

DIOCESAN POLICIES

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Father Mark Mindrup is an alcoholic priest who is grateful for the wise and charitable assistance which led him to proper treatment and productive recovery. In 1970 the National Clergy Council met with its episcopal advisor, the Most Reverend John Whealon in Cleveland, Ohio, and out of that meeting came a challenge to all its members to undertake the development of practical policies and realistic methods in dealing with the problem of alcoholism within the ranks of the clergy and religious. The challenge was reiterated and emphasized in the Washington meeting of 1971.

Father Mark responded to that challenge. He conducted a survey among the bishops and religious superiors. The object was the formulation of a simple practical policy on alcoholism and related drugs, which can and will in many instances motivate individuals to seek help.

I first got the idea regarding this development of policy and program while driving across the state of Iowa, coming from Nebraska to the first Guest House conference two years ago. It was not the first Guest House conference, but the first I attended. I was burning with a desire to do something and to use my talents in this regard. I could see the need for it in our own Province.

I recall reading Jellinek's Disease Concept of Alcoholism. He felt that much was being accomplished today, but that there was much yet to be accomplished in the realm of preventive alcoholism — not that you will prevent people from becoming alcoholics ever — but preventive in the sense that you can raise the bottoms of individuals, that you can keep them from continuing on the slide towards absolute bottom, of absolute loss of hope and trust in anything, not only in themselves, but in God and everything else. Particularly when it came to the priesthood my thoughts were very deep. So it was that this idea jelled. It developed into what we are considering today.

The chairman and president of the Equitable Life Assurance Society, James F. Oates, Jr., was quoted by the Wall Street Journal back in June, 1958, as saying, "Whether management likes it or not, and there is much to tempt us to shun the subject, we must take a position on alcoholism and combat its increasing menace." Now, since that day management has taken a position and has linked the results brought about by alcohol programs.

I spoke of Jellinek's disease concept of alcoholism. This concept opened up new avenues of thought. It was presented just shortly before Mr. Oates gave that statement. When he developed and emphasized the disease concept of alcoholism professional and public opinion began to change. The disease concept of alcoholism formed an acceptable basis for preventive and curative action.

The interest of management as well as the general public was awakened, and the initial resistance to this disease idea was, and is, gradually being overcome through persistent activity in the area of education as well as legislation. To a very great extent we can thank business and industry for taking the lead in the formation of alcoholism policy programs.¹

We can go on and mention any number of individuals who have been very active in assisting industry, but it has been by the impetus of industry and business that these programs exist and continue to be formed. The interest, of course, was kept alive and motivated through the years by the National Council on Alcoholism, the Yale Center of Alcohol Studies and its successor, the Rutgers Center of Alcohol Studies. A growing number of Alcoholics Anonymous members on the staff and labor force of industrial and business enterprises is no doubt a decisive factor in these trends.

The Role of the Churches in Policy-Making

In this area of policy statement the outstanding contributions have been made by the Churches of America, particularly by the National and World Council of Churches, as well as the North Conway Institute.²

The leadership of these large Protestant denominations has helped to modify the attitudes of large segments of society toward alcoholism and, in turn, to facilitate the acceptance of this idea of Jellinek — the disease concept.

Perhaps the statement of paramount significance in the history of alcohol and the American Churches was made by the National Council of Churches on February 26, 1958. This was put out in the brochure *The Churches and Alcohol*. This statement unified the statement within the largest inter-denominational group in the nation, and the influence of this statement, which has been updated since, has been far-reaching and penetrating. Jellinek spoke of it in his book as the most important declaration on alcoholism by a religious body.³

The consensus statements of the North Conway Institute from 1958 through 1971 also shows its influence, the spirit of which is seen in their TECAP statement (TECAP meaning The Ecumenical Council on Alcohol Problems). This statement was made in 1966.

It says,

“We may all unite on the ground of the virtue of sobriety. This can be practiced in two ways: one is by total abstinence from beverage alcohol for religious motives; the other is by true moderation in the use of alcohol, also for religious motives. And on this common ground the virtue of sobriety may be practiced by abstainers as well as those who drink moderately.”

A most powerful stimulus toward the formation of policy statements and programs was in turn given as a result of the six-year study of alcohol problems prepared for the Government by the cooperative commission on the study of alcoholism.⁴

This was a million dollar project — more than a million dollars — and it was money, incidentally, very well spent. Since its publication in 1967 we have seen new policy programs being established throughout the nation and continuing to be established in industry and business and labor and government. Sweeping new legislation on the national, the state, and local levels was begun and continues to be enacted. The state of Michigan has on its board of legislation a new act concerning alcoholism in relation to therapy and to public health. Presently a federal policy on procedures on alcoholism and other chemical dependencies is being formulated for the Armed Forces of America.

