

**Cura Communalis: A Paradigm of Collective Wellness for Higher Education**

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*"I don't know if we're witnessing the beginning of the end of the neoliberal university, but we are certainly seeing its true face: pabulum about care, belonging, diversity, equity, and inclusion mixed with coercive, violent practices of control and discipline."*

– Asheesh Kapur Siddique, Ph.D.

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### **The Problem: Are the Kids Alright?**

Across the United States, students are unwell. In 2022, the Centers for Disease Control and Prevention reported more than 40% of teens feeling “persistently sad or hopeless” (Balingit, 2022). Universities are reckoning with suicides (Bennett et al., 2023). This crisis was certainly exacerbated by the COVID-19 pandemic, but, as the American Psychological Association reports, “even before the pandemic, schools were facing a surge in demand for care that far outpaced capacity, and it has become increasingly clear that the traditional counseling center model is ill-equipped to solve the problem” (Abrams, 2022). While these reports point to declines in students’ social and emotional wellness, they do not even begin to reckon with other dimensions of wellness – like financial (Dickler, 2024) and environmental wellness (Hersher, 2024).

Declines in student wellness have impacts beyond the college or university. Even when approaching the issue through an entirely productivity-focused lens, a 2022 survey of recent graduates found that “college is not strongly perceived as preparing students emotionally for the workforce,” that “more financial stress is associated with worse mental wellbeing,” and that “burnout is a problem among young professionals, and it plays a role in their anticipated job tenure” (Mary Christie Institute et al., 2023, pp. 4–5). Through all this, one thing is clear: the current approach to student wellness is failing students and negatively impacting their futures. The problem, though, is that finding a single “solution” is nearly impossible.

### *The Wickedness of Student (Un)Wellness*

Student wellness in higher education is a wicked problem. In their article titled *Dilemma's in a General Theory of Planning*, Rittel and Weber (1973) describe wicked problems as lacking a clear problem-solving approach, which in turns makes it impossible to know when a problem has been “solved” at all (Rittel & Webber, 1973, p. 160). In this way, wicked problems are largely unsolvable. Ten characteristics of wicked problems are presented of which three are crucial to understanding the intersection of student wellness and higher education.

First, student wellness is a problem without a “stopping rule.” There is no

measure by which every student will be 100% “well,” nor are there enough resources available to attempt to manufacture total student wellness. Higher education leaders must instead consider what aspects of student wellness are most important, how many resources they are willing to make available to promote those aspects (Massy, 1996), and how different students will respond to different approaches.

Next, there is no immediate and ultimate test of student wellness solutions. Student wellness solutions can take months or years to develop and refine (Rose et al., 2017). In the interim, any number of internal and external factors can change the student wellness landscape in unanticipated ways.

Finally, Every wicked problem can be considered to be a symptom of another problem. In the post-COVID context, the lack of concrete student wellness plans might be a symptom of existing strains on student wellness apparatus (Abrams, 2022). These strains in turn might be considered a symptom of worsening climate change (Auchincloss et al., 2024), political polarization (Ford et al., 2023), financial crises (Talamonti et al., 2023), and discrimination (Center for Collegiate Mental Health, 2024), all of which have the potential to impact student wellness.

Alford and Head (2017) build on the wicked problems framework by producing a typology based on two conditions — clarity of the problem and stakeholder engagement. Within this typology, student wellness can be considered a “very wicked problem” (p. 402). In terms of clarity, neither the problem nor solution is clear. In terms of stakeholder engagement, this issue involves multiple parties with conflicting interests.

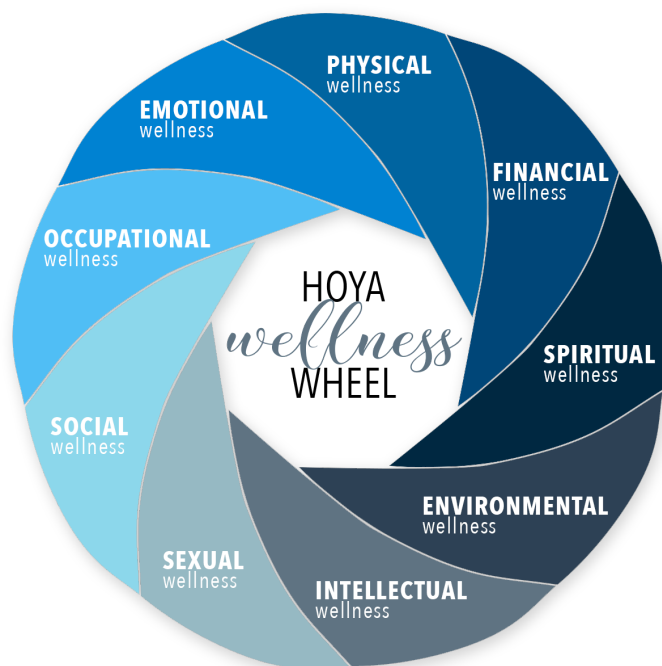
### *Narrowing the Scope: Paradigm and Place*

