The Journal of Collegium Aesculapium

FALL 2011

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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.

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Manuscripts considered for publication in the *Journal of Collegium Aesculapium* must be clinically appropriate and spiritually consistent with the principles and doctrines of The Church of Jesus Christ of Latter-day Saints. All manuscripts must be clearly written and submitted in a double-spaced 12-point font in a Microsoft *Word* e-mail attachment. A manuscript that meets these standards is peer reviewed by several members of the editorial board and is evaluated with the reviews by the editorial staff. After suggested content adjustments are made, an article may be accepted, edited to our standards of style and readable writing, and published in the *Journal*.

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The Journal of Collegium Aesculapium

Now I Know What LOVE Is

President Dieter F. Uchtdorf

I'm delighted to be with you members of the Collegium Aesculapium. Is it just me, or does everything sound classier when the title is in Latin? I decided to test this theory and went to today's fountain of all knowledge—the Internet—to see if this was true.

Here are a few test phrases:

For example, doesn't "Die dulci freure" sound more profound than the English, "Have a nice day"?

Or "Odi brassicum" certainly sounds more intellectual than "I hate broccoli."

I wonder if the tabloid magazines would sound more credible if they used the headline "Credo Elvem ipsum etian vivere," instead of the less believable "I think that Elvis is still alive."

Whether the name of your association is in Latin, English, or any other language, it represents a society of men and women who have devoted their lives to the healing arts. The Savior Himself spent much of His time ministering to the diseased, the discouraged, and the distressed. In every age since the days of Adam, God has taught His children to "succor the weak, lift up the hands which hang down, and strengthen the feeble knees."[1]

This is a noble and commendable work, and your Father in Heaven is pleased when you go about improving the lives of your fellowmen with an eye single to the glory of God. In addition to your heavy workload, you consecrate your time, talents, and resources, going beyond the call of duty in helping others.

I honor and love you for this dedicated service!

The First Presidency and the Welfare Committee of the Church is well aware of your influence for good in the world. The Savior, who relieved the suffering of so many, surely smiles upon those who spend their days seeking to relieve the suffering of others.

The Welfare Program of the Church

We live in challenging times. Many are struggling economically, emotionally, and spiritually. This is not new to the world. Heavenly Father is aware of these troubles, and He always offers help. Seventy-five years ago, the world was also in trouble; it was immersed in the Great Depression. In April 1936, President Heber J. Grant announced the welfare program of the Church that since has blessed the lives of many—and continues to do so. Over the years, the Church has purchased farms, built canneries, and established storehouses. We have established Deseret Industries and family services offices, and we have built employment centers throughout the world.

As you know, this work of caring for the poor extends far beyond the members of our Church. In fact, we are anxiously engaged in relieving suffering among all people in every corner of the world. Every day we literally fulfill Joseph Smith's counsel "to feed the hungry, to clothe the naked, to provide for the widow, to dry up the tear of the orphan, to comfort the afflicted, whether in this church, or in any other, or in no church at all, wherever [we find] them."[2]

I know that many of you have played an integral role in the Church's humanitarian works. For that I offer you my sincerest gratitude. Surely the love of God and charity towards His children are at the center of what it means

to be a disciple of Jesus Christ.

Although the Church does not publicize its charitable efforts in a major way, we do speak about them from time to time. Our reluctance to be too vocal about this work stems from the desire to strike a balance between not hiding our light under a bushel and not doing our alms before men. Since you are so heavily engaged in this kind of service, I thought it might be appropriate to speak to you about the humanitarian efforts of The Church of Jesus Christ of Latter-day Saints.

The Beginning

The modern-day humanitarian efforts of the Church began in 1985. During that time, famine ravaged Africa, causing hundreds of thousands of deaths and leaving millions destitute. In response, the First Presidency of the Church announced a special fast dedicated to helping the poor and needy. The generous offerings of the Saints at this time exceeded all expectations and not only provided needed relief to hundreds of thousands of starving families in Africa but also provided the foundation of the Church's humanitarian program.

In the last 25 years, the Church has sent more than $1 billion of assistance to 178 nations. We have provided clean water to 7.5 million people, given wheelchairs to more than 400,000, trained almost 200,000 medical professionals to save the lives of newborns, immunized more than 700 million children, and responded to almost 2,000 disasters worldwide.

David and Marva Coombs

While the Church has provided the logistics and structure for this remarkable effort, the real success of our humanitarian efforts is due to the tens of thousands of members of the Church who have given of their time, resources, and skills to make it happen.

Indeed, the story of the humanitarian work of the Church can best be told through the stories of individuals who have given of themselves to bless the lives of others. Tonight I would like to introduce to you two such people, Elder David Coombs and Sister Marva Coombs from Washington, Utah. They are among the thousands who have served humanitarian missions for the Church. In fact, they recently returned from North Carolina, having completed their third mission. Elder and Sister Coombs, would you please stand? Thank you.

Some years ago they were assigned to serve in far-away Sri Lanka. Once they arrived, they began visiting villages to determine the needs of the people. They noticed that in many of those villages people had to walk for miles to get water. With the help of grants from the humanitarian fund of the Church, they drilled wells in 11 villages. Clean water is something we often take for granted, but for the villagers in Sri Lanka the wells were a priceless gift. When Elder and Sister Coombs visited the villages after the wells had been drilled, the people honored and praised these two missionaries from Washington, Utah, who had been such a blessing to them.

Sri Lanka is 85 percent Buddhist. The Christian population is mostly Catholic. While the LDS Church is growing, it is still comparatively small, and often the perceptions about us and what we believe are, unfortunately, incorrect. The Coombses discovered this prejudice soon enough in the form of Father Croos.

Father Croos was a Catholic priest who was so concerned about the Mormons that he led marches in the streets of the city warning the people not to listen to the Mormon missionaries. When Elder Coombs asked about him, members of the Church said that he should stay away from Father Croos because he was an enemy of the Church.

Elder Coombs's reply was classic. He said, "I think it's time for me to meet Father Croos."

Not long after, Elder and Sister Coombs found themselves standing before this "opponent" of the Church, with a prayer in their hearts that Father Croos would feel their love for him; that somehow, he would understand. "I'd like to know what we can do to be a blessing to your parish," Elder Coombs asked.

The priest looked at them and replied, "Are you Mormons?"

"Yes," they said. "But before you ask us to leave, you should know we're not proselyting missionaries. We admire your desires to serve the people of this area. We are here to do the same thing. We are not here to change your faith, but we do have some funds earmarked for your parish."

Father Croos looked at them and asked, "What do I have to do before you help us in this way?"

"Nothing."

"Do I have to listen to your Mormon missionaries?" he asked.

"No."

"Do I have to read your Book of Mormon?"

"No."

"Are you going to give me a copy of your Book of Mormon?"

"No."

"What if I wanted a copy of your Book of Mormon?"

"I don't have one with me," Elder Coombs said. "We would have to ask the other missionaries to bring you one."

As they talked together, the barriers came down, and Father Croos began to understand something he had never supposed—these people were here with only one desire in their hearts: to serve and bless the people in his parish.

"You will do this for me and ask for nothing in return?" he asked.

After they reassured him, he smiled and said, "God has sent you to me." He explained that in a nearby convent, the nuns were having difficulty providing for their basic necessities. He said that if he could only purchase four sewing machines, the nuns could learn a trade, make things to sell, and provide food for themselves.

And so Elder and Sister Coombs submitted a project proposal. Once it was approved, the Coombses and Father Croos went shopping for sewing machines. Later the Catholic priest told Elder Coombs, "I have been told many lies about you Mormons. You have been a blessing to me and the people of our parish."

Elder Coombs asked if anything else was needed, and Father Croos pointed him to two orphanages. The Coombses submitted another proposal and helped supply the orphanages with furniture, school desks, and whiteboards.

Church medical programs have helped train more than 200,000 medical professionals in neo-natal resuscitation and immunize more than 700 million children.

In a nearby city of Koch–chikade lived another Catholic priest by the name of Father Maurice. Day after day, Father Maurice would go out of his way to ridicule the LDS Church's branch president, a wonderful man by the name of Saliya.

Father Maurice would humiliate President Saliya in public, telling him what a fool he was for joining that terrible cult of the Mormons and that he was going to hell.

As it turned out, Father Maurice also had a problem in his parish. The chapel, which was in the poorest part of the city, was falling apart. He had done all he could to get funds to rebuild the chapel, but every door had closed on him. As a result, the members of his parish, the poorest people in the city, had no place to worship. The strange thing was, Father Maurice kept hearing wonderful things about the Mormon Church and that it was doing remarkable things to help the people of the area. And they did it without expecting anything in return.

Eventually, Father Maurice's need outweighed his pride, and he knocked on President Saliya's door—the door of the man he had been ridiculing and criticizing in public.

"I've heard interesting things about your church," he told President Saliya. "Our building is falling apart," he continued. "We have no place to go. Do you think your church would help my church?"

Father Maurice was humble and penitent, and President Saliya introduced him to Dave and Marva Coombs. Although the humanitarian budget had been spent for the year, Elder Coombs submitted the request anyway. He said, "I believe God wants your people to have a place of worship."

The project was approved, and soon 200 people, members of both the Catholic church and The Church of Jesus Christ of Latter-day Saints, got together, cleared the jungle, and pulled down the old chapel. It was a day of celebration. The Latter-day Saints all wore yellow T-shirts that said "LDS" on them. The members of the Catholic parish wanted these T-shirts too, so they were provided, and Mormons and Catholics went to work side by side. A few months later, Father Maurice stood in front of his new chapel, which had come as a result of a most unexpected friendship between his church and the church he had always hated.

Later, in a meeting with his parishioners, Father Maurice said, "I've told you that Mormons aren't Christians. I need to repent. They are some of the finest Christians I have ever met. And you need to be good to their boys on bicycles."

Elder and Sister Coombs received a letter from the Catholic archbishop, who expressed his gratitude for their help in building the new chapel. They were also invited by the leader of a Catholic seminary to come and speak to new priests.

Everywhere they went, people would stop them and ask, "Aren't you the ones who built the Catholic church?"

This is but one beautiful example of how humble service can build strong bridges.

This same kind of service is being repeated in communities and nations throughout the world, and you are an important part of this effort. In the place of enmity, you are building bridges of friendship. In place of anger, you are building understanding. Where there is distress, you relieve suffering, foster self-reliance, and encourage service to others.

In Proverbs we read, "When a man's ways please the Lord, he maketh even his enemies to be at peace with him."[3]

Let me now mention the work the Church does in the medical field. As you know, the health needs in

the world are far greater than our resources. Therefore, we decided that Church Humanitarian Services would specialize in four major areas: enhancing eye vision, providing wheelchairs, providing clean water, and training medical professionals to save the lives of newborns.

Neonatal Training

The United Nations puts the infant mortality rate in the world at 49 for every 1,000 live births. In some areas of the world, the rate is more than triple that. It must be devastating to lose a child. The tragedy is that many of these deaths could have been prevented with correct training and a few simple tools.

Dr. Aws Hasan of Syria attended a Church-sponsored neonatal resuscitation training course provided by volunteer doctors and nurses in Egypt. Later he was instrumental in organizing neonatal training in his home country. One day he was scheduled to help with a C-section. He later wrote about what happened:

"When they pulled up the baby girl, the nurse wasn't ready, and it took her a minute to take the little baby to the resuscitation room. I noticed the baby didn't cry. As the nurse rushed through the doors with the baby, I followed the baby with my eyes and ears, but she didn't cry. I realized that something was wrong. I decided to follow her.

"When I got to the resuscitation room, a pediatric resident and a nurse were suctioning the baby, rubbing her back, and giving her oxygen. Watching the baby not moving, unconsciously I put on new gloves and cried, 'This baby needs to be ventilated; this oxygen alone will do her no good.' They both froze, so I grabbed the ventilating bag, repositioned the baby's head, and started ventilating her.

"Holding a one-minute-old, ash-blue, breathless, flaccid baby for the first time, I was scared to death. It's true I've been lecturing and training medical personnel on neonatal resuscitation for two years, but I had not dealt with a real-life situation until that moment. I was thinking what I would tell the poor mother if her baby didn't make it.

"After 30 seconds, I checked the baby again. We got her chest moving and her heart going, and she started to pink up. The three of us breathed a sigh of relief.

A volunteer packs supplies for an emergency response pallet. In the last 25 years, the Church has responded to more than 2,000 disasters with supplies, aid, and volunteers.

