SAINT LUKE INSTITUTE

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CONFIDENTIAL

Most Reverend Roger M. Mahoney, D.D.
Archbishop of Los Angeles
1531 West Ninth Street
Los Angeles, California 90015

Re: Monsignor Peter Garcia
SLI #11683

Dear Excellency:

This letter will serve to document our evaluation of Monsignor Peter Garcia, a 47 year old priest from the Archdiocese of Los Angeles. This evaluation was somewhat atypical for us in that Monsignor Garcia, as you well know, has already undergone treatment with the Servants of the Paraclete in Jimez Springs, New Mexico. As we understand it, conflict developed over the past year between Monsignor Garcia and the aftercare program prescribed by the Servants of the Paraclete. The disputed issues involved the use of the sexual appetite suppressant Depo-Provera, the degree of disclosure which was deemed appropriate for Father Garcia, and the therapy relationship with Doctor REDACTED , his designated psychiatrist. Given the acknowledgement of a sexual disorder our evaluation was aimed more at assessing the current state of Monsignor Garcia's recovery and to offer our opinion regarding the dimensions of an ongoing aftercare plan.

You are well familiar with Father Garcia's history but to put this report in context a brief summary is appropriate here. The first allegation of sexual impropriety was placed against Monsignor Garcia in 1975. In his own mind he has had a long struggle to recognize the reality of his behavior with adolescents. A second complaint was registered in 1980, and when similar charges were made in November of 1984 he was confronted for the third time about his behavior. This confrontation had an impact on him and it was followed by a suicide attempt using a sleeping medication and alcohol. Subsequent to this he was referred to the Servants of the Parclete for evaluation and he entered treatment at Jimez Springs in 1985. In Monsignor Garcia's own view his surviving the suicide attempt worked an important internal change. He came to acknowledge the nature and extent of his behavior and felt committed to eliminate it. It appears that he made significant progress in treatment and since that incident in 1984 has had no further sexual contact with minors, or for that matter adults. After completing the residential phase of his treatment he has worked as a parish priest in the Santa Fe Diocese in New Mexico. While so doing he hasa been involved in aftercare with the Servants of the Paraclete. As accurrately as we can determine the last year of this aftercare has been increasingly problematic.

Things have reached an impass where Monsignor Garcia is no longer working in New Mexico, and he has yet to be given a priestly assignment in the Los Angeles Archdiocese pending clarification of the current state of his recovery and his prognosis.

Against this background Monsignor Garcia came to the Saint Luke Institute on September 21, 1987 and participated in a comprehensive physical and psychological assessment process. It seemed obvious to us that the outcome of the evaluation could impact Monsignor Garcia's life in a way that would argue against his being fully disclosing about his current situation. Despite this anticipated obstacle he was very forthcoming in giving extensive information about himself and in our opinion we came to a reasonably accurate understanding of him. We see human behavior as affected by a wide array of motivations, experiences and even physical factors. In assessing behavior that is problematic we take a very broad approach. Our assessment protocol includes the following elements:

1. Structured interview by three members of the professional staff, including a psychiatrist
2. Physical examination and neurological examination,
3. Electrocardiogram (EKG),
4. Chest x-ray,
5. Electroencephalogram (EEG),
6. Computerized tomographic brain scan study (CT brain scan),
7. Neuropsychological testing including Wechsler Adult Intelligence Scale-Revised, Wechsler Memory Scale, Halstead-Reitan Neuropsychological Battery, and Minnesota Multiphasic Personality Inventory.
8. Informal meetings with current residents in the Saint Luke Institute rehabilitation program
9. Formal psychological interview with mental status examination
10. A dexamethasone suppression test. This is a biochemical challenge test which assesses the way the pituitary gland controls certain adrenal function. A positive test correlates highly with depressions that have a strong biochemical component and are frequently helped by antidepressant medication.

