HOSPITAL CHAPLAINCY

For most people the word chaplain evokes a mental picture of a God-called man in uniform safeguarding the spiritual welfare of the nation's servicemen. We've never lost this picture, nor must we lose it.

But there is a new dimension to the word, a new emphasis. Now he may be a civilian chaplain--a chaplain to persons in a hospital, in an institution, in industry.

Now after the Korean conflict, after World War II, the Chaplains Commission was called upon to give endorsements to civilian chaplains. Indeed, for the past thirty year, the Chaplains Commission has endorsed some 6,500 pastors to all fields of the chaplaincy.

At the Ridgecrest and Glorieta chaplains conferences the programs were enlarged to include all Baptist ministers now working in the Southern Baptist chaplaincy. ¹

Moreover, the Chaplains Commission is cooperating with the state mission boards in holding conferences and workshops for Baptist ministers serving in all areas of the chaplaincy.

With the reorganization of the Home Mission Board, January 1, 1959, the Chaplains Division was set up as a division of work within the Home Mission Board. ²

IN GENERAL

There are some 7,000 registered hospitals in the United States. The Federal Government operates 402; military services manage 210, 176 by the Veterans Administration; and 16 through the Public Health Service.

And the Federal Government, state, county, municipal governments, denominational and private agencies are building new hospitals. This means
that added staff personnel will be needed in the near future, including chaplains.

The patient load of hospitals is tremendous; they admit a new patient every 1.6 seconds.

The Southern Baptist Convention operates two hospitals and state Baptist conventions pilot 44.

All told, there are some 800 part-time and 1,300 full-time chaplains serving in these hospitals. Southern Baptists number 221 full-time and part-time chaplains (as of 1971).  

The 1966 Southern Baptist Minutes state:

Recent studies indicate that Southern Baptists have more ministers employed as hospital chaplains than any other evangelical group.  

The Southern Baptist hospital chaplains are an extension of the love and concern of the churches for the sick and the suffering. They support the patients when they experience loneliness, pain, grief, a lowered self-image, estrangement from God, death, or any other spiritual crisis.

Chaplains also communicate God's grace to the families of patients; and to the staff and students and others serving in the hospitals.

DECADE OF GROWTH (1960-1970)

1960

Southern Baptist chaplains number 133 serving in hospitals with 46 employed by the Veterans Administration. Some 4,030 hospitals have on-call chaplains and numerous hospitals are without the services of a chaplain.  

1961

Today people are becoming "institutionalized," a trend which has many
advantages and disadvantages. Admissions to the hospitals since 1940 have risen from 10,000,000 to 20,000,000.

Southern Baptist ministers are serving in Veterans Administration Hospitals, Baptist hospitals, and state, county, municipal, and private hospitals.

New hospitals are being built and the need for fully qualified medical personnel is continuing to increase.

Southern Baptist seminaries and hospitals are doing an excellent job in preparing ministers to meet the challenge of this specialized field of the ministry, and the churches must not overlook the inherent opportunities found in the hospital ministry.

1962

More and more hospitals are setting up standards and qualifications for their chaplains, and this is certainly a healthy trend.

Southern Baptist seminaries and hospitals have outstanding programs of training in the field of clinical pastoral education and are doing an excellent job in training ministers for this field of Christian service.

1963

The position of secretary, Hospital Chaplaincy, was filled on January 1, 1962, with Chaplain L. L. McGee, a native of Petersburg, Virginia, on a part-time basis. On June 1, 1962, Chaplain McGee took up his work full-time. Chaplain McGee is well qualified for this work being a graduate of Richmond, Virginia, and having a B. D. degree from Southern Baptist Theological Seminary and a Th. M. degree from Southwestern Baptist Theological Seminary and having served as acting chaplain-supervisor in the Baptist Memorial Hospital, Houston, Texas. He has become fully accredited as a chaplain-supervisor.
The work of Southern Baptist chaplains is Christ and church centered as they minister to patients and their families, the staff, the students and employees.

The hospital chaplains have been contacted on their fields of work and visitation has been made with the administrators and managers as well as contacts with the government agencies who have charge of the hospitals. Increasing opportunities for service in the hospital chaplaincy are seen for the future with many hospitals raising their qualifications and standards for chaplains on their staffs by requiring the chaplains to have complete college and seminary training, adequate pastoral experience, and a minimum of one year clinical pastoral education.

1964

There are 174 Southern Baptist chaplains serving in veterans, Baptist, city, county, federal and state hospitals. Thirty-five of these chaplains are accredited as chaplain supervisors who offer clinical pastoral education in addition to the pastoral care of patients. More than 90 of the hospital chaplains were visited in their hospitals or in other settings.

Thirty million persons were served by an institution in the United States in 1962 with the majority of this thirty million being in hospitals. Persons in the crisis of illness need a spiritual ministry and constitute a mission responsibility. The majority of the 7,000 hospitals in our country do not have any type of chaplaincy program to adequately minister to the patients and personnel.

