

THE JOURNAL OF COLLEGIUM AESCULAPIUM



FALL 2004



Great stories by President Monson, Elder Groberg, and Dr. Antonia Novello ... plus the historic dedication of the Deseret Hospital replica

On a family camping trip when I was nine, my father and I read an exciting *Readers Digest* article called “The Yellow Magic of Penicillin.” It was August 1943. The world was at war. Penicillin was so scarce, it was saved mostly for soldiers with life-threatening wound infections. This amazing story made me sure I wanted to be a doctor. Years later as a physician, writer, and editor of a major medical journal, I learned to appreciate even more the power of well-written stories like that article—and those in this issue.

President Thomas S. Monson is one of the great story-tellers of our time. He teaches with stories—as did the Savior. In his article “Is There a Doctor in the House?” President Monson tells of giving a Bulgarian boy a medal of bravery after surgery. The boy’s face lit up with joy as he opened the velvet-lined box and saw the medallion from Rex Lee’s BYU presidential inauguration. That medallion was a much better reward than a guppy in a 4-ounce baby bottle which I used to give kids after surgery—until one youngster drank his guppy. You’ll enjoy President Monson’s stories and Dr. Parmley’s quote: “Dad, you will never be just another elderly Medicare patient to me. And neither will anyone else.”

The article “Seeing God’s Hand in all Things” comes from another great story-teller, Elder John H. Groberg. You’ll read about the Grobergs’ son born in Tonga with a serious congenital anomaly. You’ll read stories about the great motion picture, *The Other Side of Heaven*, one of only five films winning CAMIE awards last year for Character And Morality In Entertainment. In a classic scene a Tongan woman, Noli, couldn’t understand why young Elder Groberg wouldn’t accept her daughter as a gift. Elder Groberg was having difficulty explaining about morality to Noli, until an inspired answer came to him which has taught millions about sexual purity.

This issue’s third great story teller is Antonia Novello, who like Jim Mason, was one of our nation’s most spiritual, bright, and witty Surgeons General. She teaches us about higher callings, adversity, terrorists, and responsibility: “If you don’t know where you’re going, you’re already there.” “Service is the rent we pay for living.” “One never knows what [God] has in store for us” and “God does not give us greater challenges or burdens than we can bear.” You’ll love her self-deprecating humor—describing herself as a left-handed Puerto Rican medical school graduate, the first woman Surgeon General, etc., adding, “I’m still trying to figure out what I’m going to be when I grow up.”

You’ll want to take your family and friends to see the magnificent replica of Deseret Hospital at This is the Place Heritage Park in Salt Lake City. But in these pages you’ll find George Van Koman’s dedicatory remarks about Collegium’s role in rebuilding this pioneer hospital, a great history lesson about it by Dr. Novello, and Elder Russell M. Nelson’s inspired dedicatory prayer. And there’s more—including Bruce Woolley’s story about how Collegium Aesculapium got started.

You can see why this issue is another keeper.

Glen C. Griffin, M.D.

EDITOR

After a career practicing medicine, writing, and as chief editor of several publications, Glen Griffin is now chairman of CAMIE awards, Inc. which gives CAMIE awards to writers, producers, directors, actors, and studios that make uplifting motion pictures with character and morality. This non-profit foundation also sponsors www.moviepicks.org to help families find uplifting movies.

About Collegium Aesculapium

In a troubled world, physicians and healthcare professionals who are members of the Church of Jesus Christ of Latter-day Saints have the benefit of spiritual insights as well as the art and science of medicine.

Collegium Aesculapium addresses the spiritual as well as the physical aspects of medicine. Thus, we invite qualified professionals to embrace the Collegium and take advantage of insightful meetings and seminars, newsletters, service opportunities, and the *Journal of Collegium Aesculapium*, all of which include this important spiritual dimension, as well as the constantly changing body of scientific information available to us.

For more information, see <http://www.collegiumaesculapium.org>.

How to join Collegium Aesculapium

Collegium Aesculapium encourages physicians, podiatrists, and doctors of pharmacy to become active members of the organization (\$200 per year). Special rates are available for retired health professionals (\$100) and professionals in their first two years of practice (\$50). Nurses, physical therapists, pharmacists and others interested in the Foundation are invited to join as Associate Members (\$75 per year). Medical students in training and upper-class premedical students (\$35 per year) may also join the Collegium.

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Manuscript submissions should be emailed to: bruce@collegiumaesculapium.org

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FALL 2004

Is There a Doctor in the House?

by President Thomas S. Monson



Some years ago I was in

the office of then Elder Spencer W. Kimball, and he asked me if I had a moment to speak with him. He inquired, “Brother Monson, are you superstitious?”

I said, “No, but I never walk under a ladder.”

He said, “I wasn’t superstitious until this morning. Let me tell you about it.”

I sat back in my chair, and he continued. “I had three marriages in a row this morning in the Salt Lake Temple. They were to be performed in the same room, with an anticipated capacity crowd for each one.

“During the first marriage, I heard a gasp from the group and turned around to find that one of the witnesses had passed out. Instinctively I asked, ‘Is there a doctor in the house?’

Since no one in the room responded, we opened the door into the hallway, where the second group was assembling. Upon repeating the question, one man came forward and said, 'I am a doctor.' He hurried into the room, produced some smelling salts, and revived the witness who had fainted. With the witness back in place, I finished the ceremony."

Brother Kimball continued, "When that second group came into the room, I again thanked the doctor for helping us. I was proceeding with the second ceremony when suddenly the bride fainted at the altar! The same doctor rushed to her aid, with the same beneficial result, and the ceremony went forward.

"As the second group was leaving and the third group preparing to come in, I said to the doctor, 'Would you mind remaining for the third marriage?' He did. Thank heaven his services were not needed for that ceremony."

Brother Kimball had a nice smile on his face as he indicated he felt Divine intervention had placed a doctor there who had helped alleviate many hearts on that special day.

If I were to ask the question, "Is there a doctor in the house?" I would observe a sea of raised hands. As I look upon you, I think of the noble service you render, oftentimes without a fee and, in certain instances, making the difference between life and death. I believe you will never know the full effect of many of the services you render in a variety of situations.

I should like to mention a few cases tonight, with the outcome known fully only to our Heavenly Father.

In August of 1990, Elder Russell M. Nelson brought to my office a young boy from Bulgaria who had come to Salt Lake City for medical treatment. He was 8-year-old Evgeny Christov, and he had come to Primary Children's Medical Center for urological surgery, having been born with malformed urinary organs. Reconstructive surgery was performed here.

Elder Nelson had first learned of this youngster's circumstance about six months earlier when he had an assignment to Sofia, Bulgaria. Since there was no doctor in Bulgaria who could perform the surgery Evgeny needed, Elder Nelson, upon his return to Salt Lake City, had made arrangement for the young boy, whose father was an official in the Bulgarian government, to come to Salt Lake City.

In addition to Elder Nelson, the young boy was accompanied to my office by an uncle who was able to interpret for us. Young Evgeny was doing well, and we visited for a time. I told him how brave he had been to travel such a long distance from his home and to undergo this difficult surgery. As I spoke with him, I tried to think of something I could give him as a souvenir of our visit. I remembered a commemorative medallion I had received

As young Evgeny opened
the box and saw the
medallion, his eyes lit up
and he smiled broadly.
He left clutching tightly
his medal for bravery.

when Rex Lee was inaugurated as president of Brigham Young University. It was in a drawer in my desk in a beautiful little box with a velvet lining.

I took the box from my drawer, and through the interpreter, told Evgeny that I wanted him to have this medal for bravery. As he opened the box and saw the medallion, his eyes lit up and he smiled broadly.

When it was time for him to leave, Evgeny did so clutching tightly his medal for bravery.

Missionary work now continues on a more even keel in Bulgaria.

Incidentally, when I later told Rex Lee of this meeting, he sent six additional boxes containing medallions and promised more when those ran out.

Dr. Gary R. Hunter is one who has shared his skills in far-away places, leaving his demanding practice, accompanied by his wife and daughter as his nurses. Together they journeyed to Africa and there, with local doctors, performed plastic surgery on those whose lives were thereafter improved and changed.

A number of years ago, I was hospitalized with an infected toe. Dr. Hunter did a superb job performing a skin graft, putting the stitches in place, and applying a soft cast. He then said, "I will be leaving this week for a vacation in Hawaii. Don't move until I return!"

I didn't move. When he returned he was delighted to find that everything was all right.

In the late 1960s J. Vernon Monson served as president of the Rarotonga Mission in the Cook Islands. During his first few months there, he observed a great need for an eye specialist and eye surgeon. Several of the members of the Church were in dire need of eye surgery, along with numerous others not members of the Church. No service was available in the islands.

President Vernon Monson approached the medical people in Rarotonga, as well as the Premier, the Honorable

Albert Henry, and was given every encouragement that if he could get an eye specialist to come for a few weeks, he would have every cooperation.

Vernon Monson decided he would write to his nephew, Dr. Odeen Manning, an ophthalmologist. He did so, outlining the following conditions:

1. There would be no remuneration.
2. Dr. Manning would pay his own expenses.
3. He would be away from his own very profitable practice in Woodland Hills, California, for a period of two months.
4. He would bring his own surgical instruments.
5. Dr. Manning and his wife would be furnished free room and board at the mission home.

Upon receiving the letter from Vernon Monson, Dr. Manning sent off an air mail letter stating, "I accept!"

During the next six months, the necessary planning and arrangements were taken care of, and the Mannings arrived on April 15, 1969. The members gave them a reception the evening they arrived, and the next morning they went to work.

The government provided a car and driver who picked them up each morning and returned them to the mission home each night. They also provided two or three doctors, not ophthalmologists, and several trained nurses, as well as an operating room and hospital facilities. The government also provided for many who were in serious need of eye care, transportation from some of the outer islands.

All in all, 284 patients were examined, with most being fitted or refitted for glasses. There were 53 patients who had serious eye operations, 20 of whom were members of the Church.

As Dr. Manning's stay came to an end, the entire island responded with thanks. The doctors and medical staff at the hospital gave a farewell reception and bestowed gifts. The patients and friends gave a special "umakai" (a luau) with 300 people present—and more gifts. And to top it off, the government of the Cook Islands gave a Farewell Function at the Hotel Rarotonga with 200 invited guests, including the entire cabinet and their wives. And more gifts.

The program provided benefits beyond improved eyesight to those in need. The members of the Church were buoyed up and received a new pride in being members of the Church that brought this medical service to the islands.

Dr. Ralph Montgomery is a prominent dentist in Salt Lake City, now retired. Several years ago, Dr. Montgomery helped to organize the Salt Lake Donated Dental Services, where dentists in the Salt Lake Valley could donate their

time and talents in behalf of the homeless and others who, because of their circumstances, are unable to afford any dental care. Dr. Montgomery and numerous other dentists in the Valley have rotated in providing services at the clinic. In addition, their dental hygienists and assistants also donate their time and talents.

Dr. Montgomery spent a great amount of time, prior to opening the clinic in Salt Lake City, in providing dental service, free of charge, in countries such as the Philippines and China.