One key factor that has remained consistent across past paradigms is an individualistic approach to student wellness. Humphrey and Bliuc (2021) find that “aspects of individualism such as poor social support, competitiveness and comparisons with others are likely to be linked to a decline in the social connections and mental health of Western young people over the previous few decades” (p. 9). They further recommend that young people “buffer against these by building broad social

networks as a means of optimising their psychological health” (p. 9). I take this a step further and consider a paradigm in which it is not just the individuals but the institution itself building that network to safeguard and promote not only psychological wellness but other dimensions of wellness as well.

Along with focusing specifically on the divergence between individual and community approaches to wellness, I aim to locate my analysis in the wickedness of the student wellness landscape at Georgetown University (primarily among undergraduate students). This is in large part because the university explicitly claims *Cura Personalis* as an institutional value — translated literally as “Care of the Person” with the connotation of “profound care and responsibility for one another” (Georgetown University, n.d.-d). This provides an opportunity to compare the university’s “espoused theory” of student wellness to its “theory-in-use” (Tagg, 2007, p. 37). Along with this, Georgetown presents a well-developed, nine-dimensional vision of student wellness (Gray & Stoner, n.d.). This vision, depicted in Figure 1, provides fertile grounds for exploration. In the following section, these dimensions of wellness will be revisited from the perspective of community wellness following a discussion of how we arrived at the current paradigm of wellness in the U.S. higher education system.

**Figure 1.** The nine-dimensional Hoya Wellness Wheel.



*Note.* This image was sourced from Georgetown University (Gray & Stoner, n.d.).

### **The Shift: The Purpose of a System...**

In 2002, cybernetician Stafford Beer asserted: “The purpose of a system is what it does” (Beer, 2002, p. 217). As a system, Georgetown University perpetuates violence. I consider three theorizations to define violence as it relates to Georgetown and the U.S. higher education system broadly:

1. Psychological Theorizations: Sherry Hamby (2017) defines violence as needing to be intentional, unwanted, nonessential, and harmful.
2. Feminist Theorizations: Jinee Lokaneeta (2015) interrogates liberal conceptions of violence by pointing to the power of the perpetrator of violence (especially racial and sexual violence) over the victims.
3. Structural Theorizations: Burton et al. (2020) consider the violence that is built into societal systems such that some groups cannot meet their basic needs.

Georgetown University perpetuates violence that resonates with all three of these theorizations. In just the last five years, the university has discouraged survivors of sexual assault from reporting their assailants (Anonymous, 2020); forced disabled students to disclose personal details about their disability in order to receive bare-minimum accommodations (Craig, 2022); and failed to acknowledge and respond appropriately to hate crimes (Wild, 2022). In its broader history, Georgetown has perpetrated violence for centuries, from selling enslaved individuals to stay afloat financially in 1838 (Swarns, 2016) to permitting the Metropolitan Police Department to release tear gas on anti-war protestors in 1971 (McDonald & Simio, 2024). These instances of violence, which largely take place outside the classroom, do not even begin to consider the impact of other issues plaguing students across the U.S. higher education system like academic stress (Barbayannis et al., 2022). Ultimately, this history coupled with Beer’s assertion raises the following question: How do we respond when the university itself makes students unwell?

To respond to these questions, I turn to the Three Horizons framework (Sharpe et al., 2016). The framework distinguishes between three horizons, H1, H2, and H3, with each horizon corresponding to a mindset — managerial, entrepreneurial, and visionary, respectively. The horizons are not fixed in time. What is now considered “business as

usual” was once a novelty. In the case of student wellness, the dominant paradigm (i.e. H1) promotes an individualistic and reactionary approach. This approach, however, only addresses the symptoms and not the underlying cause of unwellness, which, as mentioned earlier, can be the institution itself.

