Minding Body and Soul

The Life of Physician Mission Presidents

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Since I was invited to participate on this panel, my perception of Collegium Aesculapium has been enlarged from the idea of a small round table to that of this impressive association. I hope that my recollections and thoughts about the physician mission president will be helpful in starting this panel discussion. Since time is short, I've chosen only a few items to talk about.

First, the discipline of a busy medical practice is an excellent preparation for the role of mission president. Those roles are similar in many ways. The schedule of a mission president is a great deal like that of a physician. Both include irregular hours and emergency calls, day and night. Before leaving to preside in Belgium, I had some forewarning about this "on call" requirement when one of my partners, Dr. Herbert Spencer, refused to allow me to repay some time coverage, with the comment, "Forget it! Because for the next three years you're going to be on call 24 hours a day, seven days a week." In a real sense he was right.

Both physician and mission president assume serious responsibility for a large group of individuals. Both physician and president must make decisions, which may have long-term effects on the well-being and health of missionaries or patients.

The title "physician" provides privileged entrée. It opens doors. Despite a deteriorating public image of a physician in his home community, in the mission field because of his title "M.D.," the physician still enjoys special access to people. I recall examples in our term of service when this role seemed to open the minds of leaders and members and permitted me to serve effectively as an arbitrator in solving problems. This advantaged entrée, because of the title of physician, also extends to people in all walks of life. Many people are more willing to listen, are more polite, and are more willing to be of service. Because of the fact that the president was a physician, many doors were opened, and many courtesies extended at embassies and city halls.

Another area where this title is particularly valuable is in dealing with foreign medical providers such as dentists and physicians. Among these people there seems to exist a code of ethics which makes them more open minded, more patient, and more willing to help when a physician is involved. My experience with a cardiologist in Amsterdam provides a good illustration. President John Roghaar of the Netherlands Mission had a serious heart attack towards the end of his time of service. It was so severe that there was even concern about his survival. He received excellent care by a team of internists and cardiologists and was recovering very well. Still, Sister Roghaar, the mission staff and member leaders in Amsterdam were unable to find out when he could be released from the hospital and when he could go back to the United States. Even after he was doing very well, the rapport with the doctors was so difficult that it appeared that anywhere from six weeks to three months might be required before he could return to Salt Lake City. A telephone call from me to the attending cardiologist set up a meeting. As a result, within one week the cardiologists worked with the airlines and helped arrange for an airline physician escort to return President Roghaar to Salt Lake City.

Also, the physician president has a much better opportunity to make a decision when an operation has been proposed. We had a young missionary who as a boy had an operation on the outlet of the kidney,

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with a satisfactory result. At the time of his missionary experience in western France, however, he was having back pains. The x-ray demonstrated the abnormalities which follow the reconstruction of the kidney outlet. He was scheduled by the French urologist for an operation. As a physician whose specialty is urology, I was able to invite the physician to allow me to review the x-rays and to consult with the Canadian urologist who had performed the operation. We recognized that his present condition was consistent with his post-operative state and thus avoided an operation in a setting which would have been difficult for the missionary, for his family, and for the mission.

The opportunity for the physician mission president to deal directly, in an open way, with attending physicians is quite different from that of the nonmedical mission president.

Next, let me shift our thinking to the management of missionaries' medical problems. Let me preface this with the reminder that serving a mission is a difficult, demanding assignment. It requires great discipline. Those of you who have not served very recently need to understand that much more discipline is demanded than was the case just a few years ago. Understanding these increased demands on young people, accustomed as they are to having things they want and to doing only the things they choose, helps us better appreciate the difficult transition from civilian to missionary life. The large majority of missionaries adapt quickly to the rigors of a mission schedule. For the few who are unable to adjust, different patterns emerge. This is a hard time for missionary and president. Few of these troubled missionaries are able to admit to themselves and the president the straightforward reality of their problem in coping with missionary life. More are inclined to seek relief by finding some substitution, usually in the form of a medical complaint. Backache, headache, stomachache, knee problems—all are illustrative of these types of substitution reactions. By means of these substitutions, missionaries are able to avoid some of the discipline and schedule of missionary work.