The North Conway Institute has repeatedly noted that tremendous responsibility for social action rests with the Churches and their members, and that responsible reaction to this report of the nation is of urgent and major importance. Realizing that the response of the Churches and Synagogues to the national problem was under close and critical scrutiny, this group raised key questions and found key answers and has set examples in many areas which are worthy of our recognition.

After intensive study and discussion, they have found and continue to find a unity of purpose and effort. An examination of their statements clearly indicates that churchmen can close ecumenical ranks and reflect the Churches' concern with alcohol problems and take action on them. The key note of their 1967 statement is noted in these words:

“Our personal differences and preferences are not to obscure us from our determination to approach unitedly the problems which we commonly recognize.”

A Challenge is Accepted

What I am to say now, to one extent or another, is read from the letter which was first sent to the major superiors of this country in May, 1971, and to one extent or another was included in the initial letter to the bishops, the Ordinaries of the United States, in December, 1971. You will recall that at the NCCA. meeting in Cleveland, 1970, Archbishop Whealon, our episcopal advisor, charged its members with the major responsibility of encouraging the development of practical policies and realistic methods for dealing with the problem of alcoholism within the ranks of the clergy and religious.

Now I took this as a personal challenge. I questioned and found that nothing had been done in this area, and what I lacked in knowledge I made up for in enthusiasm. After seeking counsel with authorities in the field of alcoholism and of those who knew of what they spoke, with their guidance and encouragement, both my knowledge and my enthusiasm improved. And what began in my mind as a Province project ended up as a national venture.

In May, 1971, the Conventual Franciscan Provincials and Vicars of the United States were brought

together to Guest House at Lake Orion for a day-long seminar on alcoholism and related drugs. At the conclusion of that day, a policy program statement and mode of procedure was presented for their consideration. This policy, to one extent or another, began to be worked upon. In the same month, the major superiors of the religious orders and communities of the United States received a mailing, promoting the establishment of province policy and procedure. Also enclosed was a questionnaire.

In August, 1971, the major superiors received a follow-up mailing which included a report of the questionnaire response, as well as sample copies of policies and procedures in effect in other provinces.

On that date in August, 1971, there were four policies in existence: (1) the original policy of the New England Jesuits, which in turn was taken by (2) the Baltimore group of Jesuits, (the Baltimore Province, if I am not mistaken) as well as the policy of (3) the Brown Franciscans of the New York Province, and (4) the policy of the Holy Cross Fathers in New England.

In December, 1971, the Ordinaries of the United States received a similar but refined version of this mailing, along with a revised and refined questionnaire.⁵

In hearing from not only thirty-four who sent their questionnaires back but likewise from the number of additional bishops who wrote but did not return the questionnaires, I learned that many of them turned these papers and this project over to either senates or committees which they appointed.

I might mention likewise that a framework from our policy and procedures was sent to all the bishops as well as all the major superiors. They received this framework as a possible guideline, as you might say, for the formation of a policy that they might wish to develop. This framework, incidentally, has been under refinement for the past year, first being presented to the Franciscan Provincials in its infant state in May, 1971.⁶

The major superiors and bishops who have responded have done so with a note of appreciation and encouragement. I had no discouragement from anyone, bishop or major superior. Nothing but encouragement. They are interested. How much action will be taken it — is being taken incidentally — remains to be seen. And though the percentage response of the major superiors as well as the bishops might seem rather low, I have been informed it is above average for questionnaires of this nature. Thirty-nine per cent of the major superiors sent back questionnaires or wrote; twenty-eight per cent (28.7%) of the bishops replied.

In the follow-up mailing I included another questionnaire for their consideration, hopefully that on second thought, or if they had mislaid the first and to add to the validity of the survey, they might like to return this questionnaire. This was likewise done with the major superiors; as a result, about twenty more questionnaires and responses were received later.⁷

This venture was undertaken primarily in the hope of doing something for priests, brothers, religious, striving, as Jellinek says, to elevate the bottom, so to speak, to do something in the area of preventive alcoholism. I did not want to let individuals continue to slide but to grab them gently by the hand and lead them, perhaps, back to life and hope and trust and confidence in God and in themselves and others.

