

THE JOURNAL OF COLLEGIUM AESCULAPIUM



FALL 2014



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5 Doctors I Admire

by Elder Neil L. Andersen

I THANK YOU SINCERELY FOR THIS HONOR YOU HAVE given to me. I want you to know that I understand very clearly that while I am the recipient, it is given because of my calling within the Church and I accept it on behalf of The Church of Jesus Christ of Latter-day Saints.

I would like to express a word of admiration and appreciation for Dr. Jim Pingree. Kathy and I and our four children moved into the Mount Olympus Stake 20 years ago this year just after my call to the Seventy. We lived there only one year before being assigned back to Europe. Dr. Pingree had recently been released as the stake president and was serving in our ward in a young men's capacity. He befriended one of our sons who had just spent three years in France while I was serving as a mission president and had moved around extensively. He had hardly known the strengths of an Aaronic Priesthood quorum or an Aaronic Priesthood leader. We treasure the friendship and mentoring that Dr. Pingree brought to our son. As I said, it has been 20 years ago. That son now has a wife and family of his own and his oldest was ordained a deacon this past year. But Brother Pingree has never forgotten him and calls him yearly on his birthday. It is an example of the discipleship I hope to speak to this evening.

I have entitled my remarks, "Five Doctors I Admire."

To become a medical doctor in the United States requires enormous intelligence and personal discipline. We have seen this firsthand in our own family. Our son-in-law, Mark Ebert (Mountain Medical Physician Specialists), finished his fellowship training at Johns Hopkins just last year. When he began, we would joke that he would begin his first real job at about the same time that his oldest son would be ordained a deacon. And as you all know from your own training, that is how long it takes. Once in the profession, the daily work is critically important. For some of you, the life and death of an individual rests in your hands, but for all medical doctors, the health and strength of a patient's body is high on his or her priority list. Your work can consume you, and to some extent should consume you. Yet, you must live your lives as well. Even in your demanding profession, you are responsible for choosing between good and evil having faith in the Lord, Jesus Christ, keeping your covenants, and being loyal and helpful to your spouse, your children, and grandchildren. You, at this dinner, know how to first be a disciple, while serving in the medical profession. Paraphrasing a statement made by Elder Neal A. Maxwell, "The LDS [physician] has his citizenship in the Kingdom, but carries his passport into the [medical] world—not the other way around."¹

To highlight qualities we all admire and hopefully emulate, I would like to speak of five doctors who impress

me and of qualities that teach us important principles. I could very easily have selected many of you who I know, but I did not want to turn this into a testimonial.

1

Dr. Russell M. Nelson



I start with Elder Russell M. Nelson. We all know his story. Elder Nelson has been a member of the Quorum of the Twelve for 29 years. His medical contributions before that time were noteworthy.

We could speak of so many wonderful qualities of Elder Nelson. The quality I would emphasize is his humility and trust in the Lord's servants.

When one is accomplished, educated, intelligent, and prosperous, it is easy to see the world in the words of William Ernest Henley's "Invictus." "I am the master of my fate, I am the captain of my soul."

My example is from the prime of his life. It was 1965, and Dr. Nelson was 40 years old.

In 1965, Dr. Nelson was presented with an extraordinary opportunity to assume the position of professor of surgery and chairman of the Division of Thoracic and Cardiovascular Surgery at the University of Chicago. Very important to him was not only the generous salary but an arrangement to pay fully for the college education of all his children when the time came. You will remember that by this time he had 10 children. The Nelsons visited Chicago, were overwhelmed with the offer, and were inclined to accept. He was at the time the serving president of the Bonneville Stake. On his high council was Brother Joseph Anderson, secretary to the First Presidency. Brother Anderson implored Dr. Nelson to speak with President David O. McKay before accepting the position. Brother Anderson arranged for an appointment between President McKay and Dr. Nelson. In the interview after hearing the details of the situation, President McKay closed his eyes, leaned back in his chair, and pondered the matter for some time. Then he said, "Brother Nelson, it doesn't feel good to me. I don't think you should go to Chicago."

Dr. Nelson, Elder Nelson, responded, "That was it. There was no further discussion. We declined the generous offer with many thanks."

It would be nearly 20 years later that Elder Nelson was called into the Quorum of the Twelve. In discussing this situation with him, I have heard Elder Nelson say, "I never ask myself: 'When does the prophet speak as a prophet and when does he not?' My interest has always been, 'How can I be more like him?'"

Here are his words long before he was a General Authority: "My philosophy is to stop putting question marks behind the prophet's statements and put exclamation points instead."²

For you who are very buried in your work, you will appreciate this rather humorous experience. When Elder Nelson was interviewed to be president of the Bonneville Stake, Elder Spencer W. Kimball and Elder LeGrand Richards were assigned the task of choosing the new stake president. In the interview with Elder Kimball, Elder Kimball showed Dr. Nelson a figure written on a piece of paper and asked him if that was all the tithing he had paid in the previous year. Glancing at the paper Elder Nelson said, "Yes. It's an honest tithing." Elder Kimball responded, "I thought you were a little more prosperous than this figure might indicate." Dr. Nelson responded, "I don't know how much I paid, all I can say is it's a full tithing." However, in checking the records, Elder Nelson was a little embarrassed. As it happened, that was the year that they had moved from one ward to another ward within the stake. Consequently, the figure Elder Kimball had showed him was the amount he had paid for the one month they had lived in their new ward. Elder Kimball did not have a record of the tithing he had paid during the previous 11 months of the year. Money has never been a motivation for Elder Russell M. Nelson.

2

Dr. Emil J. Freireich



The second doctor I would feature is someone whose name we are all familiar with, Dr. Emil J. Freireich. While I do not know this man personally, I would like to raise two principles that impress me about him. He is known as being one of the pioneers who discovered how to overcome childhood leukemia by developing one of the first multi-drug combinations to treat it.

In 2009, Dr. Freireich was awarded the Castle

Connolly 2009 National Physician of the Year Award for Lifetime Achievement. During this presentation, a video was shown which gave a short history of his life prior to his accepting this honor.

VIDEO: [Narrator] "The son of Hungarian immigrants, Emil Freireich grew up in the poorest ghettos in Chicago. His father died when he was only two years old and his mother worked endless hours in a sweatshop to provide for her children. Despite this challenging environment, Emil Freireich was a prizewinning science student in high school. A teacher encouraged him to attend college at the University of Illinois, where he excelled in physics and chemistry. Returning to Chicago to study medicine, Dr. Freireich began his career at the National Cancer Institute in 1955, before moving to his present position at the M.D. Andersen Cancer Center in Houston in 1965.

"Dr. Freireich theorized that cancer cells could mutate to become resistant to a single chemotherapeutic agent. He concluded that by using different drugs concurrently, it would be more difficult for tumor cells to mutate and develop resistance. His pioneering efforts were applied to the management of childhood leukemia, and resulted in the first curative therapy for a systemic cancer in man. He also pioneered the first use of follow-up adjuvant chemotherapies. He devised the first continuous flow blood cell separator for the collection of leukocytes for replacement transfusion and for the collection of peripheral blood stem cells for bone marrow transplantation. In addition, Dr. Freireich pioneered the application of molecular genetics to the evaluation of the effects of cancer therapy, including detection of minimal residual disease. Today his clinic work stands as the foundation of modern chemotherapeutic treatments for cancer. The Castle Connolly 2009 National Physician of the Year Award for Lifetime Achievement: Dr. Emil J. Freireich."

[Dr. Freireich] "I have to recognize the person you saw in the last picture because my wife, Haroldine Freireich, and I celebrated our 56th anniversary 10 days ago. This is kind of our anniversary gift — we got to go to New York and have a great time. But Dini Freireich belongs here next to me because everything I've done has been a joint effort. We are partners in life. We've created a home and a family and a career together and I must say she deserves as much credit as I do. Dini Freireich in the front row."

The first aspect of his life I would like to emphasize is his dedication to his wife, Haroldine. As he said, they have now been married 60 years.

From Malcolm Gladwell's new book, "David and Goliath," I read just one short paragraph:

"Freireich's wife is as small as Freireich is enormous, a tiny woman with a deep and obvious reservoir of strength. 'I see the man. I see his needs,' she said. He would come home from the hospital late at night, from the blood and the suffering, and she would be there. 'She is the first person who ever loved me,' Freireich said simply. 'She is my angel from heaven. She found me. I think she detected something in me that could be nourished. I defer to her in all things. She keeps me going every day.'"³

A beautiful scripture comes to mind when I think of the relationship Dr. Freireich has with his wife: "Nevertheless neither is the man without the woman, neither the woman without the man, in the Lord."⁴

Secondly, I would like to accent how much his scientific work was driven by his true compassion for these young children. Here are Dr. Freireich's own words concerning how the bleeding of the children pushed him to find scientific answers.

VIDEO: [Dr. Freireich] "When I started treating these children we had a ward full of children between the ages of 0 and about 10, median age 5. When you came on the ward, all you saw was blood, because these children bled to death from having no platelets... And the first child that I treated with platelet, well at that time, everybody knew that the cause of hemorrhage was not pancytopenia. There were many studies on experimental animals that showed there was circulating anticoagulants, but being stupid and inexperienced I went to the lab and collected blood from the children who were bleeding and took my own blood and put my platelets in their blood and everything looked OK. So I said, now the next challenge is how to get these platelets from donors to them.

"And I had a patient that I remember like today. His name was Scottie Dinsmore. I don't know if his father is still living. And Scottie was lying in bed and bleeding from his urine and his stool and his mouth and his eyes and his father was a minister. I said, 'I have this idea. If we can take platelets from normal donors and shoot them into children, I think it will stop the bleeding.' Because I did this in the laboratory. But there was literature already that proved that it wouldn't work. People became iso-sensitized. It wouldn't work. We had enormous debates about even pretending to do it. But Rev-

erend Dinsmore spoke to his congregation and we got 50 donors to come to the hospital. I stood at Scottie's bedside with a syringe. We did an exchange transfusion: blood from normal donors, blood of Scottie Dinsmore. And remarkably the hemorrhage stopped immediately.

"But we were replacing the plasma as well as the platelets. So how did we conclude that the blood platelets were it? Well what happened was after he stopped bleeding we counted the platelets every day and we measured the lifespan of transfused platelets had a median lifespan of 10 days, so we could watch them disappear. When the platelet count got to the critical level, which was approximately 1000/mL, guess what?

"So what I think about what I've done in my career, all of our speakers have mentioned how heroic their patients are, but for me, the big reward is to see children who were treated for acute lymphoblastic leukemia who have come to my department as trainees to learn how to treat other children with cancer. That's a real gratifying sensation."

This scripture comes to mind: "And Jesus called a little child unto him, and set him in the midst of them..."

"[And said,] Whosoever therefore shall humble himself as this little child, the same is greatest in the kingdom of heaven.

"And whoso shall receive one such little child in my name receiveth me."⁵

3 Dr. Susan Puls



I learned of Dr. Susan Puls at a meeting I attended. Many spoke so glowingly of her I knew I had to meet her. I was not disappointed.

Dr. Puls is a trained orthopedic surgeon/physical therapist. She worked for many years in Orlando, Fla. establishing her practice and her reputation as a surgeon was spreading. In 1996 things changed for Dr. Puls. A medical concern necessitated her surgical career coming to an end. With many years still ahead of her, she was

now forced to find a new way to use her education and knowledge. She wanted to benefit others as her orthopedic surgery practice allowed her to do. But what was she to do now?

In pondering the decision ahead of her she had a strong inspiration to study wilderness and survival medicine which she found very interesting and a possible career. She told me, "I had my health and my strength and I wanted to do what the Lord needed for His children. So I prayed to know what direction I needed to go in to do that." During a visit to friends in Oregon, she received that direction. "We watched a video about the humanitarian service being done by the Church. I had a strong impression that that is where I could be of greatest service." Eight days later she received a letter from Garry Flake at Church Headquarters wondering when she could come to meet with him. She came to Salt Lake for a day visit and stayed for seven weeks.

Dr. Chris Christensen said this about Dr. Puls' service: "Mired in the 2002 challenge to increase the number of yearly visits of the NRTI (Neonatal Resuscitation Training Initiative) teams some tenfold, I was desperate, until the Lord led Dr. Susan Puls to Salt Lake City. [We met] shortly after her arrival and she was pressed into service handling the database of a rapidly expanding NRTI effort. ...Soon she was leading NRTI teams herself to multiple foreign sites with considerable success in implementing the 'train the trainers' paradigm that continues to multiply the benefits of this life-sparing program."⁶

Once this program was up and running, she was asked to be a medical advisor for the Emergency Response Team. Jeanette Faulk, RN, who has served with Dr. Puls had this to share about her: "The impossible happens because of her prayers. Although she rarely sits still, she listens to the still small voice and acts on that divine direction—day or night—whether it be influencing a worldwide project or recognizing the one who may need a bit of encouragement or attention."⁷

Dr. Puls is currently serving her sixth mission for the Church and has been serving for nearly 12 years continuing to assist these programs as well assisting with the wheelchair program, support after Haiti earthquake, refuge issues, and other countless projects.

Dr. Carolyn Monahan told us, "Susan is a great doctor with wonderful knowledge and organizational skills to bring light to chaos. She gives energy beyond her comfort zone and does not stop in the face of what others call obstacles. She does this not for herself but because Heavenly Father has called her to care for all of His children on the earth."⁸

Dr. Puls told me recently, "I am honored to serve. I am blessed to serve [the doctors, nurses and other profes-

sionals who volunteer in these programs] because they get to do what I cannot do anymore."

As I think of Dr. Susan Puls the following scripture comes to mind: "Trust in the Lord with all thine heart; and lean not unto thine own understanding.

"In all thy ways acknowledge him, and he shall direct thy paths."⁹

4 Dr. Gregory S. Brinton



I now turn to Dr. Gregory S. Brinton, serving as the mission president in the Russia Vladivostok Mission. I met Dr. Brinton in 1976 when we were both students in Boston. He is a very talented retinal surgeon. With him being an ophthalmologist, I like to quote the words of the Apostle Paul, "We look not at the things which are seen, but at the things which are not seen: for the things which are seen are temporal; but the things which are not seen are eternal."¹⁰

The experience I share from Dr. Brinton's life is one of 30 years ago. It happened in July of 1982 and I quote from his own writings:

"It was Thursday, July 8, 1982. I was working at the Eye Institute in Milwaukee. On that Thursday, I had been preparing to leave town with my family for vacation when I received a phone call from DelRoy Stoehr.

"He identified himself as a member of the Church living near Shawno, Wisc., north of Milwaukee. He told me of a terrible accident that occurred to their son, Ron, on the afternoon of July 4, 1982. Eight-year-old Ron was playing with his uncle's tools in the shed with his 10-year-old brother, Ken.

"The boys found a dynamite blasting cap. No one knows or remembers exactly why it exploded. The boys may have tried to light the blasting cap with a match, thinking it was a firecracker. The blasting cap exploded while Ron was holding it in his hand. It blasted off part of two fingers and the thumb of his left hand and part of one finger on his right hand. It also blew off one toe and perforated his right ear drum. It sprayed his face with multiple small fragments of the brass casing, some of which lodged in both of his eyes. He had total loss of

vision in the right eye and major loss in the left.

“The father asked me on the phone if I would do surgery to repair Ron’s eyes. I told them that since I was going on vacation, I would have one of my partners do the surgery. He requested that I stay long enough to do the surgery myself. He had heard that I was a member of the Church and he said that he wanted hands ‘guided by the Holy Ghost’ to do the surgery.

“Hearing that request, I agreed to delay our family vacation and perform the surgery. Ron’s parents brought him to the Milwaukee Eye Institute. I obtained a CT scan showing 4 small brass metallic foreign bodies in his right eye. The eye was filled with dense hemorrhage and had a retinal detachment so he had only bare light perception vision. The dense hemorrhage meant that we had no view of intraocular details and no visualization of the foreign bodies.

