

International Health and the Church

Presented by Val D. MacMurray, Ph.D.

Panel:
Elder Marion D. Hanks
Mary Ellen Edmunds, R.N.
Eugene England, Ph.D.

Given at the first midyear meeting of Collegium Aesculapium.

A number of you have vital interests in the international challenges of health and service delivery, specifically in some of the problems that third world countries are experiencing.

The lively interest the Church has shown in the health of its members is certainly not a new one. Even during the days of isolation and poverty in the nineteenth century many examples of devotion and sacrifice brightened the record as Church members cared for each other's health needs. The Church has also provided health-related services in an organized way.

Historical Highlights of Health Services

Here are some examples:

1852—only four years after the arrival of the pioneers in the Great Salt Lake Valley a council of health was organized with a separate women's auxiliary specializing in maternal and child care.

1868—President Young urged Mormon women to school themselves in midwifery and receive training in anatomy, surgery, physiology, and pharmacology.

1872—President Young called his

nephew Seymour B. Young on a mission to study medicine at the College of Physicians and Surgeons in New York City. Another young missionary followed the next year.

1873—The Relief Society, acting on assignment from President Young, made earnest efforts to recruit three women from each ward in Salt Lake City to study obstetrics. A handful of women went to the East to study at professional medical schools and returned to teach classes. In the last quarter of the nineteenth century, Utah had a greater percentage of its women studying medicine than any other state or territory. Women came from Idaho, Wyoming, and Arizona for training in Salt Lake City.

1905—with a gift of \$50,000 from Dr. W. H. Grove, an unmarried dentist, and \$100,000 from the Church, the Groves LDS Hospital—now known as the LDS Hospital—opened its doors and received its first patients on the avenues of Salt Lake City. This hospital provided services free if necessary to worthy members. The Church's hospital system eventually included about fourteen hospitals in Utah, Idaho, and Wyoming.

1921—the federal maternity and infancy act also known as the Shepherd Tanno Act was designed to improve maternity and infant health care. The Relief Society became immediately in-

involved in the program which operated with matching funds from the states. After lobbying for state approval, the organization was influential in providing the following types of health care between 1925 and 1929: 52,925 infants and children were examined at some 2,203 health conferences; 133 health-care centers were established; 274 dental health clinics were sponsored where 5,491 children were checked; and 3,766 women attended classes in prenatal health, nutrition, and child care. Public health nurses visited 13,675 homes. More than 4,000 volunteers—nearly all of them Relief Society members—assisted public health officials with examinations and made arrangements for local conferences. Seventeen different stakes established maternity health centers that ranged from delivery rooms to full-scale hospitals. Maternal and infant mortality rates showed a significant decline.

1938—The Medical Welfare Department was organized as part of the Presiding Bishopric's Office headed by Sister Frances Livingston (McDonald).

1946—The nationally renowned Social Services and Child Welfare Department that the Relief Society had overseen for two decades was combined with the Medical Welfare Department as part of the Presiding Bishopric's Office. The Church participated in paying

the medical costs of worthy but impoverished members.

1955—A special handbook for bishops was prepared which described hospital and medical care available to members who could not afford the fees.

1969—The Medical Welfare Department became part of the General Welfare Services Committee with a main duty of overseeing the Church's hospital system.

1970—Dr. James O. Mason became the first Commissioner of Health Services in a new Health Services Corporation with the specific assignment of considering health services in areas outside the United States.

1971—Dr. Mason proposed a Health Services Missionary program which would draw on the expertise of young men and women in the health professions. The first medical missionaries went to the South Pacific that year.

1973—This missionary approach was so successful that it was expanded to include agricultural missionaries and eventually those with expertise in areas such as economics, social work, education, genealogy, temple work, and language teaching. Here are some of the results of that program:

—A dentist provided care with \$2,000 worth of equipment donated by his four sons, three of whom were also dentists.

—Mary Ellen Edmunds was the first health missionary in the

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Elder Marion D. Hanks is a member of the First Quorum of the Seventy.

Mary Ellen Edmunds, R.N., is practicing in Salt Lake City. She recently served the Church as a welfare services missionary, working in the refugee camps of Southeast Asia.

Eugene England is a professor of English at Brigham Young University and is the cofounder and vice-president of Food for Poland. He serves as the bishop of the BYU 139th Ward.

Even during the days of isolation and poverty in the nineteenth century, many examples of devotion and sacrifice brightened the record as Church members cared for each other's health needs.

Philippines.

—Workshops in sanitation held in Bolivia were greeted by the mayor and a brass-band reception.

—Audiences of up to three hundred attended seminars on heart disease in Brazil.

—Agricultural missionaries in Western Samoa introduced corn to increase the protein available in local diets.

—A puppet show to teach dental hygiene received television coverage and recognition from the Dental Association in Seoul, Korea.

—Lectures and information about cancer awareness brought widespread governmental cooperation with health services missionaries in Hong Kong.

—Agricultural missionaries in El Salvador grew demonstration gardens near the Church and were flooded by requests for instructions from members and nonmembers.

—Members in the Bermejillo, Mexico Branch built the first flush toilet in the village, learned how to purify water, and saw the death rate among member's children—not just in this branch but in the entire mission—drop from approximately forty per 100 to ten per 100. Mormon children there have learned to buy fruit with the pesos they used to spend for candy.

—Agricultural missionaries in Bolivia solved many nutrition problems by introducing protein-rich soya and soy flour to supplement local diets.

Clearly there can be no question

that even modest efforts have been remarkably successful in improving diet, increasing food production, and preventing disease through teaching people the importance of sanitation, pure water, and immunization.

1975—The Church divested itself of the hospital system, selling its fourteen hospitals to an independent corporation and using local facilities through the bishop to provide health care to local members. Bishops have continued to be authorized to pay medical expenses for worthy poor members.

Shifting responsibilities and realignments of duties during the 1970s have assigned the missionary program to the Missionary Department with health-care functions going to LDS Social Services as part of Welfare Services. Its current responsibilities include coordinating medical care in catastrophes, providing health care for missionaries including tuberculosis screening and immunizations in high-risk missions, preparing educational materials for missionaries and members, training missionaries who go out with special health assignments, representing the Church on health-related issues, assisting with alcohol and drug problems, and providing health-maintenance programs for General Authorities.

Since about 1977, the Church has been associated with Al Thrasher in administering Thrasher funds to provide health care for children domestically and more recently has begun to fund projects in developing countries. Dr. James O. Mason, now director of Utah's Health Department, serves on the executive board of this foundation as do I in my capacity as Church Health Officer.

Problems and Possibilities for Health Services in Developing Countries.