Among others who have been benefited by the Salt Lake Donated Dental Services are the many mothers who find it necessary to work in order to support their family and who, without such dental work, would find their opportunities for employment foreclosed.

For our next case, I present an illustration involving many people, some speaking Portuguese and some speaking English, with extensive communications between two nations.

When Ricardo Santana was just a young boy in Brazil, when his family joined the Church, and so Ricardo was essentially raised in the Church.

Ricardo's father was a noncommissioned officer in the Brazilian Army, and when he was old enough, Ricardo applied to Brazil's Military Academy—their equivalent of West Point—and was accepted. Ricardo did extremely well. Not only did he play on the Academy basketball team, but he also was a student cadet corps leader. He was 6 feet 6 inches tall—a handsome man, quiet, gentle, soft-voiced, yet showing a fierce determination when necessary. When he graduated high in his class, his future as an officer seemed bright.

Then in 1987, Ricardo was injured in an automobile accident, suffering a severe fracture of his femur. The Brazilian doctors removed some of the infected bone, but still there remained many problems. Finally, the Army doctors in Brazil decided they should amputate the leg, since the infection was spreading and the situation was becoming life threatening.

Ricardo went to his local Church leaders and received a blessing. Elder Dallas N. Archibald, who was in the Area Presidency there, heard about the situation and talked with "Ricardo in an attempt to find if something more could be done. Brother Archibald said he has to be very careful not to criticize the Brazilian doctors, but he felt Ricardo needed medical attention in the United States. He was able to get copies of Ricardo's X-rays and medical reports, and he and Elder Camargo determined they would take the medical records to Salt Lake City with them when they attended April Conference in 1989.

The records were delivered to Dr. George Veasy at LDS Hospital in Salt Lake City. Dr. Veasy saw that the problem was extremely severe and indicated that there was

little hope of saving the leg. He had, however, heard of a physician doing actual bone regeneration research—a Dr. Eric Johnson at UCLA Medical Center. He suggested that maybe Dr. Johnson could help.

So Elder Camargo contacted attorney Roger Beitler, former president of the Brazil Sao Paulo South Mission, who was practicing law in Glendora, California, to see if he could reach Dr. Johnson in an attempt to get help for Ricardo Santana. Elder Camargo sent him a full set of X-rays and medical reports in English to share with Dr. Johnson.

Brother Beitler made an appointment to meet with Dr. Eric Johnson, a young orthopedic surgeon doing cutting-edge surgical research on bone repair and rejuvenation. When Brother Beitler described Ricardo's serious problems, Dr. Johnson indicated this was exactly the kind of injuries he had been experimenting with and that he and a Russian surgeon had developed surgical methods he thought would be successful with Ricardo. Dr. Johnson commented that he was always amazed at how the Mormon Church could put together a network to take care of its own. Only after he agreed to help Ricardo did Dr. Johnson mention that he, too, was a member of the Church. No one had known this beforehand.

Brother Beitler contacted Elder Camargo, who was back in Brazil by this time, and told him of Dr. Johnson's willingness to help. The brethren there in Brazil were able to get a round-trip ticket for Ricardo to travel to Los Angeles and back. On Saturday, August 19, 1989, Ricardo arrived at the Los Angeles International Airport.

On Monday, August 21, 1989, the Beitlers took Ricardo to UCLA and turned him over to Dr. Johnson. Brother Beitler made arrangements with his former mission secretary, John McClurg and his wife, whose small apartment was only two blocks from the UCLA orthopedic clinic, to take care of Ricardo during the testing and examination stage. The McClurgs were thrilled to help. President Howard Anderson of the Los Angeles Stake had organized a special committee to assist people being treated at the UCLA Medical Center, and these members, as well, went into high gear to take care of Ricardo.

Ricardo finally went into the UCLA Hospital for a surgery and therapy period. Afterward, Dr. Johnson wanted Ricardo to rest for several weeks before going through a second surgery and treatment period, during which time Ricardo needed to be near UCLA for outpatient drug therapy. A former Brazilian missionary, Michael Fletcher, lived near and had a spare basement apartment which he offered, so Ricardo went there and was cared for by the Fletchers as though he were one of their own.

When Dr. Johnson re-explored Ricardo's thigh in an attempt to clean out any residual infection and possibly place a bone graft into the "defect areas" to prevent future

fracture, he found the condition of the tissues and bone unbelievable. There was no evidence of infection anywhere in the leg, no evidence of acute inflammation.

Ricardo returned to the UCLA Hospital for the second series of operations in late October. Dr. Johnson said that he had never seen such rapid conversion of an infected femur to a viable bone in the weeks since the operation. He indicated that these types of bone infections require years to remodel and change. He was amazed. The first X-rays had looked as if a giant shark had taken a bite of the bone, leaving only a small connection. The new X-rays looked regular; the bone was whole and complete. There were no indications of any weakness, damage or disease.

Dr. Johnson said, "The course and healing of Brother Santana's left leg was beyond the expertise that I possess and was of a divine nature."

A year or two after the surgery, I met Ricardo Santana by chance in Salt Lake City. He had recently married the daughter of Elder Helvecio Martins, who was then a member of the Second Quorum of the Seventy, and the family had traveled to Salt Lake City for General Conference. This sweet, humble young man walked perfectly and expressed heartfelt gratitude to his Heavenly Father and to Dr. Eric Johnson for the healing miracle he had experienced.

When we work together cooperatively to help others, we can accomplish anything. When we do so, we eliminate the weakness of one person standing alone and substitute the strength of many serving together. While we may not be able to do everything for everyone, we can surely do something for someone.

Today Ricardo, a high priest, lives in Brazil with his wife Marisa and his six-year-old daughter, where he serves faithfully in the Santo Andre 2nd Ward.

In 1995, cardiologist William W. Parmley, then editor-in-chief of the *Journal of the American College of Cardiology*, wrote the following article about medical care for the elderly. I wish to quote his exact words:

"Against the white hospital sheets he appeared even more frail than his 98 years. Although he had been relatively self-sufficient at home, an explosive gastro-intestinal infection had quickly dehydrated him and nearly cost him his life. With rehydration and antibiotics, he was beginning to feel a little better, but his white hair was unkempt and his speech a little slurred. He was so weakened that it was almost impossible for him to sit up without help. He could no longer stand, let alone walk—activities which only a week earlier had been accomplished with minimal difficulty. It was clear that his days of self-sufficiency were over, and that only through weeks and maybe months of physical therapy would he be able to achieve any mobility with a walker. His beloved wife had died 15 years earlier,

and his three children lived hundreds of miles away. They, too, would be faced with difficult choices regarding their father's subsequent care. Although his physical body was greatly weakened, his mind was clear. His memory was less than perfect, but this was no Alzheimer's disease. The sharpness of his intellect only accentuated his frustration with the weakness of his body.

"Was this just another Medicare patient draining the economy? No, this was my father! A lifetime of memories flooded back as I watched him struggle even to turn over in bed. Born before the turn of the century in a depressed Utah coal mining town, he never knew his father, who was killed in a mine explosion in 1900. His widowed mother and her small family struggled to eke out a living. He worked in the sugar beet fields, in a smelter and for the railroad to put himself through college. After marriage, he and his bride went to Ithaca, New York, where he obtained a PhD in physics from Cornell. He returned to the University of Utah for a distinguished and lengthy career as a physics professor.

"Countless numbers of his former students who took their pre-med physics courses from him have personally told me about his great influence on their careers. Winner of numerous teaching awards, he was asked to continue teaching long after the mandatory retirement age.

"He certainly influenced my own choice for a career in science. When he nearly died of colon cancer during my college years, I was motivated to change my own major from physics to pre-med.

"No, this was not just another Medicare patient. This was a father who came to all my high school basketball games. This was a father who used his modest retirement funds to take his entire extended family on a cruise. He was my defining example. I could never hope to do more than emulate his life."

Dr. Parmley continued, "Now I'm back in a different state, in my hospital on cardiology ward rounds. The resident presents to me 'an elderly man with heart failure.' It is clear that the resident's interests are elsewhere—with younger patients such as the heart transplant candidate. I pause longer than usual at the elderly man's bedside. As the house staff team restlessly shifts in their tracks, I ask him about his life and his family. He was a construction worker all his life. He is proud of his son, the dentist, and his daughter and her family. He loves his three grandchildren and wishes he could see them more often. Just another Medicare patient with heart failure? No, a proud father with a lifetime of memories."

Concluding his article, Dr. Parmley wrote the poignant words, "Dad, you will never be just another elderly Medicare patient to me. And neither will anyone else."

Knowing of the service you render unheralded by many but oftentimes having life-changing consequences, I

"No, this was not just
another Medicare patient.
This was my father, my
defining example. I could
never hope to do more
than emulate his life."

reflect for a moment on the experience of Peter and John at the Gate Beautiful of the temple. One sympathizes with the plight of the man lame from birth who each day was carried to the temple gate that he might ask alms of all who entered. That he asked alms of Peter and John as they approached him indicates he regarded them no differently from others who must have passed by him each day. I love Peter's simple and direct instruction: "Look on us."¹ The lame man gave heed to them.

"Then Peter said, Silver and gold have I none; but such as I have give I thee: In the name of Jesus Christ of Nazareth rise up and walk. And he took him by the right hand, and lifted him up...He...stood, and walked, and entered with them into the temple."²

When men and women such as you lay aside the frantic schedules you are required to keep and the many demands of your profession to reach out in the types of endeavors I have highlighted today, you will discover a resurgence of your desire to help, and in each instance you will realize that you have returned with no diminution of ability but with a heart filled with gratitude, for you will find you have been on the Lord's errand and have been the beneficiary of His help and blessings. The Lord has said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."³

President Thomas S. Monson is first counselor in the First Presidency of The Church of Jesus Christ of Latter-Day Saints. This address was given to the Collegium Aesculapium in Salt Lake City on April 1, 2004.

NOTES

1. Acts 3:4.
2. Ibid. 3:6-8.
3. Matthew 25:40

the founding of

Collegium Aesculapium

The 1980s were a time

of upheaval in the practice of medicine as issues of abortion, changing social values and the cost of medical care were capturing most of the media time. Clearly the media-perceived issues of health care were being promulgated in a differing direction than the knowledge of ethical and technological issues. Health care professionals who were active in The Church of Jesus Christ of Latter-day Saints also faced the challenge of balancing their professional responsibilities with family and Church responsibilities. Often, their views differed from changing social values, sometimes resulting in being singled out for derision and verbal attacks. There seemed no place for clinical health care provider who was a Church member to turn to discuss professional foundational issues that are scripturally and doctrinally based.

When Bruce Woolley, Pharm.D., became director of the BYU Student Health Center on May 1, 1980, one of his first mandates from the university was to increase physician-based medical care for the students. This was a formidable task without any kind of database of Church-member health professionals. Dr. Woolley spoke to Larry Noble, M.D., M.P.H., a Provo, Utah ophthalmologist, about the difficulty in recruiting such physicians to the BYU Health Center. They also discussed a need they perceived among colleagues for an organization of health professionals who were members or friends of the Church.