Contacts are made with churches, pastors, and associations to consider a chaplaincy ministry for the hospitals in their areas. Mission committees are urged to consider the hospitals in their areas as mission responsibilities. The purpose in visiting many of the 92 hospitals this year was to promote the chaplaincy ministry or consult with hospital administrators and others
about beginning such a ministry. When the hospital is not large enough to justify a full-time chaplain, the emphasis is placed on organizing a volunteer chaplaincy program. Fourteen institutes were conducted to assist pastors in developing or furthering the volunteer chaplaincy.

The inquiries from pastors, students, chaplains and others concerning the hospital chaplaincy were numerous. A pamphlet was developed that lists all accredited training centers and supervisors of the Southern Baptist Association for Clinical Pastoral Education because one year of such training is recommended qualification for the hospital chaplain. A brochure on the hospital chaplaincy is being developed. A slide set, displays and published articles were produced to interpret the vital function and role of Southern Baptist ministers who serve in the specialized setting of the hospital. 9

1965

During the year we lost the secretary of hospital chaplains, L. L. McGee who had served in this capacity since January 1, 1962, and now has become assistant direction, Pastoral Care and Counseling, North Carolina Baptist Hospital and Bowman Gray School of Medicine, Winston-Salem, North Carolina.

Now 174 Southern Baptist ministers serve as full-time hospital chaplains. By 1925 one Southern Baptist minister was called to be chaplain of a Southern Baptist hospital. Through the years all the Baptist hospitals have employed chaplains. Many of these hospitals have chaplaincy departments with a staff to be responsible for patient care and religious education.

Conferences, workshops, and clinics for ministers and chaplains have been held in various areas of the Convention in cooperation with the various local associations and state conventions. 10

1966

One hundred and thirty two chaplains minister in hospitals supported by denominational, government, and private groups. Their ministry undergirds
and complements that of pastors and other Christians in their relationship with patients; and they offer pastoral care to hospital staff, students, and other personnel. Many of these supervise the training of other chaplains. 11

1967

Chaplains ministering in hospitals are receiving increasing support from the medical and other personnel with whom they serve. Their ministry in the spiritual dimension is recognized as being vital to the recovery of persons with various illnesses. Clinical pastoral education is recognized by a growing number of educators and pastors as filling a basic need in the preparation for the pastoral ministry. Numerous men and women are seeking this experience in theological education to enable them to help others more effectively in their times of need. Southern Baptists, led by their clinically educated hospital chaplains, are exerting an expanding influence in the sphere of education for the ministry. 12

1968

Through the program of mission action sponsored by the Woman’s Missionary Union and the Brotherhood Commission, denominational impetus is being given to enlist church members in the ministry usually described as pastoral care. With the dissolution of the former Southern Baptist Association for Clinical Pastoral Education, our people have entered into the new national organization called the Association for Clinical Pastoral Education. 13

1969

Improved relations with hospital chaplains have facilitated communications. Increasingly, chaplains realize the personal benefits available to them in the Southern Baptist Chaplains Retirement Plan and in the denominational identity. Awareness of 23 full-time and seven part-time positions being
filled in 1968 came because of improved communication. Society's rush toward more institutionalizing of its sick is leveling off and the trend will be toward an increasing effort to treat the ill on an outpatient basis. This will result in an increasing need for better training by all ministers for such ministry. 14

1970

There are 217 full-time or part-time chaplains serving in the hospital chaplaincy. During the year six full-time and three part-time hospital chaplains resigned. Increasingly chaplains are recognizing the benefits available to them in a denominational identity. 15

THE COLLEGE OF CHAPLAINS AND ITS CONTRIBUTION 16

This is the title of a thesis prepared by Charles Dill Phillips and submitted to the New Orleans Baptist Theological Seminary, April 1972. The able thesis throws light upon the history of the hospital chaplaincy of Southern Baptists--as the following excerpts will show.

The sponsorship and operation of a hospital is a proper activity as well as rightful expression of our Protestant heritage, and is definitely a responsibility of our Christian faith...(p.1)

Protestant hospitals provide a common denominator of the Christian compassion and concern which all Protestant thinking groups can unite to demonstrate Christianity in action, as instruments of God's grace revealed in Jesus Christ for serving, enriching, and prolonging human life... (p.1)

The College of Chaplains has been established as the Chaplains' section of the American Protestant Hospital Association. The founding meeting was September 27, 1946 at 2:15 P.M. at the Bellevue-Stratford Hotel in Philadelphia, Pennsylvania. (pp.4, 56).

Dr. Carroll A. Wise admitted, "I do not know at what point in history institutional chaplains began. We have to date their beginning with the appointment of Anton Boisen to Worcester State Hospital in 1924... (p.56).

Also to the time when Russell L. Dicks came to the Massachusetts General Hospital and when he wrote up his first summer's report in 1933.
Cabot read Dicks' report and said: "Here's a man who writes down the prayers he has with a man who is dying. We'd better ask him to stay on here. We might learn something...." (p. 65).

The first requirement for effective work as a chaplain, then, is that he should be in touch with other personnel which is working in behalf of a given patient.... (p. 66).

The chaplain is responsible to someone in the hospital.... (p. 67).

The chaplain is interested in the patients' recovery of physical health. Yes. But he does not stop there; he is further interested in the patients' spiritual growth.... (p. 69).