"I know that saving a life may seem usual to [a medical doctor], as it is what [we] do; however, [on that day,] ... I know it wasn't me who saved this little girl. It was God; I was just an instrument in God's hands."[4]

Wheelchairs

One of the most rewarding humanitarian projects is providing wheelchairs to those who cannot walk. Can you imagine losing the use of your legs, being unable to move or go anywhere unless you dragged yourself or someone carried you?

One such woman was a teacher in Africa who had to crawl to work in order to teach her class. Oh, how she wanted a wheelchair! She learned about the Church's wheelchair distribution efforts, but the wheelchairs were being distributed in a town that was 20 miles away. When others in the village learned of this, they decided to take turns carrying her to the wheelchair distribution so that she would not have to crawl. She received her wheelchair, and from that day on she was able to move herself.

One man who had crawled some distance to get to one of our wheelchair distribution events waited patiently in line for an hour before being lifted into a wheelchair. He rode back and forth, thrilled beyond words for the ability to move. After a while, he came back and lifted himself out of his chair. When someone asked him why he was getting out, he replied that he was so grateful for the chance to ride in the wheelchair but that now it was someone else's turn. When he was told that the wheelchair belonged to him, he could not believe it, and tears streamed down his cheeks.

Over the years, the Church has provided more than 400,000 wheelchairs to people in need. Recently we started providing better-fitting, customized wheelchairs that can cope even better with uneven terrain.

Emergency Response

Whenever disaster strikes, whether from natural or man-made causes, the Church is one of the first to arrive with needed food and medical and emergency supplies. And the Church is determined to stay until the job is done. More than a year after the devastating earthquake in Haiti, only five percent of the rubble has been removed; many charitable and high-visibility groups have left; we are still there. Recently we approved another batch of

practical help for Haiti.

All of us are deeply saddened by the destruction and suffering in Japan, and we pray for the Lord's blessing for this country and people. The Church's response to this disaster was immediate. Church leaders assessed and directed the relief efforts. The Church instantly provided funds, regular relief supplies, and thousands of hours of volunteer labor in behalf of the Japanese people. Our emergency response team is on location and continues to coordinate all additional needs.

The violence in Libya has triggered a huge exodus of people into neighboring countries. The Church is providing emergency relief for these refugees in Egypt and Tunisia through our partners, Islamic Relief, International Relief and Development, and the International Medical Corps.

The Church does not wait for a disaster to strike before it mobilizes. Pallets of clothing, blankets, food, medicine, bandages, cleaning kits, shovels, and tarps are always being prepared for the next earthquake, famine, or fire.

Immunizations

The Church has been involved in many other humanitarian projects, always anxiously engaged in relieving the suffering of our fellowmen.

One such project is immunizations. Although we rarely give much thought to measles in the United States, in the world measles claims the lives of half a million people each year—most of them children.

In recent years the Church has partnered with the International Red Cross to provide immunizations to millions of children throughout the world.

Not only is the Church funding immunizations, it also organizes the members of the Church to get the word out. In Africa, for example, 2,000 members of the Church assisted in a campaign to advertise a free measles immunization clinic. Those faithful members of the Church donated nearly 95,000 hours of their time. They posted 70,000 posters and distributed more than 200,000 flyers. One young member of the Church took a bus to the end of the line and walked two hours to the vaccination station, where he worked assisting the medical specialists. After a 10-hour shift, he made the long trip home again.[5]

Conclusion

The humanitarian program of The Church of Jesus Christ of Latter-day Saints is a modern-day fulfillment of the Prophet Joseph Smith's declaration that "a man filled with the love of God, is not content with blessing his [own] family alone, but [reaches out to] the world, anxious to bless the whole human race."[6]

The more we are filled with the love of God, the more we are inclined to extend ourselves to others, relieve suffering, and help others become self-reliant.

Brothers and sisters, you are engaged in the blessed art of healing. In this you follow the divine pattern given to us by the great Healer, even Jesus Christ. Many of the things I have talked about today you have done in a Christlike way. You have taught doctors how to save the life of a child. You have operated on the eyes of the blind and caused them to see. You have served humanitarian missions; you have reached out to bless the lives of the poorest of the poor. Some of you have traveled halfway around the world; others have assisted the needy in your own communities.

The Church loves you for your willingness to reach out to others. The Lord loves you. He is mindful of you. He will be with you, uphold you, and bless you in your righteous efforts.

At the beginning of my remarks, I quoted a few Latin phrases. I would like to offer one more: "Nunc scio quid sit amor,"[7] which translates into "Now I know what love is."

When I see the many acts of kindness, forgiveness, self-sacrifice, and charity that you and so many members of the Church offer to others, I think to myself, "Nunc scio quid sit amor—Now I know what love is."

Millions the world over who have been beneficiaries of this life-saving work have said, with tears streaming down their cheeks, "Nunc scio quid sit amor—Now I know what love is."

It is my testimony that if we follow the example of our Savior—if we notice the hungry and give them meat, if we see the thirsty and give them drink, if we take in the stranger, clothe the naked, visit the sick, and come to those in prison—at the last day the Lord will speak to us and say those beautiful words, "Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world."[8]

And perhaps for us it will be at that moment when we truly understand the profound personal meaning of the words "Nunc scio quid sit amor—Now I know what love is."

Of this I testify, and I leave you my blessing as an Apostle of the Lord, in the name of Jesus Christ, amen.

President Dieter F. Uchtdorf is second counselor in the First Presidency of the Church. This address was given at the Collegium Aesculapium meeting held March 31, 2011.

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4. "Pure religion: In God's hands," *Church News*, Sept. 12, 2009, 16.
5. See Neil Newell, "Pure religion: Battling measles," *Church News*, Mar. 11, 2006, 16.
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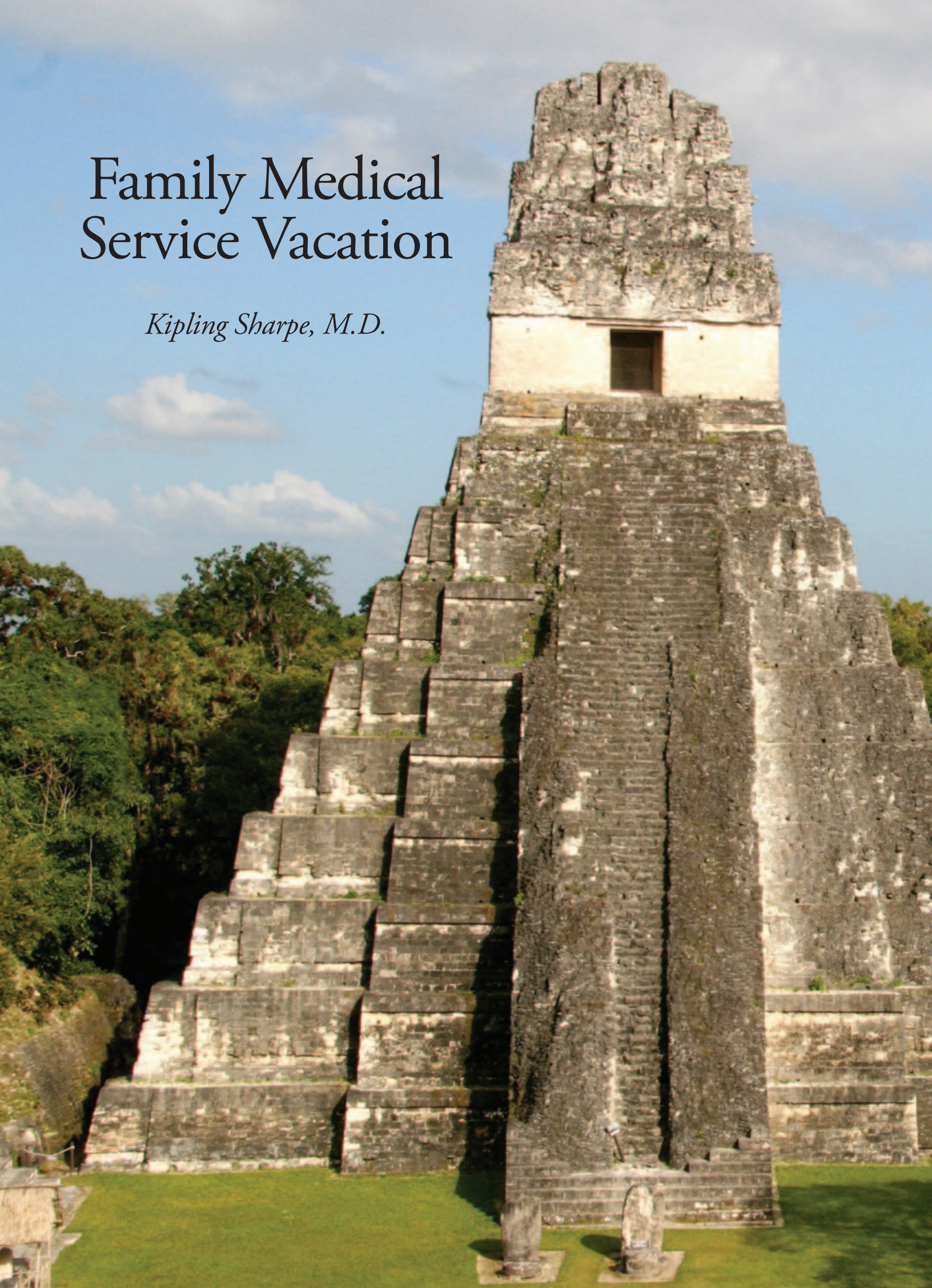
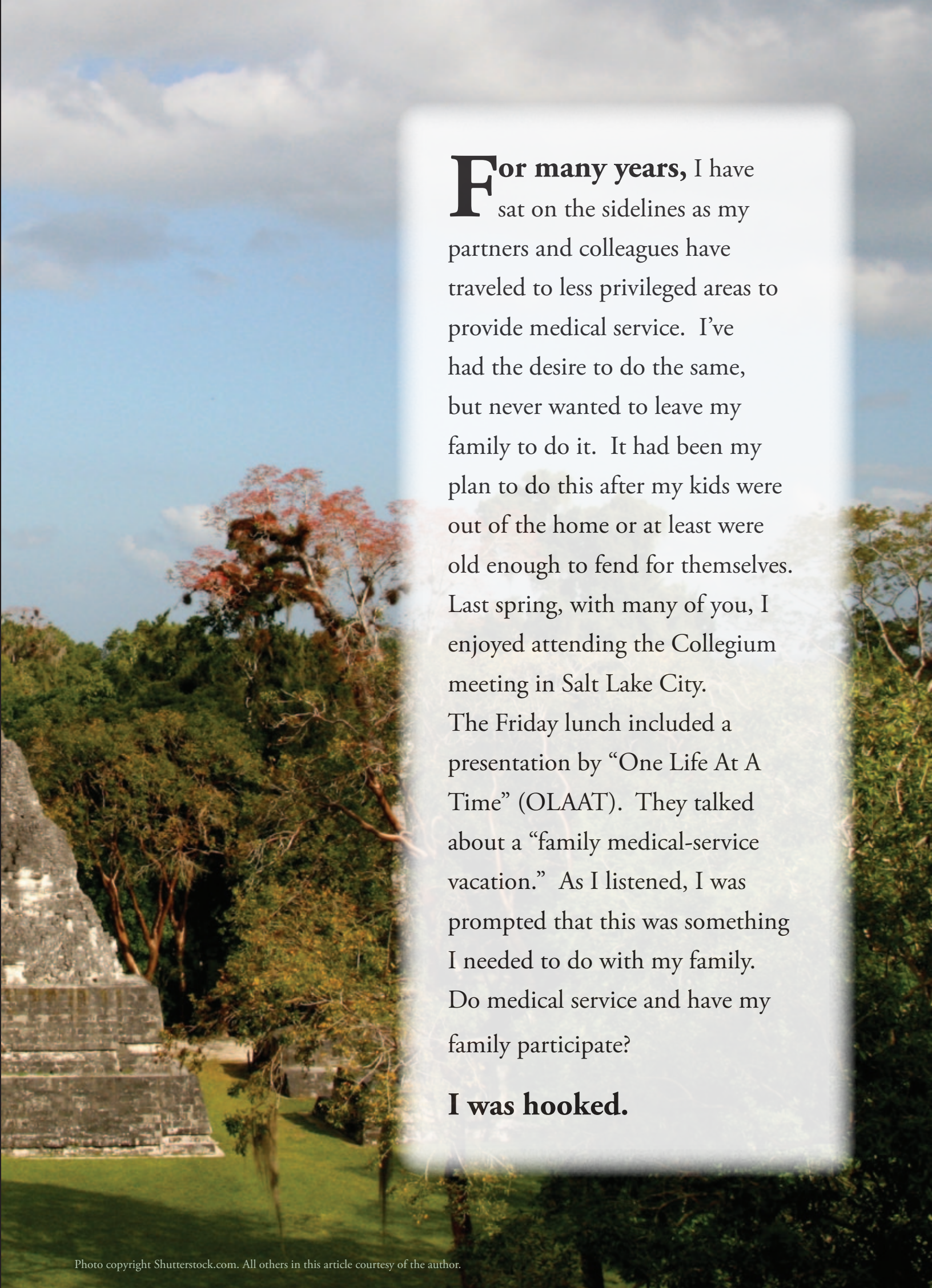
8. See Matthew 25:34–40.

