



# The Worth *of* Souls

SUMMER 2019







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OF COLLEGIUM  
AESCULAPIUM

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# The Worth of Souls

by Elder Ronald A. Rasband

**T**hank you. Sister Rasband and I are honored to be here tonight. Many of you are dear friends and associates of mine and Melanie's; all of you are making a difference in a world that needs you. I appreciate that this congregation is filled with the spirit of God. I can feel it; so, can you. While all of us have been, or are engaged in work that requires years of skill and training, our greatest strength—collectively and individually-- is the power of the spirit that works with us and through us to touch and change one life at a time.

The impact of what you do as medical professionals is recorded in charts and even articles in journals, is reviewed at rounds, in seminars and with colleagues. You don't always hear the back story of a patient or the patient's family. So tonight, I want to share with you the personal journey of Paxton Edward Norton, my grandson. He is third son of my daughter Shannon and her husband David. Shannon is here with us tonight. In grandchildren lingo, I was Paxton's PA.



Paxton was born July Thirteenth, Two Thousand and Ten at four minutes after four in the afternoon. Many parents worry that their child will be born with all his

fingers and toes. Paxton came with a very rare chromosomal deletion, Seven Q Twenty Two point three to thirty one point one (7q22.3 to 31.1), the only one with that deletion yet recorded, or, truly one of a kind. He died on July Seventeenth, Two Thousand and Thirteen; he had just turned three. The words of Isaiah were a great comfort to us: "He (our Lord) will swallow up death in victory; and the Lord God will wipe away tears from off all faces."

His life had been a sprint but his work was done. Our beloved Apostle Elder Jeffrey R. Holland said at Paxton's funeral, "Seldom has one so little touched so many hearts." In his small little body, not perfect but perfect enough, he, like the Savior, "went about doing good... for God was with him." Think about that. Paxton may have seemed an unlikely messenger to teach sacred truths to those around him, but by divine design he did just that.

Our extended family, his nurses, doctors, technicians, therapists, friends, ward members even Church members around the world were his "work." We learned firsthand the Savior's call to "press forward with a steadfastness in Christ, having a perfect brightness of hope."

Yes, we were tested physically, emotionally and spiritually. As we prayed and fasted, we, like Nephi, were reminded "in whom [we] have trusted." And in the process of that refiners fire we gained an increase measure of patience, humility, gratitude, resilience and an appreciation for those in our circle. It grew dramatically with Paxton at the center.

Paxton's life and love reminded all of us of this sacred truth: "The worth of souls is great in the sight of God."



President Russell M. Nelson, world famous heart surgeon and now our devoted president of the Quorum of the Twelve Apostles has explained:

*For reasons usually unknown, some people are born with physical limitations. Specific parts of the body may be abnormal.*

*Regulatory systems may be out of balance. And all of our bodies are subject to disease and death. Nevertheless, the gift of a physical body is priceless...*

*A perfect body is not required to achieve a divine destiny. In fact, some of the sweetest spirits are housed in frail frames.*



Paxton's was just such a frame. In his three years, he never talked or walked. He had a cleft palate, two holes in his heart, glaucoma, pulmonary hypertension, enlarged kidneys and brain ventricles and tracheomalasia, or, a narrow and floppy airway. He spent a third of his life in the Primary Children's Hospital undergoing thirty four surgeries. A trach, feeding tube, oxygen and ventilator, suction machine and heart monitors were part of his everyday life for his entire life. Just one of those things would have been a significant challenge, but even with all of this, he was able to communicate and reciprocate love and joy and all of his emotions. Yet Paxton embraced life and every moment. In rocking side to side to communicate pleasure, looking up, looking towards the light, tilting his chin back and forth in smiles and laughter and reaching out to touch our faces, he connected with our very souls.

I believe Paxton knew the worth of souls and saw in those who cared for him that they knew his infinite worth.

"Eventually the time will come," President Nelson has taught, "when each 'spirit and ... body shall be reunited again in ... perfect form; both limb and joint shall be restored to its proper frame'. Then, thanks to the Atonement of Jesus Christ, we can become perfected in Him."<sup>8</sup>

The worth of a soul, brothers and sisters, is best measured by the price paid for its redemption. The

crowning work and glory of God is "to bring to pass the immortality and eternal life of man."<sup>9</sup> Would Christ have suffered in the Garden of Gethsemane, blood seeping from every pore, if each soul was not worth that price? Would he have submitted to brutality, humiliation, injustice and scourging? Would he have allowed himself to be hung on a cross among thieves and then buried in a borrowed grave if the worth of souls was not worth everything to Him?

And what of our Father in Heaven? Consider this teaching of Elder M. Russell Ballard:

*"There is no greater expression of love than the heroic Atonement performed by the Son of God . . . How grateful we should be that our Heavenly Father did not intercede but rather withheld His fatherly instinct to rescue His Beloved Son. Because of His eternal love for you and for me, He allowed Jesus to complete his foreordained mission to become our Redeemer. . . never, never underestimate how precious is the one."<sup>10</sup>*

When the Lord Jesus Christ visited the people in the Americas he extended this powerful invitation:

*"Have ye any that are sick among you? Bring them hither. Have ye any that are lame, or blind, or halt, or maimed, or leprous, or that are withered, or that are deaf, or that are afflicted in any manner?"*

*Bring them hither and I will heal them, for I have compassion upon you; my bowels are filled with mercy."<sup>11</sup>*

*"And it came to pass that when he had thus spoken, all the multitude, with one accord, did go forth with their sick and their afflicted, and their lame, and with their blind, and with their dumb, and with all them that were afflicted in any manner; and he did heal them every one as they were brought forth unto him."<sup>12</sup>*

I love the account for it makes it clear, "he did heal them every one."<sup>13</sup> This was not just about His miracles of healing, it was about His miracles of healing—one by one.

And then . . .

*"He took their little children, one by one, and blessed them, and prayed unto the Father for them."<sup>14</sup>*

Then he said:

*"Behold your little ones...,"<sup>15</sup> "and they saw the heavens open, and they saw angels descending out of heaven as it were in the midst of fire; and they came down and encircled those little ones about, and they were encircled about with fire; and the angels did minister unto them."<sup>16</sup>*

I believe in angels ministering to those in need. I have felt them. They are God's way of assuring us of spiritual presence and providing us with enhanced strength when we are desperately in need. He has promised "angels round about to bear you up."<sup>17</sup>

Some of those angels are sitting right here in this room. You are angels in the lives of so many, exercising more than medical proficiency. You wrap a newborn in a blanket— quickly-- knowing that the mother only has a little time to hold her infant. You leave a child on a ventilator until the mom and dad can find the strength to say goodbye. You put forth a full court press to save a youth with cancer, to maximize the quality of life today not knowing about tomorrow. You listen to aging patients recount days when they were whole; you pat hands, you encourage, smile, laugh and then keep your composure when all those around you need a steadying hand.

You, angels in scrubs or jackets, have borne the blessing of God "being on your right hand and on your left."<sup>18</sup> May I say, thank you.

All of us in this life are reminded to become "as a child, submissive, meek, humble, patient, full of love, willing to submit to all things which the Lord seeth fit to inflict upon [us], even as a child doth submit to his father."<sup>19</sup>



When Paxton's work on earth was done, his Father called him home. The Prophet Joseph Smith taught that children who died were, "too pure, too lovely, to live on earth."<sup>20</sup> And now, my daughter and son-in-law already have one son all the way home. That blessing reinforces temple covenants and sealings; it prompts his two older brothers Camden and MacKay, and little sister, Kennley, to live worthy of being with him again. Camden and Mackay regularly climbed into his crib to kiss him goodnight. Paxton's family, all of us, have come to know first-hand that the family is central to God's plan.

President James E. Faust, my boyhood stake president of the Salt Lake Cottonwood Stake, said:

*"I have a great appreciation for those loving parents who stoically bear and overcome their anguish and heartbreak for a child who was born with or who has developed a serious mental or physical infirmity. This anguish often continues every day, without relief, during the lifetime of the parent or the child. Not infrequently, parents are*

*required to give superhuman nurturing care that never ceases, day or night. Many a mother's arms and heart have ached years on end, giving comfort and relieving the suffering of her special child."<sup>21</sup>*

Some struggle to get past the "Why did this happen?" In those moments, we can turn to the great plan of happiness authored by our Heavenly Father. That plan, when presented in the pre-earth life, prompted us all to shout for joy. Put simply, this life is training for eternal exaltation, and that process means tests and trials. It has always been so, and no one is spared.



Paxton did more than his part to bring peace and harmony to his home and those who loved him. He was a part of everything the family did. His brother pushed his wheelchair, carried his bag, picked up his tubing and led the family cheer, "Goooo Paxton." Yes, it was hard to tend to his needs and monitors and to have someone with him day and night. But I remember giving him a blessing shortly after he was born. We were in the Emergency Room and his father and I put our fingers—ever so lightly—on his tiny head as the first of many priesthood blessings came forth. Words came into my mind at that time from the ninth chapter of John: "that the works of God should be made manifest in him."<sup>22</sup>

It was a sobering revelation to me and I share it with you because so often the works of God are made manifest through your patients, those for whom you care. Some of your colleagues may grow jaded, immune, even cankered dealing with illness and suffering. Eventually they may disconnect with the hearts of those they serve in this life and with the Lord, the great provider of us all.

Remember the Lord's words, "The worth of souls is great in the sight of God."<sup>23</sup> He was also talking about yours.

President Thomas S. Monson tells the story of attending a stake leadership meeting with another officer of the Church, his former stake president Paul C. Child who "left the stand and began to walk down the aisle among the assembled priesthood brethren. He quoted the verse, 'Remember the worth of souls is great in the sight of God.'<sup>24</sup> Then he asked the question, "Who can tell me the worth of a human soul?"

Every man in attendance began to think of an answer in the event Brother Child were to call on him. I had

grown up under his leadership, and I knew he would never call on a high councilor or member of a bishopric; rather, he would select one who would least expect to be called. Sure enough, he called from a list he carried the name of an elders' quorum president. Thunderstruck, the brother stammered as he asked, "Would you repeat the question, please?" The question was repeated, followed by an even longer pause. Suddenly the response came forth, "The worth of a human soul is its capacity to become as God."<sup>25</sup>

Paxton has that promise. All of us do. Everyone you treat, everyone you work with, everyone in your professional and personal interaction has divinity within them. They may be suffering from mortal limitations, but they are destined to be like God -- if they are worthy.

President Dieter F. Uchtdorf has said:

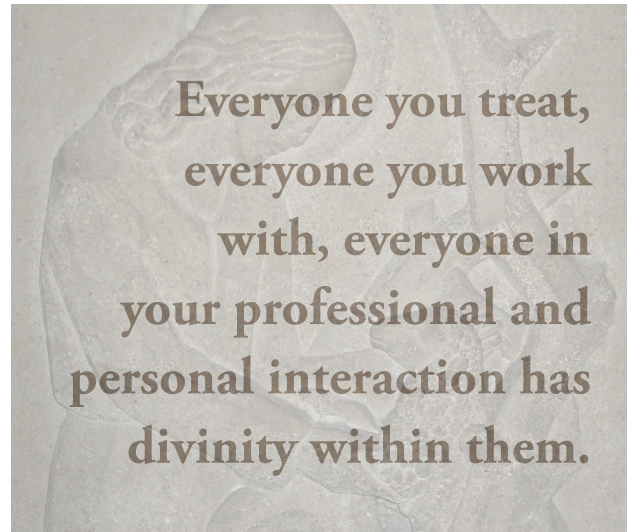
*"When I think of the Savior, I often picture Him with hands outstretched, reaching out to comfort, heal, bless, and love. And He always talked with, never down to, people. He loved the humble and meek and walked among them, ministering to them and offering hope and salvation.*

*"That is what He did during His mortal life; it is what He would be doing if He were living among us today; and it is what we should be doing as His disciples and members of The Church of Jesus Christ of Latter-day Saints."<sup>26</sup>*

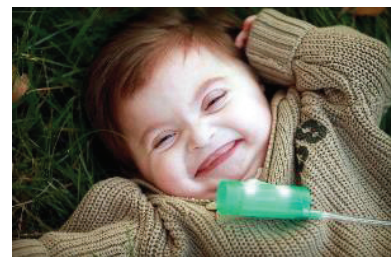
Many in the world ascribe "worth" to categories--wealth, physical appearance, profession, education, religious affiliation, family size or even address. One night in the neonatal intensive care unit at Primary Children's Hospital I asked my daughter how we were ever going to pay for his care. I ventured a guess at what Paxton's treatment would cost.

A doctor standing nearby suggested my figure was "way low;" Paxton would be a "million-dollar baby" before he ever left the NICU. But his worth was not in the monitors and technology around him. I thought of the scripture in Samuel, "man looketh on the outward appearance, but the Lord looketh on the heart."<sup>27</sup>

Paxton had a joyful heart. As serious as his condition was he found and shared joy. One of his favorite toys was a little soft baseball. His two older brothers Camden and MacKay would roll it to him. He loved that game.



The Salt Lake Bees baseball team heard of him and his favorite toy—a stuffed baseball. The Sons of Baseball Foundation sponsored an MVP experience for the entire Norton family one Monday night. Paxton, with the help of his father, a former college pitcher, rolled out the first pitch.



After I spoke about Paxton in General Conference, in Two Thousand and Twelve, he was then age two, I was deluged with letters and cards from people around the world.

I felt like Paxton became a poster boy for the Church! Wherever we traveled on assignment, we were asked about little Paxton. With each inquiry, the tender response was given: "We are praying for Paxton." They didn't know him but they knew his worth. Even to this day, we continue to get sweet inquiries about our dear little Paxton.

Their kindness was reflected in the words of Elder



Orson F. Whitney who served in the Quorum of the Twelve for Twenty Five years:

*“To whom do we look, in days of grief and disaster, for help and consolation?... They are men and women who have suffered, and out of their experience in suffering they bring forth the riches of their sympathy and condolences as a blessing to those now in need. Could they do this had they not suffered themselves?”<sup>28</sup>*

Paxton was not alone in his trials. Every one of us carries burdens and challenges, face ailments and diseases and need special, individual care. That is how mortality refines us and grows our hearts to match the stature of our eternal souls.

I often think of our beloved pioneers who crossed the plains burying children and loved ones along the way. It brings to mind a dearly beloved hymn that is so familiar and comforting to me—“Come, Come Ye Saints.” It is both poignant and promising.



*And should we die before our journeys through, Happy day! All is well!*

*We then are free from toil and sorrow, too; With the just we shall dwell!*

*But if our lives are spared again To see the Saints their rest obtain,*

*Oh, how we'll make this chorus swell— All is well! All is well!<sup>29</sup>*

I know “All is well,” brothers and sisters. I know that God lives, that Jesus Christ atoned for each one of us. I know that “the worth of souls is great in the sight of God.” May our lives reflect that sacred understanding.

In the name of Jesus Christ. Amen.

## NOTES

1. Isaiah 25:8
2. Acts 10:38
3. 2 Ne 31:20
4. 2 Nephi 4:19
5. D&C 18:10
6. Russell M. Nelson, “We Are Children of God,” *Liahona*, Jan. 1999, 103; *Ensign*, Nov. 1998, 85, 86
7. Alma 11:43
8. Russell M. Nelson, “We Are Children of God,” *Liahona*, Jan. 1999, 103; *Ensign*, Nov. 1998, 85, 86
9. Moses 1:39
10. Elder M. Russell Ballard, “The Atonement and the Value of One Soul,” General Conference, April 2004.
11. Nephi 17:7
12. 3 Nephi 17:9
13. 3 Nephi 17:9
14. 3 Nephi 17:21
15. 3 Nephi 17:23
16. 3 Nephi 17:24
17. D&C 84:88
18. D&C 84:88
19. Mosiah 3:19
20. *Teachings of the Presidents of the Church Joseph Smith*, Chapter 14, “Words of Hope and Consolation at the Time of Death” 1710181; <https://www.lds.org/manual/teachings-joseph-smith/chapter-14?lang=eng>
21. Elder James E. Faust, “Works of God,” General Conference October 1984, <https://www.lds.org/general-conference/1984/10/the-works-of-god?lang=eng>
22. John 9:3
23. Doctrine and Covenants 18:10
24. Doctrine and Covenants 18:10
25. Elder Thomas S. Monson, “The Service That Counts,” General Conference, October 1989; <https://www.lds.org/general-conference/1989/10/the-service-that-counts?lang=eng>
26. President Dieter F. Uchtdorf, “You are My Hands,” General Conference, April 2010 <https://www.lds.org/general-conference/2010/04/you-are-my-hands?lang=engD>
27. Samuel 16:7
28. *Improvement Era*, Nov. 1918, p. 7.
29. Hymns of The Church of Jesus Christ of Latter-day Saints, #30

# The Healer's Tools

by Jean B. Bingham, Relief Society General President

**I**t is a distinct honor to be with you this evening. This is an august gathering of great minds and faith-filled spirits—which can also be quite intimidating to those of us who lack your knowledge and expertise. So, at the end of my remarks, I hope I can say it was also a pleasure to be here!

True to the motto of this organization, each of you has functioned as a healer and teacher for years, even *many* years in some cases, and has a vast amount of experience with both of those roles as they intersect in the field of medicine. You also have demonstrated your faith in God the Eternal Father and His Son, Jesus Christ, as you have responded to promptings from the Holy Ghost when putting your talents and skills to work in behalf of those who have come to you seeking greater health and improved quality of life. Because you have willingly shared those skills and combined them with faith, your efforts have made a great difference in the lives of many individuals.

Unlike yours, my experiences with medical training were minimal but are still treasured memories. When I started nurse's training at BYU "yea-many" years ago, I remember how excited I was to move from practicing in the lab to working with real patients. All the prerequisite classes—*anatomy, physiology, nutrition, child*

*development, even the dreaded organic chemistry*—were completed, and I could at last concentrate on putting the procedures I'd learned in theory or practiced on my classmates into actual use.

Every rotation was a learning experience. At LDS Hospital, I watched from outside the glass in quiet awe as a big box-shaped heart-lung machine hummed along during a surgery. Another day I thrilled at the chance to actually go inside the operatory and assist as a hand was being repaired. The next summer I was lucky enough to be employed there and was assigned to work in a wide variety of departments, giving me wonderful exposure to many specialties.

One I will always remember is the burn unit. Those patients were so brave as we debrided their wounds, causing severe pain as part of the treatment that would help them heal. Another memory is of the orthopedic unit, where several patients had a limb attached to an overhead traction system or were fitted with external fixation devices that held broken bones in place long enough to heal properly. And I particularly enjoyed the maternity and NICU areas; some of the babies were so fragile, all needing a gentle hand or comforting arms. It seemed that miracles happened daily in that busy but sacred place.