Dicks and Seward Hiltner conducted a survey in 1940 of more than 400 hospitals; but received only 214 replies. Only 18 hospitals had full-time chaplains.... (p. 72).

Association Executive Secretary Hahn ran another survey in 1945. Of 576 hospitals contacted, 465 responded. The 1945 survey showed 38 chaplains employed full-time. Only a small proportion of chaplains had participated in clinical training.... (p. 77).

It is estimated that nearly 500 Protestant ministers now devote full-time to ministry in civilian hospitals in the United States, including 162 Protestant chaplains in the Veterans Administration hospital.... (p. 79)

A survey was made of salaries paid chaplains in 1954; average for chaplains in hospitals belonging to the American Protestant Association: $6,500. For Veterans Administration as high as $10,000... (p. 117)

In 1969, mean salaries for all chaplains $12,893. The mean for 252 chief chaplains: $13,077.00. Staff chaplains: $11,050.00. (p. 115)

The study in 1945 sought to answer the question: "What is chaplaincy?" Answer: Chaplaincy has come to mean, in general, religious ministry in a non-parish setting. It is a religious ministry which is supplementary to that of a parish church.... (p. 144).

The term "chaplaincy" may also refer to religious ministry of a limited kind, that is, to religious ministry which is supplementary to that of a parish church. Illustrations of this are industrial chaplaincy and college chaplaincy.... (p. 145).

Russell L. Dicks has written concerning standards for the work of a chaplain: 1. The chaplain shall be responsible to the administrator of the hospital. 2. The chaplain shall cooperate with the other personnel of the hospital. 3. The chaplain shall have a rational plan for selecting his patients. 4. Records of the chaplain. 5. Guidelines for the training of the chaplain. 6. Appointment of the chaplain is the concern of the sixth standard. 7. "Man does not live by bread alone".... (pp. 148-155).
Following policy stated: A full-time chaplain is needed wherever there are at least four or five hundred patients of a particular faith group .... (p.159). A hospital with 100 beds needs a full-time chaplain .... (p.169). A part-time program is needed if the hospital has less than 100 patients.

Dicks wrote: A church hospital without an effective chaplaincy program is like a body without a heart, a dead and lifeless thing, useless for which it was created .... (p.174).

Russell Dicks in an address, "Unique Patient Care in the Church Hospital," spoke to the question: "Why is the church in the hospital business?" And answers: "The hospital which fails to carry on a conscientious and adequate program for caring for the bodies and souls of its patients and its personnel has no right to carry the name of the church, and the church, laymen and clergy, should expect and demand that such a ministry to be established in all our institutions .... (p.174).

The American Protestant Hospital Association has established minimum standards for accreditation of chaplains: 1. College and seminary degrees or their accepted denominational equivalent. 2. Ordination or appropriate ecclesiastical endorsement and evidence of current good standing within a denomination. 3. A significant period of clinical training such as a minimum of twenty-four weeks (960) hours or its equivalent and written recommendation by the instructor of the center attended. 4. Three years of parish experience or its equivalent .... (p.180).


A certified chaplain is an ordained clergyman whose basic philosophy is to extend and represent the church and its ministries in the setting where he works and to the special needs of persons in that setting. He is qualified through parish experiences and advanced education to establish and conduct a chaplaincy program. He conducts the program according to the needs of persons but never violates the integrity of the person or his particular tradition. He enters all relationships conscious of the availability of divine grace revealed in Jesus Christ. He reinforces all resources and purposes to preserve human dignity in the setting where he works.

A certified chaplain evaluates his talents and skills more in terms of being a pastor than by doing pastoral acts. He orients his talents and skills to understanding the deeper motivations, strengths, and weaknesses of others; to knowing how to work cooperatively with representatives of other disciplines; and to utilizing resources within the community where he works toward more effective service .... (p.194).

The turning point in the development of hospital chaplaincy was the occasion of the delivery of the paper, "The Work of the Chaplain in
a General Hospital," by the Reverend Russell L. Dicks at the conven-
tion of the American Protestant Hospital Association in 1939....(p.243).

The result of this paper: The Commission was appointed to study the
field of religious work in hospitals and to formulate standards
for the work of the chaplain in the general hospital. The set of
standards were adopted in 1940 by the Association. The standards
challenged not only chaplains but also administrators to provide
a meaningful religious program in their hospitals...(p.243).

Between 1941 and 1945 the number of staff chaplains doubled....(p.244).

The first meeting of chaplains was held in Philadelphia in 1946.
The naming of the Division: "The College of Chaplains" came in
1968....(p.246).

Finally, Carl J. Scherzer in The Church and Healing (Philadelphia.
The Westminster Press. 1950)....p.131, says:

More than any other person, Dr. Dicks deserves credit for instituting
the modern chaplaincy program in hospitals. He was the first of the
younger clergy to enter the general hospital field to do religious
work, and he possessed the insight and the ability to work
effectively at the bedside of the sick and dying and bring comfort
to the families of such persons...(From Scherzer, p.234; Phillips,
p.248)...