As a result of the fund's recent interest in developing areas and what we have learned from Elder Marion D. Hanks' sensitive and wholehearted Christian service in refugee camps in Asia, I believe we may see further contributions for those who are in need, particularly in the third world. Within

the last year, representing the Thrasher Foundation, James Mason and I returned from tours of selected sites in Nigeria and Ghana that are potential target areas for increased programs in prevention, immunization, and treatment to ensure primary health care. We, like you, were familiar before we went with the appalling statistics of misery and human suffering experienced by people in areas where inadequate nutrition and health care exact their annual tolls. But there was something about experiencing those conditions firsthand that gave new urgency to the statistics. Here are some statistics that seem relevant to the challenges of developing countries.

The greatest burden of suffering is borne by the innocent—particularly children. Eighty million children are born each year in developing countries. Forty percent of these children die before the age of five. Measles has a fatality rate as high as 200 times that now reported in Western industrialized countries. Fewer than 10 percent of the children in developing areas are immunized against such common diseases as mumps, rubella, and measles. Infant mortality rates average 160 per 1,000 live births in the poorest countries of Asia and Africa contrasted to the rate of about ten per 1,000 in the nations of Western Europe. Children under the age of four in sub-Saharan Africa die at nearly 100 times the rate of comparable children in the United States. Maternal mortality rates may be 300 times higher. More than one million children under twelve die from malaria each year in Africa.

Even if a child survives his childhood, he may be permanently brain damaged from lack of proper nutrition, crippled from lack of proper medical care, and almost certainly handicapped by chronic disease. Some 850 million people live in areas where malaria has been only partially controlled. Another 350 million live in areas that still lack even minimum kinds of control. Malnutrition is, without exaggeration, the lot of entire nations. Less than 30 percent of the world's population currently has

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dependable access to clean water and adequate sanitary facilities. Diarrheal disease, transmitted by human fecal contamination of soil, water, and food, kills an estimated 4.6 million children in developing countries each year. Approximately two-thirds of the population has no reliable access to any permanent form of health care. In some areas there is one doctor to serve 200,000 people. By contrast, in developed Western countries, there is one doctor for 300 to 700 people.

All of these problems exacerbate each other. People are sick because they are poor, and they are poor because they are sick. With survival so precarious, literacy is a luxury, but illiteracy cuts people off from the kinds of information they need to provide proper sanitation and nutrition.

It was a personally painful experience to see children with raw flesh exposed because their bodies lack sufficient protein to make skin. It was also agonizing to see women, still young, with their skeletal bodies bloated by disease and depleted by childbearing in the absence of proper nutrition. It seemed to me that we were looking at some of "the least of these" whose needs cried out for our abundance. It also seemed to me that there has never been such a fund of goodwill by many interested individual Church members to relieve innocent suffering, such experiences and intelligence to direct the wise use of our resources, and such a field of Christian service as that which lies before us.

The history of the Church's involvement in health care gives it a heri-

tage of commitment to meeting vital needs in meaningful ways. It is my hope that we will see new dimensions of Christian service unfold as individuals and organizations such as the Thrasher Fund move forward into this field of human opportunity.

Mary Ellen Edmunds, R.N.

It has been an intense experience to prepare for this. One of the difficult decisions has been to know what will be of most interest and use to you. I made my decision centered around the last message Jesus gave his disciples: "Go ye therefore, and teach all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Ghost: Teaching them to observe all things whatsoever I have commanded you: and lo, I am with you always, even unto the end of the world" (Matt. 28:19-20).

The phrase which captured my attention is: "Teach them to observe all things whatsoever I have commanded you." I checked the definition of *observe*: "to keep, to hold, to adhere to, to follow, to do." It is my feeling that most of this happens *after* baptism; and it is the continuation of discipleship that I want to address, particularly in the context of how we more experienced, though not necessarily perfected, disciples can help those more newly come from the waters of baptism. I feel that I have had the opportunity of working with the dynamics of discipleship in a way that has been very significant to me.

I had just graduated from BYU with a bachelor's degree in nursing when I was called to serve a proselyting mission to the Southern Far East Mission. I enjoyed that experience very much. For two years, serving in Taiwan, Hong Kong, and finally in the Philippines, I watched people respond in different ways to the gospel of Jesus Christ. My heart ached for those who were obviously struggling with temporal and spiritual problems. But I wasn't sure what I could do or what I should



do. I knew my *main* responsibility was proselyting and baptizing.

When I had been home almost eight years, I heard about the first medical missionaries being called. The concept was fascinating to me. I assumed that they were working in clinics or hospitals, providing direct medical services. In early 1972 when the name was changed to health missionaries, my bishop called me to see if I would be willing to serve another mission. Of course I was. When I learned that I was to go back to the Philippines, I could not believe it. It was just like going home.

After being there only a few weeks, I cried to realize that during my proselyting mission I had come to love the Filipino people very much, but I had missed the greater part of the reality of their challenges. What a blessing it was to be able to return and share more fully the gospel of Jesus Christ—to respond much more effectively to the wide variety of needs they were experiencing. I felt the Holy Ghost bearing witness of the truths I taught about good nutrition, budgeting, and immunizing children. This witness was as clear and strong as the witness I had felt when I was teaching the First Vision, faith, and the importance of baptism.

During this experience I came to

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understand better a statement made by President Joseph F. Smith: "It has always been a cardinal teaching of the Latter-day Saints that a religion that has not the power to save people temporarily and make them prosperous and happy here cannot be depended upon to save them spiritually and to exalt them in the life to come" (Used by Albert E. Bowen in *The Church Welfare Plan*, p. 36). I believe the Church *does* have the power to "save people temporarily" to "make them prosperous and happy here" and thus also has the power and can be depended upon to "save them spiritually" and to exalt them in the life to come.

The following experience represents literally hundreds which have affected my heart and life in a similar way. It occurred when I was serving in central Java, Indonesia, in a city called Surakarta. As a welfare services mis-

sionary, I spent most of my time working with members, teaching "to observe all things" whatsoever they had been commanded. A group of members were squatting in the Chinese cemetery just outside of town, in little homes they had pieced together out of bamboo sticks, pieces of cardboard, and anything else they had been able to salvage. One member in particular, Sukimann, had asked if my companion and I would come to visit them. We wanted to and set the date. It was the rainy season. Knowing that if it rained we would not be able to ride our bikes through the mud to their neighborhood, they fasted and prayed for three days. It did not rain, and we made the trip.

Brother Sukimann, his wife, and the neighbors sat on the dirt floor of their makeshift home while we were given the one wooden bench. During the conversation, Brother Sukimann asked, "Sister, do members in other parts of the world pray for me?"

Knowing that many do, I said, "Yes, Sukimann, they do."

He began to cry. "Isn't that wonderful! I pray for them too."

I asked how many children they had. I could see from his face that something was wrong.

