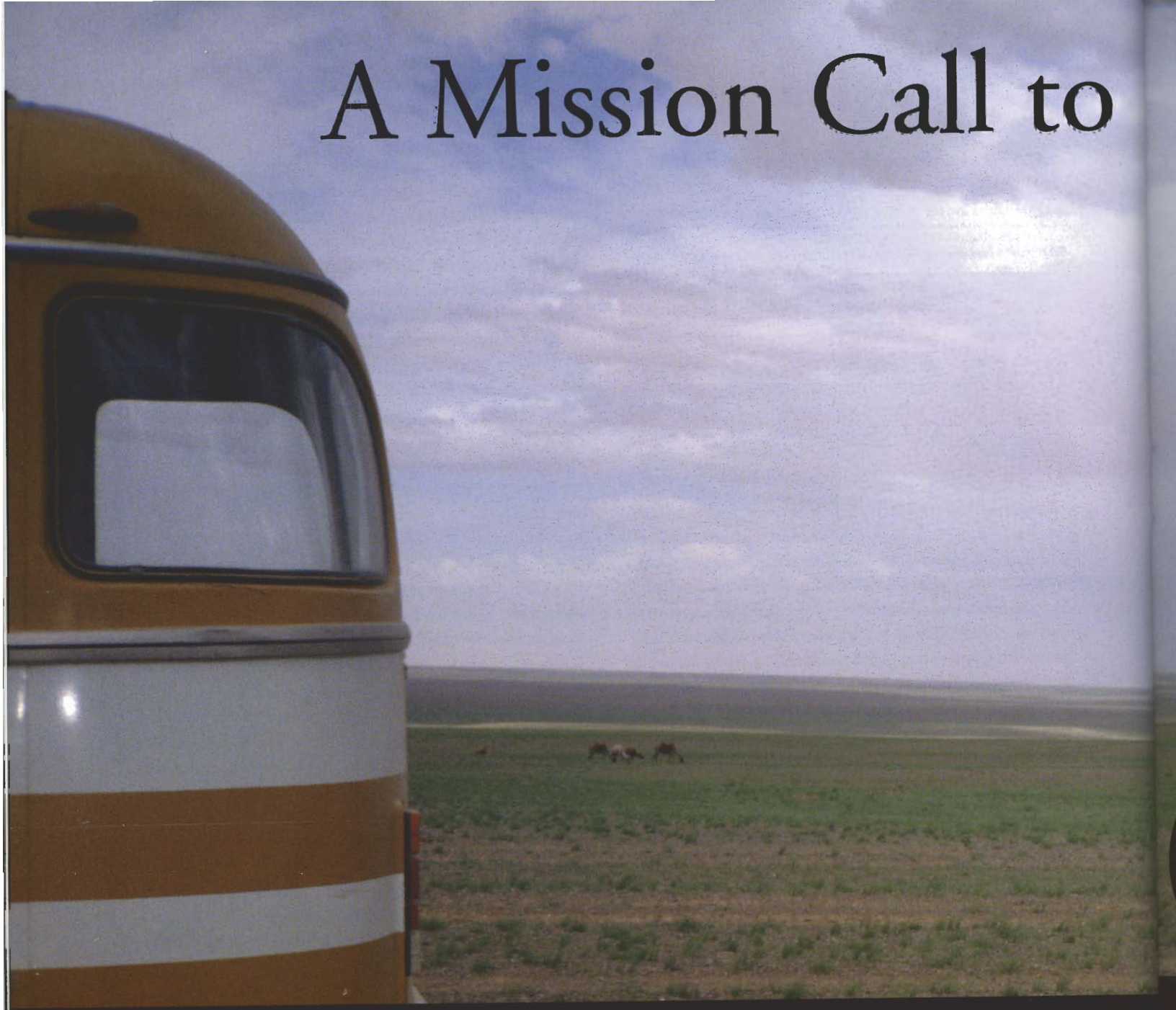
A Mission Call to



Mon

Photos and article by

THE CALL

When our stake president called us into his office late in the summer of 1992, he explained that the Lord had a special call for us to serve in Outer Mongolia. "Will you accept the call?" he asked. We replied, "Of course, if the Lord has called us, we will serve. But now tell us, where are we really being called?" He answered solemnly, "I am not kidding you, it is a call to Mongolia."