For the previous few years, ophthalmologists who were Church members had been holding a “family home evening” oriented dinner at each of the annual American

Academy of Ophthalmology meetings. This idea was thought to potentially serve as a starting template for the proposed worldwide organization. Dr. Noble recommended that they contact Robert H. Hales, M.D., another Provo, Utah ophthalmologist who had regularly attended these meetings. In addition, in a conversation with Dr. Woolley, BYU professor Rex Wadham mentioned that his wife’s uncle, Roger S. Hiatt, M.D., was the chair of the Department of Ophthalmology at the University of Tennessee in Memphis and recommended that he speak with him.

On June 18, 1982, Dr. Woolley, Dr. Noble, Dr. Hales, and Dr. Hiatt met to explore establishing an organization of health care professionals associated with the Church. The outcome of that session was a decision to establish an organization to accomplish the following:

1. Provide a forum for gospel centered professional discovery
2. Accomplish Church service as called upon
3. Assist students who are members of the Church throughout the world who are interested in providing clinical health care
4. Provide an avenue of service to people and groups nationally and internationally through health education and direct service

The formal organizational meeting was held on BYU campus on October 16, 1982 under the sponsorship of the BYU Alumni Association, the BYU College of Biology

“Through the gospel perspective,
physicians are in a
unique position to give support
to each other to promote education
and to serve the Church
and the world.”

and Agriculture, and the BYU Student Health Center. There were about 30 physicians in attendance, and Chase Peterson, M.D., then president of the University of Utah, spoke to the group. Dr. Peterson reaffirmed the need for such an organization, but cautioned that the organization must never be perceived as political in nature and should not become involved in advocating any concept peripheral to its founding principles.

Permission was sought and granted to use the Church’s Relief Society list of names of health professionals residing in English-speaking stakes, and to invite them to a meeting to be held in Park City, Utah. From February 9-12, 1983, more than 200 health professionals attended the Park City meeting, where Elder Marian D. Hanks of the Presidency of the Seventy expressed his support for the organization.

The name Collegium Aesculapium was conceived and presented by the founders and was readily adopted. The name is a Latin-derived statement of “colleagues in healing.” Because the temples of Aesculapius were sanctuaries of healing in ancient Greece, the name Aesculapius has become synonymous with physician/healer.

Shortly after the Park City meeting, Dr. Woolley, Dr. Hales, Dr. Noble and Dr. John C. Nelson met with President Gordon B. Hinckley of the First Presidency to discuss the newly formed organization. With Dr. Woolley as spokesman, they committed to President Hinckley that Collegium Aesculapium would not use the Church’s or BYU’s name, nor ask the Church for money. Collegium would not presume to initiate or carry out any Church-related program or activity unless invited. Most of all, Collegium would always be completely loyal and devoted

to the principles and doctrines of the Church. Over the ensuing years, Collegium Aesculapium has remained true to its commitment to President Hinckley in order that Collegium may be a jewel in the crown of righteousness, humanitarian service, and undeviating devotion in the Lord’s kingdom.

In an article in the premiere issue of the *Journal of Collegium Aesculapium*, Collegium’s first president, Dr. Hales, wrote the following:

“Collegium Aesculapium has been organized to meet the expressed needs of [health care professionals] who are members or friends of the Church and who wish to associate and serve with friends and colleagues of high moral and ethical integrity... Many physicians [who are members of the Church] have an ability to see the whole man in terms of the emotional and spiritual as well as the physical. It is through this gospel perspective that they are in a unique position to give support to each other to promote education, and to serve the Church and the world. They desire to put the teachings of the gospel into their daily lives.

“In the words of Mosiah: ‘I would that ye should impart of your substance to the poor, every man according to that which he hath, such as feeding the hungry, clothing the naked, visiting the sick and administering to their relief, both spiritually and temporally, according to their wants.’ (Mosiah 4:26).”¹

History prepared by Bruce H. Woolley, PHARM.D.

1. Hales, R.H. *The Journal of Collegium Aesculapium*. December 1983, p. 66-67.



Dedication of the DESERET HOSPITAL

Introductory remarks by
George J. Van Komen, M.D.

DURING THE PAST YEAR, THE COLLEGIUM Aesculapium has played an important part in the rebuilding of the Deseret Hospital at the This Is The Place Heritage Park. The hospital rebuilding was completed when Elder Russell M. Nelson gave a spirit-filled prayer of dedication on October 25, 2003.

But no question was asked of me more frequently than, “Why rebuild the Deseret Hospital?” One can only understand the answer to this question when one vicariously experiences the lives, the dedication, and the commitment of these early Latter-day Saint physicians who provided medical care to patients in this hospital.

The Deseret Hospital is an ancestor for each Latter-day Saint physician. If we were to carefully look at our roots of medicine in The Church of Jesus Christ of Latter-day Saints we would find the Deseret Hospital. Today’s medical staff of the rebuilt Deseret Hospital are today’s Latter-day Saint physicians. Today’s staff meetings of the Deseret Hospital could be considered to be the meetings of the Collegium Aesculapium.

The uniqueness of the Deseret Hospital was not in the patients served, but in the physicians who served those patients. The physicians who served patients and practiced their skills in the Deseret Hospital represented the very best that medicine had to offer for their time. Some names of these early physicians included: Dr. Romania B.

This re-creation of the historic Deseret Hospital was completed in Salt Lake City’s This is the Place Heritage State Park in October 2003. The hospital cost just over \$1 million and was funded by private donations. The original Hospital was built in 1884.

Pratt, Dr. Ellis R. Shipp, Dr. Ellen B. Ferguson, Dr. Elvira Stevens Barney, and Dr. Martha Hughes Cannon. Yes, clearly the uniqueness of the Deseret Hospital for the United States was the fact that this hospital was organized by, managed by, and medical care compassionately provided by primarily female physicians.

Brigham Young, as president of The Church of Jesus Christ of Latter-day Saints, called women to go into medicine. Romania B. Pratt traveled east in 1873 to seek a medical degree. She first sold her treasured piano and then left her husband and small children for several years to obtain a medical degree. Other women followed closely in her footsteps. As these female physicians returned to Salt Lake City with their medical degrees, they convinced then-President John Taylor to establish the Deseret Hospital in July 1882.

The medical staff of the Deseret Hospital provided relief, healing, and nurturing care to patients who had serious illnesses, were victims of accidents, and had many other serious infirmities. They understood the nature of a devoted healing practice as they tirelessly provided medical care to their patients.

Several years ago, I had the unusual privilege of volunteering with my youngest daughter Annie, then 14 years old, to go on a medical humanitarian trip to Bolivia. I thought that the peak of my joy on this expedition came when I saw Annie donate to the Children's Hospital in La Paz hundreds of toys, blankets, pajamas, and woolen slippers that she had collected ceaselessly from innumerable organizations before leaving on our expedition. She gave a cute and wonderful talk to a packed room of doctors, nurses, and volunteers who accepted the boxes and boxes full of gifts for the children of the hospital with overwhelming gratitude.

But I must admit that my real joy came a few days later, as I was working side-by-side with Annie in a small, rural medical clinic in a village high on the Altiplano of Bolivia. My exam room was barren except for a single wobbly table and a dilapidated old chair. Annie was my best helper. A crying three-year-old boy was brought into the

clinic by his mother. He had huge, painful, open infected sores that covered his entire tiny body. Many of the wounds had been draped with dried leaves, then covered with mud in a desperate healing attempt by a concerned and loving mother. Before these wounds could be appropriately treated, however, the open sores needed to be meticulously and thoroughly washed clean. I asked Annie to accept this difficult assignment. The most emotional moment of the expedition came some moments later when I went outside to see how the little boy was doing. There I saw Annie kneeling down, comforting and patiently washing this frightened, sobbing little boy. She meticulously and very tenderly cleaned each painful wound. At that deeply moving moment, I realized once again, and perhaps more than ever, what an enormous privilege physicians have to practice medicine. But I also realized, even more importantly, the unique, natively nurturing qualifications women have in medicine.

By having a beautifully replicated Deseret Hospital within the Latter-day Saint community, today's and tomorrow's Latter-day Saint physicians will have a permanent, visible reminder that above all, medicine is a calling—a calling in which the

doctor-patient relationship will always require a tender, human touch. Dr. William Ostler, a professor of medicine and Physician-in-Chief at the Johns Hopkins University School of Medicine, said over a century ago that medicine “should begin with the patient, continue with the patient, and end with the patient.” By reflecting on the medical care rendered in the Deseret Hospital by a staff of dedicated, committed physicians, today's doctors and healthcare providers will continue to come to the understanding that medicine is—and always will remain—a kind-hearted, service-oriented profession.

George J. Van Komen, M.D., is an internist in Salt Lake City, Utah, and a past president of Collegium Aesculapium. These remarks were given on October 25, 2003 at the dedication of the Deseret Hospital and Quilt Museum at This Is The Place Heritage Park in Salt Lake City, Utah.

*The Deseret
Hospital was
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managed,
and care
provided
primarily by
women.*



Dedicatory Prayer

Following is the text of the dedicatory prayer for the Deseret Hospital and Quilt Museum at This Is The Place Heritage Park. The building was dedicated on October 25, 2003 by Elder Russell M. Nelson of the Quorum of the Twelve Apostles of The Church of Jesus Christ of Latter-day Saints.

Our Father in Heaven, we thank Thee for this historic occasion. We thank Thee for our many blessings—for life and all that sustains life. Assembled here at This Is The Place Heritage Park, we are mindful of our priceless heritage. From pioneer predecessors we have received a legacy of love and feelings of unending trust. We thank Thee for those faithful ancestors and for all that motivated and encouraged them.

This new edifice has been erected to add to the breadth, beauty, and variety of living history facilities available in this park. We thank Thee for this building and for donors who have generously funded its concepts and construction. This building has been built in replication of a similarly-shaped Deseret Hospital that was dedicated in the Salt Lake Valley 121 years ago by Elder Franklin D. Richards of the Quorum of the Twelve Apostles of The Church of Jesus Christ of Latter-day Saints. Now this new structure has been made ready for dedication. As one holding that same authority, I hereby dedicate this Deseret Hospital and Quilt Museum as a monument to the Healer's art, as a tribute to heroines and heroes of history, and as a refuge of respite for all who enter its sacred precincts.

Wilt Thou bless this building, its décor and structure, landscaping, and its treasures of art and history. Wilt Thou protect it from damage by natural disaster or evil intent. Bless its donors and builders with well-deserved feelings of enduring accomplishment.

Bless this facility to become a haven of help for all who would learn the Healer's art. Help them to understand the constancy of divine law and to know that blessings are bestowed by obedience to laws relevant to those blessings. Wilt Thou favor those who enter herein to appreciate the science and art of healing—past, present, and future.