“As we were evaluating Ron’s eyes and getting him ready for surgery, the father asked me if I would give Ron a priesthood blessing. I suggested that I perform the anointing and that Delroy, the father, seal the anointing. In the blessing, he promised that the Lord would guide my hands during the surgery. I knew that due to the devastating injury, it was highly unlikely that Ron would regain any vision. I prayed that the Lord would guide and bless me and everyone involved in Ron’s care.

“On Friday, July 9, we took Ron to surgery to remove the hemorrhage and foreign bodies, and also remove the metal pieces from the cornea of the other eye. The surgery lasted about 6 hours.

“I prayed that the Lord would bless me in the surgery so that sight could be restored despite very difficult odds. I prayed that the Holy Ghost would guide me according to the family’s faith.

“The hemorrhage was so dense that I could not see where the foreign bodies were. It came to my mind that since the copper was so inflammatory, the metal pieces would have white blood cells and white inflammation around them. I thought I should follow the color gradient from dense red to white to find the foreign bodies. I don’t recall ever hearing anyone say or teach this principle, but it came to my mind at that time. By using this method, I found the first two foreign bodies and removed them successfully with the intraocular forceps. I was, however, having trouble finding the last two. They were in very difficult peripheral areas and seemed impossible to find.

“I remember that as I said a silent prayer, confidence came to me. I followed the red to white gradient and finally found the third metal piece. I reached in with the forceps, grasped the foreign body, pulled it across the eye, and out the small opening on the other side. As I brought the forceps out of the eye, my assistant and I found to our surprise that I had two foreign bodies in the forceps rather

than just one. The only way I could explain this is that as I brought the forceps across the eye, inadvertently and unknown to me, the forceps picked up the final foreign body.

“My Jewish assistant said, ‘God is certainly guiding you in this surgery!’ The surgery was completed and the young boy’s vision came back.

“Since that time, the patient, Ron Stoehr, has been able to read, drive, and function normally with good vision in each eye. He is now 39 years old. Truly this was a miracle. I attribute it to the mercy of our loving Heavenly Father and the faith of two devout parents. In response to this faith and to prayer and a priesthood blessing, the Lord inspired me to perform surgery in a way that was beyond my own knowledge, skill, and training. The Lord performed a miracle. An eye, blinded by a severe accident, was healed and again able to see.”¹¹

“Behold, I will tell you in your mind and in your heart, by the Holy Ghost, which shall come upon you and which shall dwell in your heart.

“Now, behold, this is the spirit of revelation.”¹²

5

Dr. Ronald A. Stoddard



My final example is Dr. Ronald A. Stoddard. In June of this year, I had the privilege of dividing the Orem Sunset Heights Stake and releasing Dr. Ronald A. Stoddard who had served as its president for 10 years. It was the first time meeting Dr. Stoddard but in our conversation in getting to know one another, I learned he was responsible for the neonatal center at Utah Valley Medical Center in Provo.

Just one month ago, a mission president who is a friend of ours serving in Europe, informed us that his daughter had just given birth to their third child and the child was not doing well. Kathy and I traveled to Provo to give the baby a blessing and to give his daughter and son-in-law some comfort. Learning of the seriousness of the little boy, I put a call into Dr. Stoddard hoping he might be able to bring some help to the young couple struggling with knowing their little baby boy was extremely, extremely ill, but not yet knowing exactly what that illness was from. Their baby boy, Henrik, lived one week. Let me quote from some of the writing of Brad Roberts about the goodness, attention, and competence of Dr. Stoddard.

“The day Henrik was born was filled with emotion... I also was filled with questions. Am I doing my part? Are we in the right place? Is there anything else I should be doing? I knew that my wife needed rest and I was so concerned about her ability to rest and recover with the anxiety that was so evident by her empty arms.”

“It was at the end of this physically exhausting and emotionally draining day that we met Dr. Stoddard.

“I had heard earlier in the day about Dr. Stoddard. ... I soon learned that Dr. Stoddard was not only a brilliant doctor, but a dedicated disciple.”

Let me insert here that I reached Dr. Stoddard just at the end of a long day of a family reunion held in Heber. Upon arriving home, he quickly changed his clothes and came directly to the hospital. I now return to Brad Roberts’s writing:

“[Dr. Stoddard] quickly and quietly entered the room. His hair was just combed and he wasn’t in a lab coat with a stethoscope around his neck. He was wearing a clean white shirt and a tie. He didn’t wait to be introduced or rush to introduce himself and his accolades. He went immediately to Shanda [Brad’s wife]. He knelt on the hard hospital floor next to her bed and looked her straight in the eyes. He asked her of her own condition. He focused all his attention at the person in the room who needed him most. Over the next hour everyone in the room asked discerning questions while Dr. Stoddard continued to address every [concern]. His warmth, his knowledge, his goodness, and his faith filled the room with light. I recognized Dr. Stoddard from the first moment he stepped in the room as a true healer. A man dedicated to healing bodies and hearts.”

I continue with Brad’s reflections:

“Over the course of the week Dr. Stoddard called me and I called him. Late at night as I was Googling all the terms, tests, conditions and possible diseases, I would find myself too anxious to sleep. ... Normally I would not call in such situations, but Dr. Stoddard [welcomed our calls]. He always spoke directly and confidently. He spoke of hard things.

“One example was a moment where I learned that Henrik may have a genetic condition that might affect the health of our future children. I didn’t know how to bring this up with my wife at such a sensitive time, but Dr. Stoddard was able to talk about it lovingly and directly. Shanda and I were learning how to discuss hard things.

“At the end of the week we faced our hardest decision yet. Were we to let machines keep our tiny boy alive while lactic acid building up in his body slowly began to destroy his organs? Because of our interaction with Dr. Stoddard we were not afraid of asking all the questions we needed to make such a difficult decision.

“After Henrik passed away the attention [and concern]

did not stop. ... Growing up I thought I would become a doctor. I chose a different path. Dr. Stoddard makes me rethink my decision. He will forever stand as a remarkable example of the power of absolute competence and sincere concern.”¹³

I liked this phrase from Brad Roberts: “I recognized Dr. Stoddard from the first moment he stepped in the room as a true healer. ... He was not only a brilliant doctor, but a dedicated disciple.”

When thinking about Dr. Stoddard’s example I am reminded of the following scriptures: “Whosoever will be great among you, shall be your minister:

“And whosoever of you will be the chiefest, shall be servant of all.

“For even the Son of man came not to be ministered unto, but to minister.”¹⁴

My dear brothers and sisters, I share simply lessons I have learned from five doctors whom I have observed. Please know of my respect and admiration for each of you for choosing this noble profession. Let me express my appreciation to your wives and your husbands who support you in this noble cause. That you might keep your citizenship in the Kingdom but carry your passport into the medical world—not the other way around.

I bear witness of the greatest of all physicians, even Jesus Christ. On earth He healed the sick, gave sight to the blind, and raised the dead. His eternal gifts are much greater: because of Him we will live again. As we believe in Him and take His name upon us, He will lift us from all of our sins and sorrows, and return us to our Father clean and pure. That this may be the desires of our hearts I pray, in the name of Jesus Christ, amen.

Elder Neil L. Andersen is a member of the Quorum of the Twelve Apostles of The Church of Jesus Christ of Latter-day Saints. This address was given to the Collegium at its annual meeting dinner on October 3, 2013.

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neonatal resuscitation:

a true
gift of life

by Johnnie V. Cook, MD, FAAFP

What is neonatal resuscitation (NR)? I suspect less than half of the lay public could answer that question correctly. And yet it is a service, understanding and training that can save many thousands of newborn babies' lives — a real gift of life. In preventive medicine terms we often use the abbreviation QYOL, which stands for “Quality Year of Life” —that is, how effective and expensive a certain intervention such as immunizations, mammograms, pap smears, colonoscopies, etc. are at adding a quality year of life. Because saving an entire life with simple steps done right after birth can add 80 years of quality life, neonatal resuscitation (NR) may well be one of the most effective, least expensive interventions now being employed.

May I share how I became a believer and worker in this effort? It all began for me in 2002. I had been invited to attend a meeting of Collegium Aesculapium by my dear partner, Dr. David Tensmeyer. He and Dr. George Snell, one of my greatest and most influential mentors, had mentioned this organization in the past. While at that meeting, a sweet, sassy, short blond ball of thunder by the name of Dr. Susan Puls stood up and mentioned that anyone who would like to volunteer with the Church's Humanitarian Service could fill out an application form. I thought it sounded worthwhile and fun, so I filled out the form. A few months later, I received an email inviting me to serve as a member of the team going to teach NR in Honduras in August 2003. The trip was an incredibly uplifting and rewarding experience, a great chance to serve. The team included Dr. Puls, Dr. Lloyd Jensen (pediatrician from Pocatello, Idaho), Rufino Rodriguez (respiratory therapist from Provo/born in Guatemala), Ramona Wilder (RN from Grantsville, Utah) and her sister Mary, also an RN. We were helped greatly by Sister Bardsley, a service missionary who served as a medical consultant for the area. My wife Maureen (a former newborn ICU nurse) and 14-year-old son Justin also came along and helped. I was especially impressed by Dr. Puls, who as an orthopedic surgeon with quite rudimentary Spanish was still able to teach effectively and show her love for the people. Since that first trip I've had the privilege of going on roughly one trip per year and am currently on my 11th trip in Botswana in Southern Africa.

How did NR programs come about?

NR has been around since Adam when, as we read in Genesis 2:7, “And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul.” An article in the journal *Clinical Perinatology* in 1999 described the history

of NR. “Although the history of neonatal resuscitation is as old as medicine itself, today's standards of practice evolved over the past 40 years. Most ancient physicians and midwives did know that stimulation and expansion of lungs was needed to revive the ‘apparently dead’ newborn, but the means of providing these ‘therapies’ varied from brutal shaking, hitting, swinging, electrocuting, hanging upside-down, to applying gentle pressures or squeezing of the chest. It would take centuries of development in physiological concepts and technology for the evolution of a rational approach in resuscitating the newborn infant. Even after great advances in medical science in the 19th century, cardiopulmonary resuscitation techniques remained primitive until the mid-1950s.”¹

The American Academy of Pediatrics describes the origination of NR as follows. “In the mid-1970s, with the emerging prominence of neonatal intensive care units, it became increasingly important that community hospitals recognize and provide initial management of infants requiring transfer to an NICU. At that time the National Institutes of Health (NIH) funded five projects to provide education regarding the fundamentals of neonatal care to Level I hospitals. The Drew Postgraduate Medical School in Los Angeles received one of these contracts, which resulted in the Neonatal Educational Program (NEP), a series of educational modules, slide tapes, and videotapes. Six modules from the NEP formed the basis of the Neonatal Resuscitation Program.”²

Soon after the completion and dissemination of the NEP, the American Academy of Pediatrics (AAP) assembled a group led by George Peckham, MD, FAAP, to address the adequacy of training for neonatal resuscitations. The group decided to utilize the modules in the Drew School NEP and requested that they be assembled in a way that would facilitate distribution on a national scale.

The basic principles underlying the design and development of the NEP were carried over wholly into the AAP's Neonatal Resuscitation Program (NRP). The goal was to develop a program that could be implemented in any hospital in the United States. It was designed to convey a minimum level of information in the absence of a knowledgeable instructor, but permit enhancement by an instructor with an in-depth understanding of neonatal resuscitation. It was also important to design the NRP so that the various levels of personnel working in the delivery rooms and nurseries throughout the country could complete the program at a level consistent with their responsibilities. Thus, the NRP recognized that while individuals involved with a resuscitation may have different levels of responsibility, the individual responsibilities merge together to become part of a whole. The first NRP was published by a group headed by Dr. Ronald

Bloom (a pediatrician who interestingly has Utah roots and has served as the residency director of the University of Utah's pediatrics program) and Cathy Cropley, RN.

The Neonatal Resuscitation Program sponsored by the AAP is now in its sixth edition with this latest version coming out in 2010. There were several major changes that happened with the sixth edition. As noted in Wikipedia, “With the rollout of the sixth edition of NRP to reflect the 2010 American Heart Association guidelines for resuscitation, the course format has changed considerably. In the past, a full-day course incorporated lecture, written testing and hands-on skills. Now students study independently, complete an online examination, then attend an in-person skills session. This reduces the classroom time required for the course and allows instructors to focus on the practical skills needed to resuscitate the neonate.”³

The NR program outline

The program is intended for healthcare providers who perform resuscitation in the delivery room or newborn nursery. Providers who take NRP are diverse in their scope of practice. The course outline is flexible to allow providers to complete specific modules directly related to their practice.⁴

Lesson modules

1. Overview and principles of resuscitation
2. Initial steps in resuscitation
3. Use of resuscitation devices for positive-pressure ventilation
4. Chest compressions
5. Tracheal intubation
6. Medication
7. Special considerations
8. Resuscitation of babies born pre-term
9. Ethics and care at the end of life

A few changes to the core program make the NRP applicable and useful to international users who often have limited resources. To date, we are still teaching the students using the PowerPoint presentations of each of the above lessons, except that typically lessons 8 and 9 are omitted, shortened or summarized.



The typical program consists of the following:

- An opening ceremony with dignitaries from the Church and the ministries of health
- The seven lessons with a pre- and post-test to measure improvement and knowledge gained
- Several skills labs to teach, learn, and demonstrate proficiency in areas such as initial steps of resuscitation, use of the bag and mask to ventilate a baby using the mannequins, cardiac compressions, intubation, medication use, etc.
- A lesson to discuss perpetuation and how the program will be taught by the course's graduates to their colleagues. In other words, our goal with NRP is to train each course attendant to be a trainer of his colleagues — a “train the trainers” model

LDS Church involvement in NR

The involvement of the LDS church with NR had its fledgling beginnings when Dr. Rob Clark, a family physician from Payson, Utah with some proficiency with the Cantonese language from his mission to Hong Kong, started teaching principles of neonatal resuscitation in China in the 1980s. He approached the Thrasher Research Fund for funding for his projects, and in 1990 he brought the AAP's complete NR to China. He was helped in his work by Isaac “Ike” Ferguson, who directed the Thrasher Research Fund and oversaw the LDS Church's Humanitarian Services. With the help of his colleague, Robert Briem, the initial arrangements for the Church's involvement in NR took hold. In 1995, Dr. Lorimer “Chris” Christensen retired early from his



Attentive learners and future trainers frequently bless NRP efforts.

medical practice and became the volunteer director of the Neonatal Resuscitation Initiative within the Humanitarian Services Division of LDS Welfare Services.

In 2002, Harold Brown, managing director of the Church's Welfare Services Department, relayed to Dr. Christensen that the scope of NR was to be magnified several fold from a few trips a year to at least 2 per month. Help came for this increased workload when Dr. Puls, a retired orthopedist from Florida came to Utah and helped oversee the database, recruitment and organization of the efforts along with travel and teaching courses. Using this train-the-trainer concept, she often told the somewhat affronted neonatologist participants, "If you can teach NR to an orthopedic surgeon, you can teach it to anyone!"

During the 2002 call to expand the scope of NRT and at the same time that Dr. Puls miraculously showed up, Dr. Christensen was prompted to invite an NICU nurse from his ward to join the NRP team. Since that time, Deb Whipple and her husband Stephen have ceaselessly sacrificed their time and energy to champion the blessings of NRP in countless countries around the world. Dr. Christensen describes with gratitude their amazing decade-plus of selfless service and devotion to this program, along with Dr. Puls and many others have blessed and strengthened the NR program.

