitment to its employees, union supporters suggested that employees were not free to express their feelings openly. Dan remembered an intense competition among the managers of different departments in the hospital to achieve the highest Gallup scores. Managers told their employees that they “wanted to make the department look good,” and they offered pizza parties to employees if they had the highest ratings in the hospital—an implicit bribe encouraging employees to give high scores. Some workers even reported managers looking over their shoulders while they filled out the surveys.

A Dignified Choice

A similar back-and-forth took place over the question of “freedom” to unionize. Although the theological argument between the union and the
hospital administration often encompassed a larger debate over how best to create a workplace with “dignity,” the narrower disagreement was over what constituted a free choice for workers.

The union realized that St. Joseph Health System had no legal obligation to go beyond the National Labor Relations Act, a point acknowledged by several religious leaders in the campaign. As Bishop Tod Brown of Orange County wrote in a public letter to workers and hospital management on May 9, 2008, “under civil law, Saint Joseph Healthcare System is within their rights to insist upon the procedures of the National Labor Relations Act.” This sentiment was reflected by one local rabbi from whom the union was seeking support, who initially expressed reluctance to get involved: “I just don’t believe, in my heart, that this is unjust. The Sisters are abiding by the law, right?”

In order to change the framework within which the election would take place, union leaders and workers had to take the campaign outside of the legal arena and out of the workplace, to the world of religious opinion and moral suasion. St. Joseph Health System may not have had a legal obligation to negotiate ground rules, but it did have a moral obligation, according to union supporters. In an editorial published in the Santa Rosa Press Democrat, Monsignor John Brenkle declared, “The structure created by the National Labor Relations Board is no longer a fair or adequate framework for moderating union organizing efforts.” Another local rabbi who supported the campaign quipped that Moses had not brought the NLRA down from the mountaintop. Behind such declarations was a belief that religious institutions must pay attention to social rights that exceed those rights recognized by labor law. These social rights were articulated most explicitly by Tom Schindler, a former priest who had spent more than twenty years as an ethicist for Mercy Health Services in Maryland, succeeding Jack Glaser there. Schindler had left Catholic healthcare in part because he saw it as having betrayed workers’ right to organize, and became one of the union’s earliest religious supporters in Santa Rosa.

Schindler met with Santa Rosa Memorial Hospital workers in February 2006, but died suddenly in a swimming accident soon after this meeting. National Catholic Reporter, a prominent Catholic journal, published an article of his posthumously. He wrote, “Within the U.S. tradition . . . when it comes to a union campaign, each employee has a right to state his or her opinion and to vote for or against having a union. But so too
does the hospital administration.” This narrow attention to civil rights, however, obscured the fact that “an organization, including a hospital, has more power and resources” than a worker. Election ground rules would help to remedy this imbalance.

Union supporters also cited a working paper put out by the United States Council of Catholic Bishops in 1999, *A Fair and Just Workplace: Principles and Practices for Catholic Healthcare*. The document had been the result of discussions among a group of national labor leaders, hospital administrators, and bishops, who had begun to flesh out a framework for organizing in Catholic hospitals. It stated the desirability of election agreements like the one the union was advocating—thus distinguishing moral standards from legal standards. Having read the working paper, a local Catholic deacon expressed “concern” that the Sisters were “meeting the [standards] of the National Labor Relations Board, but not meeting the Bishops’ standard.”

The Sisters, and system executives, responded in writing that the union’s interpretation of the working paper was wrong, and that “Catholic social teaching was about giving a voice to the voiceless.” Granting one union an “exclusive agreement” regarding election ground rules would “shut out the individual voices of St. Joseph’s workers at its individual hospitals.” In interviews, St. Joseph Health System leaders expressed concern that the voices of antiunion workers might be silenced. According to one Sister on the system’s board, when a group of workers file for a union election, “to that group and to that position come a whole range of resources—money, training . . . the shirts and the buttons and all of that. And those resources are not available to the people who have a different opinion.” For her, the field was lopsided in favor of the union. Another executive echoed this sentiment: “I think one of the things we struggle with a whole lot is that voice of the employee who may not want to be organized, who likes the working environment as they have it. Where’s their voice?” For union supporters, the answer was obvious: all of management, implicitly and often explicitly, voiced its opposition to the union. The antiunion worker’s “voice” had been projected loudly for years.