CHAPLAIN'S MINISTRY IN VETERANS ADMINISTRATION HOSPITALS

This is how it is described by the late Morris A. Sandhaus:

The practice of employing chaplains in the Veterans Administration
derives historically from the long-established practice of the National
Home for Disabled Volunteer Soldiers. The home (then called "asylum,"
later "home," and now "domiciliary") had its origin in the act of March
3, 1865, which was amended by the act of March 21, 1866. In the Minutes
of the third meeting of the Board of Managers, July 12, 1866, the follow-
ing appears:

The salary of the chaplain shall be that allowed by the law
to a chaplain of the Army.

The chaplaincy in the homes was continued after the Consolidation Act
of July 3, 1930, which consolidated the National Homes with other agencies
in the Veterans Administration. In the hospitals, only part-time chaplaincy
service was provided. All arrangements for this service, both in hospitals and homes, were entirely local.

During the closing period of World War II, religious organizations representing the predominant faith and denominational groups petitioned the Administrator of Veterans Affairs to establish the chaplaincy in the Veterans Administration on a national basis. In a letter dated August 1, 1945, addressed to all facilities, the Administrator announced the establishment of a Chaplaincy Service in the Veterans Administration and expressed the reason therefor as follows:

It is felt that the chaplaincy service of the Veterans Administration should be strengthened and established on a basis that will assure beneficiaries the best possible spiritual guidance, religious services, etc. ...

This letter made the Director of the Chaplaincy Service responsible for the procurement and placement of chaplains, whether on a full-time or part-time basis.

In a letter dated November 28, 1945, the Administrator authorized the placement of full-time and part-time chaplains in the Veterans Administration hospitals.

The Office of the Director of the Chaplaincy Service was first placed under the Assistant Administrator for Personnel. Later the Chaplain Service was designated to become one of the several services that made up the Office of the Assistant Administrator for Special Services.

With the reorganization of the Veterans Administration into three major departments of Insurance, Veterans Benefits, and the Department of Medicine and Surgery, the Chaplain Service was transferred to the latter department. It is now recognized as one of the professional services that make up the Department of Medicine and Surgery.

The Chaplain Service in Central Office formulates policies, plans, and procedures relating to chaplaincy programs or activities throughout the
Veterans Administration, exercises staff supervision, and furnishes technical
guidance and assistance to chaplains in hospitals.

The duties of hospital chaplains are as follows:

1. The chaplain ministers to veteran-patients through weekly worship
services in the chapel or wards and over the public address systems;
makes regular ward and bedside visits to patients; provides spiritual
guidance, personal counseling, and pastoral direction looking to
solution of personal problems of the veterans-patients.

2. He conducts funerals, weddings, baptisms and other religious rites;
participates in the celebration of patriotic occasions.

3. He acquaints hospital personnel with the religious program and the
specific duties of a chaplain...helps maintain morale by mani-
 festing a general interest in the welfare of the patients....

4. He is responsible for the screening and distribution of religious
literature to the patients. He corresponds with the relatives of
veterans....

5. He maintains cooperative relationships with other departments and
members of the hospital staff....

Assignment of chaplains to duties other than those normally included in
the chaplain's work is restricted. A chaplain cannot be appointed as Acting
Special Services Officer, Recreation Officer, Librarian, Canteen Officer
and the like....

Under established policy, chaplains are assigned to hospitals and
domiciliaries in the Veterans Administration on a full-time basis and on
a part-time basis....They are not allowed to serve community congregations
as regular pastors....

The hospital chaplain is a specialist in his profession. The greater
portion of his time is spent in dealing privately with individuals.
These individuals are in an abnormal environment, away from their homes,
their loved ones, and their community associations....

The chaplain serves in an unusual environment....His confining schedule
reduces fellowship with other clergy....In the Veterans Administration he
is part of a nationwide organization in which regulations, basic policies, and rules of procedure are essential. Nonetheless he continues to be a clergyman of his church. He remains an ordained minister of his church organization. He compromises no point of doctrine or morality. Primarily and definitely the chaplain deals with those things which pertain to God. His is a spiritual ministry.

In an ideal schedule, at least one-half of the working day is occupied with the chaplain's ministry to individuals, such as bedside visiting and individual conferences.

The conduct of the services of worship and administration of the .... ordinances in the hospital are the responsibility of the chaplain. In these he is guided by the teachings and practices of his church. The form of worship is determined by the chaplain. The chaplains, when necessary, see that adequate arrangements are made to provide services for other faith groups.

Services in wards or other available rooms have been found to answer a real need in the hospital situation. When it is difficult or impossible to attend services at a central location, the chaplain takes the service to the patient.

The chaplain also arranges such instruction cleaned, Bible study groups, discussion clubs, religious motion-picture showings, and other group meetings which round out a complete religious program.

The chaplain meets as early as possible each new patient who is admitted to the hospital. In his initial interview, the chaplain attempts to establish a personal relationship with the patient which will lay the foundation for a pastoral ministry.

Of primary importance is the chaplains' care of the gravely ill; to assist the patient in the preparation for death according to his religious con-
victions.... Special care is given to preoperative and postoperative patients....

In the course of his pastoral work in the hospital, the chaplain meets with patients who need and wish to take advantage of the opportunity to talk in detail about themselves and their concerns. He must reserve sufficient time in his planned schedule to hold these pastoral interviews without undue pressure. A chaplain does not and should not limit his interest or his services to those who are or have been associated with a church.... A time of hospitalization is often a time of reappraisal of a person's whole life....