He glanced at his wife and said gently, "Sister, we don't have any children. We had some but they have all died. We didn't know how to take care of them."

This story helps me to express something of what I have learned about my responsibility—our responsibility—to each other. Every soul on this earth has unmet needs and also something which they can share. If we are living gospel principles fully, those who have will give, those who receive, work, and eventually there will be no poor among us. Oh, for the time when it can be that way! I'm an optimist. I believe that it is not only possible but that we are responsible to do all that we can to help it happen.

Every missionary, including couples, older single sisters, and about 400 younger sisters with welfare service assignments are involved in the full mis-

sion of this Church to save souls. Thus, they work in all three aspects of this mission: they help proclaim the gospel, redeem the dead, and perfect the Saints. In short, they work on "both sides of baptism." They not only help bring people into the fold, but they help keep them there. They help reactivate those who have become discouraged, frustrated, and lost.

One example is a couple in Texas from Idaho who left sixty grandchildren to go on a mission. Within the first eight months of their mission they were able to bring more than 300 people back into the Church.

Even those who concentrated on strengthening members and serving in the community have unique and powerful proselyting experiences. Let me share with you part of a letter from a sister in Thailand: "We are working with the Relief Society president and she is excited about the first health project in the branch. There is a need for such a course in mother and child care. Some classes will be taught by the members, some by doctors, and one by a nurse."

Here's another, this time from Puerto Rico: "We had a health fair at the Bayamon chapel. We toured the island. We received 1,200 referrals from it, and the Church became known island wide through TV."

Here's one of my favorites from Bolivia: "My boyfriend got married; my parents haven't written for a month; I have a cold; I don't have any more nylons; I've been without a regular companion for a month; my birthday is in two days and nobody even knows. I have never been happier in my life ... could it be service?"

Taiwan: "We met a wonderful Chinese nurse as we were visiting in the local hospital in the city of Taichung; she inquired about the Church. She is now a member and teaches the family health lessons in her branch. She is interested in becoming a full-time missionary (which she later did). We are so delighted. She is a very special person."

And from Peru: "We have had district firesides on home storage. The



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class by the local civil defense people on what to do in an emergency was taught by the local Red Cross on the first day. Other sessions included lessons from the Ministry of Fishing on how to preserve fish, by the district president on how to budget money, and by the branch president, who is a doctor, on home nursing and fevers. We helped to make a resource library with a list of all the materials available for each branch."

It was difficult to select just a few letters out of the many, but perhaps that will give you an idea of the types of things these servants of the Lord are doing. One of the greatest benefits of this type of missionary experience is what it does for the missionary as an individual. Think of the great strength they bring back to their own wards and branches when the mission is finished.

Dr. Blair Bybee, the first of this type of missionary, who went to Samoa

in 1971 wrote, "God helped me more, blessed me more, answered more questions, gave me more important challenges, and in the end gave me more of a feeling of having accomplished something good than at any other time in my life. If I were to never practice medicine again, all my years at the university and medical school and in my internship would have been well spent just in preparing me for my health mission. Intellectually, spiritually, and emotionally, I feel the same. I will never cease to marvel and be amazed that God gave me the opportunity to go nor will I ever cease to give him thanks."

I have thought about the individuals and groups locally, nationally, and internationally who are doing much good through their efforts to promote health and well being among the peoples of the earth. I have had the opportunity to know many people who are devoted and who genuinely care about others from all types of organizations. Naturally I have asked myself, "How are we different? What are we doing that reflects our unique perspective of the gospel?" Without minimizing the bonds of cooperation and common purpose that I feel with other devoted people who are involved in the same labor, I feel that there are some things that can make our efforts unique.

1. This is the Savior's work. It is

being organized and carried out in his way. He inspires the leaders who make the decisions and the plans. I cite Elder Hanks as one example.

2. God's power in the priesthood directs this work. Members can be taught to use the power of this priesthood as well as all of the other resources available to them. No other group can do this.

3. We share true principles. We have a fullness of the gospel of Jesus Christ. As President Kimball has said, the gospel has the answers to all the world's problems—all of them. We can teach with confidence as we teach the truth.

4. We see the potential of human beings. Each individual is seen in light of his or her potential to become as God is. We know that each person with whom we work kept his or her first estate, just as we did, and deserves all the help we can give to keep his or her second estate. This work is part of the plan of eternal progression.

5. We work through a perfect organization. We're not an isolated group but part of the Lord's kingdom on this earth.

6. Sacrifice is involved. All those who help in the work have sacrificed to serve. One couple who recently came to the Missionary Training Center from Australia sold everything including some clothing in order to be able to serve a mission. The missionaries receive a call from the Lord and are set apart for this work.

7. The goal is change, a new heart, a right spirit, a peculiar people—taller, safer, healthier, cleaner. (Sometimes I thought that “seeing eye-to-eye” would be literally fulfilled, that the Filipinos would be as tall as I am and I would be as short as they—whichever is needed in order for us to see eye-to-eye.) We want to help individuals remove barriers that they may enjoy an abundant life and progress towards actually reaching their potential.

When I was in the Philippines in about 1972, one of the members of the Church approached us and said, “I want to ask for your help. We had our

“Sister, we don't have any children. We had some but they have all died. We didn't know how to take care of them.”

first baby after we were married. It was a little girl, and we loved her and were so excited. She grew to be eight months old and one day she died suddenly, unexpectedly. And when we asked the doctor why, he told us we hadn't cared for her properly.” Even as she told me this, she wept again, saying, “I didn't know. I didn't know I wasn't caring for her properly.” Then she dried her eyes and said, “I want to tell you sisters that another is coming. What can I do to have a healthy baby and to care for it properly?”

Well, it turned into a whole district project to have some classes on maternal and child health. This woman participated and did everything she possibly could. It meant changing a lot of traditions and going against some deeply engrained customs, but she trusted us and was motivated by concern for her unborn child. She realized then that she was preparing an earthly body for one of Heavenly Father's spirit children.

Pretty soon her neighbors, most of whom weren't members of the Church, began to talk about “the Mormon baby.” There was a great deal of anticipation about the birth; and when the baby was born, she was larger and healthier than any baby that neighborhood had ever seen. Those parents were so proud! You couldn't have persuaded them that the Word of Wisdom and proper sanitation weren't principles of the gospel when they saw the difference it made to their child. Last year I received photographs of her baptism. It was also a great experience to be in the Salt Lake Temple when her parents were sealed. Her father, the bishop, was able to come to Salt Lake City and

they took advantage of the proximity to the temple. Their first little daughter, who had died, was also sealed to them, and she was there as well. We could all feel it. Now they've had two or three additional babies—babies who are strong, healthy, and born in the covenant. When I returned to the Philippines for a visit last year, this mother said, “You know, sister, I'm so happy because my children are very naughty in Church.” Malnourished children, you know, are very listless and have no energy. It was a little signal that they were healthy. This mother also wrote to me: “I want to express my gratitude for the things I have learned which are making such a difference in my family. I realize now that some of the things my mother taught me—things her mother taught her—were not correct, but the truths I am learning will now be taught to my children, and their children, and the generations to come. We will not be damned any longer by ignorance. As they say, it is never too late to learn and change. God must love us dearly to allow us to have so much truth.”

