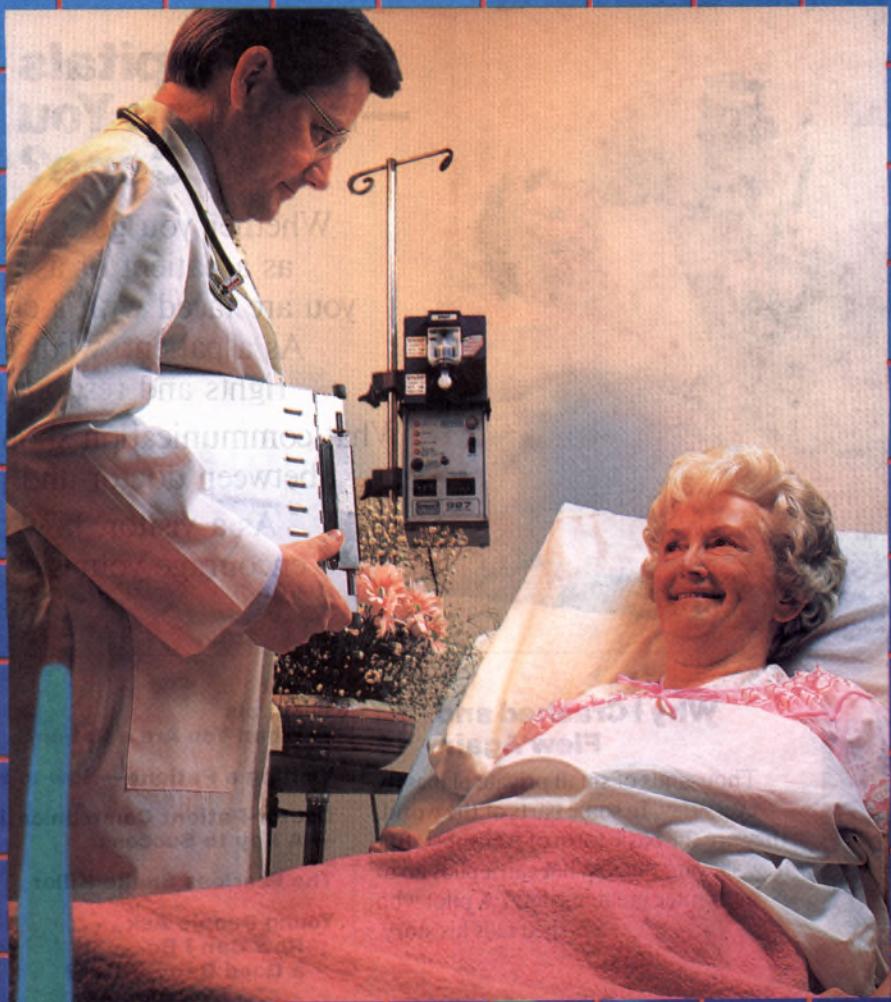


Awake!

March 8, 1991



Hospitals How Can You Cope?



Hospitals —How Can You Cope? 3-13

Whether you go to a hospital as a patient or as a visitor, you are faced with a challenge.

As a patient, what are your rights and responsibilities?

What communication should exist between doctor and patient?

As a visitor, how can you encourage your sick friend?



Why I Crashed and Flew Again 14

Thousands of small private planes fly every day. In some parts of the world, they are the basic form of transport. But how safe are they? What can a pilot do to guarantee greater safety? A pilot who crashed tells his story.



The Death of a Child —Why Does God Allow It? 26

Children die every day—accidents, war, starvation, disease. Why does God allow such suffering? The Bible has an answer.

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newspaper advertising in 1975. In 1980, he was elected to the Board of Directors of the National Council of Churches. In 1987 he became chairman of the Board of Directors of the National Council of Churches. In 1990 he was elected to the Board of Directors of the World Council of Churches.

HOSPITALS

When You Are a Patient

"When I checked into a hospital for the first time, I suddenly felt as if I had lost control of my life, as if I had become just another statistic."

—Marie G.

"I remember my first visit as a patient. I felt very vulnerable and unprotected."—Paula L.