THE COUNTRY

Outer Mongolia. We rushed home to find out more about this exotic place. We were anxious. Were we being banished? Our memories brought up images of cold plains, Genghis Khan, and rampaging hordes! Consulting an encyclopedia we found Mongolia was a country landlocked between Siberia on the north and China on the south. The country is located on the steppes of the ancient Asian silk route; its southern half is a massive, flat, gravel-covered plain known as the Gobi Desert. The northern half has snow-capped mountains (rich in minerals) and lakes. The climate is harsh, with temperatures ranging from -50°C in the winter to +40°C in the summer.

Mongolia is one of the most sparsely populated countries in the world. While it is three times the size of France, its population is only 2.2 million. Animals outnumber people by 12 to 1. Two-thirds of the Mongols live in the grassy countryside as nomads, much as they have for centuries, in a symbiotic relationship with their animals—camels, sheep, goats, yaks, horses, and cows, all of which are milked. Round, felt tents called *gers* (or *yurts* in Russian) serve as their homes. These remarkably portable structures have a central stove that burns dung and provides needed warmth and heat for cooking.

Outer golia

C. DuWayne Schmidt, M.D., & Alice Cannon Schmidt

Mongolia has only three major cities: Darhan, Erdenet, and Ulaanbaatar. We served in Ulaanbaatar, the capital and largest city and an interesting mix of the old and the new. Half the people dress in native costumes (*deels*, leather boots with turned-up toes, and fur or native hats). The rest usually are seen in miscellaneous Western clothing. Animals of all kinds (elk, cows, goats, pigs, etc.) wander and graze around the city. These animals appear to have the right-of-way on the potholed streets and irregular sidewalks. Half the people live in deteriorating, cement, prefabricated, Russian-built apartments, or "ice boxes," and the other half live in *gers* scattered throughout the city.

Mongolia has a rich history. During the 13th century, the area's ruler, Genghis Khan, and his descendants established one of the largest empires the world has ever known. Their territory extended from the Yellow Sea in Asia to the borders of Eastern Europe, including at various times China, Korea, Mongolia, Persia, Turkestan, Armenia, and parts of Burma, Vietnam, Thailand, and Russia.

Upon the death of Genghis Khan's grandson, Kublai, the empire began to crumble and gradually moved into obscurity. In the 16th century Manchurian invaders conquered the area. During the 17th and 18th centuries, the Chinese occupied and controlled the territory. It was not until 1911 that the Mongolians, with the help of the Russians, were able to drive the Chinese out of Outer Mongolia. Inner Mongolia (the southern part of Mongolia) has remained under Chinese control.

In 1913, however, Mongolia again was dominated by a foreign power when Russia made the country its first satellite. During their reign, the Communists imposed their own culture, suppressing the Buddhist religion by destroying monasteries and killing thousands of monks. On the other hand, they also brought Western culture and education to the Mongolian people. With the establishment of Russian schools, more than 90 percent of the people became literate in the Russian language. Bright Mongolian students were sent to educational centers in Russia and Eastern Europe to be trained in the arts and sciences. The Russians constructed governmental and educational facilities along with apartment buildings (cement ice blocks to us). In addition they developed the fine arts with theater, opera, ballet, and a symphony. Many Mongolians felt that Utopia had arrived!

But, alas, the Russian Empire began to crumble. The Soviet Union pulled their armies out of Mongolia while stripping all they could from the country. Russian subsidies disappeared and the economy collapsed. However, Mongolia was finally free! In 1990 a democratic constitution was established and a multiparty system adopted. The Mongolian People's Republic (MPR) was born.

Currently the Mongolian infrastructure is fragile, with high unemployment, a very weak economy, and growing inflation (about 400 togrogs to a U.S. dollar in 1994). The salary for a full professor (physician, PhD) in the medical school is about $20 per month. Exports are limited to copper, wool, meat, coal, gold, and leather goods. Roads are essentially nonexistent. Transportation is generally by horse or camel and now more frequently by jeep, truck, or bus. Unfortunately, Mongolia's limited transportation and landlocked status make it difficult to compete in world markets. The few financially successful Mongols are engaged in trading goods between Russia and China. These traders make frequent fatiguing and dangerous trips on the Trans-Siberian railroad. Government stores are operated on the communist model, associated with gross shortages, long lines for customers without concern for their satisfaction, and gross inefficiencies. We later learned that shopping is a daily adventure, and the rule is "If you see something you might need, buy it, because you may not see it again!"

