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In a troubled world, physicians and healthcare professionals who are members of The Church of Jesus Christ of Latter-day Saints have the benefit of spiritual insights as well as the art and science of medicine.

Collegium Aesculapium addresses the ethical and spiritual as well as the physical aspects of medicine. Thus, we invite qualified professionals to embrace the Collegium and take advantage of insightful meetings and seminars, newsletters, service opportunities, and the *Journal of Collegium Aesculapium*, all of which include this important expanded dimension, as well as the constantly changing body of scientific information available to us.

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Leadership
Principles
of the
Great Healer

Julie B. Beck

ADDRESS TO COLLEGIUM AESCULAPIUM
APRIL 1, 2010

It is an honor for me to meet with this group tonight, an organization for LDS health professionals. As a group and individually, you have a marvelous reputation in the world and in the Church for doing so many humanitarian projects and so much great work to improve the lives of many of our Heavenly Father's children. On behalf of the Welfare Executive Council of the Church, I also express my gratitude for the many of you who have volunteered your time and efforts for Church welfare and humanitarian projects.

As I have contemplated my message for you this evening, I have thought of five leadership principles we have studied with the Church's Priesthood Executive Council. We are teaching these leadership principles throughout the world to help leaders who serve in the Church become better leaders. The leadership principles that I will speak about tonight were distilled through much study of the scriptures and by patterning our behavior after how the Savior Jesus Christ led. All of us are leaders in any field we participate in if we approach our responsibilities correctly. Therefore, these principles are a backdrop for the stories and things that I will tell you.

Receiving Revelation

The first principle is the principle of revelation. Each of us needs the power that can be accessed from the heavens to receive answers and be able to fulfill our responsibilities. With the Lord's help, we are powerful. Without His help, we are weak, no matter how much education, training, or ability we personally have. In today's world, without the ability to receive revelation, we are handicapped.

Counseling

The second principle that is a blessing to leaders is the principle of counseling. The Lord has taught us that this is how He does His work. The worlds were created through councils. His work today in the restored gospel is accomplished through councils—through presidencies, through groups of people who receive revelation and work together to receive answers. When any one of us begins to feel we are above counseling with others and we have all the answers, we are weaker leaders. A strong leader is one who knows that revelation is scattered among us and that we are bigger and better when we talk together and work as a team. Doctrine and Covenants 88:122 says,

“Appoint among yourselves a teacher, and let not all be spokesmen at once; but let one speak at a time and let all listen unto his sayings, that when all have spoken that all may be edified of all, and that every man may have an equal privilege.” My favorite word in this scripture is the word all. In councils, all opinions are important and contribute to the answers.

Ministering

The third leadership principle the Savior followed was ministering. He thought about people as individuals—one on one, each with unique personality, desires, happiness, and sadness. When I think of the doctors I have known in my day, the ones who have been most effective have been those who have been good ministers. They have looked at me not as a case or a subgroup, but as a person with a unique physiology and life experience; they were willing to minister.

Teaching

Another great leadership quality that we receive from the Savior is the quality of being a teacher. Our Savior was always a teacher in every setting. He taught in formal and informal settings on the hills and in the synagogues. Every good leader is also a good teacher.

Administering Correctly

The fifth important leadership principle is the principle of administration. It is knowing the policies and procedures and being able to administer according to those policies and procedures.

In the Church, the principles of receiving revelation, counseling, ministering, teaching, and administering correctly are all important in accomplishing our work. I would imagine that these are also important in your

responsibilities in the medical field. As I mentioned before, the doctors who have been most effective in helping me and my family are those who have been open to receiving revelation, to finding and seeking out answers together, and to counseling and discussing not only with me but with others. Good ministers are those who are willing to take the time to teach and who administer according to policy in a secure way.

Stories and Examples

Tonight I will tell you some stories. You will find these principles in these stories and learn of their importance. I want to relate some of my experiences with those in the medical profession. The first stories center on my mother, who is a registered nurse. Mother became a cadet nurse in World War II. She wanted to do her part in the war effort, so she was trained as a nurse. She worked in that profession for a number of years after the war and was on the point of going back to Columbia University to do graduate work in public health when she met my father, who was a young widower with three children.

Within five short years, she found herself in Brazil, the wife of the mission president. She gave birth 10 days after their arrival to baby number seven in the family. She spoke no Portuguese and was not familiar with the medical systems in Brazil. It was a big learning experience for her.

The Brazilian mission was one of only six or seven missions in all of South America at that time. When she arrived there, she found that all of the beds were infested with fleas, as were the rugs and carpets in the home. There were no screens on the windows. It was the rainy season. When the sun came out, the fleas came in. Every night the dog would kill rats in the yard, which she proudly brought to the back door. When the children scratched their flea bites, they then had to cope with secondary skin infections. There were intestinal infections and all kinds of medical challenges within our own family. To complicate matters, mother immediately met 16 missionaries who were sick with hepatitis. Some of them were staying in her mission home, and some were in nearby hospitals. Dozens of others were recovering from hepatitis and were walking, but were half sick.

There was absolutely no prevention for hepatitis and no understanding among the missionaries of how it was passed. One elder was recovering in a shed behind the mission home. It was December, which means it was the height of summer and was extremely humid. He was lying on dirty blankets and suffering alone all day, day after day.

As she looked at this situation with her background in health, in her mind she said, "This is not acceptable." She began wondering, "What do I do first to clean up?" The first thing she wanted to work on was prevention,

so she got to work replacing all the beds in the mission, giving everyone a new bed. She wrote a health book for the missionaries that described symptoms of ailments and the known help for each ailment from ingrown toenails to worms, from diarrhea and stomach ailments to fevers and headaches, and so on. She distributed that book through the mission and began teaching the missionaries. She taught them about cleanliness and washing their hands and about washing the fruits and vegetables they brought into their apartments.

Upon arriving in Brazil, mother immediately met 16 missionaries who were sick with hepatitis. Dozens of others were recovering from hepatitis and were walking, but were half sick. There was absolutely no prevention for hepatitis and no understanding among the missionaries of how it was passed.

Next she taught them how to fix what she called a vitamina, which was a blended drink—we call them smoothies nowadays. She helped furnish every mission apartment with a blender and then showed the missionaries how they could blend up fruits and vegetables that were readily available in local markets to make nutritious drinks several times a day. This way, they could get plenty of vitamins and healthy food going into them to balance out the rice, beans, and meats they were eating daily.

The hepatitis problem became the biggest mountain to climb. In those days there was no cure. She prayed hard for answers. She talked to everyone who might know about a cure. She went to local libraries and learned and studied—all this, mind you, was done by a woman who spoke no Portuguese, nor did she read it, but she studied.

In those days there was no cure for hepatitis. Mother prayed hard for answers. She talked to everyone who might know about a cure. She went to local libraries and learned and studied—all this, mind you, was done by a woman who spoke no Portuguese, nor did she read it, but she studied.

She took people with her, checked out books, and used dictionaries to try to find answers. She did learn that if she took missionaries off all fats and if they had high sugar intake, it would diminish the severity of the hepatitis. So she developed a policy in the mission that if someone became sick with hepatitis, they were to immediately go into the hospital for one week and be given a 5 percent glucose drip. Her missionaries got better faster but she still had many cases of hepatitis and no prevention. She prayed and fasted about that.

One day she determined to call her own family doctor in Salt Lake City. In those days it was not common to call Salt Lake because it was very expensive. When you called, you could hear an echo from your words, such as “Hello, hello, hello; how are you, you, you?” After listening to the echo of the beginning greetings, she asked the doctor

if he knew of any cure or help for hepatitis. He said he didn’t know of one. Just before he hung up, he said, “Wait a moment. I remember reading in a medical journal just last week that gamma globulin may give a temporary immunity to hepatitis.” She said, “Thank you,” and hung up.

After that she went to all the pharmacies nearby and bought all of the syringes and gamma globulin she could find. She made an arrangement with a local hospital to have the syringes autoclaved, since there were no disposable syringes in those days. She then pondered about how long “temporary” meant and determined that three months could be considered temporary. She decided through an impression of the spirit that every missionary would get an injection of gamma globulin every three months. Therefore, at district conferences missionaries lined up and were given their injection of gamma globulin every three months. I remember as a child getting my “peanut butter shot,” as we called it. The result was that in a short time she had only one light case of hepatitis in the mission, and that was an elder who had missed one of his shots when he was on a transfer.

With this policy administered carefully, hepatitis was eradicated from the Brazilian mission. Because it was so successful in Brazil, at the next mission presidents’ seminar, she was asked to share with all the mission presidents how to do this. She traveled to all the missions in South America and trained them. Within a short time, hepatitis was a thing of the past in South America. Just imagine the hours and weeks of missionary labor that were saved and the health that was preserved because one woman put into play those five leadership principles: receiving revelation, counseling, ministering, teaching, and administering correctly.

I have a second story about my mother. This happened 25 years later in Chile. My father was the Area Supervisor, as they were called in those days. When my parents arrived in Chile mother was told they had a history of typhoid in Chile and missionaries there were missing many hours and weeks of work. As she thought and pondered and studied this problem, she determined that it wasn’t typhoid, because they had all been immunized against typhoid before coming to Chile. But she needed to find out what exactly it was that was afflicting the missionaries in that country.

Mother and Daddy traveled back and forth to Chile every two weeks. They lived in Chile two weeks a month and in Salt Lake two weeks a month. When she was in Chile she studied this problem there, and when she was in Utah she talked to epidemiologists and medical doctors; she looked for answers in both places. What she really needed was a relationship with a hospital that would be

willing to partner with her in discovering some things. She needed someone who would open their lab and study stool samples and blood to help her sift out the problem. But as she visited the hospitals, she was turned down time after time.

Finally she visited the biggest hospital in Santiago. She had avoided that one, feeling that it was too prestigious and that the doctors there would not be any more receptive than at the smaller hospitals. When they met with the chief physician in that hospital and explained what they wanted to do, he said, “I will be willing to partner with you. Not long ago one of your members, Dr. Russell Nelson, gave my hospital some incubators. The first baby who was saved because we had an incubator was my son; I’ll do anything I can to help you.” Those kinds of coincidences don’t just happen; they are orchestrated by the Lord.

