BIOETHICS/HEALTHCARE – TOPIC SESSION

Topic: "All You Who Labor…": Theology, Work, and Economy
Convener: Michael P. Jaycox, Seattle University
Moderator: Katherine Jackson-Meyer, Boston College
Presenters: Stephanie C. Edwards, Boston Theological Interreligious Consortium
Nicholas Hayes-Mota, Boston College
Nathaniel Blanton Hibner, Catholic Health Association

In "The Labor of Memory: Disentangling Trauma, Healing, and Institutional Results," Stephanie Edwards considers how ethics might respond to the reality that systemic injustice is among the root social causes of mental health challenges, focusing on trauma in particular. In response to the threat that trauma poses to human flourishing, she proposes a Christian bioethical approach of "enfleshed counter-memory" as a middle way between "overly medical" approaches that aim to erase trauma from memory and "overly spiritualized" approaches that aim to sustain the memory of trauma as a form of redemptive suffering. This middle way provides a critical vantage point from which to interrogate metaphysical claims about what is "normal," "natural," or "realistic" in regard to the treatment of mental illness, claims which are embedded even in secular medicine. As she provides an overview of trauma as a global public health crisis, she emphasizes the social dimension of trauma in light of epigenetic inheritance, interpersonal transference, and the societal relations in which we are all "enmeshed." Drawing upon the thought of Monica Coleman, Phillis Sheppard, and Emilie Townes as a womanist "intervention," Edwards highlights the contextual particularity of traumatic experiences, the communal dimension of working to heal traumatic memories, and the fact that the agency of those doing this work of healing is not entirely determined by social forces. Finally, in conversation with the work of Miguel De La Torre and M. Shawn Copeland, Edwards outlines her constructive proposal of enfleshed counter-memory, noting that it is animated by the imperative to resist the structural sin that causes the suffering of traumatic memory.

In "The Challenge of the Common Good: Applying Catholic Social Teaching through Community Organizing in the Healthcare System," Nicholas Hayes-Mota asks us to consider the community organizing work of the Greater Boston Interfaith Organization (GBIO) as an instructive case study in how to implement healthcare reform in view of a commitment to the common good. While mainstream US culture is generally resistant to a common good ethic, he argues that the work of GBIO as a broad-based and faith-based coalition demonstrates that significant practical gains for healthcare justice remain possible through deliberative processes and strategic organizing campaigns, even in the face of opposition from "established power holders" such as health insurance companies, state governments, and large hospital systems. GBIO's approach to inclusion is distinctive, in that it aims to provide the most vulnerable "with an instrument for participating fully in political life themselves…as befits their dignity." From this standpoint, GBIO is able to integrate "a commitment to the common good with a realistic approach to power." Its praxis ultimately involves mobilizing people, money, and social capital in order to hold the established powers accountable and to secure a seat at the bargaining table. Hayes-Mota concluded by

noting four challenges that continue to affect common-good organizing for healthcare justice: the tension between insider power and outsider inclusion, the tension between principle and pragmatism (the achievable "win" is often less than ideal), the challenge of scale (systemic issues are usually much larger than the reach of the organization), and the challenge of countervailing power (opposition from established power holders).

In "Ministry, Margin, Mission: Competing Paradigms for Catholic Healthcare Leadership in the United States," Nathaniel Blanton Hibner highlights the contrast and tension between two paradigms found in Catholic healthcare systems: "mission," referring to the provision of healthcare on an equitable basis in view of the healing presence and mission of Jesus Christ, and "margin," referring to the reality that hospital systems must operate on a budget and remain financially viable. He uses the tension between these two paradigms to frame the problem of executive compensation, noting that, despite the commitment to mission, CEOs of Catholic hospital systems earn high salaries that are not only commensurate with their secular counterparts but also perhaps disproportionate and unethical. Hibner proposes three possible paths to a solution: First, Catholic social teaching on just wages would suggest that equity, not "competitiveness" with other businesses, should be the value that determines executive compensation. Second, a relational solution grounded in social Trinitarianism would suggest that compensation should reflect justice in the relationships between the persons constituting the organization, instead of the individual value of each employee to the organization. Third, and finally, a renewed appreciation of healthcare work as a vocation would suggest that an organizational comparison with other Catholic ministries should determine compensation, rather than the economic laws of the market.

The presenters responded to questions from attendees about the language most appropriate for healing and not re-triggering trauma, and about the proper determination of a just wage in view of the universal destination of goods. Finally, a commenter noted that all three papers share an emphasis on realism and practicality, particularly in regard to how they approach questions about assessing proportionality, building power at the grassroots level, and building consensus among actors and organizations.

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