



# The Star Thrower

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## Christian Service in Africa

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*Given at the first annual meeting of  
Collegium Aesculapum.*

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**D**uring a recent visit with Elder Marion D. Hanks, he introduced me to an essay by anthropolo-

gist Loren Eiseley called "The Star Thrower."

In this essay, Eiseley walks along

the stormy beach of Costabel with the wind roaring at his back and the sea gulls screaming. It is always stormy at



Illustration by Mark Robison

Costabel, and the tourists who come there do not swim or sail. Instead they collect the shellfish and sea life tossed up each night, boil them in large kettles provided by the hotels, and take home shells to add to their collection. Eiseley walks far down the beach around a point away from the collectors and sees "a gigantic rainbow of incredible perfection. . . . Somewhere toward its foot I discerned a human figure standing, as it seemed to me, within the rainbow, though unconscious of his position. He was gazing fixedly at something in the sand." When Eiseley comes up to him, the man kneels again. "In a pool of sand and silt a starfish had thrust its arms up stiffly and was holding its body away from the stifling mud. 'It's still alive,' I ventured.

"Yes," he said, and with a quick yet gentle movement he picked up the star and spun it over my head and far out into the sea. It sank in a burst of spume, and the waters roared once more.

"It may live," he said, "if the offshore pull is strong enough." He spoke gently, and across his bronzed, worn face the light still came and went in subtly altering colors."

At first Eiseley feels only the futility of the man's efforts, throwing one starfish at a time back into the sea when it nightly tosses out hundreds. He walks away, looking not at the rainbow but "at the shell collectors with their vulgar little spades and the stick-length shelling pincers that eased their elderly backs while they snatched at treasures in the sand. I chose to look full at the steaming kettles in which beautiful voiceless things were being boiled alive."

The next morning, however, he goes out to the beach. Again the star thrower is there and again, "in the sweet rain-swept morning, that great many-hued rainbow still lurked and wavered tentatively beyond him. Silently I sought and picked up a still-living star,

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**With the discovery that glucose dramatically speeds the body's absorption of needed fluids, a mere eight teaspoons full of sugar to one of salt in a liter of water can save a child's life. Four million of these children could be saved.**

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spinning it far out into the waves. I spoke once briefly. 'I understand,' I said. 'Call me another thrower'" (*The Unexpected Universe* [New York: Harcourt Brace Jovanovich, Inc., A Harvest Book, c. 1969], 67-92).

We are a rather small collection of star throwers. In a world where materialism, cynicism, and hopelessness seem to prevail, we share the message of greatest hope—the gospel of Jesus Christ—and we fling that hope against the indifference and cruelty of much of the human existence.

Why should we, as members of the Church, be concerned with developing nations? This question is seldom discussed in any depth once our Christian responsibility to feed the hungry, clothe the naked, and care for the fatherless is acknowledged. Asking the question outrages our human heart. What kind of human beings would we ourselves be and become if we, like the tourists, see in those mute lives from the sea, only an opportunity to enhance our own collections?

But the question still deserves a rigorous answer. The needs are enormous. Our resources are already claimed at home. In any case, they simply could not meet those needs, even if we gave everything. However, let me suggest some reasons that I, at least, find crucially important for consistent, systematic involvement in developing countries from our base in a com-

paratively wealthy industrialized nation.

1. The aggregate needs may be overwhelming, but hunger and pain are experienced individual by individual. In the same way, we can relieve some needs, individual by individual. To help one person is better than helping no one. To refuse to help one person because we cannot help one hundred is, in some respects, a self-indulgence, a refusal to acknowledge our own limitations and to grieve for them even as we attempt to magnify them. It is to stand with the shell collectors, boiling starfish alive.

I think of Mother Teresa, holding the hand of a dying man and giving him the only gift she had, the gift of dying "within the sight of a loving face" (Malcolm Muggeridge, *Something Beautiful for God: Mother Teresa of Calcutta* [Garden City, N.Y.: Doubleday & Company, Inc. Image Books, 1971, 31]. She did not have the medical resources necessary to reclaim his life nor the food to reverse the debilitating malnutrition that had sapped his strength before disease came; but she did not, for that reason, think that what she had was not enough. "We ourselves feel that what we are doing is just a drop in the ocean," she conceded, "but if that drop was not in the ocean I think the ocean will be less because of that missing drop" (Ibid., p. 92).