In reality, what Mother felt they needed were some of the best doctors and nurses the Church could provide to go down there and study this problem. She was a General Authority’s wife with some experience in nursing, but she needed help. Eventually, the Missionary Department did send down some doctors and nurses to begin studying this problem, and they also developed policies to take better care of the missionaries.

I am so grateful for a mother who put into play leadership principles and sought revelation for how to take care of a big problem that had seemed insolvable.

Summary and Testimony

I think of my own life and the experiences I have had. For a number of years I experienced vertigo, and in speaking with all of the best professionals, I couldn’t find an answer. After fasting, praying, doing personal research, and counseling with many people, I received a personal answer of the solution. An epiphany was given, and it worked. The answer came in one of those private meetings with myself, when I took notes and wrote down, “What do I know, and what don’t I know? How can I find out? What are the next steps?” Through listening to the direction the Spirit gave me, I was able to find those answers.

What do we learn from these experiences? We learn that personal revelation is important. We should encourage it in ourselves and in others. Counseling is critical in making progress in solving any problem. Revelation is scattered among us, and in the multitude of counselors, there is safety. We learn that ministering—knowing, serving, and watching over individuals, not groups but individual, unique people—is important. When a patient walks into a doctor’s office, every moment is important. Oftentimes they have been waiting weeks for that opportunity and

have been seeking answers. It is important to share information that aids revelation. Teaching takes time, but it saves time. The more we know, the more we can help. Administering in a thoughtful, planned way is also critically important. All of these principles work together.

Within a short time, hepatitis was a thing of the past in South America. Just imagine the hours and weeks of missionary labor that were saved and the health that was preserved because one woman put into play those five leadership principles: receiving revelation, counseling, ministering, teaching, and administering correctly.

Jesus Christ was the Great Healer. He was a great healer because He was first a great leader. I bear my testimony of the power of His Atonement, of His life, mission, and example on the earth. As we pattern our lives upon His principles in every capacity, we will be better and stronger and more like Him. I leave you my love and blessing and appreciation for your fine lives and faithful service.

Julie B. Beck has served as general president of the Relief Society for the LDS Church since April 2007. This address was given to a meeting of Collegium Aesculapium in Salt Lake City on April 1, 2010.

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The cell phone rings—as seems to be the rule—at the most inconvenient time. It was rush-hour traffic with no good place to pull off the narrow island road. Fumbling to stop the persistent chiming, I finally snap the phone open.

“Hello. This is Elder Dahl.”

“Doc, this is President Bleak in Tarawa.”

“Hi President, how are you doing?”

“Not well. I’m standing in what they call here an emergency room, watching one of my best elders die right in front of my eyes. The two local doctors took one look at him, threw their hands in the air and disappeared. He is white as a sheet and doesn’t appear to be breathing. There is still a nurse present, who wants to help, but you’ve got to tell her what to do or this young elder is going to die.”

An aerial photograph of a tropical island with lush green forest and turquoise water. The island is surrounded by a shallow lagoon with a sandy beach and a small boat. The water transitions from a light turquoise near the shore to a deep blue further out. The sky is a pale blue with some light clouds.

Dying in Front of My Eyes

Steven I. Dahl, M.D.

Twenty-five hundred miles of blue Pacific Ocean separated me from my patient. I had been in that antiquated emergency room before and knew that there wasn't much there in the way of life support equipment or medications. It was the only emergency room for 40,000 people yet it had just a single bed with an old cracked rubber mattress, a defibrillator whose paint was chipped and peeling, a tiny cabinet with glass bottled I.V. fluids and a sink with a broken faucet.

"Clear his airway so he can breath. Have her start an I.V....it doesn't matter what kind and have the nurse give him some adrenaline...I'm pretty sure that I saw some in their cupboard. Did he get a priesthood blessing?"

On paper it all would appear so simple but over the phone talking to the mission president—a former school administrator/rancher—who was halfway across the Pacific, the task seemed unfeasible.

“Now what’s happening?” I begged as the static of the phone connection waxed and waned. “Did you get the ECG monitor to work? Can you feel a pulse?”

“I don’t believe it Doc. I just don’t believe it. I think he’s moving and now he is opening his eyes...looking around the room. Elder! Elder! Look at me. Do you know where you are? ...Hey Doc, I think he’s going to be okay. Thanks for your help.” Click.

It was not just another day at the office or in the delivery or operating room where I had worked for previous 30 years. Now it was the time in my life to use my accumulated knowledge and skills and those special promptings I had been promised to lend medical support to a few of the Church’s 50,000 full-time missionaries.

“You will serve as an AREA MEDICAL ADVISOR in the Northern Pacific Islands, living in Guam.” So read our mission call letter with President Gordon B. Hinckley’s signature at the bottom of the page. It wouldn’t take long for Paula, my wife of 40 years, and me to learn just what that really meant. We had to dig out our old *National Geographic* maps and find those dots with the words Chuuk, Yap, Saipan and Kosrea, before the reality began to sink in of being a long, long way from Gilbert, Arizona and our 16 grandkids.

We re-read a fabulous article in the *Journal of Collegium Aesculapium* by Dr. Quinton Harris, explaining the history of the missionary area medical advisors. It told of how in 1986, prior to the calling of medical doctors to serve as advisors to the mission presidents, that on any given day, 38% of missionaries worldwide were not out preaching the gospel because one or the other of them were ill or injured. The statistics accumulated at BYU on returned missionaries showed that over 50% had some type of lingering medical problem related to their mission. By placing a medical advisor in each Area of the Church, the percentage of non-working missionaries had fallen to under 5%. This inspiring article made us even more anxious to put away golf clubs, tennis rackets and to re-stock our wardrobes with new white shirts, conservative ties and long skirts. Our home was secured, a car was sold and before we knew it we were settling into an apartment in Guam, smaller than our master bedroom. It was great! We quickly adopted the motto: “Who needs all that stuff?”

“Your mission rules are simple,” Dr. Don Doty, chair of Missionary Medical Services told us. “Keep your wife safe. Honor your priesthood. And keep your phone turned on 24 hours a day.”

We hadn’t even boarded the airplane when my phone started ringing. “We have eight missionaries down in bed with typhoid fever. What do we do?” Thus began our initiation to the world of the area medical advisor.

Thirty years of obstetrics and gynecology had left my

recollection of tropical medicine under a layer of dust, not to mention that I had not treated a single male patient for several decades. With the immersion medical review we received at the Provo Missionary Training Center by Dr. Bruce Woolley, along with badly needed Internet training, I uttered a silent prayer, and then was able to render just enough advice to help smother the epidemic in the Marshall Islands Mission. Ultimately, the solution turned out to be third-grade simple—“the missionaries must drink only clean purified water.”

As the days and weeks went by we learned the truth of that old adage, “common things are common”. The exotic diseases did exist but had to be separated with thought and study from the common colds, flu, simple gastrointestinal disorders and ingrown toenails. Boils, rashes, insect bites and dehydration seemed so simple to diagnose and treat until we put our mindset into that of new missionary: young, homesick, afraid of his first real illness and often on an island where the word “Walgreens” wasn’t part of the local language. Words of comfort and reassurance were often the most important medicine we could give.

The phone calls and emails from the mission presidents’ wives and mission nurses with questions or requests to talk to sick missionaries were continuous and welcome. The spirit of the young elders and sisters was more contagious than any tropical disease. We found them to be anxious to learn and comply with our recommendations. The more seasoned missionaries soon learned to diagnose and treat the common medical problems as well as we could.

We found a special source of strength in the senior missionaries. These aging saints are truly a part of the ninety and nine our Savior spoke so kindly of. They devote their entire time and energy to the growth of the Church in faraway places where mail is unreliable, beds are too short and lumpy and public transportation must replace their comfortable sedans or roomy SUVs. And to no one’s surprise—they need the doctor too.

One particular Sunday morning phone call was from a senior sister who described her husband’s sudden ailment with the classic symptoms of a major stroke: left arm and leg paralyzed, unable to speak, right facial muscles drooping, and confused about where he was and what was happening to him. The small remote island they served on had a tiny clinic owned by a Philippine-trained doctor.

“Get him to the clinic and once stable we’ll send an ambulance jet for him,” I said.

“The airport runway is closed because a cargo jet full of frozen tuna crashed on landing Thursday night,” his frantic wife replied.

It was 10 days later—10 days of prayers and telephone management—before that valiant senior and his wife were able to board the first flight to leave the island after



View outside the emergency room on the Pacific island of Tarawa where the elder in the opening story was “treated.”

the Boeing 727 crash was cleared from the runway. “But doctor, I just want to get better and finish my mission,” he said as we met him at the airport in Honolulu and took him to his departure gate for his Salt Lake City flight.

“I do not want to go home yet,” is a plea heard often as the mission president, the sick missionary and the area medical advisor confer regarding a serious medical problem. “Aren’t there good doctors here who can operate on my torn knee ligaments?” Such telephone conferences are the most difficult: weighing the severity of an injury or illness against the quality of care available in the country. Another difficult question in the equation is estimating the time required for the missionary to rehabilitate enough to return full-time to the work. If the missionary is not up to speed after an illness or injury it places a huge burden on his or her companion and the work suffers. Thankfully, the decision regarding receiving care in the field or returning home is made by those with responsibility and inspired direction far above my pay grade. Once the AMA’s recommendation is made, then the in-field priesthood leader and the area presidency take over the responsibility.

Evaluation of medical facilities is one of the duties of the area medical advisor that is full of intrigue. This means physically visiting the foreign hospitals. To understand how difficult this can be, reverse the role in your mind for a moment and imagine a non-English speaking man and woman, dressed in clothes seldom seen in the corridors of your hospital or clinic, wandering around asking probing questions and peeking in your lab, operating room, patients’ rooms and office. This is exactly what an unannounced area medical advisor’s inspection of medical facilities needs to be. It might sound rude and inappropriate but we’ve tried the announced method and it just doesn’t work.