Another significant experience was caring for an elderly woman who was “resting” with her eyes closed as I gently bathed her oh-so-thin skin, only to realize that her spirit had quietly left her frail body in the midst of my

ministrations. It was such a peaceful experience for her and for me; it felt like a beautiful expression of Father’s love, one I believe was tailored just for her. Many more experiences during that time of service and learning have



influenced me through the years, preparing me for situations as diverse as motherhood, leading young women on primitive camping trips, and working as an educator in the community.

Medical knowledge has certainly increased in the intervening years, thanks to many medical pioneers, researchers, and brave patients. Decades before I even thought about a nursing career, discoveries were made that have impacted my life immeasurably.

For instance, I'm grateful for Dr. Willis J. Potts, a medical pioneer who chose to specialize in pediatric cardiac surgery. Interestingly, Dr. Potts was deeply religious. A newspaper article called him "probably the world's only hymn-singing surgeon," noting that he might sing "Nobody Knows the Trouble I've Seen" during a difficult surgery or "Jesus Loves Me" during an easy case.<sup>1</sup>

In late 1946, he was appointed surgeon-in-chief of Children's Memorial Hospital in Chicago, Illinois. In late 1948, my husband, Bruce, was born in a small rural town in Illinois and developed a patent ductus arteriosus. The condition did not become apparent to his parents until a younger brother was born two years later who could literally run circles around Bruce. Thanks to this good doctor's curiosity, diligent practice, and earned expertise, he was prepared to repair Bruce's heart when Bruce was four years old, and now Bruce can run circles around his younger brother!

The advancements in medicine made since that time range from remarkable to absolutely astounding. Just thinking about a few of the tools commonly used demonstrates this point. Scalpels, originally finely honed metal knives, were used to remove diseased or damaged tissue, and catgut fibers were used to suture tissues together. Today, lasers are routinely used to cut away unwanted tissue. In laparoscopic surgery, tiny scissors accompanied by a powerful camera are moved far into the body through buttonhole-sized incisions to accomplish what used to require major openings in the skin and even the repositioning of internal organs. Sutures are now available in many materials, including nylon, polyester, stainless steel, and silk, depending on their function and area of use.<sup>2</sup> Staples and zipper-type surgical closures are also options, and some surgeries are completed without using any sutures at all.

Magnifying lenses are another wonderful advancement. A large number of medical applications require extreme

precision. Often even a few fractions of a millimeter can make the difference between success and failure.<sup>3</sup> From operating microscopes to illuminated teleloupe spectacles, such devices today make many medical interventions more successful because of the clear and precise vision possible with these marvelous tools. I was grateful just a few weeks ago for the up-close-and-personal clarity made possible by the ophthalmic surgical microscope used by

the doctor in removing my cataracts, correcting my own vision from less-than-clear to brilliantly sharp, with the bonus of brighter colors.

Even the humble wheelchair has undergone a transformation. Once bulky and difficult to maneuver, as I well remember from transporting patients around the hospital, the latest iterations are fine-tuned to fit a wide variety of individuals, medical conditions, and locations of use. One of the key initiatives of LDS Charities is supplying wheelchairs to people wherever they live in the world, blessing them with a greater measure of mobility and freedom than they could have ever dreamed. Last week I sat in a sturdy yet stylish wheelchair that was designed for people who live in and travel over rough or uncertain terrain, and it was incredibly easy to

turn literally on a dime and yet feel comfortably supported and secure.

In addition to advances in physical tools, advances in medications and other interventions have blessed many lives. As a young child, I remember suffering alongside my siblings through bouts with measles, mumps, and chicken pox. By the late 1970's, vaccines for measles and mumps were available; it took until 1995 for the chickenpox vaccine to become widely available in the United States. I also remember how thrilled my parents were to take us to the local school where we were lined up and given a sugar cube infused with polio vaccine.

Today, medications ranging from synthetic hormone treatments for patients with serious heart conditions to a new class of antibiotics capable of killing serious infections such as septicemia without encountering resistance are providing hope to affected individuals. Enhanced imaging techniques, 3-D printed body parts, fighting cancers through "fingerprinting," immunotherapy and targeted gene therapy, and bionic eyes and hands are just a few of the amazing discoveries helping people enjoy better health and increased length as well as quality of life. Some of you may be researching or trying out the "next best



In addition to  
advances in physical  
tools, advances in  
medications and  
other interventions  
have blessed  
many lives.



thing” in your field, adding to the list of developments that will change and save lives.

These advancements in medicine may seem routine to you who are experienced in the field, but to me and others who are less knowledgeable, they are marvelous, even miraculous. An experience related by my mother-in-law, Helen Bingham, who was an army nurse in post-World War II Germany illustrates this.

One morning she reported for duty at the hospital and was told that a doctor had just been admitted with an infected pimple or some kind of lesion on his face. As Helen entered the room, he was sitting on the edge of the examining table in his army-issue baggy pajamas and robe, looking cheerful in spite of his swollen face.

As she approached him with a full syringe, he asked, “What’s that?”

She answered, “Penicillin. You’ll be getting a shot every three hours.”

Then he said, “What’s penicillin?”

She thought he was being a smart-aleck doc, so she gave him an equally smart-aleck response. He could see it was an intramuscular needle, so he prepared himself for the injection. As she administered the shot, she was shocked to see that he was so thin he had practically no flesh on his backside, and she noticed for the first time that his hands and feet seemed just skin and bone. He was quiet as he repositioned his clothing, thanked her politely, and left the room.

Later, she learned that he was one of the first prisoners freed by Army Rangers in a daring raid on a POW camp. He had been a prisoner so long that he was unaware of the new drug that was creating miracles for many and would be instrumental in his own recovery.<sup>4</sup>

No matter what we now know, there is still much to learn. Despite these and many other advancements, we, compared to our Creator, still comprehend so very little about the complete workings of the body. When we see all the improvements that have come through hard work, great effort, and intelligent thought, it is sometimes easy to feel that we are the “bright bulbs” that have created the advancements. Yet when we remember that God is the source of all light and knowledge and that He grants to His children the portion they are capable of receiving at a given time, we are humbled and grateful.

Each of the tools and techniques I have highlighted here have a corollary in the gospel of Jesus Christ. For example, wheelchairs provide increased freedom to go

and do and learn and become for those who are limited by their body’s lack of mobility. Likewise, knowledge of the gospel of Jesus Christ opens up wonderful new possibilities for those who have been hampered by their narrow view of what is possible, both in this life and the hereafter.

Scalpels, used to remove diseased or damaged tissue that can be the cause of pain, disfigurement, or disability, can be compared to the gift of repentance. As we discover

how to rid ourselves of sin and guilt through the gift of the Atonement of Jesus Christ, the process is initially painful but it leads to true healing, peace, and progress. With laser-like specificity, we can learn through the Spirit what we need to diminish or discard, and then we actively work to make those changes in order to become clean and whole.

Sutures of any kind hold tissues together until they are properly healed. Covenants serve a similar purpose. As we make and keep sacred covenants, the Lord promises to bind us to Him as well as bind us to our eternal families. Keeping covenants increases our strength and resilience in facing challenges. Through learning from experiences, repenting to overcome mistakes, and continuing to work toward

improvement and eventual perfection, we become “one” with God and with one another—the ultimate “healing.”

Microscopes increase the clarity of our vision, enabling us to more reliably improve the outcome of a procedure. Likewise, knowledge and understanding of Heavenly Father’s plan of salvation increases the clarity of our vision. When we know who we are, the purpose of our life on earth, and what we can become in the life that follows, we are able to make decisions with an eternal perspective and more effectively use our time and talents in this stage of life.

Vaccines work to prevent deadly disease through building up immunity to a disease agent. Our ability to resist temptation is strengthened through consistently studying the scriptures and the words of living prophets, participating in meaningful personal prayer, attending Church meetings, engaging in temple and family history work, and providing service in our families, callings and communities. Each of these activities increase our ability to recognize and respond to the promptings of the Holy Ghost. Strengthening our spirits with “antibodies” to the harmful influences around us will help us avoid the sicknesses that are rampant in society.



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 advancements,  
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Antibiotics treat infections by destroying the causative bacteria. Sometimes we need the boost of hearing the firm testimonies of others to help us over the challenges or doubts that can hinder our spiritual health. Looking for the good—actively looking for the blessings God sends us and the ways He shows His love—can also help remove and nullify negative thoughts that can damage our testimonies of the gospel if we dwell on them.

Imaging techniques help physicians see inside the body, finding abnormalities that signal a need for treatment. We are assured that “the Lord seeth not as man seeth; for man looketh on the outward appearance, but the Lord looketh on the heart.”<sup>5</sup> We too are commanded to look on others with understanding and compassion, recognizing that we do not have the full picture. “He, only One,”<sup>6</sup> has the perfect knowledge and understanding of each individual to judge correctly.

Cancer fingerprinting and gene therapy are based on the fact that each person is unique. We know through revelation that is true. Each spirit was created by Heavenly Parents<sup>7</sup> and has developed particular skills, sensitivities, and capabilities that provide meaningful opportunities for service and growth in this world. Our Father also allows individualized tutoring to help each of His children master the characteristics needed for eventual godhood.

And bionic body parts are built to replace what is missing. In a gospel sense, we may be missing what we consider some “vital” parts to a full life: a spouse, children, good health, intact family, opportunities to become all we desire, and so on. God has promised that no blessings will be withheld from the faithful, that in His perfect time frame, each individual who chooses to obey His commandments and fulfill the measure of his or her creation while on the earth will have every essential element of a glorious life, the magnificence of which we can’t even comprehend.<sup>8</sup> In that coming day, His “all-seeing eye” will allow us to see the why and the how and the when, and we will rejoice.

Medical personnel make decisions that can alter someone’s life irretrievably, which is a great and sobering responsibility. Being prepared with knowledge and improving skills through much practice are keys to making decisions that have a positive outcome. The greatest key to making correct decisions, however, is available to members of the Church of Jesus Christ in the gift of the Holy Ghost. The Holy Ghost can “bring

all things to [our] remembrance”<sup>9</sup> and bears testimony of “the truth of all things.”<sup>10</sup> He bears witness not only of the truthfulness of the Book of Mormon or the divinity of Jesus Christ or the validity of the teachings of modern prophets, although those are some of the things the Holy Ghost does witness to our hearts, but He is also the bearer of truth for everything we learn in every field of endeavor.

I noticed on your website that there is a place to share stories of faith in healing. In today’s environment, it is not always easy or even possible to publicly acknowledge God’s hand in your work. What a blessing to have a place to share those faith-building experiences with one another! Bearing witness of the divine help we receive can lift and strengthen others as well as remind us just who is in charge. As an example, the experience shared in 2003 by then–Elder Russell M. Nelson bears witness of revelation received in answer to prayer. I quote:

“Many of us have had experiences with the sweet power of prayer. One of mine was shared with a stake patriarch from southern Utah. ... This saintly soul suffered much because of a failing heart. He pleaded for help, thinking that his condition resulted from a damaged

but repairable valve in his heart.

“Extensive evaluation revealed that he had *two* faulty valves. While one could be helped surgically, the other could not. Thus, an operation was *not* advised. He received this news with deep disappointment.

“Subsequent visits ended with the same advice. Finally, in desperation, he spoke to me with considerable emotion: ‘Dr. Nelson, I have prayed for help and have been directed to you. The Lord will not reveal to me *how* to repair that second valve, but He can reveal it to you. Your mind is so prepared. If you will operate upon me, the Lord will make it known to you what to do. Please perform the operation that *I* need, and pray for the help that *you* need.’

“His great faith had a profound effect upon me. How could I turn him away again? Following a fervent prayer together, I agreed to try. In preparing for that fateful day, I prayed over and over again, but still did not know what to do for his leaking tricuspid valve. Even as the operation commenced, my assistant asked, ‘What are you going to do for that?’

“I said, ‘I do not know.’

“We began the operation. After relieving the obstruction of the first valve, we exposed the second valve. We found



## The greatest key to making correct decisions is available to members of the Church of Jesus Christ in the gift of the Holy Ghost.





it to be intact but so badly dilated that it could no longer function as it should. While examining this valve, a message was distinctly impressed upon my mind: *Reduce the circumference of the ring.* I announced that message to my assistant. ‘The valve tissue will be sufficient *if* we can effectively reduce the ring toward its normal size.’

‘But how? We could not apply a belt as one would use to tighten the waist of oversized trousers. We could not squeeze with a strap as one would cinch a saddle on a horse. Then a picture came vividly to my mind, showing how stitches could be placed—to make a pleat here and a tuck there—to accomplish the desired objective. I still remember that mental image—complete with dotted lines where sutures should be placed. The repair was completed as diagrammed in my mind. We tested the valve and found the leak to be reduced remarkably. My assistant said, ‘It’s a miracle.’

‘I responded, ‘It’s an answer to prayer.’

‘The patient’s recovery was rapid and his relief gratifying. Not only was he helped in a marvelous way, but surgical help for other people with similar problems had become a possibility. I take no credit. Praise goes to this faithful patriarch and to God, who answered our prayers.’<sup>11</sup>

When we seek the Lord’s help in prayer, we are doing what Amulek encouraged the Zoramites to do: to “cry unto him when you are in our fields, yea, over all your flocks.”<sup>12</sup> Your “field”—or workplace—will benefit from your thoughtful prayers, and your “flocks”—those individuals looking to you for relief—will be blessed by your fervent supplications to receive inspiration from the Spirit in their care and treatment.

This organization’s focus on emulating the Great Healer is a noble aim. As in all things, Jesus Christ is the perfect example, being the Master Teacher as well as the Great Healer. In striving to fulfill that desired goal, you have the opportunity to teach the gospel of Jesus Christ by who you are as well as what you say. You can work to heal wounded emotions and spirits as well as bodies by how you interact with others. As President Russell M. Nelson remarked, “Sometimes all we can do is offer comfort. We don’t ever want to destroy hope. The doctor’s job is to cure sometimes, to relieve suffering frequently, but always to comfort.”<sup>13</sup> Striving to be the kind of health professional who brings hope, even if it is simply for a better day in God’s wisdom and time, will bless the lives of those in your care.

With the Savior as our focus, we are promised that as we “always remember him” and “keep his commandments,” we will “always have his Spirit to be with [us].”<sup>14</sup> Each of us desires to have the gift of inspiration and revelation in our lives. So how can we remember Him during the day-to-day difficulties we encounter? How can we keep that focus when world and daily events constantly intrude

on our thoughts? The words of a Primary song often come to my mind:

*If the Savior stood beside me, would I do the things I do?  
Would I think of His commandments and try harder to  
be true?*

*Would I follow His example? Would I live more righteously  
if I could see the Savior standing nigh, watching over me?*

*If the Savior stood beside me, would I say the things I say?  
Would my words be true and kind if He were never far  
away?*

*Would I try to share the gospel? Would I speak more  
rev’reently*

*if I could see the Savior standing nigh, watching over me?*

*He is always near me though I do not see Him there,  
And because He loves me dearly, I am in His watchful  
care.*

*So I’ll be the kind of person that I know I’d like to be  
if I could see the Savior standing nigh, watching over  
me.*<sup>15</sup>

I testify that the Savior *is* standing nigh, watching over each of us and those we serve, with love and compassion and strength and succor. God is at the helm, and if we are willing to be instruments in His hands, we can bless the lives of many with our knowledge, talents, and faith through teaching and healing in the Savior’s way. In the name of Jesus Christ, amen.

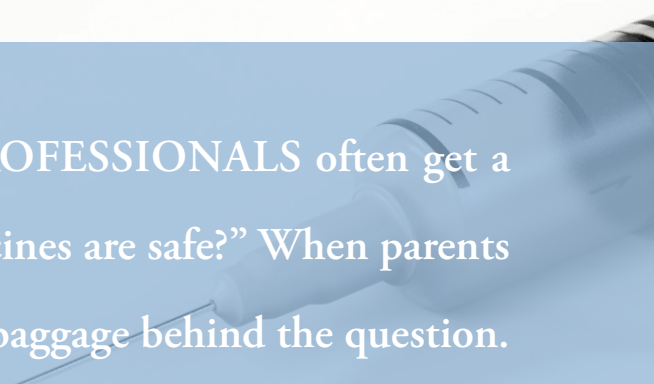
## NOTES

1. See Arthur J. Snider, “Life-Giving Surgeon: Big Hands, Small Hearts,” *Corpus Christi Caller-Times*, Nov. 11, 1965.
2. See “Suture Materials,” TeachMeSurgery.com (<http://teachmesurgery.com/skills/theatre-basics/suture-materials/>).
3. “ZEISS Magnifying Visual Devices for Professional Users” ([https://www.zeiss.com/vision-care/en\\_de/products-services/other-zeiss-brand-products/magnifying-visual-devices/zeiss-magnifying-visual-devices-for-professional-users.html](https://www.zeiss.com/vision-care/en_de/products-services/other-zeiss-brand-products/magnifying-visual-devices/zeiss-magnifying-visual-devices-for-professional-users.html)).
4. Helen Bingham, personal correspondence in *Scrapbook: Inspirational Thought*.
5. 1 Samuel 16:7.
6. “Where Can I Turn for Peace?” *Hymns*, no 129.
7. See “The Family: A Proclamation to the World,” *Ensign*, May 2017, 145.
8. See 1 Corinthians 2:9.
9. John 14:26.
10. Moroni 10:5.
11. Russell M. Nelson, “Sweet Power of Prayer,” *Ensign*, May 2003.
12. Alma 34:20.
13. In Lane Johnson, “Russell M. Nelson: A Study in Obedience,” *Ensign*, Aug. 1982.
14. Moroni 4:3.
15. “If the Savior Stood Beside Me,” *Friend*, Mar. 2013.

A photograph of several glass vials containing white liquid, likely vaccines, arranged on a white surface. The vials are out of focus, with the one in the foreground being the most prominent.

# VACCINE SAFETY IN DEPTH

*by Candice K. Smith, MD*

A close-up photograph of a blue medical syringe with a needle attached, positioned diagonally across the frame.

PHYSICIANS AND HEALTH CARE PROFESSIONALS often get a version of this question: “Do you think vaccines are safe?” When parents or patients ask this, there is usually a lot of baggage behind the question. Are they asking about side effects? Are they asking about serious adverse events? Are they asking about autism or something else entirely? It is usually best to start with the specific concern and then work from there.

While questions about a link between autism and vaccines are becoming much less frequent, patients still ask about this link. When people do bring it up, I try to make two matter-of-fact points: (1) all of the evidence of a link between autism and vaccines comes from bad research with falsified results done for monetary reasons, and (2) extensive research has found no link.