To illustrate, consider a missionary who had trouble with his knees. Because of his knee, this poor elder worked half a day and then had to spend a day in bed. If he tracted a whole day, he'd have to spend two days in bed. The mission president in New York City, a former patient of mine, was relieved when the visa arrived and he was able to send this missionary along to me. He assured the young man that President Hatch would be able to take care of his problems. As we reviewed the history, had him examined, had x-rays taken, we could find nothing to prevent his working. It took some time for this elder to come to the point where he freely admitted, "President, it isn't my knees, I just can't handle this missionary life." Once his feelings were out in the open, the elder was able to come to grips with the reality of deciding what to do. Fortunately, after a short period of time, he accepted, adapted, and became a conscientious missionary.

These kinds of problems, which are difficult for a physician, must be even more difficult for a nonphysician president. Where an organic medical problem exists, the physician has a natural advantage also. But he has to decide whether or not he is going to be the primary-care physician for his missionaries—and if he is, how much he will do. In my case, since Belgium and France have well-trained physicians, I elected to do only the initial screening and to refer medical problems to local physicians.

Another consideration which is probably not unique to the physician mission president is illustrated by the statement of a fellow surgeon who

presided in Ireland. I talked with him shortly before his release. He said, "Steve, I think the Church has retired me." He was a general surgeon, about my same age. I sympathized with him, but I wondered if he were right. I didn't quite appreciate how right he was until I returned home myself and found that the Church and my associates had retired me.

Because I was a physician, many doors were opened and many courtesies extended at embassies and city halls.

The environment of private medical practice had significantly changed, making it undesirable for me to go back.

Finally, the LDS physician who serves knows that help other than medical knowledge is available. He needs to balance the use of current medical technology with the requests for divine intervention. I had an experience many years ago which illustrates how that intervention may come through human intermediaries. We were in Hawaii awaiting a return via Los Angeles to Salt Lake City. When our plane coming from the South Pacific was disabled, we were rerouted through San Francisco to Salt Lake City. Arriving in the San Francisco airport, we encountered the mother and wife of John Groberg, who was presiding over the Tongan Mission. They were bringing the Groberg's newborn baby boy, the first boy after five girls, to the United States. The native doctor had sent the baby to the U.S. because his condition was fast deteriorating with an unknown medical problem. As a result of that "strange," "chance," encounter in the airport in San Francisco where I was not scheduled to be, the problem of congenital urethral valves and a deteriorating urinary tract in a newborn baby was identified and surgically corrected. Happy coincidence? Yes, but I believe much more.

These are just a few medical perspectives of a physician mission president. Mine was a challenging but very rewarding experience.

Virgil J. Parker, M.D.

I am happy to be here and to tell you of my experience as a mission president in the Belgium Brussels Mission.

Robert Hales asked me, "Are there any unique perspectives that

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the physician has, as a mission president, that men with other occupational backgrounds may not have?"

My answer to that is a resounding yes. All mission presidents have a great interest in the health of their missionaries. They have to. I have had and did have a number of mission presidents tell me that the health of their missionaries was one of their main preoccupations while they served.

My first mission health event was my own. When I received the call to go on a mission, I decided that I had better find out my state of health. In being examined for a possible ulcer, I swallowed a nasogastric tube, vomited (which I had never done before in my life), and ruptured a disc—a second one. I tried to ignore it. As my wife watched my agony for several weeks she said, "The biggest surprise of all may not be the call to be a mission president, but the fact that you won't get to go unless you do something about your back!" So, I saw Dr. Louis Schricker, a neurosurgeon, and the prescription was surgery.

President Romney called first on February 3, 1975. In March I ruptured the disc. On May 23 my daughter was married, and on May 29 I had surgery. Elder Hartman Rector was certain that I'd make the July deadline. I attended the new mission presidents' seminar, June 19–21, in a big blue wheelchair which the Church furnished. I spent the first day lying on the floor and needed pain medication, but after that everything was on its way.