Throughout the world, gardens are growing, home storage is a reality, pigs are being penned, leaders are leading, and active members are getting back on the road to exaltation. Families are communicating better. Little children are being immunized. Priesthood blessings are being given. Many people are preparing their families for temple blessings. Records are being kept more effectively. Love and service to one another is on the increase. All are working together for the perfecting of the Saints.

In conclusion, I would like to mention a comment President Kimball made in Mexico City that had a profound impact on me. Several reporters were heckling and badgering him, asking him why the Church didn't do something which would help the people—give them food, give them clothing, give them a chance for education. This was his answer: “Why don't *you* feed them? Your Church hasn't done anything substantial in this direction for 400 years! Why doesn't *your*

Church feed them? Give these people to us, and we'll open their eyes to the vision of eternity and show them how to reach up to the stars. We'll take these very people and make gods of them." (December, 1974)

One of the parts of that statement I love is "We'll make gods of them." That is my hope for the work in which I'm involved. I wish you well in this association. Each of us has a path to find in the world where there is a desperate need for a more Christ-like sharing of our abundance to others.

Eugene England

As we groped through the fog in Provo Canyon this morning, it reminded me of many of my feelings during this past year as some associates and I have groped through the fog trying to understand how to motivate each other and the people in this country to help some other people far away. These people are in the Second World rather than the Third World—if we can call Russia and its satellites the Second World.

Part of the information that I think is important is given in Matthew 25, where Christ points out that on his coming he will separate the sheep from the goats according to how we've fed the hungry, clothed the naked, and visited those who are sick and in prison. Certainly the people in Poland that we've been helping have been in prison in a special way. Elder Hanks has reminded us over the past year that this great call in Matthew 25 is an equivalent responsibility to that in Matthew 28 to preach the gospel to all nations. We've been trying to understand how to make those equivalent responsibilities work together and also separately.

Let me give you a short history of what we've done, what we're doing now, what we hope for the future, and where you may be able to help us.

I sometimes understand my age best by realizing that I'm simultaneously dreaming dreams like the old men and seeing visions like the young men (see Joel 2:28). A while ago I began to

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awaken in the middle of the night out of dreams having visions. Many of you may remember with amazement the renewal of Solidarity of Poland that had been going on for more than a year. I had a special sense that the movement had been preserved miraculously. I was present when the Pope was shot, and I think he was preserved, among other reasons, because he is the spiritual foundation of that movement in Poland.

But by the fall of 1981 it was clear another miracle was needed. Winter was coming. Reports were coming out of Poland about desperate needs for food and medicine. I felt I had to do something. I was able to get in contact with the leaders of Solidarity in Poland through Michael Novak, a Catholic theologian and a friend of mine. I learned from these leaders directly and from their advisors that they desperately needed milk for the children, medicines, and detergents. Because of the poor diet, diarrhea was developing; without the means to disinfect, an epidemic of illness was threatening. They asked for technicians to help them develop their private detergent factories and milk-processing plants. This, of course, raised visions in my mind of missionary opportunities, so we went to work.

Before martial law was declared, we had already made arrangements to send a planeload of goods, particularly milk. After martial law was imposed, we felt the need to be sure these supplies would, without government interference, get to the people who really needed them. We worked very closely with the Catholic relief services through their agencies in Poland and received verification that the transmission of needed materials would not be interfered with. We sent our first shipment in January 1982. We continued our ef-

forts, helped sponsor a national fast, and received a major contribution from the LDS Church which enabled us to buy a large amount of high-grade, high-concentrate hospital disinfectant. The Church also offered to send food. We participated in airlifts sending medicines including detergents. One of our trustees was able to go to Poland and check on the distribution system in Warsaw. He met with health officials and high Catholic Church officials and became convinced firsthand that we could assure our donors that the donated materials were reaching the people in need.

In his experience in Poland, he had the opportunity to visit many hospitals including the children's hospital in Krakow which some of you have been involved with in an "adoption" program. He found that the sixteen or seventeen adopted hospitals had adequate medical supplies; but the many other hospitals who did not have those relationships with Western hospitals were suffering in conditions ranging from poor to desperate. He was personally devastated by his experience there in what we think of as a "civilized" country because of the decline of conditions caused by government mismanagement and ill-conceived decisions.

We continued to work, finally sending in June 1982 a large shipment which included a contribution from the LDS Church and many others from this area joined with the Polish-American Congress in Chicago. This shipment, about \$7 million worth, included milk, clothes, and medicines. Again we were able to send a representative who visited hospitals, observed the distribution from the port in Gdansk throughout the country as handled by the Catholic Church, again visited the children's hospital and other hospitals, and we got the same report: adequate facilities in adopted hospitals which had a continuing relationship with the West, desperate conditions elsewhere. He reported ten to twelve children in a room, enduring summer heat without air conditioning. He saw three children using a breathing machine alternately



with hand pumps operating in between. The sanitary conditions alone, he said, would have made him ill.

The main thing we learned from the reports of these two men was that the medicine there is based on western medicine, nourished by long-standing ties with the West. The decisions and mismanagement for the last ten years have completely undermined that system. For instance, the government no longer supports the purchase of western medical journals. You can imagine what that might do to a medical training system or even to a simple operation after four or five years. Doctors there are telling us without dramatics that they foresee the collapse of their whole medical structure because of the dearth of current information. Fairly sophisticated machinery that depends on parts and supplies from the West can no longer be used. Others are built with raw materials from the West which are no longer available. Health ministry officials told us that 50 percent of the pharmaceutical industry is shut down for want of raw materials. Lack of pace-maker parts from the West make it impossible to continue carrying out heart operations. Scores of EKG machines across the country are useless because there is no graph paper.

We were also able to talk with Catholic Church leaders, who for the

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first time are realizing they must take the responsibility of serving as a clearing house both ways, since the government will not and since there is no other agency to collect information about the specific needs, communicate those needs to the West, and then to receive precisely targeted supplies and distribute them. A few parts will make some now-useless machines operable again. At the same time, we could altruistically send some very sophisticated items over that are simply not needed.