2. A second reason for our involvement in the third world is the intensely practical need of proclaiming the gospel of peace to all nations and all people regardless of social, economic, and political persuasions, even to those we perceive as our enemies.

Gary Browning, a BYU professor, has eloquently demonstrated this point in describing his personal odyssey beyond stereotypes of the Russian people. He described as typical of many encounters the kindness Olga Dormidontovna showed to their two children when his family stayed at the hotel she managed in Russia. Olga never married, like millions of Russian women her age, because World War II killed twenty million Soviets, including most of the men of her generation. On

the basis of his knowledge of Russian people, Browning concludes: "The better I know them as individuals, as human beings, the more I respect and love these Russians and the less I agree with those who consider the Russian people evil and therefore expendable pawns in the Satanic nuclear chess game" (Gary L. Browning, "The Russian Chimera," *Sunstone* 7 [Nov.-Dec. 1982]: 19-20). It is when we see others primarily as human beings, children of heavenly parents, that the concept of proclaiming the gospel of peace has meaning.

As Eugene England points out, "To touch the heart of an enemy and heal division is difficult—among the most difficult and important of human duties. It requires risk, imaginative effort to overcome suspicion, hard-headed negotiation and calling to repentance at the right moment—followed by an increase of mercy and generosity. But each of us has had enough experience at the personal level to sense that it can be done and something of how it could be done between nations" (Eugene England, "Can Nations Love Their Enemies: An LDS Theology of Peace," *Sunstone* 7 [Nov.-Dec. 1982]: 56).

It is significant to me that there is not a moment to lose but that it is never too late to begin. Even though Eiseley walked away from his first encounter with the star thrower, he returned the next morning to join him in his task.

3. A third purely practical problem is that our usual approach to the gospel is centered on human needs beyond survival level. We would not expect a couple to listen about the Book of Mormon while their child is wailing the thin, hopeless cry of starvation, a sound almost without the energy to make itself heard. Similarly, we need to select those aspects of the gospel that are relevant to their situations. In many cases, this involves meeting survival needs at the human level with Christian service. Elder Marion D. Hanks so clearly saw this issue that he was willing to guarantee that his welfare services missionaries, afire with tes-

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timony, would not preach the gospel by so much as a syllable as they met the educational needs of refugees in Asian camps. He has called eloquently for more systematic expansion of our Christian service as individuals and as a Church to meet those sometimes desperate needs. Clearly he points out that such service answers, without argument and without room for disputation, those who would see our efforts as just another way of seeking converts. He has expressed many times his conviction that the multiple needs for Christian service can best be fulfilled by those who truly understand the Christ and are acquainted with his direction that those who wish to be with him eternally need not only to be taught and baptized and receive the blessings of the gospel but must understand that the gospel requires that we help those who are hungry and thirsty, homeless and naked, sick and imprisoned.

4. These three reasons for our involvement in developing nations have been practical—psychological, sociological, and administrative. Undergirding and overarching all of them, infusing them and transforming them, is the fourth reason—the divine injunction to "love one another as I have loved you" (John 15:12). We simply cannot claim to fulfill that commandment to love if we, as James gently points out, see a "brother or sister . . . naked, and desti-

tute of daily food, and . . . say unto them, depart in peace, be ye warmed and filled; notwithstanding ye give them not those things which are needful to the body; what doth it profit? . . . faith, if it hath not works, is dead, being alone" (James 2:15–17).

Our responsibility is thus great, not only to contribute to the Christian work of service, but to make a distinctive contribution. Elder Neal A. Maxwell pointed out that distinctive contribution at a gathering to celebrate our international expansion in 1976.

"The Church constitutes a distinct alternative to the world. We are a counter-culture. . . . Our whole assumption is that we change the world by changing individuals. Ours is the original gospel of hope." At the same conference, Noel B. Reynolds, then chairman of BYU's Philosophy Department, went further and said, "The work of the gospel is essentially subversive of the views perpetuated by the cultures of men . . . as world views to which they have previously been exposed" (Neal A. Maxwell and Noel B. Reynolds, "Selected Remarks: Excerpts from 'The Expanding Church' Symposium," *Ensign* Dec. 1976, 14, 16). As Latter-day Saints we must manifest that difference, not by excluding Christian charity from our legitimate field of interests but by making it the focus of our gospel teaching.