Family Medical Service Vacation

Kipling Sharpe, M.D.





For many years, I have sat on the sidelines as my partners and colleagues have traveled to less privileged areas to provide medical service. I've had the desire to do the same, but never wanted to leave my family to do it. It had been my plan to do this after my kids were out of the home or at least were old enough to fend for themselves. Last spring, with many of you, I enjoyed attending the Collegium meeting in Salt Lake City. The Friday lunch included a presentation by "One Life At A Time" (OLAAT). They talked about a "family medical-service vacation." As I listened, I was prompted that this was something I needed to do with my family. Do medical service and have my family participate?

I was hooked.

That meeting was in April. By July we were headed to Honduras as a family for a week. This was not only our first experience doing anything of the sort; it was also a first for OLAAT. We were the guinea pigs.

Our group was led by Doug Maughn, Ed.D. and Brett Rydalch, executive director of OLAAT. As we prepared for the trip and tried to get an understanding of what medical service I could provide as an orthopedist, I started to get nervous. Medical school is over 20 years in my rear-view mirror and the thought of trying to diagnose people with tropical diseases I had only vague recollection of worried me. I wanted to help these good people, not misdiagnose and mistreat. Fortunately, OLAAT was able to recruit Dr. Marc Anderson, a family practitioner who served a Spanish-speaking mission, to join the group. Also recruited were Valoy Reese, R.N., Debra Munk, Haley Schultz, EMT, and our videographer Grant Redden. My family included my wife, Martha, and our five children ages 8, 10, 12, 13, and 14. We were also accompanied by a Honduran young adult returned missionary, Kemish Castro. The original plan was that the medical service would be to perform pre-mission physicals and to see family members of the missionaries for their medical needs.

As we made preparations for the trip I expressed my concerns about my capacity to provide general medical care. As we worked with the local doctors, they decided to let me play more to my strengths and arranged for me to see orthopedic patients and to perform a hip replacement surgery. It turns out that the local doctors we were working with were both orthopedic surgeons and bishops in the church (Dr. Hernandez and Dr. Arguelles). The patient selected for hip replacement was a 35-year-old woman who is the patient of Dr. Hernandez and in Bishop Arguelles' ward. On short notice, a donation of hip implants from Americares was obtained. Dr. Arguelles templated the size from an X-ray and Americares donated one bigger and one smaller than the templated size. These were shipped to my home the week before we left. Americares asked that the unused parts be left behind for future use.

Our entire party met for the first time as we convened in Miami International airport for our flight to San Pedro Sula, Honduras. We each had suitcases loaded with medical supplies and clothing donations. This created our first challenge upon arrival. It turned out to be a blessing that a couple of our bags didn't arrive with us. The two "large" vans which were reserved weren't exactly the SUVs we're all used to. By the time we had all the arrived luggage loaded, there was hardly room for us to all squeeze in.

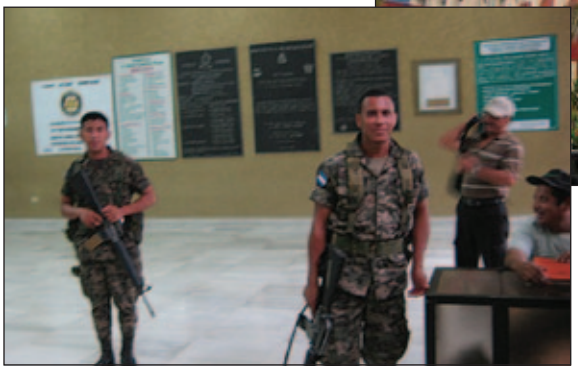
We arrived Monday evening and started work Tuesday.

The non-medical portion of our group (my family and Sister Munk) started with an eye-opening tour of some of the poorer parts of town. Their project began at the OLAAT School, called Business Institute of Technology (BIT). Their task was to paint the inside of all of the rooms. What they lacked in painting experience, they made up for with enthusiasm. They worked side by side with some of the students on this project and had the opportunity to influence each other. The adults in our group provided a positive influence in the lives of the students, while the students provided a positive example to my children.

The medical team started seeing patients using a local stake center as our clinic. It was amazing to me how the Lord provided just the right balance of skills to our team. Dr. Anderson brought along a rather significant pharmacy and with his Spanish was able to provide great service to many in need. Valoy was great in organizing and running our little clinic and Hillary, who had served a Spanish-speaking mission, was a great asset to me in

The primary medical team, from left to right: Dr. Jorge Ardon, Dr. Hernandez, author Dr. Kip Sharpe, and Dr. Arguelles, just after performing a surgery.

The main hospital in San Pedro Sula, Honduras, was secured by armed guards with automatic weapons. The team required an escort just to enter the facility and begin medical work.



translating. Kemish Castro, Dr. Maughn and Brett kept busy attending to all of the support details.

While we had originally planned to perform many pre-missionary physicals, Dr. Hernandez changed the plan. He decided to send some patients from his over-burdened orthopedic clinic to me, which would in turn lighten his load and allow him to donate more time for physicals. We did still do a few physicals, but our day was filled with medical and orthopedic maladies. As a surgeon, I was frustrated the first day. I was seeing people who I knew I could easily help, if only I had access to the operating room. There were patients with bad hips, bad knees, rotator cuff tears, torn ACLs and menisci. I was surprised to diagnose rheumatoid arthritis in several patients.

After clinic, we were able to go to the hospital where we met Dr. Hernandez for the first time. I marvel at the goodness of this man. He looks like a man carrying a heavy burden with rounded slumped shoulders and disheveled hair. He works full time in the public health system and serves as bishop in his ward. His concern for his patients and flock are evident in all he does.

Just entering the hospital was itself an experience. First, to park one must pass through a security gate guarded by soldiers with M-16s (assault rifles). The front entrance to the hospital is guarded by more soldiers with M-16s. As we walked from the car to the front entrance, we were approached by a woman asking for money so that her son who had been involved in an accident could get a blood transfusion. In a city where there are people on every corner and in front of almost every door asking for a handout, it is easy to be a little skeptical. Nonetheless, Valoy was particularly touched by this request and in a quiet way provided the needed funds.

Dr. Hernandez escorted us into the hospital—you can't get past the guards without an escort. We toured the hospital and I was struck by a familiar smell. It took me a while, but I finally recognized the smell of pseudomonas, which permeates the facility. The hospital actually reminded me of a run-down version of the old Los Angeles County hospital where I trained.

We delivered our suitcases of medical supplies and the instruments for hip replacement the next day. Our tour concluded with meeting the woman in need of a hip replacement. She has bad rheumatoid arthritis and has already had one knee replaced. She has two bad hips, another bad knee, bad shoulders and bad hands and elbows. Other than that her joints are fine. She is married with three children. Like most rheumatoids, she has learned to live with pain and function anyway. When I asked her if she had any questions about her surgery, she only said, "Thank you."

Wednesday was day two of service. The painters returned to the school, Dr. Anderson returned to the Stake center, and I was picked up by Dr. Hernandez. He had been up the better part of the night helping a ward

member through a crisis. He really didn't look a whole lot different than he had the evening before—the weight of the world resting on his shoulders. I had learned the day before that I needed to bring my own scrubs. That would have been nice to know before I left home without them. Dr. Maughn, however, was a better Boy Scout and had a pair I could use. I'm still not sure why a doctor of education had need of carrying scrubs, but he had them and I needed them, so who's to ask?

The operating room itself is about 15-by-15 feet. There is a small air conditioner near the ceiling, which I am not sure worked. The lights were about half as bright as I am used to. I have not yet reached the age where I need my reading glasses to operate, but they had no eye protection, so I used my readers. It turned out this was a good thing, as the lights were not bright enough for me to see well without them. As we started, I kept thinking how grateful surgery was over, I removed my gown, and my borrowed scrubs looked like I had been swimming.

A surprise to me was what happened after the surgery was over. I went out to the waiting area, which is nothing more than a wooden bench in the hall. The patient's husband was not there to speak with; apparently it is not common to wait, as those who can work, go to work.

Back at the clinic after surgery, we saw more patients until dinner time. After dinner, I gave a lecture on preventing infection in surgery to a small group of orthopedic surgeons. In the process, I learned a little more about their healthcare system; it is apparently three-tiered. The private medical care is for those with money and is cash pay (sort of like plastic surgery here). The next level down is Social Security (not like ours) and is for working people who can pay for insurance. Finally, the third level is the public health care system for those without means,

Team members Hillary Schultz, Grant Redden, Dr. Kip Sharpe, and Dr. Marc Anderson visit the Pulhapanzak waterfall as part of their excursion to Honduras.

I was to have trained at L.A. County hospital when they still had cloth drapes and ORs without air conditioning. At least the environment was not totally unfamiliar.

In addition to Dr. Hernandez and Dr. Arguelles, another orthopedist joined me at the table. Four full-sized men standing around one small patient is a little crowded. Also in the room were two scrub techs; a circulating nurse, Hillary, observing; Grant filming; and somewhere in a corner I didn't notice until the end of the case, a medical student writing notes. One of my challenges at home is trying to remember the names of the instruments I want. I have good scrub techs who can usually read my mind or at least have the instruments sitting on the Mayo stand so I can grab them. Add a language barrier to unfamiliarity and you'll appreciate the challenge faced by that scrub tech. Somehow we managed, and when I couldn't identify an instrument by name, or see it, I just made do. When which is the majority of the population. Some doctors like Dr. Hernandez work only in the public health system. Dr. Arguelles works in both the public and social security system and some others only work in the private system. Each has their own hospitals. We were only able to see the public, so I don't know how good the "haves" have it.

Each evening, Dr. Maughn held a fireside. This was a real treat for us as we had a CES educator teaching us doctrine and preparing us for some of the ruins we would later see.

Thursday morning we headed off on our first adventure. We drove into the mountains to a beautiful area, Las Glorias. There we visited a home for malnourished children. This facility was founded by an American pediatrician about 60 years ago, and is now run by his grandchildren. It is non-denominational, though the family is Adventist. They take in malnourished children

Children from a Las Glorias home for malnourished children break a piñata brought by the service team. Most of the children are extremely small for their age as a result of their malnourishment.

and feed them, nourish them, clothe them, and love them. The plan is to also educate the families about nutrition and have the children return to their families. Some have nowhere to return to and stay at the facility to adulthood. They also provide education at a nearby school. We provided food, clothing and treat for these kids and partook of a very simple, yet nutritious meal with them. This event seemed to touch my children more than anything else on the trip, and hopefully has inspired an Eagle project for my oldest son.

The afternoon was spent at the Pulhapanzak scenic waterfall, where we had a nice break and a fun swim in the river. We passed on the zip line that goes directly over the waterfall. Unlike zip lines here, there were no safety straps, just a handle to hold on to.

Friday, we were back to work seeing clinic patients for a final day and finishing the painting project. A young adult engineering student came in with a locked knee. He had an old soccer injury, but now a more recent injury was making it difficult to walk. It was easy for me to tell that he had a bucket-handle tear of his meniscus with an old ACL tear. How I wished that I could have 30 minutes of OR time to fix the meniscus and get him functional again! Alas, it was not to be, but I expect good Dr. Hernandez will be able to eventually help him.

Our last evening in town was spent at the BIT school where the students provided us with a talent show as a demonstration of gratitude. It was a fun evening of interaction. It was also a chance for the medical team to see what the rest had been up to, including what I thought was a terrific paint job.

Saturday we had to say goodbye to Dr. Anderson, who wanted to be home in time to greet his returning missionary. The rest of us traveled to Copan Mayan ruins. This is where Dr. Maughn's great knowledge paid dividends. As we toured the ruins, he was able to teach us much about the Book of Mormon times and lands and to find evidences in the artifacts and carvings.

