

Give Me Something Operational!

by CDR Bruce Anderson, CHC, USN



“But I even marked on my dream sheet that I did not want PG school – does that make any difference?”

“Not today...”

With that response from the detailer, I learned that I had two choices for my next assignment: post-graduate school or the Pastoral Care Residency (PCR) program. I chose the latter, viewing it as something like the lesser of two evils. Before the year ended, however, I thanked the detailer for sending me.

I'll offer some of the reasons I found the PCR program so beneficial in a moment, but first let me share with you some of my initial misgivings. I imagine they are similar to those held by other Navy chaplains who might be reluctant to ask for the program.

CPE ain't for me. My impression of Clinical Pastoral Education dated back to my seminary days in the late '70s and early '80s, when the CPE model tended to be far more confrontational. I had friends who felt abused by a supervisor's "in-your-face" tactics. I simply had no interest in or desire for CPE training.

I want something “operational.” Having just completed three years and two deployments as command chaplain on USS SAIPAN (LHA-2), I was ready for shore duty. But I was hoping to stay with the line. Hospital ministry didn't appear very “career enhancing” and, more to the point regarding what I was thinking at the time, it didn't sound very interesting.

Was I ever wrong! ...on both counts.

CPE turned out to be an experience that led to dynamic professional development and genuine personal growth. I have never spoken to a graduate of the program who didn't echo such sentiments—including several who entered it, as I did, with reluctance and doubt. After a year in the program, graduates have learned how to be more attentive, more astute listeners. They're also far more aware of (and, therefore, able to transcend) their own blind spots and prejudices. In short, PCR residents leave the program with new skills and tools, equipped as never before to effectively and compassionately minister to God's people. At least a half dozen former residents (including two

in the program with me), have described the PCR program to me as one of the most profound and positive experiences of their lives.

A detailed description of the CPE process and the residency program would be beyond the scope of this article. (See *accompanying article by Chaplain Vieira.—editor*) What I would do is challenge anyone who might be considering it—or, for that matter, anyone who harbors doubts about it—to contact me or another former resident. I think I can guarantee that you will hear a ringing endorsement of Pastoral Care Residency and what it has to offer.

Let me offer two observations regarding the desire for “something more operational.” First, don't give credence to anecdotal comments that describe the PCR program or hospital duty as “bad career moves” or “career detractors.” No evidence exists to suggest that either has hindered promotions.

Second, what could be more operational for a chaplain than a major medical facility? The career sea pay counter on my LES reads 5 years, 6 months and 19 days—32 months of which were spent at sea, including two deployments and numerous work-ups and training exercises. I realize many chaplains have spent far more time at sea or deployed with Marines: I mention it to indicate that I have some experience in what are commonly understood to be operational chaplain billets. I can tell you that Naval Medical Center, Portsmouth is easily the most “operational” tour I've had (no pun on surgery intended).

Such a claim clearly begs the question, “What do you mean by *operational*?” Many hospital chaplains are assigned to deployable units such

as fleet hospitals and Special Psychiatric Rapid Intervention Teams (SPRINT), but that's not what I have in mind. Think, for a moment, not in terms of sea duty, FMF, or other standard notions of operational chaplain billets. Instead, consider what it means to minister to people in times of crisis.

Navy chaplains lead worship, push paper, counsel troops, attend meetings, etc. But where we really earn our pay, at least as far as the line is concerned, is in the rarer moments of tragedy and crisis—offering words of grace and peace to a Marine dying on the battlefield, or to burned and dying shipmates during a main space fire. In previous tours of duty, I've conducted memorial services for Sailors killed in fires or lost at sea, and for pilots who went down with their aircraft. I've accompanied COs to notify those pilots' wives, made heartbreaking casualty assistance calls to parents, and been flown by helo to a Coast Guard cutter tasked with retrieving hundreds of bodies after a ferry disaster. In each of my previous tours, I was called on to minister to people facing intensely painful or difficult situations. Those were, thank God, relatively rare occurrences.

In a major medical facility like Naval Medical Center, Portsmouth, chaplains minister *daily* to individuals confronting the ultimate issues of life and death. It is routine, rather than rare, to get that call or page requesting that a chaplain come comfort the dying cancer patient, console the wife of an accident victim, or cry with the parents

whose baby just died. It should go without saying that hospital chaplaincy can be physically demanding and emotionally draining. I would add that it is, at the same time, vastly rewarding and spiritually invigorating. That is as true as it is difficult to explain.

The point is, by combining the didactic and self-reflective insights of Clinical Pastoral Education with regular opportunities to enter into the most significant and traumatic experiences of people's lives, the Pastoral Care Residency program provides not only nationally recognized counseling credentials but, more importantly, invaluable training for operational ministry ashore *and* afloat.

Do the Navy, Marine Corps and Coast Guard want operational chaplains, trained to minister to Sea Service personnel in times of crisis? Do they require chaplains who are prepared—as much as one can be prepared—to minister effectively without crumbling under the weight of the trauma and chaos they encounter, whether in battle or in the lives of God's hurting people? If so, I would argue that no training available to Navy chaplains can begin to match Pastoral Care Residency.

Don't think of the PCR program as PG school. Don't think of it as shore duty, or a "year off." Think of it as the best learning and operational training experience out there for Navy chaplains—men and women who will find themselves serving God's people in some of life's most trying, terrifying and traumatic events.