When you move past autism, there’s a long history of

vaccine safety concerns in the United States. Benjamin Franklin was an advocate for small pox vaccination in the early 1700s. When his four-year-old son, Francis Franklin, died of smallpox on November 21, 1736, anti-vaccination rumors began to circulate claiming the boy had been vaccinated and the vaccine caused his death. Franklin published a denial and advocated inoculation: “In 1736 I lost one of my Sons, a fine Boy of 4 Years Old,

by the Small Pox in the common way. I long regretted that I had not given it to him by Inoculation, which I mention for the Sake of Parents, who omit that Operation on the Supposition that they should never forgive themselves if a child died under it; my Example showing that the Regret may be the same either way, and that therefore the safer should be chosen.”

Since Benjamin Franklin’s day, the anti-vaccination sentiment has only grown, even while study of vaccine safety has produced purer and safer vaccines. Why has the study of vaccine safety grown? The quick answer is there are more vaccines overall, each with its own safety profile. Also, a higher standard of safety is expected of vaccines than of other drugs. Unlike other drugs, which are given to the sick, vaccines are generally given to the healthy. Vaccines are universally recommended and since public health is impacted, physicians have a moral duty to give vaccines. Most other medications are given on a case-by-case basis to a specific population.

The study of vaccine safety has also grown because we are now in the era of mature immunization programs. Vaccines have high coverage, and we have low incidence of disease. This low incidence of disease increases public questions about why vaccines are needed in the first place and makes any side effects seem out of proportion to the risk of disease. We also have ready and rapid access to information and misinformation. If patients have read a lot of misinformation, they need a lot of education. The misinformation has led to a generational shift in the perception of vaccine safety with millennials and Gen Xers feeling vaccines are less safe than the older generations. This perception is ironic since the vaccines of today are better and purer than those given in the 1980s and early 1990s.



## Educating Patients about Vaccine Ingredients

Some patients are concerned about specific ingredients in vaccines. They can interpret each ingredient of the vaccine as harmful, so I try to always point out why these ingredients are necessary to keeping vaccines safe, efficacious, and stable. There are active ingredients (antigens) and inactive ingredients (adjuvants, stabilizers, preservatives) in each vaccine.

When patients are concerned about receiving a live viral vaccine, it is because the words “live virus” raise the concern of getting sick from the disease. I like to explain

what an attenuated live viral vaccine means: that either through chemical attenuation or cold attenuation, the virus is changed so it is weak and cannot cause disease. The benefits of a live viral vaccine are that it creates a subclinical infection without the risks of the full disease. The immunity is both humoral and cell-mediated, and the protection tends to be more long-lasting than other options.

What if the concern is with inactive or killed vaccines with bacterial fragments? This concern can be allayed with an explanation that we are usually dealing with a small amount of protein from specific antigenic groups (such as influenza or pertussis) or recombination of antigenic groups (such as hepatitis B incorporated into plasmids) or toxoids that have been neutralized (toxins such as tetanus or diphtheria).

Though children receive more vaccines than in the past, today’s vaccines contain fewer antigens than previous vaccines. The one smallpox vaccine alone contained 200 antigenic proteins, but the fourteen currently recommended routine vaccines contain fewer than 150 immunologic components. Another helpful comparison is between the wholesale pertussis vaccine (DTwP), which had 3000 immunogenic proteins and the acellular vaccine (DTaP), which has only five.

Parents are often concerned about aluminum being a vaccine ingredient. In response, I share the benefits of aluminum being used in some vaccines. It is an adjuvant that has been used since the 1920s. This means it boosts the immune response and decreases the amount of antigen needed in a vaccine. Parents love the idea that a little bit of an adjuvant means much less of the active ingredient. As far as parents’ concerns, I like to reassure them that aluminum is very common in the world and that we all ingest about seven milligrams of aluminum per day and that our kidneys eliminate it. The vaccines’ 0.1 to 0.5 milligrams of aluminum per dose is much less than the amount commonly ingested each day.

Is there any harm from aluminum? Well, of course, toxic levels are not safe, and it is not safe to give IV aluminum to someone in renal failure since in that situation, bone and brain problems have been noted. Vaccine levels of aluminum are so exquisitely small that they could never cause these issues. Infants get more aluminum in breast milk and formula than through vaccines. I also point out to new mothers who had indigestion and took a lot of antacids in pregnancy that one tablet has 100–200 milligrams of aluminum in it, and their babies did just fine. Vaccines have a minute fraction of the aluminum they ingested with each antacid. The only rare reaction that could be from aluminum is a nodule or sterile abscess at the injection site that is believed to be from aluminum hypersensitivity.



Another ingredient that comes up often is formaldehyde. Formaldehyde sounds scary, so why on earth is it in some vaccines? Formaldehyde is used to detoxify diphtheria and tetanus toxins or to inactivate a virus. The tiny amount that may be left over from these steps in making vaccines is safe. Humans normally have formaldehyde in their blood streams at levels higher than is found in vaccines because it is a byproduct of DNA formation. Formaldehyde is also found in products like paper towels, mascara, and carpeting.

Does formaldehyde cause harm? A toxic level of any substance can cause harm. Toxic levels of formaldehyde have been linked to nasopharyngeal cancers. However, there is no evidence that the amounts of formaldehyde naturally occurring in our bloodstream or the tiny amounts of formaldehyde in vaccines are unsafe. The total quantity of formaldehyde found in an infant's circulation is about 1.1 milligrams, a value about 1,500 times more than the amount an infant would be exposed to in any individual vaccine. The levels of formaldehyde in vaccines are safe.

People are also sometimes concerned because some vaccines contain antibiotics and additives. Neomycin, polymyxin B, streptomycin and gentamicin are the usual antibiotics added to vaccines. These antibiotics prevent bacterial contamination during manufacture, and only minute levels remain after purification. These trace levels of antibiotics can theoretically cause severe allergic reactions, but such an occurrence is rare. Other patients are concerned about additives such as gelatin, albumin, sucrose, lactose, MSG, and glycine, but these help the vaccine stay effective while being stored with only hypothetical hypersensitivity risks. For patients with specific allergy concerns, it is important to look up

potential allergens in vaccines, which are summarized online.

Another concern some patients have is whether abortions are necessary for vaccine development. The short answer is abortions are not necessary for ongoing vaccine manufacturing. However, fetal cells isolated from two elective abortions done in the early 1960s in Europe are the source for the cell cultures for five vaccines.

It is important to review some history in order to understand why human cell culture is used for some vaccines. In the late 1950s and 60s after the polio vaccine was successful, there was excitement to prevent other diseases. One of these diseases was rubella. Normally, rubella causes a minor febrile illness with rash. In pregnant women, however, there is a risk that the baby will be born with congenital rubella syndrome, which can be devastating or even fatal, or it can cause multiple birth defects. Often when a pregnant woman was diagnosed with rubella, an abortion was recommended for medical reasons. Researchers trying to culture rubella to make a vaccine opined that because it thrived so well in fetuses, the best cell culture for it to grow in would be fetal cell culture. They obtained a fetal cell culture called WI-38 from Europe. The rubella isolated from a rubella-infected, aborted fetus grew well in this culture, and the rubella vaccine was made. Cases of congenital rubella syndrome have all but disappeared in the U.S.

Since the 1960s, rubella vaccine, hepatitis A, zoster, adenovirus, and some rabies vaccines have been grown in two human cell culture lines: WI-38 and MRC-5. The abortions were both done for personal reasons with no intention that the fetal tissue would be used for vaccine development. Researchers have estimated that vaccines made in WI-38 and its descendants have prevented nearly



eleven million deaths and prevented (or treated, in the example of rabies) 4.5 billion cases of disease.

The following statement made by the Catholic Church in 2005 highlights a thoughtful response to the ethical concerns:

“One is morally free to use the vaccine regardless of its historical association with abortion. The reason is that the risk to public health, if one chooses not to vaccinate, outweighs the legitimate concern about the origins of the vaccine. This is especially important for parents, who have a moral obligation to protect the life and health of their children and those around them.

Descendant cells are the medium in which these vaccines are prepared. The cell lines under consideration were begun using cells taken from one or more fetuses aborted almost forty years ago. Since that time the cell lines have grown independently. It is important to note that descendant cells are not the cells of the aborted child. They never, themselves, formed a part of the victim’s body.”



## How the US Government Works to Ensure Vaccine Safety

When I say that I work in the field of vaccine safety, physicians usually respond, “Oh, you must work for VAERS [Vaccine Adverse Event Reporting System].” There are actually over a dozen US government entities that look at pre- and post-market vaccine safety. I actually do not work for VAERS, but it is the most well-known governmental safety entity. I will highlight a few of the entities that physicians interact with most frequently.

### *Vaccine Adverse Event Reporting System (VAERS)*

VAERS has national coverage, can generate useful signals, and is not expensive to operate. However, it is a difficult database to obtain real data. There is no numerator of total cases. It is based on voluntary reporting only, so anyone can report any event with no evidence of association of the event with the vaccine. Usually only a temporal relationship is needed. There is also no denominator of total exposed persons and no quality control; all reports count, even though publicity and liability concerns influence what is reported.

### *Clinical Immunization Safety Assessment (CISA)*

The Clinical Immunization Safety Assessment (CISA) network is a national network of vaccine safety experts

from the CDC’s Immunization Safety Office (ISO), seven medical research centers, and other partners. This network provides a comprehensive vaccine safety public health service. CISA’s mission is to understand the underlying pathophysiology of adverse effects from immunizations and to provide clinical guidance in diagnosing and managing potential individual vaccine AE cases. CISA’s specific aims are to research immunization safety in immunosuppressed persons, in people with an autoimmune disease, and in pregnant women. CISA publishes an algorithm for assessing causality, which is very helpful for physicians to work through when dealing with an individual adverse event following an immunization. If after using their vaccine safety case-centered algorithm to evaluate whether an adverse event can be related to a vaccination, a conclusion is unclear, a physician can email [CISAEval@cdc.gov](mailto:CISAEval@cdc.gov) to request a case evaluation.

### *Institute of Medicine (IOM)*

In 2012, the Institute of Medicine published “Adverse Effects of Vaccines: Evidence and Causality,” which looked systematically at scientific evidence and weights of evidence and made over 158 causality conclusions about specific vaccines and possible adverse events in their report. Some of the clearly positive or negative findings are in figure 1, and the rest of the finding are published online. Physicians should consult the IOM report to look at the evidence and causality statements about specific vaccines and adverse events in order to make a fact-based assessment. Is the event your patient had linked to a vaccine they had by a plausible mechanism or by epidemiologic studies? Check the IOM report!

### *Vaccine Safety Datalink (VSD)*

The Vaccine Safety Datalink (VSD) is a fabulous resource for current vaccine research. It is a collaborative project between CDC’s ISO and eight health care organizations. The VSD monitors the safety of vaccines through almost real-time rapid cycle analysis that can look for new adverse events. The VSD also conducts studies about rare and serious adverse events following immunization. The VSD is a huge improvement from VAERS because it is able to confirm that cases meet disease definitions and, therefore, has reliable numerators, as well as confirmed denominators. The VSD publishes dozens of articles each year, which are listed and regularly updated on the CDC website.

### *Vaccine Injury Compensation Program (VICP)*

Physicians also need to know about the Vaccine Injury Compensation Program (VICP) and how to direct patients who have had adverse events to the VICP. The VICP was created by the National Childhood Vaccine Act of 1986 as a no-fault alternative to the traditional tort system.

Figure 1

**TABLE: Summary of Causality Conclusions**

Vaccine	Adverse Event	Causality Conclusion
Varicella	Disseminated varicella infection (widespread chickenpox rash shortly after vaccination)	Convincingly Supports
Varicella	Disseminated varicella infection with subsequent infection resulting in pneumonia, meningitis, or hepatitis	Convincingly Supports <sup>a</sup>
Varicella	Vaccine strain viral reactivation (appearance of chickenpox rash months to years after vaccination)	Convincingly Supports
Varicella	Vaccine strain viral reactivation with subsequent infection resulting in meningitis or encephalitis (inflammation of the brain)	Convincingly Supports
MMR	Measles inclusion body encephalitis	Convincingly Supports <sup>a, b</sup>
MMR	Febrile seizures (a type of seizure that occurs in association with fever and is generally regarded as benign)	Convincingly Supports
MMR	Anaphylaxis (a very rare but sudden allergic reaction)	Convincingly Supports
Varicella	Anaphylaxis	Convincingly Supports
Influenza	Anaphylaxis	Convincingly Supports
Hepatitis B	Anaphylaxis	Convincingly Supports <sup>c</sup>
Tetanus Toxoid	Anaphylaxis	Convincingly Supports
Meningococcal	Anaphylaxis	Convincingly Supports
Injection-Related Event	Deltoid bursitis (frozen shoulder, characterized by shoulder pain and loss of motion)	Convincingly Supports
Injection-Related Event	Syncope (fainting)	Convincingly Supports
HPV	Anaphylaxis	Favors Acceptance
MMR	Transient arthralgia (temporary joint pain) in women	Favors Acceptance <sup>d</sup>
MMR	Transient arthralgia in children	Favors Acceptance
Influenza	Oculorespiratory syndrome (a mild and temporary syndrome characterized by conjunctivitis, facial swelling, and upper respiratory symptoms)	Favors Acceptance <sup>e</sup>
MMR	Autism	Favors Rejection
Influenza	Inactivated influenza vaccine and Bell's palsy (weakness or paralysis of the facial nerve)	Favors Rejection
Influenza	Inactivated influenza vaccine and asthma exacerbation or reactive airway disease episodes in children and adults	Favors Rejection
MMR	Type 1 diabetes	Favors Rejection
DT, TT, or aP containing	Type 1 diabetes	Favors Rejection

<sup>a</sup> The committee attributes causation to individuals with demonstrated immunodeficiencies.

<sup>b</sup> The committee attributes causation to the measles component of the vaccine.

<sup>c</sup> The committee attributes causation to yeast-sensitive individuals.

<sup>d</sup> The committee attributes causation to the rubella component of the vaccine.

<sup>e</sup> The committee attributes causation to two particular vaccines used in three particular years in Canada.

All other causality conclusions are the evidence is inadequate to accept or reject a causal relationship.

SOURCE: Adverse Effects of Vaccines: Evidence and Causality

**INSTITUTE OF MEDICINE**  
OF THE NATIONAL ACADEMIES

Advising the nation • Improving health



It is funded by an excise tax on covered vaccines and was created at a unique time when lawsuits threatened healthcare providers and a stable vaccine supply. The goals of the program are to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines. The covered injuries with their timeframe of onset are summarized in the vaccine injury table, which is published online. Caregivers should be familiar with the known injuries that are covered by the program and the time frames noted on the table.

I get frequent questions about the high number of settlements by the VICP and whether the government agrees the vaccine(s) caused the injuries claimed. Actually, over 80 percent of all compensation is a legal, negotiated settlement between the parties in which the government has **not concluded**, based upon review of the evidence, that the alleged vaccine(s) caused the alleged injury. It is also notable that compensation is rare; for every one million doses of vaccine that were distributed, only one individual was compensated. Two of the common injury claims the program sees are SIRVA and GBS.

SIRVA (Shoulder Injury Related to Vaccine Administration) is a mostly preventable injury caused by administering a vaccine in the wrong location or by a wrong technique. The proper way to administer a vaccination shot is to locate the deltoid muscle of the upper arm using anatomical landmarks to determine the injection site (see figure 2). SIRVA manifests as shoulder pain and limited range of motion occurring after the administration of a vaccine intended for intramuscular administration in the upper arm. These symptoms are thought to occur as a result of unintended injection of vaccine antigen or trauma from the needle into and

around the underlying bursa of the shoulder resulting in an inflammatory reaction.

Another common VICP claim is Guillain-Barré Syndrome (GBS) as a result of a vaccine. Anyone can develop GBS, although the risk is greater in people over age fifty and after infections, women who are pregnancy, and people who have recently had surgery, experienced physical trauma, or have cancer. The instances of GBS occurring after vaccination have been studied several times. A study of the 1976 influenza vaccine (swine flu) showed one case of GBS per 100,000 vaccinated. Studies of the 2009 H1N1 (swine flu) vaccine showed an excess risk of 0.75 cases per million doses of vaccine. Studies that controlled for background cases of influenza and GI illness saw no increased risk. Additional studies on the seasonal influenza vaccine since 2009 showed no increased risk for GBS. Other studies have shown no increased risk of GBS from other non-influenza vaccines. GBS from influenza vaccine is listed on the vaccine injury table for compensation because of the exquisitely small risk noted in some studies, but it is important to stress to patients that the influenza vaccine prevents cases of influenza, and influenza disease causes many cases of GBS. It is also important to note that the influenza vaccine does not cause GBS in children. Therefore, the vaccine is important for preventing many cases of GBS and the risk of GBS pales in comparison to the benefits of the vaccine.

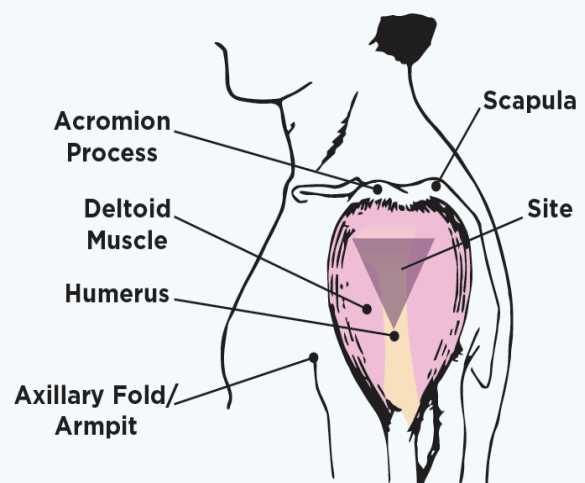
#### *Immunization Action Coalition (IAC)*

The last resource is the Immunization Action Coalition (IAC), which works to increase immunization rates and prevent disease by developing educational materials for healthcare professionals and the public. These educational materials enhance the delivery of safe and effective

Figure 2

#### Identify the injection site

- » Locate the deltoid muscle of the upper arm
- » Use anatomical landmarks to determine the injection site
- » In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm



immunization services. Their website is [www.immunize.org](http://www.immunize.org) and should be bookmarked by every physician who offers vaccines. The website's page title "Favorites" is a wonderful resource. The "Administering Vaccines" page should be read by every staff member who gives vaccines. The "Ask the Experts" page catalogs over 1,000 specific questions and answers from providers to the CDC. If a healthcare professional cannot find an answer to a question there, he or she has the option to submit the specific question and get guidance over email.



## Summary

It is essential for physicians to have a good working knowledge of vaccine safety and common questions parents have in order to increase vaccination rates in our current culture. There are known adverse events to vaccines that are rare, but vaccine ingredients (active and inactive) are safe. The government has resources to assist you and your patients with concerns and questions. There is a significant body of research that monitors vaccine safety after licensure. If a patient thinks they have been injured by vaccine refer them to the compensation program for full evaluation and legal assessment. You can use these resources to address patients' concerns. Recommend vaccines! Educate about vaccines! Prepare for more vaccines!



