D. The Office for Priest Health Services

In 1989, a Diocesan priest who was certified as a drug and alcohol counselor, was asked to make a six-year commitment to a new Office for Priest Health Services. The priest assigned agreed to stay for three years with a possible extension. His role was to be a troubleshooter, to deal with priests experiencing health problems, including sexual issues, and to conduct interventions with priests who had substance abuse problems. As time passed he also became involved in working with treatment facilities engaged in the process of reintegrating priests into ministry. From the outset, this priest was aware, that he would have little, if any, role in dealing with victims of priest misconduct. In fact, he was told that if any victim came to him directly, he was to take no action other than to refer the victim to a priest attorney member of the intervention team. He met periodically with intervention team members to review his cases, at the time he viewed these meetings as informational

Prior to the revelations about *Priest C's* sexual abuse of boys, the Diocese was informed that he was drinking with teenaged boys in his rectory rooms. This matter came to the attention of the Office for Priest Health Services and the priest assigned there became involved. Although there were no outright accusations of sexual misconduct, *Priest C's* pastor and the members of the intervention team, were told that the *Priest C's* drinking involved teenage boys and was occurring in his private rooms. *Priest C* agreed to attend Alcoholics Anonymous and the matter was closed. When the Diocese became aware that *Priest C* continued to drink alcohol and that he had sexually abused a number of boys the Office for Priest Health Services was not informed.

Occasionally, information regarding sexually abusive priests, found its way to the Office for Priest Health Services. In one case, the priest assigned there was asked to interview the victims of a high school chaplain, because no member of the intervention team was available.

During the interview this priest learned that the boys had been the victims of covert and overt sexual abuse and had shared alcohol, drugs and pornography with their high school chaplain. He recommended to the victims that they immediately begin therapy and told them that they should contact the police. At the time some of the victims and their families appeared willing to do this. Later, after a member of the intervention team met with these same families, the priest who interviewed them initially learned that they were told to ignore his recommendations as they were "arm chair psychology". The intervention team member called the Office of Priest Health Services, and while he denied saying what had been attributed to him, told the priest there that he would, "take it from here". He ordered him not to meet with the victims or their families again. After the abusive priest returned from therapy, members of the Office for Priest Health Services, learned he was saying mass and appeared to be grooming victims in the same manner as he had in the high school setting. This information and the fact that the priest was operating with insufficient monitoring and support was communicated to the intervention team. No action was taken.

Later, the priest assigned to the Office for Priest Health Services, would advise high-ranking Diocesan officials that he felt there was a conflict in the dual roles that the attorney priest members of the intervention team had in cases involving priest misconduct. They informed him that since the intervention team members had the best interests of all parties in mind, there was no conflict.

Despite his many frustrations with his position in the Office of Priest Health Services, after the first three years of service, the priest assigned decided to continue his ministry there because he believed he was a help to priests in need of his services. As time passed, he became increasingly frustrated at the disparity he observed in the treatment of priests, the lack of open

discussion and the feeling that he was not being informed of all of the relevant information about cases he was asked to work on. Ultimately he came to realize that the intervention team members did not want to fully empower him to do his job, and the only cases he got to work on were the ones they did not want. The priest assigned to the Office of Priest Health Services had access to priest personnel folders but not the secret archive files. Although he saw folders with the designation, DO NOT OPEN WITHOUT PERMISSION OF THE BISHOP, he never had access to them and did not know what information they contained. At one time, the priest assigned to the Office of Priest Health Services, developed a proposal for a multi-disciplinary team approach to cases of priests in difficulty. This proposal went nowhere.