At the hospital in Chuuk, a small island in Micronesia, best known as the site of the air and sea battle of Truk Lagoon, an announced visit and request to meet the hospital administrator resulted in the removal, prior to our visit, of 160 domestic cats that had been sleeping in the hospital’s open rafters, on the counter tops and at the foot of the occupied hospital beds. Those unlucky felines—we were told—were taken for a boat ride, but their progeny were back when we made an unannounced



Emergency room cart in the local facility on Tarawa. Equipment, medications, and supplies are all both sparse and dated.

visit six months later. Visiting doctor's offices was also best done unannounced. Often it was a pleasant surprise with the finding of clean efficient offices and doctors and their office staff more than willing and capable of caring for our missionaries.

It wasn't long after visiting the Hospital in Majuro, in the Marshall Islands, and meeting the general surgeon there, that one of our young sister missionaries became seriously ill. The mission nurse called me in Guam to report that the lingering nausea, right lower quadrant pain and fever all were getting worse by the hour. Instructed to take the sister to the hospital emergency room, the nurse soon called back to report an elevated white blood cell count and worsening of the pain. The only airplane to Guam had left for the day, thus surgery at the hospital in Majuro seemed unavoidable. My new surgeon friend, met on the precious visit, was "off island," thus a phone interview of sorts with the doctor on call and a sincere prayer gave me the confidence to give the go-ahead for surgery. The sweet sister did well post-operatively, in spite of having to recover in a room with a non-functioning bathroom and rats crawling inside the walls. Her incision

was too big and the hospital room was too dirty until our nurse scrubbed it down with rubbing alcohol, but the Lord protected her and made her well anyway.

We are now on a new mission serving as area medical advisors for the Europe Area. We live in Frankfurt, Germany and love our calling. Our first trip to evaluate medical facilities here was to Romania where an announced visit to a private hospital in Bucharest was greeted with lots of smiles and shiny exam rooms. The mission president's wife commented she had never seen a facility so clean. The next day, an unannounced visit to Moldova's main hospital revealed poorly lit hallways, an unsanitary kitchen and essential medical equipment such as ultrasound machines and endoscopy equipment not being used because "it is kaput."

We have learned that many of the doctors in Eastern Europe have been trained in their own country and usually their own city. They have little or no foreign training or outside learning opportunities. Thus, the diagnostic approaches, procedures and the treatments are often traditional rather than evidence-based. On a recent visit to a doctor, one of our elders was told to never drink

anything cold or his cough would never go away. Old traditional medical remedies, poultices, strange herbal concoctions and cleansing rituals are not uncommonly prescribed. Our mothers learned to prepare Thanksgiving dinner—watching their mothers and grandmothers. It might work great on food but treating missionaries begs a higher level of expertise and care which good continuing medical education programs could provide.

Not having some degree of evaluation of a country's medical facilities means putting the health and even the lives of missionaries at risk. Recently one mission president commented that he knew so little about the health services in his country, that if a missionary were seriously injured in an accident, he wouldn't know where to take him. Finding qualified doctors and clean safe medical facilities is the job of the area medical advisor either in person or with the help of the senior missionaries and mission leaders in every country.

Wearing a white shirt and a missionary name badge has opened the door for us to do actual missionary work of our own. During travels in the Pacific we became acquainted with pilots, priests, nurses, World Health Organization workers, airline security employees and government officials. With each introduction and conversation we were able to plant a little seed of gospel principles with the faith that someday the seed would blossom in those fine people's hearts. The other blessing of wearing a white shirt and name badge is the many times I've been able to help lost travelers find their departure gates, thinking I was an airport employee or a pilot. I've even made friends in the grocery stores when they've asked me on which aisle they could find a particular item, mistaking me for the store manager.

One of the area medical advisor's perks is to work closely with the brethren in area presidencies. In the Pacific Islands we reported to three different area presidencies and were able to feel of their enthusiasm and hear their testimonies. We have also been privileged to attend two mission presidents seminars, one in Seoul, Korea, the other in Dresden, Germany, sitting at the feet of prophets. Over the many years of my career, I've attended medical seminars too numerous to count, but none ever enriched me as much as being taught by the Lord's appointed.

I had often thought that in the closing years of my medical career, transitioning into a university teaching setting would be great. I had kept my network of professor friends in place to do just that. But then along came a calling from the Lord to serve as an area medical advisor. Although I am not teaching medical students the basic sciences or scrubbing with residents in the operating room, I am teaching medicine. Every telephone call from a mission president's wife, a mission president, or a missionary requires a little bit—and often a great deal—of teaching.

Not only does this allow me to share my experience and knowledge but it forces me to turn to the resources offered on the Missionary Medical website and to other valuable medical information sources. Carefully prepared teaching tools, PowerPoint presentations and handouts provided by Missionary Health Services add to my confidence that I'm not just handing down grandma's recipe.

One of the unanticipated realities of serving with my wife as area medical advisors—yes, her mission call reads just like mine—is the nearly-constant presence of one another. We had raised our family together, built homes together and even traveled the world together. But all that time she had a life of her own after I went off to work each day. I likewise had my life at the office, the hospital and the outpatient surgical center. Sure, we talked often and coordinated schedules but even after work and the family dinner, there were church callings and children's school events that took us our separate ways. Only at the end of those long days—barring emergencies and poorly timed baby arrivals—did we have time to catch up and share.

However, on the ground in Guam and now again at the European Area office in Frankfurt, Germany, we seldom find ourselves out of “sight or sound” of one another. The oft heard joke—“I married you for time and eternity but not for lunch”—is a real issue for many senior missionaries. Nowadays, my wife is my secretary, my planner, my Rolodex, my travel agent and my chef—I'm still the chief bottle washer. We share the duties of completing reports and keeping up with E-Med—the Church's online medical reporting system. It seems like there is always something productive to do to help the missionary work along.

When I remember our early courting days, I would wish that I could spend every minute with that beautiful girl. Now, I realize that the hoped-for time has arrived. It hasn't taken long for us to learn real togetherness again. We study and pray together, far more than ever before. The most terrific thing about the constant proximity is that every day and night, we are both serving the Lord and can feel His Spirit together.

We are often asked, “Where would you like to serve your next mission?” When posed that question we look at one another and silently agree that today is the most important day of our life and that we have work enough to do before the sun goes down. Thus, we don't really need to think about that next mission—yet.

Steven I. Dahl, M.D. is a retired OB/gyn from Gilbert, Ariz. He previously served as the LDS Church's area medical advisor in Guam & Micronesia, and currently serves as the area medical advisor in the Europe area.

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A Simpler Approach to Pilonidal Disease

JAMES H. PINGREE, M.D.





Pilonidal disease is a misunderstood entity in the medical community, which often leads to overzealous treatment. Many times this will lead to a problem which is far worse than the initial pilonidal disease—that of an open, weeping, midline wound that remains unhealed, or at best takes many months to heal by secondary intention requiring daily packing and other care.

The misunderstanding came about because it was believed that pilonidal disease was possibly a congenital process and a true cyst because of the hair that has been found in the diseased tissues. However, it has now been ascertained that pilonidal disease is not a cyst at all, but is nothing more than an abscess caused by bacteria entering the subcutaneous tissues through diseased hair follicles in the midline of the cleft between the buttocks. These follicles become enlarged due to middling vacuum and pulling forces. They are identified in asymptomatic patients by a pinhead-sized opening often called a 'pit.'

Sometimes individuals will have multiple pits in the middling of which they are totally unaware. Bacteria can then enter through the pits into the subcutaneous tissue creating an infection and often abscess formation. Many times hair shafts are sucked down into the subcutaneous tissue through these pits.

Because of the mistaken belief that this disease was a true cyst, surgeons have often attempted to 'cure' it by

wide excision and either attempt to close the wound in the midline, which type of incision is notorious for not healing well, or leave the wound open to heal by secondary intention—a very prolonged process. The patient was then left with a far more serious situation than with which he began.

Knowing now that pilonidal disease is nothing more than a subcutaneous abscess, which began because of midline pit formation, a rational method of treatment can be formulated. In most instances, conservative treatment can be utilized to control the process rather than immediately attempting to cure it by surgical excision. This approach makes sense in that pilonidal disease is rarely seen after the age of thirty and therefore will resolve itself if it can be controlled until that time.

In asymptomatic individuals that are found to have small midline pits, nothing should be done except to educate them to use good hygiene by thoroughly cleaning and drying after each shower or bath

and wiping after a bowel movement forward rather than backward. If bacteria can be kept from gathering about the opening of the pits then infection is unlikely to ensue. Also, they should avoid traumatizing the area with such activities as bicycle riding, or excessive and improper sitting (not sitting straight) that keeps the pits open and also allows more bacteria to accumulate in the area.

If the process becomes symptomatic with an acute

It has now been ascertained that pilonidal disease is not a cyst at all, but is nothing more than an abscess caused by bacteria. The most effective approach is to try to control rather than cure this disease in its early stages.