THE GROUNDWORK

During the gestation of the country's democratic government (the MPR), Elder Monte J. Brough, of the First Quorum of the Seventy and president of the Asia area, reestablished contacts he had with educational leaders in Mongolia. The country desperately needed higher education specialists to assist with a transformation from a command economy to a free market. Elder Brough suggested that The Church of Jesus Christ of Latter-day Saints could supply a team of experienced, PhD-holding educators as consultants and teachers for their Ministry of Education and Science.

Details were negotiated for a team to be assembled. The educators were to be guests of the country, pay their own expenses, and teach and consult as directed by Mongolian leaders. These "missionaries" would be allowed to practice their religion and teach the gospel only if Mongols requested. This activity, however, could only take place in the privacy of the Mongols' homes or in the apartments of the visiting educators. Elder Kenneth H. Beesley and his wife, Donna, were called by the First Presidency to be the lead couple of the team. They arrived alone in Ulaanbaatar in late September of 1992 by air flight via Beijing. They were subsequently joined by Elder and Sister Richard and Anna Harper, Stanley and Marjorie Smith, Royce and Jane Flandro, Gary and Barbara Carlson, and the two of us.

OUR ARRIVAL

Before entering the MTC, Elder Neal A. Maxwell coun-

seled us to maintain the health of the missionaries, to serve the Mongolian people and medical professionals, and to share the gospel through example. "You are to make friends and open doors." He assured us the support of the LDS Humanitarian and Welfare Services.

We found that there was no one in Utah to teach the Mongolian language. We learned from our leader in Mongolia that we should not learn Russian, since the "Mongolians no longer want to use that language." So we enjoyed the wonderful spirit of the MTC, learned discussions, and received some training teaching English as a second language.

We were instructed by Elder Brough to spend several days in Beijing on our way to Mongolia and become acquainted with potential resources. In China we met with Steven R. Hendryx, a commercial attaché at the U.S. Embassy, who was also serving as the branch president of our LDS group in Beijing. He and his wife and other branch members were very helpful. I visited several hospitals and met with Dr. John W. Aldis, a physician at the U.S. Embassy, who made many recommendations, including the following: (1) Evacuate any seriously ill members of your team to Hong Kong or the United States, because resources are inadequate in China and deplorable in Mongolia, (2) obtain air-evacuation insurance for your members (he recommended using the SOS insurance carrier—otherwise the cost would be over $40,000 upfront), and (3) limit your teaching to the leaders and major professors; they in turn will instruct their students and staff. He then presented me a copy of his booklet concerning health maintenance and care in the Orient and stated that if we had a death in our group, that cremation would probably be our only option.

Not only was the information gained from this layover in China interesting, but the time was extremely helpful in collecting our lost luggage. Upon our arrival in Mongolia we found that our suitcase containing all the medical supplies was not there. It had been sent by error to Mexico City! This was a potentially very serious situation. Medications are not available in Mongolia. We prayed and waited. Just hours before our plane left for Mongolia, the bag arrived. Without Elder Brough's inspired prearranged stay, we would have been absent from customs, and the medication probably would have been impounded by the Chinese.

We arrived in the middle of a Mongolian winter on February 19, 1993, joining the three other pioneering couples. Elder Beesley greeted us at the Ulaanbaatar airport and drove us through the snowy city to our adequate, but cool, third-floor apartment. Our "flat" had a basic kitchen, bathroom, living room, dressing room, and two bedrooms (one of which we used as a study and examination room). The furniture was limited to essentials and the bare, orange-painted floors projected a Chinese mood.

Our fellow missionaries rapidly oriented us and within hours introduced us to the president of the Mongolian National Medical University, his staff, and other selected educational leaders. Within a week we were busy consulting, teaching, and writing. We committed ourselves to unconditionally serve the people by following the scriptural admonition of the Savior:

> *A new commandment I give unto you, That ye love one another; as I have loved you, that ye also love one another. By this shall all men know that ye are my disciples, if ye have love one to another. (John 13:34–35)*

We acknowledged we were guests of the Mongolians and did not want to be condescending. We felt that we should serve under their direction, yet occasionally made suggestions in areas where we were qualified. Presenting our documented credentials, curriculum vitae, certificates, licenses, etc., were helpful in establishing a position of trust. We presented a written proposed outline of things we might do to help them. The plan was negotiated, accepted, and our goals were successfully completed before we were released in July 1994.