Our Sabbath was spent in a tiny branch in Copan, where we nearly doubled the attendance at sacrament meeting. My sons were the entire Aaronic priesthood in a meeting which was presided over by a full time Elder. The spirit was no different than our sacrament meetings at home, and that was a great lesson for us.

A final visit to the hospital prior to departure found my patient doing well and full of gratitude. A heart-wrenching moment occurred when the nurses on the floor asked me when I was coming back with more joints, because there is such a need.

We held our own testimony meeting that evening prior to departure the next day. Each of our lives had been touched in a different, yet positive way by the experiences we shared. A phrase in one of my favorite hymns, "Lord, I would Follow Thee," has always made me feel good about being a physician: "I would learn the healer's art." I learned more about the line that follows from the rest of the group: "To the wounded and the weary, I would show a gentle heart." I learned it doesn't take a medical degree to learn the healer's art, nor to show a gentle heart. It is a great privilege to serve our Father's children as a physician, and I am grateful for that opportunity.

Kipling Sharpe, M.D., is an orthopedic surgeon practicing in Mesa, Ariz.

Healthcare in the U.S. and Utah:
A Clinician's Perspective on Problems and Solutions

Charles W. Sorenson, M.D.
CEO, Intermountain Healthcare

AS A PRACTICING PHYSICIAN who also serves as CEO of a healthcare organization, I am often asked about my perspective on the way care is delivered in the United States, and especially in Utah. In many ways the healthcare Americans receive is exceptional. Yet there is no doubt that our nation's healthcare system is beset by significant—some would say staggering—challenges of rising costs, widely variable clinical quality, and widely variable access to care. Nevertheless, we also have within our grasp the opportunity to address these challenges. Utah, indeed, has been a proving ground for new approaches to care delivery that hold enormous promise for our nation as a whole.

In this article, I will describe some of the realities of care delivery in the U.S., outlining the dimensions of our problems and the incentives that contributed to their development. Then I will discuss opportunities for improvement that offer a way to a healthier future for our communities and the patients we serve.

A Dysfunctional System

The first observation about our healthcare system is the inter-relationship of cost, quality, and access. Most American consumers believe that quality is directly proportional to cost.[1] The better a product, the more it costs. It is surprising to most people to learn that this is not the case in healthcare. There is good evidence to show that those parts of the country that spend the most on healthcare do not have the best outcomes, while many of those areas that spend the least (Utah being one) have some of the best outcomes—even when populations are adjusted for age and lifestyle-induced disease (Chart A).[2]

Some are of the opinion that physicians should treat patients without regard to the cost of the care we provide. The reality of healthcare economics increasingly cries out against such thinking. The U.S. spends much more on healthcare than any other nation—more than $8,000 per capita,[3] more than 50% more than the next highest countries.[4] Yet by many measures of health, we get the least value for what we spend. We lag behind other developed nations in such areas as life expectancy, infant mortality, and immunization rates.[5] Researchers have analyzed World Health Organization data that show "Mortality Amenable to Healthcare"—that is, deaths that could have been prevented by appropriate and timely medical interventions—and the U.S. ranks poorly on the list, below countries that spend far less on care (Chart B).[6] Not surprisingly, many of our citizens lack access to proper care, a situation that contributes to our nation's low rankings.[7]

Moreover, costs continue to rise at unsustainably high rates, jeopardizing not only access to care but also the strength of the U.S. economy. Healthcare spending now accounts for 17.6% of our Gross Domestic Product —the highest percentage of any developed country.[8] Medicare, Medicaid, and the Children's Health Insurance Plan account for about 21% of the federal budget,[9] and program expenditures are increasing at unsustainably high rates. From 2001 to 2010, Medicare per-capita spending increased an average 6.8% per year—more than twice the rate of per-capita GDP increases.[10] According to the 2011 Medicare Trustees Report, the Hospital Insurance Trust Fund that covers hospital reimbursements is now projected to face insolvency by 2024, five years earlier than previously projected.[11]

In the contentious political atmosphere that now prevails in our nation, there is at least one area on which leaders across the political spectrum agree: Healthcare expenditures could bankrupt our nation if they continue to rise so precipitously.

Contributing Factors

How did we arrive at such a point? Three major forces have been driving the dynamic of rising utilization and costs:

1. Rapidly changing demographics. Aging is the first of a number of demographic changes fueling healthcare expenditure increases. The 2010 Census shows a growing percentage of seniors (age 65 and older): they now constitute about 13% of the population (compared to 12% in 2000 and 1990 and just 5.4% in 1930).[12] The median age has increased from 35.3 in 2000 to 37.2 in 2010.[13] But as 77 million baby-boomers start turning 65 beginning this year, the percentage of seniors will increase rapidly, accounting for 19% of the population by 2030.[14] Moreover, the "oldest old"—those 85 and older—will grow as a group, from 15% of seniors today to more than 20% of seniors by 2050.[15] Since per-capita spending rises with age (Chart C),[16] increasing numbers of seniors will require increasing amounts of care.

A much more troubling demographic change is the rising incidence of obesity in our population. According to the Centers for Disease Control and Prevention, 63% of Americans have a Body Mass Index greater than 25, which is considered overweight, and 31% have BMIs greater than 30, which is considered obese.[17] These percentages have increased rapidly in the last two decades, but the prevalence in children is especially alarming because it has nearly tripled since 1980.[18] The health risks of obesity are well-documented and numerous; they include a greater risk of Type 2 diabetes, cardiovascular disease, cancer, hypertension, dyslipidemia, stroke, joint disease, and other health problems.[19] The annual medical care costs of obesity are estimated at $147 billion.[20]

2. Incentives for physicians and hospitals. A key driving force in the dynamic of rising expenditures is the financial incentives that encourage physicians and other healthcare professionals to do more tests and procedures, and especially reward them for doing expensive tests and procedures. This is one of the main differences between the U.S. healthcare system and the systems in other countries. As a result, America excels at "rescue care": trauma care; cancer care; cardiac care; transplantation, etc. By contrast, most other nations place a greater emphasis on preventive and primary care, such as immunizations, prenatal and well-baby care, and the treatment of chronic illness (see Chart D).[21] Access to these preventive services is also encouraged by the near universal health insurance coverage available in many other countries. Unfortunately, in the U.S., basic care is too often beyond the reach of the uninsured and underinsured.[22]

Technology has been a mixed blessing in healthcare. Americans place such importance on technological innovations that we often rush to implement the new tools before we have fully evaluated their effectiveness. While advances in technology have dramatically reduced costs in data processing, consumer electronics, communications, and the like, technologic advances in healthcare have almost always added costs. Besides the very high cost of some new technologies in and of themselves, new breakthroughs in healthcare, unlike in other fields, often require additional human resources rather than fewer. Unfortunately, these so-called advances have not always improved outcomes. For example, the options for the definitive treatment of prostate cancer now include radical prostatectomy, robotic prostatectomy, brachytherapy (radiologic seed implant), radiation therapy, intensity-modulated radiation therapy, and proton beam therapy. While there are not demonstrably significant differences in outcomes between these various modalities, the costs of these interventions vary by a factor of nearly five times. Without objective decision-making or any personal incentive to choose equivalently effective (or even better) alternatives that cost less, many patients choose modalities like robotic radical prostatectomy or proton beam therapy after being influenced by industry-sponsored direct-to-consumer advertising.

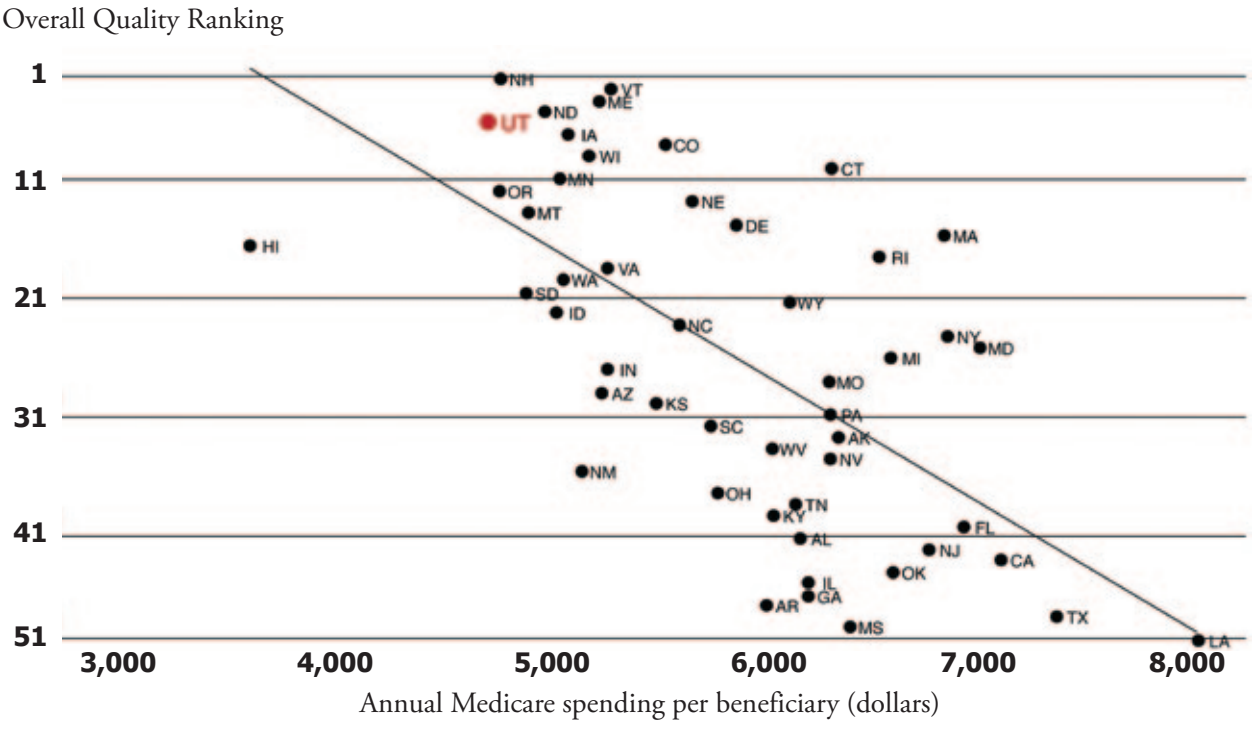
Another contributor to high utilization is our fee-for-service payment model that pays on the basis of services provided rather than on outcomes or the effectiveness of care. Our payment system has rewarded the *quantity* rather than the *quality* of care.

Yet a third incentive for physicians and hospitals to err on the side of providing extra services is the fear of litigation. Many caregivers find it both easier and safer to order additional tests and services, even though their medical judgment tells them these extras aren't needed.[23]

3. Incentives for patients. Patients tend to view more care—and newer care modalities—as better care. In the decades after World War II, Americans benefited enormously from greatly expanded access to employer and government health insurance. But an unintended consequence of this insurance was an almost unchecked incentive for patients to desire—and for caregivers to provide—access to every sort of care, effective or not. With consumers largely insulated from the true cost of care, the need for prudence in evaluating medical treatments was significantly obviated.