Dr. Schricker advised me not to go to Europe until July 10 and to spend three days in bed in London resting because, "You'll not have one minute to pamper yourself once you've landed in Brussels!" He was right on all counts. He truly recreated me for the mission and did me a great service. We got off to a super start. I flew over first class because those were the only seats wide enough to accommodate the Sacro-Eze back brace that I had to have.

It is my opinion and experience that the fact of my being an M.D. serving as a mission president created a peace and security in the minds of my missionaries, and it served to help them be confident, steady workers. I was open and encouraging to them; they felt free to talk to me about their health, and 20 years of experience in medicine had made me a good listener.

When missionaries are having frustrations (and that is often, as many of you no doubt know personally), for some it can lead to health problems—chronic and malingering and real, physically and psychologically. I had no chronic health problems in the group with whom I served. I sent no one home with problems that we could not solve. I did send three missionaries home for health reasons, the answers known, but the solution not available in Brussels in the context of a mission: (1) a schizophrenic boy; (2) a manic-depressive boy; (3) a boy with a genetic absence of tooth enamel (the Church had paid $1,800 on his dental care before he came to Belgium). I had no missionaries hospitalized, except a couple of accident victims. I truly felt that my medical training and experience added to my efficiency as a mission president.

Others have expertise in different fields, but oh how great it is to be sure that your missionaries are healthy and "all is well."

I would like now to elaborate on some specifics:

Fact One

Missionaries have good health.

Missionaries are screened adequately. Few problems are missed. The thorough, in-depth interviews by bishops and stake presidents identify problems that are dealt with before the mission. The Church has made great progress in the past 25 years. Before that there was no physical exam or mental screening and

no emphasis on physical fitness.

Fact Two

Missionary health problems do exist.

A mission president serves as a surrogate parent and, in the mission setting, is to the missionary what a parent at home is to the school child. The mission president deals with specific health problems like a mother getting her children off to school, daily and constantly. The school and the Church do not get totally involved in health from day to day, but that is part of a mission president's stewardship, like the parent at home.

Fact Three

A physician who is also a mission president can be a great resource for other mission presidents.

At mission president conferences all the mission presidents had questions to ask about health, and they sought me out. Also, they regularly called me in Brussels. The area supervisor at the time was reluctant to have other mission presidents call me and asked them to not call me, but they truly felt the need. I did help them with many of their problems.

Elder Mark E. Peterson, in Amsterdam at a mission presidents' conference in 1976, said, "There are some questions you don't ask. Don't call Salt Lake City every day. You have good judgment; that's why you are here. We cannot possibly have rules, answers, and general policies for everything." I believed that applied to all the problems and decisions in the mission, and I was happy that I was a physician!

Fact Four

Missionaries are *generally* somewhat immature and *generally* healthy and *generally* teachable.

Missionaries have a limited knowledge of and much misinformation about health. For most missionaries a mission is their first real experience away from home. Their insecurities are often magnified. Some get very "hyper" about food and nutrition, vitamin taking, colds, and G.I. upsets. Sometimes a girlfriend, mother, or grandmother can keep them stirred up about their health.

In France and Belgium, Church members endlessly warn missionaries that "water from taps will poison you." It seems the public never stops to think about or believe that their country has a good public health system. The missionaries are gullible. A missionary could go broke in France buying bottled water, so one of the things we constantly taught was that tap water was safe, good, and free!

My wife is a registered dietitian who taught nutrition and diet therapy and worked in metabolic research

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at the University of Utah College of Medicine for 10 years. She had also taught nutrition at BYU. She was a reliable resource person. We had two zone conferences each year with one session on health and nutrition to keep the missionaries secure, away from fanaticism, and confident in what they knew about good health practices.

My wife usually started her nutrition speech with a question: "What is the basis of good nutrition?" The missionaries rarely knew the answer, which is *variety*. At a zone conference in Lille, France, my wife, Jackie, was late because of a minor traffic accident, so I started the health session. I told them among other things the answer to that question she would likely ask them. When she arrived and did ask the question, they all shouted the answer at her in chorus! She was one truly startled and amazed sister. We all had a good laugh.