What started out as merely a thought-provoking, stimulating discussion idea around the country has not been unfounded. I hope for action, and by the responses from bishops and major superiors I know that this was not unfounded. Reports that come to me regularly through the mails and through you men here tell me that seminars have been conducted around the country during the past year. Committees to study the problem have been formed, on-going education in the area of alcoholism and related drugs is being inaugurated. Policies and procedures, if not already established, are being established on the boards.⁸

Reaction

Mr. Art J. Baker⁹

In these days of social and Church crises, the Ordinary finds his responsibilities as steward of Church affairs, its public image, and the welfare of the clergy and religious entrusted to his care, weigh heavily indeed. I wish in no way to contribute to these burdens but merely to point out a problem that no doubt exists already, for which highly satisfactory solutions are immediately available.

The fact that alcoholism and related drugs dependency already exists in every diocese is hardly debatable. This dread destroyer of productivity, reputations, and lives is rampant in those professions that demand adherence to high ethical standards, conveying the burden of privileged information, while endeavoring to reverse human, mental, physical and spiritual frailties. Disillusionment, frustration, and rigid controls are the

fertile fields in which dependency grows. No longer can we deny the increased incidence of alcoholism and related drugs dependency among physicians, psychologists, social workers, and, in all honesty, clergy and religious.

The Ordinaries must soon realize, as American Industry already has, that the costliest policy regarding dependency is no policy at all. In these years of shrinking vocations and increasing attrition of the ranks of clergy and religious, any priest or religious salvaged for productive work is, indeed, a gift of grace. In this perspective, failure to face objectively this already existing problem and deal with it realistically, in the light of existing knowledge about dependency and its treatment, is indefensible on either practical or humanitarian grounds.

Because of the complexities surrounding dependency, cruel and inhumane treatment of those afflicted, and ineffective and half-hearted countermeasures, myth, superstition and misconceptions have grown up forcing many persons to deny their obvious illness. Our present degree of sophistication makes continuation of these beliefs and practices irrational. No one governs his heredity, controls his early upbringing and training, or influences significantly the society in which he lives. Blame and shame must give way to enlightened knowledge and compassionate rehabilitation. It is recognized that the treatment for the excessive use of alcohol or other drugs involves more than disciplinary measures. Hopefully, the same careful consideration that is given to all having other illnesses, will be extended to those having the illness of alcoholism or related drugs dependency.

In a practical sense, on the job dependency has soared to a \$5 billion annual hangover for employers in the United States, more than double the \$2 billion estimated cost of only five years ago. The National Council of Alcoholism indicates an average loss of \$16 to \$20 million to American employers, daily, through this disease. One can readily recognize that an employer of the scope and complexity of any diocese will realize a significant portion of this over-all figure. Absenteeism, accidents, excessive sick leaves, hospitalizations, undone or spoiled work, damaged public relations, bad executive decision making, personnel turnover, recruiting, training, and termination costs are only a few of the factors that contribute to the costs of this enormously expensive and wasteful disease. Conservative estimates place the costs of each problem case to his employer at more than 25% of his annual productivity.

Most important of all! What dollar sign can be placed on the spiritual well-being of the priest or religious? What about the spiritual lives of those his life and guidance effectively influence! Or what price do you put on intangibles such as attitude, loyalty, morale, health? Or spiritual skills that can lead a soul from despair to peace of heart and soul, to eternal salvation?

Over three hundred American corporations, including DuPont, Dow, Bell Telephone, Consolidated Edison, Burlington-Northern, to mention a few, have already undertaken programs aimed at discovering and rehabilitating alcoholics and other drug dependents in a non-punitive frame of reference. A few dioceses are doing likewise. The spiritual needs are definite! The economic facts of life are clear! The precedent is established! The time for action — NOW!

What action? Hopefully, this brief exploration of the problem of dependent priests and religious has made it painfully obvious that the situation must not and cannot continue to be ignored. Practical and humanitarian reasons dictate that knowledge concerning dependency and its treatment must be sought. A local policy concerning the disposition of alcoholics and other drug dependents must be developed. Local resources and consultants must be brought together into a committee or council to advise Ordinaries on policy matters, case findings and disposition.

Delay can mean only continued losses, reduced productivity and perhaps needless further attrition of the already desperately thinned ranks of clergy and religious. ACTION IS NOW THE KEYNOTE!