May this structure serve to symbolize the worth of women, with their ennobling and exalting attributes granted as natural endowments from Thee. As this building will also serve as a home for the Utah Quilt Guild, help them and others to see the silent but sublime significance of the quilt—that beauty can come from diverse colors and shapes when bound together in a pattern of harmony. Bless the efforts of docents, patrons, and friends who will serve herein to teach in truth, indelibly interwoven with mercy, compassion, and love. Bless this building as a base for classes, exhibits, and demonstrations of historic and contemporary content that will edify the soul.

As we are so assembled to dedicate this building, we rededicate ourselves to be our brother's keepers, to learn the Healer's art, to help the wounded and the weary, and to lift with the gentle power of loving hearts.

I so dedicate this Deseret Hospital and Quilt Museum for the lofty purposes as foreseen by its founders and followers, in the name of Jesus Christ, amen.

Legacy of the Deseret Hospital

Remarks by

Antonia C. Novello, M.D., M.P.H., DR. P.H.

New York State Commissioner of Health
and former U.S. Surgeon General



IT IS A GREAT HONOR AND PRIVILEGE TO join you today in this heart-warming celebration and dedication.

This building that we dedicate today stands as a wonderful monument to the determination, perseverance and compassion of a group of women committed to the health and well-being of others.

As we read in first Corinthians, "And now abide faith, hope, charity, these three; but the greatest of these is charity."

Charity was at the core of another dedication that took place some 121 years ago—on July 17, 1882. It was the dedication of the first Deseret Hospital, which opened in downtown Salt Lake City.

The group that assembled there in 1882 looked a little different than those of us gathered here today. Their dress and hairstyles bore little resemblance to those we're accustomed to seeing.

But my guess is that the women of the Relief Society of The Church of Jesus Christ of Latter-day Saints, who established that first hospital with the support of the First Presidency, would have felt very comfortable here.

Because, while fashion may change with time, the qualities of caring, compassion, and service to others remain constant, and I daresay are present today inside these walls.

The dedication of the first Deseret Hospital in 1882 was the germination of a seed planted by several women in the Church who saw a great need in the community at that time—and responded to that need, despite great obstacles.

At the time, the population was continuing to grow in the Salt Lake area as settlers continued to move west. There was a shortage of physicians, and healthcare approaches were relatively simple—maybe even primitive.

During that time, the common approach to medicine used by many so-called doctors was: "Puke 'em, purge 'em, or bleed 'em."

Folk remedies such as chicken-gizzard tea for stomach ache, mashed snails and earthworms for diphtheria, bear oil for rheumatism, and owl soup for whooping cough were used to treat a variety of ailments.

Considering this, it is no wonder Brigham Young once said he regarded doctors and their medicines "as a deadly bane to any community."

But by mid-century, things were beginning to change. Medical knowledge grew and more people—including

*Brigham
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Brigham Young—saw a need for academic medical training.

A primary concern was ensuring the health and safety of mothers and infants at childbirth. In those days—which in some ways are not so different from today—women having babies preferred that those assisting them with the birth be women.

Although a number of women, at the time, were trained and served as midwives, there was a need for a higher level of care to respond to complications during childbirth.

Seeing this need, Brigham Young announced in the early 1870s, "Women must come forth as doctors in these valleys of the mountains."

Now, if women were able to suddenly spring forth during that time as women, not to mention as physicians, it would truly have been a miracle. After all, in 1848 a fight was led by women like Elizabeth Cady Stanton, Lucretia Coffin Mott, and Mary Ann McClintock.

At that time a 32-year-old Elizabeth Cady Stanton stood to read a list of wrongs. Women, she accused, had no voice in government, no vote in elections, no place in higher education, and no right to keep wages she earned.

And all this conspired, she said, to destroy her confidence in her own powers, to lessen her self-respect and mark her willing to lead a dependent and abject life.

But on July 19th and 20th in 1848, women and men met to discuss and draft a "Declaration of Sentiments." This document put forth a very controversial idea at the time—that women be given the right to vote.

Achieving such a goal required an amendment of the U.S. Constitution. That amendment did not occur until 72 years later. But thanks to the 1848 Convention and the Declaration of Sentiments signed by 68 women and 32 men, an affirmation was extended to women—the one that says: "We hold these truths to be self-evident: that all men and women are created equal."

During those years, the experience of the woman who would become America's first female physician deserves to be mentioned.

In 1847, Elizabeth Blackwell—who resided in New York State—applied for admission to medical school.

However, medical schools at the time did not admit women, so she was turned down by all the major medical schools because of her gender.

But when the small Geneva Medical School in upstate



Participating in the dedication of the Deseret Hospital replica were, from left to right: Dr. George J. Van Komen, Boyd and Jean Christensen, Elder Russel M. Nelson, Dr. Antonia C. Novello, and Randon W. Wilson, chairman of This Is the Place Heritage Park.

New York received Elizabeth Blackwell's application, they thought it was a hoax being played on them by a rival school. Thinking they were playing out the joke, they let her in.

When they discovered the admission wasn't a joke, the school and its students were merciless in their torment of this woman who wanted to become a physician.

Elizabeth Blackwell was ostracized by the medical school and the townspeople, and for a time she was forbidden to attend many of the medical demonstrations because they were considered inappropriate for a woman.

But by exhibiting great courage and perseverance, Elizabeth Blackwell eventually won over many students and she graduated first in her class in 1849.

Because no medical residency program in the United States would accept her, she completed her medical training in Europe.

When she returned to New York to practice, none of the hospitals would hire her, and landlords even refused to rent her space to open a clinic.

So she purchased a house in New York City, where she estab-

lished her medical practice and later set up a free clinic to serve those living in the slums.

Another pioneer from the Women Medical College of Pennsylvania was Susan La Flesche Picotte, who in 1889 overcame incredible odds to become the first Native American woman doctor in the United States.

She began her life at a time when the culture of her people, the Omahas, was near its end.

She founded the Omaha Agency School in Macy, and from there she not only doctored on horseback, but later on a buggy as a medical missionary. Through days that were often 15 hours long, and through her work, she finally saw her dream come true—a hospital on the Omaha reservation currently on the National Register of Historic places.

Some others are in need of recognition as well. Dr. Emily Stowe was the first Canadian woman to practice medicine in Canada. She was forced to seek her medical training in the U.S. in the New York Medical College for women in 1867 because no Canadian school would accept her.

The students were merciless in their torment of this woman who wanted to become a physician.

Despite the fact that she had earned her medical degrees in 1867, she was unable to practice until 1880 because American-trained doctors were required to attend sessions at an Ontario Medical school and then sit for qualifying examinations. Since no Ontario schools admitted women, she was unable to meet this requirement.

Another important recognition goes to Alice Hamilton, the founder of occupational medicine, the first woman professor at Harvard, and the first woman to receive the Lasker Award in public health. She received her medical degree at the University of Michigan in 1893.

In 1919 she was offered a position as an Assistant Professor at Harvard Medical School. However, if she wanted the position, it had to be under 3 conditions:

1. She could not use the Faculty Club
2. She would have no access to football tickets
3. She would not be allowed to march in commencement processions.

She accepted, and became the first woman on the staff—never to be promoted beyond Assistant Professor Emeritus of Industrial Medicine.

Or who can forget Marie Elizabeth Zakrzewska, who

under the tutelage of Elizabeth Blackwell was able to gain admittance to Cleveland Medical College in 1854—and together with Blackwell and her sister Emily founded the New York Infirmary for women and children, the first U.S. hospital staffed only by women.

Some others cannot be forgotten, like Harriot Kezia Hunt, credited with being the first female physician in the United States.

In 1847 at the age of 42, she applied to Harvard Medical College, but was rejected. Then she applied a month later just to attend the lectures without a degree, and again she was rejected. It was not until 1850—her third Harvard application—that she was accepted, only to be forced to withdraw by the strong protest of her male students.

Women like Mary Breckinridge, the nation's foremost pioneer in the field of American midwifery and the provision of care to the nation's rural areas, and founder of Frontier Nursing Services, needs to be mentioned.

For several years she underwrote the services in their entirety with personal funds. In hopes to compensate for the absence of reliable roads or transportation, the service featured nurses on horseback that were able to reach the most remote areas in all kinds of weather.



Entering the Deseret Hospital replication, visitors see an open room with beds and other 1870s period furnishings.

Within five years she had reached more than 1,000 rural families in an area exceeding 700 square miles. Her staff members formed the organization that today is the American Association of Nurse Midwives.

Colleagues, women like Blackwell, La Flesche, Stowe, Hamilton, Zakrzewska, Hunt, and Breckenridge, were not only pioneers in breaking the gender barriers of their time; they were also women who recognized that practicing medicine meant devoting one's life to the service of others.

A few years later in the early 1870s when Brigham Young said that "women must come forth as doctors," it still wasn't all that easy.

- In 1872, Susan B. Anthony and 12 other women were arrested and convicted of illegally voting in that year's presidential election.
- Today, According to the U.S. Census Bureau, women have voted at higher rates than men in every presidential election since 1984. In the 2000 presidential election, 61 percent of eligible women voted compared with 58 percent of eligible men.
- In 1917, 100 women were jailed for picketing the White House for the right to vote.
- In the recent past, Janet Reno, Madeline Albright, Alexis Hermann, Donna Shalala came and went freely through the White House gates—and today the same is true for Condi Rice, Elaine Chao, Rosario Marin, and others.
- In 1925, Nellie Ross replaced her deceased husband as governor of Wyoming, becoming the first woman to hold state executive office in America. Today, there are six women governors, two women Supreme Court Justices, 13 women in the United States Senate, and 62 women in the U.S. House of Representatives.

The same can be said of:

- Jeanette Rankin of Montana, who in 1917 fought for and won election to become the first woman member of the United States House of Representatives.
- Nancy Witcher Langhorne Astor, who in 1919 became the first woman elected

into the British Parliament, and who said, "We are not looking for superiority, for we always have had that. All that we are asking for is equality."

Colleagues, who would have thought that, although in 1848 Elizabeth Stanton could attend only one college in America, in the year 2003:

- 56% of college students are women
- 42% of students entering medical school are women
- 40% of students entering dental schools are women
- 44% of students entering law school are women
- The number of women architects has nearly quadrupled
- Women pharmacists have increased six-fold
- 70% of public relations professional are women, as well.

And then, following those women footsteps, there were a group of women determined to make it happen—right here in Utah!

Led by Relief Society President Eliza Snow, the Relief Society subsidized six women—including Romania Pratt, Martha Hughes Cannon and Ellis Shipp—to attend the Woman's Medical College of Pennsylvania (an all-women's medical school).

Upon the completion of their training and their return to Utah, the Relief Society pressed forward with plans to establish a Latter-day Saint hospital.

And so the Deseret Hospital came into being.

At the dedication in 1882, Church President John Taylor said, "It is right that we should have a place where the sick can be efficiently tended."

In 1884, the hospital was moved to a larger building on the corner of 200 North and 200 West.

Deseret Hospital featured a homelike atmosphere along with the latest surgical equipment from New York, and a staff of well-trained, mostly female physicians.

