



# Catholic Social Workers National Association

August 2008

## Letter from the President:

In June, CSWNA held its inaugural conference in Grand Rapids, Michigan. Bishop Walter Hurley and Reverend Thomas Vesbit celebrated Mass for the members. Each speaker brought information and knowledge of how to live and practice as Catholic Social Workers in the world today. You could feel the guidance of the Holy Spirit during the entire conference. I received an e-mail after the conference with the following message I would like to share. The conference "was beyond my expectations. I was inspired to start my private practice that will include Catholic/Christian counseling services. I came back to Arizona so inspired by the experience". CSWNA looks forward to next year's conference and prays that God will continue to guide the association and its members to do His will.

The June conference was a great place to come together as a group and discuss CSWNA. A conversation around forming state chapters versus remaining a national chapter was discussed. The consensus was to remain a national chapter but it was encouraged for members who want to take a lead in their state to start forming CSWNA groups that come together on a regular basis. One idea was to start meeting on Sunday's in the church and call the meeting "Social Work Sabbath". However, we are open to ideas.

Each member was sent a nomination form for a position on the Board of Directors as a Member-

at-large with vote. This position is voted on by the membership with two positions open on the Board. I have received one nomination form and will be sending each member a letter with a copy of the information asking each member to vote. If you are interested in serving in this capacity, a form is attached to the member's only section of the website.

We are also encouraging you to bring issues/concerns in your area to other social workers by using the CSWNA blog, which is located on the members only section of the website. Kenneth Scheller, CSWNA Board Member has taken on the challenge of drafting our code of ethics. He will post draft copies on the blog for your input. Please take advantage of this opportunity to assist Kenneth and CSWNA grow as an association.

I would also like to inform you that I have accepted a position in Ohio, so the physical address of CSWNA has changed. The Board meetings will remain in Indianapolis. Due to the conference and my relocation, this newsletter is a little behind schedule so it will be our summer/fall newsletter with the next newsletter in December.

As always, if you have any questions or concerns, please feel free to contact me at 317-416-8285.

Immaculate Heart of Mary, cause of our joy, pray for us.

*Kathleen Neher*

Kathleen Neher, MSW, LSW

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## A Clearer View

By Patrick Cayouette

I have been Director of Member Services for CSWNA since November of last year. I have found a great deal of meaning in volunteering for the association because it has brought my faith and my career as a social worker together.

As you may know and probably even experience on a daily basis, today's definition of a social worker and the Catholic faith (morals, values & beliefs) mix like water and oil. This was made extremely clear prior to attending the conference. About a month before the conference, my employer reduced my role in the agency tremendously and then was unable to pay me for the time I had put in. This led me to searching for another position as a social worker. I brushed up my resume and was proud to make sure it was very clear that I had belonged to CSWNA and was on the board of directors. Well, little did I know that what I thought was a strength turned out to be a negative and actually prevented me from getting hired at two jobs. As a member of the organization, I stood strong for what the organization stood for, our Catholic faith and morals. During the interviews, this did not sit well with those who interviewed me. I received comments such as "How transparent can you be from your Catholicness?" or even "I didn't realize you could be devoutly Catholic and a social worker." Good interviews went sour when the "Catholic" issue surfaced.

### Where am I going with this and how does this relate to the conference?

I arrived at the conference beaten down, realizing that two important aspects of my life did not mix and, according to my colleagues, were not supposed to mix. As the conference began and I was able to meet others over dinner, I quickly realized I was not the only Catholic social worker feeling this way. I learned that many of those in attendance (as well as, I am sure, many of you) receive comments, are questioned, or even turned down for a job because you are not afraid to make it known that you are Catholic or that you are a social worker who opposes abortion or all the other "hot" topics. As I talked, I quickly felt less beaten down and more empowered. Through our conversations we were able to understand and empathize and support and be supported. I felt validated for who I was and what I did. I felt empowered to stand strong and not be transparent from my Catholicness! I was able to help others feel validated and empowered. I was able to be a Catholic social worker. Where does this leave me now? Well, I finally received a new position with an employer who values me, Catholic and all. As mentioned, I have a new empowered meaning as the Director of Member Services. I have come to realize, as members of CSWNA, we have one of the greatest associations to benefit us individually and as a whole. Even though we are still in our infant stages as an association, we have so much to provide each other with our faith, support, and empowerment. We also have the power of truth behind us and the association. This is something other associations can't even come close to providing.