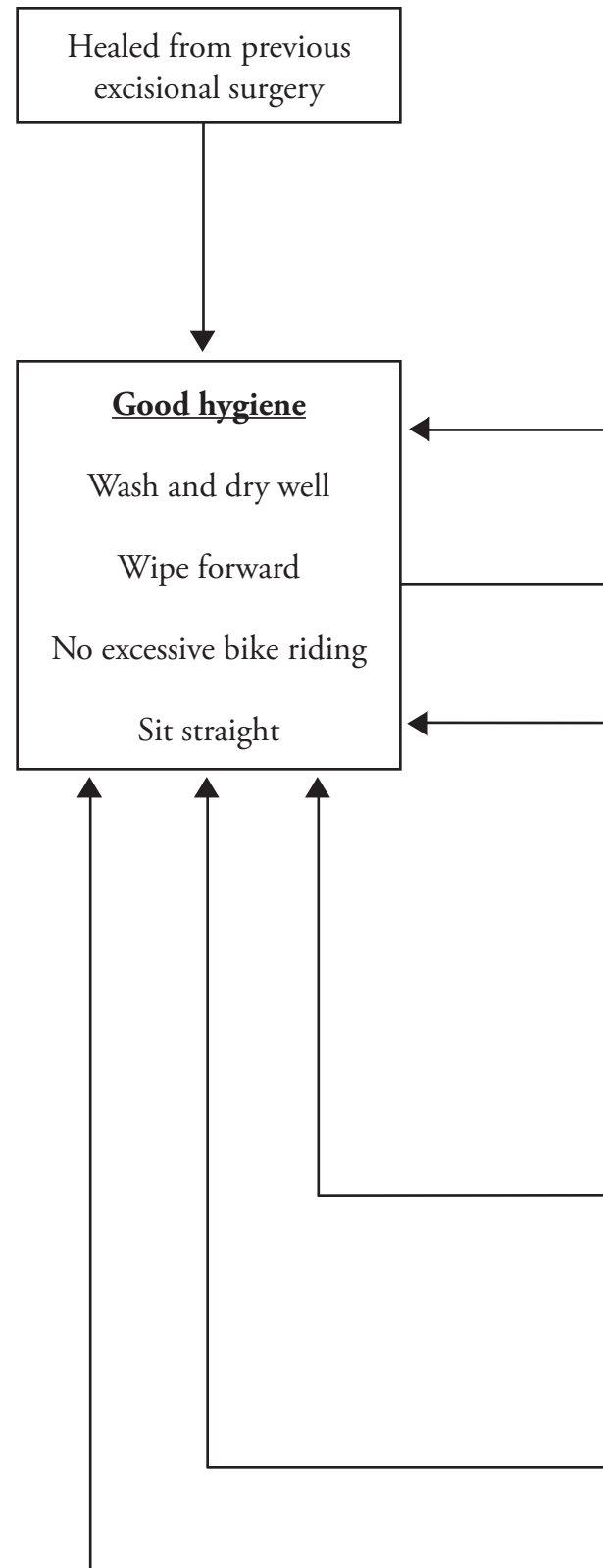
abscess formation, nothing more should be done than to incise and drain the abscess, placing the incision away from the midline, pulling any hair protruding from the pits, and putting the patient on antibiotics and sitz baths. Shaving the area seems to be very beneficial. Occasionally, silver nitrate or phenol can be used to eliminate granulation tissue to help close the abscess cavity and, if present, fistula tracts. Also, the opening of the fistula may need to be debrided to allow better access for treatment. When the patient again becomes asymptomatic, the use of good hygiene will often prevent another episode from occurring.

If the process becomes a repeated one in spite of good hygiene, and a fistula is not present, a simple operation of excising and closing the small midline pits and cleaning out the abscess cavity through a later incision will many times be curative. This can be done with a local anesthetic and in an office surgery setting. If a fistula is present, it should be opened full length and allowed to heal by secondary intention with daily packing and the base occasionally treated with silver nitrate.

If the process fails to resolve after doing the above, or if the patient has had previous surgery that has failed and has been left with a chronically open wound, an operation known as a “cleft lift procedure” is recommended. This procedure obliterates the deep cleft which allowed the process to develop and the non-healing to occur. It also creates an environment where the disease will not recur. The incision for this cleft-lift operation falls not in the midline but to the side. This can generally be done as an outpatient procedure.

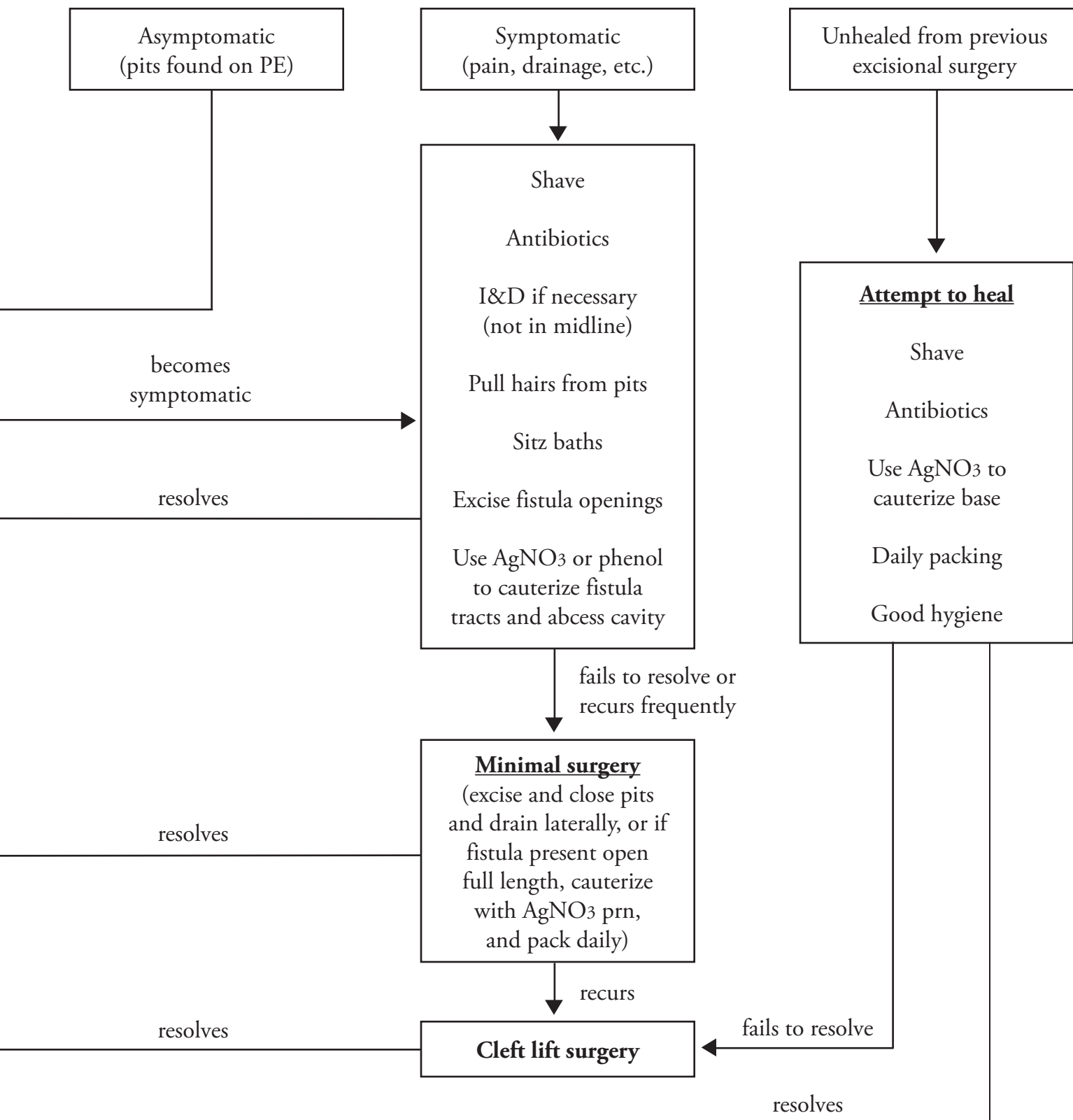
In summary, one should try to control rather than cure this disease in its early stages. If this is not successful, then the two above-mentioned surgical procedures are far more successful in eradicating the problem than the more radical excisional approaches which often lead to unnecessary prolonged healing.

James H. Pingree, M.D., FACS is a retired general surgeon in Salt Lake City, Utah and currently serves on the Missionary Medical Executive Committee of the LDS Church.



ALGORITHM FOR TREATING PILONIDAL DISEASE

JAMES H. PINGREE M.D., FACS



COLLEGIUM IN
THE HOLY LAND



BY KIPP ROBINS, M.D.



EDITOR'S NOTE: Each year, Collegium Aesculapium sponsors a multi-day conference for its members, often in locations of historical significance or other interest. The conferences typically include professional presentations along with speakers and other content relevant to the destination. The 2010 conference was a truly extraordinary trip to Israel and surrounding Holy Land areas. Collegium member Dr. Kipp Robins reports on the trip below, and the photographs that follow give a sense for the remarkable experience of those who attended.

IN APRIL, 73 MEMBERS OF COLLEGIUM AESCULAPIUM and associates embarked on a journey to the Holy Land. Our travels throughout the land were accomplished by bus with two expert tour guides instructing in each of the buses. At most stops a profound spiritual element was added by Dr. Kim Taylor, a family practice physician from Cardston, Alberta, Canada who visits the Holy Land frequently and is the only non-Jewish member of Israel's 100-member Jewish Council, as well as Dr. Bruce Woolley, a transfer faculty member of the Religion Department and a professor in the Physiology and Developmental Biology Department at Brigham Young University. Collegium's new president, Dr. Ed Heyes and his wife, Jill, who have recently completed a mission at the BYU Jerusalem Center, also contributed wonderfully to the process.

WE BEGAN IN JAFFA (JOPPA) where Peter received the remarkable instruction through a dream to take the gospel to all the world. We stood on the top of Mt. Carmel and envisioned the prophet Elijah challenging 450 priests of Baal to call down fire from heaven to consume their sacrifice. We looked down from the mountain to a small brook where those 450 wicked priests were slain shortly thereafter.

WE GAZED FROM THE ANCIENT CITY of Megiddo across the fertile valley of Jezreel at Mt. Tabor. We envisioned a rare female judge and prophetess, Deborah, directing the Israelite armies to descend from this mountain down to the valley in order to defeat the Canaanite army led by Sisera. We thought upon the wondrous event that occurred on the top of that same mountain as Christ took Peter, James, and John and was transfigured before them and then, following the visitation of Moses, Elias, and Elijah, conferred upon them the keys of the kingdom of heaven—an event very similar to what would later occur in the Kirtland Temple to modern day disciples.

AT GALILEE, WE SWAM IN THE WATER that was once walked upon by Christ (and for a brief moment, his chief apostle). We stood at the base of Mt. Gilboa at a small spring where Gideon, under the direction of the Lord,

observed the method by which his soldiers drank from the spring. Those who kept their head upright and lapped the water from their cupped hand while still watching closely for the oncoming army were retained. In this manner, he intentionally reduced his army from 32,000 to 300 and thereby demonstrated the power of God as those 300 successfully defeated the Midianite army.

WE STOOD IN THE NORTHERNMOST PART of the Israelite lands that were originally occupied by the tribe of Dan. It is here the headwaters of the Jordan River ("Heights of Dan") are located. We learned that since Beersheba sits in the southernmost part of the Israelite lands, the phrase "from Dan to Beersheba" represented the expanse of land conquered by the children of Israel.

