



Like unto Leaven

MOST OF US WHO HAVE SERVED AS PHYSICIANS HAVE HELD IN HIGH ESTEEM AND RESPECT SUCH MEDICAL MISSIONARIES AS ALBERT SCHWEITZER AND MOTHER TERESA. WHEREAS THE PRACTICE OF MEDICINE PROVIDES US MANY OPPORTUNITIES TO SERVE IN A SIGNIFICANT WAY AND TO DONATE MUCH SERVICE TO OUR FELLOW BEINGS, WE ARE ON THE WHOLE VERY WELL COMPENSATED FOR WHATEVER WE DO IN MEDICINE.

THERE ARE MOMENTS WHEN WE'VE ALL LONGED TO BE ABLE TO USE OUR MEDICAL SKILLS TO MAKE A REAL DIFFERENCE WITHOUT COMPENSATION.

A MEDICAL MISSION FOR THE CHURCH PROVIDES SUCH AN OPPORTUNITY.

A study done by the Church concerning missionary health in the Third World revealed the fact that at any given time, a considerable number of the missionaries were ill. Since it often requires the companion be taken out of service to be with the sick partner, much of the missionary force was kept from active service because of illness. No corporation could sustain such a loss, and certainly the important work of spreading the gospel cannot be impaired in such a serious way.

Under the able chairmanship of Dr. Quinton Harris, a committee of physicians was organized to address this problem. This committee produced a rational program for missionary health beginning with instruction in health at the MTC. It developed a missionary health manual to be kept in the possession of the missionary during his or her service. A similar manual was prepared for mission presidents, to be used as they counsel with missionaries and deal with health problems in the mission field.

The committee also started a program of regular immunizations, especially emphasizing passive immunization against hepatitis with gamma globulin injections every three months. In areas of high risk, they introduced a deworming program that is administered twice yearly, much like the deworming of horses in the spring. This has prevented missionaries from coming home with strange and difficult-to-diagnose parasitic disease and has almost

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wiped out hepatitis among those who serve in danger zones. Health instruction was also to be part of zone conferences and other training meetings within the mission.

The committee also went about the Third World identifying treatment centers that were sufficiently sophisticated to be used for the treatment of missionaries and identifying doctors and clinics with adequate training, honesty, and high character whose skills could be used to serve our missionaries.

This program, however, needs implementation in the field. It is the opportunity of every health missionary to do just that and to augment and expand this basic program. They can address the health needs of the members of the Church—as well as the missionaries—in the Third World, many who live with chronic infestations, repeated episodes of diarrhea, high infant mortality, and nutritional depletion. The work of the Lord cannot go forth with vigor and energy without good health.

Good health is an integral part of the gospel. Numerous scriptures exhort us to have reverence for the physical body and to care for its sanctity and health. President David O. McKay has said, “The healthy person who cares for his body has strength and vitality. His body is a fit place for his spirit.” For that reason it is necessary for us to concern ourselves with our physical body and obey the laws of health. The Church as an institution is to aid the individual as well as the family with information and human resources. The family may resort to the Church for financial assistance for the treatment of serious illnesses only after exhausting its

own efforts and resources.

Naturally the prevention of illness is more sensible and effective than its treatment. Prevention avoids suffering and the loss of strength, employment, money, and often life. "There is a law, irrevocably decreed in heaven before the foundations of this world, upon which all blessings are predicated" (D&C 130:20). There are also laws of health. We do not understand all of them, but we have discovered a great deal of knowledge about them. It is necessary that we come to know the laws of health and obey them to enjoy vigor and to prevent disease.

The healthier we are, the more able we are to serve others, bringing happiness to them and to ourselves. The healthier our bodies, the better we can work and provide for ourselves and for our families. Good health is a part of the Church program of family preparedness, which includes culture and education, career development, administration of personal and family finances and resources, social and emotional strength, and physical health. This kind of preparation for needs both foreseen and unexpected is called self-sufficiency. The welfare program of the Church calls for us to be self-sufficient.

The health of the body like the health of the spirit requires a behavioral change. It is part of a conversion process. While on our mission we became very impressed with the conversion process. A man or a woman, after having an experience with the Spirit, could make a global change. The convert immediately developed a concern or an interest in others. He had a change in his countenance, an ability to abandon addictive and compulsive behaviors like smoking, drinking, drugs, and promiscuity. He became humble, submissive, and teachable. His employment often improved. His dress changed, and his appearance and speech improved. Sometimes this change came with great suddenness and with a remarkable permanence.

If we as medical missionaries were to ask people to make a behavioral change in terms of personal hygiene, preparation of food, the purification of water, good nutrition, receipt of immunizations, and incorporation of the clean life (living the Word of Wisdom or the law of chastity), this would also require a conversion process and need to be done the Lord's way.