We also wrote a couplet that introduced a health speech: "If you're losing your hair on your mission, it's because of your genes and not your nutrition." This came as a great surprise to many elders. It served to soothe them, and they even gave up vitamin bingeing in some cases and wrote home to tell mom and grandmother.

We taught the missionaries about dental flossing; in 1975 few of them knew how to floss. We told them the best gift from home would be dental floss. Dental problems and dental bills in a mission can be very difficult, especially in foreign countries. (The average Frenchman does not brush his teeth and when elders or sisters stayed in the home of members overnight occasionally, the French children would nearly always point to their toothbrush and ask, "What's that?")

Fact Five

Sister missionaries are great workers!

I had as many as 32 sister missionaries at a time in my mission. They can be the very best missionaries. I told them that I would like a mission of all sisters, with several pairs of baptizing elders. However, when sisters are good, they are very, very good, and when they are bad, "wow!" Nothing can be so complicated as a sick female missionary. They can be real hypochondriacs. Again, I was glad that I was a physician on a number of occasions with a few of the sisters.

One sister, newly arrived and assigned to Metz, France, wound up in the hospital scheduled to have her appendix removed. Her companion called me the night before the surgery. As I talked to the sister, I found out that no lab work had been done. The description of the pain was not like appendicitis. I advised them to sign out of the hospital and get on the train to Brussels (I would never have had that audacity had I not been a physician). The sisters were reluctant, but they did it. In Brussels, the sick girl lived at my home for several days. We talked a lot. It was obvious that her pain was due to anxiety and a spastic colon. Speaking French and doing missionary work can be a very tough assignment for a new missionary. I assigned her with a native French sister missionary. I had constant contact with her; in short order she was an A-number-one missionary, her pains gone and her appendix still with her.

Just shortly before this experience we had been told at a mission presidents' conference that there was a doctor in Austria who had taken appendices out of 11 Mormon missionaries and was making a good living because of the "anxiety and the insecurity" of missionaries and mission presidents.

Fact Six

There are accidents in the mission. While I was mission president

there were several bicycle accidents in my mission. I even had one, and I ruined a good pair of pants.

One native French sister missionary hit a brick wall at the bottom of a hill in Seraing, Belgium, while she was trying to learn to ride a bike so that she could go on the branch outing. She spent a month in the hospital recuperating.

One elder lost several front teeth in a bike accident. There was an American-trained Mormon dentist living in the boundaries of my mission, and he was a remarkable help to me on this and several other occasions.

One elder was hit by a car while he was walking. His head broke the windshield. He had a five-inch gash in his scalp, and he was thrown, by the impact, into the river. His companion rescued him. We gave him a blessing. In less than 24 hours he walked out of the hospital. It was providential that where his head hit, the car license plate had been displayed. The license plate fell to the road, and we traced the hit-and-run driver, a drunk Algerian. He was prosecuted as a result of our finding his license plate.

I took with me a large amount of basic medical supplies and they were very useful.

Now there is one short tale with which I'll close my missionary health presentation:

We had a great pair of elders in Amiens, France, during the hot summer of 1977. They had a good investigator whom they were teaching. He was a reformed cirrhotic alcoholic. He lived alone in a tiny apartment. He had an unfriendly neighbor who resented the Mormon missionaries. The elders taught the investigator for several weeks. Then when they returned again and again and again, he was not home. Suddenly one day, the unfriendly neighbor was suspiciously friendly. The missionaries talked with her and were detained by the conversation until some policemen appeared. It seemed the police had found the reformed cirrhotic alcoholic, dead three weeks, in his apartment, and the neighbor told the police that the Mormons had been visiting him and were no doubt the last people to see him alive.

