

she has encountered in her field work but does so at a step removed from informants' stories, in order to preserve their privacy. Here, too, she devotes significant and necessary space to identifying ways sins like neoliberal capitalism and white supremacy have sunk in at the root of white, privileged Christianity. This is her clearest challenge to Christian communities, that they must do the work of disentangling such idols from their ministry and religious practices.

Dunlap does not openly claim to be writing a liberation theology, although she engages several liberationist thinkers and traditions in her footnotes, particularly those arising out of Black Church traditions in North America. To some degree, she lacks the doctrinal, deconstructive elements common in much of that work (although the aforementioned discussion of white supremacy does some of this). Rather, she understands her task to primarily reside in providing an honest reflection on the religiosity of the participants, without instrumentalizing their experiences solely for the correction of more privileged communities. This is an excellent text for students in pastoral formation, especially those who anticipate work among economically marginalized communities. It is also accessible for undergraduate students and could be useful in religious ethics courses addressing poverty and race.

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Bishops and Bodies: Reproductive Care in American Catholic Hospitals. By Lori Freedman. New Brunswick, NJ: Rutgers University Press, 2023. ix + 206 pages. \$29.94.

Most of us know very little about the institutions we rely on for our health care; for example, who owns them, whether they are non- or for-profit, or what their policies might be on a wide range of ethical issues, from the use of personal data in research to the disposition of fetal remains following a miscarriage. Most of this information is irrelevant, it might be argued, provided we get the care we need and/or want. In any case, while the names and logos on the outside of the buildings might differ, from the inside, few of us would be able to say what distinguishes one health care facility from another. Many are surprised, then, to learn just how large and expansive Catholic health care is in the United States. Among all non-profit providers, only the federal government-run Veterans Administration system is larger. According to American Hospital Association data (2021), approximately one in seven patients is cared for every day in a Catholic hospital.

Does this matter? To be more precise, does a hospital's Catholic identity make any difference in how it serves its patients and surrounding

community? Catholic health care leaders, including the CEOs of the nation's largest Catholic systems, argue it does. The United States Catholic bishops, whose *Ethical and Religious Directives for Catholic Health Care Services* (ERDs), currently in its sixth edition (2018), has long provided a summary theological vision and set of normative principles guiding Catholic hospitals and other facilities, argue that it should. In fact, more than a few bishops worry that the hospitals within their jurisdiction are not Catholic enough. In *Bishops and Bodies*, Lori Freedman agrees with the CEOs and, ironically, with many bishops, even as she offers what amounts to a legal brief against what she sees as their increasingly worrisome hegemony over health care, especially women's reproductive care, in the United States.

Freedman's case, which despite the book's title has less to do with bishops than with the ERDs, is twofold. First, regarding a variety of now commonly accepted perinatal interventions, the ERDs appear to "compel substandard practice" (xiii), which Freedman, coining a phrase, calls "doctrinal iatrogenesis." To support this claim Freedman draws on the testimony of patients and providers, many of whose stories make truly difficult reading. Freedman is a gifted writer: these narratives are superbly written, as is the book overall. On the other hand, readers familiar with these scenarios, especially readers who work as ethicists in Catholic hospitals, will be frustrated by Freedman's failure to ask whether and to what degree the substandard care she describes is the result of a provider's misreading and consequent misapplication of the ERDs. The same readers will be equally perplexed by Freedman's astonishing claim that "theological analysis" has "limited relevance to the day-to-day operations of Catholic hospitals" (10), especially given her admission that "the perspectives of nurses, administrators, members of Catholic ethics committees, and bishops," are "glaringly underrepresented" in her argument (161).

The second part of Freedman's argument raises similar issues. Her claim is that the ERDs have created a culture of evasion, hypocrisy, and even outright dishonesty among medical staff forced to seek various "workarounds" given the ERDs' prohibitions. (Physicians are typically required to abide by the ERDs as a condition of employment or practice in Catholic hospitals.) As above, a variety of narratives is used to substantiate these claims, all to the point that these workarounds do not really work at all. So why do these doctors choose to work (or remain working) for Catholic hospitals? At least some of them do so because they are inspired by the historic mission of Catholic hospitals to serve the poor. They will not find much support from Freedman. The notion that Catholic hospitals are distinguished for their charity care is, she argues, largely a myth.

Freedman is not naïve. Neither the Catholic bishops nor Catholic hospitals are going away anytime soon. However, if the growth of Catholic health care cannot be reversed, it can at least be checked. How? Like many bishops, Freedman thinks Catholic hospitals are far too coy when it comes to their identity. Let them state more clearly and transparently what services they do and *do not* offer. Then let the public decide.

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The Ethics of Tainted Legacies: Human Flourishing after Traumatic Pasts. By Karen V. Guth. Cambridge: Cambridge University Press, 2022. x + 248 pages. \$99.99.

With her 2018 article on John Howard Yoder, theological ethicist Karen Guth focused our attention on Yoder's "tainted legacy" and the dilemma of what to do with both the harm and goods his life produced. Now she has expanded her analysis to a book-length work of case studies addressing the complex moral legacies of public figures and institutions that have failed to uphold their moral authority. Guth argues that a pedagogy of ethics should engage these "tainted legacies," bringing in feminist and womanist (F/W) authors to highlight neglected but critical aspects of the conversation.

Despite the attention tainted legacies garner in the media, they remain "a distinct moral problem not yet theorized in philosophical and religious studies" (26). These legacies merit serious attention, since they have already bequeathed to us "entire frameworks from which we cannot escape and which we still need" (15). One's moral thought matures through an attentive analysis of the goods and evils present in tainted legacies. Such engagement would not be complete without F/W theologies that call attention to the need to reform structural injustices, especially since the tendency in American public life is to hyper-focus on particular offenders and their punishment.

In chapter 1, Guth defines tainted legacies as "morally injurious remainders of traumatic pasts" (32). The psychological concept of "moral injury" describes the effect these legacies have on individuals and institutions' moral reputation. Chapter 2 moves through five common types of responses to these legacies, which fail to successfully hold in tension both the legacy's moral grievance and its good remainders. Guth instead prefers a "Reformer" view, which examines both the grievous acts and the unjust systems that enabled them. Three case studies demonstrate how F/W theological conversations illuminate neglected but crucial aspects of a reform-oriented analysis. Chapter 3 deals with the artistic work of individual "cultural authorities"