A glowing report of the quality of care rendered at Deseret Hospital appeared in an 1884 edition of the Deseret News:

"The best of medical aid is secured," the newspaper said. "The resident physician being

thoroughly efficient and capable, and as to the consulting physician, Dr. W.F. Anderson, and the other visiting doctors—Romania Pratt, Ellen Ferguson, Ellis Shipp and Elvira Barney—their names need only be mentioned to inspire confidence in the treatment which patients under their hands will receive."

The Deseret Hospital specialized in obstetrics. In 1877, the hospital also opened a school of nursing and obstetrics, training up to six women in these fields each year.

Under the direction of the Relief Society, the Deseret Hospital filled a desperate need for health care in the community—especially among the poor. The operation of Deseret Hospital remained small—with an average 16 to 17 patients being served on most days.

Services were provided to all patients, regardless of their ability to pay. In time, fees were raised to six dollars a week for "board-room and nursing," but frequent reminders were sent to the members of the church that Deseret Hospital was a "benevolent institution but not a place of charity."

Because of financial concerns, in 1890 patient care was discontinued and the hospital as such closed.

But Deseret continued as a medical training school until 1905, when the Latter-Day Saints Hospital was established.

My friends, there are some today who would claim that the Deseret Hospital proved to be little more than a noble experiment.

But the women of the Relief Society who established the Deseret Hospital—and those pioneering women physicians who staffed the hospital—have left a legacy of commitment, compassion, and service to others that will inspire many generations to come.

The great physician Hippocrates—whose teachings form the basis for the Hippocratic Oath that physicians still take today—told his fellow physicians, "Sometimes give your services for nothing."

Hippocrates understood—as did the women of the Relief Society and the physicians who staffed the Deseret Hospital—that service to others is the greatest good one can achieve.

As it has been said, "Service is the rent we pay for living."

And that service will set you apart—service to country, community, and God!

Hippocrates understood—as did the physicians of the Deseret Hospital—that service to others is the greatest good one can achieve.

As we read in Galatians, "Let us not be weary in well doing."

And in Proverbs, "He that giveth unto the poor shall not lack."

Indeed, the women of Deseret Hospital gave the gifts of healing, caring, and compassion.

But for women of many generations to come, their example will provide inspiration and encouragement to become all they can be.

While much progress has been made, however, there is still a ways to go in establishing equality for career women in this country.

Women are still finding it hard to break into careers in science, engineering, architecture, and top leadership positions at Fortune 500 companies and other businesses.

Like their predecessors, many women today are also pioneers who are fighting for what they believe is right and in the process having to overcome gender bias and stereotyping.

So, we must never forget that their efforts today were made easier by the courage and determination of their predecessors.

Included among these are the Relief Society, and the physicians of the Deseret Hospital—whose work is preserved and displayed in this wonderful building we dedicate today.

For me, the pioneering women behind the Deseret Hospital provide examples of the principles that should continue to guide all men and women today.

Strong leadership, determination, faith and character have principles that have shown the world that great things can be accomplished under difficult circumstances.

And let's not forget service and humility, and the qualities of love, compassion and kindness.

I would like to conclude with an excerpt written by someone many years ago for a church newsletter:

"I sought my soul, but my soul I could not see. I sought my God, but my God eluded me. I sought my brother—and I found all three."

Thank you and God bless.

Antonia C. Novello, M.D., M.P.H., DR. P.H., is the New York State Commissioner of Health and former Surgeon General of the United States. These remarks were given on October 25, 2003 at the dedication of the Deseret Hospital and Quilt Museum at This Is The Place Heritage Park in Salt Lake City, Utah.



Seeing God's Hand *in* All Things

Elder John H. Groberg

Editor's note: Elder Groberg's remarks to Collegium included two video clips from the recent motion picture "The Other Side of Heaven", which put to film his Tongan mission memoirs. For continuity, we've included a brief description of the selected clips at the appropriate point in the text.

I admire the discipline you have to become and remain proficient in your areas of expertise. I am grateful for your desire to help those with health challenges.

Much of life is about learning to love and help others, often in ways they cannot help themselves. Jesus did for us that which we cannot do for ourselves. We should follow His example and help others in a similar manner. Jean and I are personally grateful for specific doctors who have helped us in ways we could not help ourselves.

Our first son was born in Tonga while we were on a mission. There were no facilities or trained doctors there who could diagnose or treat the serious congenital problem he was born with. Faith, fasting and prayers allowed the Lord to lengthen his days long enough so Jean could bring him to the Primary Children's Hospital in Salt Lake City where he could receive the needed help. He is alive and well now, with a beautiful wife and three healthy sons. How grateful we are to all those who helped.

More recently, a grandson was born with a defective heart. Surgery was performed when he was just a few weeks old, again at Primary Children's Medical Center. He is now nearly three years old and doing well. Our gratitude knows no bounds for those who have the ability to help and do things for us that we cannot do for ourselves. I hope you accept on behalf of Jean and myself, and many, many others our deep appreciation. Your efforts are worth it!

We all make important choices in our lives. You have chosen to study hard and learn difficult skills, which not only can provide a living for you and your family, but can give significant help to others as it has to our family. I pray you have also chosen to be good members of God's kingdom on the earth, to be married in the Lord's temple and to raise a family according to God's will. President McKay's oft-quoted phrase, "No other success can compensate for (consistent) failure in the home," is still true.

Happiness, as you know, is a choice. I hope you choose to be happy in your marriage. I hope you choose to spend time with your families. Remember that your spouse stood by you in the tough times. Don't lose her or his affection in the more affluent times. Choose to be humble. Choose to be loving, kind and helpful. Choose to acknowledge God's hand in all things and at all times. Choose to pray and thank Him for His goodness and seek His help. As you do these things, I promise you great blessings, not the least of which will be an increased capacity to love, to serve, and to be effective in all you do.

Last summer, we had the opportunity of returning to Tonga, along with our son who was born

there, and his family. The doctor, who was in charge of what medical facilities they had and helped as much as he could, is well into his 80s. His wife recently passed away. We made arrangements to visit him at his home. When he saw our son, he broke into tears and said, "I can't believe this is the little dehydrated body that we put on the plane some 30 years ago." He speaks English well, but when he speaks from his heart, he speaks in Tongan. Thus, in Tongan, he said to me, "You know, this is one of the happiest days of my life because I know I did something that truly helped someone else. To be able to see your son and his family has done more for me than you can imagine, especially with my wife so recently passing away."

Brothers and Sisters, I have learned that all truth (physical, mental, spiritual, social), all truth and all joy comes from an all-knowing, all-loving God. The Book of Mormon teaches us: "O how great the holiness of our God! For he knoweth all things, and there is not anything save he knows it."¹ That is a great comfort to me. He knows everything.

It takes great humility to acknowledge how little we know and how much we still have to learn. For several decades now I have been trying to help people find spiritual healing. The more experience I have, the more I realize how much more there is to learn. I'm sure you feel the same way.

I admire your constant search for new methods and procedures to better help those with health challenges. Please, keep it up!

But in doing so, remember how important it is to keep balance in your life between work, family and Church. I have a younger brother, George, who is a busy pediatrician in Idaho Falls, but also serves in the bishopric of his ward and helps significantly in raising their seven children.

In our case, Jean and I have raised our 11 children in various parts of the world, while at the same time trying to spiritually help many people from many languages and cultures. Our children have graduated from five different high schools on four different continents, and have learned to speak several different languages. Obviously, all this requires a great deal of flexibility, as it does for you, but it can be done.

Is it easy? No. Is it possible? Yes. Is it worth it? A thousand times, yes! How can we do it with so many demands on our time? The only way is through faith in the Lord Jesus Christ. He knows all things. We demonstrate that faith by being humble, prayerful, keeping His commandments with all of our hearts, and following the promptings of His spirit.

Let me explain a few experiences I had in Tonga as a missionary. I hope some of the lessons I learned there can help us in some of the challenges we face today, such as being faithful members of the Church, being caring,

helpful loving husbands, wives and parents, and also being excellent medical practitioners.

In 1993, at the suggestion of some of the senior brethren, I wrote a book on my mission experiences titled "In the Eye of the Storm." Seven years later, some folks with Hollywood connections purchased the movie rights to the book from Deseret Book and made the movie "The Other Side of Heaven." We feel they did a good job in staying quite close to the spirit of the book. We had very little say on what they did. Any of you who are familiar with movie-making know that once they purchase the movie rights, they can do whatever they want. We were glad they stayed as close to the book as they did. My wife often says, "They Hollywoodized parts of it as you were never that good a dancer." And she is right.

One of the great lessons I learned in Tonga was that you must make up your mind to be true to your faith and to the promises you have made with God.³ That applies to all of us at all times. Temptations do not cease when you go on a mission and, in some ways, they may even increase. At times other seemingly attractive alternatives to our standards are dangled before us so we have to make up our minds and be firm in our covenants. We should always say: "I am going to do what I know is right, such as holding family home evening, being morally clean, attending church, or doing whatever is required." I promise you that if your mind is fixed and determined to obey God's commandments He will open the way for you to do so. No matter how busy you are, if that is your determination, he will figure out a way to help you do it.

I found that at times we cannot "explain" our principles to the satisfaction of others. I also found that as we stand by our convictions, God will help us. There is real power, true power, in making up our minds to keep God's commandments at all costs. As you know from history, for some that cost has been their lives.

We will view a brief clip from the movie where I am trying to reason with a mother who simply would not accept what I was telling her. I could not figure out a way to explain to her why I wanted to keep certain standards, but God could and did. After this clip, I would like Jean to share some thoughts with you. [*Sister Groberg's comments appear in the sidebar, opposite page.*]

VIDEO CLIP: *A Tongan mother wants Elder Groberg to give her daughter a "white baby", and feels rejected and scorned when he rejects their advances. Searching for how to explain his standards, Elder Groberg shows the mother a small picture of Jean. He explains that she is a good girl, and they have promised that they would save themselves for each other. The mother is touched, and tearfully tells Elder Groberg, "Then you must keep your promise."*

Thoughts by Sister Jean Groberg

(referenced from previous page)

I appreciate the opportunity of being here with you, sensing the wonderful spirit of this group, and your desire to do good. I want to explain that when John left on his mission we had been friends for about two years at college. We had dated on and off, and were a little more on than off the last few months before he left on his mission. The only agreement we had was that we would write letters to each other and see what took place over that time. There were no other commitments such as me not dating others. So, for three years I wrote "Dear John Letters." I continued having a very busy, happy and involved college life, trying to keep up with my studies, and doing some dating. Eventually, I graduated from college and taught school for a year in Anaheim, California.

During these three years, letters played a very significant role. If you have seen the movie, you may remember when they bring the stack of mail when he is out on the little island studying. Those envelopes are the real ones as we loaned them to Mitch Davis, the director of the film. We both saved all of the letters we wrote. How they helped our relationship to grow! Very often a letter would arrive from John that he had written months earlier and there would be something in that letter, a comment, a feeling he had, an experience, a scripture he had read, or something that arrived just at the time when that particular message answered a real concern that I had or solved a problem or question that I had at that moment. I soon began measuring myself and others to the mark of what I could tell John was becoming and I knew that I wanted to be available when he returned. The Lord blessed us both to be patient and always added extra needed help.