President Kimball marked out a wide field for our efforts in his visionary talk to the Regional Representatives in 1979 about the possibilities of taking the gospel to China. In moving our thinking beyond the conventional, he stated, "At first send members who can provide a service for China. China desperately needs help in the following missionary-related fields: Agriculture, education, medicine, (and) technology" (Spencer W. Kimball, "Remarks, Regional Representatives Seminar," 20 March 1979; photocopy of typescript, Historical Department Archives of the Church of Jesus Christ of Latter-day Saints, Salt Lake City, Utah, 10).

I have discussed in some detail the appropriateness of Christian service for members of the Church among the de-

veloping nations. Now I would like to share with you some information about the proposed theater for our operations—Nigeria. Although these reasons I have given about Christian service would, I believe, be efficacious in settings all over the globe—including some of our own neighborhoods—my own responsibility in the Thrasher Fund involves Africa. As you know, recent attention has been focused on Nigeria and Ghana through the Church missionary program. Many Nigerians and Ghanians who had very limited contact with the Church but who were deeply interested in learning more had formed types of local units even before Rendell N. and Rachel Mabey and Edwin Q. and Janath Cannon arrived in Lagos, Nigeria, November 8, 1978.

I have made two visits to West Africa, the first with Dr. James O. Mason to Lagos, Nigeria, and to Accra, Ghana, the second with Dr. Alex Morrison to a small village in Imo State, Nigeria. It would be an understatement to say that these two visits had a profound impact on me. I recognize in Eiseley's reaction to Costabel, which he terms a "coast set apart for shipwreck," some of my own feelings as I saw the poverty, crowding, disease, and human suffering of Nigeria.

I had seen the health statistics before I went to Africa, but it was not statistics that haunted me. It was people—men, women, and children, who live with suffering and deprivation in a variety of ways—that laid a claim upon me. It is that claim I wish to discuss with you—the claim of the starfish trying to hold itself out of the mud. Much of it is couched in personal terms because I am fortunate indeed to have had that African awakening as part of my administrative assignment.

The Nigerian and Ghana cultures place religious principles as being fundamental in importance. I think it is fair to say that Latter-day Saints, in sharing gospel principles in Nigeria and Ghana, have received spiritual treasures in return from those wonderful people. In some places the members meet in chapels. In other places they gather in the homes of members in humble

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villages.

Returning missionaries report with gratitude the deep spirituality of these people and their commitment to the Savior. But they also report daily needs on an appalling scale. Perhaps some statistics will help bring additional insight: Life expectancy in Nigeria is 41 years; in Ghana 47 (United States Department of State, Bureau of Public Affairs, "Background Notes: Nigeria," May 1980, 1; "Background Notes: Ghana," Feb. 1981, 1).

A recent article in *The Economist* which terms Nigeria "the most African country of them all," summarizes and surveys the problems besetting this oil-rich, management-poor country, where the population is sky-rocketing from its estimated 100 million (no one knows for sure) with no check to the birthrate in sight, and where series of governmental upsets have prevented a stable government from developing.

You can get a flavor of the types of problems from two paragraphs in this article:

"No country in the world has been so eager to buy more foreign goods and services, and so well able to pay for them. Its hotels and company rest-houses swarm with itinerant would-be salesmen of practically everything, including political influence. Russians get stuck in the lift with Taiwanese. Brazilians compete with Finns to hire the only taxi with a working air conditioner. Americans paddle through fresh

sewage to the headquarters of their own banks. . . .

"These foreigners from every quarter of the globe wear a baffled look, sweating as much from psychological stress as from the steaming outdoor heat. How can so much money and such high hopes engender such chaos. Why won't the telephones or the bureaucrats work? Why can't you turn on a switch or a tap or turn up for a scheduled flight with any confidence that light, or a wash, or a journey will result? Why, at almost every level of public and private administration, do people expect bribes? Why is almost everyone so infernally aggressive, and why, when aggressive driving kills people, can't they at least clear the corpses off the streets?" ("The Most African Country," *The Economist* 23 January 1982, 3).