While Americans have been sharing in more of the costs of care and coverage in the last decade, the mind-set of "more is better" persists.[24]

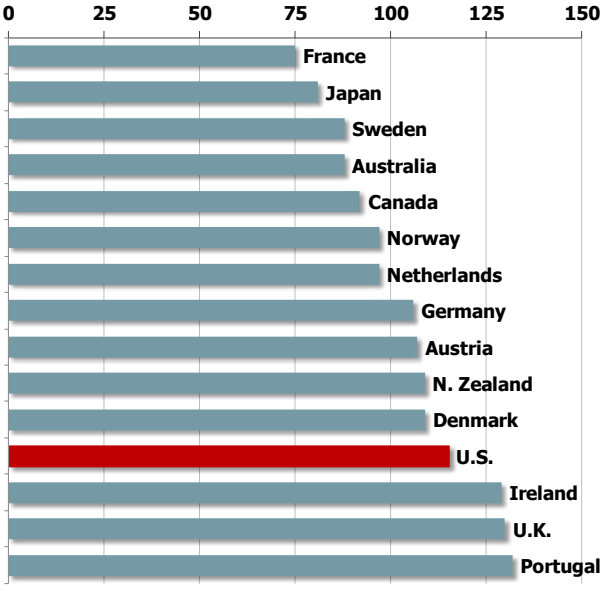
(A) Relationship Between Quality and Medicare Spending, As Expressed by Overall Quality Ranking, 2000-2001



Sources: *Medicare claims data; and S.F. Jenks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001,"* Journal of the American Medical Association *289, no. 3 (2003): 305-312.*
Note: *For quality ranking, smaller values equal higher quality.*

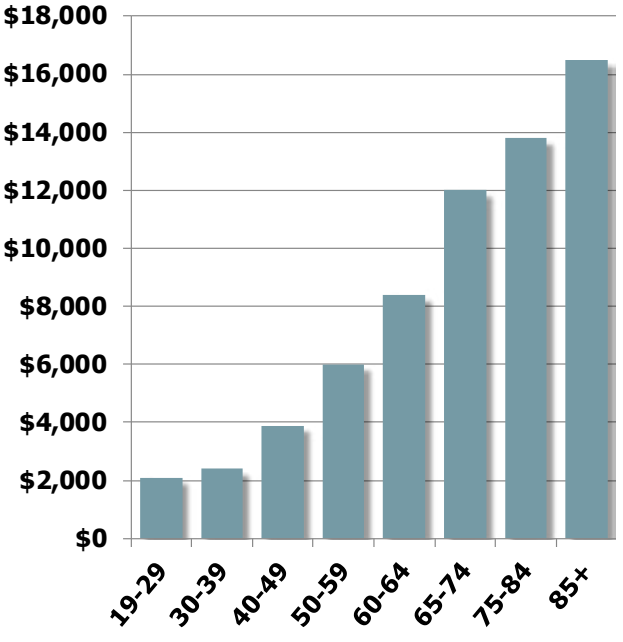
(B) Mortality Amenable to Healthcare

Deaths per 100,000 population



Source: *World Health Organization, Nolte and McKee, Rutgers Center for State Health Policy Standardized for age (1998)*

(C) Per-capita Spending Rises with Age

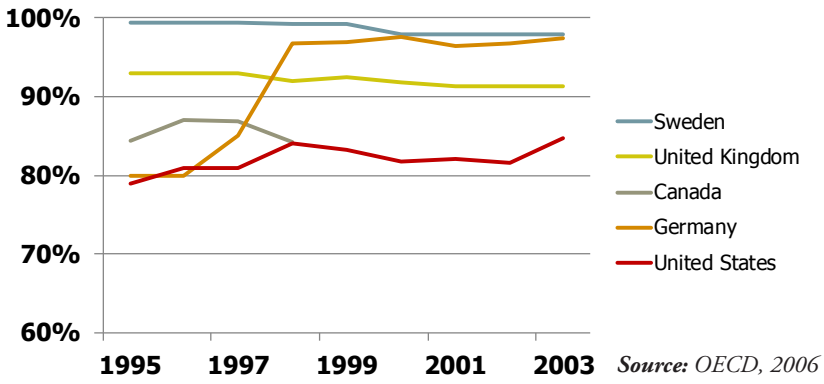


Source: *National Medical Expense Survey (2005)*

All three factors—demographic changes, incentives for providers, and incentives for patients—combine to drive up utilization of healthcare services. And it is utilization that is the primary cause of rising healthcare expenditures. Healthcare organizations have often been quite successful in improving efficiency and even driving down the cost of individual units of care (e.g., the cost of a chest x-ray or complete blood count). But when more units are consumed, or more complex tests are ordered, expenditures increase.

(D) U.S. and the World: Immunization

DPT Immunization Rate



Source: *OECD, 2006*

As we have seen, there is a limit to how much expenditures can rise. Americans are quickly reaching the end of their capacity to pay more for healthcare. If we continue on our present course, our Medicare and Medicaid programs will become insolvent, and employers increasingly will be forced to limit the coverage they provide or financially support. Rationing—deliberate or de facto—will be the inevitable result.

A Way Forward

How, then, can we manage utilization in the face of the demographic changes we know are coming, with an older and increasingly sicker population? Is it possible to use our limited healthcare resources in a way that slows the rise in expenditures without rationing needed care?

Many believe the answer is yes—we do have the opportunity to manage utilization, "bend the cost curve" from its current ascending trajectory, and do so while providing clinically excellent care. The way forward is through a door we might describe as "the healthcare quality paradox": in healthcare, higher quality tends to result in lower overall costs to a population. While this may be a counter-intuitive notion, especially to consumers, it has been demonstrated here in Utah at Intermountain Healthcare and elsewhere by Mayo, Cleveland Clinic, Geisinger, and other organizations.[25] The evidence shows that when care is delivered in the right way in the right place at the right time—all the time—patients experience fewer complications, fewer readmissions, and better outcomes overall. It is also important to recognize that best care means not doing things that don't contribute to better outcomes, adding only cost and additional risk. Thus, a very important additional benefit of such higher quality care is often lower costs.

That is our thesis at Intermountain: that evidence-based best practice produces higher quality and lower cost.

Our journey into evidence-based medicine received a boost about 25 years ago, when Brent James, M.D., returned to Utah from Harvard and started to work on clinical quality improvement studies at Intermountain. Dr. James was attracted by Intermountain's electronic clinical information systems and its willingness to apply to healthcare the statistical quality improvement techniques originally developed in other fields by such pioneers as W. Edwards Deming. Dr. James founded the Intermountain Institute for Healthcare Delivery Research, which sponsored research and began training programs in quality improvement for physicians and healthcare professionals. He was also in contact with other researchers around the country, including Dr. John Wennberg, Dr. Eliot Fisher, and others at the Dartmouth Institute for Health Policy and Clinical Practice, as well as Harvard School of Public Health professor Dr. Donald Berwick, who founded the Institute for Healthcare Improvement.

Dr. Wennberg's studies of variation in the delivery of care to Medicare patients began in the late 1960s and developed into the project called *The Dartmouth Atlas of Health Care*, of which he is the founding editor.[26] The *Atlas* is continually updated and supplemented with white papers, and it shows that across the U.S. methods of care delivery vary significantly and are not, for the most part, based on measures of comparative effectiveness. (Care methods typically reflect the training received by physicians from different mentors at different medical schools.) The Dartmouth research, as well as research by Dr. James and others, helped launch a movement to identify and implement best practices in healthcare—a concept also referred to as evidence-based medicine.

The clinical quality improvement process represents an evolution of clinical science: a shift away from a "cottage industry" model, in which apprentice physicians learn solely from mentors or "master" physicians, to a "system" model, in which physicians also study process and outcomes data to determine the types of care that are most effective.[27] Physicians work as part of teams with nurses and other clinicians, administrators, and data

analysts to review opportunities for clinical improvement. Data are measured and analyzed, best-practice protocols are implemented, and outcomes are measured again to see if improvements occur. Physicians are always free to override the guidelines if they deem it necessary, although they are asked to document the reasons for using another pathway. This helps improve processes and protocols as the team learns what works best.

In the 1990s, Intermountain created Clinical Programs to serve as a foundation for quality improvement efforts. We now have nine such programs: Cardiovascular; Oncology; Intensive Medicine; Women and Newborns; Pediatric Specialties; Surgical Services; Primary Care; Behavioral Health; and Patient Safety. Intermountain's Board of Directors sets annual Clinical Quality Goals for the Clinical Programs and other areas to ensure progress is made.

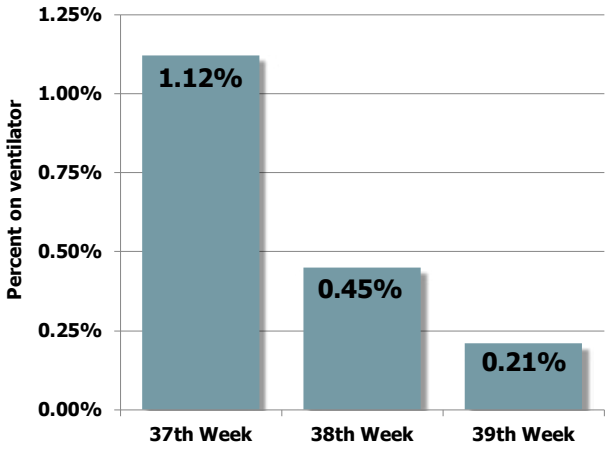
Sometimes the changes in care delivery may seem relatively minor—like changing the timing of the administration of pre-surgical antibiotics.[28] But the effects on patient health can be impressive and the cost-savings substantial, especially when viewed in terms of the entire population served. For example, as a result of our goal to ensure heart failure patients were discharged with the proper ACE inhibitors, compliance increased from 65% to 95% in one year, readmissions within 12 months decreased from 47% to 39% (551 fewer readmissions), and we estimated 331 lives were saved compared to historic controls. Not insignificantly, this represented a $2.5 million reduction in healthcare charges to payers in our communities in one year.[29]

We've documented similar successes in many other areas. In one case, we helped asthma patients improve their use of controllers and their management of their condition, and this resulted in a notable drop in ER visits. Total healthcare costs for the community were reduced, while outcomes were improved.[30] In another project, we saw that the risk of having to put a newborn on a ventilator was significantly higher when the baby was delivered prior to 39 weeks of gestation. (See Chart E.) By reducing the number of elective inductions prior to 39 weeks, we spared many babies the risk and discomfort of beginning life on a ventilator, and we estimate savings of $1.7 million in 2009 and 2010.[31] (See Chart F.) An added benefit was that the C-Section rates in Intermountain hospitals declined.[32]

How has evidence-based medicine benefited Utah as a whole? Recent data show Utah has ranked lowest in the nation in per-capita healthcare expenditures.[33] Health insurance premiums in Utah are also among the lowest.[34] If Utah were a country included on WHO's "Mortality Amenable to Healthcare" chart, it would rank as having the most effective healthcare in the world. (See Chart G.)[35] This is a testament to the work of all the physicians, nurses, and other professionals in our state who have embraced the concept of evidence-based care.

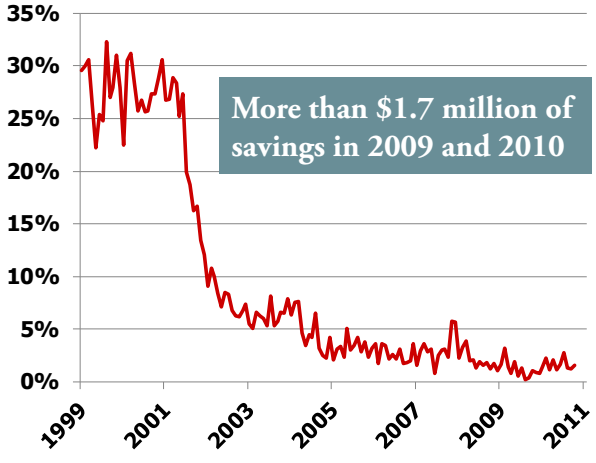
(E) Elective Induction Ventilator Risk

Increased risk of newborns on ventilators with inductions < 39 weeks



(F) Timing of Elective Inductions

Elective inductions < 39 weeks



Dartmouth researchers have cited Intermountain as a national benchmark for high-quality, affordable healthcare. In a recent white paper on healthcare quality and costs, adjusted for age and overall population health, they wrote:

> How much could the nation save . . . ? Using the Mayo Clinic as a benchmark, the nation could reduce health care spending by as much as 30 percent for acute and chronic illnesses; a benchmark based on Intermountain Healthcare predicts a reduction of more than 40 percent.[36]

Reforming Healthcare

More and more, health leaders and policymakers have been awakening to the promise of evidence-based medicine in addressing our nation's healthcare woes. But our national efforts still have a long way to go. The Accountable Care Act allocates some budget for comparative effectiveness research and evidence-based medicine, and this is a step in the right direction.[37] So too are the new reporting requirements and payment methodologies recently introduced by the Centers for Medicare and Medicaid Services. But the ACA primarily addresses reforms in health insurance rather than the delivery of care.

Still more can be done to encourage physicians and hospitals to work on improving healthcare quality—and to encourage individuals to take more responsibility for their own health. Effective reform will require realignment of incentives in ways that reward best long-term medical outcomes and the use of evidence-based best practices. At the same time, it is essential that each of us as healthcare consumers has incentives to adopt healthy behaviors, wisely use benefits, and avoid ineffective, substandard care. Both government and private payers have a role to play in realigning incentives, as do the physicians and hospitals and others involved in providing care.