In the experience you have just seen, let me explain a little more. When they made the movie they had to shorten or combine events. The actual way it happened was that when this mother approached John with her concerns, he didn't really know how to answer her. All he could think of that moment was "I'll come back tomorrow and have an answer for you." During my senior year of college I tried to think of something that I could send to Elder Groberg for Christmas. I had to send it way ahead because the mail took so long to get there. I couldn't think of anything that I could afford to mail that far ahead and I didn't want it to be anything very big or that would distract from his missionary work. So this became a matter of discussion with my roommates. They suggested that I send a picture of myself. I said, "That's way too presumptuous." He had never asked for picture of me and girls weren't that forward then. I had always desired a picture of John but had not been bold enough to ask for one. Well, my roommates persisted and I ended up sending this little wallet-size photo in a Christmas card. Can you believe that at the same time he sent a copy of his passport picture to me! Our two pictures crossed in the mail. After he told this mother he would come back the next day, he went back to his village on another part of the island. The next morning a boat came in (they never came more often than once a month). This boat had some mail and my picture was in the mail. As soon as John saw the picture a thought came to him and he knew how to answer that mother. It worked because the Lord's hand was in it.

Do you think all that was coincidence? I testify it was not. And all the other letters that we sent which arrived long after they were written and answered the needs we had at the time, that was not coincidence. I know that if we try our very best to find out what the Lord wants us to do, and then try our best to complete our part, the Lord will work with us and help us get from where we are to where we need to be. He used daily events, roommates and people in our lives to help us do what we need to do in order to keep our promises to Him. As we do all we can, he takes over and directs events and magnifies our humble efforts until His purposes and promises are realized, both in our lives and in the lives of those around us. To me that is how we experience true joy.

I testify that our Father in Heaven lives, that He knows and loves each one of us. I testify that our Savior Jesus Christ has great love for His Father and for each of us. This all-encompassing love resulted in His Atonement for us, which made it possible for us to return to be with Him and with all of our loved ones so that our lives can be filled with joy.

Thank you, Jean. You are as beautiful and good as ever. Brothers and sisters, I plead with you to make up your minds to be true to your faith and keep your promises to one another and to the Lord. It will bring great blessings to you. It will bring great blessings to all who so do.

When people visit with me about their challenges, I explain that if they will have deep faith in the Lord Jesus Christ, truly repent and change for the better, they will experience deep joy. I know that principle is true because I have seen it work hundreds and hundreds of times. My experience has taught me that it only works if that person makes the internal adjustments necessary and has a true desire to bring the saving power of Christ into his or her life. No matter how true a principle is, if a person refuses to do what is needed for it to work on them, it won't happen. I'm sure you can relate to that principle.

Everyone's spirit reacts differently to certain situations, just as everyone's physical body reacts differently to certain things. Why? One reason is that everyone has a different set of past experiences from having done different things. I believe that deep inside every person there are countless complex connections—be they physical, mental, spiritual, emotional—that we do not yet understand. I testify, however, that God does understand those connections and how they interrelate.

We are aware that in certain situations some have, what we call “the will to live,” while others do not. There are times when all the measurable signs appear to be the same in two people, yet one lives and one does not and the only difference we can detect is the person's will. “Will” is a very powerful thing, and while we do not understand it well, we know it exists.

I'm not sure how faith and “will” are connected, but I know they make a huge difference in how things turn out. I am convinced that God—who created everything including what we call “nature”—follows the rules and laws He put in place when He put them in place. My explanation for what we sometimes call “miracles” is simply that God is applying laws we don't yet understand! Sometimes situations turn out one way, sometimes another way. For example, think of the Martin and Willey Handcart Companies. Think of all the faith they had, yet natural laws still took their physical toll. But through that process, those people developed increased love and deepened faith, which proved more valuable to them than their physical lives. It can and will be the same with us, if we will develop that type of love and faith.

Still, there are many things that we do not yet understand. For instance, Jesus was the first to be resurrected. I testify that the spirit took His physical body up again, only this time in eternal life through a process that to us is as yet incomprehensible, yet to God simply a part of His great plan of happiness for all of us. To our present

minds it must be very complex but in God's own time and wisdom we will understand it for it will be replicated for each one of us. We should be extremely humble as we sense how much more we have to learn.

You are medical men and women. You have studied and experienced much so you can appreciate the complexities associated with almost every part of this earth and its people. How much more should that make us appreciate Jesus, because Jesus is the Creator of everything in this earth. He knows and understands every thing. He comprehends all of the interconnections. He wants us to understand everything and has given us the formula to do so. This formula starts with personal humility and faith in Jesus, which is shown through obedience to and love for Him.

Another example: we know there is power in music, in laughter, in joy, in happiness, in love. Can you explain it? I can't, I just know it is there. How much we have to learn!

I think all of these things come through a connection to God, who is our Father who loves us and who is the source of all knowledge and power. Indeed, He is the source of all things, including life, light, knowledge and love. I feel that when we understand more than we do now, we will begin to find that all of these things are basically the same, possibly just different manifestations of God's love and power—as shown through life, light knowledge, faith, hope and charity.

I believe that when God formed this earth and made our bodies he used various “codes,” if you will (at least that is my best comprehension of it now). He likely has many different “codes” so He can do things that seem supernatural to us, but in act follow His coding. It is hard for us to even conceive of this, but at times we get a tiny glimpse.

Let me give another example, after which I will conclude with more of my testimony. I know there is great power in love. I don't know how it is transmitted, but I know there is great power in it. It is not just my belief, I know it to be true. On my mission I spent many months in sail boats on the open sea. I probably spent at least six months on the surface of the ocean sailing from one place to another. We had no motor boats and relied solely on the wind. I had been through many storms and had always made it home safely. There are not a lot of hurricanes in the South Pacific but we do get a lot of what are called “tropical squalls.” They come up very fast and move by very fast, but are very intense, especially when you are in one. I had sailed safely through many of them, but I learned that past experience is not always a predictor of what will happen in the future as far as this earth is concerned.

As you watch this clip, I would like to call your attention to something that was very real. I don't know how it happened, I just know it did happen. When you are thrown into an angry ocean it is cold. Close to the shore

in the South Pacific is may be warm, but when the ocean is deep it is cold. When you are fighting cold and wind and waves, it doesn't take very long to lose your strength. I remember when I was first thrown out of the boat of thinking, “This can't be happening. It's never happened before. I'm a missionary. Where's my protection? Missionaries aren't supposed to swim and if I hit the ocean, I'm going to have to swim.” I hit the ocean, and when I came up for air, I still had those thoughts: “This isn't right. This shouldn't be happening.” As I started thinking those thoughts I found myself under water again. I fought my way up and said again, “This isn't right.” So, down under I went. About the third time, I realized I had better quit complaining. I learned first-hand this true principle: when we get in emergency situations we do not have enough energy to swim and complain. We must conserve all of our strength to swim and not dissipate any of it in complaining—otherwise, we may not make it to shore.

Even with this determination, there came a point when my energy ran out. I could not put one hand over another. I wanted to stay alive. I did not want to give up or quit, but there comes a time when physically you simply cannot keep going. As I was going down for what could have been the last time the Lord infused into my heart and soul a picture of Jean. When I saw her smiling face, I was given a determination to see her again. Some way or another that vision and that desire gave me an added amount of energy that brought me to the surface once more. Even though Jean was physically 8,000 miles away, the power of her love crossed all barriers and reached down and pulled me up from the depths of despair to the light of life. Jean not only saved me then, but has saved my life both literally and figuratively many other times. See if you can feel this power of true love.

VIDEO CLIP: *After a lengthy struggle, Elder Groberg and his counselors lose their ship amid a fierce storm. As they are tossed overboard, they each lose sight of each other and struggle for their lives. Elder Groberg, as he is giving up hope, is inspired by thoughts of Jean as described above and he eventually swims ashore a small island. Miraculously, his two traveling companions come ashore on the same island and they are all reunited alive.*

Brothers and Sisters, I would not be alive today in physical sense were it not for God's help in bringing to me in a marvelous way the love and support of Jean. I cannot explain how some things happen, I just know that they do happen. There is a saving bond between husband and wife which is based on love and is available to all of us. The Lord commands us: “Thou shalt love thy wife with all thy heart, and shalt cleave unto her and none else.”² Cleave unto your wife, not to money, not to fame,

not to secretaries, not to nurses, just to your wife. I hope you cherish your wife, your husband, your children and your family. There is a saving bond between God and man based on love. The Lord has commanded us: Thou shalt love the Lord thy God with all of thy heart, with all thy might, mind and strength. Thou shalt love thy neighbor as thyself.³ Remember your closest neighbor is your spouse and your family members. God has asked us to put our whole heart into what we do, including our family.

Please choose to live God's commandments consistently. Follow His living prophets. I know it will bring you joy. I know it will enhance your ability to help others in significant ways. I know you can receive inspiration to do better and be better.

No matter how skilled we become as physicians—or in any other earthly pursuit, it is my conviction that we will never rise higher in God's eyes than in our relationship to our spouses, to our children and thus to our God. How well we love them and how well we love Him will be the most telling part of our lives. As mentioned, God has told us to love Him with all of our heart, might, mind and strength and to love our neighbors as ourselves. The reason we need to love God first is so we feel His love and thus know how to love our neighbors. Always remember, our closest neighbors are our spouses, our children and all our families.

We all have challenges in life but remember, God knows how to help us handle these challenges so that we grow thereby. He lets us learn through trial and error and through some experiences that none of us would want to go through again, but from which we learn a great deal. What God really wants from us are clean hands and a pure heart. “Who shall ascend into the hill of the Lord? Or who shall stand in his holy place? He that hath clean hands, and a pure heart; who hath not lifted up his soul unto vanity, nor sworn deceitfully.”⁴ Our best gift to Him is a broken heart and a contrite spirit. “Thou shalt offer a sacrifice unto the Lord thy God in righteousness, even that of a broken heart and a contrite spirit.”⁵ Let us give Him our very best—our whole heart—indeed, let us serve Him with all of our heart, might, mind and strength.

Elder John H. Groberg is a member of the Presidency of the Seventy of The Church of Jesus Christ of Latter-day Saints. This address was given to the Collegium on October 2, 2003.

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REMAINING TRUE *to the* PHYSICIANS' CALLING



Antonia C. Novello, M.D., M.P.H., DR. P.H.

IN FRONT OF YOU, YOU HAVE A SPEAKER WHO HAS BEEN A LITTLE BIT OF EVERYTHING. I have been:

- A left-handed Puerto Rican medical school graduate
- A winner of the Chamber Pot award during my internship in pediatrics at the University of Michigan Medical Center
- A nephrologist at Georgetown University with an I.Q. higher than my BUN
- A researcher and policy director at the National Institutes of Health
- The first woman Surgeon General of the United States
- And most recently the 13th Health Commissioner of the great State of New York

As you can see, I'm still trying to figure out what I'm going to be when I grow up.

As an Hispanic woman, my experiences during my years of medical training were interesting, to say the least.