There are a variety of reasons for this chaos, but I think it is only fair to acknowledge that Nigeria, though singled out, is hardly unique from other developing countries or, in some instances, developed countries. It is also fair to point out that perceptions of African problems are culturally influenced. While Americans going to Africa almost without exception have difficulties with adjusting, it is interesting that Nigerians living in the United States speak of parallel difficulties. While I was in New York City enroute to Nigeria, I met with Dr. Tetus Ifedeba, a Nigerian who is currently a professor at New York University Medical Center. He also happens to be a member of the Church. He expressed his desire to return to his homeland and spoke of his discomfort in New York City with its problems of "population, corruption, and his constant fear of being mugged."

As Dr. Alex Morrison and I boarded a flight from Lagos to Liberia enroute to the United States, I sat next to a young man, approximately thirty-five years old. He told me he was returning to the United States to pick up his wife and children who had been with him for the past nine years while he was studying at Berkeley. He had just come

from interviews with the administrators in the Department of Education in Lagos. While he appreciated his experience in the United States, he spoke with anticipation of returning to his homeland, of having his family re-establish its ties with his extended family, and of contributing to his nation's development.

Neither this man nor Dr. Ifedeba skirted the difficult African problems of corruption, poverty, and ignorance, but clearly they did not see these problems as reasons to shun their homeland. And they did not see the United States as problem free. These linked experiences impressed me that Africa has a great potential (I'm not so sure about New York City!) and that the ability to see beyond the problems of Africa's population, corruption, squalor, starvation, and exploding population is an important vision.

The health needs in Nigeria are, as we might expect, of astronomical proportion. The cruel irony is that a few very simple public health techniques could save many of the 40,000 children in third world countries who *daily* die of malnutrition or disease. Based on WHO information Newsweek reported: "The most important advance is oral rehydration therapy, a method of treating the 5 million children who waste away annually from diarrhea. Until now, the only remedy has been intravenous feeding, which requires nurses and expensive equipment. With the discovery that glucose dramatically speeds the body's absorption of needed fluids, a mere eight teaspoons full of sugar to one of salt in a liter of water can save a child's life. [Four million of these children could be saved.]

"New, more heat-stable vaccines have provided a weapon against measles, which kills an estimated 1.1 million children a year. Older vaccines had to be frozen until an hour before use, ruling out their use for most children in rural areas. For five dollars UNICEF says, a child can now be protected against measles, diphtheria, tuberculosis, polio, whooping cough, and tetanus—not much in a world that spend \$600

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billion each year on weapons." ("Help for the Tiniest Victims," *Newsweek*, 27 Dec. 1982, p.43.)

And consider this: the initial yearly cost of the WHO special programs for research and training in tropical disease will be \$15–20 million or about the cost of a single jet fighter aircraft.

The World Health Organization reported in 1980 that of the 122 million children born each year in the world, more than 12 million die before reaching their first birthday; more than 10 million of these deaths occur in the developing world. There is a major difference in the patterns of illness which predominate in developing and industrialized countries. In countries with a developed health-care system the maternal mortality rate is five to 30 per 100,000 live births. However, in most developing countries, while the information is only fragmentary, special studies indicate that maternal mortality rates often exceed 500 per 100,000 live births. Rates of more than 1,000 per 100,000 have been reported in parts of Africa.

The chance of children surviving is very unevenly distributed throughout the world. The risk of dying before reaching adolescence is about one in 40 in developed countries, but in Africa it is one in four. Malnutrition is the most widespread condition effecting the health of children in developing coun-

tries. It has been estimated that as high as 100 million children under five years of age suffer from protein-energy malnutrition and more than 10 million of them from severe protein-energy malnutrition, which is usually fatal if untreated. In Africa, an estimated 23 percent of the children, under five years of age, suffer from severe and up to 65 percent from moderate protein malnutrition.

Weaning and preschool children as well as pregnant and lactating women are the highest risk groups. On the average, the children receive an estimated 50 percent of their protein needs. The women receive no more than 50 percent of their own protein needs coupled with only 70 percent of their overall calorie requirements.

