

MISSIONARY
DOCUMENTARY

Our story begins in October 1988. My wife, Joanne, and I were sitting comfortably in our ward chapel viewing a satellite broadcast of general conference. Elder David B. Haight was speaking about the need for couples to serve missions. As a youth I had served a mission in Mexico, and when he mentioned that in the 58 Latin American missions there were only 51 couples serving in an area where the Church could effectively use 2,000, I was hit by a bolt of lightning. □ I was 59 years old at the time and had a rewarding solo practice as a general surgeon in San Jose, California. We were living in Saratoga, a Garden of Eden-like suburb of San Jose. Four of our five children were married, and an 18-year-old was living at home and

B Y R I C H A R D W . H A R D Y , M . D .

*planning to go on a mission when he turned 19. Like many member couples, we had talked of going on a mission together after I retired and after we had a chance to travel and do some of the things we had delayed while the children were growing up. Those plans changed when I heard Elder Haight. □ Two weeks later we attended stake conference and listened to Elder Scott talk about the need for missionary couples, and again I was deeply impressed with the need to go on a mission **now**—not 5 or 10 years from now. My wife was not so convinced. We were enjoying our children and grandchildren, and she was teaching early morning seminary, which she dearly loved. Our lives were full and rewarding as they were. But as I continued to receive inspiration that now was the time to go on a mission, my wife's ribs were becoming bruised as my elbow would punch her when the topic repeatedly came up over the next two months.*

In December we decided to talk to our bishop. We expressed our desires to go on a mission the next summer, just after our youngest son would go on his mission, so that we, serving for 18 months, would be able to see him off and be home when he returned. The bishop was supportive and pleased with our desire to serve and talked to us about our preparation for a mission. This was an important point, because couple missionaries, even more so than young missionaries, need to prepare physically, intellectually, economically, emotionally, and spiritually for a mission. We got in our papers, and our call came in April to serve in the Lima Peru North Mission with an assignment of leadership, fellowshipping, and proselytizing. We were to report to the MTC in August.

Word got out of our mission call, and my brother-in-law who lives in Salt Lake City told us that his neighbor, Dr. Quinton Harris, a member of the Missionary Medical Advisory Committee, would like to talk to us. We met with him in May during a trip to Salt Lake City to attend the temple with our son and family. Dr. Harris told us that our application must have slipped through the cracks, because their committee was to know of all doctors and nurses who receive mission calls. I had known Quinton on my mission in Mexico and also at the University of Utah Medical School. He had been a mission president in Mexico a few years before and had lots of experience with the medical problems of missionaries. He informed us that, in addition to our called assignment, we would be working in a medical capacity helping to keep the missionaries healthy. We were told it was found that at any one time in Third World countries, a significant number of the missionaries were inactivated because of illness. Though only a few were actually sick, their conditions restricted their companions as well. It was a big problem. We were given much information and advice at this meeting and were told that we would receive more training in this regard at the MTC. We didn't.

The day before our farewell, we received word that our mission call had been changed from Peru to the Santiago Chile North Mission because of political unrest in Peru. Our mission president, President Craig Zwick, a son of a ward member of my teenage years, also had his call changed from Peru to Chile. We had corresponded by phone several times about what we would be doing, but during the first week in the MTC, we received word that he would like us to come immediately. He needed medical help.

Joanne was just starting her Spanish instruction, and I felt she would be much happier and useful if she had some command of the language. So we asked to stay in the MTC but did leave after five instead of eight weeks.

A word about the MTC: It is the celestial kingdom, a spiritual paradise, a time of eminently satisfying learning, a place where you quickly make eternal friends. It would

be wonderful if every member could go to the MTC every couple years to get a spiritual tune-up.

There is a place and a need for every couple in the Church whose family has grown and who are able to serve a mission. There is a place where your individual talent can make a great contribution. It may be teaching home-making or agriculture methods; it may be training leaders, both men and women; it may be teaching music. Especially now, there is a place and a need for doctors to serve in the mission field.