The police wanted the elders to go down to the morgue to identify the body of their late investigator. They reluctantly agreed. While at the morgue they heard a mother wailing and crying about her dead husband whose body she had come to identify. It seemed he had been fishing, was drunk, and had fallen out of his boat and drowned that weekend. Now she was a widow with three small children.

After several hours when all the papers were signed and the police had thanked the elders, the police asked the elders to have a drink with them. The elders replied, "We're Mormons, you know. We don't drink!" The police answered, "Oh, a little alcohol never hurt anyone!"

The elders were amazed! They had just spent the afternoon in the midst of human sorrow, agony, and death that was caused by alcohol. So much for human insight without benefit of the gospel.

A call to be a mission president is a great blessing. Getting to go and serve and seeing my wife and family grow in that safe and splendid environment of full-time service to the Lord was a blessing nothing can surpass. I love the missionaries with whom we served. We loved each other and we lost little time to poor health.

I'd like to do it again.

The gospel is true.

E. Arnold Isaacson, M.D.

I bring you the greetings of the Saints in Finland. My beloved wife and I returned this month after serving the Savior for the past three years as mission president and companion there. It was the greatest three years of our lives.

We had two zone conferences each year with one session on health and nutrition to keep the missionaries secure, away from fanaticism, and confident in what they knew about good health practices.

Dental problems and dental bills in a mission can be very difficult, especially in foreign countries.

I was given five priorities while there. The first was my wife and family, the second was our missionaries, the third was our members, the fourth was our investigators and the fifth was to administrate the affairs of the Church in Finland as a legal administrator. It was interesting to see how that all fit together. After orienting my successor three weeks ago, he kept saying, "I've just got to put into perspective the idea that you have been full time here—full time in the service of the Lord." He too will be given much insight, and he will be a great mission president if he can keep in mind those five priorities.

When I interviewed many prospective missionaries who were Finns, I found that some had health problems but most of them did not. We had about 20 Finnish missionaries at any one time serving throughout the world. Three Finns are missionaries in Salt Lake City right now. They rejoiced when they got their mission calls and are doing a great job. I feel they are being prepared to be leaders when they return to their homeland. They are learning the gospel language, which is English. There are only 12 Church reference books translated into Finnish. You and I can go to the Deseret Book Company and with impunity select from hundreds of Church books. They have but twelve. Even the great book *Articles of Faith* by Talmage is not yet in Finnish! The Church has only been there officially since 1946 when Elder Ezra Taft Benson rededicated that land for mission service. When I went to Finland as a young missionary in 1949, we did not even have the Book of Mormon in the Finnish language. It took seven years to translate it into Finnish, one of the toughest languages in the world. You can imagine the pressures on a native English speaking young man or young woman, who travels to that land to teach LDS theology in one of the most difficult languages. It is a challenging assignment, but they do it well.

Missionaries have physical challenges as well as language challenges. We had one young elder who, following a football injury, had back surgery and was fused. Later, during a rigorous exercise program before coming to Finland, he broke the fusion and was referred again for refusion. He healed and then came to Finland and spent a very trying but rewarding period. He had back pain almost every day, which also in-

terfered with his sleeping. We had an initial conversation when I arrived in Finland (he was already there). I said, "*Veli* [that is *brother* in Finnish] you must make a decision. You probably won't have an opportunity to fulfill a full mission, so you must separate the 'need to do' from the 'nice to do.' There are lots of things that are nice to do, but you must separate the 'need to do' from that." He did, and he became an exceptionally good missionary. He led many people into the Kingdom of God, and had miraculous experiences, but he had to leave a few weeks early and have back surgery again. He felt fulfilled, however, having used his time wisely and having done his best.