The environment, with the limited and primitive resources of the only medical school in Mongolia, was depressing and challenging. However, we found the faculty anxious to learn and grateful for anything we did for them. This allowed us to have a satisfying experience. We could not have been treated better. Our professional Mongolian colleagues freely shared their friendship and limited resources.

THE PEOPLE

Mongolians are humble, intelligent people who have lived through centuries of challenges. They must be tough to survive. We miss their attractive faces with high cheek bones and beautiful brown eyes and skin and black hair. They are thin, trim and agile, thanks to their austere diet of lean meat, cabbage, potatoes, flour, and fermented mare's milk (3 percent alcohol).

We worked with their leaders, teachers, and advanced students and found them anxious to learn, hospitable, polite, appreciative, and generous to the point of embarrassment. These people were not in a financial position to repeatedly invite us for meals and concerts or to frequently give us gifts, yet they did. We found them honest and always concerned about our welfare. Unfortunately, with their poor economy, there are an increasing number of alcoholics (thanks partly to the Russian introduction of vodka).

Most Mongols have been schooled to be agnostics by their former Communist leaders and teachers. Currently

there is an attempt in their culture to return to Buddhist traditions. As a result, the former Communists are becoming "Buddhists." It would appear they are hoping to regain the needed votes in their next election to reestablish the power they lost in the 1990 election. The people know little or nothing about Jesus Christ or the Bible. It is interesting to note that Marco Polo reported finding a few pockets of "Nestorian Christians" and that one of the wives of Kublai Khan was a "Christian."

Mongols are remarkable linguists. Most speak two or three languages (Mongolian, Russian, English, German, Japanese, Chinese, etc.). Their own language has Ural-Altaic roots and appears related to Finnish, Turkish, and Korean. Their traditional script was borrowed from China's Uigurs, who brought it from the Middle East. Their writing flows from top to bottom. The Mongolians are anxious to preserve their culture, and since the Russians have left, they are now free to teach their own history and script. However, they also now realize that English is an important international language and want to learn it so that they can survive economically.

The Mongolians are naturally artistic, and many have been given additional training by the Russians. We found the unique, harmonious music they played with their homemade instruments very pleasing. Likewise, their vigorous and creative dancing in their bright, attractive costumes was exciting and exhilarating. Recently they have been able to revive many of their native arts that were suppressed during the Communist occupation.

THE SPIRITUAL HARVEST

We repeatedly witnessed the hand of the Lord assisting us to reach our righteous objectives. We were often guided in teaching medicine and English and sharing the gospel. Alice and I felt that we accomplished more good for more people in those 18 months than I probably achieved during my entire 32 years of medical practice. This was possible because of the opportunity to instruct the teachers in their medical school, who in turn are responsible for the medical education and care of their entire country.

The week before we arrived in Ulaanbaatar, the first two Mongolians (male graduate students) had been baptized. They had attended the university classes of Elders Smith and Harper, and asked them, "Why are you teaching in Mongolia?" They requested information about Christianity and the restored gospel, soon completed the discussions, and asked to be baptized. We met them at our first branch sacrament meeting in the apartment of Elder and Sister Flandro. Other students were rapidly converted, and our meetings had to be moved to the state library, where more space was available. By April 1993, our numbers had grown to the point that Elder and Sister Maxwell and Elder and Sister Tai from the Asia area presidency came to Mongolia and dedicated the land for the preaching of the gospel. Five months later, six bright young elders joined us. Soon each companionship was teaching 15 or more hours of English in colleges and universities in addition to giving requested missionary discussions. With hard work and "the gift of tongues" they were eventually able to give the missionary lessons in Mongolian. In the spring of 1994 six more elders joined the group and missionary work was accelerated.

As older missionary couples we found it more difficult to learn the Mongolian language. Its sentence structure is reversed, and many of its sounds were strange and difficult for us to reproduce. Those whom we conversed with preferred that we communicate only in English. When they didn't speak English, translators were provided. Before giving lectures we would review our teaching material (an English handout) with the professor. Then the lecture would be given in English and translated as required. Everyone learned through this process.