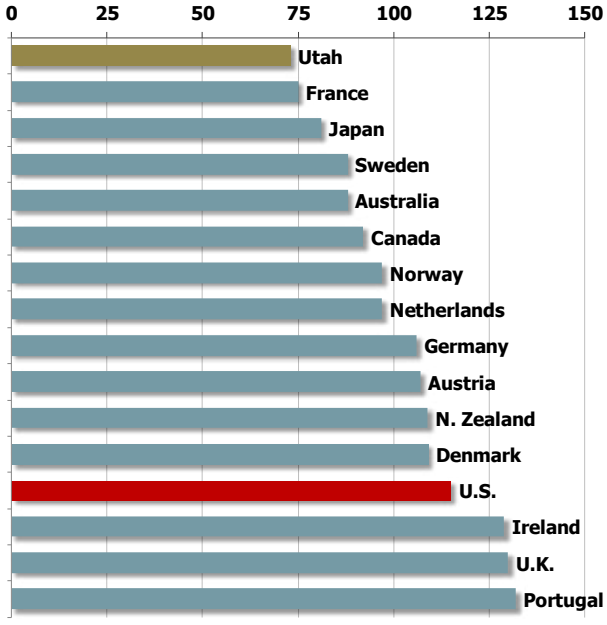
Our greatest opportunity is to focus on improving the effectiveness of care: to consistently do the things we know are beneficial and to avoid doing things that aren't valuable. It's not a question of withholding care or of doing more with less—because sometimes it's important to do more in order to treat an individual patient or to improve the health of a population of patients. The Institute of Medicine describes the challenge in terms of addressing three categories of substandard care: overuse, underuse, and misuse.[38] While some procedures are ineffective and may be overused, other treatments are underused, and still other interventions may be applied mistakenly or incorrectly. We need to focus on providing the *right* care.

The Tragedy of the Commons

In 1968, ecologist Garrett Hardin wrote an article for *Science* that has been cited frequently as a rationale for sustainable development and the conservation of limited resources.[39] He described a dilemma called the "tragedy of the commons," which harked back to land tenure issues in England in earlier centuries. The idea is that herders share a common parcel of pasture land, and they have a right to graze their cows on the commons. It's in the short-term interest of individuals to maximize the size of their own herds grazing on the commons, but in doing so, they destroy the very resource on which their livelihoods depend. So it's in the interest of the community—and ultimately the individuals—to protect the common resource and prevent over-grazing.

(G) Mortality Amenable to Healthcare

Deaths per 100,000 population



Source: *World Health Organization, Nolte and McKee, Rutgers Center for State Health Policy Standardized for age (1998) Utah from 2003, normalized for general U.S. change from 1998*

This is where we are with healthcare today. It is in our interest—as individuals and as a community—to protect the "commons" of healthcare. There is enough money being spent to allow us to deliver high-quality, evidence-based care to the growing number of individuals who need it. There is also enough money in the system to compensate physicians fairly for providing highly effective care. But we do need to recognize that, for the good of our patients, communities, and the next generation of caregivers, we must be more careful stewards of our limited healthcare resources.

I have in my office a quotation attributed to Sir William Osler, M.D., the Canadian-born physician who was one of the founding professors at Johns Hopkins. He has been called the "Father of Modern Medicine." Osler said, "Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated."

I could not agree more.

Charles W. Sorenson, M.D., a urologic surgeon, is chief executive officer of Intermountain Healthcare.

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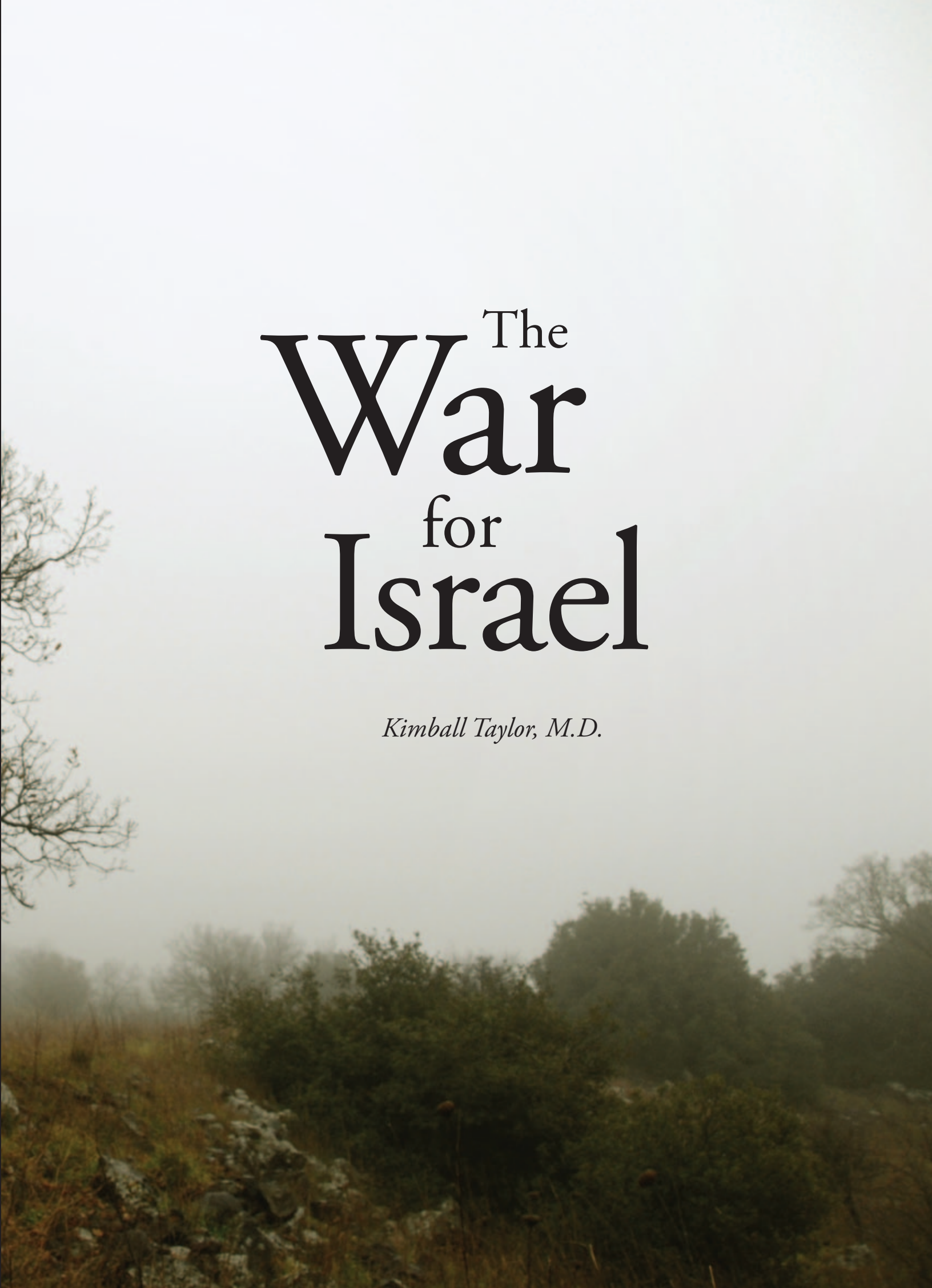

The War for Israel

Kimball Taylor, M.D.

Editor's Note: *Following Collegium's 2010 trip to Israel, many members asked for a follow-up discussion of the current situation in both Israel and surrounding countries where there is so much current turmoil. Collegium member Dr. Kim Taylor, an Israel expert who led much of the trip's learning, has contribued the following update on the gathering of Israel in context of today's political unrest.*

Dissecting the maze that constitutes the modern Middle East in a few pages is impossible. To say that conditions are in flux is an understatement, and as this is written, the only constant is change. However, to shed light on what is happening today and to assist one's understanding of the situation, I shall address three primary topics:

1. The doctrinal basis of the House of Israel and its implications towards modern-day Israel
2. The phenomenon of the "new" anti-Semitism
3. The recent "Arab Spring" and what this means for the future of Israel

1. The People(s) of the Book(s)

The key to understanding modern day Israel is the Book of Mormon. Two of the main purposes of what we call the "Old Testament" ("The Book") are shared by the Book of Mormon: first, to teach and testify of the Lord's promises to covenant Israel, their scattering and gathering; and, second, to teach and testify that Jesus is the Christ, and that salvation is through Him and of Him and by Him. Both books prophesy and testify abundantly of His coming, His mission, and His atonement. It is the Book of Mormon that testifies most clearly of the role of the House of Israel, both anciently and today. As one studies this "most correct book of any book on earth"[1] one will come to understand the nature and purpose of the Abrahamic covenant, the promises made to the House of Israel, why they were scattered and why they are being gathered.

When Moroni appeared to young Joseph in 1823, he quoted the following words, saying that they were "about to be fulfilled"[2]: "And it shall come to pass in that day, that the Lord shall set his hand again the second time to recover the remnant of his people… And he shall set up an ensign for the nations, and shall assemble the outcasts of Israel, and gather together the dispersed of Judah from the four corners of the earth. The envy also of Ephraim shall depart, and the adversaries of Judah shall be cut off: Ephraim shall not envy Judah, and Judah shall not vex Ephraim."[3] It is clear that Ephraim and Judah must be of "one heart and one mind"[4] in order for Israel to be redeemed.

In fulfilling the prophesied promises concerning the gathering of Israel, we see that the Jews have been first gathered physically, and later will be gathered spiritually. At the dedication of the Kirtland Temple, the Prophet Joseph received this revelation and promise from the Lord regarding his intentions towards the Jews: "…that Jerusalem, from this hour, may begin to be redeemed; And the yoke of bondage may begin to be broken off from the house of David; And the children of Judah may begin to return to the lands which thou didst give to Abraham, their father."[5] In fulfillment of that promise, a week later the keys for that gathering were bestowed by Moses in the Kirtland Temple as thus recorded: "After this vision closed, the heavens were again opened unto us; and Moses appeared before us, and committed unto us the keys of the gathering of Israel from the four parts of the earth…."[6] A few years later, Joseph prophesied, "Judah must return, Jerusalem must be rebuilt, and the temple, and water come out from under the temple … All this must be done before the Son of Man will make his appearance."[7]

Towards that end, in 1840 the Prophet commissioned Orson Hyde to journey to the Holy Land for the purpose of dedicating it unto the Lord. In a letter written by the Prophet in 1840, he noted that the Jews "have been scattered abroad among the Gentiles for a long period; and in our estimation, the time of the commencement of their return to the Holy Land has already arrived."[8] True to his calling, Orson Hyde journeyed to the Holy Land and in the early hours of Sunday, October 24, 1841, ascended the Mount of Olives where he offered these words: "Now, O Lord! Thy servant…has safely arrived in this place to dedicate and consecrate this land unto Thee, for the gathering together of Judah's scattered remnants, according to the predictions of the holy Prophets -- for the building up of Jerusalem again after it has been trodden down by the Gentiles so long, and for rearing a Temple in honor of Thy name…Do Thou now also be pleased to inspire the hearts of kings and the powers of the earth to look with a friendly eye towards this place, and with a desire to see Thy righteous purposes executed in relation thereto. Let them know that it is Thy good pleasure to restore the kingdom unto Israel—raise up Jerusalem as its capital, and constitute her people a distinct nation and government."[9]

When asked in 1843 what was the purpose of the gathering of the Jews, the Prophet responded, "The main object was to build unto the Lord a house whereby He could reveal unto His people the ordinances of His house and the glories of His kingdom, and teach the people the way of salvation…"[10] And so it has been in every dispensation: the purpose of gathering the saints has always been to prepare the way for the establishment of a temple to endow them with power. It was so in ancient Israel; and

then again in Kirtland, Nauvoo, Salt Lake City, Cardston Alberta; and thus it will be in Jerusalem in the future. The spiritual gathering of Judah will not occur, by and large, until the Savior makes his appearance to them on the Mount of Olives. In 1873, Wilford Woodruff made the following prophecy in General Conference:: "…the Jews have got to gather to their own land…They will go and rebuild Jerusalem and their temple…They do not believe in Jesus of Nazareth now…(but) when they behold the wounds in his hands and in his feet, they will say, 'Where did you get them?' And he will reply, 'I am Jesus of Nazareth, King of the Jews, your Shiloh… Then for the first time will the eyes of Judah be opened."[11]

It is clear that the presence of the Jewish people in Israel today was foreordained by God, prophesied by His servants, and is being fulfilled today by the Jewish people themselves. Since the dedication pronounced by Orson Hyde, the Holy Land has been dedicated several more times by other modern-day Prophets—always for the return of the Jews. One such dedication cited by President Heber J. Grant in the April 1921 General Conference is typical and also contains a warning: "By the authority of the Holy Priesthood of God, that has again been restored to the earth, and by the ministration, under the direction of the Prophet of God, Apostles of the Lord Jesus Christ have been to the Holy Land and have dedicated that country for the return of the Jews.... And let no Latter-day Saint be guilty of taking any part in any crusade against these people."[12] This leads us to our next topic.