This organization is not just about cheap insurance or what I receive with my dues. It is about being allowed to be who we are without being transparent or even struggling to maintain two personalities: the social work self vs. the Catholic self. I encourage you to take advantage of what the association has to offer. Also, please feel free to offer yourself and your talents to the association. I know we are all busy, however this would be a great title of time, which God will reward you for. He has for me!

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HEALTH

## Coming Events:

### August 2008

- 11** 2008 Florida Conference on Aging Renaissance Orlando Resort at SeaWorld; Orlando, Florida
- 18** 2008 Association of Children's Welfare Agencies Conference and the 2008 Management and Leadership Institute; Sydney, Australia
- 31** Children and Injuries Conference; Cape Town, South Africa

### September 2008

- 03** 1st Annual Retreat, Canadian Assoc. of Anger Solutions Professionals; Barrie, Canada
- 04** 3rd Annual Neuroscience Meets Recovery Conference; Las Vegas, Nevada
- 07** XVIIth ISPCAN International Congress on Child Abuse and Neglect; Hong Kong, China
- 08** Making a Difference for Consumers of All Ages: Best Practices in Licensing; Atlanta, Georgia
- 09** The Global Dinner Table; Windsor, Canada
- 12** Two Day Workshop on Manage Your Stress for Quality Living; Lucknow, India
- 12** Social Work, a profession worth fighting for? Liverpool, United Kingdom
- 25-28** Catholic Charities USA Conference; New Orleans, Louisiana



## Patron Saints

**The History of Patron Saints:** The practice of adopting patron saints goes back to the building of the first public churches in the Roman Empire, most of which were built over the graves of martyrs. The churches were then given the name of the martyr, and the martyr was expected to act as an intercessor for the Christians who worshipped there. Soon, Christians began to dedicate churches to other holy men and women—saints—who were not martyrs. Today, we still place some

relic of a saint inside the altar of each church, and we dedicate that church to a patron. That's what it means to say that your church is St. Mary's or St. Peter's or St. Paul's.

**How Patron Saints Are Chosen:** Thus, the patron saints of churches, and more broadly of regions and countries, have generally been chosen because of some connection of that saint to that place—he had preached the Gospel there; he had died there; some or all of his relics had been transferred there. As Christianity spread to areas with few martyrs or canonized saints, it became common to dedicate a church to a saint whose relics were placed in it or who was especially venerated by the founders of the church. Thus, in the United States, immigrants often chose as patrons the saints that had been venerated in their native lands.

**Patron Saints for Occupations:** As the Catholic Encyclopedia notes, by the Middle Ages, the practice of adopting patron saints had spread beyond churches to “the ordinary interests of life, his health, and family, trade, maladies, and perils, his death, his city and country. The whole social life of the Catholic world before the Reformation was animated with the idea of protection from the citizens of heaven.” Thus, Saint Joseph became the patron saint

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## Humanae Vitae

A conference celebrating  
the 40th anniversary of  
Humanae Vitae  
Saturday, August 9th 2008

As **John Paul II** reminds us, what *Humanae Vitae* teaches—that sexuality worthy of human partners is at once unitive and procreative—demands “the complete acceptance of the other.” From this teaching parents learn “openness to the richness of life that the child represents,” nurturing families in God's cult of life so that they may celebrate it amid a culture overshadowed by death (*Evangelium Vitae* 23.3).

From this teaching, from this cornerstone, flows, like water from the rock at Horeb, the studied and unqualified affirmation of other human beings as God's gift. This affirmation brings life to the desert, binds one to another in solidarity, and gives social justice its justification; it is charity: the very substance of a civil http://www.cornerstoneconference.org/schedule.htmization of love.

## Why some Catholic hospitals are still performing sterilizations, and how it threatens Catholic health care in the United States

News of widespread sterilizations performed in Texas Catholic hospitals highlights a four-decade tussle over the “Ethical and Religious Directives for Catholic Health Care Services” (ERDs) -- the national code governing Catholic health care facilities.