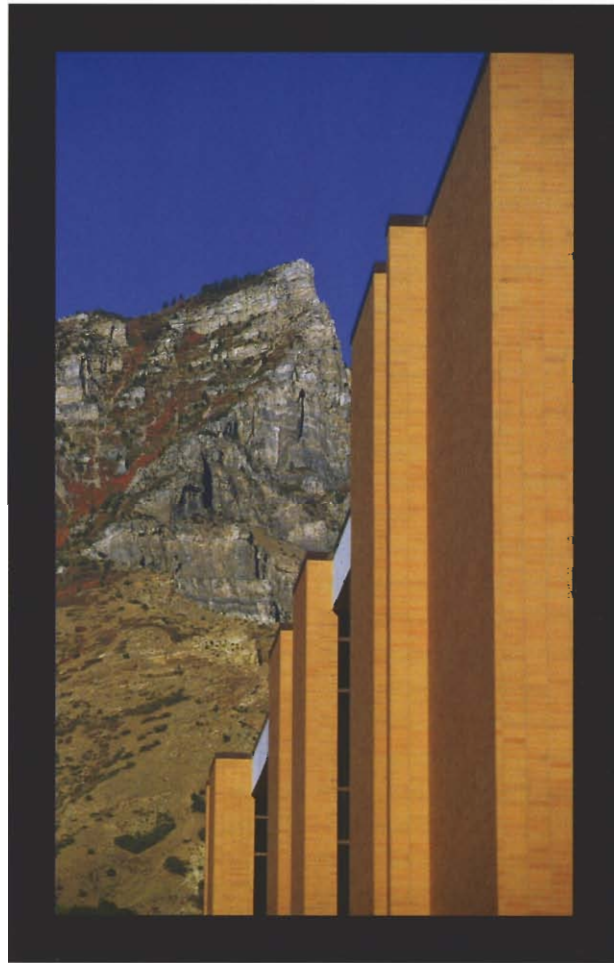
Elder Joe Murin told us in a recent conversation that at the termination of his service as mission president in Costa Rica, he was to report for an hour to a member of the Council of the Twelve with a list of 10 items that he felt made his mission successful. First on his list was the great help he received from his couple missionaries. There was not time to discuss any of the other nine items. So it is, but especially for medical doctors. Mission presidents are the busiest people in the world, and to take on the responsibility of the spiritual health of their missionaries is a tremendous task. To add the responsibility of their physical health, a task for which they are ill prepared, is often an overwhelming burden.

When we arrived in Chile, we found that Sister Zwick, an extremely talented and intelligent woman and a great asset to her husband, was not at all prepared to give gamma globulin shots to 220 missionaries every three months. In fact, she was frightened to death of the prospect, but her predecessor had done just that and she thought it was her responsibility also.

We also found that the public hospitals were definitely places to keep missionaries away from at all costs. They were ill-equipped and understaffed, and most often the staff members were very poorly trained. We found casts being improperly applied by ill-trained technicians without the aid of an X ray, narcotics being used for treatment in lieu of a diagnosis, and whole upper body casts being used to treat simple clavicular fractures. We learned of a missionary placed in a cholera ward, where feces flooded the floors and patients lay naked and dying. He had received no culture or diagnosis and had, in fact, only a shigella dysentery. In maternity wards, mothers in labor were placed head to foot, two to a single bed, with no analgesia or anesthesia while awaiting delivery. A nurse would come by periodically with two large pan lids and clang them together and cry out, "Stop the screaming!" and then turn around and leave.

In contrast, we found in Santiago a superb clinic-hospital, the Clinica Los Condes, with excellent nursing,

The Missionary Training Center (MTC) helps prepare thousands of missionaries, young and old, to spread the light of the gospel throughout the world.



PHOTOGRAPH BY JOHN SYDNER

A WORD ABOUT THE MTC:
IT IS THE CELESTIAL KINGDOM,
A SPIRITUAL PARADISE, A TIME OF EMINENTLY
SATISFYING LEARNING, A PLACE WHERE YOU
QUICKLY MAKE ETERNAL FRIENDS. IT WOULD BE
WONDERFUL IF EVERY MEMBER COULD GO TO THE
MTC EVERY COUPLE YEARS TO GET A SPIRITUAL TUNE-UP.

the most modern equipment, every room a private room, and, most important, a very well-trained staff of doctors who kept up with the latest techniques, who had quality-assurance conferences, and who went to the United States or Europe for periodic update training. We investigated other better private hospitals and university hospitals but felt Los Condes to be by far the best. We then established a referral pattern with the medical director, a practicing internist, and also with a fine orthopedist, both of whom took a great interest in the missionaries. They were available day or night to personally take care of the missionaries or to refer them to the appropriate specialist, rather than have them simply go to the emergency room for treatment.