IN JERICHO, THE OLDEST CONTINUOUSLY occupied city in the world, we looked upon the traditional mountain site of one of Christ's temptations by Satan during his 40-day fast. In Jerusalem, we walked through the 1,770-foot tunnel carved through limestone by Hezekiah in order to bring the waters of the Gihon spring inside the walls of Jerusalem, allowing the Jews to survive while under siege by the Assyrian army. Astoundingly, water still flows through this tunnel.

IN THE GARDEN OF GETHSEMANE (the "oil press"), we sat amongst olive trees that are literally offshoots of trees that were present during our Savior's unfathomable suffering in our behalf. We retraced the path of Christ's final days ending at Golgotha, where depressions in the side of the hill create the appearance of a skull. And finally, we testified to each other sitting among the peaceful trees at the Garden Tomb.

Undoubtedly, Gospel Doctrine class will never be the same as a result of this trip. Beyond that, however, our greatest hope is that our lives themselves will never be the same because of what we experienced and felt during those eleven days in the Holy Land.

Kipp Robins, M.D. is an otolaryngologist practicing in Provo, Utah.



Above: The Western Wall (often called the Wailing Wall) in Jerusalem, where many Jews visit daily for prayer.

Below: Members of Collegium mingle with others visiting the Western Wall.

Opening Page: Overlooking the Old City from inside the BYU Jerusalem Center.



Above: Collegium members are welcomed to Jerusalem in the council room of Jerusalem City Hall by Zvi Raviv (center), member of the Jewish Agency board of governors.

Below: Dr. Kim Taylor gives instruction and insight to the group at the Garden Tomb.



Above: View of the Jordan River at Yardenit, just south of the Sea of Galilee.

Below: Overlooking ruins within the Old City walls of the Pools of Bethesda, where Jesus healed a crippled man.



Above: Overlooking Jericho by cable car on the way to a traditional mountain site.

Below: Gathering in the LDS branch building in Tiberius, above the Sea of Galilee. This is the only building in Israel actually owned by the LDS church.



Above: Walking a path in Orson Hyde Park (site of the apostle's dedication of the land of Israel) on the Mount of Olives, near the Garden of Gethsemane.

Below: At the entrance to the Garden Tomb.

The Homecoming *of the* Children of Israel

A Historical Viewpoint *by* Sheila Raviv



Personal Note from the Author

For me, as an Israeli, there is a very important tie with the LDS Church—a prayer, a blessing and a prophecy.

One hundred fifty years ago, Elder Orson Hyde climbed the Mount of Olives, fulfilling the blessing of the Prophet Joseph Smith who commissioned him to go to Palestine to prepare for the return of the Children of Israel: “In due time thou shalt go to Jerusalem, the land of thy fathers, and be a watchman unto the house of Israel; and by thy hands shall the Most High do a great work, which shall prepare the way and greatly facilitate the gathering together of that people.”

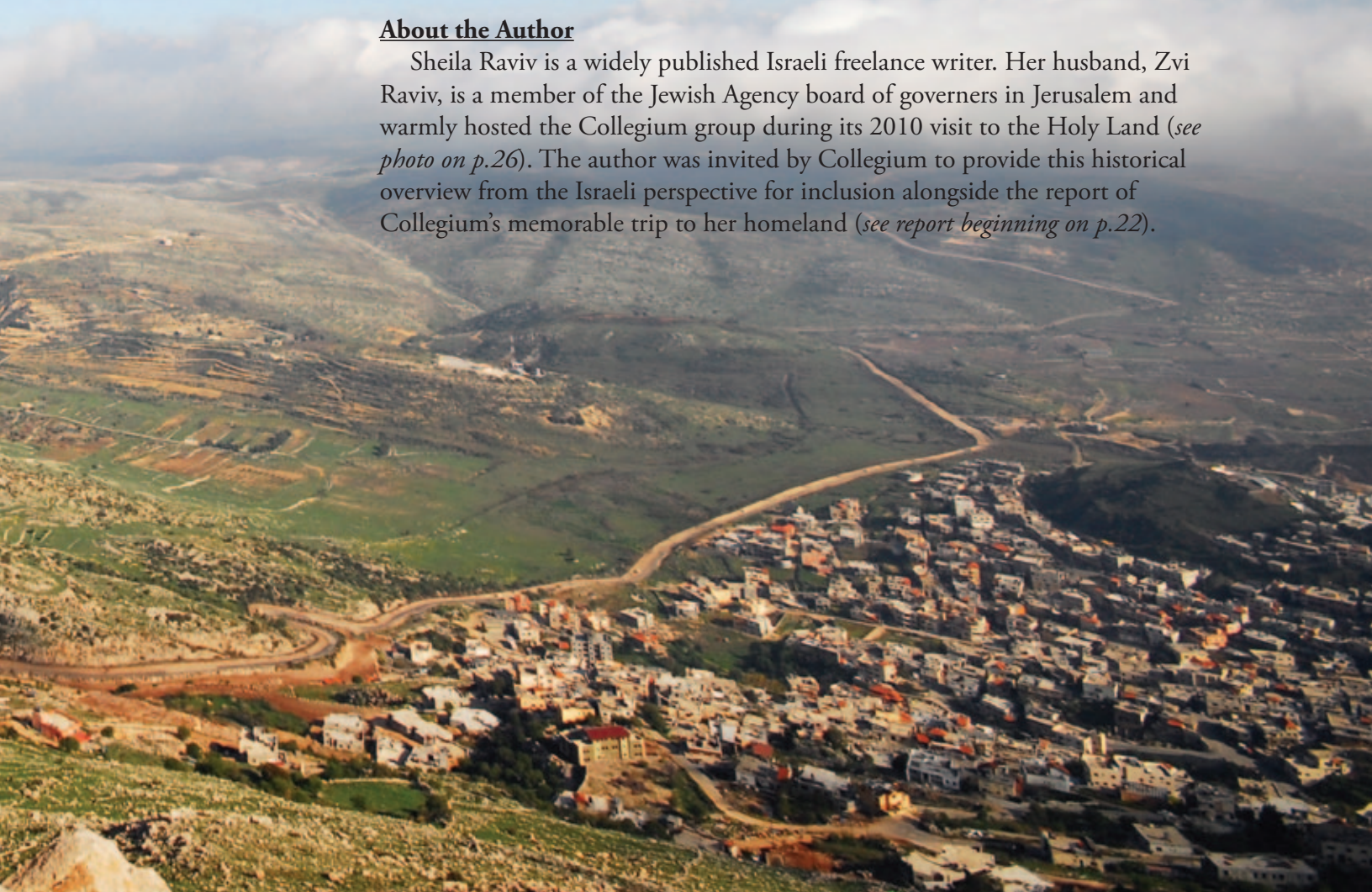
In 1840, Joseph Smith noted that the Jews “have been scattered abroad among the Gentiles for a long period; and in our estimation, the time of the commencement of their return to the Holy Land has already arrived.”

Evangelical Christians were also among the voices heard, but Orson Hyde spoke from a different perspective—a perspective of love.

In 1972, Jerusalem’s mayor, Teddy Kollek, offered a parcel of land on the Mount of Olives for the development of a park, and on 24 October 1979 the park was dedicated in the presence of Latter-day Saint leaders, Israeli dignitaries, and Arab notables. Together with the exquisitely beautiful BYU Jerusalem Center overlooking the Old City, the Church is an integral part of Jerusalem’s landscape, exhibiting enormous mutual respect.

About the Author

Sheila Raviv is a widely published Israeli freelance writer. Her husband, Zvi Raviv, is a member of the Jewish Agency board of governors in Jerusalem and warmly hosted the Collegium group during its 2010 visit to the Holy Land (*see photo on p.26*). The author was invited by Collegium to provide this historical overview from the Israeli perspective for inclusion alongside the report of Collegium’s memorable trip to her homeland (*see report beginning on p.22*).



Once upon a time,

the world perspective of why the Jews came to live in this particular part of the world held Biblical clarity. In today's world, which values the Bible less and less, it has become a topic for debate, doubt and misunderstanding, brought about by disinformation, religious disinterest and sometimes malevolence.

In this journey through our history, both distant and recent, I hope to bring understanding, above the clear Biblical rights and references, of why the Jews chose to come home to the land promised to them by G-d—the homecoming of the Children of Israel.

The Jews forgot their covenant with G-d and sinned, bringing about the destruction of the First Temple, but this punishment did not culminate in their dispersion or exile. However, during the Second Temple period, their sins were not the bodily sins of adultery or murder but rather of “sinat chinam” or unwarranted hatred, in G-d's eyes the greatest sin. Hatred, whether of oneself, of another or even of your enemies displeases G-d and the Jews were dispersed from their homeland and the Temple destroyed.

After the destruction of the Second Temple, the Jews were exiled from this land and the Roman Emperor Titus took 20,000 Jewish slaves to Rome—slaves who built the Roman Coliseum. Proof of their work and presence lies in the Arch of Titus, which depicts a menorah as a reminder of the bounty from Jerusalem. To this day, the Talmud forbids Jews from walking under the Arch.

Jewish presence in Italy is recorded as early as 161 BCE when Judah Macabee, the son of Matathias the Hasmonean sent a delegation to the Roman Emperor and a treaty was signed between the two creating an alliance against the Greek Hellenists who wished to overtake the land and deny religious rights:

“May all go well with the Romans and with the nation of the Jews at sea and on land forever, and may sword and enemy be far from them. If war comes first to Rome or to any of their allies in all their dominion, the nation of the Jews shall act as their allies wholeheartedly, as the occasion may indicate to them. To the enemy that makes war they shall not give or supply grain, arms, money, or ships, just as Rome has decided; and they shall keep their obligations without receiving any return. In the same way, if war comes first to the nation of the Jews, the Romans shall willingly act as their allies, as the occasion may indicate to them. And to their enemies there shall not be given grain, arms, money, or ships, just as Rome has decided; and they shall keep these obligations

and do so without deceit. Concerning the wrongs that King Demetrius is doing to them, we have written to him as follows: ‘Why have you made your yoke heavy on our friends and allies the Jews? If now they appeal again for help against you, we will defend their rights and fight you on sea and on land.’

This could well be the first man-to-man treaty declaring Jewish rights to the land of Israel.