Genesis of the simplified NRP

In 2003, Brother Ferguson was assigned to serve as a Welfare Services Area Manager in the Africa West

Area. His first NRP training in Accra that year was eye-opening — he realized that in Africa (and much of the developing world) midwives and nurses deliver a vast majority of babies, while physicians, who are in enormously short supply, are reserved for complicated deliveries and C-sections. The training itself was too long and too advanced for most of the on-the-ground professionals delivering babies, and interventions such as intubation and medications were difficult in many delivery settings where midwives deliver babies in the mother's home. Seeing the outcome of that first Ghana training, JoAnn Abegglen, a BYU School of Nursing professor, and Brother Ferguson began brainstorming ways to make the AAP physician course more practical and understandable to typically two- and three-year trained nurses. Mary Jane (MJ) McGregor, another outstanding nurse and NICU trainer, also got involved in helping develop the simplified course. A greatly shortened version of the first three AAP lessons was

created, with simplified language and emphasis on "doing" rather than theory. A rudimentary lesson on how to teach, since most nurse/midwives have not typically done training, was also developed and presented during the simplified course.

This simplified version was tested a couple of times at midwifery schools in Ghana. The suggestion was then made to Church headquarters that they allow the team to do the simplified version, and focus efforts on nurses and midwives. Interestingly, most doctors working in rural settings benefitted greatly from this training as well, since they typically don't have the facilities or resources to handle intubation, medication and other more technical aspects of newborn resuscitation. Once begun, the simplified "Skilled Birth Attendant" course became popular in most developing countries; within a couple of years, 75% of the NRT courses were of the simplified variety. Dr. Clark, who sat on the AAP committee regarding neonatal resuscitation, suggested to them that a limited version of NRP would work better in resource-limited areas. This became the AAP's Helping Babies Breathe simplified course, which began in 2010. When this became available, the Church began using the AAP's official course along with the advanced course of NRP, depending on the needs and skills of the healthcare workers involved. Helping Babies Breathe emphasizes skilled attendants at birth, assessment of every baby, temperature support, stimulation to breathe, and assisted ventilation as needed, all within "The Golden Minute" after birth.

Impact of NR

The benefits realized by NR in the world have been immense. Because roughly 1 million children die of asphyxia each year, great benefit can be achieved. It is very difficult to measure lowered infant mortality rates in these developing countries, but anecdotal reports are encouraging.

- In 2013 LDS Charities assisted with the training of 28,000 birth attendants, and since 2002, over 193,000 health care workers have been trained in these life-saving techniques
- In 2013 there were over 40 projects in 36 countries worldwide
- Equipment for both training and clinic use were given as part of each project
- All trainers are volunteers willing to assist with this effort
- LDS Charities belongs to a Global Development Alliance that includes USAID, Save the Children, The American Academy of Pediatrics, Johnson & Johnson, NICHD, and Laerdal

Although it is expressly forbidden now to proselyte during NRT courses (because there are antagonists that felt the Church was just supporting NR as a backdoor to missionary work), the students and countries we serve feel of our spirit and love, often meet local members, and for those with ears to hear, eyes to see, and hearts to feel, can sense this fruit as being good. The courses can be taught in hospitals, conference centers, clinics or chapels. I've personally appreciated courses held in the LDS churches because the audiovisual equipment is usually more reliable and it allows these service-oriented professionals an opportunity to see what a dedicated chapel is like.

There have also been great benefits in my life. My testimony has been strengthened as I've come to see the universality of this restored gospel, to meet members around the world and bask in the glow of their testimonies, and to serve our Father in Heaven's children. Attending church in many wards and branches and circumstances has been priceless. Having my three older children attend trips (before the decision to restrict family members from attending NRP courses) was so helpful in bolstering their testimonies and desires to serve; Justin at the age of 13 was waffling on whether a mission was right. He spent time with the missionaries who were at the courses in Honduras, felt of their spirit, and gained great strength from the experience. He's been home from his mission to Washington for 4 years. Madeline, who loved her experience in the Philippines, had a wonderful experience in Uganda with Help International. And Landon, who returns this month from his mission to the Micronesia



Practicing bag and mask ventilation in Botswana.

Guam mission (island of Pohnpei) had a great growth experience on the trip to Panama.

It is common for those who serve to gain the most from it. I have grown in charity and respect for all our Father's children. I have been touched by a quote by the Prophet Joseph, "Love is one of the chief characteristics of Deity, and ought to be manifested by those who aspire to be the sons of God. A man filled with the love of God is not content with blessing his family alone, but ranges through the whole world, anxious to bless the whole human race." In some small way, I feel this experience with teaching neonatal resuscitation has been my way of ranging through the world trying to bless mankind.

In summary, the neonatal resuscitation initiative joins vision, clean water, wheelchairs, and emergency response as one of the Church's major humanitarian emphases. It has the potential to save many lives and much heartache for parents. As a parent who has had a newborn child die, I know personally what a heart-wrenching, anguish-producing event it is. Our Heavenly Father loves all babies, whether born in Botswana, Bogota, or Bountiful. The NRP program is design and approved by Him to allow more of His children to enjoy the growth and joy of mortality. My plea is that we may all help it roll forth.

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Area Medical
Advisors
in
Europe

Swen Swensen, M.D.

Our involvement with missionaries began during the period of 1993 to 1996 when we were called to preside over the Austria Vienna Mission. Our responsibilities included most of Austria, Slovenia, Croatia, Serbia and for the first 6 months Albania. Our assignment was complicated because of the Balkans War, which started in 1991 and lasted until 1995. Active fighting was present in Croatia, in several areas where missionaries and senior couples were serving. The entire region was in turmoil including Bosnia mostly because of the massive number of displaced refugees and the ethnic cleansing.

The senior couples in these countries were a blessing for us because of the stability and leadership they gave the missionaries and members. Some were present in several cities in Croatia where bombing attacks occurred with civilian casualties. We could not have done our work in these countries without their presence, courage and leadership. Their example caused us to decide that we would plan to serve a couples mission sometime, somewhere in the world. We wanted to give the same valuable service that our senior couples had given. We had considered returning to one of the former Yugoslavian countries, if possible.

Retiring in 2008, I had served as a Medical Screener in the Missionary Department and as a member of the Early Release Committee. Working in these assignments I was in close contact with Dr. Donald Doty.

In the fall of 2011, we were able to accept a call with Dr. Doty's help, for the following year, to serve in the Europe Area. We would be living in Frankfurt, Germany. This was exciting because we loved living and serving with missionaries in Europe. It was especially exciting for me as I would be taking care of missionaries, speaking German and still able to be a doctor.

On April 2, 2012, we began our area medical advisor (AMA) training at the Missionary Department in Salt Lake City. Dr. Doty and his department instructed us well. He stressed keeping close with the mission presidents and their wives about medical issues. We were to travel to each of the missions we would be responsible for at least once during our 18-month mission to assess the medical personnel and facilities that served the missionaries. Most important was to locate and identify additional needed doctors and hospitals.

He stressed that the main responsibility was to advise and consult with the elders, sisters, and senior couples about the health concerns. I was not to write prescriptions, but to obtain a history of the concern and make recommendations for treatment.

He showed us evidence that keeping close to missionaries, who were ill, and doing medical visits in each mission resulted in improved missionary health and lower medical cost. Additional instruction from Marsden Blanche, Dennis Perkins, Laurence Gee and Bruce Woolley was excellent and very helpful.



Prior to missionaries being assigned to Tuzla, Bosnia, we were asked to visit the city to find doctors and hospitals. As there were no members or missionaries in this city, we had no contacts and did not speak the language. By a miraculous turn of events, we found this 15-year-old boy. He could tell that we were not native to Bosnia and began to speak to us in English. We found out that he was a Mormon, and he had lived in Salt Lake as a small child and had learned English. His family had come to America as refugees from the Balkan's War. They had joined the church while in Salt Lake. Shortly after joining the church, his father, mother and little sister were killed in a car accident. At the age of 7, he returned to Tuzla with his grandparents and older brothers. He was working as a car window washer on the main street of Tuzla. He helped us find the local hospital. Later when the missionaries came to Tuzla, he was baptized and is helping form the branch in Tuzla.

We were set apart by our stake president on April 29, 2012, and entered the Missionary Training Center the next day. It had been 19 years since we had our first MTC experience and we were impressed with our increased focus on our spiritual preparation, especially with *Preach My Gospel* and teaching with the spirit.

We left for Frankfurt nine days later. Upon arrival we spent a day working with Dr. Laird Swensen, my brother, whom we were replacing. We then settled into our assignment.

I was on call 24 hours a day for the entire 18 months advising missionaries on their health issues. Missionaries were instructed to call the mission president's wife when they were ill. They were not to go to any physician, hospital center, or member without first talking to the mission president's wife or myself. The exception was if there was a medical emergency or serious injury, they were to go or be taken to the nearest appropriate facility. All medical interaction, results, and follow-up with the missionaries was placed in eMed, which is the missionary medical recording system each mission has in place for every missionary.

In our assigned missions there were some 3,000 missionaries serving in the Germany Frankfurt, Alpine

German Speaking, Cape Verde, Portugal Lisbon, Spain Madrid, Spain Barcelona, Belgium Netherlands, Italy Milan, Czech/Slovak, Denmark Copenhagen, Adriatic North and Adriatic South Missions. From May to October, during the last six months, we assumed responsibility for the Romania Bucharest and Greece Athens Missions. There were 24 countries in these 13 missions.

The second responsibility was to visit each mission, at least once, during our 18-month assignment. This was done under the direction of the mission president. He would identify cities or areas in his mission where more information regarding available physicians and medical facilities was needed. He would also identify missionaries or senior couples whom we could train to make appointments for our visits.

We would arrive at each respective mission on Sunday. Starting early Monday morning, with the missionaries that had made the appointments and spoke the language, we would start our visits. We would visit doctors and hospitals most of the day. Later in the afternoon we would travel to the next city to be ready for the next day. On occasion, we would visit two cities in a day. We would continue this process for the week. It was not possible to



Medpark Hospital in Chisinau, Moldova, one of the facilities used by missionaries.



Travel included places like the Gosau Valley in the Salzkammergut, a scenic area east of Salzburg, Austria.

do any visits on the weekend, as the physicians, hospital administrators and other medical personnel were not available, so on the weekend we would return to Frankfurt.

Using this approach, we were able to visit all thirteen missions and each of the 24 countries. The Alpine German Mission required three visits and the Spain Barcelona and Adriatic North Mission each required two visits.

Our success in having contacts was good. Where appointments could not be made in advance, I would use the business card I had made. This identified me as a medical physician and surgeon, with specialties in general and trauma surgery. With this card I would proceed to the information desk, identify myself as a physician, show the receptionist the business card and ask to speak with the chief of staff, administrator or anyone who could give us information about the hospital. The person at the desk would not know what to do with us. Here stood a man in a dark suit, looking very professional. I would have at least one other missionary standing with me, usually doing the translating, and they also looked very appropriate. The receptionist would eventually make a call to find someone to speak to us, and within minutes there would be someone from the chief of staff, hospital administration, or other staff people who would come down and take care of us.

We were then able to introduce ourselves and say that we were missionaries from the Church of Jesus Christ of

Latter-day Saints. I would then say that I had the responsibility for the young men and women of our church living in their country. I would explain that they were here for 1 ½ to two years, in good health and spoke the language of the country. We would ask that if the missionaries became ill could they be treated at their facility. We always needed to explain how any treatment performed would be compensated for. Most of these encounters were very positive, with an agreement to provide services to the missionaries. Many times we were asked if we would like to see the facility and we were given a tour of the hospital or clinic. Some excellent contacts were made who would later be in touch with us.

All of the information of these visits was compiled into a report at the end of the visit. This included the name of the physician, the clinic or the hospital, as well as their address, phone number and a picture. We would then add a comment about the facility and their ability to serve and treat the missionaries. This report was then sent to the mission president, the area presidency and to Dr. Doty.

The information from these visits was then recorded in eMed for future reference. With all visits to physicians, clinics and hospital recorded electronically the information gathered would be permanent. This is a valuable resource for the mission presidents and their wives, but mostly for the area medical advisors coming in the future.

There were three AMAs in the Europe Area. One was

in England and covered the British Isles, Scotland and Ireland. There were two AMAs, myself and one other doctor, both living in Frankfurt near the area office. We covered the European mainland.

We enjoyed the interaction with the mission presidents' wives as they cared for the health of their missionaries. These are wonderful, caring women. We also enjoyed the calls to the young elders and senior couples. It was nice to be involved in the welfare of the missionary force in the Europe Area.

The most common calls were upper respiratory tract, symptoms of sore throat, cough and an occasional fever. One of the most common problems with elders was ingrown toenails. Prior to serving missions these elders would be in flip-flops or tennis shoes. As missionaries they were now in leather shoes, some with narrow toes, and doing a lot of walking. These elders were also not cutting their toenails properly. Often their condition was so advanced that surgery was required.

We experienced several conditions where a moderate number of orthopedic knee and back symptoms were addressed. Many of which were caused by pre-mission athletic injuries, mainly football.

The other frequent complaint was dermatological problems. We were called about acne, unknown skin rashes, insect bites, wood ticks, warts, fungal infections, eczema, psoriasis and even a basal cell carcinoma in the scalp of a senior missionary.

For the many different skin lesions, I was grateful for two Salt Lake dermatologists to whom I would send the history and email the pictures sent to me by missionaries using their phones. Within 24 hours I would receive emails from them with suggested treatment plans.

Many calls came about frequent diarrhea, sometimes with pain and occurring as much as ten times a day. Generally we would not worry if the frequency were three or less per day. Local physicians almost never would order a stool exam or culture as part of their work-up. Some elders and sisters in Romania and Albania required hospitalization with IVs and broad-spectrum antibiotics. One elder, in Slovakia, with severe diarrhea, needed to return home after months of studies, including endoscopy; biopsies and cultures were not diagnostic. One elder in Portugal was diagnosed with Crohn's Disease and was successfully managed with appropriate care recommended by a Salt Lake gastroenterologist. He is continuing his mission with significant improvement.

Several senior missionaries had serious medical illnesses. I was asked to talk to a 63-year-old sister six weeks after she noticed progressive abdominal swelling. She was evaluated and found to have massive ascites. After some routine tests, she returned home and saw a trusted gynecological oncologist. She was diagnosed with

ovarian carcinoma. She received chemotherapy prior to her major surgery and at the last report, was doing well.

Three senior elders developed recurrent angina with excursion. Angiograms were recommended but each returned to their homes and received successful coronary stenting at Intermountain Medical Center. A senior sister returned to SLC after worrisome breast mammography and biopsy revealed breast cancer. Surgery was performed at the LDS Hospital, which was followed with radiation and chemotherapy. A senior elder returned home for treatment after a biopsy on his tongue lesion was found to be malignant.

It was our policy that almost any missionary who required significant elective surgery should return to their home. Once there, their local surgeon could evaluate the condition and perform the operation if indicated. If a complication occurred or the operation was unsuccessful, it was better to be at home with a physician who knows the condition and would always be available in the future.

Of great importance is the assistance given to AMAs by the local Salt Lake area specialists who are on call for their specialty. Having practiced in Salt Lake City, I knew most of them personally. These wonderful physicians along with others physicians I knew were of immeasurable support to me. I was especially helped with consultation in GI, infectious disease, neurosurgery, cardiology, ENT, podiatry and as mentioned, dermatology. They all made me look good in my assignment and recommendations, and more importantly helped arrange for the right care to our missionaries.

INTERESTING CASES

1. Some of the most challenging calls were ones with lower abdominal pain. Appendicitis is common and can affect people of any age especially teenagers and young adults. In my practice the most effective means of diagnosis was to see the patient and obtain a history of developing symptoms. With a history of possible appendicitis, palpation of the lower abdomen was the most accurate maneuver to identify peritoneal inflammation of the appendix. I found a way that I was able to obtain some helpful information even though I was not present. I would explain to the sick missionary and his companion a procedure that I would have them do and they were to report to me what was experienced. The ill missionary would lie on his or her back and I would instruct the companion to apply gentle and then increasing pressure on the abdomen. First starting in the upper abdomen where there was usually no discomfort. Then I would have them slowly apply moderate pressure in the lower abdomen, first on the left lower quadrant and then to the right lower abdomen, where the appendix is located. If with this maneuver, there was significant right lower

quadrant pain, this suggested that focal peritonitis was present and appendicitis was a possibility. Rebound tenderness was also helpful where pressure was applied and with sudden release, RLQ pain is increased. With a worrisome history and significant abdominal pain, I would direct the sick missionary and the companion to go to an approved hospital. As the sick missionary was evaluated in the emergency area, I would ask them to have the doctor talk to me with their cell phone about their impression and what treatment was recommended. Unfortunately this seldom happened. During our mission seven missionaries, both elders and sisters had emergency appendectomies with good results and no complications. I never received the pathology report, even though I always requested it.