In seeking to disrupt the dominant paradigm and move toward a new paradigm (i.e. H3), I ground my exploration in the following questions: What would higher education look like if wellness — at community level — *became* the primary governing value? What if this community wellness was understood as a prerequisite for the other functions higher education serves (e.g. teaching and learning, research, job preparation, consulting, and advocacy)? In order to respond to these questions effectively, we must first consider more deliberately how we arrived at the dominant paradigm.

### *Conceptualizing Health and Safety (Old H1)*

Before student wellness came student health. In the late 19th century, about a dozen universities started employing physicians, “chiefly in connection with their departments of physical training” (Turner & Hurley, 2002, p. 3). In this context, the dominant paradigm was one in which higher education was largely an intellectual endeavor, with discussions of health remaining confined to the realm of athletics. In 1901, the University of California became one of the first to develop and offer a health program to provide medical care to students (Turner & Hurley, 2002). Even so, health and athletics on college campuses would remain deeply intertwined for the next 50 years, with World Wars I and II stimulating further investment in the college health landscape (Turner & Hurley, 2002). It is important to consider that, from a demographic perspective, very few people in the early 1900s would complete high school let alone college, and those who did complete college were predominantly white and male (Snyder, 1993).

By the late 1900s, many universities began to engage with mental health, as well. However, this often happened within the context of acknowledging that students “might be psychologically troubled or need help in coping with the considerable emotional and developmental challenges of college or university” (Whitaker, 2002). As

in the case of physical health, this understanding of mental health is reactive and seeks to adapt the student to the university rather than build a university that decreases the likelihood of a student suffering from mental health issues.

A final consideration for the dominant paradigm of the early 1900s is that of colleges and universities acting *in loco parentis* (in the place of a parent). In this context, higher education institutions — especially smaller institutions — sought to curb sexual activity and liquor consumption for the sake of student safety (Edwards, 2008).

Restrictions were even more stringent when it came to female students, who were often subject to curfews and dress codes (Edwards, 2008). In 1970, Father Robert J. Henle, the newly appointed president of Georgetown University, reaffirmed the importance of *in loco parentis* during his first address to faculty (Henle, 1970). Eventually, student activism would lead to the end of many restrictions created in the spirit of *in loco parentis* (Edwards, 2008). Until then, however, the dominant paradigm was one that often sought to control and surveil students in the name of safety.

#### *Holistic but Individualistic Wellness (New H1)*

The paradigm that succeeded the health and safety paradigm takes a more holistic approach to wellness. For a while, U.S. colleges and universities associated wellness with “faddish, hedonistic, or non-scientific practices in California, where it first gained popularity” (Benson-Tilsen & Cheskis-Gold, 2017, p. 138). The opening of the National Wellness Institute at the University of Wisconsin-Stevens Point in 1977 imbued the concept wellness with legitimacy in the U.S. higher education arena (Benson-Tilsen & Cheskis-Gold, 2017). The shift toward wellness in the late twentieth century and moving into the twenty-first century also aligns with “a movement in broader U.S. society beginning in the early 1990s, when the federal government began to increase efforts related to health and wellbeing in the workplace with Healthy People 2000” (National Academies of Science, Engineering, and Medicine, 2021). At Georgetown University, shifts toward the wellness model of higher education are seen in the founding of the Women’s Center in 1990 (Georgetown University, n.d.-c) and LGBTQ Center in 2008 (Georgetown University, n.d.-b).



While this paradigm contends with wellness on a more holistic basis, it falls into the same individualistic, reactionary tendencies as the initial H1. Atkinson et al. (2020) respond to this by raising issues with adopting a theory of the self as an “autonomous, rational and independently acting or feeling individual” (p. 1903). This approach, they argue, neglects “spatial and social inequalities, multiple settings and scales and temporal choices and legacies” (p. 1903). In doing so, important dimensions of wellness are overlooked. Contending with those dimensions requires a community-based approach rather than an individualistic approach.