Spanish Inquisition

After the dispersion from the Holy Land, Jews sought haven in the Iberian Peninsula of Spain and Portugal, traveling as far as France. They were considered second-class citizens without the right to hold businesses, land or education; their ability to sustain themselves was highly limited and their ability to educate themselves was confined to Bible study. The study of the Bible honed their minds and fine-tuned their ability to analyze as they discussed each aspect of the treasured scriptures and sought to understand the meaning behind it. Great scholars such as the Rambam, Moses Maimonides (1135-1204) and the Ramban, Nahmonides, (1194-1270) doctors, philosophers and Biblical commentators emerged as a result. Their studies were of the Bible but their prayers were turned to Jerusalem.

The Spanish Inquisition began by oppressing Christian heretics and did not interfere with the affairs of Jews. However, disputes about Maimonides' books (which addressed the synthesis of Judaism and other cultures) provided a pretext for harassing Jews and, in 1242, the Inquisition condemned the Talmud and burned thousands of volumes. In 1288, the first mass burning of Jews on the stake took place in France. It is said that when one begins burning books one continues by burning people—and so it was.

Maybe the Roman Catholics learned from their war with the Greeks that one need not kill one's enemies in a religious war, one simply takes away their religious rites or forces conversion upon them. This, however, did not suffice to cow the Jews of Spain. Conversos (Secret Jews) and New Christians were targeted because of their close relations to the Jewish community, many of whom were Jews in all but name. Fear of Jewish influence led Queen Isabella and King Ferdinand to petition the Pope for permission to begin an Inquisition in Spain. In 1483 Tomas de Torquemada became the Inquisitor-General for most of Spain, setting up tribunals in many cities. Heading the Inquisition in Spain were two Dominican monks, Miguel de Morillo and Juan de San Martin.

The Jews of Spain fled and those who did not were expelled in 1492, the vast majority finding false safe haven

in Portugal where the Inquisition followed them. Persecutions under the Inquisition continued off and on for several centuries. The power of the Inquisition was finally broken by King Joseph, who in 1751 issued a decree to the effect that before trial the prosecutors of the tribunal must inform the accused of the charge against him, and of the names of the witnesses, that the accused should be free to choose his own counsel, that no verdict should be rendered without the approval of the government and that no further auto should be held. King Joseph Bonaparte finally abrogated the Inquisition in 1808.

The Jews began to spread across Europe, North Africa, the Spanish Empire and into Eastern Europe. Wherever they went they were treated as second-class citizens yet often, despite (or because of) the limitations set upon them, they thrived.

Donna Grazia

As with so many stories of persecution, outstanding personalities were born of pain. Donna Grazia was one, exceptional because she was a woman at a time when women were chattels.

Donna Grazia was born in Portugal at the beginning of the 16th century to the Benveniste family, noblemen who fled Spain and the Inquisition. At age 17 she married Francisco Mendez-Nassi, a member of one of the largest international trade and banking firms in the world. When Mendez-Nassi died, she was still young and decided to leave oppressive Portugal with her only child Reyna and several other relatives. The Inquisition made life unbearable for the Marrano Jews who, like Donna Grazia, were observant Jews in their homes but outwardly disguised themselves as Catholics. Donna Grazia fled to Antwerp, in Flanders (Belgium) but they still had to be secret Jews and public Christians.

Donna Grazia's brother-in-law was the head of the Mendez-Nassi firm with connections with European Royalty. After the death of her brother-in-law, Donna Grazia decided to leave Antwerp for a free country. In 1549 she departed with her daughter and most of her wealth and traveled to Venice, from where many vessels left for lands where Jews could live openly according to their religion. From there she left for Constantinople.

In 1552, Dona Grazia settled in Kushta, the capital of the Turkish Empire, where she devoted her life to helping Marranos and Jews in suffering. She fostered Jewish culture, and poets wrote at great length in praise of her many achievements as a patron and helper of Jewry in those dark days. She built synagogues, established Yeshivoth (centers for Jewish study), libraries, supported Torah scholars and Rabbis and resettled hundreds of Marranos, enabling their return to Judaism.

Donna Grazia decided to establish a refuge for Jews

in the Land of Israel, in Tiberius, the city on the Sea of Galilee, where it was written that "from Tiberius Israel will be redeemed and it will be the spiritual centre of all Jewish communities of the Diaspora".

1558 Donna Grazia leased Tiberius, in Palestine, from Sultan Suleiman, for a yearly fee of 1,000 ducats. In 1561, Joseph Nasi obtained ruling authority over Tiberius and Safed, developing major new centers of Jewish and religious settlement which thrive until today.

Through these efforts Donna Grazia succeeded in being the visionary of the State of Israel, with the support of the Turkish Empire, 300 years before Theodore Herzl recognized the fate of the Jewish people at the trial of Dreyfus in France.

Desire to Return

Over the centuries, Jews spread all over Europe, Eastern Europe and Asia, North and South America, India and North Africa where life began to take on a sense of normality within the restrictions placed upon them. One essential element of the thrice daily prayers, facing Jerusalem and praying for a return to Jerusalem, was and is common to all communities no matter what the compass point or latitude. Jews the world over pray three times a day "Next Year in Jerusalem."

After the Middle Ages and the trials and tribulations of Inquisitions and Blood Libels, life became much easier for Jews, although they were generally not considered equal members of society and in many societies they were still unable to study in higher education, enter the professions or become landowners.

Germany and Austria became the centre for educated and sophisticated Jews who entered the professions and arts, unlike Poland and Russia where they lived in small, exclusively Jewish villages or "shtetls". Spanish and Portuguese Jews, who after the Inquisition fled to Holland, were brought to England by William of Orange to achieve high social status as the King's Jews under direct protection of the crown. France also welcomed its Jews who strove to become part of society.

Movements began to form amongst educated Jews, predominantly in Austria and Germany, toward returning to the Holy Land, to Eretz Yisroel—the Land of Israel. Initially the movements held no form; such a return remained a prayer and a dream. Hovevei Zion ("Lovers of Zion") and Dorshei Zion ("Seekers of Zion") grew amongst the Jews who pushed for a return to Zion from the corners of the dispersion. A significant number of non-Jewish "Heralders of Zion" mostly British, joined their ranks. Most "heralders," Jewish and non-Jewish, were met with bewilderment and contempt. During this period of enlightenment and the emergence of citizens' rights for Jews in Western European countries, it seemed



An Israeli settler works the land on one of the fledgling agricultural settlements in 1948.

unnecessary. Many Jewish leaders in Germany, France and Eastern Europe believed that assimilation was the only solution to innate European anti-Semitism. Russian anti-Semitism began to explode and in other parts of Europe, Jews were expected to become regular citizens of the countries in which they lived; talk of returning to Eretz Israel, ruled by the fading Turkish Empire, was considered dangerous and disloyal to their home countries.

In the Holy Land, significant changes were taking place. The Jewish population was rapidly increasing, especially in Jerusalem, and grew from about 2,000 in 1800 to 50,000 by the end of the century, now a majority at 60%

of the entire population. The idea of settling the land grew simultaneously in Israel and abroad, and in the last quarter of the 19th century was, in fact, realized. The settlers—founders of the first agricultural villages—were native-born Jews and new immigrants who arrived in Palestine in the First Aliyah (“first wave”), as a direct result of the work of the Hovevei Zion societies which were established with the aim of furthering Jewish settlement (particularly agricultural settlement) in Eretz Israel. Immigrants streamed to Eretz Israel from Morocco to Persia, from Yemen to Bukhara, from Russia and Romania.

So it was that at the turn of the 20th century, the Land of Israel consisted of 50,000 souls, 20 agricultural settlements and the first of the country’s institutions. The Hovevei Zion infrastructure in Eastern Europe as well as French Jewish baron Edmond de Rothschild and philanthropic businessman Moses Montefiore stood steadfastly behind the tiny Jewish settlement in Eretz Israel, making many trips to their Holy Land to support the new settlers. Rothschild brought his French knowledge of fine wines to help build, for the blossoming Aliyah, what would 120 years later become a prime export, winning many prizes around the world. Montefiore concentrated upon his beloved Jerusalem. European scientists, engineers and agronomists, Jews who believed that the future of

Israel lay in adapting the ecology and agricultural crops to Israel’s climate and specific land conditions lay the path for a future of communal farms and scientific agriculture which would sustain the new settlers both culturally and economically.

Theodore Herzl, however, was dissatisfied with the situation of settlement and firmly believed that the answer lay in a political solution; he knew that Eretz Israel must be recognized internationally as a Jewish state.

Why? Why would this financially comfortable, highly educated Hungarian/Austrian Jew be so fervent in his belief in this dream?

The world would discover the answer as Herzl's famous words, "If you will it, it is no dream," became the rallying cry for Jews everywhere seeking a return to their homeland.

The Children of Israel find their way

French anti-Semitism, as in many countries, was cloaked in an open society and proved to be the fulcrum of a truly important moment in Jewish history, a movement which was to change our world.

Alfred Dreyfus was the son of a wealthy Jewish textile manufacturer. In 1882 he entered the École Polytechnique and decided on a military career. By 1889 he had risen to the rank of captain, much to the chagrin of his fellow gentile officers. Dreyfus was assigned to the War Ministry when, in 1894, he was accused of selling military secrets to the German military attaché. The case caused a furor in French society and word of the impending trial spread throughout Europe. When Alfred Dreyfus was convicted on what was clearly fabricated evidence, it affected two Jews very deeply. One was Emile Zola, who wrote his famous letter "J'Accuse" to the liberal

L'Aurore magazine which resulted in his being stripped of his Legion d'Honneur and imprisoned for libel against the judging panel; the second was Herzl, a young journalist, Hungarian, Jewish, who covered the trial for the Austrian publication *Neue Freie Presse* (The New Free Press). Herzl came from a religious family but as with many of his generation he became predominantly secular. But the Dreyfus trial changed his views and, ultimately, the lives of Diaspora Jews worldwide. Herzl came to the realization that until Jews returned to the land of their forefathers they would never be accepted. Two years after the Dreyfus trial and its clear injustice, injustice born in deep-rooted anti-Semitism, Herzl wrote the booklet, "Altneuland" or *Old New Land: The Jewish State: An Attempt at a Modern Solution of the Jewish Question*.