In Finland spring lasts about six weeks, summer lasts about eight weeks, fall lasts about eight weeks and winter lasts the rest of the time—a long, cold, dark season. Finland is about the length of California, and the arctic circle cuts across its middle. Half of Finland lies north of the Arctic Circle, bringing several unique problems. For example, snow is an accumulative thing; it doesn't melt in the north. Once it begins in late October, it stays until late spring. That poses some problems for missionaries on bicycles. The roads are never scraped to the asphalt by the snowplows. Cars go over the snow-covered roads and road crews sprinkle gravel on the packed snow. Then when another snow storm comes and after scraping, they sprinkle more gravel, then another snow storm and more gravel, etc. Cars and bicycles alike travel along the snowy roads using studded snow tires. Bicycle falls, abrasions, etc., are risks. During the spring thaws the roads are covered with gravel. The streets are swept and the gravel is saved until it's needed again. Because of the safety hazards with bicycles, particularly in the winter, we cautioned missionaries often and taught them the recommended safety rules.

With long, cold winters missionaries need to dress appropriately. Missionaries in Northern Finland tract in 40 - degrees - below - zero weather. It gets so cold that boards freeze, and when board fences crack they sound like rifle fire.

We used preventive techniques to keep from getting frostbitten. Frostbite could have been a frequent injury, yet missionaries hardly had any frostbite except occasionally on the nose and ears. It was not serious because missionaries were always told, "When your companion gets a white nose, get inside."

How do you dress in 30-below-zero weather? You layer! First underclothing, following that the long johns, then trousers and shirt and ties, making sure the shirt is closed at the neck with a tie. (Cold weather is a wonderful way to get mission dress standards adhered to.) Then a sweater or vest followed by a suit coat and after that either a thermal parka or a heavy overcoat with a wool muffler. Our lady missionaries wore nylons plus wool socks over them, then boots. Our missionaries would wear two-layer ski caps until it got too cold, about January. In January and February they would usually wear fur hats which they would pull down over their ears to keep them warm, and they would pull their collars up around their chin, so they would have very little exposed to the elements. In more mild weather knitted gloves were used. The Saints would frequently knit mittens or gloves for the missionaries. In a little cooler weather missionaries would replace the glove with mittens. From about December through February they would wear ski gloves or knitted gloves inside mittens. Warm footwear is also a necessity. Either a heavy pair of thermal socks or two pairs of socks inside boots were used.

The missionaries loved those horrible looking *lappikat* boots. They were high top leather boots that the Laplanders wear while herding rein-

Americans often asked, How did you cope when you had unremitting darkness? We had firesides, zone conferences, and frequent personal interviews.

One of our most successful couples had medical problems. The woman had hypertension like you wouldn't believe, and her husband had a pacemaker.

deer. I kept trying to discourage the missionaries from wearing *lappikats* until I realized, that the Finns have had a great deal of experience with cold weather. They know how to dress for cold weather. When it gets 60 below zero *lappikats* look better and better. Those boots were all right until the missionaries came to a door. Housewives take a dim view of mud tracks or snow on their woven rag rugs because it is a real project to wash them. In the spring and fall, they take their rugs down to the seashore or river and wash them by hand. So in Finland you take your shoes off when you go inside—quite a project when wearing *lappikats*.

Another frequent medical problem we had every winter was bronchitis and an influenza-like disease. It attacked many of our missionaries. They would have bronchial cough, weakness, easy fatigability, sore throat, voice loss, malaise, general aches and pains, eye pain, photophobia, etc. The acute phase lasted about 5–7 days. We never had any lasting or any untoward sequelae following this kind of a problem, but it took several weeks to regain full strength after such an episode. One episode did not confer immunity.

Americans often asked, "How did you cope when you had unremitting darkness?" "What do you do with missionaries when you have unrelenting cold, frequent rejection, and unrelenting darkness?" You have firesides, zone conferences, and frequent personal interviews. Finns love to come to firesides and so do missionaries. If you get by a fire and start talking about something as heartwarming as the gospel, it warms more than your toes—it warms your heart too. It helps them cope beautifully. We found that zone conferences, held every six weeks, really offset depression. The missionaries needed each other, and they needed to regenerate their "spiritual batteries." Many reported that talking to their mission president at least once every six weeks was a great boost to them.

To avoid parasites, we encouraged our missionaries not to eat blood products or raw fish, although there aren't many parasite-related problems in Finland.