While serving in Ulaanbaatar, Alice was responsible for organizing the first Primary, a real challenge with 30 or more children, when she couldn't speak Mongolian. With several young Mongolian converts, they were able to teach songs and begin an introduction to the gospel of Jesus Christ. She coordinated the use of our apartment for daily missionary discussions, family home evenings, new-member discussions, and branch socials and supported the 12 elders who lived next door and used our telephone.

During the weekdays Alice taught English at several schools (the medical school, a business college, and a kindergarten) in addition to giving private English classes at home. She also volunteered in an orphanage in the summer months and cochaired the July 4th celebration for the U.S. Embassy.

My church assignments included teaching the priesthood lessons, coordinating branch music, and serving as district leader for the missionary couples. Together we taught missionary discussions to several of our colleagues and friends. On Christmas Day, 1993, a special baptismal service was held in an old Mongolian sports center. Eleven Mongolians joined the Church. I had the privilege of baptizing Dr. Zorig, a Mongolian surgeon who we taught.

When we were released in July 1994, there were 114 baptized members. We have been informed that as of January 1, 1995, there were 240 baptized converts. Current challenges include finding meeting facilities and training new members in leadership skills. The couples replacing us, Elders and Sisters Hardy, Cox, Cook, and Bennett (in order of arrival), are carrying forth the good work. We feel that the unique way the gospel was introduced to Mongolia might be successfully applied to other areas of the

World Health Organization

MONGOLIAN MEDICAL PROJECT REPORT—NOVEMBER 1992

Causes of hospital deaths by broad diseases groups (1991)

CATEGORY	INCIDENCE PER 10,000 ADMISSIONS
Diseases of the respiratory system	*647.6*
Diseases of the digestive system	*223.5*
Diseases of the cardiovascular system	*200.6*
Tumors and neoplasms	*140.8*
Infections and parasitic diseases	*139.0*
Perinatal causes	*126.7*
Injuries and poisoning	*79.2*

Vital statistics

CATEGORY	
Total population	*2,199,570 (1992)*
Average population density	*1.4 sq. km.*
Life expectancy at birth	*61.3: 60 M, 62.5 F (1985–1990)*
Crude birth rate	*28.9 per 1000 population (1992)*
Total fertility rate	*3.7 (1992)*
Crude death rate	*7.9 per 1000 population (1992)*
Average annual population growth	*2.1%*

Most common causes of morbidity (1992)

CATEGORY	INCIDENCE PER 10,000 IN- AND OUT- PATIENT VISITS
Diseases of the respiratory system	*3106.9*
Diseases of the digestive system	*1162.8*
Diseases of the nervous system	*581.7*
Diseases of the genito-urinary system	*582.9*
Diseases of the circulatory system	*519.9*
Injuries and poisoning	*282.9*
Complications of pregnancy, childbirth, and puerperium	*277.9*

Health and related indicators

CATEGORY	
Infant mortality rate	*59.81 per 1000 (1992)*
Maternal mortality rate	*2.04 per 1000 (1992)*
Access to safe water—rural	*59% (1990)*
Access to safe water—urban	*nearly 90% (1990)*
Low birth weight babies	*6.4% (1992)*
Physicians per 10,000 population	*26.6 (1992)*
Middle-level medical personnel	*75.41 (1992)*
Hospital beds	*106.6 (1992)*

Causes of mortality by broad diseases groups (1992)

CATEGORY	INCIDENCE PER 10,000 POPULATION
Diseases of the cardiovascular system	*20.6*
Diseases of the respiratory system	*18.4*
Tumors and neoplasms	*13.6*
Injuries and poisoning	*6.2*
Diseases of the digestive system	*5.8*
Infections and parasitic diseases	*3.2*
Perinatal causes	*3.0*

Number of physicians, middle-level medical personnel and hospital beds (per 10,000 population—1960 to1992)

YEAR	PHYSICIANS	PERSONNEL	BEDS
1960	*9.7*	*47.4*	*95.9*
1970	*17.9*	*62.9*	*94.3*
1980	*21.2*	*74.5*	*107.6*
1985	*24.0*	*79.1*	*110.9*
1990	*27.9*	*88.7*	*119.4*
1991	*27.1*	*83.8*	*116.4*
1992	*26.6*	*75.4*	*106.6*

world. We pray that more physicians and other professionals in the Church will accept the challenge to serve and share the gospel with their brothers and sisters in other parts of the world.