Discussion

Father Mark opened the question and answer period by referring to the Chicago Plan, which has been very successful. It is perhaps a kind of pilot study, since it and a somewhat similar plan in Milwaukee are the first to have been tried for sufficient time to test the results.

According to Dr. West, the treatment in the Chicago Plan includes hospitalization, i.e., a minimum of four weeks at Lutheran General Hospital or at Guest House in Detroit, and weekly group therapy sessions including AA meetings. Periodically contact is made with the priests, sisters, and brothers who have been

under treatment. The exiting situation is ascertained and assistance is offered where the need is indicated. Between 1967 and January 1972, there have been ninety-seven priests, eighteen sisters, and five brothers treated. They have been brought back to sobriety, and most of them have continued in sobriety since 1967.

Q. In the survey you made, did the cost of the treatment play any part?

A. In very few instances there were indications that the treatment was very expensive. Actually the cost of therapy did not prove a very important factor in the minds of the bishops. With some it is, and that will be reflected in the following presentation (Father McNamara: Challenge to NCCA Members). What price tag can you place on the life of a priest, on his priesthood? Bishops and superiors, at least the knowledgeable ones, are willing to spend what it takes.

Q. Regarding the priest who returns to work after treatment, what is the attitude you find on the part of the superiors?

A. Where the policy of the Chicago Plan, and Milwaukee Plan, and at present the Minneapolis-St. Paul Plan, is followed, when the priest returns to active work, he is placed according to his seniority and his talents. The hope is that the assurance there will be no punitive measures invoked will cause the problem drinker to seek aid readily. He could be deterred from seeking if he thought he would be denied his former status.

Q. In a certain diocese I understand a man who has been under treatment for alcoholism is automatically set aside for two or three years before he is again considered for a parish. It is interesting that one of the returning men was elected to the priests' senate, and the 17 members of the senate elected him president. I understand that to be eligible for a position on the Board of Directors of NCCA, one must have sobriety for at least five years. How can one advocate a parish for someone whom he considers incompetent for a board membership?

A. The cases are not altogether parallel. Before a man leaves Guest House, Art Baker and others speak with the man's bishop or religious superior and make sure that the man will be given every rightful consideration. However, to act as a member of the Board of Directors of NCCA, it is thought more than sobriety is needed; one needs experience in the field of alcoholism. If the applicant has had previous experience in that field, the five-year restriction may be waived. This is based on the policy of the general board of AA, the General Service Conference, and other similar organizations.

1 Industrial Alcohol Health Programs began to appear in the 1940s. It was not until the later part of the 1960s that similar programs were formed for the benefit of clergy and religious. In 1967 the Archdiocese of Chicago had an unwritten Alcohol Health Program and Panel in operation for the welfare of all clergy and religious in the archdiocese. (Cf. The Blue Book (1967) Vol. XIX, pp. 20-32.)

2 Alcohol and the American Churches, North Conway Institute, 8 Newberry St., Boston, Mass.

3 Problem Drinking, National Council of Churches, 475 Riverside Drive, New York, NY 10027.

4 Alcohol Problems: A Report to the Nation, Thomas F.A. Plaut, Oxford Press, New York.

5 It was originally intended to mail these to all the bishops of the U.S. as well as existing senates and/or chairmen of diocesan personnel boards. But since policy making is mainly the province of Ordinaries, the mailing was limited to them.

6 I would like to recognize at this time that none of this material, to my mind, would have been on the boards or in the mails were it not for the guidance of Art Baker. Not only guidance but inspiration and encouragement, and of course some real good fatherly advice.

7 While in May, 1971 there were known only three promulgated policies and procedures in operation in the U.S., by October, 1972, there were twenty-three written-promulgated policies and procedures functioning; twenty-six written policies and procedures in formation [Ed.: Additional information on policies, etc., is found in other Appendices of The Blue Book for 1972.]

8 Assumptions for the formulation of the NCCA policy may be found in Appendix I, pp. 137-138 of The Blue Book (1872).

9 Mr. Arthur J. Baker, Executive Director of Guest House Sanatoria, the one at Lake Orion, Michigan, the other at Rochester, Minnesota, stand ready to serve at the local diocesan level. Recognizing the complexity of the dependency disease, it is unrealistic to expect a single person to possess the degree of sophistication and experience necessary to develop a diocesan dependency policy and action program. Guest House Sanatoria have had clearly the most extensive successful experience in treating alcoholism among the clergy and religious. They can count nearly 750 treated priests and religious in more than a decade of service.

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