On Friday, October 2, 1987 after all of the elements of the assessment had been completed our team met together to discuss our findings and then share them with Monsignor Garcia. He was attentive throughout this process and I assurred him that he would be getting a copy of the written report so that he would not have to worry about remembering everything that was said. The remainder of this report will largely recapitulate what was shared with Monsignor Garcia at that feedback session.

PSYCHOSOCIAL HISTORY: Monsignor Garcia is the second of two children born to his parents who resided in Albuquerque, New Mexico. The family lived there until Peter was approximately 12 years old when they moved to Los Angeles. His early family experience had many positive features but some problem areas as well. His father was a hard working construction contractor with whom Peter could talk about many things. His mother served a more traditional homemaking role and was seen as a quiet strength in the family. Some difficulties were caused by his father's episodic abuse of alcohol. When drinking, he would become quite loud and abusive in his language and was seen as a somewhat threatening figure.

NEUROPSYCHOLOGICAL EXAMINATION AND PERSONALITY ASSESSMENT: The human brain is the organ of the body responsible for the highest level of integration of both experience and behavior. In reviewing behavior that is problematic it is important to establish the health of this organ. To this end we use the CT scan, the EEG and an extensive battery of specialized tests. With regard to the CT scan, Monsignor Garcia's study was normal without evidence ot tumor, atrophy or any structural problem. His EEG was also normal in both the awake and asleep modes. Nasopharyngeal leads were used to enhance yield.

The neuropsychological tests themselves yielded results that were generally in the normal range. His verbal IQ was 100, his performance IQ 114, yielding a full-scale IQ of 106. His verbal memory was within normal limits but some delayed recall problems were noted. This finding is consistent with the verbal IQ which is relatively low when compared with nonverbal measures of intellectual capacity. His visual memory on the other hand was excellent including delayed recall. A test of abstract thinking and logical problem solving capacity was in the impaired range although our interpreting neuropsychologist did not believe there was any acute neurologic process. More difficult and abstract elements of the neuropsychological battery showed some inconclusive signs of mild frontal lobe impairment. The left hemisphere functions showed a subtle trend of reduced efficiency. The cause of these mild deficits is probably developmental in origin. They are mentioned because they may have some contributing role in Monsignor Garcia's deficient analysis and judgement regarding his own behavior. It does appear that for many years he was able to deny the significance of what he was doing with youngsters and only repeated confrontation helped him to appreciate the true extent and nature of his behavior.

The formal personality testing yielded some information which we believe useful in planning ongoing aftercare. His MMPI profile was valid but defensive. There were no elevations of the basic clinical scales. The profiles suggested a person with a degree of narcissism and self-righteousness. The projective record indicated a level of self-esteem that has eroded under assault in recent months. He would generally present himself as confident and competent but behind that is a timidity and feelings of inadequacy.

His thinking is somewhat rigid and his has difficulty accepting alternative perspectives. He tends to underutilize information available to him. Specifically, his understanding of his sexual problem is simplified and he has difficulty thinking through some of its dimensions and consequences. His characteristic optimism about himself and his life is not holding up well. His major defense mechanisms appear to be repression, intellectualization, denial and displacement. Regarding the degree of current stress, he recently appears moody and anxious and prone to impulsive and orally aggressive outbursts. He is considered emotionally uncertain at this time. It is likely that he is more depressed than he appears.

A major emotional conflict in his life appears to be between the urges toward independence and dependence. He very much wants the support and nurturance of others, particularly those close to him, but on the other hand he wants very much to be in charge of himself and able to manage on his own. He appears to be having difficulty experiencing strong emotions of any type. His defenses hold up but for

As a newborn Father Garcia suffered a serious episode of pneumonia and has had recurrences of pneumonia perhaps a half a dozen times in his life. He recalls his early years quite positively. He had many friends in the neighborhood and did reasonably well in school. Early adolescence and puberty, however, were quite traumatic for him. It was at that time that his father declared bankrupcy and moved the family to relatives in Los Angeles. Young Peter lost many of his friends, familiar surroundings and a degree of security and comfort. Masturbation became somewhat conpulsive and was a daily occurrence at this phase of his life. He apparently did not feel particularly conflicted about this in a moral sense.