The chaplain who is a true pastor finds many occasions for counseling.... Fears, anxieties, feelings of inadequacy, moods of unworthiness, a sense of unforgivable guilt of sin, may impede the physical and mental as well as the spiritual health of the patient. It is the chaplain's duty and responsibility to bring assurance of forgiveness and reconciliation to assist in the achievement of faith and courage....

The chaplain is available to relatives particularly at times of critical illness or death.... In the performance of his duties the chaplain has the occasion to use the service of volunteers; he uses them in many ways, such as: Assisting wheelchair patients to religious services; helping with music; serving as Bible class teacher; visiting individually assigned patients; providing supplemental secretarial assistance; assisting in ward services; serving as hosts to patients at local church socials....

At the present time, according to a letter dated April 10, 1973, from Raymar E. Bobber, O. F. M. Director, Chaplain Service, there are 341 full-time V.A. chaplains, and 604 part-time, or a total of 945.

Chaplain Bobber also reports 158 hospitals and homes in the V.A. system. Moreover, there are 37 full-time Southern Baptist V.A. chaplains; and 32 part-time, making a total of 69. In May 1963 there were 51 Southern Baptist V.A. chaplains; so in the ten years there has been an increase of 18 Southern Baptist chaplains.
VOLUNTEER CHAPLAINCY PROGRAM

Chaplain Richard K. Young of the North Carolina Hospital has sponsored volunteer chaplaincy programs in local hospitals through ministers conferences. There are eight steps suggested:

1. The ministers conference should elect a Planning Committee to initiate the Voluntary Chaplaincy Program. This committee should meet with the local hospital administrator and director of the nursing service.

2. The planning committee should then arrange a luncheon in which the ministerial association and the local physicians can get together. Each minister should invite a physician. Someone may speak on "The Common Meeting Ground between Doctor and Minister."

3. Next, the planning committee should arrange a workshop or clinic for the pastors who will participate in the voluntary chaplaincy service. The workshop should cover such subjects as Hospital Etiquette, Handling Crisis Situations, the Use of Religious Resources, etc. Only ministers who attend the clinic should be used in the voluntary chaplaincy program.

4. A schedule should then be worked out for the pastor as to when he will serve as chaplain. It is most advantageous for a pastor who volunteers to serve at least one week at a time.

5. The chairman of the planning committee should become the chaplain supervisor. He should post with the telephone operators and information desks lists of the ministers who will be chaplains each month of the year.

6. A chaplain or pastor who enters this program should have a clear understanding with his church about what he is doing. Most churches have gone along with this project 100 percent.

7. The volunteer chaplain should keep an accurate record of his visitation.
The chaplain supervisor should keep a carbon copy of reports so he can compile a yearly report.

8. The pastor-chaplain begins his day at the hospital by checking the list of new admissions. He contacts each church and informs them of the patient's admission. He should understand that the pastor-chaplain is not in the hospital to visit the patients who have a local pastor on the scene.

Young points out the values of the volunteer chaplaincy:

(1). It affords a missionary opportunity—twenty to thirty million people spend some time each year in a hospital. No institution or place in society affords a greater opportunity for winning people to Christ than the environment of a general hospital.

(2). The teaching of the comprehensive medical school demands a minister as a member of a healing team. Every minister should have a good working relation with the physician in his community and what better place to meet them and get acquainted than in the local hospital where both are already working.

(3). The organized effort on the part of the pastors who are seeking to improve their ministry to the physically ill in their local hospitals will break down barriers. Some fly-by-night ministers go from room to room. They should be told they must confine their visits to members of their own church.

(4). Through this organized effort local ministers can obtain the names of their church members. Some ministers may ask: How can I find time to serve two or three weeks out of the year when I am so busy? The answer is: he will discover that these experiences will become the most rewarding during the year.
CLINICAL PASTORAL EDUCATION IN THE SOUTH

At the center were three men: Dr. W. K. McGee, Dr. Richard Young, and Professor Wayne Cates; and three hospitals: Louisville, Ky.; Winston-Salem, North Carolina; and New Orleans, Louisiana.

The hospital's chaplain tapped the door. The man lying there said:

Preacher, I'm glad you've come. Ever since you dropped in yesterday, I've been thinking. There's something I want to ask you.

He began to talk about the man he knew, a good church member, a good church member, who hated the guts of another man in the same congregation. He went on talking and finally dropped the pretense; he was talking of himself, of his own feelings. Details came out with a sort of soul-bearing gush.

The minister accepted the man's confession just as he had accepted hundreds of others.

The minister was Doctor Richard Young, Director of the Department of Pastoral Care of the North Carolina Baptist Hospital and Bowman Gray school of Medicine in Winston-Salem. In 1941 Young was at Wake Forest College; he graduated in 1943 and went on to the Southern Baptist Theological Seminary. But he spent his summers at Elgin State Hospital. The chaplain there at that time was Dr. Anton T. Boisen. He was the first to set up a program for training ministers for hospital chaplaincies.