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2. Anti-Semitism

Shimon Peres once said that "An anti-Semite is someone who hates Jews even more than is necessary."[13] Without question, anti-Semitism is the longest, most widespread, most vicious, and most irrational hatred of all time. Many theories regarding its cause have been offered: the Jews look different, they keep to themselves, they see themselves as "chosen," they deal with money, they are an old group, and on and on. But there is a deeper reason: enmity.

To understand the root cause of anti-Semitism, one needs to understand the plan of salvation. The war against the Jews that is being acted out upon the world stage today is an extension of a war fought before the creation of the world. Since pre-mortal times, Satan has battled unceasingly to destroy those who choose God—*especially those of the House of Israel*. He seeks to destroy souls individually; and he seeks to destroy covenant lands, covenant books, and covenant people collectively.

At the October 1896 General Conference, President Wilford Woodruff, then an aged man, stood at the pulpit in the Tabernacle during General Conference and prophetically declared: "There are two powers on the earth and in the midst of the inhabitants of the earth—the power of God and the power of the devil. … When God has had a people on the earth, it matters not in what age, Lucifer, the son of the morning, and the millions of fallen spirits that were cast out of heaven, have warred against God, against Christ, against the work of God, and against the people of God. And they are not backward in doing it in our day and generation. Whenever the Lord set His hand to perform any work, those powers labored to overthrow it."[14]

This is the doctrinal basis of anti-Semitism. Satan has used the same tactics to destroy the Church since the restoration that he has used to destroy the Jewish people since Moses. Pogroms, prejudices, persecutions—all of these have been used for centuries in an attempt to destroy God's covenant people.

The "new" anti-Semitism made its debut at the Durban Conference which concluded on the eve of the September 11, 2001 terrorist attacks. As Canadian Member of Parliament and Harvard Law Professor Irwin Cotler notes, "If 9/11 was the Kristallnacht of terror, Durban was the *Mein Kampf*. What happened at Durban was truly Orwellian: A conference purportedly organized to fight racism was turned into a festival of racism against Israel and the Jewish people."[15] The "new" anti-Semitism is not aimed at individuals as much as it is against the entire State of Israel and the Jews who live there: it is actually anti-Zionism. Whereas in times past, anti-Semitism drew its supposed authority from traditional Christianity (from 300 AD to 1850) or science (the social Darwinism of the 19th century), it is now energized by those proclaiming it in the name of "human rights." It is relentlessly and shamelessly propagated through the media. It accuses the Jews of violating human rights in the form of genocide, crimes against humanity, apartheid, and racism. It unites

radical Islamists with non-governmental organizations from the fascist extreme right and the far left against a common enemy: the state of Israel. In this topsy-turvy world, today's Palestinians are portrayed as the victims, and today's Jews are portrayed as the new "Nazis." It alleges that there is no historical connection between the Jews and the Temple Mount, or for that matter, the Holy Land in its entirety. It often denies that the Holocaust ever occurred. It permits more than 10,000 rockets to descend on Israel in the past few years, without any protest whatsoever from the U.N. or the world at large. In fact, the U.N. Human Rights Council "has criticized Israel on 27 separate occasions, in resolutions that grant effective impunity to Hamas, Hezbollah and their state sponsors. Obsessed with condemning Israel, the Council in its first year failed to condemn human rights violations occurring in any of the world's 191 other countries."[16]

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The world demands that Israel give up land for peace, and when Israel fully withdraws from Gaza, and the void is rapidly filled by Hamas, whose charter calls for the destruction of Israel, and they launch rockets daily into Israel indiscriminately, no condemnation follows. When Israel threatens to retaliate, they are told to "exercise restraint." Or if they do retaliate, they are demonized by the entire world, especially the U.N. Israel is in a bad neighborhood, surrounded by countries who echo the words of Hamas leader MahMoud Zahar: "Palestine means Palestine in its entirety—from the [Mediterranean] Sea to the [Jordan] River... We cannot give up a single inch of it... Why should we recognize…Israel's right to exist?"[17] But the chilling fact is that the media worldwide are mysteriously mute to such declarations. That's anti-Semitism. Even just recently, the PLO's Ambassador to the United States, Maen Areikat, stated that any new Palestinian state should be free of Jews: "I think it would be in the best interest of the two people to be separated."[18] Substitute that phrase with "Governor Boggs stated that Missouri should be free of Mormons" and see how comfortable that feels.

And so in the face of this blatant anti-Semitism—this hatred—how should we react? How should we feel towards the Islamic people in the Middle East? When it comes to the conflict in the Middle East, people think that they need to make a choice regarding whose side they are on. This is faulty thinking. The choice is not between nations or peoples; the choice is between right and wrong. The only safety rests in following the counsel of the Lord, His words, and His chosen servants. Nephi counsels, "For none of these iniquities come of the Lord… and he inviteth them all to come unto him and partake of his goodness; and he denieth none that come unto him, black and white, bond and free, male and female; and he remembereth the heathen; and all are alike unto God, both Jew and Gentile."[19]

And so we reach out with love and compassion to all of our Heavenly Father's children. We want them to be blessed with the gospel of Jesus Christ and become a part of the House of Israel. However, we "are not required to respect and tolerate wrong behavior…. we must all deplore murder or other terrorist behavior, even when done by extremists in the name of religion."[20] But we still must love the people. Moral relativism is not a part of the gospel of Jesus Christ. But tolerance is. And so is the commandment to love our neighbors as ourselves. We must beware that in our quest for political correctness or a desire to be all-inclusive that we are not guilty of rationalization and graying the area between right and wrong. Thus, we must love all people, but not all actions.

3. The Arab Spring

In a recent televised address, Israeli Prime Minister Benjamin Netanyahu said the Middle East is "now undergoing a political earthquake of historic proportions."[21] This could well prove to be the understatement of the century. The "Arab Spring"—the uprising of discontent in many of the Arab countries in Northern Africa and in Syria in recent months—is very different from the events that happened in central and eastern Europe in the 1970s and '80s (the "Prague Spring"), which ultimately led to the dissolution of the Soviet Union and the Berlin Wall. The problem facing today's protestors in the Arab nations is that they do not have a democratic foundation upon which to build. The protests come as a result of rising Islamism, poverty, high unemployment, frustration among young people from lack of opportunity, increased connectivity through social media, and anti-Semitism and anti-Americanism. Other factors that are indirectly connected to this phenomenon include an economic shift from the West to the East (particularly China and India), the potential disintegration of the European Union, and

the retreat of the United States from the Middle East, driven by the national debt. The great historian Niall Ferguson notes that "All great revolutions are characterized by four phases. First comes euphoria, as in Tahrir Square and the world's reaction to it. Then, capital flees the country, unemployment consequently rises, and there is an economic crisis. Radical elements then seize the initiative, blaming 'enemies without and enemies within,' which in turn leads to civil war, external war, or both."[22]

Needless to say, this movement isolates Israel even more and leads to increased danger. Israel's thirty-year-old peace treaty with Egypt has been essentially dismantled as the government is in total disarray. Evidence of this is seen by the recent storming of the Israeli Embassy in Cairo by "protestors," and it was only through the assistance of the United States that the Israeli Ambassador and his staff were saved.

Turkey, once a bastion of solidarity with Israel and the West, has recently formed an alliance with Iran and its friends—increasing the danger faced by Israel. In referring to Israel's legitimate boarding of a Turkish vessel bound for Gaza last year which resulted in the loss of several lives, Turkey's Prime Minister Erdogan stated, "It is a cause for war."[23] Even the U.N. absolved Israel of any blame in the incident. Mr. Ergodan made these comments as he was leaving on a tour to Egypt, Libya, and Tunisia—all "Arab Spring" countries.

For Israel the "Arab Spring" brings new dangers, as all of these countries are very unstable, and it is not likely that the emerging governments in the area will be more sympathetic towards Israel than their predecessors. It is an incredibly dangerous situation, and "the window to peace is much smaller than we think and is changing more rapidly than we think."[24] Already, for the first time in thirty years, Egypt has opened the Suez for the passage of Iranian naval ships, and has opened the border to Hamas-ruled Gaza. And more recently, Mahmoud Abbas, upon returning to Ramallah from the U.N. where he formally applied for a Palestinian State to be recognized, announced that "a Palestinian Arab Spring has been born."[25]

As the clouds darken, we would do well to remember President Spencer W. Kimball's words: "We are all brothers and sisters—just fellowmen, with the same overpowering responsibility… The Lord said to the Nephites, 'O ye Gentiles, have ye remembered the Jews, mine ancient covenant people? Nay; but ye have cursed them, and have hated them, and have not sought to recover them. But behold, I will return all these things upon your own heads; for I the Lord have not forgotten my people.' (2 Nephi 29:5) I repeat that scripture because it seems to me that it fits us who have, in some degree at least, forgotten them…"[26] The Lord has not forgotten Israel, and neither must we.

"And he shall set up an ensign for the nations, and shall assemble the outcasts of Israel and gather together the dispersed of Judah from the four corners of the earth."[27] Because they are children of the covenant, God is not about to let Israel go. The Lord has promised that He will be their shadow by day and their pillar by night, their King, their Deliverer, their All. As Prime Minister Ariel Sharon once said, "All that Israel has accomplished since 1948 has been done with one hand to the plough and the other to the sword in defending herself. Zion SHALL prevail!"[28] May we remember these words and love and bless His children.

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The Destruction of Jackson County *in the* Civil War

by Paul DeBry

The mural opposite page was painted in 1865 by Tom Lea, a non-Mormon. Titled "Back Home," it depicts the return of a Confederate family to their burned and barren farm in Jackson County after the Civil War. Only the chimney of the house is still standing. The artist had no idea he was recording the fulfillment of Joseph's prophesy. (The mural still hangs today in the Pleasant Hill, Missouri post office.)

The Prophecy:

"Doniphan, I advise you not to take that Jackson County land in payment of the debt. God's wrath hangs over Jackson County. God's people have been ruthlessly driven from it, and you will live to see the day when it will be visited by fire and sword. The Lord of Hosts will sweep it with the besom of destruction. The fields and farms and houses will be destroyed, and only the chimneys will be left to mark the desolation."

— Prophet Joseph Smith to Gen. Alexander Doniphan

The Result:

"Nowhere during the Civil War did people suffer such terror and tribulation as those unfortunate enough to reside in the guerrilla-infested regions of Missouri [Jackson and surrounding counties]. Compared to what they experienced, the civilians who were in the path of Sherman's famed March to the Sea through Georgia got off lightly."[1]

Jackson County, in the western frontier of Missouri, was on the far reaches of the American frontier in 1831 when Mormons—members of the newly established Church of Jesus Christ of Latter-day Saints—began to settle there. Lewis and Clark had passed through this country on their famous expedition only 27 years earlier. They were following the Missouri River, which comprises the northern border of Jackson County. They had come from St. Louis, on the other side of the state, 250 miles to the east.

Missouri had only been a state for 10 years when the first Saints arrived.

In the 1830s, Jackson County was a river town on the frontier—an easy place for those trying to escape civilization and justice to hide out beyond the reach of the law. This was a place of "degradation, ferociousness and jealousy" according to B. H. Roberts. It was a wild land where it was difficult to enforce the law.

Even those in high positions in the government, community, churches, and professional life were of low character and were often corrupt individuals.

The Latter-day Saints who settled there were mostly honest, hard-working people. They were predominately from New England and the eastern states. Their well-kept homes and productive farms brought envy and jealousy to the rabble who were living there when the Saints arrived. They coveted what the Mormons had built and wanted their homes, farms, crops, orchards, and animals for themselves. They also feared the Mormons and the influence their honest, moral lives would have on their moral "freedom".