OUR CLOSING TESTIMONY

When we arrived in Mongolia, Togtohyn Enkhtuvshin (associate professor in the Mongolian National University of Arts) was studying at a university in East Germany. There he met James K. Lyon, PhD, who was on sabbatical leave from a university in San Diego. A relationship of trust was established. Enkhtuvshin was taught the gospel and baptized while in Eastern Europe. Upon his return to Ulaanbaatar, Enkhtuvshin assumed he would be the only member of the Church in his country. However, two days after returning to Mongolia, his eyes fixed on two young men who looked like Mormon elders. Enkhtuvshin called out to the elders in German. They responded because Elder Hansen spoke German. At that time none of the elders had learned Mongolian and Elder Hansen was the only missionary who could speak German. They spontaneously felt the joy of finding each other and the brotherhood of the gospel. It is our conviction that the Lord inspired these meetings. Since that time Enkhtuvshin's wife and five children have joined the Church. He is now first counselor in the Ulaanbaatar Branch.

In 1849, LDS British sailors visited Calcutta and opened the door for LDS missionaries. Brigham Young sent Elder Joseph Richards to India in 1851. Richards subsequently baptized eight people and established the first branch there. In 1852 President Young sent three elders to Hong Kong. It took until 1955 to establish the Asia area headquarters, where Elder Carmack now presides over an area filled with one-third of the world's population. What a thrill it has been to observe the blossoming of the Church in Mongolia since 1992.

Joseph Smith once stated, "The gospel is designed to revolutionize and civilize the world and cause war and contentions to cease and men and women to become friends and brothers." Today Mongolia is no longer strange. It is full of friends, brothers, and sisters. May we have the courage and desire to continue to live and teach the gospel throughout the world.

SUMMARY OF MONGOLIAN HEALTH, MEDICAL RESOURCES, AND EDUCATION

1. The attached figures from the WHO Mongolian Health Sector Review (1993) concisely summarize demographic data, health and related indicators, and rates of morbidity and mortality.
2. Ninety-six percent of Mongolians are positive for hepatitis A and 17 percent are carriers of hepatitis B. The latter infection coupled with a significant abuse of alcohol has led to increasing problems with cirrhosis and hepatoma of the liver.
3. The harsh and changeable weather, coupled with exposure, air pollution (including that from asbestos), and a growing addiction to tobacco (due to the "seduction" of the people by the aggressive international tobacco industrial complex), all contribute to the significant and increasing problems with respiratory diseases.
4. Frequent infections include brucellosis, TB, and cyclic epidemics of Meningococcal meningitis, and plague. This past winter (1993–94) in Ulaanbaatar, there was an epidemic of meningitis with over 100 new cases a week.
5. The Mongolian diet is deficient in iodine, iron, and vitamins. Goiters, dental problems, rickets, and iron deficiency anemias are common. Fluorides on the Gobi Desert are excessive, so florinosis is a problem.
6. One-third of the people still live an isolated, nomadic lifestyle with their animals (sheep, goats, horses, camels, yaks, and cows), which has led to significant inbreeding, associated genetic disorders, and serious communication and logistic problems in providing adequate medical care.
7. Modern medical diagnostic and therapeutic facilities and medications are just not available. The current economic challenges and fragile infrastructure currently limit any immediate hope for improvement. Medical care is an interesting mix of traditional and usually outdated (20 to 30 years) Western medicine brought to the country by the Russians.
8. All significant modern medications and medical supplies must be imported from the Western World. The World Health Organization is beginning to implement an essential drug program, but as yet, patients must purchase these from questionable and unreliable sources at great expense.
9. Mongolia's only medical school and associated educational programs are best summarized by the attached WHO report.

MEDICAL ACTIVITIES WHILE IN MONGOLIA

During our mission, we accomplished the following:

1. Consulted weekly with the medical school regarding modernization of their administration, curriculum, course content, etc. This was facilitated by giving them detailed materials from the University of Utah School

of Medicine. With the help of another member of our group (Royce Flandro, PhD), we were able to help them establish credit hours for their various courses.