We established a weekly clinic for the missionaries in the Church office building in Santiago, seeing chronic cases referred from throughout Chile and acute cases from the two Santiago missions. During the first two weeks in Chile, we interviewed all the missionaries in our mission, the Santiago South Mission, giving the dreaded gamma globulin shots, training other missionaries to give the shots, taking a medical history on all missionaries, and examining and treating those with present problems.

We found the most common problem to be diarrhea, although it was not as bad as in other Third World countries. Almost all missionaries had travelers diarrhea early in their missions, but about 30 percent reported continuing diarrhea, which occurred almost weekly or 30–50 times during their mission. Upon investigation, we found this was not diarrhea but loose stools after passing a plug or hard stool. This problem was solved quite simply by explaining the problem and then modifying their diet, introducing more water and fiber into their diet.

After a while we knew the most common medical problems and wrote information sheets as to the cause, prevention, and self-treatment of those problems. We then toured the mission zone conferences and lectured on those problems to large groups of missionaries. My wife is a superb teacher and devised audiovisual presentations in which we sang about diarrhea and about tooth care, devised posters about the happy and sad gastrointestinal tract, and even produced a melodrama about "The Foot Family" and their trials and perils while on a mission.

Our home just south of Santiago served as an extended care facility, where we welcomed recuperating missionaries and where we loved and treated missionaries with some serious emotional problems. (Brownies are an excellent "drug" for such missionaries.) We eventually repeated these services in all the six missions in Chile, some more than once, getting to know six great mission presidents and their wives and families. We met hundreds of missionaries, who even today will stop us in a restaurant or on the street and ask about "The Foot Family" or affirm that they

are still eating fiber foods. We cherish these memories.

Districts are a headache to mission presidents, because they are responsible for the ecclesiastical progress and problems of these blossoming areas as well as for the missionaries and missionary work. Couples are great help in the districts. I was called to be president of a problem branch where they had not had a president who was a member living in the boundaries of the branch for more than two years. There was no Primary when we arrived; the children just played outside during meetings. I called my wife to be Primary president even though she could hardly speak any Spanish. You don't absolutely need a spoken language to communicate with children; she did it by love and songs.

I was released as branch president after a year, when a counselor became the able branch president, and my wife's counselors were by then very well qualified to take over as Primary president and counselor. I was then called to be a counselor to the mission president, and our duties involved a different teaching load with the stakes of the mission. Add to all this the privilege of meeting and working with wonderful people, of visiting from top to bottom the 3,000-mile length of a beautiful and wonderful and relatively hidden treasure of a country called Chile, and—most of all—of spending our full time serving the Lord and being blessed by his Spirit, protection, and guidance. We had a wonderful 18 months.

We had been home just 13 months, spending time with our children and grandchildren and getting to know the two beautiful granddaughters born while we were away, when we received a phone call from the Church Welfare Services asking if we would accept a call to organize and administer a Health Fair in Central America. After our experience in Chile, we knew we would serve again and had started to remodel our home in preparation for selling it before we left again on a mission. I did not reopen a practice (malpractice insurance for a surgeon made that impractical), but I did assist at surgery and worked in an outlying clinic. We had set tentative plans to apply for a mission at the end of the year. Since we were in the middle of a remodeling, we could not go immediately as they requested. We finished the remodeling project, put the remaining remodeling and selling of our house on hold, persuaded our son to live in and take care of the house, and left in June 1992 to serve for 18 months in Central America. We were assigned not to a mission but to the area presidency, to work with the Health Fair in Honduras and Guatemala and with the health of the missionaries in all of the then 10 Central American missions.

The Health Fair had originated several years before in the Caribbean. It was a large fair requiring a covered, secure space of more than 5,000 square feet to present it properly. The fair had been under the direction of mission

presidents in most of the countries in which it had been presented, and the tendency was to use it as an obvious proselytizing tool. It had run into ecclesiastical and political opposition in a number of countries, and just before we arrived in Central America, it had been asked to leave Honduras. Our job was to secure entry into Guatemala without duty, establish contact with government leaders and heads of other health organizations and secure their participation and/or cooperation, and then arrange for a tour of the fair in Guatemala.