## Notes

1. Benjamin Franklin quoted in Paul M. Zall, *Franklin on Franklin* (Lexington, KY: University Press of Kentucky, 2000), 133–34.
2. "Vaccine Safety: Are Vaccines Safe?" Children's Hospital of Philadelphia, last modified August 11, 2017, <https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/are-vaccines-safe>.
3. Christine T. Lauren et al., "Case Report of Subcutaneous Nodules and Sterile Abscesses Due to Delayed Type Hypersensitivity to Aluminum-Containing Vaccines," *Pediatrics* 138, no. 4 (October 2016), <http://doi.org/10.1542/peds.2014-1690>.
4. See "Potential Allergens within Vaccines," Institute for Vaccine Safety, last modified December 2018, <http://www.vaccinesafety.edu/components-Allergens.htm>.
5. Neal A. Halsey et al., "Algorithm to Assess Causality after Individual Adverse Events following Immunization," *Vaccine* 30, no. 39 (August 24, 2012): 5791–98.
6. Institute of Medicine, *Adverse Effects of Vaccines: Evidence and Causality*, (Washington, DC: National Academies Press, 2012).
7. James Baggs et al., "The Vaccine Safety Datalink: A Model for Monitoring Immunization Safety," *Pediatrics* 127, suppl 1 (May 2011): S45, S53.
8. "Vaccine Injury Table," Health Resources and Service Administration, last modified March 2017, <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table.pdf>.
9. S. Atanasoff et al., "Shoulder Injury Related to Vaccine Administration (SIRVA)," *Vaccine* 28, no. 51 (November 29, 2010): 8049–52, <https://doi.org/10.1016/j.vaccine.2010.10.005>.
10. "Guillain-Barré Syndrome," Centers for Disease Control and Prevention, last modified March 30, 2018, <https://www.cdc.gov/vaccinesafety/concerns/guillain-barre-syndrome.html>.
11. Claudia Vellozzi, Shahed Iqbal, and Karen Broder, "Guillain-Barré Syndrome, Influenza, and Influenza Vaccination: The Epidemiologic Evidence," *Clinical Infectious Diseases* 58, no. 8 (January 9, 2014): 1149–55, <https://doi.org/10.1093/cid/ciu005>.
12. Neal A. Halsey et al., "The Safety of Influenza Vaccines in Children: An Institute for Vaccine Safety White Paper," *Vaccine* 33, suppl. 5 (December 30, 2015): F1–67, <https://doi.org/10.1016/j.vaccine.2015.10.080>.





# Ancient and Modern Temple Worship

*A Comparative Analysis between Judaism and  
The Church of Jesus Christ of Latter-day Saints*

*by Kimball J. Taylor, MD*





**F**or the people of ancient Israel, nothing carried more significance in their lives than the temple. It was the center and symbol of all that they believed in, hoped for, and lived for.

As Jacob Neusner pointed out, “For eleven centuries and more the Jewish people had organized its entire life—social, metaphorical, natural, and super-natural—around sacrifices organized in the Jerusalem Temple. . . . The Temple stood at the very center of the order of the Israelite society.”<sup>1</sup> It was the physical manifestation of their heartfelt beliefs and desires. It is the holiest site in Judaism;<sup>2</sup> Jewish tradition views it as the spiritual junction of heaven and earth.<sup>3</sup>

The temple was impressive and the centerpiece of all that the Jews believed. It symbolized their chosenness and represented to the world that God was with them. And it was beautiful. As the Talmud says, “He who has not seen Jerusalem in its glory has never seen a beautiful city. He who has not seen the Temple in its full construction has never seen a glorious building [in his life]. In another version, the Talmud says, “He who has not seen the Temple of Herod has never seen a beautiful building.”<sup>4</sup>

The temple was a place set apart—a place to separate the sacred from the profane. In the Tanakh,<sup>5</sup> the principal root the English word *temple* originates from is also *qds*, which means separation or withdrawal of sacred entities from profane things.<sup>6</sup> The Purity Code (Leviticus 11–17; Numbers 19) and the Holiness Code (Leviticus 17–26) outline how Israel is to be separate from what is unholy and impure. One of many scriptures commanding this is found in Leviticus 11:44–45: “For I am Yahweh your God. You will therefore sanctify yourselves, and you will be holy, for I am holy. . . . Because I am Yahweh that has brought you from the land of Egypt, to be your God. You will therefore be holy, because I am holy.”<sup>7</sup>

Similarly, soon after the establishment of The Church of Jesus Christ of Latter-day Saints in 1830 the Prophet Joseph Smith recognized and taught that temple ordinances were to be the center of our beliefs and practices. He instructed members to build temples wherever the Saints are gathered. Early in the history of the Church, Joseph was told by Jesus Christ to “Establish a house, even a house of prayer, a house of fasting, a house of faith, a house of learning, a house of glory, a house of order, a house of God.”<sup>8</sup> And when asked in 1842 the purpose behind gathering of the Saints in one place, he responded, “What was the object of gathering the Jews, or the people of God in any age of the world? . . . The main object was to build unto the Lord a house whereby He could reveal unto His people the ordinances of His house and the glories of His kingdom, and teach the people the way of salvation; for there are certain ordinances and principles that, when they are taught and practiced, must

be done in a place or house built for that purpose.”<sup>9</sup>

Church members view temples as being the most sacred places on earth—places where refuge may be found from the storms of daily life and its challenges; places where peace and inspiration for solving life’s problems may be received.

Temples are where covenants with God may be made to manifest to God that we desire, along with ancient covenant Israel, to be part of His chosen people, and that we love and revere Him and want to keep His commandments at all costs.

Temples are places to separate the profane from the sacred. For Jews and members of the Church of Jesus Christ, the concepts of covenant and chosenness are inextricably intertwined with and revolve around the temple. Thus, the times of prayer for Jews are still set according to the times of sacrifice in the ancient temple; it is why Jews still face the temple when they pray; it is why Jews have never forgotten the temple and long for the day when it shall be rebuilt; and it is why our Church members look forward to a day when further temple rites and rituals will be re-established when the Messiah comes again at the end of days so “that the Sons of Levi may yet offer an offering unto the Lord in righteousness.”<sup>10</sup>

The church now has 152 temples (April 2019) operating throughout the world, with 11 under construction, 11 undergoing renovation and another 35 announced. The map in figure 1 illustrates present temple locations.

Having established that the temple is the center of worship among the ancient Israelites and modern-day members of the Church of Jesus Christ, let us now compare some of the similarities in concepts, ideas, and practices that they share:

1. The concept of a celestial ascent is common not only to both, but to many religions throughout history.<sup>11</sup> Among Jewish mystics and paralleled by early Christian, Hellenistic, and Egyptian texts, a pattern of this ascension theology from for a century before and after the Common Era developed:
  - a. A mortal is taken up to the highest heaven.
  - b. The ascent is an extraordinary privilege.
  - c. The way is fraught with danger and can be successfully undertaken only through divine permission and power.
  - d. There is great distance between the earthly and heavenly realms, with increasing beauty and splendor (or danger for the uninvited) as one moves up, and an increasing sense of alienation from the world below.



Fig. 1.—Current operating temples. For an interactive map of all LDS temples, visit (<https://www.lds.org/temples/map>).

- e. The ascent itself is a transforming experience in which the candidate is progressively glorified.
- f. The climax of the journey is an encounter with the highest god.
- g. One is given secret revelations or shown mysteries.
- h. The ascent is followed by a return to the world below to continue life as a mortal.
- i. What is seen and heard can be selectively passed on by the recipient of the celestial ascension.
- j. The one who has ascended faces the opposition of lower spiritual powers upon his return.<sup>12</sup>

Thus, the earthly temple was a pale celestial imitation of the celestial home of God, but was, nevertheless, the best that mortals could do in attempting to reproduce the place where God dwells. Indeed, just as the temple that was built by Solomon was referred to as “the house of the Lord,”<sup>13</sup> each of our temples carries on its entrance the words, “Holiness to the Lord. The House of the Lord” as seen in the picture of the Gilbert Arizona Temple in figure 2.

2. Because to enter the temple was to enter the presence of God, only those who are ritually and morally pure are allowed to proceed. The Psalmist is clear on the subject. Psalms 24 reads:

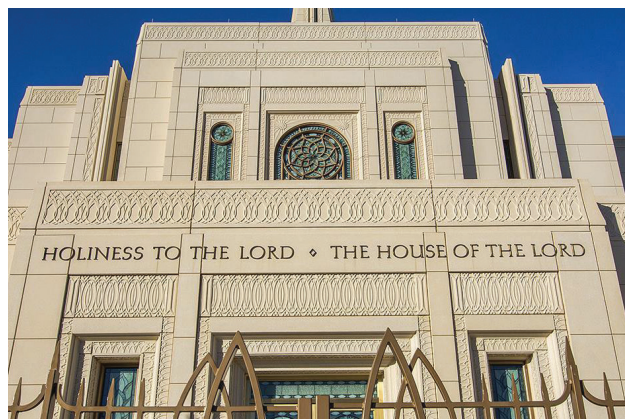


Fig. 2

Who shall ascend into the hill of the Lord? or who shall stand in his holy place?

He that hath clean hands, and a pure heart; who hath not lifted up his soul unto vanity, nor sworn deceitfully.

He shall receive the blessing from the Lord, and righteousness from the God of his salvation.<sup>14</sup>

The Hekhalot Rabbati tells us that “only those can go down to the vision of the Merkabah who fulfill two qualifications: ‘. . . he who reads the Bible and studies Mishnah, Midrash, Halakhoth, and Aggadoth . . . and he who fulfills all which is written in the Torah and keeps all the prohibitions of statutes and judgments and laws which were declared to Moses on Sinai.’”<sup>15</sup>

According to Hekhalot Rabbati 13, the initiate must be “pure of idolatry, sexual offenses, bloodshed, slander,

vain oaths, profanation of the Name [of God], impertinence, and unjustified enmity, and who keeps every positive and negative commandment.”<sup>16</sup> It was expected that Torah study be a major part of one’s life and that personal righteousness would be in place before one was eligible for the temple experience.

Candidates possessing these moral characteristics were often required to further prepare for their ascent through fasting and ritual purifications.<sup>17</sup> “Even the slightest possible suspicion of impurity, defined according to the strictest rabbinic law, is enough to have the ecstatic dismissed from before the [celestial] throne [of God].”<sup>18</sup>

Members of The Church of Jesus Christ of Latter-day Saints too must pass a certain standard before being allowed to enter into the temple. They must be interviewed by their local bishop (a pastor who has stewardship over a congregation—called a ward—of three to four hundred members) and then by the local stake president, who presides over several wards that make up a stake—a larger geographic area usually with a membership of three to five thousand members. The candidate must certify that they keep the ten commandments, that they are morally clean in every way (fidelity and chastity are some of the key elements of Church doctrine), that they are honest in their financial dealings, that they pay tithing to the Church, that they live the Word of Wisdom—a law that prohibits the use of tea, coffee, tobacco, and alcohol (keeping kosher!), that they support and follow the local and general leaders of the Church, and that they love the Lord and wish to keep all of his commandments and the covenants they have previously made in the temple and at the time of baptism. If successful, the member is issued a temple recommend—a bar-coded certificate that allows them entrance into any temple in the Church to participate in temple ordinances. The recommend must be renewed every two years and may be rescinded at any time due to sin or transgression on the part of the holder. As Ezekiel stated, we too believe that “Thus saith the Lord God; No stranger, uncircumcised in heart, nor uncircumcised in flesh, shall enter into my sanctuary, of any stranger that is among the children of Israel.” (Ezekiel 44:9). Entrance to the temple cannot be purchased. It is dependent upon one’s worthiness, and nothing else.

3. The temple experience in both the Jewish and the restored Church of Jesus Christ is a microcosm of man’s journey through life and an eventual ascension back into the presence of God. Within the temple, covenants are made, promises given, and the requirements to re-enter into God’s presence are explained. For Church members and for Jews, the temple becomes the center of life itself. As Rabbi Chaim Richman has written,

“The Holy Temple was not just some magnificent building or synagogue rooted in Jerusalem’s ancient Biblical past; it was an arena of cosmic themes; a place where man could meet with his Creator. This represents one of the most important concepts of Jewish belief: that man has the capacity to engage in a direct, constant, and fulfilling relationship with his Creator. It was the world’s true spiritual center, and the median for that unfolding relationship.

It is the reality of the living memory of that relationship as it once was, and the dream of its renewal, that keeps the fires of the Temple altar burning within the collective hearts of all those who cherish her God and his message for humanity. The Holy Temple is the secret of the Jewish people’s survival; when it stands in the place chosen by the Creator, Israel is able to focus and connect all of her energies and powers to a sense of Divine purpose. This is the role of the Holy Temple in the life of man: to enable one to realign himself, to dedicate one’s whole self to God, to elevate every aspect of the human experience to holiness and return the energy which he gives us to His service.”<sup>19</sup>

Just as Moses was commanded by God to build a tabernacle in the wilderness and to incorporate and teach divinely revealed laws, covenants, and ordinances and to build the tabernacle itself to provide a pathway for the redemption of ancient Israel, we believe that Joseph Smith has renewed these covenants, laws, ordinances, and temples for the redemption of all who are worthy to enter therein.

Furthermore, we believe that we are a branch of the house of Israel that has been restored in our time and are heirs to the same promises and covenants that God has made with ancient Israel and their descendants, including the Jewish people today. As such, we view ourselves as being partners with the Jewish people in the quest to achieve redemption. There are no greater supporters of the Jews in all of Christianity than are the members of The Church of Jesus Christ of Latter-day Saints. It is a covenant relationship that we take very seriously and feel a great responsibility to honor. Thus, we do not believe in proselyting to the Jewish people in Israel or trying to convert them so that the Messiah can come. Our motives are decidedly different from all other Christian religions, or for that matter, *any* other religion. Our only motive is love and to support the Jewish people within Israel.

The Book of Mormon is clear on this: “And I will remember the covenant which I have made with my people; and I have covenanted with them that I would



gather them together in mine own due time, that I would give unto them again the land of their fathers for their inheritance, which is the land of Jerusalem, which is the promised land unto them forever.”<sup>20</sup>

It is telling that in the dedicatory prayer of the first temple built by the restored Church, these words were said as Joseph Smith petitioned the God of Israel:

*Thou knowest that thou hast a great love for the children of Jacob, who have been scattered upon the mountains for a long time. . . .*

*We therefore ask thee to have mercy upon the children of Jacob, that Jerusalem, from this hour, may begin to be redeemed;*

*And the yoke of bondage may begin to be broken off from the house of David;*

*And the children of Judah may begin to return to the lands which thou didst give to Abraham, their father.”<sup>21</sup>*

Interestingly, the day the first temple built by the restored Church of Jesus Christ was April 3, 1836—the second day of Passover.

We believe that the ordinances received and the covenants made in the temple are essential to return to the presence of God after departing this life. Thus, it becomes the center of all that we long for, including all of the promises made to Abraham and his posterity.

4. In ancient and modern temples, an ordinance of symbolic washing and anointing preceded further instructions and promises. This initiation was also accompanied by receiving celestial robes and clothing. The first mention of this in scripture is found in Exodus 40:

And thou shalt bring Aaron and his sons unto the door of the tabernacle of the congregation, and wash them with water.

And thou shalt put upon Aaron the holy garments, and anoint him, and sanctify him; that he may minister unto me in the priest’s office.

And thou shalt bring his sons, and clothe them with coats:

And thou shalt anoint them, as thou didst anoint their father, that they may minister unto me in the priest’s office: for their anointing shall surely be an everlasting priesthood throughout their generations.

Thus did Moses: according to all that the Lord commanded him, so did he.”<sup>22</sup>

It thus becomes clear that washing and anointing were essential ordinances to receive in order to function

with priesthood authority within the temple. Note also the mention of *holy garments* and *coats*. Being clothed in special clothing is also a requisite ordinance for purification and protection. Such ordinances are not new. They are part of what is commonly referred to in Church parlance as an *endowment*. President Boyd K. Packer explained the endowment thusly: “To endow is to enrich, to give to another something long lasting and of much worth. The temple endowment ordinances enrich in three ways: (a) The one receiving the ordinance is given power from God. ‘Recipients are endowed with power from on high’ (b) A recipient is also endowed with information and knowledge. ‘They receive an education relative to the Lord’s purposes and plans’ (*Mormon Doctrine*, 277) (c) When sealed at the altar a person is the recipient of glorious blessings, powers, and honors as part of his endowment.”<sup>23</sup> And Brigham Young, second President of the Church after Joseph Smith, explained the importance of the endowment: “Your endowment is, to receive all those ordinances in the House of the Lord, which are necessary for you, after you have departed this life, to enable you to walk back to the presence of the Father, passing the angels who stand as sentinels, being enabled to give them the key words, the signs and tokens, pertaining to the holy Priesthood, and gain your eternal exaltation in spite of earth and hell.”<sup>24</sup>

Let us examine these three rituals of washing, anointing, and being clothed in a special garment that seem to be recurrent, prominent, and essential in the temple ceremony itself—both anciently and modernly.

## Washing

Ablutions—ceremonial washings—were a part of the ritual to cleanse one’s self and to be reborn and were common in the ancient Near East.<sup>25</sup> Prior to entering the sacred space of the temple proper, all were required to remove items that were unclean, profane, or temporal. Exodus 3:1–14 dictates that one’s shoes be removed before thus entering, just as God commanded Moses to “Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground.”<sup>26</sup> Joshua had a similar experience, as told in Joshua 3:15.<sup>27</sup>

The washing ceremony itself was a ritual abluion that involved immersion and the specific cleansing of one’s hands and feet. Failing to do so by the priest could bring upon him the death penalty brought down by the hand of heaven (Exodus 30:20).<sup>28</sup>

The immersion pools for common folk were located immediately outside of the temple, enabling one to be washed clean from one’s sins and then immediately proceed to the temple mount proper while still in this cleansed condition. On the south west corner of the

temple mount, several of these pools (mikva'ot) have been unearthed. Figure 3 is a picture of one that I took myself.



Fig. 3

This is one of several mikva'ot in the area. Though not clear in this particular photograph, many of the mikva'ot in the area still show a ridge down the middle of the stairway, indicating that an unclean person would proceed down into the water on one side, and once immersed, come up the stairs on the opposite side so as not to contaminate one's self with those who have not yet entered. Similarly, there is a separate path leading one to the temple mount itself.<sup>29</sup> There were separate pools for the priests under the temple.<sup>30</sup> The Talmud explains that this cleansing ritual was required for those "who move(s) from profane ground into holy ground."<sup>31</sup>

Immersion was also a prerequisite to being crowned a king. These ablutions—ceremonial washings that were believed to avert evil, give life and strength, and symbolize rebirth—were a regular part of the coronation ceremonies and of other ritual occasions as well in the ancient Near East.<sup>32</sup>

The painting in figure 4 is of the laver of Solomon's Temple where ritual ablutions were performed.