Herzl did not rest his laurels on this small book, but rather used the words within as the seed which grew into an enormous movement. On that day in Paris, watching

the trial of a fellow Jew, Dreyfus the scapegoat, Theodore Herzl understood that he was, first, foremost and exclusively a Jew, no matter how secular his life had become and how far he had strayed from the teachings of his parents. Thus began Herzl's Zionist movement.

On our way home

According to Herzl's booklet *The Jewish State*, persecution would not destroy the Jewish people; on the contrary, Herzl believed that persecution would prevent assimilation, those outside prejudices strengthening Jewish resolve and sense of identity. Due to conditions in the Jewish Diaspora, some communities might disappear, but the Jewish people would always survive. Herzl believed that Jews had no choice but to adopt the reality of living as Jewish people in one land under their own sovereign authority. Despite ill health, his determination to realize his dream of a Jewish state in a Jewish land far from the pogroms and anti-Semitism of Europe led Herzl to organize the First Zionist Congress in Basel, Switzerland, in August 1897. This meeting marked the establishment of the World Zionist

Council, bringing together Jews from all over the globe that were of similar mind, whose executives were to be the diplomatic and administrative representatives of the Zionist movement. Herzl became president of the organization, a post he held until his death.

The official goal of the World Zionist Organization was the establishment of "a secured homeland in Palestine for the Jewish people." Palestine was part of the Turkish Ottoman Empire and Germany enjoyed a special relationship with Turkey, so in 1898 Herzl met with Kaiser William II in an unsuccessful effort to win his support. Not discouraged, in May 1901 Herzl met with the Sultan of Turkey, Abdul-Hamid II, also with little success. Herzl's travels took him to many countries and many leaders throughout Europe

Deeply concerned by the deteriorating situation of Eastern European Jewry and foiled at every turn in his attempts to secure a return to the old/new land in the

After centuries scattered abroad, Jewish population in Jerusalem grew from about 2,000 in 1800 to more than 50,000 in 1900. There were 20 agricultural settlements and the first Jewish institution in the country. But the process was only beginning.

Biblical Jewish homeland, Herzl considered the British government suggestion of Uganda for the Jewish mass immigration, but when he put the idea forward to the Fourth Zionist Congress in 1903, he was heckled loudly by the representatives and returned to the original mandate of the World Jewish Congress—the establishment of a Jewish national home, recognized internationally, in Palestine.

During the Uganda polemics Herzl showed signs of grave illness but it did not stop his travels, criss-crossing Europe, Turkey and the Land of Israel to meet with Kaiser Wilhelm. When the meeting bore no fruit, Herzl's companions lost hope; but he said, "You see, that is why I am the leader. I am neither wiser nor better than you are. But I am fearless, and therefore suited for leadership. At difficult moments such as these, I do not despair." His constant and determined efforts to gain recognition for the Jewish return to their homeland took their toll on his already weakened heart. On July 3, 1904, he died and was buried in Vienna. According to his wishes, his remains were transferred by the government of the independent state of Israel to Jerusalem in 1949 and buried on Mt. Herzl, the national cemetery for the great leaders of Israel which was named for him.

Chaim Weizmann was born to a religious Jewish family, third of twelve children, in a tiny village (shtetl) 40 kilometers from the Russian city of Pinsk. He, like all his contemporaries, went to a traditional Torah school, where one of his teachers recognized his exceptional brain and surreptitiously taught him simple natural science. He developed a love and aptitude for science, and at age 11 his family took a courageous and rare decision to send him to a boarding school—an unacceptable move for most religious families. At 18, his outstanding aptitude for science led him to Germany, where he studied biochemistry at one of Europe's most prestigious science institutions, the Polytechnic in Berlin. It was in Berlin that he first became involved with Zionist intellectual circles and studied the teachings of Aham Haam, "Spiritual Zionism," embracing the notion that Palestine should serve as a spiritual center for Jewry. This philosophy led Weizmann to champion the idea of a Hebrew University in Jerusalem. Later, he became influenced by Theodore Herzl's "Political Zionism", which focused on obtaining an international charter for Jewish settlement in Palestine. Weizmann became an active member, and then a key figure, in the Zionist movement; he began what was to be a lifetime career characterized by a complex, and at times stormy, relationship with less moderate Zionists.

Weizmann felt that Herzl's concentration upon diplomatic Zionism was not sufficient, insisting that this had to be in tandem with settling the land and the building of a proven society, rooted in the soil of Palestine, preferably

in communal settlements or Kibbutzim.

Weizmann continued his studies at Manchester University in Britain where he began to cultivate relationships with members of the British government with the sole intention of gaining empathy for Jewish aspirations for a return to Zion. His charm, wit and ability to state the Zionist cause in a manner with which his listener could identify personally won over his audience, no matter how jaded by experience.

In 1906 when asked by Lord Balfour why the Zionists' rejected Uganda as a Jewish homeland, Weizmann asked Balfour "whether he would trade Paris for London," reminding him that "Jerusalem was Jewish when London was still marshland."

Professionally, Weizmann the biochemist made a major scientific breakthrough that indirectly helped his cause: synthetic acetone, an essential component as a solvent in the manufacture of munitions. The time was 1916 and Britain and the Allies needed an edge over the German war machine of the First World War. The then Minister of Munitions, David Lloyd George, became Prime Minister soon afterwards and Lord Balfour became his foreign minister—two people in ultimate positions of power who had already fallen under the spell of Weizmann's personal charm and his scientific breakthrough. This relationship culminated in the Balfour Declaration, approved by the British cabinet on November 2, 1917. The Balfour Declaration proclaimed the sympathy of the British government for Zionist aims in Palestine.

Informing Weizmann of the decision, Lord Mark Sykes, Secretary of the War Cabinet, declared: "Dr. Weizmann—it's a boy." This was arguably the most crucial single step towards the birth of a Jewish state, after persistent diplomatic work and Weizmann's most outstanding achievement.

In 1918, Weizmann was asked to head the Zionist Commission sent by Great Britain to Palestine to advise on the future development of the country. Weizmann worked assiduously to achieve cooperation and peaceful relations with the local Arabs who, he felt, would benefit economically from the Zionist enterprise. Weizmann met with the Emir Feisal, the leader of nascent Arab nationalism. Feisal promised to recognize Zionist aims in Palestine, as long as the aims of Arab nationalism were achieved in Iraq and Syria. Unfortunately, both the agreement and the hope of a peaceful partnership was short-lived.

Two dreams came to fruition, however. In 1918 Weizmann laid the cornerstone for the Hebrew University in Jerusalem, and in 1922 the League of Nations ratified Britain's Mandate over Palestine, giving Britain administrative authority over the region.

In 1934 Chaim Weizmann, combining his love of Israel and science, laid the foundations of the Daniel

Sieff Research Institute in Rehovot, later to be renamed the Weizmann Institute to honor its founder. In 1937, Weizmann settled there, living on the campus and continuing to speak for the Zionist cause worldwide. Gradually, however, his moderate, pro-British stance met with opposition and his leadership was challenged.

British policy changed after the violent Arab riots of 1921, 1929 and between 1936-1939, which culminated in the White Paper restricting Jewish immigration and land purchase. Weizmann believed alienation of British support would be a strategic mistake and would undermine Zionist interests; changing British policy must be based on persuasion, not confrontation. Speaking before the Peel Commission in 1937, Weizmann said:

“There are in this part of the world 6 million people for whom the world is divided into places where they cannot live and places where they cannot enter.” The message was clear. However, British policy remained unchanged, with tragic ramifications. At the end of the Second World War, the horrifying dimensions of the tragedy that had befallen European Jewry became evident, but the British were not ready to admit more than 15,000 Jewish refugees into Palestine each year.

The Holocaust was not the reason the Jews returned to their Land, nor the reason they began the return, but it was the greatest reminder of the depths of ruthless and relentless inhumanity that man is capable of when hatred is allowed to run rampant. As 6,000,000 Jews died and a generation of orphans sought a home, it was the ultimate reminder that Jews must have a safe and secure state where such atrocities could never happen again. There is every indication that the leaders of the United Nations never intended, nor believed, that the State of Israel would survive her independence on May 14, 1948. After the Holocaust, the nations of the world had a brief moment of self appraisal at their complicity in the massive genocide, the worst this planet had ever known. They participated, their silence roared, from the instrument of Hitler’s Germany, Christian Europeans, the Church, the Red Cross and ultimately the decision by the Western Allies not to rescue, feed or house the Jewish refugees, by default all were guilty of committing genocide.

In 1946, David Ben-Gurion took over the defense portfolio of the Jewish Agency Executive and led the struggle against the British Mandate, defying the British quota against large-scale Jewish immigration, including Jews fleeing the Holocaust. He encouraged and intensified settlement activity, challenging British authority over the land.

Ben-Gurion strongly disapproved of the more violent activities of the Stern Gang (led by Abraham Yair Stern) and



Romainian Jews board a passenger ship to emigrate to Israel in March, 1959.



Israeli movement leaders and rabbis from around the country gather at the opening of a new Jewish community in an abandoned Arab village in southern Israel in 1950.

the Irgun (led by Menachem Begin), preferring to rely upon clandestine defensive activities. Many of those who formed the militant groups learned their “trade” during rebellions against the Nazi machine when the only way to survive was to meet tyranny with violence. However, it was Ben-Gurion’s Hagana that used the efficient British Mandate administration to learn how to establish the mechanism to run a country by becoming Mandate policemen, bureaucrats and health workers.

As the situation in Palestine deteriorated severely, with the British Mandate progressively more unsuccessful at controlling both the Arab and Jewish population, Britain decided to take the question of Palestine back before

the United Nations (newly formed when the League of Nations was disbanded). This step culminated in the November 29, 1947 U.N. General Assembly vote for partition and the vote to create the State of Israel and Jordan—the original “Two State Solution,” one Muslim, one Jewish. On May 14, 1948, when the British Mandate came to an end, Ben-Gurion, as leader of the provisional government, declared the establishment of the State to the singing of Hatikva, the National Anthem. Hatikva—the Hope—was written by Naftali Herz Imber in 1878 and adopted by the First Zionist Congress in 1897.

The prayer became the hope; the hope became the dream; the dream finally and at last became the reality,

and the people sang their anthem: “The Hope”.