Another summer Dick Young spent working in the Baptist Hospital in Louisville. He was completing his final semester at the seminary when Dr. W. K. McGee came to Louisville seeking an assistant. McGee was a Baptist minister and headed the Department of Religious Activities at the North Carolina Baptist Hospital. McGee found two men: Dick Young and a youngster named Wayne Cates. Cates wanted to remain at the seminary to teach. He stayed at the seminary and watched for students who showed an aptitude
of working with the sick. McGee said:

I was to go to Winston-Salem and pace the way for a clinical training course for those students.

The following summer, Wayne Oates brought a group of graduates to the hospital and helped start the first program there for the training of ministers. (That was 1947.)

They began to speak of the healing team: physical, the physician; mental, psychiatry; spiritual, minister.

They quoted Carl Jung, the great Swiss psychiatrist who said:

Among all my patients in the second half of life, there has not been one whose problem, in the last resort, was that of finding a religious outlook on life.

In 1946 the Department of Pastoral Care at the Baptist Hospital was a one-man show. In 1955 this number had grown to six full-time workers plus five interns.

It was not the first clinic, but one of the first set up in the South.

There were other programs in New England and the Midwest. But the budget for Young's Department was the largest of its kind in the nation. In 1954 there were 55 in training. Five interns a year are paid $125.00 a month. The Department has placed 22 full-time hospital chaplains.

By 1955, 221 men have come to the hospital to obtain specialized training. Some have come simply to improve their ministry to the sick in their congregation. Others come to make this a career.

The pattern of training runs about the same. There are medical staff lectures; e.g. Alcoholism and the emotions. Lecture: "The Common Meeting Ground between the Minister and the Doctor." Seminar periods. Tour the hospital, calling on patients. Assigned to 25 or 30 beds. Under close
supervision at all times.

One student reported:

In a few weeks at the hospital, I learned more about dealing intelligently with sick people than I possibly could have learned in five years of trial-and-error experience.

Some patients are hit hard and are asking: "Why did God let this happen to me?" They are ripe for catharsis of confession. We say: Jesus is the answer. But it requires deep insight and the trained knowledge of human personality to help patients know just why and how Jesus is the answer.

In one year (1954) members of the staff and 5 interns spent 2,700 hours in outpatient counseling.

In a mimeographed paper entitled "The Ecumenical Thrust of Clinical Pastoral Education" prepared in October, 1967, for the Association of Clinical Pastor Education, Wayne Oates speaks of the contribution of Southern Baptists to the ecumenical thrust of Clinical Pastoral Education:

The Southern Baptist group had brought to the movement a reemphasis upon the autonomy of the local center. They have pointed to the necessity of dealing with the charismatic minister whose credentials may or may not include even a college education, much less seminary training and clinical pastoral education. They have brought the tradition of the education of the minister without charging him for his education. They have been persistent in the synthesis of Clinical Pastoral Education with the B.D., Th.M., and Th.D., curriculum. They did not intend to bring an ecumenical, national emphasis in the beginning, but they have, by the very ambiguity of their zeal, "backed into an atmosphere of ecumenicity. Their access to the free churches of the South, the Midwest, and the Southwest will make all three of the other groups genuinely national in fact as well as profession."
THAT MAN WAS WAYNE E. OATES


We set forth a few pages of this book to record in brief the ministry of Southern Baptists in this field, and particularly the work of Professor Wayne E. Oates.

The success of the clinical pastoral education is shown by the increase from four centers in 1930 to nearly thirty in 1944 (p.108). Also by the fact that 2,000 students have been trained in this field.

The year 1957 marked the formation of the Southern Baptist Association for Clinical Pastoral education (p.148). By 1967 the Southern Baptist Association for Clinical Pastoral Education was virtually a national accrediting agency.

The origin of the SBA for Clinical Pastoral Education may be traced to three centers: Louisville, Kentucky; Winston-Salem, North Carolina; and New Orleans, Louisiana.

And the central figure was Wayne E. Oates (p.153).

Professor Gaines S. Dobbins of the Southern Baptist Seminary was searching for a man who would develop a full-scale program of Clinical Pastoral Education in the Seminary (p.153). Dobbins spoke of the history and the need:

When World War II broke upon us...a call to distress came from the superintendent of the Louisville General Hospital. He explained the shortage of orderlies and attendants due to war conditions, and asked if some arrangement could be made to secure the services of theological students on a part-time basis. A call for volunteers brought a heavy response from the class. In the group was a student of unusual maturity and discernment, with a rare combination of insight and practicality. He was assigned supervision of the work of fellow students in the hospital (p.153). That man was Wayne E. Oates.
Oates was born in Greenville, South Carolina, where his earliest memories were of the company commissary and of the ten and twelve-hour days his family spent working in the mills.

At age 13, he became a page in the U. S. Senate. He completed his education at Wake Forest College, Duke University, and Southern Baptist Theological Seminary (p.153).

Interest in clinical pastoral training arose from an episode that occurred when Oates was a minister in a rural church. A woman was advised by her doctor "to call the preacher," and she sent her small son to find Dr. Oates. During Oates' visit she "unburdened an involved story of marital unhappiness, personal guilt, and morbid despair. Not know what else to do, Oates simply listened without condemnation and without sentimentality" (p.154).