In addition to moral confusion and scandal, experts say the situation has provided ammunition to those who want to force Catholic medical institutions to provide immoral services.

The ERDs were first adopted by the U.S. bishops in 1971 and approved by the Vatican. They reflect the various Church teachings about the dignity of the human person and apply those teachings to how the person is to be treated in Catholic health care settings. The six-part code discusses the social, pastoral and spiritual responsibility of Catholic health care and the professional-patient relationship. However, the section that has received the most attention is the one on the beginning of life, particularly the directives that deal with sterilization.

Church teaching specifically prohibits “direct sterilization” -- a procedure such as tubal ligation -- to prevent future pregnancy. The Church does, of course, permit necessary medical procedures -- like removal of a cancerous uterus -- that have a side effect of causing sterility, and this is called “indirect sterilization.”

This teaching has been reiterated over the years. In 1974, the U.S. bishops asked the Vatican’s Congregation for the Doctrine of the Faith (CDF) if exceptions could be made for pastoral reasons. The CDF replied in a document called *Responsum Quaecumque sterilizatio* in 1975, which said direct sterilization could not be permitted, even when it was done to prevent health problems in a future pregnancy.

In 1993, the CDF issued another response to questions as to whether hysterectomy or tubal ligation were permitted in cases where a future pregnancy might be dangerous. “Responses to Questions Proposed Concerning ‘Uterine Isolation’ and Related Matters” again reiterated the Church teaching that direct sterilization is always “morally illicit.”

The ERDs were further strengthened in 1994, with special attention given to the section on hospital mergers and acquisitions, a phenomenon that blossomed in the 1980s. When Catholic hospitals acquire or merge with non-Catholic hospitals, the new entity is required to abide by the ERDs. In this contraceptive society, there have been, and continue to be, frequent efforts to block mergers, mainly because the ERDs do not permit abor-

tion, sterilization or contraception services in Catholic facilities.

To allow mergers to go forward, Catholic hospitals sometimes agreed to a “carve-out,” or “hospital within a hospital,” arrangement and permitted an outside group to rent space in the Catholic hospital to continue sterilization services. These arrangements were praised by Catholics for a Free Choice and the Guttmacher Institute (originally a division of Planned Parenthood) as “creative solutions” to merger issues.

However, the CDF has ruled that such arrangements are unacceptable. In Austin, Texas, Seton Healthcare Network -- part of Ascension Health System -- took over management of city-owned Brackenridge Hospital in 1995 and signed a 30-year lease that allowed sterilization and contraception services to continue to be provided in the building by an outside agency.

When some Texas Catholics appealed to the Vatican, the CDF told now-retired Austin **Bishop John McCarthy** that those services must stop “immediately and permanently.” In a June 9, 1997, letter to Bishop McCarthy, then-CDF secretary **Cardinal Tarcisio Bertone** wrote that even though the personnel performing the sterilizations were not paid by the hospital, “direct sterilizations can never be part of the medical treatment provided to patients in a hospital which is under Catholic administration.”

Because of existing lease agreements in that case, an arrangement was finally made where the city purchased and operates one floor of the hospital for the sterilizations. The Vatican agreed to this deal, but made it clear that this was not an acceptable model for Catholic hospitals in the future.

In a similar case, Catholics in Little Rock, Ark., objected when Arkansas Women’s Health Center was allowed to lease space for sterilizations in St. Vincent’s Doctors Hospital, a formerly secular hospital that had been purchased by St. Vincent Health System. Little Rock Bishop **Andrew McDonald**, now retired, consulted the CDF, which told him in 1999 that the arrangement was unacceptable, so he directed the hospital to terminate the lease.

When **Pope John Paul II** addressed the bishops of Texas, Arkansas and Oklahoma during their 1998 “ad limina” visit, he told them that “abortion, sterilization or euthanasia are always inadmissible” and prohibited at Catholic health care facilities. “As bishops,” he said,

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## Moral Sterility

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“you must remind everyone involved -- hospital administrations and medical personnel -- that any failure to comply with this prohibition is both a grievous sin and a source of scandal.”