There are three fundamental principles that guided us. We were very anxious not to have a temporary impact. The Lord promised, "Ye have not chosen me, but I have chosen you, and ordained you, that ye should go and bring forth fruit, and that your fruit should remain" (John 15:16). Principle number one, therefore, was to use the priesthood of God. We were to work through it, not around it or behind it, but through the regular organized channels of priesthood authority. Principle number two was that it must be by the Lord and by his word. The 132nd section of the Doctrine and Covenants makes it

very clear that anything that is not done in that way will not have permanence. Principle number three, announced often by the Savior, was that we were to be the leaven to leaven the loaf. The leaven is a very small ingredient, but it lifts the entire loaf. We were not to do as Albert Schweitzer had done and wear ourselves out trying to give care. He practiced medicine or did surgery almost 24 hours a day and made almost no dent in the health picture of the area. In the *American College of Surgeons Bulletin*, October 1992, volume 77, number 10, there is an article devoted to Albert Schweitzer, and I quote the following paragraph:

In 1990 at a lunch in the United Nations, I sat by an outstanding African physician, a medical educator who told me that if on that night, every missionary doctor were to disappear, the Third World would not be significantly affected. It was not a statement of ingratitude, nor was it intended to belittle the missionary effort; but it was an indication that the time had come for a change of emphasis on the part of those concerned with wholeness and health. He went on to say that the challenges of the future of African health, at least, was in public health, preventive medicine, better water, better sanitation, better immunology, and better nutrition. He felt that this is what is needed and what the western world should turn its attention to. We both understood also that the emphasis should be on teaching and sharing information at a grass roots level so the nations of Africa could proudly help themselves rather than always being treated by outsiders.

That is precisely the orientation of the Church. We therefore proceeded in South America to organize health teaching in all the units of the Church. Under the direction of the area presidency, all mission presidents and Regional Representatives were to see that a health specialist was called in every unit that was organized within their jurisdiction. This person was to be set apart and presented to the congregation as a regular church officer. The health specialists were then to be given training and reference materials. With the textbooks and other reference materials that were made available, the teacher or health specialist was then able to share basic information with the members of the ward or branch as well as interested nonmembers.

The first to attend this course of instruction were the home teachers, the visiting teachers, and those who prepared meals for missionaries. Training sessions were then organized by the mission presidents and the Regional Representatives, where Sister Nielson and I could come and present health information and distribute training materials to the bishops, branch presidents, Relief Society

presidents, elders quorum presidents, and health specialists. These priesthood leaders, in addition to the Relief Society president and the health specialist, were charged with developing health resources within their community. They were to identify clinics, hospitals, doctors, and others who were sufficiently well trained and of good character to be available for the treatment of the people within the ecclesiastical unit in question. They were also to organize within their own unit many health minicourses that could be given to people in small groups. An excellent training manual was provided, which included tips on how to present the lesson and how to do home follow-up activities. These health lessons could also be used as a missionary effort and humanitarian community projects. The sesquicentennial of the Relief Society was going on at the time, and videos were made available to be used as service projects where people could be invited into the chapels for instruction. Large numbers of investigators became interested in the Church through this activity.

The bishops and branch presidents were charged with improving the health conditions in the chapel. They were to provide purified water for the sacrament, to avoid reusing sacrament cups, and to develop cleanliness within the bathrooms. They were to learn how to prepare the food that was to be used for church socials. Special instructions were also given to those who were designated to feed missionaries to avoid contamination within the homes of members.

Missionaries were also involved in the teaching of health. The health program was presented to them in zone conferences or larger groups—sometimes whole missions. They could then use the training materials and information on their service day as a community service project.

One mission organized 14 pairs of sisters to do this half-time. These missionaries were challenged to do 15 discussions a week in addition to their welfare service. They had no difficulty whatever meeting their 15 discussions. They began teaching in the chapels and in the homes of members and nonmembers. They went to schools, and some were even given the opportunity to use the local media to give their instruction. There was a raging cholera epidemic in South America at the time. People were hungry for the information and frightened of what was happening around them. It was soon learned that these pairs of missionary sisters were out baptizing the rest of the mission. As a consequence of this experience, the teaching of health was introduced into all the missions as a ready-made service project and proselyting tool.

There is no opportunity to learn like the obligation to teach. Missionaries themselves became very well acquainted with health principles and much more motivated to apply them in their own lives. There was a follow-up program wherein the area presidency required

the priesthood leaders to return and report. They were to indicate how many units had called a health specialist, how many had held the training sessions and the minicourses, how many had graduated a class, and how many had received all the training materials and were utilizing them. Had there been a change in the cleanliness of the bathrooms? Did they have clean water and clean hands for the holy sacrament? This effort required a great deal of time, a lot of transportation, and a considerable amount of money and time to print training materials and to make their distribution. One cannot help but be tremendously impressed with the marvelous organization of a church that permits all that to happen in such a smooth and effective way.

The health program was organized and taught through priesthood channels just like any other program is taught, under the influence of the Spirit. With the impact of the Spirit, people did change their behavior, and health conditions did and will improve. The scriptures say that “When the Son of man shall come in his glory, and all the holy angels with him, then shall he sit upon the throne of his glory: And before him shall be gathered all nations: and he shall separate them one from another, as a shepherd divideth his sheep from the goats: And he shall set the sheep on his right hand, but the goats on the left. Then shall the King say unto them on his right hand, Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world: For I was an hungred, and ye gave me meat: I was thirsty, and ye gave me drink: I was a stranger, and ye took me in: Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.... Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me” (Matt 25:31–36, 40).

We as physicians need to visit the sick in the less developed nations of the earth, leaven the loaf and lift the lives of the saints. I testify to you that as you go forth on the Lord's errand, he will part the Red Sea before you and provide all that is necessary to do his work. He will fill your mouth with words, even the words of a foreign tongue, and your mind with direction to do his work. It is an exhilarating and rewarding and wonderful thing, so great in fact that we are now undertaking our second mission. We have just been called to go to the Frankfurt area to serve the nations of Europe and the newly liberated nations that have been behind the Iron Curtain. Few people get such a wonderful opportunity even once in a lifetime, and we are being blessed to do it again. As King Benjamin says, as soon as we do anything for the Lord he immediately rewards us and keeps us forever in his debt. Our pay is to be surrounded by the arms of His Love, and be supported by His wondrous power. □