And figure 5 is a picture of a baptismal font from within the LDS Phoenix Arizona Temple.

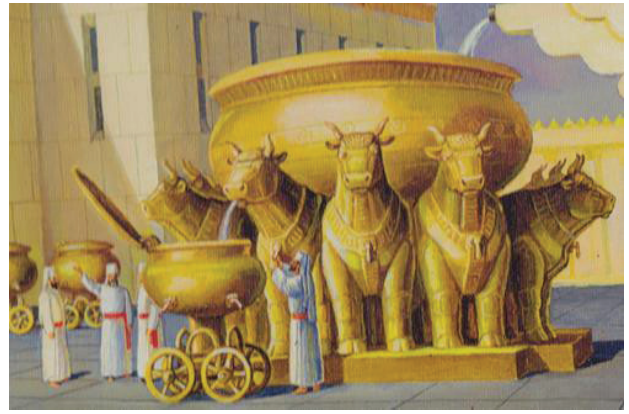


Fig. 4



Fig. 5

Baptism is the ritual immersion of one at age eight to receive a remission of sins, to make covenants to serve God and to keep his commandments, and to officially become a member of The Church of Jesus Christ of Latter-day Saints. At the time of the ancient temples, there was no separation of baptism and washings. Washings in our temples today are done in a separate place just prior to being anointed. They serve to purify and sanctify one from the profane world in which we live and to prepare one for further blessings through being anointed, clothed, and endowed.

## Anointing

The Old Testament records the anointings of six Israelite kings: Saul,<sup>33</sup> David,<sup>34</sup> Solomon,<sup>35</sup> Jehu,<sup>36</sup> Joash,<sup>37</sup> and Jehoahaz.<sup>38</sup> In addition, it is recorded in 2 Samuel that Absalom was anointed to be king.<sup>39</sup> Indeed, the very name Messiah, used with reference to several of the kings of ancient Israel, means *anointed*, and it doubtless refers to the rite of anointing the king at his installation as monarch.<sup>40</sup> It appears that not only were kings anointed, but also temple objects, priests, and prophets were all recipients of the anointing rite. Those who had been anointed were expected to conduct themselves accordingly and to adhere to certain responsibilities. A high priest, for example, was forbidden to touch a corpse, rend his clothes, uncover his head, go forth from the sanctuary, or profane the sanctuary “for the crown of the anointing oil of his God is upon him.”<sup>41</sup> Other responsibilities and privileges were given to Aaron and his sons after being anointed.<sup>42</sup>

The greatest duty of all for the anointed, vested high priest, both in terms of privilege and responsibility, took place on the Day of Atonement:

And he shall make an atonement for the holy sanctuary, and he shall make an atonement for the tabernacle of the congregation, and for the altar, and he shall make an atonement for the priests, and for all the people of the congregation. And this shall be an everlasting statute unto you, to make an atonement for the children of Israel for all their sins once a year.<sup>43</sup>

The act of anointing consisted of the person administering the rite pouring oil from a horn upon the head of the recipient. This was followed by anointing, or smearing, the oil upon the head. The Lord told Moses, “Then shalt thou take the anointing oil, and pour it upon his head, and anoint him.”<sup>44</sup> Subsequent prophets apparently followed the same process.<sup>45</sup> The use of the hand in the anointing process is significant. The Hebrew word for *hand* (*yād*) carries the symbolic meaning of *power*.<sup>46</sup> Thus, when a person is anointed, power is bestowed upon them through the hands and authority of the one doing the anointing. This was only one of many promised blessings to be received by the one anointed. The record tells us that those anointed were taught from on high<sup>47</sup> and gained salvation.<sup>48</sup> In addition, the Lord showed mercy to his anointed.<sup>49</sup> Similarly, it was forbidden for souls to speak out against the anointed of the Lord.<sup>50</sup>

In LDS temples after a person is ritually washed, they are anointed in the same manner as described above. Like the washing ordinance, being anointed sanctifies and cleanses one from sin and prepares one to receive further

blessings promised in the endowment and to be clothed in the garments of the priesthood.

## Clothing

The wearing of a special garment preceded the period of the temple. Prior to their expulsion from the Garden of Eden, Adam and Eve were clad in sacred clothing. We read: “Unto Adam also and to his wife did the Lord God make coats of skins, and clothed them.”<sup>51</sup> And even while still in the wilderness, Moses was commanded to place upon Aaron and others sacred clothing to wear while officiating in the tabernacle. Said the Lord to Moses,

And take thou unto thee Aaron thy brother, and his sons with him, from among the children of Israel. . . .

And thou shalt make holy garments for Aaron thy brother for glory and for beauty . . . ,  
That he may minister unto me in the priest’s office.<sup>52</sup>

References to Aaron’s clothing and the vestments of the priesthood worn by selected leaders in Old Testament times are accompanied by expressions such as *precious garments*, *glorious garments*, *garments of honor*, *coats of glory*, and *garments of salvation*.<sup>53</sup>

After the temple had been built, when a priest came to the temple to serve, and at the conclusion of the washing and anointing rites, he then donned sacred vestments before entering the temple. This special clothing was meant for use within the walls of the temple only.<sup>54</sup> The vestments, white in color, included a girdle, tunic, mitre, and breeches.<sup>55</sup>

The vestment, or garment, was a symbol of power and authority. Not only did priests wear these, but prophets also were given a garment from God to symbolize their authority to teach. The great prophet Isaiah records, “God . . . hath clothed me with the garments of salvation, he hath covered me with the robe of righteousness.”<sup>56</sup>

The history of the rites of washing, anointing, and investiture are not limited to the Tanakh. Enoch’s ascension to heaven is recorded as follows in the Pseudepigrapha:

And the Lord said to Michael, “Go, and extract Enoch from [his] earthly clothing. And anoint him with my delightful oil, and put him into the clothes of my glory.” And so Michael did, just as the Lord had said to him. He anointed me and he clothed me. And the appearance of that oil is greater than the greatest light, and its ointment is like sweet dew, and its fragrance like myrrh;



and it is like rays of the glittering sun. And I looked at myself, and I have become like one of his glorious ones.<sup>57</sup>

Rabbi Akiba records that in the day of redemption when God is explaining the Torah, he will hear voices from Gehanna seeking release and will send Michael and Gabriel with the keys to unlock them from their prison. The text reads:

What, then, do Michael and Gabriel do? In that hour they got hold of the hand of each one of the wicked and pull them up, like a man who raises his fellow man and pulls him up from a pit . . . And Gabriel and Michael stand over them in that hour, and wash them, and anoint them with oil, and heal them of the wounds of Gehenna, and clothe them in beautiful and good garments, and take them by their hand, and bring them before the Holy One, blessed be He . . . And when they reach the gate of the Garden of Eden, first Gabriel and Michael enter and take counsel with the Holy One, blessed be He, answers them and says: "Let them enter and see my Glory."<sup>58</sup>

Sacred clothing has always been a sign of one's commitment to God.

The garment worn by members of the Church of Jesus Christ who have been endowed in the temple is a white undergarment that serves as "an outward expression of an inner commitment."<sup>59</sup> It "symbolizes purity and helps assure modesty, respect for the attributes of God, and, to the degree it is honored, a token of what Paul regarded as taking upon one the whole armor of God (Eph. 6:13; compare D&C 27:15). . . . Garments bear several simple marks of orientation toward the gospel principles of obedience, truth, life, and discipleship in Christ."<sup>60</sup> It is a constant reminder of temple covenants and thus, when worn with the right spirit, protects one from the evils of the world.

## Secrecy

The idea of the heavenly ascent is not new. It is one of the most widespread and persisting ideas in all of religious history. Secrecy seems to be an almost universal feature of initiation and temple ceremonies. The Egyptologist C. J. Bleeker noted that "initiation presupposes a religious secret which is only known to the initiated."<sup>61</sup> These secrets include, according to Mircea Eliade, "the myths that tell of the gods and the origin of the world, the true names of the gods, [and] the role and origin of the ritual

instruments employed in the initiation ceremonies."<sup>62</sup>

It is also seen in the writings of the prophets Isaiah and Ezekiel. Related and expanded versions of the ascent to the celestial temple are found in pseudepigraphic Enoch materials dating in their current form to at least the second century B.C., Qumran documents (second century B.C. to first century A.D.), Philo (c. 20 B.C. to A.D. 50).<sup>63</sup> One of the main reasons for the celestial ascent was to discover the mysteries of God and of the eternities. This being of such profound import, it necessitated safeguarding the information acquired in the process. Thus, both the mechanism of the ascent and the teachings and revelations learned during the ascent were kept strictly secret.<sup>64</sup> This information was generally transmitted only orally, and then to no more than three students at a time.<sup>65</sup> Indeed, "the Mishnah . . . forbids the study of the Ma'aseh Merkavah in public."<sup>66</sup> These celestial secrets were common among Jewish and Christian believers during the second-temple and post-temple periods. It was assumed that the student of such would have a teacher to explain the mystery of the obscure texts being studied.

Without a teacher, it was very difficult to decipher exactly what was being taught, making it "very difficult to guess what the Merkavah speculations of the circle of Rabban Yohanan ben Zakkai one of the founders of Merkavah mysticism were like."<sup>67</sup>

The need for secrecy concerning the celestial ascent is in part because a key concept of the celestial mystery is the revelation of the most secret and sacred names of God and the angels.<sup>68</sup> Pronouncing the Tetragrammaton Yod-He-Waw-He (often vocalized today as Yahweh or Jehovah) was restricted to the high priest in the Holy of Holies in the earthly temple on Yom Kippur, the most sacred day of the Jewish year.<sup>69</sup> "The secret name, or names, of God played a great role in some of the ancient Jewish concepts of creation," which "might be connected with certain speculations concerning the uttering of the Tetragrammaton during the earthly temple service."<sup>70</sup>

Not only was the information given and the ineffable name of God kept secret, a *new name* given to the person making ascent was also kept secret. When Abraham is called to ascend into heaven, God sends to him the angel Yahweh-el (Iaoel) "through the mediation of my God's ineffable name."<sup>71</sup> Likewise, Rashi's commentary on the famous ascent of the four Rabbis into paradise<sup>72</sup> claims that "they ascended to heaven by means of a Name."<sup>73</sup> Those who misuse their knowledge of these sacred names receive eternal condemnation.<sup>74</sup> Thus, the sacred names of the angels and God are to be kept secret and only revealed to those who are worthy to ascend to the celestial temple.<sup>75</sup> And the Doctrine and Covenants references the topic as well:

Things pertaining to a higher order of kingdoms will be made known. . . .

[A] new name [is] written, which no man knoweth save he that receiveth it. The new name is the key word.”<sup>76</sup>

Similar solemnity to that prescribed by the Rabbis is found in our modern temples. As church leader Boyd K. Packer has explained,

There are some blessings which can be bestowed only in the Lord’s temple, and we do not talk of them outside the temple. But all who are worthy and qualify in every way may enter the temple, there to be introduced to the sacred rites and ordinances. This is not the secrecy of restrictiveness. Rather it is the sacredness required for covenants offered to all of God’s children in His way. Clearly there is much difference between treating something as sacred and keeping something secret.

It is not that they are secret, but they are sacred; not to be discussed, but to be harbored and to be protected and regarded with the deepest of reverence.<sup>77</sup>

## The Endowment

In temples of The Church of Jesus Christ of Latter-day Saints, the endowment is presented in a step-by-step series of events, commencing with the aforementioned washings and anointings, followed by being clothed in a symbolic garment or clothing, a series of explanations and teachings of the Creation, the Fall of Adam and Eve, the receiving of certain signs and tokens, the making of covenants, and the receiving of promises if those covenants are kept. All of this culminates in a symbolic passing through a veil to enter the presence of the Lord. As in ancient temples, altars are present where promises are made regarding one’s willingness to sacrifice whatever is necessary to assist God in his work.

Temple covenants are of special import. The Oxford English Dictionary defines *covenant* as “a mutual agreement between two or more persons to do or refrain from doing certain acts; a compact, contract, bargain; sometimes, the undertaking, pledge, or promise of one of the parties.” As a verb, *covenant* is defined as “to enter into a covenant or formal agreement; to agree formally or solemnly; to contract.” And, interestingly enough, it provides a scriptural definition as “applied especially to an engagement entered into by the Divine Being with some other beings or persons.”<sup>78</sup>

The nature of the covenants made within the walls of our temples was described by Elder James E. Talmage:

The ordinances of the endowment embody certain obligations on the part of the individual, such as covenant and promise to observe the law of strict virtue and chastity, to be charitable, benevolent, tolerant and pure; to devote both talent and material means to the spread of truth and the uplifting of the race; to maintain devotion to the cause of truth; and to seek in every way to contribute to the great preparation that the earth may be made ready to receive her King, the Lord Jesus Christ. With the taking of each covenant and the assuming of each obligation a promised blessing is pronounced, contingent upon the faithful observance of the conditions.

No jot, iota, or tittle of the temple rites is otherwise than uplifting and sanctifying. In every detail the endowment ceremony contributes to covenants of morality of life, consecration of person to high ideals, devotion to truth, patriotism to nation, and allegiance to God.”<sup>79</sup>

In ancient temples, the act of sacrifice was performed by the priests on behalf of the people. They were varied and complex, but in essence symbolized an act of expiation or atonement for the sins of the people so that they could be one with God. In LDS temples, one covenants to sacrifice one’s time and resources for the work of God, and to keep all of God’s commandments and to love and serve one’s fellow man. The endowment teaches of Jesus’s sacrifice and Atonement for us so that we too may be one with God. The sacrifice required therein is “a broken heart and contrite spirit,”<sup>80</sup> indicating one’s willingness to remain humble and obedient to the will of the Lord and to keep His commandments. We believe that this has replaced the requirement for animal sacrifice within the temple.

## Passing The Angels

Several Church leaders have mentioned this topic in relation to the endowment, as previously referenced in a definition of the endowment given by Brigham Young. He indicated that the endowment would enable one to “pass . . . the angels who stand as sentinels.”<sup>81</sup> A number of ancient texts mention guardians of heavenly gates or veils. I will cite but a few. The third-century Christian writer Origen noted that the Orphian Gnostics believed that seven archons guarded the gates by which the soul ascends to heaven (*Contra Celsum* 6:24–38).<sup>82</sup> According to 3 Enoch 18:3–4, an angel guards each of the doors of the

seven heavenly palaces. The angels who guard the doors of heaven are mentioned in 3 Enoch 18:3; Chronicles of Jerahmeel 18:1, cf. 20:1–2; and Hekhalot Rabbati 22:1. The guards of the gates of the aeons are also mentioned in Pistis Sophia 32, while Pistis Sophia 86 notes the nine guardians of the treasury of the light, which is the highest of the heavens in Gnostic lore. Even the Bible notes that twelve angels guard the twelve gates of the heavenly Jerusalem.<sup>83</sup> In this respect, these heavenly gatekeepers are paralleled by the Levitic porters (doorkeepers) who served at the tabernacle and in the temple.<sup>84</sup>

## The Veil

Paralleling the curtain or veil in front of the ark of the covenant in the Holy of Holies of the earthly temple (described in Exodus 26:31–33, 30:6; Numbers 18:7; Leviticus 16:2; 2 Chronicles 3:14; Matthew 27:51; Mark 15:38; Luke 23:45)<sup>85</sup> is a veil or curtain (Hebrew *pargod*) separating the throne of God in the Holy of Holies of the celestial temple from the rest of heaven.<sup>86</sup> Whereas most of the angels are not allowed to pass through the veil and view the face of God,<sup>87</sup> some visionary initiates, such as Enoch, who “enjoys a qualitative superiority over the angels,” are permitted to do so.<sup>88</sup> Similarly, in the Testament of Isaac 6:4, we read, “Then they [the angels] took me by the hand and led me to the curtain before the throne of the father.”<sup>89</sup> In the medieval *Sepher Hekhalot* (“Book of the [Heavenly] Temples”), Rabbi Ishmael reports being presented at the curtain that hangs before God.<sup>90</sup> Figure 7 is a painting showing the veil in Moses’s tabernacle.

In LDS temples, after the initiate has received the ordinances of washing and anointing, has been clothed in the temple garment, and has received the presentation of the endowment with its instructions and covenants, the person passes through a veil, symbolizing one’s entrance into the presence of God. This is the culmination of the

heavenly ascent. The rabbis wrote of one who had arrived at this station as being privy to the secret mysteries of God: “what is above the earth, what is beneath the earth, what was before time, and what will be hereafter.”<sup>91</sup> The mysteries that are revealed center on the mystery of the creation of the universe (cosmogony), the nature of the universe (cosmography), and the ultimate destiny of mankind (eschatology). “Where a revelation of the ways of God with man is given,” Gruenwald informed us, “it is simultaneous with a revelation of the secrets of nature.”<sup>92</sup>

According to the Hekhalot Rabbati, creation was brought about by a “wondrous and strange and great secret; the name through which the heaven and the earth were created, and all the orders of creation of the world (Hebrew: *sedrey bereshit*) . . . were sealed by it.”<sup>93</sup> All creation is also bound together by “an great cosmic oath formulated at the foundation of the world.”<sup>94</sup>

## Exaltation

The ultimate reward is that of exaltation. Those arriving at this point are now “clothed in the clothes of God’s glory.”<sup>95</sup> He is crowned<sup>96</sup> and seated on a throne beside God.<sup>97</sup> The visionary is raised in glory and authority above the angels of heaven, having received a revelation of the celestial mysteries and secret knowledge of God. Now, as then, the temple is a place to become sanctified and purified, to make sacred covenants, and to be endowed with power to enable one to return to the presence of God. What was true then is true now: *God loves His covenant children and longs for them to return to His presence.*

May we seek after Him, become like Him, and may we and all of Israel safely return to Him in the day of redemption is my constant prayer.