2. One evening at 10:00 p.m., an elder called with sudden and severe right chest pain and marked dyspnea (shortness of breath). This had never happened to him before. I was immediately impressed that he had symptoms of a spontaneous pneumo thorax (collapsed lung) which could proceed to a tension pneumo thorax and death. I instructed him and his companion to go immediately to the nearest hospital by taxi and be evaluated. They were to call me as soon as he was seen. I became nervous because it seemed that I did not have any news for a long period. Finally I received a call that he had been seen. A chest x-ray revealed he did have a collapsed lung and a chest tube was placed under local anesthetic, with good therapeutic results.

We informed his mission president and parents of the event and he was released some four days later after the lung was stable and the chest tube removed. It was later that I learned why it took so long for me to hear what had transpired. He had not taken a taxi! He and his companion walked to the hospital to save their missionary support money.



Contact with Giant Hogweed caused these painful blisters almost immediately.

3. Our elders and sisters are young adults and sometimes do not use good judgement. One afternoon we received a phone call from the wife of a mission president. She and her husband were driving to a city in southern Portugal, where one of their missionaries was in emergency surgery. A bull had gored him during a local festival. We later learned that four elders participated in "the running of the bulls" in this city, much like the famous festival which takes place each year in Pamplona, Spain. His injury was in the perianal area and could have had serious consequences with additional extensive surgery. He was in surgery for 1½ hours and slowly recovered over the next several weeks, with no major consequences and did not have to return home.

4. Another elder almost had the tip of his index finger bitten off when he was playing with a monkey through the bars of the cage in a zoo in Albania.

5. In the another country, two elders became very ill after exposure to a plant called "giant hogweed". *Heracleum mantegazzlanum* is commonly known as hogweed and is found in several areas in central Europe. In humans its sap causes a phytophotodermatitis, resulting in large painful blisters with systemic consequences. In frequent cases, scarring and pigmentation can occur. It can cause blindness if it comes in contact with the eyes. The elders were assisting a member (and investigator) clearing out weeds in their yard. They were wearing shorts and suddenly noticed severe burning around their knees and lower legs. The pain was intense and they went to the local hospital, where they were admitted, treated with intravenous hydration and steroids.

The legs were involved with giant blisters and edema. The condition is phototoxic and so they needed to avoid sunlight. The inflammatory response lasted for several weeks before they were able to return to work. After several months the

hyper pigmentation was no longer evident and there was only minimal scarring.

6. In the countries of Czech Republic, Slovakia, Cape Verde and Germany seven elders were bitten by dogs. In three cases, despite all efforts, the animals and their owners were not found. Therefore, no information could be obtained about the dog's rabies' immunization. It was interesting that the health care providers in the Czech Republic and Slovenia felt that giving Human Rabies Immune Globulin in the injury site, followed by four rabies vaccine injections in the deltoid, was not necessary. They cited no evidence of rabies for the past 12 years in these countries and refused to give the required treatment, even though they had it available. We did not accept this direction and had the three elders treated appropriately. On one occasion we needed to obtain the vaccine in Frankfurt and drive it to Prague to initiate the treatment.

7. The mission president's wife in the Cape Verde mission received a call from an elder who had developed a nasty lesion on his forehead. As missionaries do with such a situation, he attempted to squeeze the infection out with pressure from his fingers. And as is often the case, he was unable to extract anything and the lesion became larger and more inflamed. There was marked edema of his eye and surrounding ecchymosis of his face. A surgeon, who has assisted missionaries in the past, was called and saw the elder. There was considerable concern that the infection could seed into the large facial veins and spread to the brain. He was treated with pre-operative antibiotics and taken to surgery, where the plan was to incise and drain the probable abscess. Under local anesthetic, an incision was made in the center of the inflammation. To the surgeon's surprise, a small live worm-like larva emerged from the incision site! With drainage and continued antibiotics the edema subsided and the infection spontaneously resolved. It was not known what the larva was. Perhaps something like a botfly introduced its egg. This pest is found mostly in Central America but some species have been reported all over the world.

As is plainly evident from these few examples, life is busy and interesting when you are in the field working with missionaries. There was never a dull moment.

In conclusion, there are so many other things that we could talk about concerning our experience. The medical visits to the missions were eye-opening and rewarding. We were able to find many facilities and physicians to help in the treating of sick missionaries. We loved our involvement with the mission presidents and especially their wives. These are remarkable men and women. They love the Lord and are doing a great work in the countries they are called to serve.

Once again working with young elders, sisters and senior couples was a fulfillment of our desire to serve



Young elder with swelling and ecchymosis due to an unidentified larva being implanted in his forehead.

again. We once more experienced firsthand what a difference senior couples make, and want to continue to be part of that great influence.

Living in Frankfurt near the area office and the other 17 senior couples serving in the area offices provided an incredible experience for us. They were our family when we were so far from home. We loved living in Europe again. We were able to see so many of our friends from Austria, Croatia, Serbia and Slovenia as they came to serve in the Frankfurt Temple. Renewing these friendships was precious to us. We also loved returning to these countries to help find good medical care for the missionaries.

The Frankfurt 2nd Ward in which we lived was a wonderful experience. There were members from 42 different countries attending the ward. Prayers were given sometimes in their native language, and it was a joy. We were able to serve in the Frankfurt Temple when we were in town. The experiences in these two settings provided us with many spiritual moments.

Perhaps one highlight for me sums up our experience. I was working with a sister in Portugal who was quite ill. After her difficult problem was felt to be resolved, she thanked me for my help and said, "Doctor Swensen, I love you!" Suddenly every challenge and concern of the mission was worth it.

Swen Swensen, M.D., is a retired general surgeon from LDS Hospital in Salt Lake City, Utah and a past president of Collegium. He and his wife Gretel served an Area Medical Advisor mission to the Europe Area from 2012-2013.



FORMATIVE COUNSEL AT MED SCHOOL GRADUATION

IT HAS NOW BEEN 44 YEARS SINCE I was in the position of you very happy and quite anxious young people who tomorrow will join the honored ranks of those privileged to add the coveted “M.D.” to their names. I offer both my congratulations and commendations. This is indeed a day you will never forget and you, together with your families, loved ones, teachers and friends have great cause for a joyous celebration.

I am very glad that we have met in the context of a devotional in a dedicated building of The Church of Jesus Christ of Latter-day Saints. This will allow me to say some things in a way that would not be possible or appropriate in a more secular setting.



I have spoken to previous graduating classes of this medical school in traditional commencements and have been touched by the ceremony and the recognition of well- and hard-earned accomplishments. I do not demean in any way the special events of tomorrow. In fact, I encourage you to soak in the excitement and the pageantry to recall later when the immediate days ahead of your housestaff training seem rather dark and dreary. It is all very wonderful and you are most fortunate to be part of it.

After receiving the invitation to be with you by the Collegium leadership, I frankly wondered what I might say to you that would be helpful. Candidly, I don't remember very much about any of the speeches I heard at my own graduation exercises and am quite sure that those addresses I have given myself on such occasions are also largely forgettable. Tonight, I have decided to focus on three personal experiences that have been formative in my life and for which I am most grateful. You might have mastered already the lessons I learned from them. With the chance that at least some personal reflection on these points at this time in your career might be useful, I will march ahead with no rancor on my part should you consider them to be too folksy or autobiographical for a special occasion such as this.

I have been blessed to come from a wonderful, supportive and nurturing family with capable, loving and faithful parents. When I was considering various career options as I passed through my high school, army, mission and undergraduate university days, I have not memory that my mother and father tried to influence me in any particular direction with respect to a profession or occupation. There was consistent encouragement to take my studies seriously and do the very best I could, but in reflection, they were largely neutral on the specifics.

Initially on graduating from high school, I thought I would have a career in one of the sciences or engineering. If there was any reservation about this on the part of my parents, I did not perceive it. While on my mission, I became increasingly intrigued with the thoughts of medicine. Although not a physician himself, my father had physician friends whom he greatly admired. Because he began his higher education later in life, I don't think medicine was an option he considered for himself, but he did nothing to discourage my emerging interests as a recently returned missionary. He did regularly and strenuously encourage me to do my best in whatever I chose to study.

My mother, on the other hand, was not particularly enamored with the thought of having a physician son. She was not opposed to doctors or medicine, and as one suffering with heart disease, she was close to being a model patient. She listened carefully to her doctors and tries her best to follow their counsel. No, her issue was something

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else. I don't think she knew many physicians, but most of those she did know well seemed to be such good doctors that they were not particularly impressive at other things. While there were many exceptions, she knew examples of good doctors who were largely absentee parents and less than faithful Church members. In brief, I think she honored and admired doctors; she just didn't want her son to be one.

When I decided this was what I wanted to do with my life, there was no drama or recrimination, and gradually she was able to accept my decision gracefully and without further negative commentary. This took great restraint on her part because not only did I follow this path, but my two younger brothers did as well. To make it even worse, one of my sisters married a doctor so we quickly became a medical family and thus our family dinner conversations deteriorated significantly. Happily, my other sister and her husband are Ph.D. psychologists so all was not lost in the eyes of Mother.

I share this background because one of the experiences that has been most helpful to me and for which I have been most grateful was this. Just about the time in my career where you find yourselves now, my mother—knowing that we would be leaving Utah and moving to Duke for my next phase of training—said she hoped that I would always go to Church whenever I could. She had no illusions that I would have perfect attendance. She knew, however, that I was, like you will be tomorrow, entering a new phase of life that could be completely consumed with medicine at the neglect of other very important things if I was not careful and committed not to let that happen.

I made her a promise that I would do my best and have tried to keep that commitment. I went to Church,

if I wasn't required to be in the hospital, even when I was bone tired after being up all night. I accepted callings when I didn't know how I would find the time or the energy, and I had the help of my wife Sharon who acted independently in fulfilling most of the routine family tasks and duties so that we could have time together in the rare moments when I was not at the hospital or on call. Because of that promise to my mother, I did not need to revisit the issue every time I felt too tired, too busy or too consumed with my work to keep this balance in my life.

As an aside, and without being too specific or detailed, I was well acquainted with classmates and others who shared my basic background and value system but who decided that they would give everything to medicine and then return to other important activities and responsibilities in their families and church when their lives were less complicated. Guess what? We, my classmates and I, have now all reached the age where many are retired and life is still not less complicated. Don't be like a longtime friend I see from time to time who now realizes that he made some choices that he regrets but feels it is too late to change his living pattern.

The second experience I have chosen to share occurred shortly after my classmates and I received the results of the residency match. For a number of reasons not necessary to detail tonight, I picked as my first choice the Duke University Internal Medicine Residency. I also listed several other solid programs as most of you did but after my interview visit at Duke, I really wanted to go there. Until my visit, I thought they demanded too much of the trainees there but after my interview experience, I was smitten. Thus, when I opened my match letter, I was almost euphoric with joy. Several days later, I received a rather thick packet of information that included a welcome letter from Dr. Wyngaarden, the department chairman, and other details about the program. On one sheet they listed the names of about 30 members of the new housestaff class in internal medicine. With each new member of the residency class was also attached the name of the medical school from which the newly minted doctors would graduate, some of the honors they had received and other brief biographical information.

Initially, I felt honored to be included in such impressive company. Shortly, however, I began to feel very anxious about my ability to compete and keep up with this group of talented people who were members of AOA (Alpha Omega Alpha) from top medical schools. Seeking some comfort, I went to my father, as I often did, and explained my dilemma. I thought he might try to build me up by saying something like, "you are as smart as these guys" or "your medical school is also very highly regarded." To my great disappointment, he did not say any of that.

What he did say went something like this. "You are

right. These are very impressive people, and most of them might be smarter than you are and know more than you do." While I appreciated his agreement with me, I didn't find it very reassuring. It was what he then said that helped me a great deal in the weeks ahead and still gives me great comfort and some confidence.

Said he, "I would be very surprised if any of these people know how to work harder than you do." He knew that he had taught me to work hard and find satisfaction in doing my best whether it was in school work or digging a long, deep sewer trench, which I did while in junior high school.

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The third experience that I would like to share occurred while I was in the first year of my postdoctoral fellowship in rheumatic and genetic diseases. I was enjoying my first-time foray into full-time basic research. I felt that I had done well in my residency training and had, in fact, had preliminary discussions with my chairman about receiving a faculty appointment at the conclusion of my fellowship. Sharon and I loved living in Durham, enjoyed serving in our ward and had developed many special friends who almost became like family since we lived far away from blood relatives. We never lost our love for family or for our Utah roots and planned eventually to return if the opportunity occurred. I had maintained contact with a few of my mentors and senior medical school colleagues at the University of Utah and they were quite encouraging about my career progress and eventual return to the University of Utah medical school. For us, however, such a return seemed at best years away.

Then, in the fall of 1972, I received an unexpected phone call from Dr. John A. Dixon who had recently been appointed dean of the medical school at Utah. He'd had a distinguished career as a general surgeon in Odgen and then served as executive vice president of the University of Utah, succeeding Neal A. Maxwell (after Elder Maxwell became commissioner of the Church Educational System). At that time, I knew about Dr. Dixon but was not personally acquainted with him.

His initial call was warm and courteous and mentioned only that as a new dean he was reaching out to several people who might be interested in returning to the medical school sometime in the future. I responded that I had great affection for the school and would be delighted to consider the opportunity at some future time that was right for my career and for the university. No offers were made and our conversation ended cordially. I was pleased that he had called but thought little of it at the time.

A few weeks later, Dr. Dixon called again and this time was very direct. He told me that he had a specific need and, in consultation with others, wanted to make a proposal that he thought I would find attractive. He said he needed to make a change in the admissions office and wanted me to come as assistant dean for admissions and also as an assistant professor of medicine in the Division of Rheumatology, which was my sub-specialty interest. He said he had cleared this with the appropriate leadership of the medical school.

I was very surprised and I think I told him I was honored and would consider the offer very seriously when I finished my fellowship in another year or two. He then said that he needed me no later than the next July and understood this would be a major alteration in my career plans and trajectory but hoped that I would carefully think about this and get back to him within a few days so that I could come out to Salt Lake City for the necessary interviews and negotiations.

When I discussed this with Sharon, she was also surprised and we thought and prayed about the situation. In a day or two, we concluded that while the offer was very attractive both personally and professionally, we felt we should finish our training at Duke and think seriously about the faculty opportunity there if it still happened to be available.

Not wanting to hold Dr. Dixon up or burn any bridges for the future, I then called him back and tried to graciously decline. He listened kindly but suggested before I make an absolutely final decision that I fly out to Utah for a couple of days and go through the interview process where I could discuss the matter in detail with all concerned. With some misgiving, I agreed. I felt a little guilty because I looked forward to seeing family and friends in Salt Lake City as well as medical school

associates but didn't think the timing was anywhere near right for us to move back.

I made the trip, had a great time and felt genuinely wanted but also felt that Dr. Dixon, Dr. John R. Ward, the rheumatology division chief, and others were sincere in their statements of understanding and support should I choose not to come to Utah at this juncture.

I went home, Sharon and I discussed the options and I felt uneasy about the entire situation. I know that sounds funny with two attractive and viable career options, but that was the case. Finally, without coming to a dramatic closure in the deliberative process, I concluded that the only fair thing to do was to call Dean Dixon, thank him for his efforts and interest and formally decline the offer made to me. I got up my courage, made the call and gave him the speech that I had rehearsed most of the sleepless night before.