While doing my medical residency at the University of Michigan, the school proudly referred to me as its "first

foreign medical resident"—even though I was born in Puerto Rico, whose citizens have been Americans since 1916.

While I was working in the hospital emergency room in Michigan, the emergency room coordinator kept getting complaints from patients that they were being seen by a "Mexican nurse," and could they please see a "real physician."

Turned out they thought that Mexican nurse was me! During those early years, I learned that the true purpose of a medical education is not merely the accumulation of facts, but the creation of a habit of mind, a way of being.

By this I mean, the complete physician must be humble in what facts he or she does not know.

Socrates said that if he was wiser than all the rest in Ancient Greece, it was only because he knew what he didn't know.

That is why I prefer to evaluate physicians not so much on the answers they give, but on the questions they ask.

And more than anything, remind them that our work as professionals defines us as human beings. As it has been said, "much of the good and the bad you will ever do in this world will come through your work."

How do you view your work? The author Robert Bella describes three types of work:

First, there's the job, where the goal is simply earning a living and supporting your family.

Then there's the career, where you trace your progress through various appointments and achievements.

Finally, there's the calling, the ideal blending of activity and character that makes work inseparable from life.

As physicians, leaders, and, in some cases, family managers, I hope we are not just holding down jobs. I hope we are not just advancing our careers.

I hope each and every one of us has a calling—a higher calling of service to assist the most vulnerable members of our communities.

During my years as surgeon general, I learned many things.

I learned that the world may love you, but owes you nothing.

To expect the world to treat you fairly because you're a pediatrician, or for that matter, a surgeon general, is like expecting a bull not to charge you because you are a vegetarian.

I also learned that having a vision is tremendously important because, after all, if you don't know where you're going, you're already there.

I learned that when you get to the top of the ladder, you should turn around, reach out your hand, and help pull someone else up.

But more than anything, I learned that service is the rent we pay for living, and that service will set us apart—service to our families, service to community, and service to God.

Speaking of God, one never knows what He has in store for us. It is said that God does not give us greater challenges or burdens than we can bear. Well, there are times when I feel He is definitely putting that notion to the test.

Since becoming New York's Commissioner of Health nearly four years ago, I have learned to expect the unexpected.

I knew there would certainly be many public health challenges in New York, but I didn't know just how many or how difficult they would be.

In the four years I have been New York's Health Commissioner, I have had to deal with:

- the nation's largest waterborne outbreak of E. Coli infection
- the emergence of West Nile Virus, which had never been seen before in the Western Hemisphere
- Tropical Storm Floyd, whose floods and winds harmed many and caused millions of dollars in damage
- an ice storm which paralyzed New York's North Country

- then, the largest attack ever within our nation's borders—the September 11th attack on the World Trade Center
- followed by Anthrax bioterrorism, sent through the mail to members of New York's media
- and most recently, we have had to respond to a new respiratory disease called SARS!

There are definitely times when I am tempted to shout, "Enough!"

But I have also seen firsthand that it is in the face of adversity that Americans show their true might and muster.

I was in New York City on that fateful morning of September 11th.

I saw much tragedy and devastation. But I also saw heroism, compassion, commitment, strength and determination—and it gave me a very good feeling about the fabric of America.

I visited Ground Zero, I went to the triage areas, I visited hospital emergency rooms—and yes, I even went to the morgues.

I could not have been more proud of the way the healthcare community responded to this tragedy, with thousands of physicians from all over the country calling to volunteer their services.

It was a very difficult time for New York and for all of America. Never before had this nation seen such loss of life, such devastation, such economic impact, and such a threat to our security. All this from terrorists who are focused on one goal—harming the greatest nation in the world, America.

Clearly, the terrorist attacks of September 11th have forever changed our lives as Americans. We no longer take our freedom and our security for granted. We are much more vigilant, and we worry about our family's safety.

Because, in dealing with terrorism, like in medicine, we each have a role to play.

As Albert Einstein said, "The world is a dangerous place to live, not just because of the people who are evil, but because of the people who don't do anything about it."

Today, the task of ensuring freedom, security, and the pursuit of happiness for our future generations is perhaps the most difficult challenge we have faced in recent history.

The terrorists who attacked America on September 11th wanted to destroy our way of life. Clearly they have failed.

But in our attempts to protect our nation, today we face new dilemmas over issues of war and peace, and protecting civil rights while ensuring the safety of our nation.

Colleagues, I don't need to tell you that the future is

paved with complex issues—but I can certainly tell you that the future is already here, and much remains to be done.

I am reminded of a very simple yet profound observation of Mark Twain, who said, “Good judgment comes from experience. And where does come from? Experience comes from bad judgement.”

I can tell you that if we are going to meet the Nation’s complex and difficult challenges, we’re going to need healthy doses of both: experience and judgement.

As Yogi Berra once said, “The future isn’t what it used to be.”

Many of us in this audience can remember the mid-1970s, when the public held physicians in high esteem, right next to members of the clergy.

“Your God-given vocation goes beyond your ability to cure.”

Confidence in the ability to make a decent living was always assumed—all we had to do was to “hang up a shingle” and patients would come.

Today, it all appears to be somehow jeopardized: the independence, the time, the easily acquired grants, the lifestyle, even the security.

Control has been wrested from medicine and is in the hands of bureaucrats, CEOs, and even politicians.

Today we have an image of a fast-paced, high-tech, dollar-conscious healthcare system that sometimes seems to leave little room for the needs of the human equation.

Where patients change physicians, often quite literally, as often as they change jobs.

Where a trip to the emergency room even for a real emergency can mean calling the health plan first, to make sure that charges are approved.

The image of medicine that is being portrayed is one in which doctors are more concerned about protecting their own incomes and personal pursuits than they are about society as a whole. The price that we have paid has been a continuing loss of independence, credibility, and a fear for the future.

It is at times like this, just like chicken soup, that we crave the old-fashioned values of yesteryear.

Yet, in this environment and in these times I cannot help but wonder, from time to time, whether the essential humanity of medicine will survive. And I cannot help but ponder the way it once was, and ask, “Is there a doctor in the house? Is Dr. Welby still with us?”

I believe that in order to succeed, we must rediscover that the true practice of medicine is much greater than

the treatment of illness alone, or we will be practicing medicine in a vacuum.

I suggest that if we are to succeed, we must start to respond directly to the needs of our communities and make ourselves heard as representatives of the community we serve.

Not through an annual report, or an annual convention, but day by day with concise interactions and targeted programs.

After all, it has been said that—whether administration or surgeon, internist or pediatrician, radiologist or family practitioner—you will not lead our country into 21st century health care if you operate with tunnel vision, if your administrative ability is bounded by red ink, if your surgery reveals simply a superb artist, if your eyes cannot

see beyond the immediate cause of malnutrition or a gunshot wound.

I submit that your God-given vocation goes beyond your ability to cure!

May I suggest then, that irrespective of what the future of health care might bring, that we physicians become men and women who are concerned with discovering where our patients come from, and where they’ve been.

That means not only their medical history on a reception-room questionnaire, but their broader experience of human and inhuman living—in reality, their total persona, their integral humanity.

Remember, our patients don’t care how much we know, until they know how much we care!

Similarly, those of us who are physicians are sometimes guilty of looking after everyone else’s health but our own.

Remember, as Hippocrates said, “Physician, heal thyself.”

I do believe that God works through physicians and other health care providers to care for and heal all God’s creation.

With this responsibility in mind, I am grateful for today’s modern medical advances that offer many effective medicines and procedures to help millions of people live longer, healthier lives.

After learning about the common medical treatments out here in the West in the 1800s, I’m not so sure I would have wanted to live here during that time.

During that time, the common approach to medicine used by many so-called “doctors” was to “puke ’em, purge ’em, or bleed ’em.”

Folk remedies were common in Utah, such as chicken-gizzard tea, mashed snails, earthworms, bear oil, and owl soup.

There was also a large line of products targeted to curing so-called “Female Sickness.” One ad described the symptoms of this disease as “nervousness, fragility, weak nerves,” and “an awful internal trouble that is wearing out their lives.”

The cure-all for this disease, said the ad, was a secret potion called, “Dr. David Kennedy’s Favorite Remedy.”

An 1896 advertisement in the *Deseret News* claimed “Hood’s sarsaparilla” was “the only true blood purifier” and could cure “cramps and stomach ache.”

“Paine’s Celery Compound” was considered the wonder drug for the elderly, with claims that it replaced “worn-out parts” with “healthy new ones.” If it could only be that simple.

An article in an 1889 issue of the *Salt Lake Sanitarian* explained that baldness resulted from the scalp not getting enough sunlight. To prevent baldness, the article suggested that men “wash their heads thoroughly at least once a week, never wear unventilated hats, and seldom smoke.”

Considering these approaches, it is no surprise that Brigham Young once said, “Doctors and their medicines I regard as a deadly bane to any community.”

Thankfully, later on Brigham Young would encourage more academic medical training and urged Church followers, including women, to become physicians.

I think all of us women physicians—especially women physicians in Utah—owe a debt of gratitude to Brigham Young, because although women “doctors” were tolerated throughout the colonial period and into the early 19th century, they had never enjoyed the same status as their male counterparts.

By 1858, male physicians began to view women practitioners as a threat and concocted elaborate rationales to justify their exclusion from the profession:

- They charged that female physicians were unreliable due to their “monthly instability”.
- One respected male physician described menstruation as an infirmity—akin to “temporary insanity.”
- And another said, “It was as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it.”
- Medical students at Harvard proclaimed that no woman of “true delicacy” would consider attending lectures with men.
- Male physicians worried that the presence of women doctors would “feminize” the profession,

which they saw as requiring such male characteristics as strength, control, and efficiency.

- Then there was the question of intellect—Dr. Charles Meigs declared that women’s heads were almost too small for intellect but just big enough for love!

In those years, despite the success of some female medical colleges, women continued to press for acceptance into the elite male bastions of learning. What finally opened the doors of these institutions to women, according to Dr. Mary Jacobi, was cold, hard cash.

In 1873, she commented how “many invincible objections on the score of feasibility, modesty, propriety and prejudice will melt away before the charmed touch of a few thousand dollars.”

It was not until 1889 that female fund raisers offered John Hopkins Medical School an endowment of \$500,000 on condition that women be admitted on the same terms as men.

In 1893 the school made it possible, and enrolled its first coeducational class. Soon it became a leader in providing opportunities for women.

Today, America’s population is comprised of people of many different colors and races, who speak many different languages, observe many different traditions, and who follow many different faiths.

I feel strongly that our diversity as a nation must be a means of uniting, rather than dividing us.

Consider that in this nation of 288 million people:

- More than one-half of the population are women
- 12.3% of our population are African-American
- 13% are Hispanic
- Nearly 4% are Asian or Pacific Islander
- Nearly 1% are Native American or Alaska Native
- Nearly 7 million people, or 2%, are multi-racial
- Almost 20% are under the age of 12
- More than 10% are over the age of 65
- 74 million Baby Boomers are turning gray
- 79,000 people are over the age of 100
- 7% of households with children are headed by single mothers
- Almost 40 million people are without health insurance

Colleagues, I believe that today, as never before, our diversity as a nation is intertwined with our strength and our hope for the future.