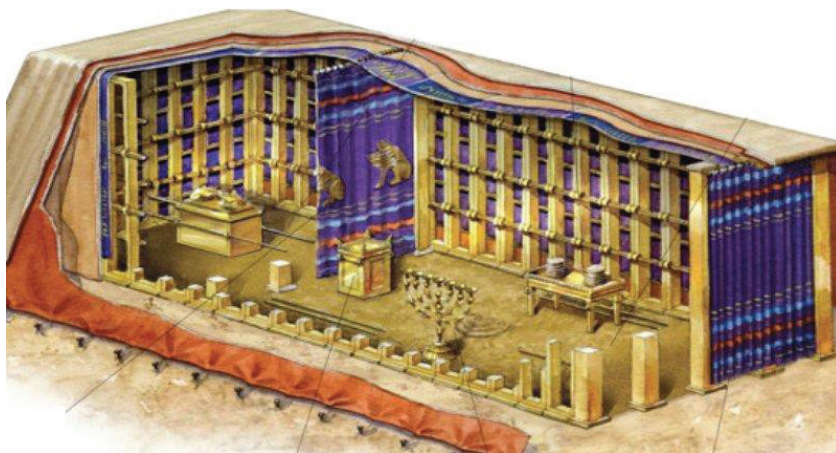


Fig. 7



## Notes

- 1 Jacob Neusner, *Ancient Israel after Catastrophe: The Religious World View of the Mishnah* (Charlottesville: University Press of Virginia, 1983), 11–12, 13.
- 2 Midrash Tanhuma 10.
- 3 See “Foundation Stone,” Wikipedia, [https://en.wikipedia.org/wiki/Foundation\\_Stone](https://en.wikipedia.org/wiki/Foundation_Stone).
- 4 BSukkah 51b; bBaba Bathra 4a. By contrast, the Jerusalem Talmud (ySukkah5, 55a) offers a similar description, but with reference to the Great Synagogue at Alexandria; see also tSukkah 4:5 (Zuckerman ed., 198).
- 5 See Yehoshua M. Grintz, “*bēthamiqdāš*” (in Hebrew), in B. Natanyahu, ed., *Encyclopedia Hebraica* (Jerusalem: Encyclopaedia Printing, 1957), 8:555, where the different names of the temple as they appear in the Hebrew Bible are listed, *bēt Yhwh*, *bēt Elôhîm*, *hēkāl qôdeš*, *hēkal Yhwh*, and *miqdāš*. The usual name in the Mishnah and related literature, i.e., the Tosephta, is *bēt hamiqdāš*. Of this name the encyclopedia states, “This name is found only one time in the Bible” (555). The *Targum of Jeremiah* calls the temple the “house of the Shekinah” (2:7; 3:17; 7:15; 14:10; 15:1).
- 6 Francis Brown, S. R. Driver, and Charles A. Briggs, *A Hebrew and English Lexicon of the Old Testament*, trans. Edward Robinson (Oxford: Clarendon, 1977), 871.
- 7 Deity is always the ultimate source of holiness in a temple setting—“The holy or the Holy One are simultaneously that which awakens fear and that which draws to itself”—as Sigmund Mowinckel has shown, *Religion and Cult*, trans. John F. X. Sheehan (Milwaukee: Marquette University, 1981), 54–55. The work was originally written under the title *Religion og Kultus* (Oslo: Land og Kirke, 1950). For a definition and treatment of the concept of holy, see Rudolf Otto’s classic work, *The Idea of the Holy*, trans. John W. Harvey (London: Oxford University Press, 1958).
- 8 Doctrine and Covenants 88:119.
- 9 Joseph Fielding Smith, *The Teachings of the Prophet Joseph Smith* (Salt Lake City: Deseret Book, 1976), 308.
- 10 Oliver Cowdery, note, Joseph Smith—History 1:71.
- 11 See Joan Petru Colianu, “Ascension,” in *Encyclopedia of Religion*, ed. Mircea Eliade (New York: Macmillan, 1987), 1:435–41.
- 12 James Tabor, *Things Unutterable: Paul’s Ascent to Paradise in its Greco-Roman, Judaic, and Early Christian Contexts* (Lanham, Maryland: University Press of America, 1986), 87.
- 13 1 Kings 9:1
- 14 Psalm 24.
- 15 Hekhalot Rabbati 20:1, translated by Gershom Scholem, in *Jewish Gnosticism, Merkabah Mysticism, and Talmudic Tradition* (New York: Jewish Theological Seminary, 1965), 12, n. 5.
- 16 Smith, trans., “Observations on Hekhalot Rabbati,” 144.
- 17 See 1 Enoch 41:10–11; *Testament of Levi* 3:6; Revelation 1:5–6; 4:8–11; 8:2–5; 15:1–8.
- 18 Scholem, *Jewish Gnosticism*, 12, discussing Hekhalot Rabbati 18. In the Book of Mormon we learn that “there cannot any unclean thing enter into the Kingdom of Heaven” (1 Nephi 15:34), a concept that would have been fully endorsed by the Merkabah visionaries.
- 19 Chaim Richman, *The Mystery of the Red Heifer: Divine Promise of Purity* (self-pub, 1997), 7.
- 20 3 Nephi 20:29.
- 21 Doctrine and Covenants 109:61–64.
- 22 Exodus 40:12–16.
- 23 Boyd K. Packer, *The Holy Temple* (Salt Lake City: Bookcraft, 1980), 153.
- 24 Brigham Young, *Journal of Discourses*, 26 vols. (London: Latter-day Saints’ Book Depot, 1854–86), 2:31.
- 25 See Aylward M. Blackman, “The House of the Morning,” *Journal of Egyptian Archaeology* 5(1918): 155; KG, 83; Eva L. R. Meyerowitz, *The Divine Kingship in Ghana and Ancient Egypt* (London: Faber and Faber, 1960), 159.
- 26 Exodus 3:5.
- 27 Exodus Rabbah, making reference to Exodus 3:1–14, observes that one must always remove his shoes before the Divine Presence, and that is the very reason that the priests ministered barefoot (Exodus Rabbah 2:6). Apparently, the symbolic purpose of removing the shoes was so that profane dust would not be carried onto sacred ground and sacred dust would not be carried out into profane space. The law regarding the removal of shoes before entering the temple is repeated many times within the Mishnah, Talmud, and other literatures (TB Yebamoth 6b, 102b; M Berakot 9:5; TB Berakot 61b–62b; Ecclesiastes Rabbah 4:14). The same references require that the dust on the feet be removed before entrance, and Sifre on Deuteronomy Pisqa 258 warns against even the carrying of the shoes by hand upon the Temple Mount.
- 28 The rite of cleansing the hands and feet has been summarized by Maimonides, *Yad* VIII, 3, 5.
- 29 R. Reich, “Mishnah, Sheqalim 8:2 and the Archaeological Evidence” (in Hebrew), in A. Oppenheimer, U. Rappaport, and M. Stern, eds., *Jerusalem in the Second Temple Period, Abraham Schalit Memorial Volume* (Jerusalem: Yad Izhak Ben-Zvi, 1980), 225–56, produces archaeological evidence. His paper contains drawings

- of the baths. Literary evidence is found in the Letter of Aristeas, which states: "There are steps leading to the thoroughfares. Some people make their way above them, others go underneath them, their principal aim being to keep away from the main road for the sake of those who are involved in purification rites, so as not to touch any forbidden object," verse 106, R. J. H. Shutt, trans., "Letter of Aristeas," in James A. Charlesworth, ed., *The Old Testament Pseudepigrapha*, 2 vols. (Garden City: Doubleday, 1985), 2:20.
- 30 M Tamid 1:1.
- 31 TB Yoma 30a.
- 32 See Eliade, *The Sacred and the Profane*, 130; see also Mircea Eliade, *Patterns in Comparative Religion* (Cleveland: World, 1963), 188–89, 193–94; Maurice A. Canney, *Newness of Life* (Calcutta: University of Calcutta Press, 1928), 67; W. B. Kristensen, *The Meaning of Religion* (The Hague: Nijhoff, 1960), 447; A. J. Wensinck, "The Semitic New Year and the Origin of Eschatology," *Acta Orientalia* 1(1923): 166, 186; Robert A. Wild, *Water in the Cultic Worship of Isis and Osiris* (Leiden: Brill, 1981), 125, 153.
- 33 1 Samuel 10:1.
- 34 2 Samuel 5:3.
- 35 1 Kings 1:39.
- 36 2 Kings 9:6.
- 37 2 Kings 11:12.
- 38 2 Kings 23:30.
- 39 2 Samuel 19:10.
- 40 See Kutsch, *Salburg als Rechtsakt*, 52–63; see also J. A. Soggin, "maelaek," in *Theologisches Handwörterbuch zum Alten Testament*, ed. Ernst Jenni and Claus Westermann, 2 vols. (Munich: Kaiser, 1971), 1:914.
- 41 Leviticus 21:10–12.
- 42 Numbers 4:16; Leviticus 4:3–12; Leviticus 6:20–22.
- 43 Leviticus 16:33–34.
- 44 Exodus 29:7.
- 45 See, for example, 1 Samuel 10:1.
- 46 Koehler and Baumgartner, eds., *Lexicon in Veteris Testamenti Libros*, 363.
- 47 1 John 2:27.
- 48 Psalm 20:6, 28:8; D&C 109:80.
- 49 2 Samuel 22:51; Psalm 18:50.
- 50 1 Samuel 24:6, 10; 26:9, 11, 23; 2 Samuel 19:21. It was a serious crime to speak out against or to act against one of the Lord's anointed. We are reminded of a certain Amalekite man who slew Saul. The Amalekite was in turn slaughtered by King David. Such a strong measure was meted out by David because the Amalekite had slain the Lord's anointed (2 Samuel 1:6–16).
- 51 Genesis 3:21.
- 52 Exodus 28:1–3.
- 53 Evelyn T. Marshall, "Garments," *Encyclopedia of Mormonism*, 534–35.
- 54 TB Tamid 27b.
- 55 The garments of the priesthood were holy (Exodus 28:2–3) and therefore the rules regarding them were strict. Priests who slept within the walls of the temple did not sleep in their sacred clothing but placed them under or opposite their heads (TB Tamid 26a). If any member of the priesthood tore the vestments (see Exodus 28:32), he was punished by flogging. According to Leviticus 16:4, one must not allow any unclean thing to enter between his flesh and the vestments. Dirt, a single hair, a dead gnat, or other items were not allowed to come between the flesh and holy garments. If by chance anything was found there the service of that priest would be declared invalid. Nor was the priest permitted to place his hand under his vestments or allow a loose thread to hang from the vestments. When a priest or high priest was "lacking in vestments," meaning he was wearing less than the four prescribed vestments while ministering, or the high priest was wearing less than eight vestments, then his ministerial services were considered to be invalid, and his punishment was death by the hand of heaven. Equally so, if the priest or high priest wore too many vestments he was liable to die by the hands of heaven.
- 56 Isaiah 61:10.
- 57 2 Enoch 22: 8–10 in James H. Charlesworth, *The Old Testament Pseudepigrapha* (Garden City: Doubleday, 1983), 1:138–9.
- 58 Midrash Alpha Beta di Rabbi Akiba. The Hebrew text was published in Adolph Jellinek, *Bet ha Midrasch* (orig. 1938; reprint, Jerusalem: Wahrman, 1967), 3:27–29. The English translation used here is from Raphael Patai, *The Messiah Texts: Jewish Legends of Three Thousand Years* (Detroit: Wayne State University, 1988), 252–53.
- 59 Carlos E. Asay, "The Temple Garment: 'An Outward Expression of an Inward Commitment,'" *Liahona*, Sept. 1999.
- 60 Evelyn T. Marshall, "Garments," *Encyclopedia of Mormonism*, 534–35.
- 61 C. J. Bleeker, "The Significance of Initiation," in *Initiation*, ed. C. J. Bleeker (Leiden: Brill, 1965), 15.
- 62 Mircea Eliade, *The Sacred and the Profane* (New York: Harcourt and Brace, 1959), 188.
- 63 See Erwin R. Goodenough, *By Light, Light: The Mystical Gospel of Hellenistic Judaism* (New Haven: Yale University Press, 1935), on the mystical vision of God in Philo's thought.
- 64 See M Haggigah 2:1; TB Haggigah 2:1, 11b, 14b; TY Haggigah 77a; Hekhalot Zutreti (see Ithamar Gruenwald, *Apocalyptic and Merkaavah Mysticism* (Leiden:

- E. J. Brill, 1980), 142–44; hereafter *AMM*); Merkavah Rabbah (*AMM*, 178).
- 65 See *AMM*, 77–79, for a full discussion of the sources.
- 66 *AMM*, viii; see M Haggigah 2.1; see 1 Enoch 93:11–12; Hekhalot Zutreti (*AMM*, 13). The New Testament describes several similar examples of secret teachings: Matthew 13:11, 16:21, 17:9; John 16:12; 1 Corinthians 3:1–2; 2 Corinthians 12:1–4. For numerous examples of secret teachings in early Christianity, see Hugh Nibley, “Evangelium Quadraginta Dierum: The Forty-day Mission of Christ—the Forgotten Heritage,” in *Mormonism and Christianity*, in CWHN, 4:10–44, and Hamblin, “Aspects of an Early Christian Initiation Ritual.”
- 67 *AMM*, 85.
- 68 See Hekhalot Zutreti (*AMM*, 145); Merkavah Rabbah (*AMM*, 175–76); Ma’aseh Merkavah (*AMM*, 182, 185). Secret names of God and angels are found throughout the Shi’ur Qomah (see Martin Samuel Cohen, ed. and tr., *The Shi’ur Qomah: Texts and Recensions* [Tübingen: Mohr, 1985], and Michael A. Morgan, trans. *Sepher Ha-Razim: The Book of Mysteries* [Chico, CA: Scholars Press, 1983]).
- 69 See TB Kiddushin 71a.
- 70 *AMM*, 11.
- 71 Apocalypse of Abraham 10:3 (= OTP 1:693). Rubinkiewicz reads the Slavonic name of the angel as “Iaoel,” which he equates with yhwh’l or Yahweh-el (cf. Hekhalot Rabbati 14:4–5).
- 72 See TB Haggigah 14b.
- 73 Cited in *AMM*, 52, n. 81.
- 74 “It should be noticed that in Mishnah ’Avot i,13, Hillel the Elder is reported to have said: ‘He who uses the Crown Aramaic: Taga is to pass away.’” According to the explanation found in the Avot de-Rabbi Nathan (ed. Schechter) version A, chapter xii, the meaning of Hillel’s saying is: “He who uses the Shem ha-Meforash (= the Ineffable Name) has no share in the world to come” (*AMM*, 53). From this perspective the commandment, “Thou shalt not take the name of the Lord thy God in vain” (Exodus 20:7, Deuteronomy 5:11) is a reference not only to profanity, but also to the ritual abuse of the power of the Name.
- 75 See Ascension of Isaiah 7:5. The Essenes had a tradition of secret names of angels, which they would not reveal to outsiders (see Josephus, *Jewish Wars*, II, 8, 7.)
- 76 Doctrine and Covenants 130:10–11.
- 77 Boyd K. Packer, “The Spirit Beareth Record,” *Ensign*, May 1971.
- 78 *Oxford English Dictionary*, 2:1100–2.
- 79 James E. Talmage, *The House of the Lord: A Study of Holy Sanctuaries Ancient and Modern* (Salt Lake City: Deseret Book, 1912), 100.
- 80 3 Nephi 12:19.
- 81 Brigham Young, *Journal of Discourses*, 26 vols. (London: Latter-day Saints’ Book Depot, 1854–86), 2:31.
- 82 Compare the seven steps to God mentioned in *Questions of Ezra A:19–21*.
- 83 Revelation 21:12–13.
- 84 1 Chronicles 9:17–27; 15:18; 16:38, 42; 26:1–19. 2 Chronicles 8:14; 23:4–5, 19; 31:14; 34:13; 35:15. Ezra 2:42, 70; 7:7, 24; Nehemiah 7:1, 45, 73; 10:28, 39; 11:19; 12:25, 45, 47; 13:5. The band and officers sent by the chief priests to arrest Jesus were undoubtedly Levitic guards.
- 85 See Josephus, *Jewish Wars*, V, 212–20.
- 86 3 Enoch 45 (Odeberg, 3 Enoch, 141–48); Apocalypse of Paul 44; Scholem, *Major Trends in Jewish Mysticism* (New York: Schocken Books, 1995) 72, 367; O. Hofius, “Der Vorhang vor dem Thron Gottes,” *Wissenschaftliche Untersuchungen zum Neuen Testament* 14 (Tübingen: Mohr, 1972).
- 87 See 1 Enoch 14:21 (= OTP, 1:21); Hekhalot Rabbati 3:4.
- 88 *AMM*, 37; cf. 1 Enoch 71:10; see also 2 Enoch 24:1 (= OTP, 1:140), where Enoch spoke with God “face to face.”
- 89 James H. Charlesworth, *The Old Testament Pseudepigrapha*, 1:909.
- 90 The Hebrew text was published in Adolph Jellinek, *Bet haMidrasch*, 5:187.
- 91 M Haggigah 2:1, discussed by Rowland in *The Open Heaven: A Study of Apocalyptic in Judaism and Early Christianity* (Eugene, OR: Wipf and Stock, 1982), 277; see D&C 88:79.
- 92 *AMM*, 8, see 9.
- 93 Hekhalot Rabbati 9:5, as quoted in *AMM*, 11. This concept may be related to the discussion of Christ as God’s Word in John 1. On the role of Christ and his name in salvation and creation, see Acts 4:12; Ephesians 1:21, 3:9; Colossians 1:16; Hebrews 1:2.
- 94 See 1 Enoch 41:5 (= OTP, 1:32); *AMM*, 10–11.
- 95 2 Enoch 22:10 (= OTP, 1:138); see also 1 QS 4:6–8, 11–13; 1QM 12:1–7; Origen, *On First Principles*, I, 6, 2; Nibley, “Sacred Vestments,” 1985.
- 96 See Revelation 2:10, 3:11; 4:4; 1 Corinthians 9:25; 2 Timothy 4:7–8; James 1:12; 1 Peter 5:4; Ezra 2:43–45; Shepherd of Hermas, *Similitudes* VIII, 2,1; VIII, 3, 6; TB Berakhot 17a. The angel Syndalphon ties crowns on the head of God in TB Haggigah 13b (see also Hekhalot Rabbati 3:2; 9:1; 16:5).
- 97 See Revelation 3:21, 4:4; Matthew 19:28; Luke 22:30; 3 Enoch passim.





**Performing a Complete  
Health Evaluation *for***

**PROSPECTIVE  
MISSIONARIES**

***by* George F. Snell, MD**

*Author's Note: As the longest serving reviewer of health evaluations for prospective missionaries (HEPMs), I am writing this opinion article with the sincere hope that physicians and other practitioners who perform them will raise the bar of completeness and accuracy in performing these important evaluations. We have an ethical and professional obligation to provide accurate information and estimation of an individual's capabilities to not only tolerate, but also hopefully thrive, in the stressful circumstances of mission life. I have not tabulated or calculated percentages of*

*examiner deficiencies, but having conferred with other reviewers over many years, there is a wishful consensus that a need for improvement in completeness exists, including all examiners regardless of degree, whether MD, DO, NP, or PA. The intent of this article is not to be negatively critical of those who provide this service, but to gratefully encourage thoroughness, as if the examiner were preparing a friend (or a friend's child) for a challenging and maturational experience. I take full responsibility for the opinions expressed; they are my own.*

**P**re-mission histories and physicals have been required by The Church of Jesus Christ of Latter-day Saints for many years. The current forms have evolved over several years, progressing from simple to the present complexity of seven pages, which includes 48 historical questions with additional queries about specific clinical problems, and 28 itemizations for the examiner to answer. Figures 1–4 are copies of the instructions and forms the examiner is requested to follow and complete during the course of the evaluation. Figure 1 shows the general instructions to be followed, figure 2 is the physical exam form, figure 3 is the form for reporting lab tests and immunizations, and figure 4 contains the functional assessment and final evaluation plus a release signature for the missionary candidate. If there are omissions in the data submitted to priesthood leaders, delays will occur at the local level or at the Missionary Department level. I will discuss the ideal exam as if the reader were performing the task for the first time.