Much to Oates' surprise, the woman who had been confined to her bed was soon able to do her housework, and she moved back into the neighborhood relationships. Subsequently the doctor who referred her to Oates gave the country "preacher" a bit of advice.

"We are entering upon a whole new understanding of the nature of disease," he said. "I believe this will draw the minister closer to the work of a doctor. You train yourself for this. I don't know where you will get the training but wherever you find anybody who knows anything about it, listen to him" (p.154).

The first man Oates found to listen on the subject was Gaines S. Dobbins of the Southern Baptist Theological Seminary. In 1944 he began to learn from Ralph Bonacker, a member of the Council for Clinical Training who had just become chaplain of the Norton Infirmary in Louisville. Oates took his first quarter of clinical training with Bonacker and Oates taught the first course in clinical pastoral education at Southern Baptist Seminary in 1944-1945.

In the summer of 1945 Oates was joined by a fellow student, Richard K. Young, in taking clinical training at Elgin State Hospital under William Andrew and Anton Boisen.

The year 1945-1946 found Oates developing Kentucky Baptist Hospital as a clinical center with the help of a group of graduate students on a part-time basis (p.154).

In the spring of 1946, with two quarters of full-time training behind him and two years of part-time experience as a supervisor of seminarians, Oates was ready, according to the standards then in vogue, to seek accreditation.

He arranged an interview with Kuether, who was Associate Director of the Council for Clinical Training. Oates proposed to work in
consultation with Bonacker in developing the clinical training program of the Seminary and requested recognition as a supervisor.

Kuether rejected Oates' application; and the seminary professor was thrown back on his own resources....So Oates determined to develop clinical facilities and supervision that would be wolly responsible to seminary educational policies....

Oates' first venture was a full-time program in the Kentucky Baptist Hospital in the summer of 1946. Oates and Young opened another center the same summer at North Carolina Baptist Hospital in Winston-Salem. Later Oates moved his Louisville program to Central State Hospital where Aaron L. Rutledge had become chaplain.

Fifteen months after Oates was rejected as a Council for Clinical Training supervisor, he had become the hub of a clinical program in which four chaplains were participating--two in mental and two in general hospitals (p.155).

Oates was the principal actor in the Louisville story, but the Southern Baptist Seminary was the stage. The openness of the Seminary to clinical pastoral education is as remarkable as the energy and ability of Oates and his colleague.

Writing under the title, "Our Mission to the Sick," Oates declared that "the central objective of this work is to strengthen and enlarge the missionary ministries of the student."

Reacting against the Brinkman tradition in clinical training, Oates said, "The Southern Baptist Theological Seminary is not even remotely interested in training workers for a ministry which ignores or makes incidental the Christian gospel" (p.155).

Clinical pastoral education became a major part of the curriculum. Oates developed at the Southern Baptist Theological Seminary. Both Th. M. and Th. D. students were required to invest major time in clinical learning. By the time the Southern Baptist Association for Clinical Pastoral Education was formed (1957), Oates had all his clinical facilities concentrated in the Louisville area and staffed by four supervisors.

He had succeeded in developing a clinical program that was seminary controlled, academically respectable within the context of a graduate school of theology, and to a considerable degree integrated into the total curriculum of the seminary.

North Carolina Baptist Hospital developed its clinical training program rapidly under Young's direction and became a second major source of leadership for the Southern Baptist Association for Clinical Pastoral Education.

The School for Pastoral Care, as it was later named (pp. 154-155) had a staff of five full-time supervisors in 1957. They offered clinical pastoral education in six- and eight-week terms to 66 students;
in addition there were five chaplain interns for twelve months of training and one supervisor-in-training. An outpatient counseling service gave attention to 718 clients during the year 1957, approximately 10 percent of whom were ministers and their wives (p.156).

The third source of initiative in the formation of the Southern Baptist Association was the New Orleans Baptist Theological Seminary and the Southern Baptist Hospital in New Orleans. The seminary representative was John Price, Dean of the School of Religious Education and Professor of Religious Psychology and Counseling.

Soon after the Southern Baptist Association for Clinical Pastoral Education came into being, Madden, who began his supervisory work with Oates and Young in 1947, became chaplain supervisor at the Southern Baptist Hospital. Price and Madden have since 1959, guided the training of a substantial number of clinical pastoral educators (p. 156).

The roots of the New Orleans program were older than either the Louisville or the Winston-Salem program. During the thirties and forties, under A. B. Tibbs, who was then head of the Religious Education division, the Seminary followed the model set by Karl Stolz of the Hartford School of Religious Education.

Stolz was an early member of the Cabot Club and was a substantial contributor to the clinical training movement. After succeeding Tibbs, Price simply continued this tradition. In 1951, he set up a clinical training program in the Southern Baptist Hospital with Don Corley as chaplain supervisor.

Three distinct traditions had taken form by the time the Southern Baptist Association appeared. In addition to geographical and leadership differences, each tradition emphasized a different perspective on pastoral work (p.156).

The Louisville center under Oates stressed the shepherding perspective. The Winston-Salem center under Young emphasized the healing perspective. The New Orleans center under Price accentuated the perspective of guiding personal growth in the context of religious education through individual and group counseling.