HAVE you ever been a patient in a hospital and experienced the above reactions? Whether you have or not, you must acknowledge that most people spend little time thinking about being a patient. Yet,



that prospect may be a reality one day for you. In 1987, for example, reports show 1 hospital admission for every 7 persons in the United States. Such statistics vary throughout the world. Yet, as a prudent person, what preparations should you make for such an eventuality?

"The single most important way to protect your health is to make sure hospitalization is necessary," comments Dr. Sidney Wolfe, director of the Public Citizen Health Research Group. No matter where you live, if you are sick, you have the right and the obligation to be informed as to the facts of your medical problem. Often your own doctor may be able to give you satisfactory answers.

But if there is any question, an independent second opinion is recommended. In some lands, insurance companies even require second opinions before they will pay on certain types of major surgery. And it is not unheard of to seek a third opinion to resolve differences on diagnosis and treatment. The fundamental point is: Whether there is one opinion or two or more, a wise patient takes time to determine for himself the need for and wisdom of the proposed treatment.

Emergency Admissions

Of course, in an emergency situation, there may be no time to get various medical recommendations. The patient may even be

unconscious, unable to speak or write when brought to the hospital. Sometimes doctors must act immediately, even before relatives can be located to determine the patient's wishes or preferences. Such situations emphasize why forethought and planning are of utmost importance.*

For the patient who is one of Jehovah's Witnesses, this involves carrying at all times a completed and current Medical Directive/Release Document. On this card the patient expresses beforehand his wishes about medical care and provides vital information so that medical personnel can contact relatives or others who know his wishes. While it cannot cover all possible situations, this important card serves as a legal document that speaks when you cannot.

It is also very helpful if, in an emergency, a close friend or relative familiar with your medical preferences and convictions can come to the hospital for your support. Whether that is immediately possible or not, an updated Medical Directive/Release Document may one day be a key to having your rights protected.

Even if a person is not a baptized minister of Jehovah's Witnesses and does not have this document, he can prepare a similar writ-

* Long ago a Bible writer penned an inspired proverb that highlights the value of such forethought: "A prudent man sees danger and takes refuge, but the simple keep going and suffer for it."—Proverbs 22:3, *New International Version*.

Awake!

Why Awake! Is Published *Awake!* is for the enlightenment of the entire family. It shows how to cope with today's problems. It reports the news, tells about people in many lands, examines religion and science. But it does more. It probes beneath the surface and points to the real meaning behind current events, yet it always stays politically neutral and does not exalt one race above another. Most important, this magazine builds confidence in the Creator's promise of a peaceful and secure new world before the generation that saw the events of 1914 passes away.

Would you welcome more information? Write Watch Tower at the appropriate address on page 5. This is part of a worldwide Bible educational work that is supported by voluntary donations.

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ten (preferably typewritten) statement. This ought to outline his wishes regarding medical treatment, state any limitations, and indicate who should be contacted in case of an emergency.

Filling Out Forms and Statements

Patient rights vary widely throughout the world. (See box, page 7.) In some countries these rights have increased dramatically in recent years; a doctor is not permitted to render any treatment without the patient's consent, usually indicated in writing. This is one reason hospitals may have their own forms that they want you to sign. If such is the case where you live, the following should help.

You should very carefully read all forms before you sign them because your signature means that you agree to, consent to, whatever the form says. *Let no one rush you into signing an admission form, or consent-for-treatment form, without your reading it carefully.* If you do not agree with a portion of the standard form, cross out that part. Even if someone protests that it is the hospital's form and that it cannot be altered, it is nevertheless a legal contract, and you cannot be required to sign anything that you do not agree with. Though not wanting to appear unreasonable, it is important that you do not compromise on this matter—you have the right to refuse to approve any portion of a form.

Especially regarding consent for surgery or

any use of blood, check every paragraph carefully. Some of Jehovah's Witnesses have been shocked at what they have found on a hospital form that was supposedly prepared just

In Case You Should Be a Hospital Patient

Hospitalization checklist:

- 1. Carry updated Medical Directive/Release Document or written, signed statement of your wishes.
- 2. Choose your doctor carefully.
- 3. Make sure that the hospitalization is necessary.
- 4. Read and fill out admittance forms carefully. If you are one of Jehovah's Witnesses, promptly identify yourself as such.
- 5. Bring the minimum of necessary personal items, such as a bathrobe, toiletries, and reading material.
- 6. Leave at home any jewelry, most electrical appliances, and excess money.