The first page opens with a statement describing the conditions and a brief explanation of the demands placed upon a full-time missionary, followed by a list of nine guidelines requested of the examiner.

1. The exam must be performed by a qualified professional holding an MD, DO, NP, or PA degree. The present form indicates that an NP or PA exam must be co-signed by an MD or DO, but currently the department does accept those performed by mid-level providers.
2. A thorough exam is requested, sufficient to detect problems that might result in a missionary returning home early, which is always a trying and disruptive experience that could have been avoided. This exam is not a quick check, and any abnormalities found should be further evaluated.  
Height and weight should be measured and vision recorded. Pulse and BP measurements, if abnormal, should be repeated after a few minutes when a nervous examinee has relaxed somewhat. A persistent BP elevation necessitates repeat measurements, usually three times on different days, and perhaps in a setting other than the physician's office. Genital exams with checks for hernias are required in males, and pelvic exams are required in females with significant abnormal gynecological symptoms or if there is a history of sexual intercourse or assault that was not evaluated post exposure. It is not acceptable to say "normal by history," "not indicated," or to leave the item blank in such cases.

The gluteal cleft should be examined to exclude pilonidal disease. These circumstances are mentioned specifically because of the frequency with which such omissions occur.

3. This guideline contains a statement mentioning several common problems that should be resolved prior to mission service. It is not a complete list but serves to remind the examiner that some minor conditions become more problematic in the mission field and are best managed beforehand.
4. This item advises that chronic conditions that require medications should be stabilized before the person leaves home. Too often reviewers find that the applicant has mentioned a problem in the history pages, but the examiner makes no mention of it, or does not clarify any treatment or limitations. For examples, a person with asthma who takes daily prevention medication or only uses an inhaler intermittently; and a person mentions having knee or back symptoms with or without any injury history. Please do not do an exam without first reviewing the history portion of the HEPM. Then direct additional attention to the organ system or limb indicated during the examination and report the findings.
5. It is very important that the history portion (the first three pages) be read and additional questions asked, especially regarding any problem that interferes with functionality prior to the examiner signing the form.
6. In the case of a major medical event or illness, either mentioned by the applicant or known to the examiner, added details may be needed to determine suitability for, or limitations to, service. If necessary, ask for records from the treating professional or hospital, and attach them to the HEPM. Reviewers prefer that you, the examiner, know these details and render your opinion on any limitations or special needs of the applicant.
7. As a corollary to item six, consultations from other specialists may be needed to clarify the candidate's physical and or mental ability to function in the mission field. Please note that these have been arranged, and add their findings to the forms submitted.
8. All requested lab results should be reported with actual numbers, not statements such as "normal." Include any further testing that is indicated,

such as A1C hemoglobin results in diabetics, which have been recently modified (see figure 5). If these results are abnormal and treatment is needed, please include that information and any necessity for follow up care. For years, the Missionary Department has required a hemoglobin or hematocrit and a dipstick urinalysis as part of the HEPM. The absolute need for these tests has been debated by Health Services Division physicians as well as medical organizations such as AAFP, ASIM, AAP, and the USPHS.

The present consensus seems to be that these tests, especially the urinalysis, are superfluous in young adults who have no history of disease and are asymptomatic. A conundrum exists for the Missionary Department. These studies have been done in developed countries showing that there is little value in doing the screening tests in young asymptomatic adults with no history of related organ disease. However, we receive applications for missionary service from areas all over the world where anemia of various etiologies and urinary tract disease is more common. In addition, mild anemia in menstruating females in developed countries is common. Thus, these tests have validity in many applicants. Since we have a uniform application, it is my opinion that the department should continue to ask for the Hgb/Hct tests and not require the dipstick urinalysis unless it is indicated, for they do have value in detecting disease in a variety of circumstances. (The urinalysis was removed as a requirement on March 18, 2019.) For the present, those reviewing the medical applications will need to make a judgment as to when to ignore minimal test abnormalities, or their absence, from the exam in low-risk applicants. One item not mentioned in guideline eight, but is on page three, is a record of the applicant's immunizations. Please comment on the immunization status of the applicant even if you don't have access to specific dates, especially if he or she declines to receive any immunizations and is vaccine naïve.

**“Here am I. These are the facts about me, with help of my doctor, my family, and leaders. I’ll go where you want me to go.”**

- The final instruction refers the examiner to the last pages of the HEPM where you are asked to grade the applicant's ability to function in the field according to five levels—from no limitations to service not appropriate. In addition, you are asked to explain any need for continuing medication and follow-up care necessary in the mission field. This estimation is your candid and confidential professional opinion as to suitability or limitations for service, derived from all the information sources available to you. It is both needed and valued, and my plea is to give it your best input. The information is critical to assist the reviewer in making recommendations to those General Authorities who have the responsibility of making mission assignments. As President Russell M. Nelson said in April general conference in 2018: “I know that good inspiration is based on good information.”<sup>1</sup>

In conclusion, yet with some hesitancy, I approach a final aspect of examiner responsibility—that of full disclosure of mental and physical fitness assessment. I have been directly involved in missionary medical matters since 1994 when my wife and I were called to serve as president and companion of the Philippines Bacolod Mission. We have also served as an AMA in Central America and temporarily in Argentina, and I have been a Missionary Department volunteer from 2000 to the present in various capacities.

Throughout these years I have encountered the problem of incomplete disclosure of important medical information, ranging from outright fraudulent forms to simple neglect of significant details. Please do not be a part of any such attempt by a candidate, the family, or local priesthood leaders to influence you to alter the completeness of your exam or the reporting thereof. There may be pushback from well-intentioned but misguided individuals, who wish to steer the mission assignment to a better or more exciting area. Such is not their role or prerogative, nor yours either. “Here am I. These are the facts about me, with help of my doctor, my family, and leaders. I’ll go where you want me to go.”<sup>2</sup> That is the honest and meek approach we should assist these wonderful and willing youth to have.

1 “Revelation for the Church, Revelation for Our Lives,” *Ensign*, May 2018, 93.

2 See 1 Samuel 3:5; “I’ll Go Where You Want Me to Go,” *Hymns*, no. 270.



# The Addiction Epidemic

A hand is seen reaching up from the surface of dark, rippling water. The background is a cloudy, overcast sky. The overall mood is somber and desperate.

## A Desolating Scourge?

BY BRUCE H. WOOLLEY PHARM. D.

Over the past few years there has been a graying attitude about illicit drugs with a disquieting movement to introduce illicit drugs as medications. Some have said that history seems to repeat itself as illicit drugs, which in the past were used to combat the effects of other dependency-producing substances, are now being advocated and introduced as safe and effective approaches to replacing self-reliance with psychoactive substances.

### **Understanding Terminology and Influences That Energize Abuse and Misuse**

#### *Abuse and Misuse*

Drug misuse has been described as the use of an illegal drug or excessive use or misuse of a legal drug beyond its intended purpose or prescription. Misuse precedes addiction with a repeated pattern of use without tolerance or pain, referred to as withdrawal. Misuse is a misdirected attempt to achieve wholeness and inner completeness.

### Dependence

Dependence is a psychological condition in which the body has adjusted to a drug's effects through repeated exposure. A person spends a significant, overpowering amount of time thinking about obtaining the substance or continuing a specific behavior. At this point, development of tolerance begins.

### Addiction

Addiction is a physiological condition in which there is a morbid, irrational compulsion to ingest a psychoactive substance, thus continuing a mind-altering behavior. With a pharmacologically active substance, there is a metabolite supersaturation in fatty tissues along with a neurologic adaptation to maintain the presence of a metabolite or behavior.

### Properties That Predispose a Substance for Abuse

Researchers have postulated that there are many properties that render a substance for potential abuse. Although there is disagreement, many authorities seem to gravitate to eight major areas:

1. a rapid development of tolerance, which significantly varies between patients
2. a rapid onset of action
3. a short duration of action
4. an abrupt release at termination
5. an anticholinergic action
6. noticeable pleasurable euphoria
7. assimilation accompanied with a ritualistic administration
8. a chemical structure incorporating an indole, anthracene, or phenanthrene moiety

### Psychoactive Phases of Effect

There are generally four phases of response to the overuse of psychotropic substances:

1. The first response is often experienced as *euphoria* or *intoxication* producing an immediate and pleasurable feeling in both naïve and chronic users. It has been described as a rush of pleasure for several seconds followed by a lower sustained feeling of euphoria.
2. This is followed by a *crashing* or deterioration in mood or affect as serum concentration rapidly decreases.

3. A dysphoric reaction or *withdrawal* follows after an abrupt discontinuation or decrease in intake. It can also occur with a significant decrease in serum concentration of active substance.
4. The final phase is called *craving* and often is associated with an overwhelmed neural circuitry reward system. The onset can often be associated with an unexpected and abrupt compulsion for drug or behavior consumption and can last for hours or days. Through clinical observations, it has been postulated that the response can repeat itself from two to eight times the length of drug use.

## What Are Some Popular Currently Abused Drugs?

### Opioids

Opium (*Papaver somniferum*) is a viscous fluid that contains alkaloids and resins obtained from the poppy seeds and the hairless rounded capsule. It contains eight pharmacologically active compounds. Six of these compounds are phenanthrene derivatives (morphine, codeine, and thebaine), and two are benzylisoquinolone alkaloids (papaerine and noscapine). Opium's use predates written history and has a centuries-long tradition of developing different forms and preparations. Paracelsus (1493–1541) had such a high opinion of opium that he called it Laudanum, and this name was later used to denote alcoholic preparations of opium (paregoric) introduced by Thomas Sydenham (1624–1689).

Every day, more than 130 people in the United States die after overdosing on opioids. The Center for Disease Control and Prevention has reported that since 1999 there have been more than 165,000 deaths in the United States from overdoses related to prescription opioids. As many as one in four patients receiving long-term opioid therapy in primary-care settings struggle with opioid use disorder.

Current approaches to misuse include modifications and analogues of opium. These are called opioids due to their agonist and antagonist actions on opioid receptors with morphine-like activity. Some of these include hydroderivatives such as hydromorphone and hydrocodone, oxyderivatives such as oxycodone, and fentanyl with its over 25 derivatives.

One kilo of fentanyl imported from China sells for \$3,500, as reported over the darknet. This will make approximately one million dosages, which sell for \$30–\$40 on the street, generating between \$6 million and \$20 million profit. In June 2016 the Royal Canadian Mounted Police seized one kilogram of carfentanil (about 100 times more potent than fentanyl) shipped from China in a box labeled "printer accessories." This was enough drug to be potentially fatal to 50 million people.



Utah has recently had problems with a structural opioid isomer product (U47700) developed by Upjohn in the 1970s as a postsurgical analgesic. It is roughly eight times as potent as heroin. It enters the United States from China and is made to resemble the product oxycodone's immediate release. It is often mixed with heroin and/or fentanyl and has a slightly pinkish hue and is currently included in schedule I of the Controlled Substances Act.

Common false myths associated with opioid misuse include the following: opioid addiction is rare in pain patients, physicians are needlessly allowing patients to suffer because of opiophobia, opioids are safe and effective for chronic pain, and opioid therapy can be easily discontinued.

#### *Cannabis and Cannabinoids*

More than half of the United States and the District of Columbia have legalized medical marijuana in some form; yet, while many are using marijuana, the FDA has only approved it for treatment of two rare and severe forms of epilepsy—Dravet syndrome and Lennox-Gastaut syndrome—and for treatment of nausea and vomiting from chemotherapy—Syndros and Marinol®. The DEA considered reclassifying marijuana as a schedule II drug but decided to keep it as a schedule I drug with the only current exception to be Epidiolex® (GW Pharmaceuticals, London, a CBD oil product), which is a schedule IV drug.

Cannabis is the preferred taxonomy, and clinicians will be asked to advise patients on its supposed benign use. Without definitive research findings and with significant ethical misunderstanding, this can be extremely difficult. A friend told the experience of a child who came home from school and asked, "Dad, who is Aunt Mary?" After much inquiry, it became clear that the child had been invited to a party where they were going to use marijuana. Aunt Mary is a street name for marijuana (cannabis).

Cannabinoids, the active chemicals in medical marijuana, are a group of heteromorphous compounds occurring in the glandular hairs of cannabis that demonstrate activity as partial cannabinoid receptor agonists. Cannabinoids are defined as the flowering or fruiting tops of the cannabis plant, excluding the seeds and leaves, from which the resin has not been extracted.

Cannabidiol, the main component of the glandular hairs, exerts a plethora of pharmacological effects and has recently been proposed to have a neuroprotective role. Cannabis is the preferred designation of the plant

*Cannabis sativa*, *Cannabis indica*, and of minor significance, *Cannabis ruderalis*. There are three varieties of cannabinoids that act on cannabinoid receptors:

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1. physiologic-produced endocannabinoids: arachidonoyl ethanolamide, which is called *anandamide* from the Sanskrit meaning *bliss*
2. phytocannabinoids, or natural plant terpenophenolic compounds: arachidonoylglycerol amide and noladin ether
3. synthetic cannabinoids developed for research of the cannabinoid receptor

Cannabinoid receptors are G-protein-coupled receptors usually thought to mediate inhibition of adenylyl cyclase thus reducing cyclic AMP levels. Brain stem structures do not bind with cannabinoids; therefore, THC does not affect

basal bodily functions such as breathing, explaining the nonlethality of smoking marijuana. There are generally two main subtypes of the cannabinoid receptor, which regulate neurotransmitter release. They are classified as CB1, which is found mainly in neuronal cells and in the brain. However, they are also found in the heart, vascular endothelium, uterus, vas deferens, and small intestine. There is a splice variant mRNA of this receptor also found in the human brain that is similar to the signal transduction of CB1. CB2 is found in the lymphatic system, peripheral nervous system, and immune tissue (B cells, macrophages, and T cells). The activity in the limbic system is thought to produce the immunosuppressive effects of THC. Its activity is not fully characterized but is known to induce apoptosis of immune cells. There are other proposed uncharacterized cannabinoid receptors based on homology and cloning that have antinociceptive effects but as of yet have not demonstrated vascular effects reproduced by other agonists. Studies have shown additional activity in non-cannabinoid targets. Of particular interest is its inhibition of Ca, K, Na channels through non-competitive antagonism and activation of peroxisome proliferator-activated receptors (PPAR and PPAR ).

Cannabis contains >85 cannabinoids and over 100 chemicals when heated. Cannabinoids are twenty-one carbon terpenophenolic compounds of three primary types. They are cannibicyclol (tetrahydrocannabivarin), (-)-delta 1-tetrahydrocannabinol (THC), and cannabidiol



(CBD). Cannabinoid acids are phase I oxidized metabolites, which are decarboxylated in phase II metabolism. This dual metabolism renders them highly susceptible to interactions with drugs acting on many cytochrome P450 enzymes (phase I) and glucuronic acid derivatives (phase II).

A fourth cannabinoid type is cannabigerol, which has not been researched definitively and the results are few and often contradictory.

The full pharmacologic effect is only available when cannabis is either aged or heated. In order to get high from cannabis, it has to first be decarboxylated. The herb only becomes psychoactive when two things happen: first, the bud is dried and aged; and second, the cannabis is heated. Cannabinoids vaporize at a temperature lower than combustion, so more psychoactive compounds are created by heating the plant than by aging it. Most supposed medicinal cannabis effects are obtained through raw non-decarboxylated cannabis products.

It is reported that about nine percent of users will develop dependency with withdrawal symptoms including irritability, sleeplessness, decreased appetite, anxiety, and drug craving. There are no medications available for management of cannabis withdrawal symptoms. Chronic use of cannabis can reduce testosterone levels in men as well as reducing the sperm count. In women follicle-stimulating hormone, luteinizing hormone are reduced and the menstrual cycle can also be affected. Studies from New Zealand report a decrease of up to eight IQ points in adolescents with moderate to heavy cannabis smokers; although, proponents of legalized marijuana are trying to cast doubt on the study.

THC, a partial agonist of CB1 receptors, was identified as an active ingredient of cannabis in 1964. It accumulates in fat stores with a T1/2 of 20–30 hours and interacts with CB receptors expressed by neurons inducing characteristic psychotropic effects. It has been reported to induce memory impairment and produces an analgesic-like response along with many other psychotropic effects such as a subjective feeling high and a decrease in subjective alertness. It is excreted with 1/3 in the urine and 2/3 in the feces. While not dangerous to most individuals, THC can produce increased heart rate [average >19bpm] and blood pressure. This can be observed when the blood vessels in the eyes dilate. Its effects on the respiratory system are the same as smoking of cigarettes or vaping nicotine.

CBD interacts with CB receptors in the vascular endothelium and immune cells. There is significant variability in people, so bioavailability of oral CBD in humans was found to be around 5–31 percent. Administration and absorption was increased with food. It reduces blood pressure and reduces the inflammatory response. It has been purported to be devoid of psychoactive effects, but that has not been definitively demonstrated. Recent studies have shown interactions with glial cells creating rumors that it could have a possible role in Alzheimer's disease.

Synthetic cannabinoids fall into five categories including tricyclics, aminoalkylindoles, eicosanoids, and arylpyrazole analogs. Agonists, which are the most studied, were developed in two research centers: John W. Huffman at Clemson University, the creator of the JWH series of compounds, and a group at the Hebrew University in Jerusalem (the HU group), who created the first synthesis in 1988. These products originally sold in the United States by smoke shops are called Spice with many varieties.

FDA approved using cannabinoids for Dravet Syndrome, Lennox-Gastaut Syndrome, and nausea in chemotherapy. Other non-approved purported uses for cannabinoids include CB1 agonists for neuroprotection after brain surgery; CB1 antagonists for weight reduction and smoking cessation; CB2 agonists for neurodegenerative disorders and to induce macrophages to remove  $\beta$ -amyloid protein; CB2 antagonists for analgesic properties, counteracting inflammatory diseases, osteoporosis, and atherosclerosis; and non-selective agonists for anti-nausea and to enhance appetite in AIDS patients. In addition, additional ostensible benefits include reduction of intraocular pressure associated with glaucoma, a bronchodilator in asthmatics, relief of muscle spasms in multiple sclerosis, treatment of depression, and prevention and treatment of migraines.