### *Community Wellness as Prerequisite (Desired H3)*

Neither the old H1 nor the new H1 can adequately address the systemic nature of wellness and unwellness, nor do they address the fact that the university itself can be a violent force. In order to do both of these things, a university must adopt a paradigm that centers wellness first. Centering wellness involves ensuring students are part of a community that they can trust and rely on. (Felten and Lambert, 2020). Centering wellness also involves a proactive approach that addresses root causes, rather than simply addressing the symptoms of unwellness after they arise (Steele, 2023). Finally, centering wellness involves integrating wellness into every level of the student experience — inside and outside the classroom.

In the context of Georgetown University, we can revisit the Hoya Wellness Wheel (Figure 1) and consider how the nine dimensions of wellness function at the community level, rather than just the individual level (Table 1). We can consider what community-wide sexual wellness can look like at a university that has sought to silence survivors of sexual assault. We can consider what community-wide social and emotional wellness can look like at a university that sought to cover up a hate crime. We can consider what community-wide physical wellness can look like at a university that denies disabled students accommodations. These considerations, among many others, will inform the iterative process of transitioning from the dominant paradigm of violence to the desired paradigm of wellness.

**Table 1.** *Considering the Hoya Wellness Wheel dimensions on individual and community levels.*

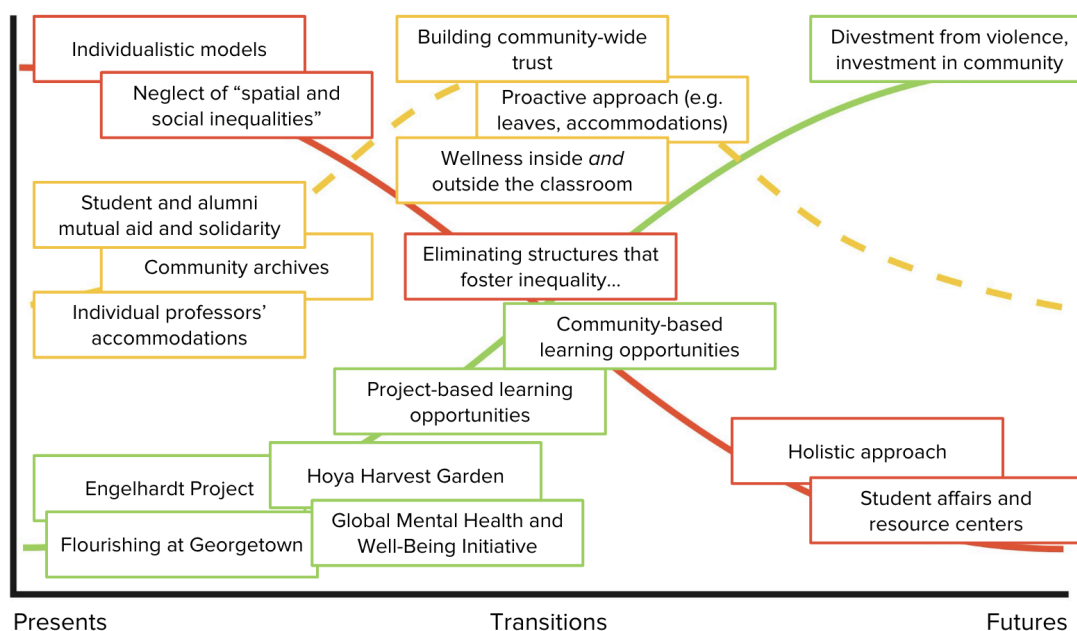
<b>Dimension</b>	<b>Current Understanding (Individual)</b>	<b>Proposed Understanding (Community)</b>
Physical	Making responsible, positive, and sustainable choices to promote proper care of one's body.	The university cares for every student's body, including by ensuring physical accommodations when required.
Financial	Learning how to manage and budget expenses, taking steps to live within one's financial means, thinking short and long-term about finances.	No student has to worry about where their next meal will come from or how they will pay rent. Every student has access to the funding needed to thrive.
Spiritual	Creating a sense of peace and grace that can aid one in life's journey, as well as providing a lifelong foundation in which one can embrace others, promote service, and build community.	Widespread spiritual practices are recognized by the university. Space is made to deconstruct rigid religious paradigms that sow divisions between and within communities.
Environmental	Living a life that is respectful of your surroundings (air, water, and land) and creating a healthy and inclusive environment where all people, regardless of identity or ability, can thrive and be their best selves.	Practices are instituted to preserve and care for the land upon which the university sits. Every student is taught to be a steward of this land, and the university divests from practices and business that harm the environment.
Intellectual	Expanding one's knowledge and engaging in forward, independent thinking, pursuing creative, mentally stimulating activities.	Diverse intellectual practices and methods are given credence and credibility. Pedagogical practices privilege learning over completion.
Sexual	Engaging in the pursuit of knowledge and the skills needed to make informed, healthy decisions about one's sexual self including getting regular check-ups, testing for STIs, and avoiding risky sexual behaviors.	Widespread education and adoption of a collectivist mindset. Zero tolerance for sexual violence. Deconstruction of systems that legitimize sexual violence within the university.
Social	Developing, fostering, and maintaining healthy and supportive relationships based on trust, honesty, and respect.	Support for community-led events and initiatives created by and for community members.
Occupational	Using one's talents, expertise, and values in paid and volunteer activities to create meaning and purpose while contributing to the betterment of society.	Diverse range of opportunities available, transcending the survival mindset. Widespread availability of accessible opportunities and accommodations.
Emotional	Being attentive to one's thoughts, feelings, and behaviors while striving to manage emotions and stress effectively.	Cultivation of community-wide emotional resilience. Structures within the university reduce stress rather than exacerbate it.