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for them. Although at the outset it said that the patient's wishes about blood would be respected, a later paragraph said something like, 'In an emergency or if the doctor feels it is needed, he retains the right to transfuse blood.' Furthermore, since God's Word commands Christians to abstain from blood, it is a good practice to write "No Blood Transfusions" on all papers brought to you. (Acts 15: 28, 29) That will make your position clear to all the staff. The fact is, a growing number of patients are refusing blood because they want to avoid the risk of contracting hepatitis, AIDS, or other lethal diseases.*

Patients in some countries have fewer rights than those outlined above. There are areas where the doctor is the law, and patients are more or less considered to be at his mercy. One doctor from a western country visited an African nation and observed: "I was not prepared, either, for the way that doctors and patients interacted . . . The patients themselves never spoke unless they were spoken to. They did not question their doctors." Though such a custom could make it more difficult for the patient, the wise Christian would still—respectfully but firmly—insist that his basic human right to bodily integrity and to participate in discussions affecting his own health should be respected.

Talking With Medical Personnel

Your doctor should be your main advocate and source of information; hence, much may depend on how carefully you have chosen a physician. Notes one writer: "Recognize that doctors are like everyone else. They exhibit the full range of good and bad [that] the rest of us do. Most physicians try to do the best for their patients, but some are socialized [conditioned] into thinking they are enti-

tled to make decisions for you. If a doctor's beliefs or personality clash with yours, find another doctor."

Try to get your questions answered fully and to your satisfaction before you consent to any treatment. (See box, page 8.) If you cannot understand something, do not be embarrassed to say so. Ask that the explanation be in plain, nonmedical language. It would also be tactful if at some point in the conversation with the doctor, you express sincere appreciation for his understanding your position that is based on your religious convictions.

Try to establish a friendly relationship with the hospital staff dealing with you, such as nurses, for they can and should be a big help in your care and recovery. When they bring medications or injections, make sure these are really for you. This is a step of practical wisdom, for despite the best intentions, mistakes are made.

The hospital staff probably will seem quite busy, but remember that most of them chose this line of work because they do care for people and genuinely want to help. You can cooperate with them if you try to express your needs or concerns clearly. No nurse (or anyone else on the staff) has the right to subject you to verbal abuse, such as: "You will die unless you accept this treatment." Report any such abuse to the hospital administration as well as to relatives or to your minister; they may be in position to speak for you.

What if a Problem Arises?

There have been occasions when, in spite of applying all these points, patients find themselves in deep conflict with the medical system. Though such a circumstance is rare, what should you do if you suddenly find yourself in such a situation?

First, try not to panic. *Usually this is a difficult time for all involved, with emotions*

* See *How Can Blood Save Your Life?* (1990), published by the Watchtower Bible and Tract Society of New York, Inc.

A Patient's Bill of Rights

When a patient enters a hospital, he should not be overawed by the setting and think that he has become a nonentity. He has rights that most hospitals and staff are happy to respect. The following rights are condensed and based on a list of ten in the book *How to Stay Out Of the Hospital*, by Lila L. Anastas, R.N.*

The patient has the right to:

1. Considerate and respectful care by competent personnel.
2. Obtain from his physician complete and current information regarding his diagnosis, treatment, and prognosis in terms the patient can understand.
3. Receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Where medically significant alternatives exist, the patient has the right to such information.
4. Refuse treatment to the extent permitted by the law.
5. Every consideration of privacy concerning his own medical-care program.
6. Expect that all communications and records pertaining to his care will be treated as confidential.
7. Expect that, within its capacity, a hospital must make reasonable response to the request of a patient for services or for transfer to another facility when medically permissible.
8. Obtain information as to any relationship of the hospital to other health-care and educational institutions as far as his care is concerned.
9. Be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment.
10. Expect reasonable continuity of care and to know in advance what physicians are available and where.