There is, of course, a parallel need for coordination on the American end. We began work with the Polish-American Congress and now hope to serve as a clearinghouse for the information to make this system work. Through the fall we became less prominent than we had before and have concentrated on meeting medical needs. We were able

to raise about a quarter of a million dollars worth of supplies, filling the warehouse in Salt Lake City and shipping it in December 1982. We found excellent donations coming from clinics going out of operation or materials that were obsolete for our needs but relevant in Poland. We also began to organize to meet the need for medical journals. Dr. Chase Peterson of the University of Utah is working on organizing a system where we can send journals from a central point here to Poland. One of the problems is that doctors receiving journals from American friends hang onto them as very precious items. The Catholic Church has also agreed to organize the circulation system there.

What about the future? Val MacMurray, through his good offices, put us in touch with Reed Clegg, a former VA hospital administrator. He is helping us develop a plan to expand our operation beyond its concentration on Poland into meeting medical needs around the world in cases similar to those of Poland. This requires meeting emergency needs, seeing what aspects of our medical systems would be most appropriate in various countries and what kinds of help would, in fact, move people toward self-sufficiency. We have found that this country enjoys great surpluses which could be used effectively if we could organize and get it to the right places.

How can you help? We've found doctors already extremely helpful to us through their contacts, through their advocacy of what we're trying to do, through consultation with us so that we can understand as laymen what in fact can be most helpful in various places.

Why Poland? Why the Second World? Why, people ask us, are we trying to send food, clothing, and medicine to our "enemies?"

In the first place, Poland is a country that could be, should be, and—I'm convinced—will be helping other countries rather than needing help. In ten years it has been reduced from its traditional position as an exporter of food to a condition of dependency. With some well-targeted help over a period of time

and some internal changes that we hope are currently being made, Poland can become again a self-sufficient country.

But beyond that, I think that the gospel encourages us to love our enemies as part of our salvation. Particularly in the Second World and in meeting its needs do we have that opportunity. President Kimball has reminded us that we never defeat enemies. Our only victory is to change them into friends through the love we show to them. I think that part of my compulsion, surfacing in the dreams of the night to help Poland, arose from feeling that I needed to learn that kind of love. We need to meet the kinds of needs that have already been outlined for us in the Third World, and we also need to help those whom we too often think of as our enemies.

Elder Marion D. Hanks

It's a real honor for me to be associated with Sister Mary Ellen and Brother England and Brother Mac-Murray in this panel. I am suffused with various emotions—some tears that almost made it and some smiles that did when Mary Ellen talked about penning pigs. One who hasn't lived in Asia will not understand that pigs are leashed much like dogs to keep them in the family; you just don't leave them home. In some areas of the Philippines, the people walk around with their pigs on leashes, identifying them by name and keeping them in good order until the time for their proper disposition.

As I have listened to these remarkable, over-brief expressions of great commitment and wonderful devotion and effective service, I have thought how modest our own efforts have been and how much applause has been given, notwithstanding our desire otherwise. Let me, like Mary Ellen and Gene, give you a little history about what has happened.

In April 1980 we learned we were going to Asia. I knew that in Asia there were enormous refugee problems, great



It seemed to me that we were looking at some of "the least of these" whose needs cried out for our abundance.

concentrations of people who were in terrible trouble who were not being served adequately. I had previously been assigned to Asia for three years working out of Salt Lake City; and I was, therefore, aware of some of the problems which had arisen from political and military concerns and involvements. So, with a chance to live in Asia for a time, I began to make some preparations. The Brethren were wonderfully cooperative, surprisingly cooperative in a sense, because it is difficult to comprehend the refugee situation of Asia without being there.

A refugee fund was established by the Church. It was announced, the First Presidency gave their backing, and in meetings with the Welfare Services Committee—which involved various quorums of the Brethren and Relief Society—permission was given me to make some effort to intrude on the tremendous challenges that were out

there—again, in a very modest way.

Through a trip made, I decided we would like to help or try to help in a camp of about 2,000 refugees located in the heart of Bangkok. It was the most accessible and the most obvious, and the needs were clear. There were 2,000 people with a single teacher. We found her in a little room about as large as our bathroom with forty people sitting on the floor. She was leaning out over a horizontally divided door, dressed in dungarees, with a piece of board painted black and a piece of chalk, trying to teach those forty people of various ages something about the language and the customs of the countries to which they hoped to go.

Back home, I got authorization from the Brethren to assist with educational efforts in Lumpini camp. When we got back to Bangkok, we discovered that Lumpini had been closed through epidemic problems. A new camp was contemplated out near the Gulf of Thailand, 100 miles out of Bangkok. I surveyed that setting, tried to make arrangements with the United Nations official, and was rejected. He told me that the mere mention of my coming—that is, a Mormon official—had aroused such antagonism and opposition in all the voluntary agencies that they had gone out of their way to foreclose any future for the Mormons in helping with refu-

gee work in that area.

A miracle of sorts occurred. I was able to persuade—and I meant it—this wonderful young Swiss, who was giving his life to the work, spoke a dozen languages, and was a Christ-like person, that we could come in and give expert assistance without proselyting. I guaranteed it.

He said, “I am assured that Mormons are such aggressive proselyters that it is not possible for you to engage in this kind of work without your proselyting program.”

“I am responsible for the Church in Asia,” I replied, “I give you my personal assurance that it can and will happen and that we can give you something you are not getting from these other wonderful people. We will come with qualified people and will do a job for you that you will be grateful for.”

Mario Howard later described his action as a great leap of faith, but he agreed to our coming. I was then notified that we were assigned the cultural orientation responsibility at this large camp in Chonburi Province in Pan-atnikom, Thailand. I telexed home: “I need now to back up my word. We need the qualified teachers. We need the materials to supply them.”

The Brethren were sympathetic but said, “It is going to take a long time to get them to Thailand.”

I said, “Fine. We have a couple of weeks. Let’s get going!” They were anxious to help but quite sincere—it would take more time than that.

We wanted a videotape that would teach the people from day one of their departure for the United States through all the processes that would get them into a living accommodation of their own. While it was being prepared, my wife and I took our first trip around the missions of Asia, our direct responsibility. First, we went to Kaohsiung in Southern Taiwan and held a missionary meeting just for get-acquainted purposes with those 150 missionaries. They were excellent young people, many local Taiwanese among the Americans.

The meeting was not supposed to be lengthy or extensive, just a kind of

In another two weeks, we had a great videotape that showed refugees from beginning to end how to get to a new country.

drop-in view of the place, the people, and the physical circumstances. As part of the meeting, the mission president called on six missionaries—a number I had suggested—to give us an idea about the place and the people.

When the sixth spoke, President Baker leaned over to me and said, “Is that all you would like to hear from?”

I said, “Well, I am satisfied, but I would be happy to hear from any others if you have others you would like to call on.” “Well, maybe one more, if I may.” He called on a sister missionary.