All of these problems are exacerbated by the population increase. Africa had a total population of about 472 million in 1980 with a projected population of 832 million by the year 2000. In this densely populated continent, Nigeria is the most densely populated. It is estimated that Nigeria has a population of one hundred million. The annual number of births is 50 per 1,000 population. Its natural increase, 3.2 percent, ranks it among the highest in Africa, and it is estimated that Nigeria will double its population by the year 2,000.

In developed countries in the west, there is one doctor for 300 to 700 people. In contrast, in 1980, the World Health Organization reported that Nigeria had 4,876 physicians, or one physician per 13,897 population. The same source indicated that there were 33,086 midwives and nurses in the country and 7,569 assistant or practical midwives or nurses. These figures combined translate into one nurse or midwife per 1,667 population.

In terms of hospital beds, Nigeria has 5.6 general hospital beds and 0.3 mental hospital beds per 10,000 population. While no occupancy figures were cited, Nigerian hospitals are thought to have a rather high census.

Over one million children under twelve die from Malaria each year in

Africa. Some 850 million citizens of developing nations live in areas where Malaria has only partially been controlled while another 350 million live in areas that lack any form of control.

In a recent luncheon presentation to a group of the Brethren at the Lion House, Dr. Alex Morrison said, "All 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 kind of information they need to provide proper sanitation and nutrition."

What, specifically, can be done?

The Church and individual members are deeply concerned about the suffering and deprivation experienced by fellow human beings throughout the world, including those in Africa. The Church is also concerned, given its modest resources and other commitments, about the best way of meeting those needs. The Welfare Services Missionary Program is, so far, a valuable contribution, but there are many private groups and individual Church members who may wish to contribute resources or services. Another fruitful possibility is the Thrasher Research Fund, a child-health research fund established by Al Thrasher, a man who has never had children of his own, and his wife. They respect the Church's values and have established this fund under the auspices of the Church.

During the past year, the fund has made a concerted effort to become involved in international child health research and demonstration projects, particularly as they apply to developing countries. The fund is particularly interested in practical projects which demonstrate cooperation and compatibility with existing local resources. It is taking special care to identify program activities consistent with the World Health Organization, UNICEF, and other international agencies so that it may collaborate with these organizations in more effectively addressing child health concerns.

Recognizing the need for practical

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and innovative projects for improving child health, the fund has placed priority on health information and technology transfer and acquisition.

Dr. John Hill, professor at BYU, and others have established a human development model that focuses on changing attitudes, solving immediate low-level problems, teaching leadership skills, increasing the carrying capacity of the land, and in general, awakening the people's minds and vision. It stands in contrast to a "goods and services" approach which consists of meeting needs by importing resources without increasing the resources of the country, the skills of the people, or the carrying capacity of the land. When goods and services are withdrawn, as they sooner or later are, the population suffers starvation and disease. Giving immunizations without teaching hygiene and disease control, for instance, is a course that ultimately fails to improve the health of the people in a permanent way.

If all approvals necessary are obtained through the Church and Nigerian channels, a village health-worker project will begin in 1984. The project will focus on family self-sufficiency and will include information and training about sanitation, nutrition, home gardening, general agriculture and water supply development, immunizations, communicable disease control, and other basic disease prevention and

treatment measures. The ends toward which this program moves will be family self-reliance utilizing low rather than high technology and emphasizing primary health care.

A Thrasher project director will be assisted by as many as ten mature couples who have professional training and expertise in various health and health-related disciplines. The Eket area in Cross River State has been selected as the project site. It consists of closely spaced villages, each with a population of approximately 10,000 individuals.

The first of the three projected phases focuses on needs assessment and program planning. Village health needs will be identified in consultation with public health service and community leaders and will be prioritized accordingly. The project will coordinate with existing government health programs to avoid unnecessary duplication and will emphasize establishing an infrastructure to ensure continuity of the program once Thrasher has withdrawn. The Nigerian health workers, after being trained by Thrasher staff, will instruct the villagers.

The second phase will involve actual program implementation. Thirty wells will be drilled annually during this phase and outfitted with an appropriate hand pump. Water-tight latrines will also be built.

A concentrated effort to provide instruction concerning diarrheal disease control will accompany this step. Oral rehydration salts will be available for use in the villages.