He was typically gracious and then said something that I had not expected. Dr. Dixon, who had served as a bishop in Ogden and was a man of great faith—although he did not wear it on his sleeve—said this: “Thank you for considering this position. If you have made this decision in exactly the right way, please tell me and I'll not bother you again.” I was almost speechless because of what he said. My mind raced but I told him I would make sure that I had done so and would call him back as soon as possible.

Now think with me for a moment about this dilemma. It was not that we had not been thoughtful, even analytical, in our thinking about this opportunity. It was not that we had not prayed, because we had. It was the shock that in spite of following the decision-making process we had been taught most of our lives, perhaps there was a chance that we had prayed without faith or offered the kind of prayers we sometimes do when we think we already know the answer. I will be forever grateful to John Dixon, whose inspired question about asking “in exactly the right way” when making a decision has had, in retrospect, profound and lasting consequences not only for Sharon and me, but for our entire family.

We had no idea at that time what other possibilities were before us. Candidly, I felt throughout most of this process that great opportunities would lie before us if we stayed at Duke. Even when we went through the decision-making motions more carefully, more exactly, and got an answer that we had not expected, I still could not envision the multiple and great blessings that we have since received. I wondered if this development of a choice we had not anticipated making was not just a sacrifice that we were expected to make as a component of keeping our covenants. Now more than 40 years later, I am almost embarrassed to admit how shallow my thinking was.

I do not feel that my career has suffered, although it is much different than what I had thought about as a

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medical student, resident, postdoctoral fellow or young faculty member. While I felt we were needed more in our ward in Durham, North Carolina than we would be in a Salt Lake City ward, it is hard to make the case that I have not had good opportunities for Church service. My experiences at the University of Utah School of Medicine as a member of the faculty and administration for more than 20 years far exceeded any rational expectations. I think at no other place could I have had the wonderful combination of teaching, patient care, research and even administrative responsibilities that I enjoyed and benefitted from at your medical school.

I could spend much more of your time with other examples for which I am grateful, but one last example especially stands out. It was not quite four years after our return to the U and to Salt Lake City that some special circumstances occurred — I think orchestrated from Heaven — for us to adopt infant twins, a girl and a boy. I have spoken some about this on other occasions but it is sufficient for tonight's purposes to share my belief that had we not been where we were, doing what we were doing, we would not have this significant part of our family which now also includes the spouses of our twins and seven of our grandchildren.

Again, I apologize for being so autobiographical even when knowing that each of you will have life experiences very different from my own. I have shared these three formative encounters because of the valuable lessons I learned. As I conclude, let me summarize what I think I understand better and gained from these three accounts. Let me suggest that the principles, if not the specifics, can also be useful to you.

First, from my mother came the courage and conviction to make, remember and keep promises about the most important things that contribute to a happy, productive and successful life.

Second, from my father came the gift of learning how to work hard and the determination to work harder than others in order to compensate for any personal deficiencies not as easily controlled or managed. I am convinced that much of the success in a career in medicine can be traced to the ability to consistently work hard, work well with all people and be fully honest with yourself as well as with others. Over the years, I have resonated with this stanza from a much longer poem by Henry Wadsworth Longfellow that certainly applies to accomplished physicians.

“The heights by great men reached and kept were not attained by sudden flight,

But they while their companions slept, were toiling upward in the night.”

From Dr. Dixon came the reminder that we should all make our important decisions in “exactly” the right way. When you do, things will work out as they should and often better than you could predict or even imagine. Over the years, I have often thought of what Nephi said when he followed the right pattern but wondered about the outcome. “And I was led by the spirit, not knowing beforehand the things which I should do.” (1 Nephi 4:6)

Likewise, I admit that I have on occasion been a little, or a lot, like Oliver Cowdery when I “took no thought save it was to ask...” (Doctrine and Covenants 9:7), or the similar fault of praying for an answer which I already thought I knew. Study, think, ponder, analyze, discuss and then pray with an open mind and a willing heart to follow the direction of the Spirit that will surely come when you have sought it in exactly the right way.

Congratulations again on your achievements and thank you for making the sacrifices, together with your loved ones, to enter this most noble and blessed profession. God is aware of you and your struggles, your potential to bless lives and to find great satisfaction in your service of others. May this be your happy lot I pray in the name of Jesus Christ, amen.

Elder Cecil O. Samuelson, M.D. is an emeritus general authority of the Church and president of the Salt Lake Temple, and is a former president of Brigham Young University. Prior to church service, he was senior vice president of Intermountain Healthcare, and dean of the School of Medicine and vice president of health sciences at the University of Utah. This address was given at a Collegium-sponsored fireside for graduating University of Utah medical students on May 23, 2014.

The Dead Sea Scrolls

Contradiction *or* Confirmation of Scriptural Teachings?

BY ANDREW C. SKINNER, PH.D.

Our opportunity is to talk about the Dead Sea Scrolls and the ancient Jewish sect who used them, even composed some of them. According to the late Yigael Yadin, one of the greatest of Israel's archaeologists, the Dead Sea Scrolls "are undoubtedly the most important discovery found in Israel in the field of the Bible and history of Judaism and Christianity."¹ We will discuss the location, discovery, and content of the scrolls in hopes of becoming acquainted with that ancient group of covenanters who:

- Claimed to be true Israel
- Left the civilized areas of their predecessors
- Went off by themselves in desert country, believing to be led by God
- Established a religiously based community right next to a vast salt lake, fed by a freshwater stream named the Jordan River
- Upheld the ideal that all property should be held in common
- Believed there should be no poor among them
- Believed that the Temple should be the center of their society
- Believed that the wearing of all-white clothing was symbolic of their striving for purity
- Believed that they alone held all the truth
- Believed that they were living in the latter days
- Believed that Messiahs were coming soon to right all wrongs and to establish a kingdom on earth which they would rule over forever
- Believed in an open canon of scripture or an expansive body of sacred texts
- Believed in revelation (most readily manifested in the correct interpretation of scripture)
- Honored priestly authority
- Believed that ritual immersion did not remove sin or spiritual impurity unless it was preceded by repentance and reform
- Believed that they could heal the sick
- Believed in angels

Perhaps some of these ideas pique your interest relative to your own beliefs. There is little doubt that the people associated with the Dead Sea Scrolls formed one of the most fascinating groups of religious devotees in the ancient world.

What Is Not True

Inasmuch as there are conflicting accounts about the discovery of the Dead Sea Scrolls, I would like to begin with the one provided by that well-known "Hollywood archaeologist," Woody Allen. He wrote:

Scholars will recall that several years ago a shepherd wandering in the Gulf of Aqaba stumbled upon a cave containing several large clay jars and also two tickets to the ice show. Inside the jars were discovered six parchment scrolls with ancient, incomprehensible writing which the shepherd, in his ignorance, sold to the museum for \$750,000 apiece. Two years later the jars turned up in a pawnshop in Philadelphia. One year later the shepherd turned up in a pawnshop in Philadelphia and neither was claimed. . . .

The writing is a mixture of Sumerian, Aramaic, and Babylonian and seems to have been done by either one man over a long period of time, or several men who shared the same suit. The authenticity of the scrolls is currently in great doubt, particularly since the word "Oldsmobile" appears several times in the text... Still, excavationist A. H. Bauer has noted that even though the fragments seem totally fraudulent, this is probably the greatest archaeological find in history with the exception of the recovery of his cuff links from a tomb in Jerusalem.²

I have presented Woody Allen's spoof for two reasons. One is to symbolize the extraordinary interest in the Dead Sea Scrolls over the last 60 years from an amazing variety of sources (movie stars to captains of industry), an interest does not seem to be diminishing. Two is to prepare us for the real story of the discovery and interpretation of the scrolls which may, at first blush, seem only slightly more credible than Woody Allen's version.

The extraordinary interest in the Dead Sea Scrolls has elevated them to the status of a cultural icon. You can find mention of the scrolls almost everywhere. For example, one day I picked up one of those grocery store newspapers by the check-out stand and read the following headline: "Revealed: World's Most Amazing Predictions. Secrets of the Dead Sea Scrolls." The article purported that the scrolls covered such topics as proof of reincarnation and detailed accounts of previous lives, miracle cure for AIDS, cancer and arthritis, history of the end of the world, and Elvis' whereabouts.³

Another example comes from a British newspaper, *The Independent*, on 12 November 2004. The headline read: "Afghanistan wants its 'Dead Sea Scrolls of Buddhism' back from UK." It is important to understand that the request for the return of these ancient Buddhist texts has nothing to do with the Dead Sea Scrolls which are written in

Hebrew, Aramaic, and Greek on parchment and papyrus, and which illuminate the period in which Christianity and Rabbinic Judaism emerged. Rather, the Archaeological Museum in Kabul was asking the British Museum for the return of some sixty fragments of texts, written on birch bark in the ancient script of Kharosti used in N.W. India. These texts are important for the study of early Buddhism and the historical Buddha. These Buddhist texts had been looted during a war to oust the Taliban from the Afghan government, and they turned up in London. The point is that in our day even the very mention of the name "Dead Sea Scrolls" symbolically represents the discovery of any ancient, important manuscript.

A third example: in the last few years, it has become fashionable for novels to include mention of the Dead Sea Scrolls somewhere in their story line as a way of adding intrigue, mystery, and sometimes validation for the thesis behind the plot. A well-known example is the best-selling novel, *The DaVinci Code*. This book indicates that the Dead Sea Scrolls are the equivalent of "alternate gospels," which speak of Jesus in very human terms. According to the novel, the scrolls highlight glaring fabrications in the Christian Bible, which was compiled by men with a political agenda — perpetrators of a great conspiracy! This is very exciting. The only problem is that nothing that *The DaVinci Code* says about Jesus and the scrolls is true.

The Dead Sea Scrolls have nothing explicitly to do with Jesus. He is not mentioned in them, and there is no evidence that Jesus came into direct contact with the Dead Sea Scroll community. There is some evidence in the New Testament to show that Jesus knew of teachings held by the Dead Sea Scroll community, and that he responded with several correctives. For example, in one of a series of formulaic injunctions ("You have heard it said ... but, I say unto you..."), Jesus seems to be correcting the Qumran doctrine of love. "Ye have heard that it hath been said, Thou shalt love thy neighbour and hate thine enemy. But I say unto you, Love your enemies, bless them that curse you, do good to them that hate you, and pray for them which despitefully use you, and persecute you" (Matthew 5:43-44).

Here Jesus flatly contradicts the idea that people should love their neighbors and hate their enemies. However, hating one's enemies is precisely what the Community Rule advocates in two separate passages: "Love all that He [God] has chosen and hate all that he has rejected."⁴ And "These are the rules of conduct for the Master in those times with respect to His loving and hating. Everlasting hatred is a spirit of secrecy for the men of perdition."⁵ Of course, men of perdition included basically all who were not part of the Qumran community.

Books like *The DaVinci Code* are great fun to read, but they actually distort or even destroy the truth about the

Dead Sea Scrolls. There has even been a book published called *The Dead Sea Scrolls Deception*.⁶ Therein the authors claim that the reason it has taken so long to get all of the scrolls published was the existence of a huge conspiracy to suppress them, which conspiracy was the work of the Roman Catholic Church. Such is not true. There are actually more mundane reasons for the delay in publishing all of the scrolls and scroll fragments. These include academic jealousies, personal problems on the part of scholars and translators, perfectionism on the part of scholars, procrastination, and the fragmentary nature, hence sheer volume, of the texts that make up the category of documents known as the Dead Sea Scrolls. All of the foregoing will probably not stop novelists and conspiracy theorists from generating sensational claims about the Dead Sea Scrolls. But the truth is out there.

Discovery

Let us turn now to what we do know about the scrolls and the Qumran community. The region where the Dead Sea Scrolls were discovered is foreboding. As one leaves the city of Jerusalem, in the tops of the Judean hills, and travels south and east, one enters the desolate region known as the Judean Wilderness. Parts of this area receive less than one inch of rainfall per year. The further east one travels, one encounters the Rift Valley (a giant gouge in the Earth's crust) and the Dead Sea, the surface of which ranges between 800 and 1,300 feet below sea level. The Rift Valley is actually a location where two of the earth's geologic plates come together. The Dead Sea is many, many times saltier than the Atlantic Ocean, and filled with poisonous minerals in solution. It bears a striking resemblance to our own Great Salt Lake. In fact, the National Geographic magazine ran an article back in December, 1958 entitled "Geographical Twins a World Apart," which pointed out the parallels between the geography of the Rift Valley and the geography of Utah and Salt Lake Counties in the state of Utah. Both places have a fresh water lake about the same size (seven miles wide and twelve miles long) out of which flows a river called the Jordan into a great inland salt sea.⁷

On the northwest shore of the Dead Sea lie the ruins of the Dead Sea Scroll community, situated next to an intermittent stream bed called in Arabic a *wadi*. The Arab Bedouin call the site Khirbet Qumran, or the "ruin" of Qumran (*khirbeh* in Arabic means "ruin" and Qumran is the proper name of the wadi). It is likely that the Dead Sea Scroll community was built on an older biblical site, which several scholars equate with one of the Judean desert fortress towns called *'ir ha-melach*, "City of the Salt [Sea]" listed in Joshua 15:61-62.

In the spring of 1947, according to one version of the story, three Bedouin shepherds from the Ta'amireh tribe

were tending their flocks at the wadi Qumran. One of them, Jum'a Muhammad Khalil, threw a rock into one of the numerous caves in the region, ostensibly to chase out a wondering goat, and shattered something in the darkness (later found to be a clay jar). The noise frightened the shepherds away, but a couple of days later one of the shepherds, Muhammad ed-Dhib ("Muhammad the Wolf"), returned to the cave and found ten clay jars, each about two feet in height. All but two of the jars were empty. But the jars that were *not* empty proved to be a treasure trove.

One jar yielded three parchment scrolls, two wrapped in linen and one unwrapped. These were later identified as a copy of:

1. the complete biblical book of Isaiah (the so-called Great Isaiah Scroll composed between 150 and 120 B.C.)
2. a copy of the Community Rule or Manual of Discipline (a text outlining the rules by which the Dead Sea community was to be governed)
3. a commentary or *peshet* on the biblical book of Habakkuk.

Four additional scrolls were later found in cave 1:

4. a collection of psalms or hymns known as the Thanksgiving Hymns or the Hymn Scroll (Hebrew, *Hodayot*)
5. a partially preserved copy of Isaiah
6. the War Scroll—a text describing a final war in the last days between the Sons of Light (the righteous) and the Sons of Darkness (the wicked)
7. a collection of Genesis narratives called the Genesis Apocryphon

The first seven scrolls were brought to Bethlehem and placed in the custody of an antiquities dealer named Kando who, in turn, sold four of them to Athanasius Yeshua Samuel—the Metropolitan or head of the Syrian Orthodox Church at St. Mark's Monastery in Jerusalem. For the equivalent of about \$100, Metropolitan Samuel received the more complete *Isaiah Scroll*, *Rule of the Community*, *Habakkuk Commentary*, and *Genesis Apocryphon*.

Since no one really understood much about the nature or origins of the scrolls, several scholars were consulted. One of them was Eleazar Sukenik of the Hebrew University in Jerusalem. After a secret visit to the antiquities dealer on November 29, 1947 (the very date on which the United Nations passed the resolution to establish the State of Israel), Sukenik purchased the remaining three scrolls from Kando. Unfortunately, detailed study of the

archeological and historical context of the scrolls, as well as any search for more caves and scrolls, were hampered by the Arab-Israeli conflict which was at its height.

By this time scholars connected with the American School of Oriental Research in Jerusalem also recognized the significance of the scrolls. On April 11, 1948, the American School issued a press release announcing the discovery of the St. Mark's collection. Two weeks later, Professor Sukenik announced the existence of the scrolls he had purchased. So secretive had been all the dealings surrounding both sets of scrolls from the same cave that the American School had no previous knowledge of the existence of Sukenik's scrolls. Looking back at the story of the scrolls up to that point (1948-49), one recognizes that the drama and intrigue were only just beginning!