She was a lovely looking young woman, and at the pulpit she said, “I joined the Church in Florida out of a very, very dedicated Catholic family. My joining was a great wrench to them and has been very disruptive to family unity. I am on this mission because I have a testimony of the gospel. I know the whisperings of the Spirit which brought me into the Church. Last night those whisperings came again. I was told I would speak today and what to say and so I prepared. When President Baker listed the six missionaries to speak, I began some serious self-examination. Had I mistaken the spirit? Then I saw President Baker lean over to President Hanks, and I knew the word was getting through; and so, I was called and this is what I am to say to you.” She then gave us the best two-and-a-half minute talk on love and forgetting ourselves and serving the Lord I have ever heard. She sat down.

The meeting ended after I had enjoyed a few minutes of blackboard fun with them about the scriptures and had borne my testimony. We stood up at the front shaking hands with the mis-

sionaries as they came by. But two didn’t come; they went out the back door. I had been concerned about the two—one Taiwanese, one a lovely American girl—because I had seen some pain and problems in those eyes. From long experience, I had known something there was of concern to me. So when they walked out the door, I became even more interested. Just as we were finishing shaking hands the two returned and came up to the front. I shook hands and said “Wait a minute.”

A conversation ensued. The American was Rida Edmunds, one of Sister Mary Ellen Edmunds’ closest and dearest friends.

I asked her a rather unusual question, three times, “What are you doing here?” Her first answer was that she was a welfare service missionary, her second was that she was trying to help the people, and her third answer, “I guess I don’t know what you mean. I am here as a missionary trying to do the work.”

I smiled and said, “What did you do before you came here?”

“I worked with a college president.”

“What is your educational background?”

She mentioned a master’s degree, and a doctor’s degree from Columbia University.

“In what field?”

“In community education, family education.”

I smiled again. “Shall I tell you what you are doing here? You are going to be the leader of the first organized team of Latter-day Saints moving into a refugee camp in Asia to help them get ready to go their third country.”

She began to cry. “Brother Hanks, for eight months I have been here pleading with the Lord to either help me get satisfied with what I am doing—which is very good work and which should satisfy me—or to fulfill the promises made in my blessing that I would be able to help some down-trodden refugee people in my lifetime.”

My wife and I went to lunch with the Bakers. I asked President Baker,

“How would you like to lose your finest sister missionary?”

Sister Baker said, “Oh, not sister Gerdes!” (She had given the talk on love.)

“Well,” I said, “I really didn’t have her in mind but that is a marvelous idea. How would you like to lose your *two* finest sister missionaries?” Those two with their credentials—one a social worker with university credentials, the other with a doctor’s degree in community education—came to Thailand as forerunners of the team the Mormons who were gathering to keep our promise.

We went over to Manila next and held a meeting with President Andrus’ missionaries. He asked, “Sister Kelly and Sister Bunker, will you come up and lead the music?”

One beautiful young woman touched a piano and it leaped into action, and the other one stood up and said “We’ll sing, We Thank Thee, O God, for a Prophet.” She was a master leader, had a master’s degree, and had taught school. The other could make any instrument respond. I said to President Andrus, “How would you like to lose your two finest sister missionaries?” They became the second two.

The next three I got out of Hong Kong, all with academic and personal qualifications that were exactly right for Thailand. In about ten days we had twelve wonderful Latter-day Saint women in Panatnikom. In another two weeks, we had a great videotape that showed refugees from beginning to end how to get to a new country. We had sole cultural orientation responsibility in nine big teaching sheds for thousands of refugees from all over Asia; these outstanding Mormon girls, under the direction of Sister Edmunds, our Columbia Ph.D., did the job. They have been there six months or eight months, in rotation, since October 1980. We have had people in that camp doing a work that you would be very proud of. Not much publicity; I deliberately wouldn’t permit it. I said, “We’ll *do* it and then we’ll talk about it.” So we have had a little *Deseret News Church Section* pub-

“There is something about these young women different from anybody else on earth. I have never seen refugee children leap into the arms of voluntary agency workers. Your people have something I do not understand, something that is different and real.”

licity, but publicity was not one of our purposes.

I established three objectives for the Brethren as we began. The first was: we want to do it because it needs to be done. These are God’s children. They are in terrible trouble. We’re his disciples. We ought to be helping.

We have never, to my knowledge, breached the rule of the camp against teaching religion. Every other religious group preaches, but we have not. We haven’t had one single complaint. Some people have been waiting all the time for the other shoe to drop, and they have been disappointed. The young people that were out there to teach have been obedient under unusual circumstances for missionaries. “Well, Brother Hanks, what do we say when they come to us and say, ‘Please tell us about your religion?’”

I say, “You put your arm through theirs or around them and say, ‘The camp rules prohibit the teaching of specific religions or religious principles; but when you get to your new home in America or Australia, you look up the Mormons, and they will be happy to teach you.’”

I cannot begin to tell you the interesting things that have happened. I repeat, so far as I know, we have not bent one rule. But these wonderful young women have taught principles,

by the Spirit so that a Jesuit, a marvelous man and a Christ-like person, who watched them greet groups of arriving refugees, said, “There is something about these young women different from anybody else on earth. I have never seen refugee children leap into the arms of voluntary agency workers. Your people have something I do not understand, something that is different and real.”

Well, I have told that story in a little detail, just as an illustration of what happened twice in camps in Hong Kong—miraculous stories, honestly miraculous. We have also been in a camp at Palawan off the Philippines, and then finally in the major camp at Bataan through which now funnel all the refugees that come to the United States.

Maybe I could add one more interesting incident. Just as I’d made commitments in Bangkok from which the Lord had to bail us out, so it happened in Hong Kong. One of our gracious, wonderful Latter-day Saint members was teaching out there in a camp all alone, plowing the ground so we could begin to plant the seeds. She was approached by a group who told her, “We have 8,000 refugee children and young people ages six to eighteen who are in trouble and getting in worse trouble. Chaos is beginning to set in. We have no educational programs for them and no recreational activities except for some education going on in little huts. Could you help us?”

This lovely woman said, “Yes, we will take the assignment.”

She called me on the phone and said, “We have it. What shall we do?”

I called Salt Lake City, sent some telexes again, and the *Church News* ran an advertisement for recreation specialists who could go to Asia. We didn’t get one response.

We had about two weeks, and before that time expired, the phone rang. I picked it up and on the other end was the mission president from Taichung. “Brother Hanks,” he said, “I’ve got a problem. I don’t like to bother you with it, with all your involvements, but I



Headman

have a wonderful sister missionary of Chinese extraction who was sent here on the assumption she could learn Mandarin easily. She just doesn't seem to be able to learn it. She has been here a few weeks and she is wonderful, but she cannot learn Mandarin. I need to know what to do. She is discouraged and downcast."