Children under five will be immunized against mumps, measles, rubella, tetanus, and polio with vaccines made available to project participants. Parasitological evaluations will be conducted periodically and appropriate therapy will be provided when parasitic worms are identified. Tetanus toxoids will also be made available, particularly for women of childbearing age, children, and agricultural workers.

Another major emphasis will be basic nutrition. Mothers will be encouraged to breast-feed their infants and will receive instructions with other fam-

ily members on selecting appropriate foods and preparing and storing them to maintain or improve nutrition. Instruction and assistance in growing foods of high nutritional value will also be part of the program.

In the third phase, the project will extend specialized services, such as those of physicians, surgeons, and dentists.

Obviously, just this first project could absorb the time, efforts, and resources of a great many people. And that brings us back to the more specific version of the question with which we began: Why should we? Now we must ask if we are simply setting ourselves up for a backlash. If we decrease infant mortality through proper nutrition and diarrheal disease control, will we simply lose them a few years later to the effects of starvation or infectious diseases? Dr. Alex Morrison responded directly to this question in these terms:

"There are many reasons why such need not occur, and all argue for a multidisciplinary approach to improving health. First of all, it is literally true that 'the earth is full and there is enough to spare' (Doctrine and Covenants 104:17). The maximum capacity to produce food in West Africa has by no means been reached. Production at household levels of nutritious foods necessary for health can significantly be increased if the people are shown how to do so. Similarly, much can be done to influence families to adjust patterns of food intake and reduce food losses from pests and inadequate storage facilities. There is, of course, a finite maximum capacity of Africa, or the entire world for that matter, to produce food, but that is far from being reached at the present.

"Secondly, the impact of infectious disease can markedly be reduced. Appropriate use of currently available immunization technology would do much to reduce the incidence of infectious diseases of childhood, and provision of clean water and improved sanitation would significantly reduce the over-all burden of disease in both children and adults. Finally, in many poor areas,

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where large percentages of children die before reaching a productive age, uncertainty and overcompensation it induces have been found to be significant factors in determining family size. Thus, if fewer children die, family size can be expected to show moderate spontaneous decreases."

So speaks Dr. Morrison, and I agree with him. Certainly a Church of five and a half million is small compared to the religious populations of such groups as Catholics, Jews, and Muslims, but we need not be overwhelmed with the magnitude of the task. We must simply proceed in faith. Even though our program may seem small compared to the needs, our commitment is real and so will the changes be. I recall in faith the encouraging promise of the Savior to Joseph Smith and his little band of Church members as they struggled to establish Zion:

"Behold, the Lord requireth the heart and a willing mind. Wherefore be not weary in well-doing, for ye are laying the foundation of a great work, and out of small things proceedeth that which is great" (D&C 64:33-34).

I think again of the image of the star thrower and of the naturalist who, humbled in his realization that the logic of life denies the logic of death, joined him in his task. As he threw the starfish back he says,

"I could feel the movement in my body. It was like sowing—the sowing of life on an infinitely gigantic scale. I looked back across my shoulder. Small and dark against the receding rainbow,

the star thrower stooped and flung once more. I never looked again. The task we had assumed was too immense for gazing. I flung and flung again while all around us roared the insatiable waters of death.

"But we, pale and alone and small in that immensity, hurled back the living stars. . . . I could have thrown in a frenzy of joy, but I set my shoulder and cast, as the thrower in the rainbow cast, slowly, deliberately, and well. The task was not to be assumed lightly, for it was men as well as starfish that we sought to save. For a moment, we cast on an infinite beach together beside an unknown hurler of suns . . . somewhere, I felt, in a great . . . surge of feeling, somewhere the Thrower knew. Perhaps he smiled and cast once more into the boundless pit of darkness. Perhaps he, too, was lonely and the end toward which he labored remained hidden—even as with ourselves."

As members of Christ's Church, I say to you, it is not simply a case of saving the starfish, the developing nations, the Africas—it is ourselves, one another—with not just a human but rather divine destiny. May we as his disciples, in our abundance, and with our individual gifts, talents, and resources—without making additional demands on the institutional Church and its finite resources—join such star throwers as Joseph Smith, Brigham Young, Ghandi, Schweitzer, Mother Teresa, and the countless thousands unknown who have already "in the rainbow cast, slowly, deliberately, and well." ❧