2. Presented a gift of the core 1993 medical textbooks, lecture outlines, etc., used during the four years of medical school by students at the University of Utah School of Medicine. These were eventually supplemented by the arrival of many additional books from former associates and three full years of major medical journals donated by Dr. Cecil Samuelson. We also delivered nursing textbooks provided by the BYU School of Nursing, and distributed boxes of oral antibiotics donated by Primary Children's Hospital.
3. Prepared and presented weekly two or three formal lectures (lasting 1 to 1.5 hours each) with handouts covering the full field of pulmonary medicine and physiology to their medical school faculty. Additional lectures were given to students and the medical staff of different hospitals. These presentations were translated into Mongolian by Dr. Tserennadmid, former minister of health. We felt that spending in-depth time over the 18 months with a few key professors was the most effective way to assure eventual progress in the medical training of students and physicians.
4. Wrote a 182-page book on pulmonary medicine to replace an outdated book prepared years ago by Dr. Tserennadmid. This book with illustrations is currently being translated into Mongolian.
5. Established contact with the American College of Physicians (ACP), American Association of Medical Universities, and the American Board of Medicine for help in evaluating the needs of the Mongolian Medical School. For example, the ACP is now sending at no charge the *Annals of Internal Medicine* and the *ACP Journal Club.* The College also shipped 20 complete sets of the Medical Knowledge Self-Assessment Program (MKSAP). These have now been distributed to their entire faculty.
6. Received a modern surplus Collins spirometer from associates at the LDS Hospital in Salt Lake City, and a basic pulmonary laboratory was established with training of the necessary personnel. Also, a young Mongolian physician was guided in studying over 300 healthy nonsmoking Mongolians to determine normal predicted spirometric values for Mongols. A future paper in a U.S. medical journal is anticipated—a first for Mongolia!
7. Helped to make arrangements (financially supported by LDS Humanitarian and Welfare Services) for the director of medical education to visit Salt Lake City for three weeks, where he spent intensive educational time at the University of Utah, LDS Hospital, IHC, etc.
8. Developed networking and a warm working relationship with the medical staff of the U.S. embassies in China and Mongolia, the U.S. Peace Corps, WHO, and medical personnel from other countries and religious humanitarian groups.
9. Assisted in training and supporting the Mongolian Boy Scout Program. Distributed several bales of uniforms and supplies donated by the Great Salt Lake Council, BSA.
10. Presented current American Red Cross manuals to the Mongolian Red Cross Association to assist them in upgrading their programs and teaching materials.
11. Distributed to orphanages and various hospitals more than 30 quilts that were shipped to us by Utah families.
12. Assisted Sister Schmidt in teaching weekly English classes to the medical school administration and faculty as well as to private students in our apartment.
13. Donated a 35mm slide projector, personal books, papers, slides, etc., to the Mongolian Medical School.
14. Assisted in arranging a future visit of U.S. volunteer medical groups to treat patients at no expense (i.e., Inter-Plast, which will come for two weeks in 1995 to do plastic surgical procedures, and possibly Deseret International).
15. Provided medical care for our five missionary couples and the 12 young Elders. We were blessed with no serious problems as of July 1994. □

REFERENCES

Britsch, R. L. Asia, The Church in. *Encyclopedia of Mormonism.* Vol. 1, pp. 75–81. Edited by Daniel H. Ludlow. New York: Macmillan Publishing Company, 1992.

Martenson, D. "Undergraduate and Postgraduate Medical Training in Mongolia," *WHO Project Report,* MOG HRH 005. November 1992.

Ministry of Health. "Mongolia Health Sector Review." July 1993, Ulaanbaatar, 89 pp.

Storey, R. *Mongolia, Lonely Planet Travel Survival Kit.* Berkeley: Lonely Planet Publications, 1993, 234 pp.

U.S. *Embassy Ulaanbaatar Newsletter.* March 1994.

Yunden, Y., G. Zorig, and C. Erdene. *This Is Mongolia.* Ulaanbaatar, 1991, 147 pp.

C. DuWayne Schmidt, MD, FACP, FCCP, is an internist and pulmonologist who was chief of the Pulmonary Division at LDS Hospital and clinical professor in the Department of Medicine at the University of Utah until he retired from the Salt Lake Clinic in December 1993. He is currently a member of the Medical Advisory Committee of the LDS Missionary Department.

Alice Cannon Schmidt graduated with a BS from the University of Utah and professionally taught dance with Virginia Tanner until her marriage in 1952. She and her husband have six children and 27 grandchildren.