To address this problem, the Vatican asked the U.S. bishops to revise the ERDs to clarify the situation. In a 2001 revision, the bishops added a paragraph specifically prohibiting Catholic facilities from engaging in “immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide and direct sterilization.” The bishops also dropped an appendix about principles governing cooperation, which had led ethicists to give bad advice to bishops in some merger agreements.

Nevertheless, many Catholics still misunderstand the difference between direct sterilization and indirect sterilization, especially when Catholic health care institutions allow tubal ligations and say they are indirect and thus permitted because it is “for the total health of the person.” Franciscan **Sister Renée Mirkes**, director of the ethics division of the Pope Paul VI Center in Omaha, Neb., said that if tubal ligation were indirect sterilization, that would mean there would have to be some disease in the fallopian tube for which tying the tube is a therapy, but there is no such condition because “tying the tube kills the tube.”

Sister Mirkes added that Catholic hospitals are under heavy pressure from doctors to allow sterilizations. Indeed, St. Elizabeth Hospital in Humboldt, Saskatchewan, in Canada, was handed over to the local government last year after doctors resigned in protest against the prohibition of sterilization, and public opinion supported the doctors.

Non-Catholic doctors often don’t know or understand the Catholic teaching on sterilization, so they expect to do them in the Catholic hospitals where they practice, explained **John Haas**, president of the National Catholic Bioethics Center. And he agreed that many Catholics

don’t understand the teaching either.

Haas, a moral theologian who consults widely for bishops and Catholic health systems, believes that ignorance, rather than ill will, explains why the ERDs have been implemented so unevenly. He has even consulted on cases where the hospital protocols have incorrectly defined direct sterilizations as indirect, and therefore allowable, and some bishops have signed off on those protocols. However, he feels that many bishops are trying to correct those mistakes of the past.

Unfortunately, those mistakes also set precedents that may be used by unfriendly entities like MergerWatch, NARAL Pro-Choice America and Planned Parenthood to try to force Catholic health care to compromise its principles. And the current threat to conscience for individuals and institutions is “huge” right now, according to attorney **Denise Burke**, vice-president and legal director of Americans United for Life.

“A hospital has the right to follow its corporate conscience,” Burke said. “In the case of Catholic hospitals, that’s the ERDs and other guidance from the bishops and the Vatican. It makes it harder to make that argument when there’s a handful of hospitals that are, in essence, doing their own thing and defying the corporate conscience.”

Similarly, a Catholic Medical Association task force on the ERDs issued a report published in the May 2005 *Linacre Quarterly*, which concluded: “It will ... be difficult for the orthodox Catholic physician to follow what would appear to be a clear condemnation of contraceptive sterilization if the Catholic hospital were tolerating such sterilizations on their premises. This conflict could become a medico-legal as well as a conscientious problem. The problem is compounded by situations in which procedures are approved in one diocese and prohibited in another.”

There’s little disagreement that the U.S. bishops have a huge challenge ahead of them to teach and correctly implement the ethical standards that guide Catholic health care.

## Patron Saints

*Continued from page 3*

of carpenters; Saint Cecilia, of musicians; etc. Saints were usually chosen as patrons of occupations that they had actually held or that they had patronized during their lives.

**Patron Saints for Diseases:** The same is true of patron saints for diseases, who often suffered from the malady assigned to them or cared for those who did. Sometimes, though, martyrs were chosen as the patron saints of diseases which were reminiscent of their martyrdom. Thus, Saint Agatha, who was martyred c. 250, was chosen as the patron of those with diseases of the breast, since her breasts were cut off when she refused marriage to a non-Christian. Often, such saints are chosen too as a symbol of hope. The legend of Saint Agatha attests that Christ appeared to her as she lay dying and restored her breasts that she might die whole.

**Personal and Familial Patron Saints:** All Christians should adopt their own patron saints—first and foremost being those whose name they carry or whose name they took at their Confirmation. We should have a special devotion to the patron saint of our parish, as well as the patron saint of our country and the countries of our ancestors. It’s also a good practice to adopt a patron saint for your family and to honor him or her in your house with an icon or statue. The saints are powerful intercessors, and, in this day and age when they are so often neglected, we could use their prayers more than ever.