"What is her name?"

"Donna Cheung."

"What is her background?"

"Well, I think she was a teacher at BYU."

"In what field?"

"I don't know."

"Look up her record, will you?"

He looked it up. Donna Cheung, master's degree, professor of recreational organization, Brigham Young University.

I said, "How soon can you get her to Hong Kong?"

"She will be on an airplane this afternoon."

Donna Cheung, who found it difficult to learn Mandarin, came over and licked Cantonese in nothing flat, went into that camp with one associate missionary, and over an eight-month period, organized a recreational program of such remarkable strength that after the United Nations high command for Southeast Asia received a Nobel Prize last year, the Frenchman who headed

There was something about experiencing those conditions firsthand that gave new urgency to the statistics.

their program visited this particular camp, observed our people in action, wept, and said, "We could never have succeeded in this camp without your people."

We withdrew from the Kaitak North temporary transit center in Hong Kong when the time approached to close the camp. This letter came from Mr. Morgan, vice-president of Red Cross International, acknowledging that the camp would be closing and commending us:

"There is no doubt that the services your Church has provided have been enormously appreciated by the refugees. So often these poor people have been bewildered and overwhelmed by the mere act of survival in a hostile environment. Your Church members have given them the moment of respite, the instruction, and the hope for a future that will help them pick up

the shattered threads of their lives. But your members have given something else too. There is a better understanding of your own objectives and ideals to the members of the other agencies and the people working in this center. Working together we have all moved closer and become ourselves much more understanding and tolerant. We are all going to miss you very much."

The first objective I had set for our involvement with the Brethren was to do it just because it needs to be done, and we're the disciples of the Lord who ought to be doing it, not just the great Methodists, Jesuits, the Red Cross, and others. The second objective was to improve our institutional credibility, not because we wanted credit but because we wanted the credibility that comes when you do something worth being appreciated for. Our reputation throughout Asia was of aggressive proselyters; and when, from a government official had come such word as this, "No, you may not use the big hall for the meeting you request because the Mormons are not engaged in acts of Christian service," your heart aches a bit—mine wept. That has changed to a measure through the work done by these outstanding young people in the camps of Asia.

When Brother David Kennedy and his associates went to visit the queen in Thailand, she, who had learned about our efforts here and met some of our returned Welfare Services people in a visit to Salt Lake City, greeted Brother Kennedy's party with open arms and talked about the help we hoped to be able to give in the hill countries.

This incident illustrates a significant political reality. We were about to be expelled from Thailand. It had been printed on the front page of the paper. We were one of three groups named specifically who were going to be expelled. That hasn't happened. I have confidence it won't happen. Instead of having to go to Penang, Malaysia, every 90 days to get a new visa, our missionaries are now granted a year's visit in the country. Things have happened.

The credibility that comes with doing the work is the third objective. I told the Brethren I didn't know whether I would live to see it, but I had every confidence that we would see a strengthening of the kingdom if we just did the work of the Lord for those who came seeking, even though the initial result would be incidental to our purposes. We have seen that hope fulfilled in such measure as could be called miraculous. These programs are being augmented by a program in the Philippines started by Sister Edmunds and others of her caliber now producing basic health care. Our people discovered that almost every Filipino has worms. It's that simple. They don't know how to purify water; sanitation and hygiene are terrible; nutrition is poor. In a period of less than six months, some of our great people have dramatically changed things. Purified water, elements of personal hygiene, better nutrition, and no worms—we're helping to bring about that kind of thing. I hope and pray that your great abilities and resources may somehow be channeled and the credibility of the Church increased through the services you and your peers give. I suppose you know that there are many, many wonderful Latter-day Saints representing other agencies all through Asia that come and do great work. The Church itself has not been credited; it isn't credit we're after but the recognition that we are Christ's servants and that we are doing the work of the Lord. I hope to see that recognition reach more organized fruition in the time to come and commend you and pray God to bless you in Jesus' name. Amen.

Questions and Answers

MacMurray: We have a few minutes now for your questions or comments. Yes?

Question: You suggested at the first that you'd tell us a little about your position and the Church's position and what you're doing. Could you do that please?

MacMurray: As I mentioned, my posi-

Holdman



Malnutrition is, without exaggeration, the lot of entire nations.

tion is Church Health Officer. When the Church divested itself of its 14 hospitals, Jim Mason went to work for the State of Utah. Some of the responsibility connected with his position remained even though the hospitals went. It is those areas for which I am now responsible—dealing with catastrophic illness through use of fast offering funds, etc. An additional responsibility is as executive director of the Thrasher Research Fund that was created as the result of a significant contribution by a man who isn't a member of the Church, Al Thrasher. That fund might be the specific mechanism that Elder Hanks and others are talking about that could potentially be a vehicle for future projects in developing countries.

Question: Would you elaborate a little more on the Church's present stand as far as helping people that aren't Mormon?

MacMurray: I think Elder Hanks explained it well. I don't believe there's an official position, but I wondered, as I

prepared for this presentation, whether we may be in the process of developing such a position. I would hope that I, with others, will have an opportunity to pursue it. There has been some caution about proceeding too rapidly in the international area; but my personal view is that things seem to be developing, and we'll see more interest and involvement in that area. I'm not sure it will take the direction of direct Church involvement as much as developing some support and encouragement on the part of individual Church members making contributions.

Question: I'm personally quite moved, as I'm sure many of us are, by these experiences in the international world. What is it that I can do as an individual? What can we do as a group of physicians to fulfill our commitment to our fellow brothers?

England: I guess I have to say, move as the Lord moves you. What am I doing, an English professor at BYU, trying to help people in Poland? It doesn't make any sense at all. And yet I have to do it, and I can't believe that I could have done it without the Lord's help. What his long-range purposes are I can't understand fully. I think Elder Hanks has explained it much better than I can. It has to do with understanding what Matthew 25 is all about. I think you need to read that and ask the Lord how

you can fulfill that charge. He'll find some ways for you.

I think the Lord established his kingdom in this country for this purpose, among many others, where, despite our feeling that we're in an economic depression and suffering, we have a standard of living higher than 95 to 98 percent of the people in the world. We have much to give. We have time. We have all kinds of resources. There is medical material in this country that goes to waste every day that could meet needs around the world if it could be organized and transported to an appropriate place. You men and women have that kind of knowledge and access to those resources, much more than I do. Help us! Get in touch with us. We can use the resources if you'll let us know where they are.

Matthew 25 seems to me to be the high note and culmination of the Savior's teaching. Three parables are taught. The one about the ten virgins, five of whom were ready and five not, teaches a clear lesson: get ready. Live the gospel yourself. The second parable is the parable of the talents. Does that have some relevancy here? That message is to use well what you have. The third parable is the gathering of the goats on the left, the sheep on the right, "inasmuch as ye have done it unto one of the least of these..." I think your group has an interest. The letters we're getting are an indication that we are prepared.