Monsignor Garcia entered seminary training at age 14 and then went on to St. Johns Seminary College in Camarillo, California. He was ordained in 1966 and has served in a variety of priestly assignments since that time. The years of 1971 to 1984 were spent in the Chancery. He was first made pastor in 1984 and the loss of this parish as a result of his inappropriate behavior was a great personal loss. He has remained in fairly close contact with his family and in fact the frequent visits home were a cause of concern to Dr. REDACTED and others during the aftercare phase of his treatment. His parents are elderly and apparently do not know the true nature of his sexual disorder.

SEXUAL DEVELOPMENT HISTORY: Because of the nature of the referral extra care was taken in reviewing Monsignor Garcia's development of his sense of his own sexual nature. His early experiences of childhood curiosity and sexual play seem within cultural norms. At the age of 10, however, a 20 year old cousin was sleeping in the house and attempted to have sex with him in the middle of the night. He got up and sat in a chair for the remainder of the night in some confusion and possibly fear. The compulsive nature of his masturbation after puberty has been noted above. We have no history of sexual acting out through seminary. In theology , however, Monsignor Garcia became aware of sexual arousal to members of the same sex.

He first had sexual interaction with a minor shortly after ordination. Since that time he has had perhaps 15 to 17 relationships with youngsters in the age range from 12 years to perhaps 17 or 18. Some of these relationships have endured over time for between two and four years with recurrent sexual interaction occurring on an intermittent basis. Through his treatment Monsignor Garcia has come to recognize the "modus operandi". He would befriend an adolescent, become friendly with the family, and eventually ask the youth to vacation with him. While on vacation he would engage him in sexual acts. Although Father Garcia does not perceive himself as coercive in these behaviors it is our understanding that many, if not most, of the minors with whom he was involved were undocumented aliens. They may well have felt threatened by the consequences of their making formal allegations, to one archdiocese or legal complaints against Monsignor Garcia. Although he expressed concern and paternalistic feelings about many of these children the pattern of sexual interaction seems quite aggressive. Monsignor Garcia at this point seems to have a rather thin understanding of the harm he may have caused. Despite his own memory of being sexually mistreated as a youngster on at least one occasion he has difficulty putting into words any clear understanding of why sexual behavior between adults and minors is generally considered harmful, and the basis for legal penalties for such behavior.

Father Garcia has suffered a variety of side effects from the drug Depo-Provera. He has difficulty identifying any benefits from its use. It is of interest that he has resumed masturbation since February of 1987. He had stopped that since entering treatment in 1985. Our own experience suggests that Depo-Provera often is helpful in diminishing a compulsion to masturbate. His fantasies during this behavior include memories of previous sexual interaction. Our understanding is that that such behavior tends to pose a certain element of risk for an individual in recovery from a sexual disorder. Monsignor Garcia does not seem to appreciate this element of risk. In our view his history makes the diagnosis of ephebophilia unequivocal. He has come a long way in treatment. He recognizes that this is an incurable condition that needs a life-long management plan. Continued growth is needed in recognizing the full role of others in establishing a secure management plan. The situation is quite analogous to the alcoholic in recovery who must learn to count on others to monitor his program. One must learn to strike a balance between accepting responsibility for ones own recovery and yet not moving to a position where one again assumes that they know in all instances what is the best course of action for themselves. This perspective is enshrined in the Third Step of the 12 Steps of the AA recovery program where the individual recognizes a need to hand over to God and to others a part of their life. Yet another way of describing this point is to fully accept the need for an external structure of accountability. The individual is not the best judge in these matters.