## Pharmacologic and Impulse-Motivated Therapeutic Approaches for Addiction and Misuse Spectrums

### *Treatment Challenges*

There is a lack of universal acceptance on how best to treat addictions as most modalities are based on clinical observations of a few cohorts. There are even therapists that feel treatment is unnecessary. There has been a misunderstanding and lack of ability to discriminate between

*Studies from New Zealand report a decrease of up to eight IQ points in adolescents with moderate to heavy cannabis smokers.*

euphoria, crashing, withdrawal, and craving leading to difficulty in determining the actual target or endpoint of treatment. Some of these targets have been proposed as abstinence, maintenance, reduction in societal embarrassment, congruency with societal lifestyles, prevention of additional crime, functionality in family, work and community, or deferring or preventing recidivism. Recently, self-reliance has taken a back seat in many therapeutic models. In addition, negative experiences in working with addicts has allowed for manipulation between patient and therapist resulting in co-dependencies.

Some proposed treatment approaches are based on transferring dependencies rather than self-reliance. Certain modalities include detoxification or withdrawal prevention, including pharmacotherapy or psychosocial techniques; reversal agents such as opioid antagonists, hypnosis, twelve step, reinforcement approaches, communes, or utopian revolution of society; relaxation therapy, cognitive therapy, and/or genetic mutation therapy.

## References

- Nature Technology, <http://www.natx.org/addiction-physical-dependence.ctm> Accessed April 6, 2017.
- Saint Xavier University, <http://sxu.edu>, Accessed April 6, 2017.
- National Institute on Drug Abuse. (2015). *Drugs of Abuse: Opioids*. Bethesda, MD: National Institute on Drug Abuse, "Opioids," <http://www.drugabuse.gov/drugs-abuse/opioids>. Accessed March 16, 2019.
- National Institutes of Health, "HEAL Initiative Research Plan," June 2018, <https://www.nih.gov/research-training/medical-research-initiatives/heal-initiative/heal-initiative-research-plan>.
- Nora Volkow, "Addressing America's Fentanyl Crisis," April 6, 2017, <https://www.drugabuse.gov/about-nida/noras-blog/2017/04/addressing-americas-fentanyl-crisis>.
- SAMHSA. *The Dawn Report: Narcotic Analgesics*, August 2008, <https://datafiles.samhsa.gov/>.
- "National Opioids Crisis: Help, Resources, and Information," <http://www.hhs.gov/opioids>. Accessed March 18, 2019.
- "Clinical Pharmacology," (*TIP Treatment Improvement Protocol #43* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005).
- Payte and Khuri, "Opioid Maintenance Pharmacotherapy: A Course for Clinicians."
- Ethan Russo and Geoffrey W. Guy, "A tale of two cannabinoids: The therapeutic rationale for combining tetrahydrocannabinol and cannabidiol," *Medical Hypothesis* 66, no. 2 (2006), 234–46, <https://doi.org/10.1016/j.mehy.2005.08.026>.
- "Medical Marijuana FAQ," WebMD, <https://www.webmd.com/a-to-z-guides/medical-marijuana-faq>. Accessed March 16, 2019.
- Bertha K. Madras, "Update of Cannabis and Its Medical Use," 37th ECDD agenda item 6.2, 2015. Apple News April 12, 2017.
- DiMarzo et al., 2000.
- Teresa Iuvone, et al., "Neuroprotective Effect of Cannabidiol, a Non-Psychoactive Component from *Cannabis Sativa*, on  $\beta$ -Amyloid-Induced Toxicity in PC12 Cells," *Journal of Neurochemistry* 89, no. 1 (April 2004), 134–41.
- T. Rubino, et al., "Loss of Cannabinoid-Stimulated Guanosine 5'-O-(3-[35S]Thiotriphosphate) Binding Without Receptor Down-Regulation in Brain Regions of Anandamide-Tolerant Rats," *Journal of Neurochemistry* 75 no. 6 (December 2000), 2478–84.
- J. L. Wiley, "Task specificity of cross-tolerance between Delta9-tetrahydrocannabinol and anandamide analogs in mice," *European Journal of Pharmacology* 510, no. 1 and 2, (March 1, 2005), 59–68.**
- "Microgram Bulletin," [www.dea.gov](http://www.dea.gov). Accessed 4 Nov 2010.
- W. A. Devane et al., "Isolation and Structure of a Brain Constituent That Binds to the Cannabinoid Receptor," *Science* 258, no. 5090 (December 18, 1992), 1946–49.
- Raphael Mechoulam et al., "Identification of an Endogenous 2-monoglyceride, Present in Canine Gut, That Binds to Cannabinoid Receptors," *Biochemical Pharmacology* 50, no. 1 (June 29, 1995), 83–90.
- Lumír Hanuš et al., "2-Arachidonoyl glyceryl ether, an endogenous agonist of the cannabinoid CB1 receptor," *Proceedings of the National Academy of Sciences* 98, no. 7 (March 7, 2001), 3662–665.
- Amy C. Porter et al., "Characterization of a Novel Endocannabinoid, Virodhamine, with Antagonist Activity at the CB1 Receptor," *Journal of Pharmacology and Experimental Therapeutics* 301, no. 3 (June 2002), 1020–24.
- Epilepsy Foundation, <http://www.epilepsy.org>. Accessed: February 13, 2014.
- "Pharmacology of Marijuana," <http://scientopia.org/blogs/neurodynamics/2010/15/repost-the-pharmacology-of-marijuana/>.
- Sucholeiki, "Epilepsy and Use of Medical Marijuana," <http://www.epilepsy.org>, Accessed: February 13, 2014.
- Hollander P. *American Journal of Medicine*, 2007, 120:S18-28.





A 21st century artistic representation of the Liahona as described in the *Book of Mormon*. David A. Baird/Historical Arts and Castings



# Using Your Personal Liahona

## *An Outline for Effectively Incorporating the Power of Your Patriarchal Blessing*

by **Bruce H. Woolley Pharm. D.**

**W**e frequently hear and say Heavenly Father loves and watches over us. One of the significant confirmations of His love and guidance is your personal and individual revelatory scripture called your *patriarchal blessing*. Your patriarchal blessing is a personal revelation from Heavenly Father and provides bits and pieces of who you really are and what your Heavenly Parents expect of you. President Monson called your patriarchal blessing your “personal liahona” in that it works and directs when faith and obedience are exhibited:

The same Lord who provided a Liahona to Lehi provides for you and for me today a rare and valuable gift to *give direction to our lives*, to *mark the hazards to our safety*, and to *chart the way*, even safe passage—not to a promised land, but to our heavenly home. The gift to which I refer is known as your patriarchal blessing. Every worthy member of the Church is entitled to receive such a precious and priceless personal treasure. . . .

. . . A patriarchal blessing literally contains chapters from your book of eternal possibilities. I say eternal, for just as life is eternal, so is a patriarchal blessing. What may not come to fulfillment in this life may occur in the next. We do not govern God’s timetable.<sup>1</sup>

President Lorenzo Snow taught that

participating in the temple ceremonies is the only way that the knowledge locked in one’s spirit can become part of this flesh: thus occurs that inseparable union, that blending, which makes possible a celestial resurrection. It is as if, we are given in the house of God a patriarchal blessing to every organ and attribute and power of our being, a blessing that is to be fulfilled in this world and the next, keys and insights that can enable us to live a godly life in a very worldly world, protected—yes, even insulated—from the poisons and distortions that are everywhere.<sup>2</sup>

Cherish your blessing as a gift and revelation from Heavenly Father. Your blessing has been described as His living and loving letter to you.<sup>3</sup> How can we more effectively understand, ponder, and activate this personal revelation and become as Heavenly Father sees us? Consider these twelve ways:

### **1. Maintain Your Blessing As Sacred Revelation**

In the Doctrine and Covenants, it says, “Remember that that which cometh from above is sacred, and must be spoken with care, and by constraint of the Spirit;

1 “Your Patriarchal Blessing: A Liahona of Light,” *Ensign*, Nov. 1986; emphasis added.

2 As stated in Truman Madsen, *The Temple Where Heaven Meets Earth* (Salt Lake City: Deseret Book, 2008), 10.

3 Gary H. Boyle, *A Loving Letter from God: Your Patriarchal Blessing* (Springville, UT: CFI, 2015), 50.

and in this there is no condemnation, and ye receive the Spirit through prayer; wherefore, without this there remaineth condemnation.”<sup>4</sup>

Your blessing is a very personal and private revelation just for you. Not many others should be allowed to know of its contents.

Do not interpret another’s blessing. This great advice attributed to President Harold B. Lee says, “Don’t spread rumors about supposed promises in other patriarchal blessings.” Holding revelations, covenants, and blessings sacred is your distinctive offering to Heavenly Father.

## 2. Read Your Blessing Often

Your blessing describes the real you. It is a glimpse of yourself as Heavenly Father sees you. It acts as a reminder of God’s love for you. It can provide new insights each time you read it.

You will experience pressures and challenges unique to this time in history. Your blessing can help you recognize, manage, and overcome challenges such as self-doubt, anxiety, depressive and intrusive thoughts, and scrupulosity (where OCD meets faith and belief).

To paraphrase a quote attributed to Charles Spurgeon, “scriptures (and a patriarchal blessing) that are falling apart usually belong to a person who isn’t.”

After the Holy Ghost, your patriarchal blessing is one of your noteworthy comforting powers.

## 3. Read Your Spouse’s and Children’s Blessings

However, each family member should desire and feel comfortable doing this. As an eternal family unit, your blessing becomes an everlasting family blessing. How do these blessings tie you together? What are you doing to fulfill your ancestor’s blessings? What are Heavenly Father’s and the Savior’s expectations for your eternal family unit?

Parents should testify to their children about the inspired nature of their blessings.

## 4. Create Four Lists: Topic, Counsel, Warnings, and Promises

Harold B. Lee is believed to have taught that at the inception of gospel study, you make a list of the fifty major doctrines of Christ. Then, identify and compare the major doctrines of Christ appearing in your blessing.

Look for the gifts of the Spirit. Elder Marvin J. Aston taught that there are many gifts of the Spirit. He listed some of them:

The gift of asking; the gift of listening; the gift of hearing and using a still, small voice; the gift of being able to weep; the gift of avoiding contention; the gift of being agreeable; the gift of avoiding vain repetition, the gift of seeking that which is righteous; the gift of not passing judgement; the gift of looking to God for guidance; the gift of being a disciple; the gift of caring for others; the gift of being able to ponder; the gift of offering prayer; the gift of bearing a mighty testimony; and the gift of receiving the Holy Ghost.<sup>5</sup>

List topics according to six commonly mentioned parts of blessing:

1. Identify areas that remind who you really are. The Book of Mormon uses the word *remember*.
2. Identify areas that increase faith in and appreciation for the Savior. “And behold, all things have their likeness, and all things are created and made to bear record of me.”<sup>6</sup> Your blessing is to reaffirm your trust and optimism in the Savior; put His name in your hearts.
3. Identify blessings and statements that provide comfort.
4. Identify guidance as you strive to attain your expected potential.
5. Look for warnings, counsel, strengths, important roles, and promises of blessings.
6. Identify challenges you may have and strengths you can use to overcome them.

Study pronouncements of future blessings, and ponder and pray about what you will need to do to prepare for those events.

Your blessing attaches you to the Abrahamic Covenant.<sup>7</sup> Melvin J. Ballard stated:

There was a group of souls tested, tried, and proven before they were born into the world, and the Lord provided a lineage for them. That lineage is the house of Israel, the lineage of Abraham,

4 D&C 63:64.

5 “There are Many Gifts,” *Ensign*, Nov. 1987, 20.

6 Moses 6:63.

7 See Abraham 2.

Isaac, and Jacob and their posterity. Through this lineage were to come the true and tried souls that had demonstrated their righteousness in the spirit world before they came here.<sup>8</sup>

Delineate into your specific tribe of Israel, and determine the specific promises, opportunities, admonitions, warnings, challenges, and responsibilities of your delineated tribe.

Memorize passages from your blessing.

## 5. Cross-Reference Your Blessing with the Scriptures and Teachings of the Modern and Living Prophets

Cross referencing means “to designate, set apart, identify, distinguish” or “to indicate, express, or show by a mark or symbol.”<sup>9</sup> To annotate a passage is to make an explanatory comment about a particular passage or paragraph.

Cross reference and list descriptive scriptural highlights of essential contents. Annotate how your blessing correlates with the scriptures.

## 6. Use Your Blessing As a Preparation for Future Personal Revelation

Become an active partner with God in building His kingdom. Bruce R. McConkie wrote:

The greatest and most important talent or capacity that any of the spirit children of the Father could gain is the talent of spirituality. Most of those who gained this talent were chosen, before they were born, to come to earth as members of the house of Israel. They were foreordained to receive the blessings that the Lord promised to Abraham and to his seed in all their generations. This foreordination is an election.<sup>10</sup>

Enhance your health intellectually, physically, spiritually, and socially. Luke wrote how Jesus enhanced Himself: “And Jesus increased in wisdom and stature, and in favour with God and man.”<sup>11</sup>

- Wisdom—intellectual
- Stature—physical
- Favour with God—spiritual
- Man—social

President Dallin H. Oaks stated, “In contrast to the institutions of the world, which teach us to *know* something, the gospel of Jesus Christ challenges us to *become* something.”<sup>12</sup>

## 7. Do Not Translate Your Blessing into Another Language

Language terms may have significant differences in meaning in other languages. For example, William Tyndale struggled with depicting the full mission of the Savior in his English translation of the Bible, which mission was to become one with God. Instead, Tyndale incorporated the word *Atonement*.

The German translations only considered sacrifice or reconciliation. Jesus taught that He did only what He saw His Father do.

## 8. Use Your Blessing to Discern False Messages of Society, Internet, Social Media, Peers, and Associates

President Russell M. Nelson stated, “Children of the covenant have the right to receive His doctrine and to know the plan of salvation. They *claim* it by making covenants of sacred significance.”<sup>13</sup>

Use your blessing to withstand social pressure and temptation. Most disciples will experience the challenges and ridicule associated with living at this time. In an earlier talk, President Nelson titled this “spiritual drift.”<sup>14</sup>

## 9. Do Not Believe Everything in Your Blessing Has Been Fulfilled

Fulfillment is on the Lord’s timetable, but that fulfillment requires your diligent effort. Some parts of your blessing will be fulfilled numerous times and in multiple ways. You may not recognize various parts of fulfillment when they occur—the same sentence may have multiple meanings.

8 Melvin J. Ballard, *Crusader for Righteousness* (Salt Lake City: Bookcraft, 1966), 218–19.

9 Daniel H. Ludlow, *Marking the Scriptures* (Salt Lake City: Deseret Book, 1980), 15.

10 *A New Witness for the Articles of Faith* (Salt Lake City: Deseret Book, 1985), 512.

11 Luke 2:52.

12 “The Challenge to Become,” *Ensign*, Nov. 2000.

13 “Covenants,” *Ensign*, Nov. 2011, 88.

14 Russell M. Nelson, “Combating Spiritual Drift—Our Global Pandemic,” *Ensign*, Nov. 1993.



For example, if a blessing said, “You will be resurrected at the earliest and appropriate time for you,” this could have multiple meanings depending on the situation.

In addition, don’t believe you have achieved your maximal level of personal accomplishment. As a people grow older, some have expressed that their time has passed, but there are no has beens in the kingdom of God.

## 10. Adhere to the Counsel in the Blessing and Make Worthy Changes

Be obedient to the wishes and expectations of the Lord. President Joseph Fielding Smith reportedly said, “Don’t act from fear but rather from faith and courage.”

Realize and pursue your mortal mission. Never deny the Savior and His role in helping you obtain and retain the promised blessings stated in your blessing.

Never take anything into your mind or body that could diminish the promptings of the Holy Ghost. Bless others, and lead and invite others to come unto the “Holy One of Israel.”

## 11. Work to Ensure the Expectations Are Fulfilled

Elder John A. Widtsoe stated, “The Patriarch indicates the blessings the Lord would give us if we work for them.”<sup>15</sup> The role of prophets is to prophesy; our role is to live in a way so those prophecies can come to pass. We need to set goals to develop the gifts and talents listed in our blessings.

Just because your patriarchal blessing says you will receive a certain blessing doesn’t mean that it will come to you without conditions; you still need to live worthily to receive it.

Be a lively partaker of eternal truth. Live for and trust the Lord, and as you do, His trust in you will increase.

Remember that your blessing is a repository of God’s instructions and revelations to you.

## 12. Periodically Record in Your Journal Your Feelings and Insights about, and Appreciation for, Your Fulfilling Experiences

Heavenly Father knows your strengths; He will give you experiences to magnify them. He knows your weaknesses;

Heed His warnings. Record how your trials pass and, with the help of your blessing, bring light and peace. Write your feelings about how difficult decisions are made easier by consulting your blessing.

In a regional conference in Smithfield and Logan, President Gordon B. Hinckley said, “I count my patriarchal blessing as one of the great sacred things of my life. A patriarchal blessing is a unique and sacred and personal and wonderful thing that may be given to every member of this Church who lives worthy of it.”<sup>16</sup>

Seven days later President Hinckley stated, “It’s a rare privilege to have a patriarchal blessing. It’s unique from all other things of this world. There is nothing like it—to have a man speak on an individual basis and pronounce blessings in authority of the holy priesthood.”<sup>17</sup>

President Russell M. Nelson said:

You are one of Gods noble and great spirits, held in reserve to come to earth at this time. (See D&C 86:8–11.) In your premortal life you were appointed to help prepare the world for the great gathering of souls that will precede the Lord’s second coming. You are one of a covenant people. You are an heir to the promise that all the earth will be blessed by the seed of Abraham and that God’s covenant with Abraham will be fulfilled through his lineage in these latter days. (See 1 Ne. 15:18; 3 Ne. 20:25).<sup>18</sup>

President James E. Faust stated:

A patriarchal blessing from an ordained patriarch can give us a star to follow, which is *a personal revelation from God to each individual*. If we follow this star, we are less likely to stumble and be misled. Our patriarchal blessing will be an *anchor to our souls*, and if we are worthy, *neither death nor the devil can deprive us of the blessings pronounced*. They are blessings we can enjoy now and forever.”<sup>19</sup>

*Note: Amended and adjusted with permission from President Jan Goodrich, Orem Utah Orchard Stake*

15 Evidences and Reconciliations (Salt Lake City: Bookcraft, 1943), 74–75.

16 Priesthood session, April 20, 1996.

17 Pittsburgh, Pennsylvania regional conference, priesthood leadership session, April 27, 1996.

18 “Choices,” *Ensign*, Nov. 1990, 7.

19 “Priesthood Blessings,” *Ensign*, Nov 1995, 63; emphasis added.