*Note.* The details under the "Current Understanding" column are paraphrased from the Georgetown University Student Health Services website (Gray & Stoner, n.d.).

### The Transition: Toward Cura Communalis

Given the understanding of community wellness constructed in the previous section, we can begin to build out a framework for transitioning from the individualistic and reactionary dominant paradigm to a paradigm that centers wellness on a community level. Figure 2 demonstrates a few key interventions and innovations to aid in the transition process.

*Figure 2. Modeling the transition to community wellness using the Three Horizons framework.*



*Note. H1 corresponds to red; H2 corresponds to yellow; and H3 corresponds to green.*

The remainder of this section delves into the seeds that have already been planted for change before considering what remains to be done. Table 2, included at the end of this section, features a list of innovations and interventions, along with the dimensions of wellness they speak to.

#### *Presents: Seeds of Change*

In the Three Horizons framework, a key step after assessing the problem and determining future aspirations is "exploring inspirational practice in the present" (Sharpe et al., 47). These practices are spearheaded by actors within the system (H3) as

well as external actors seeking to disrupt the system (H2). These external actors need not always be individuals. COVID-19 was an H2 disruptor that led to accommodations like hybrid classes, revised absence policies, and expanded health resources. However, without individuals pushing to maintain such changes, universities like Georgetown have largely done away with them in the name of returning to business as usual.

At Georgetown, other internal H2 disruptors and innovators in the community wellness space are often on the margins. One key example is students devising new solutions for mutual aid and solidarity. Georgetown Mutual Aid (Kominsky and O'Malley, 2021) and the Hoya Hub (Garino, 2020) are two student-led initiatives to combat financial and food insecurity on campus. While the Hoya Hub is now run by the Center for Social Justice, students were the original founders. Students were also key in securing university-sponsored affinity houses — the Black House, la Casa Latina, and Asian-Pacific HOUSE (Hub for Organizing, Unity, Solidarity, and Empowerment) (Yen, 2022). Most recently, student Resident Assistants have voted to unionize (Conway, 2024). In each of these instances, students recognized a flaw or oversight in the university — one that actively harmed students — and took matters into their own hands to care for one another and themselves within the current paradigm.

Faculty and staff are also key in disrupting the current paradigm as H2 innovators. One example is Sivagami Subbaraman, Founding Director of the LGBTQ Resource Center, archiving on-campus histories for the next generation (Subbaraman, n.d.) — an effort that is expanding due to student-led work in TPST-2420 Performing LGBTQ+ Histories, the course Subbaraman has taught since retiring from the center. Archives like this highlight the extent to which the system has to be pushed to recognize and care for marginalized students while also preventing the dominant paradigm from capturing and erasing this history. Other faculty have disrupted the paradigm by deliberately incorporating novel accommodations into their own classrooms. After expanded COVID-19 accommodations were eliminated, Georgetown University administration “made it clear that all decisions regarding course formats, attendance policies, and continuity plans are up to individual professors” (Craig, 2021). Some professors have taken this as an opportunity to continue rethinking practices in

their classrooms.