The question of whether or not to accredit non-Baptists arose almost as soon as the Southern Baptist Association was formed. By 1967 approximately 25 percent of the membership were identified with other denominations (p.157). In the person of Oates, the Southern Baptist Association for Clinical Pastoral Education traced its connection with the Committee of Twelve to 1951.

Oates, Price, and Young became the official representatives of the Southern Baptist Association to the Advisory Committee in 1958. Yet in spite of adequate representation, the Southern Baptist Association was minimally involved in the Advisory Committee on Clinical Pastoral Education from 1957 to 1960 (p.158).
This was only partly because of the negative of some Advisory Committee members toward the appearance of a Southern Baptist Association. The Southern Baptist Association was preoccupied with its internal development as a professional association. In this they were very much like the Council for Clinical Training and the Institute of Pastoral Care during the late forties and the early fifties. A time lag of approximately one decade was perhaps the basic differences after all between the Council and the Institute, on the one hand, and the Southern Baptist Association on the other. In 1957, however, the Southern Baptist Association seemed much more disruptive of efforts toward unification than proved to be the case (p.158).

The Southern Baptist Association was invited to become full participants in the final meeting of the accrediting committee (p.182). The one objective of the Southern Baptist Association was to provide a channel of communication with regional and national professional organizations in the field (p.188).

The name, Southern Baptist Association for Clinical Pastoral Education, was changed to Association of Clinical Pastoral Educators (p.189). The Association divided its 71 supervisors into five regions, stretching from Pennsylvania to California and from Ohio to the Gulf of Mexico (p.190).

The new Association for Clinical Pastoral Education (or Educators) broadened its base both in clinical centers and seminary support. Eighty-one seminaries sought within three months of incorporation. This was 27 more than had affiliated with all the separate agencies combined. Clinical centers were functioning in 6 parish and 11 community service and clinics, as well as 64 psychiatrist hospitals. Incorporated also were 113 general hospitals and medical centers, 18 correctional institutions and 5 mental retardation schools (p.195).

PREACHER WITH NO PULPIT

The Human Welfare Commission of the Baptist General Convention of Texas and the home mission Board have worked on a 50/50 basis to provide chaplaincy service for the Mayo Clinic in Rochester, Minnesota.

This service began first as part-time; but since February 1, 1965, has been full-time.

The Baptist chaplain assigned to hospitals at Mayo is B. J. Williamson. Williamson serves an ever-changing flock. Mayo's registered 230,000 for its clinic last year, 34 percent of whom entered one of the Rochester hospitals.

Williamson's parishoners may be Baptist, may be some other faith, or
may have no faith at all. They come from all over. In one six-months period
Williamson kept track and found that those he served came from 44 different
states and six foreign countries.

Katharyn Duff in an interview with him called him "a preacher with no pulpit."
His work may be in his office, located in the subway area of downtown
Rochester that links hotels with the clinic. More often it is in the
corridors and waiting rooms and patient rooms of the two large hospitals.
The Mayo chaplaincy has developed over the years in response to needs.

One big question: How did Southern Baptists get so far North? The
answer is it traces back to the post World War II expansion of Southern
Baptists from their traditional Dixie boundaries. New churches began to
appear in other parts of the nation, often with the support of Southern
churches. Such work in Minnesota drew help from Texas Baptists. One of the
new churches is Emmanuel Baptist of Rochester, Minnesota.

In 1960 Williamson, then a Baptist hospital chaplain at Beaumont, went
to pastor the Rochester flock. Right away he saw the need for a Baptist
chaplain to serve those doing to Mayo's, one of the world's greatest
medical centers.

Williamson does a lot of work with clinic patients and their families,
in addition to his pastorate. And at every chance he urged Baptists to
establish a full-time Mayo's chaplaincy to meet the needs.

In 1964 the Texas Baptist Convention and the Chaplains Commission of the
Home Mission Board decided on the joint undertaking. Chaplain Williamson
was offered the post and he accepted it as a great challenge.

Nine denominations have full-time chaplaincy programs at the Rochester
medical complex. Williamson serves Baptists and any others who might call
on him or any hospital officials who seek his help.
Much of his work is with families who accompany patients. Statistics show how the average patient is accompanied by 2.8 persons. Chaplain Williamson said: "One family I worked with included 13 persons who had come along for a heart surgery case."

The Mayo chaplaincy office is located in the basement of the Kahler Hotel, on the pedestrian subway that threads downtown Rochester. It was put there because that's where the action is, the main traffic to and from the clinic.

Williamson, who was reared in Eunice, Louisiana, and Port Arthur, Texas, is the son of a Baptist minister. Two brothers are Baptist preachers and a son of the chaplain is a ministerial student at Baylor.

Williamson himself was a patient at Mayo's, recovering in 1968 from surgery for repair of wreck injuries. Surgeons had put him in a body cast that came up high under his chin in front, and up over the back of his head. He was flat in his hospital bed, perfectly miserable, when an aged preacher friend came to call.

"He stood at the end of the bed where I couldn't see him. He went through his ritual and then he said, 'Let us bow our heads in prayer.'" Trapped there with his chin in the air it hit me, what he had said. "I burst out laughing and assured him, 'No way, man, no way.'" Being a chaplain takes, among other things, common sense.