PHYSICAL EXAMINATION AND LABORATORY EXAMINATION: While with us Monsignor Garcia was given an extensive physical and laboratory examination. He has generally enjoyed good health with the exception of the pneumonias mentioned above. Except for Depo-Provera he takes no regular medication. He does not smoke and he uses alcohol rarely. While with us he received a physical examination by Dr. REDACTED our consultant in internal medicine. On examination he was noted to be 68 inches tall and slightly over-weight at 204 pounds. His pulse was 91, his blood pressure 126/84. Examination of the head and neck was normal without evidence of any thyroid pathology. His appearance was somewhat flushed and tremulous. His chest was clear. His cardiac examination was normal. The abdominal examination showed no liver or other organ enlargement. There was no evidence of hidden gastrointestinal bleeding. With the exception of a mild tremor associated with anxiety, his neurological examination was normal with symmetrical reflexes and good coordination.

An extensive laboratory review was undertaken yielding results almost entirely within normal limits. Important normals included blood sugar and tests of kidney and liver function. He did have an elevated serum cholesterol at 315 milligrams/deciliter. His uric acid was also high at 8.9 milligrams/deciliter. One of the thyroid indices, the T3 uptake, was minimally depressed. Given the absence of any symptoms of hypothyroidism this is not considered any cause for concern. Antibodies to Hepatitis A, Hepatitis B and the HTLV-3 virus were all negative. The Dexamethasone Suppression Test was negative with both 4 and 10 PM post suppression values close to 1 microgram/deciliter. In summary, Father Garcia appeared in reasonably good physical health and he is encouraged to reduce the amount of saturated fat in his diet in the hope of lowering his blood cholesterol. It is recommended that he have medical follow up for this condition lest he develop premature coronary artery disease.

short periods of time and his tendency would be to flee emotionally charged situations. Underlying reservoirs are noted of hostility, anger and depression. He entertains feelings of being treated unfairly and is prone to conflicts with authority. Given his emotional instability and his difficulty in fully utilizing his psychological resources at this time, he is considered at some psychological risk. Continued therapy is indicated to help insure that he not act out in some harmful way.

DIAGNOSIS: Axis I: 1. Sexual disorder not otherwise classified, (ephebophilia).
2. Dysthymic disorder. Rule out major depression.

Axis II: Mixed personality disorder.

Axis III: Hypercholesterolemia.

RECOMMENDATION: Given the degree of emotional distress which was primarily identified through the projective test results, we think it important that Monsignor Garcia have continued outpatient treatment. Although his restraint and psychological growth in not acting out with minors over the last three years must be recognized and affirmed, he has to be helped to understand that his recovery program must be as secure and certain as possible. I think there is something in him that would like to see treatment as behind him and he could return to a business as usual frame of mind. The fact is that the condition is incurable and requires vigilant and aggressive life-long management. In our opinion it is inadvisable that he be assigned to regular parish ministry. In such a context the avoidance of minors which he must pursue at all costs is simply too difficult. Additionally, the aggressive nature of his sexual behavior in the past argues strongly for the continued use of the sexual appetite suppressant, Depo-Provera. If allergic reactions preclude the use of this drug the appropriateness of ministry must be carefully reviewed. We see Monsignor Garcia as in need of extensive work on the independence/dependence conflict and a more constructive and comfortable way of managing his feelings, particularly those of depression and loss. At some point the use of antidepressant medication might be relevant. Given the complexity of his therapy we would recommend that his outpatient treatment be administered by a psychiatrist or at least by a treatment team where psychiatric consultation is readily available. Needless to say, such therapists should be familiar with the specific nature of sexual behavior disorders. We would also commend to Monsignor Garcia participation in the self help recovery groups such as Sexaholics Anonymous. Many have found the support of others struggling with similar problems tremendously important.

I suspect that Monsignor Garcia might object to the stringency of our recommendations. The social and cultural reality is such that a relapse would be a disaster. An individual in recovery from such sexual behavioral problems has to come to the understanding that they must go to any lengths to insure sexual sobriety. If they can come to this awareness and committment their prognosis is good.

In closing I would like to thank you for the referral of Monsignor Garcia to us. We hope that our evaluative services prove useful both to him and the Archdiocese. Asking for your continued prayers in support of our work and those we try to help,

Respectfully,

REDACTED

REDACTED M.D.
Medical Director

REDACTED

CC: Monsignor Peter Garcia