We found that the fair was in need of repair and of adaptation to the needs of Guatemala. These problems were overcome, and with the Lord's help and guidance, we opened the fair on January 18, 1993, at the National Palace—with the Minister of Health cutting the ribbon; TV, radio, and press coverage; and more than 800 people attending the inauguration. This impressive beginning gave us the credentials to place the fair in large covered malls and state houses or community centers throughout Guatemala. We established relations with the district (state) governors and the mayors of the larger cities, securing their cooperation and that of other civic leaders. The fair toured with an average attendance of more than 1,000 people per day until we left Guatemala in December 1993. Another missionary couple assisted with the fair's day-by-day management, and many members and non-members gave community service in presenting it.

We felt rewarded in this humanitarian endeavor and had many inspirational experiences. Our work with the missionaries almost duplicated that in Chile, except here we were working in seven Latin American countries and 11 missions and also with nurse missionaries assigned to about half the missions. We also had the great privilege of working closely under the area presidency and receiving their inspired guidance and assistance.

Let me say a little more about preparing for a mission. I had fallen off my roof and broken my ankle a year before our first mission, and the resulting physical limitation caused my weight to climb. My bishop wisely suggested that I get my weight back down as part of the preparation. I also asked for a release from my Church calling (for the first time in my life) and to be called as a stake missionary, which was done. Although I had previously served as a stake missionary and high council advisor to the stake mission, this was a very helpful part of my preparation. I also started to review my Spanish (which I had almost forgotten in the ensuing 20 years), hoping that we would receive a call to a Spanish-speaking mission. I read the Book of Mormon in Spanish, looking up words I clearly did not know, and I also listened to Mexican television, which was hard because they talked so fast. I tried to get my wife to start a Spanish training course, but she resisted, countering with the possibility that we would be

sent to China. I wondered what to do about my practice and diligently tried to find a young LDS doctor to come into practice with me or to take over my practice, for I was the only LDS general surgeon in a population area of more than one and a half million people and knew the need for LDS doctors in the area. I was unsuccessful in this effort and finally closed my practice in July 1989.

There are several problems common to most missionary couples. One is what to do with their home. Some use this opportunity to sell their home and move into a condominium or a home that needs little upkeep, or they may delay buying a new home till they return, putting their furniture in storage while they are gone. Others leave their home empty, enlisting someone to care for it. We invited our daughter and son-in-law, who had just graduated from law school, to come live in our home while we were gone. It is also wise to have your financial affairs in order and as simple as possible so that you are not too involved with these problems on your mission. Mail for a doctor can become a problem. I would suggest that you discontinue all subscriptions to journals that are not absolutely necessary to keep up with what is going on in medicine. Then have your family file a letter-forwarding request with the post office every three months, sending the mail directly to you (in the stateside missions) or via the Church "pouch" (to foreign missions).

A doctor's wife will be able to use her talents in many rewarding activities. Wives will often be involved in leadership training with the women's organizations. Although my wife feels she is at the bottom of the pool of musical talent in our Saratoga Ward, she was often the *only* musical talent in the missions and greatly enjoyed playing the piano, leading choruses, and teaching music. She was also the resident "Lucy," the psychiatrist and counselor to a multitude of homesick, despondent, and sometimes confused missionaries, and her hugs were legendary for their healing powers. She typed dictation of my examinations, which we kept on a computer, and typed and helped write our discussions and presentations. She gave her love to the people and was instrumental in the conversions and change in the lives of numerous individuals. Besides, she is a great cook and companion, whom I couldn't do without. Exciting, strengthening experiences await the wife in a missionary couple as she uses her God-given talents.

The two missions were quite different overall but similar in their medical involvement. Each day of both missions was filled with rewarding experiences that have left memories we cherish. We have been greatly blessed during these missions and would not have traded them for all the cruises or tours in the world. It would be wonderful if we had the 6,000 missionary couples worldwide that Elder Haight called for in 1988. God willing, we will go again. How about you? Try it. You'll like it. □