**Theological Debate or Corporate Campaign?**

The hospital leadership’s most compelling response to the union’s arguments, however, was that the union’s attention to Catholic social teaching
A Struggle over New Things

and the Sisters’ legacy was itself merely instrumental, a “corporate campaign” intended to extort the hospital system and secure more dues-paying members. This argument had been developed by the U.S. Chamber of Commerce around the time of the Catholic Healthcare West campaign. The Chamber commissioned professor Jarol Manheim of George Washington University to write a report on union strategies. His brief, *Trends in Union Corporate Campaigns*, warned employers about what to expect from unions—from shareholder resolutions to conflict over theological teachings. The intent of most such campaigns, Manheim implied, was to organize *employers* to recognize unions even without worker support. In his earlier *The Death of a Thousand Cuts*, Manheim wrote that while the “core of the corporate campaign is a struggle for economic and/or political power, the public face of the campaign generally takes on the characteristics of a dramatic morality play in which the objective is to define and claim the moral high ground.” The symbolic dimension of these campaigns masked unions’ underlying economic interests.

St. Joseph Health System ethicist Jack Glaser went further, telling union representatives that corporate campaigns were a form of “violence,” which might be justified in extreme circumstances but were inappropriate within Catholic healthcare. Moreover, he wondered how the union could possibly expect to develop a productive relationship with Catholic hospitals after blemishing their reputations and undermining their work. In a letter to Sisters in anticipation of union campaign activities, a Sister on the system’s executive team argued, “Causing conflict and disunity are normative tactics of community organizers. . . . Our community’s charism and mission is to bring unity and reconciliation—with God and neighbor. What they do is contrary to why we exist.” In an e-mail message circulated to the press during the union’s weeklong vigil in front of the Sisters’ motherhouse in Orange, California, in July 2008, another Sister argued that the union’s behavior was unethical because, rather than organize each hospital individually, the union had targeted the entire system. In a private conversation between a pronunion nun and Sister Katherine Gray, Gray expanded on this argument. The organizing drive, she said, was actually coming from the union, not from workers themselves. She claimed that SEIU had a national agenda to organize *all* healthcare workers, and that St. Joseph Health System was being targeted first for strategic reasons alone. An editorial in the *Orange County Register* put the point even more bluntly:
This is really a story about power. There’s fierce competition among unions to expand their membership in a declining economy and in a world where private-sector unionization is falling. One particular union, the Service Employees International Union United Healthcare Workers West, has crafted a plan to organize the entire St. Joseph system without having to go to the trouble of organizing each of the 14 hospitals that fall under that system.\(^42\)

The entire St. Joseph Health System campaign was little more than a power grab, according to some, with SJHS a bit part in a larger play of the union’s own making.

In response, union supporters argued that there was a distinction between a “corporate campaign” and a “comprehensive organizing campaign,” the latter of which the union undertook unabashedly. What defined these sorts of campaigns, a union leader argued, was “working in coalitions to bring together workers, patients, community allies, and political leaders to advance a larger vision of the common good.” And while this leader admitted to mobilizing allies in union campaigns, she argued that the union did so “to protect workers from what has become standard antiunion activity.”\(^43\) The theologian Joseph Fahey did not make the same distinctions, but equated the “corporate campaign” with “nonviolent campaigns that have been used throughout history including those waged by Gandhi, King, [and] Chavez.” And while he recognized that it was preferable “to engage in persuasion rather than coercion,” he argued that “coercion (of a nonviolent nature) is at times a necessity in securing justice.”\(^44\)

In order for its arguments to be effective, however, the union sought to support them through symbolic practices that gave the arguments moral legitimacy and showed the emotional authenticity of the union’s relationship to Catholic teaching. Over the course of the Catholic campaign, the union subtly altered how it undertook protest and how it understood itself.