While there are a number of H2 innovators already working on the margins, there are also H3 visionaries working within the system as well to cultivate an ecosystem of community wellness. Examples at Georgetown include the individuals working on the Engelhard Project for Connecting Life and Learning, the Hoya Harvest Garden, and the Global Mental Health and Well-Being Initiative. These initiatives span dimensions of intellectual, emotional, and environmental community wellness. At the same time, this work happens in pockets of the university rather than widely across the university as envisioned in the desired paradigm.

### *Transitions: Beyond the Additive Model of Wellness*

These aforementioned disruptors and innovators have largely acted with an “add, don’t subtract” approach. This approach has gained traction primarily in the realm of nutrition as a way for an individual to build a healthy diet without the need to eliminate the foods they enjoy (Hohman, 2023). However, truly moving beyond the dominant paradigm requires universities to eliminate certain H1 rules and practices. If we consider the university to be a body, the organizations, resources, and movements that center community wellness resemble healthy additions to the body’s diet. At the same time, the violence coming from the highest echelons of the university constitutes a potent toxin that will keep the body unwell until eliminated. Along with those described at the start of Part II, other examples of violent practices include legacy admissions (Nietzel, 2024), policing (Sloan, 2024), and investment in private equity and hedge funds (Eaton, 2022). All of these practices especially harm marginalized communities, thereby hindering community wellness across all nine dimensions. Eliminating these practices will take time and buy-in from stakeholders ranging from the U.S. government to private donors, but if the university is truly committed to serving its students, it will need to start with transparency and a deep understanding of how we got to this point.

When considering innovations in the transition to a paradigm community wellness, there are a few key points to consider. One of the most important areas for

innovation is mentorship. Current mentorship patterns at universities disadvantage racially marginalized students. Gallup and Strada Education Network (2018) found that mentorship is key to the undergraduate experience, but “while nearly three-quarters of white graduates say their mentor was a professor (72%), less than half of minority graduates say the same (47%)” (p. 5). There are already working models for mentorship that Georgetown can employ. Olin College cultivates mentorship through student-faculty collaboration on projects (Barabino, 2024). Elon University cultivates mentorship by connecting peers, faculty, and staff into “constellations” that foster a supportive learning environment (Vandermaas-Peeler & Moore, 2023). At Georgetown, a university-wide model for mentorship and community-building can work toward all students accessing mentors they can trust and rely on and balance the mentorship burden across faculty, staff, coaches, and other advisors. These groups are ultimately the key stakeholders in this innovation, and they would need to be supported with appropriate resources, training, and time to build out these relationships. Elon University has been iterating on their model and aims to have a concrete structure in place by 2030 (Vandermaas-Peeler & Moore, 2023), pointing to the time investment required in actualizing such a program.

Another key area for innovation is leave, attendance, and accommodation policies. As discussed previously, such policies often demand forced intimacy from students, requiring them to disclose personal details about the conditions preventing them from participating within existing teaching and learning structures (Craig, 2021). Meanwhile, the existing accommodations system in higher education often requires students to “battle the system” itself, thereby singling them out as deviations from some norm (Nieminen, 2022, p. 847). Innovating in this space would require Georgetown to recognize that there *is* no “normal” student. There is no definite timeline for building a culture of access at university. The campaign for the Disability Cultural Center took over a decade (Young, 2023). Actualizing the center’s mission across the entire university would take as long if not longer. As in the case of mentorship, faculty and staff will require adequate resources and support to see this mission through.

A third site of innovation is the curriculum and syllabus. At Georgetown, the

Global Human Development graduate program hires students to apply social justice principles to the program and classroom (Georgetown University, n.d.-a). This program, though only matriculating 25–30 students each year, presents an example of what could happen across the university's undergraduate colleges as well. Faculty stakeholders, however, must be incentivized to participate in such a structure, which requires an active investment from the university. This innovation also requires intentionality in terms of who is hired to teach and, more precisely, who is hired to teach undergraduate students. This innovation also requires the university to reconsider the core curriculum and consider what disciplines and fields every student needs to engage with if community wellness is the governing value. Perhaps, in the vein of College Unbound's core competencies (Spears, 2024), graduation requirements could include demonstrated knowledge of and experience with the dimensions of wellness. As in the previous innovations, there is no timeline for curriculum development and design. It is an iterative process that requires continuous investment.