Because of the War of Independence, in 1948 Metropolitan Samuel moved his scrolls to Lebanon for safety's sake. By 1954 he had brought them to the United States in order to find a buyer. It was there that his now-famous, comically understated advertisement appeared in the June 1 issue of *The Wall Street Journal* under the category "Miscellaneous for Sale":

THE FOUR DEAD SEA SCROLLS Biblical Manuscripts dating back to at least 200 B.C. are for sale. This would be an ideal gift to an educational or religious institution by an individual or group. Box F 206, The Wall Street Journal.

The newspaper ad came to the attention of Israeli archeologist Yigael Yadin, who, by coincidence, was in the United States on a speaking tour. He also happened to be the son of Professor E. L. Sukenik who had purchased the first three scrolls in 1947! (Given these "coincidences" some may wonder if divine providence was involved.)

Yadin clandestinely negotiated for the purchase of the four remaining scrolls on behalf of the State of Israel. The deal went through, and the agreed-upon purchase price of \$250,000 was met. The four scrolls from St. Mark's Monastery were put with Professor Sukenik's three. A special museum called the Shrine of the Book was constructed in West Jerusalem, part of the Israel Museum, to house the scrolls. Much to the credit of the early team of scholars assigned to study the scrolls, the contents of all seven manuscripts were translated and published by 1956. They continue to provide insights into the text of the Hebrew Bible, the nature and operation of Second Temple Judaism (Judaism of Herod's Temple) and the religious environment that gave rise to Christianity.

Cave 1 was the first of several caves to yield manuscripts. There are more than 200 caves in the Qumran region. All together eleven of them housed texts or documents written on parchment (leather) and papyrus, dating from about 250 B.C. to 68 A.D. They are written mostly in

Hebrew and Aramaic, with some in Greek. The Qumran texts may be divided into three genres or categories: biblical, apocryphal and pseudepigraphical, and indigenous texts which are usually called sectarian documents. Of the approximately 900 different documents found at Qumran a little over 200 are biblical, between one-fifth and one-fourth of the total. Every book of the Hebrew Bible has been found at Qumran, except for the book of Esther. Suppositions regarding its absence vary. Based on the number of copies of the same book found at Qumran, the most popular among the Qumran Covenanters were the books of Psalms (36 copies), Deuteronomy (32 copies), and Isaiah (21 copies). Interestingly enough these same three books are the ones from which Jesus most often quoted during his ministry as recorded in the New Testament. I am not sure what this means, but perhaps there was a didactic (teaching) principle operating in Judaism of the first centuries BC-AD which indicated that thorough knowledge of these three books brought one close to God.

The documents found in Caves 1, 2, 4, and 11 were found by the Bedouin people. The rest were found by professional archaeologists. The richest repository of Dead Sea manuscripts was found in Cave 4, which contained about 600 separate texts—some 40,000 separate scraps of material. Cave 4 was a manmade cave, carved out of the limestone cliff across the ravine from the actual Qumran settlement. Evidence seems to indicate that the scrolls found therein were deposited haphazardly, perhaps in haste, not wrapped in linen and not in jars, but simply lying on the floor of the cave, sometimes in wads of leather mixed in with dirt and bat dung.

Perhaps of interest to Latter-day Saints are the contents of Cave 3, found in 1953, which yielded the Copper Scroll. This scroll is unique and important. It consists of copper sheets bound together to make a scroll and verifies that metal was used in recording sacred or important texts, which were then hidden in the earth. The Hebrew etched on the Copper Scroll describes 64 hiding places of gold, silver, temple sacrifices, and another copy of the same scroll hidden in the Judean Desert. Many scholars and explorers have searched for this treasure to no avail. Today, scholars usually interpret the treasure, which amounts to about 65 tons of silver and 25 tons of gold, as symbolic.

Identity of the Qumran Covenanters

Given what has already been said, we are in a better position to talk about the identity of the Qumran inhabitants. Following the suggestion of Eleazar Sukenik years ago, and his son Yigael Yadin, Frank M. Cross of Harvard University, one of the original and great scholars of the scrolls, definitively and succinctly identified the inhabitants of the ancient Dead Sea Scroll community

of Qumran as Essenes. The Essenes were one of the four Jewish “philosophies” or sects described by the first-century historian Josephus as being the major competing ideologies contemporary in the Holy Land.

No single document found at Qumran constitutes anything like a purposeful history of the Qumran people. Nor does any document come right out and explicitly state, “We are the Essenes!” However, one of the more commonly accepted theories suggests that the Essenes originated in Palestine during the period of intense Hellenization (roughly 300 B.C. to 63 B.C.). In a text called the *Damascus Document* the birth of the community was said to have occurred in “the age of wrath,” some 390 years after the destruction of Jerusalem by the Babylonians. At that time God caused a “root” to spring “from Israel and Aaron.” In other words, a group of righteous priests encountered apostate conditions and formed a company of dissenters. They groped in darkness for twenty years until God sent them the famed Teacher of Righteousness (sometimes translated “the teacher who is right”), and he guided them “in the way of [God’s] heart.”⁸

Conflicts between the Teacher and others seem to have arisen, and understandably so when one considers claims that God specifically revealed to the Teacher all the mysteries of the prophets.⁹ Some are said to have turned against him and formed a breakaway group. They persecuted the Teacher and his disciples who withdrew to the “land of Damascus” (Qumran?) where they entered into a new covenant. The leader of the dissenters is branded as the “Scoffer” and the “Man of Lies” (one who led many astray through deceptive speech) in the words of the Damascus Document as well as some of the community’s scriptural commentaries.¹⁰ This certainly sounds familiar to readers of latter-day revelation—similar occurrences are described in Alma 30 and Moses 4. The Commentary on Psalm 37 found at Qumran states explicitly that the Teacher of Righteousness was a priest. His primary contemporary opponent is called “the Wicked Priest” (Hebrew, *ha-kohen ha-rasha’*) in several Qumran texts. Scholars believe that the epithet is a play on words alluding to the Jerusalem high priest, who was called in Hebrew *ha-kohen ha-ro’sh*¹¹ and was the man who was perceived by the Essenes as the enemy of all righteousness.

Both the historian Josephus and the classical writer Philo indicate that the total number of Essenes in the Holy Land was about 4,000. But archaeologists and historians estimate that the total number living at the site of Qumran by the Dead Sea could not have been more than 150. Thus the Essenes at Qumran were likely a very small portion of the larger Essene movement in the Ancient Near East. Questions about how the Qumran Essenes differed from their counterparts, whether or not the Qumran Essenes lived a celibate lifestyle, how the

Qumran Essenes supported themselves, and whether or not animal sacrifice was practiced at Qumran constitute ongoing discussions.

However, those who dispute the identification of the Qumran covenanters as the Essenes have been answered by Professor Cross, who stated that they place themselves “in an astonishing position.” He continued:

He [the scholar] must seriously suggest that *two* major parties formed communalistic religious communities in the same district of the Dead Sea and lived together in effect for two centuries, holding similar bizarre views, performing similar or rather identical lustrations, ritual meals, and ceremonies. He must suppose that one, carefully described by classical authors, disappeared without leaving building remains or even potsherds behind; the other, systematically ignored by the classical sources, left extensive ruins, and indeed a great library. I prefer to be reckless and flatly identify the men of Qumran with their perennial house guests, the Essenes.¹²

The Temple and the Temple Scroll at Qumran

Of special importance at Qumran and interest among Latter-day Saints is the Temple Scroll. Professor Yigael Yadin, who first published the text, felt that the Temple Scroll was the core of the Essene scriptural canon, “that the Temple Scroll was in fact the basic ‘Torah’ of the Essenes, and was referred to by them as the Book of *Hagu*—which had to be ‘meditated upon’ and in which all had to be ‘instructed’—or as the Second Torah, a Book of the Second Law which had been revealed only to the sect, and which was considered by them accordingly as ‘canonical’. The revelation had come to the founder of the sect, Zadok. It would be legitimate, then, to suggest that our [Temple] scroll was really the hidden ‘Torah’ of the Essenes, as holy to them as the canonical Torah. It is, as we have seen, a ‘Torah’ that spans all the subjects of the religious rulings in the Pentateuch, including Deuteronomy itself.”¹³

The Temple Scroll was discovered in Cave 11 in 1956. However, it did not emerge from semi-obscurity until the Six Day War in June 1967. It is the longest of the Dead Sea Scrolls, measuring over 28 feet in length (remember the great Isaiah scroll, which was previously the longest known scroll, is only 22 feet in length). It probably dates from the 2nd century B.C. and purports to be the words of God given directly to Moses in the first person (“I say unto you”), rather than the third-person formulation found in the Pentateuch (“the Lord said”). It is important to emphasize that the Qumran Covenanters believed that the Jerusalem Temple, and its priesthood, had become corrupt, and required a new, committed priestly cadre and group of people who would live by God’s true precepts. As

Geza Vermes notes, the major part of the Temple Scroll “deals with the Temple (building and furniture) and cultic worship, especially sacrifices on Sabbaths and the many feasts of the year. Most of the legislation depends, directly or indirectly, on Exodus, Leviticus, and more particularly on Deuteronomy, but there are also occasional non-biblical regulations.”¹⁴

Of note is the Temple Scroll’s description of the ideal temple to be established by God himself at the end of days, and that temple’s association with the covenant made by the patriarch Jacob with God at Bethel. In one portion of the scroll God says: “And I will consecrate my Temple by my glory, [the Temple] on which I will settle my glory, until the day of the blessing [or, the day of creation] on which I will create my Temple and establish it for myself for all times, according to the Covenant which I have made with Jacob at Bethel.”¹⁵

This excerpt from the scroll is intriguing for at least two reasons: one, God himself will establish his true temple in the last days; and, two, it brings to mind modern LDS prophetic commentary on the nature of the covenant Jacob made at Bethel. In a powerful discussion entitled “Temples—The Gates to Heaven,” President Marion G. Romney of the First Presidency of The Church of Jesus Christ of Latter-day Saints indicated that the events at Bethel recorded in Genesis 28 constituted Jacob’s endowment experience. Said he:

Pondering upon the subject of temples and the means therein provided to enable us to ascend into heaven brings to mind the lesson of Jacob’s dream. You will recall that in the twenty-eighth chapter of Genesis there is an account of his return to the land of his father to seek a wife from among his own people. When Jacob traveled from Beersheba toward Haran, he had a dream in which he saw himself on the earth at the foot of a ladder that reached to heaven where the Lord stood above it. He beheld angels ascending and descending thereon, and Jacob realized that the covenants he made with the Lord there were the rungs on the ladder that he himself would have to climb in order to obtain the promised blessings—blessings that would entitle him to enter heaven and associate with the Lord.

Because he had met the Lord and entered into covenants with him there, Jacob considered the site so sacred that he named the place Bethel, a contraction of Beth-Elohim, which means literally “the House of the Lord.” He said of it: “this is none other but the house of God, and this is the gate of heaven.” (Gen. 28:17.)

Jacob not only passed through the gate of heaven, but by living up to every covenant he also went all the way in. Of him and his forebears Abraham and Isaac, the Lord has said: “. . . because they did none other things than

that which they were commanded, they have entered into their exaltation, according to the promises, and sit upon thrones, and are not angels but are gods.” (D&C 132:37.) *Temples are to us all what Bethel was to Jacob.*¹⁶

In truth we do not know (nor do I believe) that the Qumran Covenanters had any conception of an endowment-like ordinance. Their community was governed by Aaronic priestly authority, and they did not mention or distinguish on a practical or operational level a difference between their authority and that of the Melchizedek Priesthood. We do know, however, that the endowment did exist during at least part of this intertestamental period—in the early Christian church. President Heber C. Kimball taught that the temple endowment administered in the Church of Jesus Christ today is the same that was found in the ancient church and that Jesus “inducted his Apostles into these ordinances.”¹⁷ The church historian Eusebius also indicated that Jesus taught the mysteries to the Apostles and the Seventy. Apocryphal sources suggest that Jesus’s forty-day ministry witnessed the establishment of a special, sacred ritual among the disciples. Luke hints at this when he mentions the Lord’s forty-day, post-resurrection ministry among the disciples as the time when he taught them “by many infallible proofs . . . and speaking of the things pertaining to the kingdom of God” (Acts 1:3). The phrase “infallible proofs” was translated by King James scholars from the Greek, *tekmeriois*, which literally means “sure signs or tokens.” Jesus taught his disciple-leaders about “the things pertaining to the kingdom of God” using many sure signs or tokens.

In connection with the temple, the most distinctive feature of the Qumran complex was its gravity-flow aqueduct system, which brought water from nearby cliffs and was interconnected to a series of cisterns, ritual baths, and a decantation pool. This was an exceptional hydrological engineering feat, and such emphasis on fresh water was more than just a reaction to the desert environment.

The members of the community had to purify themselves regularly by bathing in fresh water before entering the “holy temple” (sacred area) of the refectory to partake of the communal meal. As one scholar put it: “The Essene’s basic ideal for living was to live as if they were priests dwelling in the temple itself. By this means, they sought to make their community a virtual temple, whether or not they were priests or Levites.”¹⁸

In other words, as the Temple Scroll indicates, the idea of a pure and undefiled temple in their midst remained the ideal of the Qumran Covenanters. They awaited a restored temple at the end of time. In the meantime, all members of the community lived as though they were dwelling in the temple at all times, seeking to make their community a large, open-air, virtual temple. They wore

white linen garments to symbolize the level of temple-like purity they sought to attain.¹⁹ They referred to the area where they ate their sacred meals as a holy temple. In fact, the covenanters believed they themselves constituted a temple, with “Israel” (the laymen of the community) as the holy place, and “Aaron” (the priests of the community) as the Holy of Holies.²⁰

When such men as these come to be in Israel, then shall the party of the *Yabad* truly be established, an “eternal planting” (Jub. 16:26), a temple for Israel, and—mystery!—a Holy of Holies for Aaron; true witnesses to justice, chosen by God’s will to atone for the land and to recompense the wicked their due. They will be “the tested wall, the precious cornerstone” (Isa. 28:16) whose foundations shall neither be shaken nor swayed, a fortress, a Holy of Holies for Aaron, all of them knowing the Covenant of Justice and thereby offering a sweet savor. They shall be a blameless and true house in Israel, upholding the covenant of eternal statutes. They shall be an acceptable sacrifice, atoning for the land and ringing in the verdict against evil, so that perversity ceases to exist.²¹

Such unusual symbolism parallels the very view expressed by the apostle Paul to the Corinthian Saints: “Know ye [Greek plural] not that ye [Greek plural] are the temple of God, and that the Spirit of God dwelleth in you? If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye [plural] are” (1 Corinthians 3:16-17). Paul is not saying here that each individual member is a repository of the Holy Spirit, although he does mean that very thing in a latter passage (see 1 Corinthians 6:19-20). Rather, like the Qumranites, the group collectively is a sacred entity, and they are to live as though they were continuously dwelling in sacred space. The theme is continued in 2 Corinthians 6:16-17 wherein Paul restates, “for ye are the temple of the living God; as God hath said, I will dwell in them, and walk in them,” just as he walks in holy buildings called temples. Furthermore, he says, “come out from among them [unbelievers], and be ye separate”—just as a temple edifice is dedicated and set apart.

When looking at temple-related teachings at Qumran and in early Christianity, we are reminded again that both Jesus and Paul knew Qumran theology. It sprang from the same environment as their theology. Jesus and Paul sometimes used some of the same concepts, and even language, found at Qumran to teach the tenets of their own message.

Review of Beliefs and Practices

In addition to their emphasis on the Temple, other key beliefs and practices of the Qumran Essenes attract our attention.

- **Ongoing revelation.** The Qumran covenanters believed that their Teacher of Righteousness possessed “all the mysteries of the words of his servants the prophets” (Habakkuk Peshar, *Col VII*), and gave inspired counsel. The community was also convinced that the Spirit of God was present and active in their midst. They also believed that a major aspect of revelation came from inspired interpretation of scripture.