Occasionally, we needed to refer our missionaries to the health system, which is a three-level system. The first level is the public clinic. There are long waiting lines of people at these clinics. Finland medicine is socialized medicine. Notwithstanding, they have a lower infant mortality rate than the U.S., so their system is not bad; but it is markedly different. We would send missionaries to these clinics only if they had a good deal of time to wait to receive medical care. Those clinics were usually well staffed by family physicians, nurses, laboratorians, x-ray technicians, etc. If the problem was greater than could be easily handled, patients were referred to the second level, which is the hospital system. This was where the specialists worked. All health professionals were employed by the government. Two of our missionaries had appendectomies, and they went first to the clinic where they received emergency priority and were immediately referred to the hospital, where they had their operations. Both recovered promptly and without complications. The third level of medicine, which currently is being looked at with some question by the government there, is private practice. The hospital physicians may, after 3 p.m., see private patients in their offices. Currently, there are only three cities in all of Finland where private practice is being done: Helsinki, Turku, and Tampere (the three largest cities in the country). Private practice is tolerated and is being studied with some degree of apprehension by the government. On this level there are no waiting lines and patients get excellent specialty care. We often referred missionaries to that level of care.

In Finland we had only one

couple as missionaries. During our three-year stay, we found, as a rule, that missionaries are healthy, happy, hard working, effective representatives of the Church. We taught them to eat right, sleep right, and live and work according to a daily schedule that reflected complete commitment to service for the Savior. We took preventive steps to offset the effects of depression, illness, and temperature extremes. They worked hard, administered to one another as needed, and developed comradery and lasting friendships while serving the Savior.

Lindsay R. Curtis, M.D.

If you want a really humbling experience you should serve as a mission president, where every parent feels that his or her son or daughter is the finest missionary in the Church. It would be your task to maintain good enough rapport that you satisfy the parents and keep your missionaries spiritually oriented. It didn't take me long to decide that I didn't have the knowledge like I had in medicine to handle the problems. I soon learned that I had to depend upon the Spirit. You quickly learn also that the Lord does confirm your decisions if you are prayerful, and he magnifies you in your calling. I might add that I spent most of my time interviewing my missionaries. I had 245 missionaries before we divided the mission, but I still interviewed every missionary every month. I feel that was the best thing I did on the whole mission to keep in touch with them. I don't think that is possible in every mission. Our mission was small enough in the Oakland area that we could get back home in about an hour.

The first time I interviewed missionaries I talked with a big strapping fellow (he looked like he could have played for any of the professional football teams). He had some serious concerns.

"President, I just can't do it. I get to a door and nothing will come out." So his companion had had to take every door approach. This large young man had been on a mission for a year or so. He would stutter. He could talk to me, but when he went to a door he couldn't speak.

I said, "Wait until we get through with all the interviews here today and then let's talk about it."

We did, and I knew what was going on in his heart. I am kind of tender hearted anyway, and I felt for this great big man. After we talked for awhile, we knelt in prayer and then I gave him a blessing. The next week he wrote and commented, "We went on a split with the stake missionaries, and I was given a young priest. He

didn't know anything, and, would you believe it, I *had* to give the door approaches. President, I was able to do it, and I am on my way." How grateful I am that this experience occurred early in the mission to teach me that all of my medical knowledge doesn't really count for very much in this particular calling.

I had another interesting experience just a short while after I arrived. There was a doctor named Thomas Stamey, maybe some of you know him. He is a urologist at Stanford University. He said, "President, I know you are a physician. I have a testimony of your religion. I know it is right. The only reason I came over before I joined the Church is I want to know if I can be a good member and a good physician, doing all the research I need to do." He was revising his textbook. He continued, "If I am going to be a Mormon, I want to be a good one." He became interested because he married a Mormon girl. This was his second marriage and hers. He said she was so different from the women of the world, and he kept asking her what made her so different. "Where did you learn all these things."

She simply said, "I am just a Mormon and that is the way we believe." She did not ever press it.

Anyway I said, "Dr. Stamey you are a man of science, how did you handle the Joseph Smith story?"