In order to understand when H3 has been actualized, I present the following indicators and guiding questions as a starting point:

- Students' sense of belonging: Do students feel like they belong? Which students feel like they belong, and which do not?
- Mentorship: Do students feel like they are sufficiently mentored? If so, who are their mentors? If not, why?
- Identity and inequity: How do completion rates, grade point averages, attendance rates, and other measures present across different identity groups?
- Funding: Which student-centered programs and initiatives receive the most funding per student served? Who is providing the funding, and is it sustainable?

Positive trends in these indicators are necessary but not sufficient in indicating a paradigm shift. Ultimately, it is only the total suspension of violence against students that will actually confirm that a paradigm shift has happened.

**Table 2.** *Innovations and interventions that promote community wellness.*

<b>Innovation / Intervention</b>	<b>Horizon(s)</b>	<b>Community Wellness Dimensions Served</b>
Affinity houses	H2 (Presents); H3 (Futures)	Spiritual, Environmental, Social, Emotional
Curriculum and syllabus overhaul	H2 (Transitions); H3 (Futures)	Intellectual, Occupational
Divestment from campus policing	H2 (Transitions); H3 (Futures)	Physical, Environmental, Occupational
Divestment from private equity and hedge funds	H2 (Transitions); H3 (Futures)	Financial, Social, Occupational
Eliminating legacy admissions	H2 (Transitions)	Intellectual, Social, Occupational
Engelhard Project for Connecting Life and Learning	H3 (Presents)	Intellectual, Social, Occupational, Emotional
Georgetown Mutual Aid	H2 (Presents)	Financial, Intellectual, Occupational
Hoya Harvest Garden	H3 (Presents)	Physical, Financial, Environmental, Social
Hoya Hub	H2 (Presents)	Physical, Emotional
Independent classrooms accommodations	H2 (Presents)	Physical, Intellectual, Occupational
LGBTQ history archive	H2 (Presents)	Intellectual, Sexual, Social
Mentorship programs	H2 (Presents); H3 (Futures)	Intellectual, Social, Occupational, Emotional
Resident Assistant unionization efforts	H2 (Presents)	Financial, Occupational
Student Affairs resource centers	H1 (Presents); H1 (Futures)	Physical, Spiritual, Intellectual, Sexual, Social, Emotional
Global Mental Health and Well-Being Initiative	H3 (Presents)	Intellectual, Occupational, Emotional
University leave, absence, accommodation policies	H2 (Transitions); H3 (Futures)	Physical, Intellectual, Occupational, Emotional
Zero tolerance for sexual and racial violence	H2 (Transitions); H3 (Futures)	Physical, Sexual, Social, Emotional

*Note. The interventions and innovations included are only those previously mentioned in this report. There are numerous interventions that must take place outside those listed in this table.*



*Futures: Will The Kids Be Alright?*

The desired paradigm requires two overarching responses from Georgetown University. First, the paradigm requires divestment from violence. This is true in the actual portfolio of the university's endowment investments, but it is also true in terms of how the profits from those investments are distributed across campus. Second, the paradigm requires investment in community — in mentorship, in intellectual diversity, in accessibility, and in the land upon which the university sits. Of course, there is always the question of resources. However, consider how the current violent practices of the university — the silencing of sexual assault survivors, the exploitation of students with disabilities, and the protection of perpetrators of hate crimes — are funded. How can we move beyond the paradigm in which a university has the resources to harm students but not the resources to support them? If student wellbeing is not an endeavor worth fundraising for, we must interrogate why that is the case.

The desired paradigm also requires sustained and increased investment in existing H1 structures that model holistic wellness — the student affairs apparatus (including the Women's Center, LGBTQ Center, Disability Cultural Center, and Center for Multicultural Equity and Access), the Center for Social Justice, and the Hoya Harvest Garden to name a few. These are elements of the H1 that are, indeed, fit for purpose and have an active role to play in supporting the shift toward a paradigm of collective wellness.

Today, universities across the United States have permitted police forces to arrest students and faculty demanding divestment from violence (Glover et al., 2024). Meanwhile, the students at these protests have shared how much they have learned from the experience about collective care (Adu-Wadier, 2024; Factora, 2024). In these deeply interconnected systems, the same universities that invest in violence abroad can invest in violence against their students. In this context and climate, how can Georgetown University live out not just the current value of *Cura Personalis* but the proposed value of *Cura Communalis*? How can the university ensure that students know their wellness matters most?

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