- **The principle of apostasy, restoration and covenant renewal.** This is well expressed by Professor Shemaryahu Talmon: “The Covenanters [of Qumran] fastened on a symbolic act performed by the prophet Ezekiel in the face of the Babylonian’s siege of Jerusalem (Ezek. 4:4-6), invest[ed] it with an implied promise of restoration, and claim[ed] this promise for themselves . . . They view[ed] their community as the youngest link in a chain of sequential reaffirmations of the covenant, to which the Bible gives witness . . . God had originally established this covenant with Adam. He renewed it after each critical juncture in the history of the world, and of Israel; after the flood, with Noah, the ‘second Adam’; then with the patriarchs; again with all Israel at Sinai; with the priestly house of Aaron; and ensuingly with the royal house of David, after the monarchical system had taken root in Israel. In the present generation . . . ‘he raised for himself’ from among all evildoers ‘men called by name, that a remnant be left in the land, and that the earth be filled with their offspring’ . . . The thread of Israel’s historical past, which snapped when Jerusalem and the temple were destroyed, is retied with the foundation of the *yabad’s* (Hebrew, “community”) ‘renewed covenant.’”²²

- **An expansive body of sacred or instructional literature.** Some examples include:

1. Manual of Discipline/Community Rule from Cave 1 at Qumran (1QS). This outlines the rules and regulations by which the community was to be governed, and how members should live their lives.

2. Messianic Rule (1QSa). This is an appendix to the Community Rule and discusses, among other things, a special messianic assembly and an accompanying messianic meal (Latter-day Saints would probably think most immediately of D&C 27:5-14).

3. The War Scroll, or more properly, the War of the Sons of Light against the Sons of Darkness (1QM). This describes an apocalyptic battle at the end of days between the forces of good and evil, characterized as the Children of Light or the Children of Darkness. As one scholar noted: “Basically, everyone who was not an Essene—a Child or Son of Light—would be purged from existence, destroyed forever by God. And the Essenes—as ‘merciful’ Children of Light—appeared to relish this thought.”²³

4. Songs of the Sabbath Sacrifice (4Q400-01). This is the most elaborate document dealing with heavenly

hosts. It talks about angels and their roles as ministers of God’s design. An angelic priesthood, a heavenly temple and “holy ones [who] are also called ‘Gods’ (*elim*).”²⁴ There are seven angelic priesthoods in seven heavenly sanctuaries, presided over by seven chief angels. The name Melchizedek appears as well.

5. The Words of Moses (1Q22) which constitutes a discussion of Moses’ farewell speeches; and the book of Enoch, which expands our understanding of the role of the great seer and his vast knowledge of the cosmos imparted by God.

6. The New Jerusalem (1Q32, 2Q24). This text discusses a new city of Jerusalem to be established during the eschatological age; measurements are given for everything in New Jerusalem including avenues, rooms, stairs and windows.

7. Scripture commentaries on, among other books, Isaiah (4Q161); Hosea (4Q166); Micah (1Q14); Nahum (4Q169); Psalm 37 (4Q171); and Habakkuk (1QpHab). In some cases these constitute historical sources. The Qumran covenanters “interpreted Scripture above all *as relating to themselves in the present*.”²⁵ A prime example is Habakkuk Peshar where the Assyrians and Egyptians were reinterpreted as references to the Seleucid and Ptolemaic empires which were contemporary with Qumran. Another example is Ezekiel. The Qumran inhabitants understood themselves in terms of this prophecy. The site of Qumran was chosen as their living site because that is where “Ezekiel’s mighty, healing river would flow into the Dead Sea,”²⁶ healing it, and inaugurating a new Eden, a new heaven on earth. This interpretive principle resonates with Latter-day Saints because of the “likening” principle articulated by Nephi: “for I did liken all scriptures unto us, that it might be for our profit and learning” (1 Nephi 19:23).

8. In addition to scrolls and scroll fragments found in the Qumran area, other documents have been found in the region of Ein Gedi, a few miles south of Qumran, which also disclosed caves like those at Qumran. The most interesting documents to come from this region are texts that date from the Second Jewish Revolt (132-135 A.D.). One of these is a business document from the Cave of the Letters which mentions “Alma son of Judah” as a male Israelite name. This Hebrew document thus provides the oldest attestation of the name Alma outside of the Book of Mormon.

- **Writing on metal plates and burying them in the ground for a future age.** See our discussion of the Copper Scroll above.

- **Ritual immersion in fountains of water for the purposes of purification after repentance and reform.**

- **Complex initiation rituals.** These included oaths of initiation and a period of probation, with an expect-

ation that certain practices and doctrines of the Qumran Covenanters were to be kept secretly.

- **Clothing of holiness.** This included all white dress symbolic of striving for purity, as well as an apron and the carrying of a small mattock for personal hygiene purposes.

- **Rejection of the Jerusalem Temple and its priesthood.** However the Qumran Covenanters awaited the creation of a new-age temple.

- **Continual study of the scriptures.**

- **Communal living and common ownership of property.** A seminal point on which the scrolls and the classical descriptions of the Essenes coincide regards the ownership of property. Both the Jewish philosopher Philo and the Jewish historian Josephus speak in admiring tones about common ownership of property among the Essenes. From Josephus’s *Jewish War* we read:

Riches they despise, and their community of goods is truly admirable; you will not find one among them distinguished by greater opulence than another. They have a law that new members on admission to the sect shall confiscate their property to the order, with the result that you will nowhere see either abject poverty or inordinate wealth; the individual’s possessions join the common stock and all, like brothers, enjoy a patrimony.²⁷

The Qumran text entitled the *Rule of the Community* lays out the legal principles by which property is regulated among members of the covenant community:

Then when he [the initiate] has completed one year within the Community, the Congregation shall deliberate his case with regard to his understanding and observance of the Law. And if it be his destiny, according to the judgement of the Priests and the multitude of the men of their Covenant, to enter the company of the Community, his property and earnings shall be handed over to the Bursar of the Congregation who shall register it to his account and shall not spend it for the Congregation. . . . But when the second year has passed, he shall be examined, and if it be his destiny, according to the judgement of the Congregation, to enter the Community, then he shall be inscribed among this brethren in the order of his rank for the Law, and for justice, and for the pure Meal; his property shall be merged and he shall offer his counsel and judgement to the Community.²⁸

- **Strict Sabbath observance.** As has been said by many others, more than the Jews keeping the Sabbath, the Sabbath has kept the Jews. This is seen at Qumran.

- **The term “Holy Ones” or “Saints” was applied to members of the covenant community.** Hugh Nibley cites “the observation of one of the foremost Catholic authorities

on the Dead Sea Scrolls, in one of the first and best books ever to appear on the subject, that the correct title for the community at Qumran should be Latter-day Saints, but that the title could not be used because unfortunately it had been preempted by a ‘so-called Christian sect.’”²⁹

• **Special healings through the use of roots, herbs, ancient formulas, and the laying on of hands.** The latter is attested in the Genesis Apocryphon 20:21-22, 28-29.

• **Solar calendar.** This created, or restored, different festivals and holy days for true Israel, which the Qumran Covenanters believed they were.

• **Hierarchy of organization.** The Qumran community was governed by a hierarchy of leaders that resembles the ancient Christian community. “In the Council of the Community there shall be twelve men and three Priests, perfectly versed in all that is revealed of the Law, whose works shall be truth, righteousness, justice, lovingkindness, and humility. They shall preserve the faith in the Land with steadfastness and meekness and shall atone for sin by the practice of justice and by suffering the sorrows of affliction. They shall walk with all men according to the standard of truth and the rule of the time.

“When these are in Israel, the Council of the Community shall be established in truth. It shall be an Everlasting Plantation, a House of Holiness for Israel, an Assembly of Supreme Holiness for Aaron. They shall be witnesses to the truth at the Judgement, and shall be the elect of Goodwill who shall atone for the Land and pay to the wicked their reward.”³⁰

The Council of the Twelve Apostles immediately comes to mind as an early Christian analog of the Qumran leadership structure. Interestingly, the Twelve chosen by Jesus were also commissioned to be “witnesses to the truth at the Judgement,” (Matthew 19:28; Luke 22:30; Mormon 3:19). But more than that, they were to be witnesses of Jesus’ resurrection (see Luke 24:48; Acts 1:8; 2:32; 3:15; 4:20; 5:32, etc.).

Messiahs were Imminent

An idea that must be given special attention in our brief survey of Qumran beliefs is the concept of the Messiah—so central to both the Qumran and early Christian communities. Both communities possessed an eschatological outlook—the belief that the last days and end of the present world were coming soon. Both communities expected that the end of time would be ushered in by messianic figures. The age of Jesus and Qumran was a period of intense messianic fervor—in Galilee, Jerusalem, and the Judean desert. However, the two groups had different messianic expectations.

Qumran Covenanters believed the last days would bring two messiahs: the messiah of Aaron, or priestly

messiah, and the messiah of Israel, a lower ranking lay messiah. From the Community Rule we read: “They [the men of holiness] shall depart from none of the counsels of the Law to walk in all the stubbornness of their hearts, but shall be ruled by the primitive precepts in which the men of the Community were first instructed until there shall come the Prophet and the Messiahs of Aaron and Israel.” (IX. 9-11).³¹

The two messiahs would be preceded by a prophet forerunner, but we do not know much about him. No text from Qumran speaks of an anointed one who would atone for the sins of others.³² This fits with the general world of Jewish belief wherein there is no recognized need for an external redeemer to remove sin, to reconcile to God, and to restore holiness to the people.

On the other hand, the Christian Messiah, in the person of Jesus of Nazareth, is almost entirely about a vicarious redeemer, a substitute who suffers for the sins of others (2 Corinthians 5:21). Furthermore, the Christian Messiah who comes at the end of times is the same person who was here on earth before, born as the Son of God, performed a ministry of miracles, healed the sick, raised the dead, suffered for the sins of others, was crucified and resurrected, and returned to earth as God to begin his Millennial reign (Matthew 16:27; 1 Corinthians 15:20-23; 1 Thessalonians 4:16; Revelation 19:11-16; JS-M 1:1-55). This is a different Messiah than the ones anticipated at Qumran. But even here we are not without any parallel in the scrolls.

One of the most important non-biblical texts at Qumran for understanding the nature of the messianic concept in Palestine of the first centuries B.C. and A.D. was found in Cave 4—The Messianic Apocalypse (4Q 521). It reads in part: “the heavens and the earth will listen to His Messiah, and none therein will stray from the commandments of the holy ones [saints]. . . . Over the poor [humble] His spirit will hover and will renew the faithful with His power. And He will glorify the pious on the throne of the eternal Kingdom. He who liberates the captives, restores sight to the blind, straightens the bent [or lifts up those who are oppressed]. . . . For He will heal the wounded, and revive [raise] the dead and bring good news to the poor . . . He will lead the uprooted and make the hungry rich” (II. 1-13).³³

Believed to have been copied in the first century B.C., this document contains some arresting similarities to Isaiah 61:1-2, as read by Jesus in the Nazareth synagogue: “And there was delivered unto him the book of the prophet Esaias. And when he had opened the book, he found the place where it was written, The Spirit of the Lord is upon me, because he hath anointed me to preach the gospel to the poor; he hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight

to the blind, to set at liberty them that are bruised, To preach the acceptable year of the Lord. And he closed the book, and he gave it again to the minister, and sat down. And the eyes of all them that were in the synagogue were fastened on him. And he began to say unto them, This day is this scripture fulfilled your ears” (Luke 4:17-21).

The Messianic Apocalypse, like Isaiah 61:1-2, also presents a list of characteristics that were expected to accompany the person it describes. Comparing Luke 4:16-21 (which contains portions of Isaiah 61:1-2 and Isaiah 58:6) with the Messianic Apocalypse reveals some common elements: bringing good news (the definition of “gospel”) to the poor, release to the captives, sight to the blind, and freedom to the oppressed. Those other features found in 4Q 521 not mentioned in Luke 4:1-21 are found in Luke 7:20-22 (Matthew 11:4-5).

Thus, there is a remarkable correspondence, form and content, between certain New Testament passages (Luke 4:16-21; 7:21-22; Matthew 11:4-5) and messianic characteristics listed in The Messianic Apocalypse (4Q 521), composed years before the synoptic Gospels. Did the synoptic authors copy from 4Q 521? Did they borrow from a common fund of knowledge, well-known in that age of Messianic expectation and fervor? Or, are these questions not so important for our understanding of Jesus and his world as the issue raised by Craig Evans, namely, that “4Q 521 significantly supports the traditional view that Jesus did indeed see himself as Israel’s Messiah,” thus putting to rest the errant views of scholars who claim that Jesus did not know who he was or did not see or proclaim himself to be God’s Anointed One.³⁴ Impressively, Jesus of Nazareth fulfilled scriptural and Qumranic expectations of messianic actions.

One other Qumran fragment illuminates a portion of Luke’s Gospel. Found in Cave 4, and written in Aramaic, it has been named *The Apocryphon of Daniel*, though it is sometimes referred to as The “Son of God” Scroll (4Q 246) because it contains the phrases “Son of the Most High” and “Son of God.” This immediately recalls the account of the Annunciation in Luke 1:30-35, “And the angel said unto her, “Fear not, Mary: for thou hast found favour with God. And, behold, thou shalt conceive in thy womb, and bring forth a son, and shalt call his name JESUS. He shall be great, and shall be called the Son of the Highest: and the Lord God shall give unto him the throne of his father David: And he shall reign over the house of Jacob for ever; and of his kingdom there shall be no end. Then said Mary unto the angel, How shall this be, seeing I know not a man? And the angel answered and said unto her, The Holy Ghost shall come upon thee, and the power of the Highest shall overshadow thee: therefore also that holy thing which shall be born of thee shall be called the Son of God” (Luke 1:30-35).

The Qumran text reads, in part: “[someone] will be called great, and be designated by his name ‘Son of God’ he shall be called, and they will name him ‘Son of the Most High.’ . . . His kingdom is an everlasting kingdom, all his ways truth. He will judge the earth with truth and all will make peace. The sword will cease from the earth, and all cities will pay him homage. The great God will be his strength. . . . His sovereignty is everlasting sovereignty and all the depths of the earth are His” (I.9 – II.10).³⁵

There is debate among scholars regarding who is being referred to in this Qumran text. Opinions vary widely, from the historical figure of Alexander Balas, to the Antichrist, to Melchizedek to Michael. However, such scholars as Emile Puech and John Collins understand the name-titles in the text to be references “to a messianic figure at the end of times.”³⁶

What does this mean for our study of the New Testament? As James VanderKam explains, the language of 4Q 246 does not mean Jesus is found in the Dead Sea Scrolls. “It does indicate, however, that some sectarian Jews were already using this title ‘Son of God’ to refer to an exalted messiah to come.”³⁷

Some Unusual Beliefs at Qumran

In addition to beliefs for which we find parallels elsewhere, the Qumran sectarians also held some unusual ideas.

• **Non-use of oil.** The Essenes avoided the use of oil, as described by Josephus: “Oil they consider defiling, and anyone who accidentally comes in contact with it scours his person; for they make a point of keeping a dry skin and of always being dressed in white.”³⁸ They apparently felt oil was defiling because it was a super conductor of ritual impurity.³⁹

• **Toilet habits.** As one scholar has noted, principles governing behavior at Qumran ran the gamut from the lofty and sublime to the lowliest and mundane. This is nowhere better demonstrated than in discussion of ancient toilet practices. Josephus reports that the Essenes did not defecate on the Sabbath. They believed that bodily discharges on the holiest day of the week, the Sabbath, were offensive to deity, as well as the attendant nudity when going to the bathroom. (See Josephus, *Jewish War* 2.147-9.)

• **Prohibition against spitting.** Both Josephus and the *Rule of the Community* report that spitting was prohibited at Qumran.