"Well," he said, "you have to admit it is a little tough for someone who is scientifically trained. But I decided to find everything that Joseph Smith had written—and he only lived, if you remember, to 38—and I read it. I was so amazed at the wisdom of what Joseph Smith wrote. He had to be a prophet. Where else could he get it?"

I asked one other question of Dr. Stamey. "How did you handle the Book of Mormon?"

He said, "That was easy. You tell me a better explanation than the one Joseph Smith gave." That was also a great experience for me.

I would just like to mention a couple of ways I think physicians can help where others maybe can't. I think we could permit a lot of couples to go on missions that otherwise couldn't. We see a lot of people who are considered for missions. Maybe some of you are bishops or stake presidents. I think we have an untapped reservoir of hundreds or thousands of couples who ought to go on missions. Maybe they have a little hypertension; maybe they have a little arthritis; maybe they even have a pacemaker. One of our most successful couples had medical problems. The woman had hypertension like you wouldn't believe, and her husband had a pacemaker. But I tell you they were great missionaries. I can think of another couple who have had I don't know how many heart attacks since they got home. They weren't in very good health, but they baptized about 65 people. Some of our best couples were in their '80s. Can you believe it? I would like to see these people called on missions.

My wife and I now have the

great privilege of joining the best of two worlds. We live in Arizona in the winter and in Utah in the summer, so we belong to two stakes. I frequently look around at the couples who ought to go on missions and look back at the marvelous couples we had. Yes they had some problems, but so do younger missionaries. In the eternal sense, the problems are not big. We can handle them. I have often thought it would be nice if the Church would send all the physicians (I apologize to you) to California or some place where it is a good climate and send all of these people who have health problems to them. I did not worry about health problems. I worried about the spiritual health of some of the missionaries and occasionally the emotional. But their physical problems weren't that much of a concern.

If you have anything to do with this calling as an M.D. mission president, you should accept all the couples that you get. I want to give you a couple of clues. I learned another lesson early in my mission when they realigned the missions. I had a couple come in and the wife said, "We just get people ready for baptism, and they transfer us." Their former mission president transferred every three months. That was his standard. Once Elder Monson had called me aside and said, "I would like to suggest that you get away from transferring so often. It is expensive; it is upsetting." I didn't realize what he was talking about until I ran into this couple. I took this couple and told them they would never be transferred for the rest of their mission. I took every couple that ever came to our mission and told them to find a comfortable place to live because they were going to stay there the full 18 months of their mission. Our couples were so productive. I would like to have had a whole mission of couples. They are so effective. You have to be patient with them; you have to be understanding.

For example, let me tell you one little incident. I had a couple from a west area of Utah. The husband, Brother Thurgood, was a dairy man. He sold his farm, and they decided to go on a mission. We didn't have any rural areas except one little town called Winters. The missionaries could go there and tract through it in two weeks. You know I prayed and prayed about this new couple. I tell you that the inspiration came to send this couple up to that little town. I didn't know what in the world they were going to do, but the Lord wanted them to go there. Ten months of their 18 months went by, and they hadn't had a baptism. But Brother Thurgood said, "We have 58 friends." They had a grandson in our mission. He should have been a zone leader. I was just going to make him one and, in answer to prayers, I sent him to live with his grandparents instead. I sent a young missionary with him.

I counseled them: "You don't need to get an apartment because there isn't that much work to do. You just move in with your grandparents and enjoy your grandmother's cooking." Pretty soon Brother Thurgood called and said, "President, I am worried. They are going to lose all of our friends. They are challenging them all for baptism." They baptized 30 of those people. That is more than they had in the branch. Before they got through they had baptized that many again. Brother Thurgood negotiated with a church that was having financial problems, and they sold us the best church in town. When the Thurgoods left, I think they had more than a hundred people out there. I tell you we have untapped reservoirs. Only a sprinkling of those who could and should go are being called.

It is a marvelous experience. I am grateful for the privilege and, I think more than anything, the humbling experience. I leave you my testimony and witness.

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