Ben-Gurion masterminded the transition from clandestine force to regular army, dismantling pre-state, politically motivated militias to form a united, apolitical army—the Israeli Defense Force (IDF). His military leadership was a rare mixture of pragmatism and vision. His combination of bold, daring and dogged determination, dynamic organization and decisive moves, linked to a deep, almost mystical faith in Israeli youth, played a crucial role in the conduct of the War of Independence and its outcome.

Almost simultaneous with the Ben-Gurion announcement of the historic vote and the establishment of the State, the Arab war machine began its deadly determination to destroy the nascent state. The long history of Arabs killing Jews became outright war, and despite an arms deal with Czechoslovakia, the armaments did not arrive to help the newly formed defense forces. Egypt, Syria, Iraq, Lebanon, Jordan, and Saudi Arabia declared war on Israel. Egyptian, Syrian, Jordanian, Iraqi and Lebanese forces attacked

the tiny country with an untrained but determined army from the 15th of May to the 10th of June 1948 and the United Nations’ prediction for Israel’s existence seemed inevitable, not for the first and most certainly not for the last time. Israel emerged from the War of Independence victorious, but paid a terrible human price: 6,373 killed, almost 1% of the population. Jerusalem was cut off from the remainder of the country for six weeks, its people left without food or sustenance, and Weitzmann’s Hebrew University became a lone outpost in hostile Arab land, its students putting up a brave fight. The Old City of Jerusalem and its Holy Jewish and Christian sites, the Temple Mount, the Mount of Olives, the Church of the Holy Sepulcher and the Via Dolorosa, the Western Wall and the Jewish Quarter, all fell into Jordanian hands.

There is great dispute as to the Arab residents, subjects of the Ottoman Sultanate/Caliphate, the three Ottoman Sanjaks of the Palestinian area. They were, when the Jewish people began their return to their ancient homeland from 1882, “a neighborhood with Arabs”, not an Arab state,

With Britain increasingly unable to manage both the Arab and Jewish populations in Palestine, the United Nations voted in 1947 to create the states of Israel and Jordan—the original “Two State Solution,” with one being Muslim and the other Jewish.

or Arab province, or even a neighborhood with no Jews. Under 400 years of Muslim rule, there was no such entity as “Palestine” or Jordan or Iraq either in the Ottoman administrative structure, or in popular feeling and awareness. Politically and legally, those Tri-Sanjak Arabs never lost sovereignty because they never had it. It must be remembered that when it comes to land ownership, every single dunam of the land slowly developed by Jewish labor and skill was bought from very willing landowners by the Jewish National Fund. Indeed much land which was bought by both the JNF and private persons is now in Arab hands.

The name Palestine is not Arabic, nor Hebrew, it is Roman and was created to deny the Jewish link to the Land of Judea—the Land of the Jews. From the fifth century BCE Greeks called the eastern coast of the Mediterranean “the Philistine Syria” using the Greek form of the name. In 135 CE, after putting down the Bar Kochba revolt, the second major Jewish revolt against Rome, the Emperor Hadrian wanted to blot out the name of the Roman “Provincia Judaea” and so renamed it “Provincia Syria

Palaestina”, the Latin version of the Greek name and the first use of the name as an administrative unit. The name “Provincia Syria Palaestina” was later shortened to Palaestina, from which the modern, Anglicized “Palestine” is derived. Palestine is the Roman name for Judea, the Kingdom of Judah, fourth son of Jacob. In principle the Jewish people are exilarchs, exiled people of Judah.

War and Peace

War of Independence 1947-49. In human terms, the War of Independence was Israel’s costliest war, with over 6,000 Israelis killed and 15,000 wounded. The war consisted of 39 separate operations, fought from the borders of Lebanon to the Sinai Peninsula and Eilat.

Sinai Campaign 1956. was fought to put an end to the terrorist incursions into Israel and to remove the Egyptian blockade of Eilat.

Six Day War 1967. Within the brief span of six days, the IDF overran the Sinai peninsula; took the entire West Bank of the River Jordan; and captured a great part of

the Golan Heights. The culminating event was the re-capture of the Old City of Jerusalem and of the Holiest places to the Judeo-Christian world.

War of Attrition 1968-70.

After constant individual attacks following the Six-Day War, a static exchange of artillery fire along the entire Bar Lev line on the Suez Canal escalated into the War of Attrition.

Yom Kippur War 1973. The war, which started on the holiest day in the Jewish calendar, the Day of Atonement, was the fiercest Arab-Israeli war since the 1948 War of Independence. Egypt and Syria attacked Israel, catching Israel off guard.

First Lebanon War 1982. A ceasefire with Palestinian terrorists in Lebanon declared in July 1981 was broken: the terrorists continued to carry out attacks against Israeli civilian targets in Israel and abroad, and the threat to the northern settlements became unbearable. On June 6, 1982, the IDF launched Operation Peace for the Galilee.

Gulf War 1991. In August 1990, Iraq invaded Kuwait and threatened to attack Israel with various types of weapons, including non-conventional ordnance. For the first time in Israel's history, the entire country faced a real threat of destruction.

Second Lebanon War 2006.

On July 12, 2006 eight IDF soldiers were killed and two kidnapped on the Israeli side of the border with Lebanon, in an attack carried out by Hezb-Allah terrorists. When the remains of Sgt.-Maj. Ehud Goldwasser and 1st Sgt. Eldad Regev, abducted in the attack, were returned to Israel on July 16, 2008, it became clear that they had been killed in the initial attack and their bodies snatched for ransom.

These wars in general, and the 1948 War of Independence in particular, created an as yet unknown refugee situation. When the Arabs declared war, the itinerant



First head of the Israeli state, David Ben-Gurion (center) and Minister of Labor and Social Affairs Golda Meir (right) visit the Neguev kibbutz (agricultural settlement) in 1953.

Arabs living in Israel at the time were invited by the Israeli government to stay and become full citizens with equal rights, but were told by the neighboring Arab countries to flee their homes. The promise that their war against Israel would be won quickly so they could return was too appealing for most of them. When Israel won the war, Egypt and Jordan placed them in camps in Gaza and the West Bank because the countries from which they came before moving to Israel refused to let them return. These unfortunate people were used as political pawns for a

period of 63 years and is an Arab-created problem. In at least one instance, through cooperation between the Gilboa Regional Council of Israel and the Mayor of Jenin, Israeli engineers have rebuilt the Town of Jenin out of the refugee camp that fomented hatred, and a beautiful town with full municipal services has taken its place.

Despite wars, attacks, terrorism and hardship, the Jews kept coming home. Immigration from oppression in Eastern Europe and Arab lands; immigration that made the headlines from Russia after years of harassment and imprisonment for the “Refuseniks,” who were sentenced to banishment and imprisonment in Siberia for wanting to be Jewish and to emigrate to Israel; from Ethiopia where the Jews were banished to the remote region of Gondar, deprived of opportunity or education, then placed in interminable starvation conditions in refugee camps in Addis Abeba or walked the tortuous trek to the Sudan before fulfilling their dream to come to Jerusalem; voluntary immigration of Jews from India, China, Australia, North America and Western Europe. Jews came home from all corners of the globe, bringing their traditions and languages with them to form an enormous amalgam of yearning for their natural home. The dispersion to the Diaspora was no longer enforced; the thrice daily prayer to come home to Jerusalem and the land of Israel was answered.

In some cases the governments of the less law-abiding countries demanded cash for people The State of Israel paid willingly for the freedom of Russian and Ethiopian Jews. The immorality of the leaders of their former homes would never be an obstacle to the dream.

How on earth did a tiny, poor country absorb and house all these people of such diverse backgrounds whose only commonality was that they were Jews? The Jewish Agency, formed before the State and the interim government of Israel before Independence, was created precisely to encourage and enable the homecoming. They created schools for adults and children alike to learn Hebrew—our common language, the language of King David’s psalms. They created organizations to help new immigrants on every level of their lives and appropriate to the countries from whence they came. The money was raised by their sister organization, Keren Hayesod or the UJA in the USA. No money was demanded of the international aid organizations—if we were to be independent, we must be independent.

Today the only reminder of the diversity of our society lies in the accents and the epicurean delights. As a society we are an incredible rainbow of humanity whose very diversity allows us to think outside of the box. We have won an inordinate number of Nobel prizes and made great

strides forward on the scientific and medical forefront. We have more start-up companies per capita than anywhere else in the world, second only to the USA in real terms, and our high-tech inventions have changed everyone’s lives from cellphones to texting, computer chips and firewalls, to miniature medical devices. Our advances in the field of agriculture have been used to help third-world countries to grow the food they so desperately need under their improbable conditions. Our universities not only produce the highest percentage of graduates in the world but because the students are older, having served in the IDF first, they understand why they are there and have already been given huge responsibility and used their initiative to save lives.

Our rescue, trauma, medical and disaster teams are always among the first to arrive at scenes of both natural and human disasters—even for our enemies. Our constant need to be alert and ready makes our teams the finest in the world. Our hospitals not only train Palestinian doctors and nurses but we offer the only chance of recovery for Palestinian cancer patients. Israeli initiatives in agriculture and business help Palestinians to find independence through the rod, not the fish.

Israel, the phoenix born out of the ashes of the Holocaust, is still under fire, under threat, yet as a people we live life to the full, relishing every moment—sometimes too noisy, sometimes too sure of ourselves, but we are here, back home in the State of Israel, and no one is going to disperse the Jews again.

Whether one calls it Judeah and Samaria, Canaan, Paelestina, the Land of Israel or the State of Israel, for 2,000 years the prayer for a return to Jerusalem has been on the lips of Jews, wherever they may be, at least six times a day. The morning, afternoon and evening prayers, grace after every meal; festivals, feasts and fast days; weddings and funerals; in our homes and houses of prayer, we pray to come home to Zion, to the land of our forefathers. It is our deepest belief that when the Messiah comes it will be those in this unparalleled spiritual homeland, from here the souls will arise and be resurrected. This is not a piece of real estate to be fought over—this is the heart of our religion, our spirit, our emotions and our longing. This is home.

Sheila Raviv is a well published Israeli freelance writer. Her husband, Zvi Raviv, is a member of the Jewish Agency board of governors in Jerusalem, where he hosted the Collegium group during its 2010 visit to Israel.

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