• **No individual worship of God.** Among the Qumran Covenanters worship of the highest form was to be communal, that is it required a minyan (quorum of at least ten adult males). This practice is also followed in modern synagogues. However, contrast this practice with Jesus’ statement that whenever two or more were gathered

in the name of the Lord, there his spirit would be also (Matthew 18:19-20).

• **Hatred for one's enemies.** Qumran texts emphasize the allegiance that was to be paid to the faithful "Sons of Light" (members of the Qumran community) and by contrast, the hatred to be shown "the Sons of Darkness," which was everybody who was not a member of the community. Such a concept is not found in the Hebrew Bible or rabbinic writings, and is a point we discussed earlier about Jesus' possible response to the Essenes at Qumran.

• **No care for the disabled.** The Qumran community believed that the lame, halt, blind, deaf, and idiots remained in the care of the angels, and thus they did not admit them to their community.

Conclusion

Some of what we have noted concerning the beliefs and practices of the Essenes at Qumran may seem to describe either a pre-Christian era "gospel" community, or even a long-lost group of ancient Latter-day Saints with their familiar-sounding emphasis on consecration, temple-worthy behavior, a strict probationary period before full membership was granted, priesthood organization, an expanded corpus of scripture, the apostate condition of the world, the term *Saints* being applied to covenant members, new ordinances and religious festivals, and light-darkness dualism. But such is not the case.

However, the Dead Sea Scrolls are invaluable for many reasons:

1. They provide the earliest extant copies of the Hebrew Bible, 1,000 years older than previous "earliest copies." Thus the Qumran biblical texts attest to the antiquity of the biblical books in our present Old Testament. The Masoretic Text, as the prominent medieval biblical text was called, is the text on which almost all English translations are based—either from the Aleppo Codex or the Leningrad Codex, which dates to around 1000 A.D. Now we have biblical books much closer in time to the actual composition of the autographs (the first written copies of the biblical texts).

2. The Dead Sea Scroll biblical texts tell us that there were different versions of the same biblical books existing side-by-side at Qumran. This means that there were variations in the wording of the biblical books reflecting different text types (proto-Masoretic, Samaritan, Septuagint, and so forth). One of the most interesting variants at Qumran is found in a fragment of Genesis containing a line from Genesis 22:14. According to the Masoretic Text, preserved in our King James Bible, the name of the mountain on which Isaac was nearly sacrificed was called "*Yahweh* [or *Jehovah*] *yireh*." But in the 4QGenesis fragment containing chapter 22:14 the word *Yahweh*

or *Jehovah* is replaced by '*elohim*. Thus, the Qumran text reads, "And Abraham called the name of that place *Elohim-yireh*... In the mount of *Elohim* it shall be seen."

Another significant variant is the Qumran version of 1 Samuel 17 regarding the height given for the Philistine giant, Goliath. The Masoretic Text (our KJV version) of 1 Samuel 17:4 reports that Goliath was 6 cubits and a span (9 feet, 9 inches). However, both the Septuagint and 4QSamuel describe Goliath as 4 cubits and a span (about 6 feet, 9 inches). While this is tall, it is not gigantic, and perhaps reflects Goliath's real height.

3. The Dead Sea Scrolls illuminate the Jewish world in the age of Jesus. They opened a window on the extraordinary pluralism of early Judaism, where many different groups existed side by side, and sounded very much like each other in certain respects. As James VanderKam stated, "the Christians who wrote the Gospels drew on imagery and language from earlier Jewish messianic literature."⁴⁰ Qumran and the early church constitute two distinctive developments within intertestamental Judaism that drew upon a "common intellectual and theological background."⁴¹

4. The Dead Sea Scrolls help us to see that both the Qumran community and the early Church of Jesus Christ possessed a messianic, eschatological outlook. Both communities "are rooted in Jewish apocalypticism and therefore share a common legacy of ideas."⁴² The word eschatological (from the Greek *eschaton*) concerns that which focuses on last things, the end of time, the final judgment, and so forth. The word *apocalypticism* derives from the Greek *apocalypse*, which means an "uncovering" or "revelation" about the future. Like eschatology, apocalypticism centers on events leading up to a future age. "Apocalypticism was at a fever pitch during the period of the DSS [Dead Sea Scrolls] and the NT [New Testament]. Many Jews firmly believed that the age to come, or the kingdom of God, was poised to descend to earth from heaven."⁴³

5. The Dead Sea Scrolls help us to see that both Qumran and the early church were restorationist groups. They sought to reestablish and renew things that had been lost over the centuries through wickedness and carelessness. We know that Jesus was, in fact, the Elias of restoration in his day (John 1:26-28 JST). Qumran saw itself as the "Community of the Renewed [or restored] Covenant."

Thus, the influence of the holy spirit, reverence for prophets, belief in divine revelation, the faith and action necessary to reacquire lost truths, Temple practices, and Temple purity—all these were emphasized among early Christians and Qumran Covenanters. By contrast, as Shemaryahu Talmon points out, rabbinic Judaism, which developed alongside these other two branches of Judaism,

progressively moved away from prophets, ongoing revelation, and "the spirit," and developed a rationalist stance. According to rabbinic tradition, after the demise of the last biblical prophets—Haggai, Zechariah, and Malachi—"the holy spirit departed from Israel," and from then on Israel was enjoined to incline her ear and "listen to the instructions of the [rabbinic] Sages."⁴⁴

What a different picture is portrayed in the scrolls and the New Testament! The Qumran community saw in the proclamations of the prophets "an implied promise of restoration, and claim[ed] this promise for themselves."⁴⁵ So did the early Christians. The Qumran community saw itself "as the sole legitimate representative of biblical Israel."⁴⁶ So did the early Christians. The Qumran covenanters were attempting to restore what had been lost or corrupted especially the Temple. So were Jesus and his disciples.

However, after A.D. 70 only one restoration group survived (though it too changed again through apostasy). But the other has come back to life through their treasury of documents now known as the Dead Sea Scrolls. By examining these documents, we are given an extraordinary window into the religious climate that spawned Christianity, normative or Pharisaic Judaism, as well as the Qumran community.

6. Last but not least, the Dead Sea Scrolls are of value to Latter-day Saints. As members of The Church of Jesus Christ of Latter-day Saints compare and contrast their own ideas, beliefs, and practices with those described in the scrolls as well as in the New Testament, they will come to see with greater clarity how the concepts found in The Church of Jesus Christ of Latter-day Saints are perfectly at home in that ancient cultural milieu which had not yet been discovered in the 19th century. And we come to appreciate just how extraordinary Joseph Smith's religious revolution really was.

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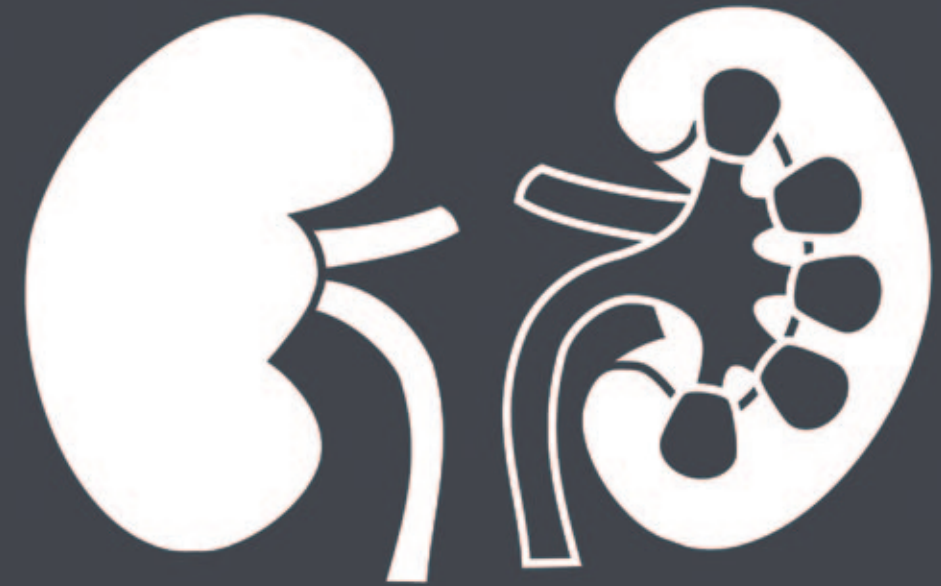
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The
ATONEMENT

Remembering
& Forgetting
the Right Things

DAVID A. PRIER, M.D.



Kidneys are filters that can keep us healthy and happy or cause us to be unhealthy and die. Spiritually, we require a filter or spiritual kidney that helps us remember the good and forget the bad in our lives to become more like the Savior.

WE CAME TO THIS EARTH BECAUSE while we were in the presence of God, we desired to become like Him. He created the plan of happiness for this purpose. He provided a Savior, even His Son Jesus Christ to rescue us from our mortal selves. The process whereby a perfect being, Jesus, took all of our sins and imperfections upon himself is called the Atonement.

Since no unclean thing can be in the presence of our Heavenly Father, our faith and dependence upon the saving and redeeming power of the Savior's Atonement, makes it possible for us to return to live with God and become like Him.

Essential to our happiness in this life is to more fully understand the power and doctrine of the Atonement of Jesus Christ. In this case, what we don't know can hurt us! Elder Bednar has counseled us to increase in learning the gospel, to act in doctrine, and to become like the Savior. It is not who we are in this life and what we know that is most important. It's what we become that is most important to our Heavenly Father.

Today, I want to emphasize one aspect of the doctrine of the Atonement. In order to become more like Jesus, we must all *remember* and *forget* the right things. There are certain things we must remember and certain things we must forget. Important to our salvation and exaltation are things we must remember. Also important to our immortality and eternal life are things we must forget. The power of the Atonement helps us with both. It acts as a filter to our hearts, minds, and souls. It keeps the good and releases the bad. This helps us maintain good spiritual health.

To illustrate this, I will give two types of examples of kidney problems. Some background first. Our kidneys are arguably one of the most important organs in our body. They keep the right things in our bloodstream and let the right things go. We cannot sustain life without them. Kidneys receive 20% of the blood pumped from the heart with each heartbeat. Everyday they filter 120-150 quarts of blood to produce 1-2 quarts of urine. In an average lifetime, they filter 1 million gallons of blood and produce over 10,000 gallons of urine.

The kidney's main job is to keep the important things for the body called proteins and get rid of the bad things or toxins of the body. There are two extremes to kidney disease. First, early in diseases of the kidney such as with uncontrolled high blood pressure or diabetes, damage of the filtering mechanism of the kidneys occurs. In this situation, the body gets rid of the wrong things—the good things, the good proteins. This condition can lead to death. Second, in the far extreme where the kidneys don't work at all, the body is unable to rid itself of all the

bad things or toxins in the body. In this condition, dialysis or the need for an external artificial kidney is required to filter the blood of impurities or death occurs.

In other words, from the kidney perspective, good health or "happiness" in the body is to filter and retain the good things to keep in our bloodstream and release the toxins. They function as filters. They are filters that can keep us healthy and happy or cause us to be unhealthy and die. Spiritually, we require a filter or spiritual kidney that helps us remember the good and forget the bad in our lives to become more like the Savior. That filter can be likened to the power of the Atonement.

REMEMBERING THE RIGHT THINGS

How can the Atonement help us remember the good things? We covenant each week to remember the sacrifice of the body and blood of the Son of God. Literally, we recall and express gratitude for the power of the Atonement in our lives. As we partake of the sacrament, we promise to connect to the Savior's Atonement, so we will take His name upon us, keep His commandments, and always remember Him. In return, we are promised that the Holy Ghost will be with us. When we partake of the sacrament, we ask God to help us remember the good things.

Elder Bednar said, "Not only does the Atonement of Jesus Christ overcome the effects of the Fall of Adam and make possible the remission of our individual sins and transgressions, but His Atonement also enables us to do good and become better in ways that stretch far beyond our mortal capacities."¹ As we understand the effect of the Atonement in our lives, we can have an increased capacity to remember the good things in this life.

We can remember the love we have for our husband or wife. As children, we can remember to honor our fathers and our mothers. We can remember to keep the commandments and honor our covenants. We can plead in our prayers to remember those in need around us. Our prophet, Thomas S. Monson, has asked us to remember to study the scriptures and pray daily, individually and as a family. He asks us to hold family home evening weekly. We are commanded to remember our ancestors, attend the temple, and invite our neighbors. We have a lot to remember!

Again listen to Elder Bednar: "It is one thing to know that Jesus Christ came to the earth to die for us. But we also need to appreciate that the Lord desires, through His Atonement and by the power of the Holy Ghost, to enliven us—not only to guide but also to strengthen and heal us."² Like the filtering effect of normal kidneys, the Atonement increases our capacity to retain the good things in this life. It enlivens us to do good and to become great.

FORGETTING THE RIGHT THINGS

I believe it is easy for most of us to understand we must remember the right things in our lives. We are a society that is bombarded with advertisements and peer pressure to improve our memories, focus, and retention. On the other hand, most people haven't thought much, if at all, about the doctrine of forgetting the right things.

A healthy kidney gets rid of or "forgets" the right things. It removes the toxic things from the blood. How can the Atonement help us to forget the toxic things in our lives?

First, is it even possible to forget the past? The Savior possesses the requisite qualities to help us in every aspect of our lives. He will not intrude upon our lives. We must be willing, demonstrate faith (even if it is the size of a tiny mustard seed), and we must act. We have to ask Him and invest the time and effort to allow for a change in our life.

Alma explains why and how the Savior can enable us: "And he shall go forth, suffering pains and afflictions and temptations of every kind; and this that the word might be fulfilled which saith he will take upon him the pains and the sicknesses of his people. And he will take upon him death, that he may loose the bands of death which bind his people; and he will take upon him their infirmities, that his bowels may be filled with mercy, according to the flesh, that he may know according to the flesh how to succor his people according to their infirmities."³

If we will allow Him to do so, the Savior can take all of our burdens from us. Through the power of the Atonement, He can increase our capacity to forgive *and* to forget.

Alma taught his son Corianton from the agony and guilt of his own experience: "As I was thus racked with torment, while I was harrowed up by the memory of my many sins, behold, I remembered also to have heard my father prophesy unto the people concerning the coming of one Jesus Christ, a Son of God, to atone for the sins of the world. Now, as my mind caught hold upon this thought, I cried within my heart: O Jesus, thou Son of God, have mercy on me, who am in the gall of bitterness, and am encircled about by the everlasting chains of death. And now, behold, when I thought this, I could remember my pains no more; yea, I was harrowed up by the memory of my sins no more. And oh, what joy, and what marvelous light I did behold; yea, my soul was filled with joy as exceeding as was my pain!"⁴

For most of us, forgetting the "right" things can take

time. It takes patience and a sustained effort. Like the healthy kidney that removes toxins from our body, we can allow the purifying effects of the Atonement filter from our minds, hearts, and souls the toxic memories, grudges, and previously unforgiven acts of others. Through the Atonement, we can gradually overcome addictions and forgive ourselves. We can receive strength and our capacity to forget the right things can be increased.

We must be willing to ponder the effect of the Atonement in our life. I wonder how many of us are silently suffering? Can we let go of those bad things in our lives? Can we remember and forget the right things in our lives?

Returning to Elder Bednar: "Most of us know that when we do things wrong and need help to

overcome the effects of sin in our lives, the Savior has made it possible for us to become clean through His redeeming power. But do we also understand that the Atonement is for faithful men and women who are obedient, worthy, and conscientious and who are striving to become better and serve more faithfully? I wonder if we fail to fully acknowledge this strengthening aspect of the Atonement in our lives and mistakenly believe we must carry our load all alone—through sheer grit, willpower, and discipline and with our obviously limited capacities."

The greatest miracle of the earth's long history was the Atonement of the Lord Jesus Christ. I testify that Jesus Christ lives again through the resurrection. May we take the time to better understand the doctrine of the Atonement and ensure that our children understand its power. It is my prayer that we will allow the strengthening of the Lord's power into our minds our hearts and our souls. May we become more like Him. May we allow it to increase our capacity to remember and forget the right things in our lives.

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