The violence, persecution, depravity, and injustice suffered by the Mormons in Missouri is well documented. LDS historian B.H. Roberts, speaking of their persecutors, wrote: "These [mobbers] were led and abetted by lawyers, members of the state legislature, by county and district judges, by physicians, by professed ministers of the gospel, by merchants, by leading politicians, by captains, majors, colonels, and generals—of several grades—of the militia, by many other high officials of the state including the Governor and Lieutenant Governor, and finally by the action of the state legislature which appropriated two hundred thousand dollars to defray the expenses incurred by the mob-militia in carrying out the Governor's order, exterminating the Saints from the state.

"The persecutions then of the Latter-day Saints in Missouri, and their final expulsion from that state, were crimes against the enlightenment of the age and of the state where the acts occurred; a crime against the constitutions and institutions both of the state of Missouri and of the United States: as also a crime against the Christian religion. All this we have in mind when speaking of the severity and cruelty of these compared with other persecutions. The state of Missouri was guilty of a greater crime when it persecuted the Latter-day Saints than states were which in the barbarous times of the dark ages persecuted their people."[2]

Executive Order 44: "Extermination Order"

From the highest level of government, where the rights of all citizens should be protected, on October 27, 1838 Missouri Governor Lilburn W. Boggs issued an order to drive all Mormons from the state of Missouri or exterminate them.

With this extermination order, it was now legal to murder the Mormons, burn their homes, abuse them, plunder their belongings—all under the protection of the law and backed up by the governor and the the army of the state of Missouri.

In Far West, now under the authorities of the state, the mobs, called state militia, were free to carry out their outrageous acts. The Mormons were told by the general of the army/mob: "'You need not expect any mercy, but extermination, for I am determined that the Governor's orders shall be executed.'

"With that, the state army/mob was now let loose upon the unarmed citizens of Far West, and under the pretext of searching for arms they ransacked every house, tore up the floors, upset haystacks, wantonly destroyed much property, and shot down a number of cattle just for the sport it afforded them. The people were robbed of their most valuable property, insulted and whipped; but this was not the worst. The chastity of a number of women was defiled by force; … and some of them died from the effects."[3]

BOGGS

Boggs said, after all the persecution the Saints had endured, that they [the Mormons] were the aggressors. "Their outrages are beyond all description," he declared.

In the history of this great country, has such an outrageous statement ever been made by such a high government official? In a future day, that statement will certainly echo back to him as he stands before the eternal judge.

Joseph Smith said, "Marvel not, then, if you are persecuted; but remember the words of the Savior: 'The servant is not above his Lord; if they have persecuted me, they will persecute you also' [see John 15:20]; and that all the afflictions through which the Saints have to pass, are the fulfillment of the words of the Prophets which have spoken since the world began."[4]

During all these trials the Lord told Joseph Smith, "Be

still, and know that I am God! All those who suffer for my name shall reign with me, and he that layeth down his life for my sake shall find it again."[5]

Joseph told them further to employ every lawful means to seek redress. They were to appeal to the judges and if rejected to take their claims to the executive, and if he were to refuse their request, they should take their grievances to the president of the United States. If the president rejected their pleas, their case would be taken to the Lord.[6] Joseph took an active part in these requests, traveling himself to Washington D.C. to speak to and be rejected by the president of the United States, Martin Van Buren.

"In 1842-43," wrote Samuel W. Richards, "the Prophet selected one man from all the principle states of the Union to write to the governor of his state setting forth the wrongs and sufferings the Latter-day Saints had experienced by being expelled from the state of Missouri and deprived of their homes, and appealing to them for their assistance in obtaining redress.

"After several of these appeals had been read, the Prophet became so aroused that he could not remain seated. He arose to his feet and reviewed some of the terrible scenes referred to in such language as I had never heard spoken in a public meeting before."[7]

Only after exhausting every earthly governmental body that could and should have helped the Saints, Joseph took his case to the Lord.

The Lord did not reject his people's pleas. Their case was now in the hands of the highest court in heaven. The state and national authorities had been given their chance to fulfill their obligation to protect their citizens. They not only refused to uphold their responsibilities but had, themselves, turned against the Saints. They had been given their chance and had failed—now the courts of heaven would rule in the case. Fifteen years later, Jackson and other western Missouri counties where the Saints had been persecuted, began to feel the hand of the Lord upon them as the bloody Border War with Kansas began.

A Remarkable Prophecy of Joseph Smith

"Elder Junius F. Wells published an article in the November number [issue] of the *Improvement Era* for 1902. Elder Wells, it appears, had … an interview with the Hon. Leonidas M. Lawson, of New York City, formerly a resident of Clay county, Missouri, and a brother-in-law of General Alexander W. Doniphan, whose name so frequently occurs in our pages, dealing with events in the history of the Church while in Missouri.

"On the occasion of Mr. Lawson's visit to him, just referred to, they rode through Jackson county together, and in a letter to Elder Wells, under date of February 7, 1902, Mr. Lawson relates the following incident, which is part of a biographical sketch of General Doniphan, prepared by Mr. Lawson:

"In the year 1863, I visited General A. W. Doniphan at his home in Liberty, Clay County, Missouri. This was soon after the devastation of Jackson County, Missouri, under what is known as 'Order No. 11.' This devastation was complete. Farms were everywhere destroyed, and the farmhouses were burned. During this visit General Doniphan related the following historical facts and personal incidents:

DONIPHAN

"About the year 1831-2, the Mormons settled in Jackson County, Missouri, under the leadership of Joseph Smith. The people of Jackson County became dissatisfied with their presence, and forced them to leave; and they crossed the Missouri river and settled in the counties of De Kalb, Caldwell and Bay. They founded the town of Far West, and began to prepare the foundation of a temple. It was here that the troubles arose which culminated in the expulsion of the Mormons from the state of Missouri according to the command of Governor Lilburn W. Boggs. This was known in Missouri annals as the Mormon War. There were many among those who obeyed the order of the governor, in the state militia, who believed that the movement against the Mormons was unjust and cruel, and that the excitement was kept up by those who coveted the homes, the barns and the fields of the Mormon people. The latter, during their residence in the state of Missouri, paid, in entry fees for the land they claimed, to the United States government land office, more than $300,000, which, for that period represented a tremendous interest.

"Following the early excitement, Joseph Smith was indicted for treason against the state of Missouri, and General Doniphan was one of the counsel employed to defend him, he having shown a friendly interest in Smith, whom he considered very badly treated. Joseph Smith was placed in prison in Liberty, Missouri, to await his trial. This place was the residence of General Doniphan. His partner in the practice of law was James H. Baldwin.

"On one occasion General Doniphan caused the sheriff of the county to bring Joseph Smith from the prison to his law office, for the purpose of consultation about his defense. During Smith's presence in the office, a citizen of Jackson County, Missouri, came in for the purpose of paying a fee which was due by him to the firm of Doniphan and Baldwin, and offered in payment a tract of land in Jackson county.

"Doniphan told him that his partner, Mr. Baldwin, was absent at the moment, but as soon as he had an

opportunity he would consult him and decide about the matter. When the Jackson County man retired, Joseph Smith, who had overheard the conversation, addressed General Doniphan about as follows:

" 'Doniphan, I advise you not to take that Jackson county land in payment of the debt. God's wrath hangs over Jackson county. God's people have been ruthlessly driven from it, and you will live to see the day when it will be visited by fire and sword. The Lord of Hosts will sweep it with the besom of destruction. The fields and farms and houses will be destroyed, and only the chimneys will be left to mark the desolation.' "

"General Doniphan said to me that the devastation of Jackson County forcibly reminded him of this remarkable prediction of the Mormon prophet. (signed) L.M. Lawson.

"There is a prediction of the Prophet Joseph," remarks Elder Wells, in commenting upon Mr. Lawson's story, "not before put into print, and history has recorded its complete fulfillment."[3]

The Border War (1854-1861)

The Civil War is known to have started when the first shots were fired at Fort Sumter in Charleston harbor, South Carolina, in 1861. In reality, however, the war could be said to have started six years earlier with the Border War between the counties in eastern Kansas and those in western Missouri. Jackson County was one of the hardest hit. As with the Civil War, the Border War was fought over the slavery issue. Kansas, a free state, and Missouri, a slave state, destroyed, plundered, and fought each other for many years. Three months after it finally ended, the battle at Fort Sumter began, bringing to Missouri four more years of war and destruction.

The Border War started only 10 years after the murder of Joseph and Hyrum Smith, and about 15 years after Governor Boggs of Missouri issued his infamous proclamation that all Mormons were to be either driven out of Missouri or murdered.

Many living in the border towns of Kansas were also from Jackson County, Missouri. They had crossed the border into Kansas and bought farms there because of the cheap land. Thus many of the people who both caused and suffered the destruction in this Border War, on both the Kansas and the Missouri sides, had at one time lived in Jackson County, Missouri. Therefore, those who plundered the Saints in the 1830s were also the ones plundering each other in the Border War some 15 years later.

This famous John Steuart Curry painting of Kansas abolitionist John Brown still hangs in the Kansas state house and has come symbolize the six-year Border War between Kansas and Missouri. This bloody war and the Civil War that followed immediately thereafter resulted in widespread devastation, especially in Missouri.

Paintings "John Brown" and "Back Home" are courtesy of their respenctive public locations. Photos of Daniel Frost and Sterling Price, courtesy of Wilson's Creek National Battlefield. Photo of Lilburn Boggs courtesy Utah State History library. Photo of Alexander Doniphan courtesy New Mexico State University library, Rio Grande collection.

Lawless mobs called "Bushwhackers" from Missouri ruthlessly attacked and burned homes and towns in Kansas. Mobs from Kansas, called "Jayhawkers", retaliated by sacking, burning, looting, and killing those on the Missouri side of the border, where the Saints had been persecuted. Citizens on both sides of the river lived in fear of the attacks and counterattacks that went on during those six years, prior to the start of the Civil War.

Brigadier-General Daniel M. Frost had been employed in repressing lawlessness in the western counties of Missouri. Reporting conditions prevailing there in November, 1860, he said:

"The deserted and charred remains of once happy homes, combined with the general terror that prevailed amongst the citizens who still clung to their possessions, gave but too certain proof of the persecution to which they had all been subjected, and which they would again have to endure, with renewed violence, so soon as armed protection should be withdrawn. …

FROST

"With the organization of this force, and perhaps owing also, in some degree, to the inclemency of the season, 'jayhawking,' as such, came to an end, though the thing itself, during the first two or three years of the Civil War, and, in fact, as long as there was anything left on the Missouri side of the border worth taking, flourished more vigorously than ever. The old jayhawking leaders, however, now came with United States commissions in their pockets and at the head of regularly enlisted troops, in which guise they carried on a system of robbery and murder that left a good portion of the frontier south of the Missouri river [as] perfect a waste as Germany was at the end of the Thirty Years' War.

"While this description confines the scenes of violence and rapine to the border counties south of the Missouri river—it included Jackson County, however, which was one of the heaviest sufferers both in this border warfare and subsequently during the Civil War—still, the counties north of that stream also suffered from lawlessness and violence."[9]

These "counties north of that stream"—including the counties of Clay, Caldwell, and Ray, which also suffered from lawlessness and violence during the Border War—were the same counties that drove the Saints out of Missouri and into Illinois.

"Speaking of the situation in Missouri in 1861, the out-going Governor, Robert M. Stewart, in his address to the legislature … said:

" 'Missouri has a right to speak on this subject, because she has suffered. Bounded on three sides by free territory, her border counties have been the frequent scenes of kidnapping and violence, and this state has probably lost as much, in the last two years, in the abduction of slaves, as all the rest of the Southern States. At this moment several of the western counties are desolated, and almost depopulated, from fear of a bandit horde, who have been committing depredations—arson, theft, and foul murder—upon the adjacent border.' "[10]

All this was before the Civil War had even started—that war, which would bring even further devastation, was still ahead.

In 1838, a man named Sterling Price had shackled the Prophet Joseph, his brother Hyrum, and others in the Richmond, Missouri jail where they endured haughty boasts of horrible deeds spewing from the mouths of filthy guards.

In 1864, this same man, now Confederate General Sterling Price, took an army of 12,000 men into Ray and Independence in Jackson County. According to his own calculation, General Price destroyed upwards of 'ten million dollars' worth of property, a fair share of which belonged to his own friends.[11] That would be a staggering amount today.

PRICE

The Saints had suffered greatly, but those in the western counties of Missouri, which included Jackson County, suffered even more and over a longer period of time than the Saints did. Even before the Civil War started, western Missouri was laid nearly desolate because of the Border War, and all the hardships the Missourians had inflicted upon the Saints were now visited upon their own heads, and in a greater degree. Joseph's prophecy was fulfilled.

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