I don't know what the Church will do or should do. I have great respect for the Seventh-Day Adventists, for instance; but I think we would not want to try to duplicate their program. We can use existing agencies. We can, through organizations like yours, summon the expert help, the materials, and perhaps some resources. I have every confidence—I believe absolutely—that as our modest efforts were rewarded with miracles as great as any that ever happened to Wilford Woodruff. The doors will open. I think we need to be ready, and I think that's what you're doing here.

I hope that your great abilities and resources may somehow be channeled and the credibility of the Church increased through the services you and your peers give.

Question: Can you give us an address, telephone number and personnel we can contact if we wish to give time, money, materials, or other contributions?

MacMurray: I would be happy to provide as much information as I have. Contact me as Church Health Officer, 50 East North Temple. If you want to respond particularly through Gene's project, contact him for materials. If you have medical journals or other things you want to contribute, I'm sure he will be happy to have them.

Question: I've been a stake president about seven years and had missionaries go all over the place including South America. Three of them came home ill. We had to deal with the illness and then send them back. I think we need to improve the preparation of missionaries going into these countries. Is there a way we could be a resource to improve the status of the health of our missionaries?

Edmunds: I think it would be useful to explain some of the training we're doing and what we see as needed for the future. We're doing a study in Chile with three different missions to find out if we can make a difference and what will make the most difference. Is it making the water safe? Washing hands? In 1971 when they did a study, we had 350 cases of hepatitis. Lately we may have one or two a year because of the introduction of gamma globulin for our missionaries. At the MTC we're trying to give them instruction on how to stay

well without frightening them. Some of the things that have been tried have been so frightening that the missionaries don't want to touch anything including the people. They've kept themselves so removed that they haven't been successful.

Brinton: Just briefly one comment that will help in asking some of the questions I think you'd like to ask. Within the last two weeks, some people have heard about our organization, particularly Ecuador's minister of health, Dr. Andara, who became acquainted with the Church through treating Sister Camilla Kimball in South America. He is not LDS but as the minister of health in Ecuador contacted the Collegium's office. He has two daughters at BYU and knows about the Church. He has asked that we become involved in helping their country recuperate from extensive flooding and related problems. In addition to the people, the missionaries need our medical expertise. We could cut down all this travel back and forth to the United States for medical care if a few of us could arrange our time to spend six months as full-time medical missionaries. We met as the executive body of the Collegium yesterday and agreed to take on the responsibility of flying in supplies and assistance to Ecuador. We have had one project already, and I thought you might need to know as you ask these questions.

Question: American medicine is going to be changing a lot in the next few years. A doctor glut is predicted for the '90s. We'll have a lot of LDS physicians who are young and have a desire to serve but who have no finances to send themselves on missions. Those of us who have participated in a Seventh-Day Adventist mission or in other Christian medical efforts feel guilty, although we feel good about the work we have done. It seems like there may be a real need and there may be a tremendous resource of manpower that's there to tap.

MacMurray: Yes, I just want to say your comment is well received. I believe that is true. I think there will be

many opportunities for something to develop. Like Elder Hanks, I feel it in my bones, and I think it may begin with individuals.

Question: If we've already started in Ecuador, this body could be a representative, not necessarily of the Church but of our membership. Could we approach their leadership and say, "Look, we have all these expert people. How can we help you?" If we had our experts there helping their people on the invitation of their government, not necessarily to proselyte but following Brother Hanks' example, we could meet our obligation to help our fellow humans temporally as well as spiritually.

Brinton: I saw a slide presentation of the opening of the African Mission. The Spirit whispered to me that I would go to Africa on a mission. I had that opportunity. I went to Lagos in Nigeria, a small town of twelve million. (New York has nine million.) I'm a vascular and general surgeon. In West Africa, where one of five Africans are Nigerian, they deeply respect education and degrees. A physician can get places no one else can. The Church had the problem of getting legal recognition in Nigeria. Doors were opened to me as a physician that perhaps may have been closed to almost anybody else. But my feeling is that we could all serve a short-term mission. I had the option to go for six months, a year, or a year and one-half. Most of us can spare six months out of our busy schedule. We would be tremendously helpful all over the world.

MacMurray: Your efforts on behalf of the Thrasher Fund in fact did open doors for us. Dr. Mason and I are going back in April, we hope, if the unrest settles down there. We now have some permission to initiate a project over there. Much of that is due to efforts of you and others who were there.

Question: With the emphasis on health education and prevention, what might be a role for the physician?

MacMurray: Originally, the program was a health-missionary call. After that went on for a while, it was made to encompass Welfare Services, which in-

I believe we may see further contributions for those who are in need, particularly in the third world.

cluded health, education, financial skills, employment, etc. I do think there is a role for people qualified in health. In Nigeria we would hope to involve water and sanitation experts, nurses, physicians, dentists, agricultural workers, and others who have specific training in these areas. But the program has broadened beyond health missionaries to welfare service missionaries. Mary Ellen, do you want to add anything to that?

Edmunds: I think the major change has been the name. The basic desire and goal is the same. One of the recent physicians who went was a woman, thirty-three years old. She has been a member of the Church for three years. Her internship and residency and two years of experience were in family medicine. She is in the Costa Rica San Jose mission having the time of her life working with a wide variety of activities including health care for the missionaries.

Question: Can family people go? I'm an orthopedic surgeon. I have a family of teenagers, and I can't leave them. I could be and would be willing to go, and I would like to help in the area of my expertise. Can I go and take my family?

MacMurray: Well, I think it would depend on where you're going. I don't think you'd want to take your family to Nigeria. Living conditions and other circumstances would make it very difficult. Other areas might have similar problems but maybe not to the same extent. I really don't know the answer to that question. In fact, I would throw it back to you and your organization to think through that one.

Dennis: In Guatemala I took my family into a very backwoods area—200,000 people and no physician—in 1969. We have an orthopedic surgeon who is go-

ing to Greece next month. They don't have an orthopedic surgeon in the country. If we'd use our expertise all around the world, representing the Church or this organization, our impact would be tremendous.

Hanks: One thing I think Val may help to be able to bring about is to get an inventory of needs. I'd like to see us with an accessible inventory of places where there is real need for the quality and the capacities you have. And then I'd like to see an inventory of our capacities. Who are you? What do you have? Where are you willing to go? What are your particular circumstances (family, etc.)? How long could you stay? Two months? I don't think the Church has to establish a big agency. I think we already have people with the quality and the capacity to handle such a task. We've recommended it formally.

MacMurray: I think the inventory idea is excellent and that the medical academy could pull that together! ❧