Based on this strength— and bound by our common

concern for the health and well-being of all people in this nation—we can join forces as never before to close the gap between the “haves” and the “have-nots.”

Because, if America is to be great for any of us, then America must be great for all of us.

Franklin D. Roosevelt said, “The test of our progress is not whether we add to the abundance of those who have much. It is whether we provide enough to those who have little.”

In addition, let us not forget those without a voice in our society: our children, our poor and homeless, our immigrants, and our elderly. And let us not forget those unfairly stigmatized by AIDS, physical disabilities, and mental illness.

Let us not turn a blind eye to prejudice and stereotyping of any kind. When we see wrongdoing, we must speak up for justice, equality, and above all, compassion.

Always remember the principles upon which this nation was founded, that all Americans are “created equal” and have “certain unalienable rights.”

Now, before I conclude, allow me to leave you with 10 thoughts which I have used in my lifetime, and hope that you might be able to use them in yours, as well.

10: Be a pioneer. Don't be afraid to forge into new directions. Who would have thought that, after Susan B. Anthony and 12 other women were arrested in 1872 and convicted of illegally voting in that year's presidential election, that today we would have six women governors, two women Supreme Court justices, 13 women in the United States Senate, and 62 women in the U.S. House of Representatives?

9: Do not deny your roots as you walk the ladder of success. For if you have no roots, you are a mockery of your integrity. You give up your dignity!

8: Never underestimate your capabilities—others will do it for you.

7: Never stop your education—it is the key to the door of opportunity. But while continuing your education, remember: the complete professional must be humble in what facts he or she does not know.

Remember, in your 15 minutes of fame, do not invent policy out of fear!

6: Set goals for yourself. And when doing so, make them realistic and then share them with those who believe in you!

5: When you get to the top, do not forget that you owe something back to your family, your peers, your community, and your institution.

Remember, as it has been said, service is the rent we pay for living, and that service will set us apart—service to ourselves and our families, service to country, and service to God.

We must remember that the test of making a living may be how much you get. But the test of making a life is how much you give. As it has been said, those who are takers may eat better, but those who are givers will sleep better!

4: Don't be afraid to take risks.

Remember Elizabeth Blackwell. Not content with graduating from medical school, she continued to work for expanded medical opportunities for other women and was frustrated that she was unable to change medical school admission policies to allow the admission of women. So, in 1868, she established her own medical college, whose medical standards were higher than those at the all-male medical schools.

As Nancy Astor said, “We are not asking for superiority, for we have always had that. All we ask for is equality.”

3: Take care of yourself. Because when your health collapses, the health of the family where you live collapses as a consequence.

2: In trying to assimilate into the vibrant American culture, do not lose your sense of who you really are, where your roots are, where you came from, and who helped you in getting to this point.

Most importantly, do not forget the impact of becoming a role model in your lifetime to other women and the responsibility it entails.

1: Dream of greatness and act on your dreams. And while doing so, take time to give thanks to God.

More than anything, approach your work with true professionalism—that keeps your chosen profession a sacred institution, not only for those of us who work in it, but more importantly for all those who depend on it.

Remember, the best revenge is success.

In closing, let us learn from the words of Ghandi, who said:

“Keep your thoughts positive, because your thoughts become your words.

“Keep your words positive, because your words become your behaviors.

“Keep your behaviors positive, because your behaviors become your habits.

“Keep you habits positive, because your habits become your values.

“Keep your values positive, because your values become your destiny.”

Thank you, and God bless.

Antonia C. Novello, M.D., M.P.H., DR. P.H., is the New York State Commissioner of Health and former Surgeon General of the United States. These remarks were given on October 25, 2003 at a Collegium Aesculapium luncheon in Salt Lake City, Utah.

Informed Consent for Medical Research: Case Studies

Catherine A. Marco, M.D., FACEP

ABSTRACT

Informed consent for medical research is an essential, but challenging, process to assure the protection of the rights of potential research subjects. Numerous barriers to the informed consent process exist among patients, including impaired decisional capacity, impaired cognition, language barriers, illiteracy, insufficient time and communication, and numerous others. Because of the inherent vulnerability of patients, particular attention should be paid to addressing barriers to adequate informed consent, and steps should be taken to ensure adequate delivery of information, understanding of the study and its risks and benefits, and voluntariness of the informed consent.

CASE ONE

A 56-year-old female presents to the emergency department with chest pain, and is found to have an acute myocardial infarction. She meets all inclusion criteria for a research study to evaluate a novel therapeutic modality for treatment of acute myocardial infarction. The research assistant approaches the patient, who is suffering from ongoing pain and anxiety. The research assistant presents a six-page informed consent document for signature to the patient, who willingly signs the document in triplicate.

CASE TWO

A 24-year-old male presents with a laceration to the forearm. He meets inclusion criteria for a research study to evaluate the efficacy of a newly developed suture material. His primary language is Spanish, although he speaks some limited English. He cannot read in any language. The research assistant approaches the patient and requests his signature on an informed consent document to participate in the research protocol. Due to the brevity of the discussion, the research assistant was unaware of the patient's illiteracy and the patient willingly signed the document.

INTRODUCTION

The doctrine of Informed Consent is a fundamental principle of the U.S. legal system, introduced by case law in 1957. Informed consent and refusal of treatment are recognized as important legal and ethical rights of patients.¹ Although physicians, by virtue of education and training, typically make diagnoses and recommend treatment, individual patients have the rights and abilities to decide whether the proposed interventions are acceptable. Informed consent represents one of the most fundamental rights of patient autonomy in medical decision making.^{2,3,4,5,6,7} As with informed consent for procedures, informed consent for research is a process, not merely a document. The process should include the delivery of information regarding the study, its risks and benefits, demonstration of adequate understanding of the potential research subject, voluntary agreement to participate, and documentation of the agreement.

ESSENTIAL ELEMENTS OF INFORMED CONSENT FOR RESEARCH

Informed consent for research should be appropriately worded, understandable, and should address multiple

issues of importance to the potential research subject, including an explanation of the purposes of research, duration of participation, description of the study, risks, benefits, alternates, confidentiality, compensation, and information about voluntariness.^{8,9,10,11,12,13}

The language of informed consent is essential to ensuring the adequate information delivery to potential research subjects. Informed consent documents and discussion should be written and delivered at a reading level appropriate to the potential subject. This may require some individual adaptation, particularly of the informed consent discussion.

ENSURING SUBJECTS' UNDERSTANDING

There exist many unanswered questions about the ideal informed consent process, the ideal ways to appropriately inform patients of risks and benefits in ways that improve understanding and retention of information presented. Several recent reports indicated that a majority of patients prefer detailed information compared to abbreviated information, when asked directly.^{14,15,16} Several recent studies demonstrated that research subjects' understanding of detailed informed consent is poor.^{17,18,19} Another study demonstrated improved information retention with a short form, compared to a more detailed form.²⁰ Another recent study demonstrated that subjects may be less willing to participate in a hypothetical study when explicit statistical information is presented, compared to abbreviated information.²¹ Although many informed consent documents are written at an inappropriately high reading level,^{22,23,24} careful attention to the written informed consent document and its linguistics can improve its readability.²⁵

While obvious cognitive impairments are usually recognized, minimal cognitive impairments may be overlooked. A detailed discussion with the potential subject, including feedback from the subject regarding their understanding of risks and benefits, may elucidate the level of understanding, and provide opportunity for additional education. Safeguards for the cognitively impaired may include involvement of surrogates, subject assent, and appropriately balancing the risks and benefits of participation.^{26,27}

BARRIERS TO THE INFORMED CONSENT PROCESS IN EMERGENCY MEDICINE

The emergency department environment hosts numerous barriers that can impair aspects of the informed consent process. Several studies have demonstrated that acute conditions can impair the ability to appropriately give consent.^{28,29} Emergency department patients are inherently vulnerably, by virtue of their situation. They typically seek help for emergent or urgent conditions that

TABLE 1: BARRIERS TO ADEQUATE INFORMED CONSENT

Acute medical or traumatic conditions
Impaired decisional capacity
Impaired cognition
Psychiatric illness
Intoxication with illicit or pharmaceutical agents
Language barriers
Pain
Anxiety
Speech or hearing deficits
Illiteracy
Time constraints
Inadequate communication skills
Lack of understanding of voluntariness

may impair decisional capacity, attention span, ability to focus, and ability to form and articulate rational questions. Specific examples of barriers in emergency medicine may include impaired decisional capacity, distractors (such as pain or anxiety), time constraints, inadequate communication or delivery of information, illiteracy, language barriers, limited education, and perceived coercion (*see Table 1*). Because of these numerous potential barriers to the informed consent process, it is essential that emergency medicine researchers address and attempt to overcome any existing barriers. The rights of individual patients must always be protected, above that of specific research interests.

AVOIDING COERCION

Coercion of potential research subjects, either overt or masked, is unethical. Although most researchers accept this principle, many continue to coerce subjects in subtle ways. Examples of inappropriate coercion include excessive monetary incentives, failure to inform the subject of voluntariness of participation, repeated questioning, inappropriate representation of the study benefits, withholding of care prior to consent, and numerous others. Any form of coercion must be avoided.

SUPERVISION OF RESEARCH ASSISTANTS

The principle investigator assumes responsibility for the design of the informed consent document and for the informed consent process, although these duties may be delegated to co-investigators or research assistants. The investigator has a duty to ensure that all research assistants have been adequately trained in human subjects' rights, in privacy and confidentiality, and in the individual research protocol. Additionally, training and ongoing supervision of the informed consent process specific to the protocol are the responsibility of the investigator.

CASE DISCUSSION

Case One

This case depicts some of the inherent difficulties with emergency medicine research. The patient was in obvious distress and may not have possessed her usual ability to focus and discuss complex issues. Much emergency research endeavors to study patient populations who may be in distress related to their presenting conditions. When studying such patient populations, the recognition of inherent vulnerability must be recognized and specific steps taken to avoid the inappropriate coercion of such patients. Specifically, patients should be informed of the voluntary nature of participation, and should be assured that prompt and appropriate medical care will be given, regardless of research participation.

Case Two

This case depicts language and literacy barriers to the informed consent process. Such barriers may be unrecognized, particularly if the informed consent discussion is very brief. When enrolling research subjects with potential language or literacy deficiencies, particular attention should be paid to ensuring their full understanding of the study and potential risks and benefits of participation. For some patients, this may require additional time with verbal discussions, utilizing the services of an interpreter, or involving a family member who may assist with interpreting or understanding. Because of the inherent vulnerability of such patients, special attention should be paid to avoiding coercion of any type, and ensuring understanding of the voluntariness of participation.

CONCLUSIONS

Informed consent for research in emergency medicine is an essential element of the protection of human subjects' rights, yet it remains a complex and challenging process. Investigators must strive to not only meet the letter of the law found in federal guidelines, but to also address the individual needs of individual potential research subjects to protect their rights and welfare.

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