* The book *The Rights of Patients—The Basic ACLU Guide to Patient Rights* (an American Civil Liberties Union handbook) lists 25 rights in its "Model Patient Bill of Rights."

running high. So your remaining calm, reasonable, and respectful can be a great asset. Second, consider and recruit all possible resources. The hospital may have a patient representative whom you can contact and from whom you can seek help.

Jehovah's Witnesses make it a point to con-

tact their congregation elders. These wise and experienced counselors can even assist in locating a cooperative facility if the situation is so serious as to require a transfer.* True

* As explained in the article on page 12, Jehovah's Witnesses have valuable sources of assistance in dealing with medical problems and hospital personnel.

Christians also remember to rely on the power of Jehovah God. In difficult situations there often is no single, all-encompassing answer, and on our own power, we may not know exactly where to turn. Many have found that when all that is humanly possible has been done, turning to God in prayer has resulted not only in comfort but also in unforeseen solutions.—1 Corinthians 10:13; Philipians 4:6, 7.

Hopefully, you will not have any of these problems, but it is good to plan ahead. Also remember that certain things are expected of

you while you are staying in the hospital. The hospital is an excellent place to demonstrate such Christian qualities as patience, thankfulness for kindnesses shown, and especially gratitude to those who help you. A short follow-up letter to the hospital staff, or even a small treat given as an expression of appreciation, makes a lasting impression. Your hospital stay may provide you with an opportunity to give a witness by your own exemplary conduct, thereby contributing to the fine reputation that true Christians enjoy as patients.—1 Peter 2:12.

Patient Protection and Participation

“Just as no accused person should go to court without a lawyer, so no patient should enter a big-city hospital without a family member or close friend prepared to look after the patient's interest and to speak up when necessary.”

—June Bingham, *The Washington Post*, August 12, 1990.

“Throughout the ages the idea of patient participation in medical decisions has been alien to physicians' thinking and practice. And patients have learned from bitter experience that asking too many probing questions may alienate them from us, since we too often resent such inquiries.

“Yet, the idea that we know what is in our patients' interests and therefore can act on their behalf without inquiry, is so patently untrue that one can only marvel at the fervor with which that notion has been defended....

“We can disagree with patients, even argue with them, even cajole them, but we must do all of this in the spirit of caring for them. Ultimately we must respect what patients want

or do not want from us.”—Dr. Jay Katz, psychiatrist, professor at Yale University, *The Medical Post*, Canada.

“Patients are not infants and physicians are not parents. . . . Indeed, it seems strange to have to remind medical students, and physicians as well, that patients also bring to their encounters with doctors expectations . . . to be trusted and to trust themselves, to be allowed to stand on their own feet and not to have their dependence exploited, to be talked to and listened to, to be treated as equals and not to be ruled, to have their life style treated with respect, and to be allowed to live life in their own self-willed ways.”—*The Silent World of Doctor and Patient*, by Dr. Jay Katz.

“Service starts with our patient contact. Some 4 million patient interactions every day give American doctors the opportunity to demonstrate not only our competence, but also our genuine compassion, our caring, and our devotion to each individual patient we serve.”

—James E. Davis, M.D., president of the American Medical Association.

VISITING A PATIENT

How to Help

A FRIEND has been admitted to the hospital, and you would really like to pay her a visit. What should you say and do? What might you bring? What would be especially helpful? And are there things you should avoid saying or doing?

You want your visit to be worthwhile, not just a "Hello," an awkward "How are you?" then a quick "Good-bye," with perhaps a "Get well soon" thrown in for good measure. So how do you go about it?

An initial word of advice: Use discretion concerning the timing of your visit. You could ask the patient or her family what would be the best time, such as when she will not be occupied with other visitors or close relatives. It is probably better to visit the evening before an operation when the patient can benefit from some cheerful, distracting conversation rather than right after surgery, when she may be groggy or in pain.

Words to and From the Wise

We might consider the phrase 'cheerful conversation.' Expect to take the initiative during the visit, and keep the conversation reasonably upbeat. The person in the hospital bed should not have to concern herself with being the good host to you. You can assume that burden

of hospitality—so much so that no other burden will be placed on the visitor. Use your kind and even-tempered behavior as a gauge of aid rates. Your own feelings of joy and happiness can be contagious. If you feel good, the patient will feel good. If you feel bad, the patient will feel bad. Your attitude is important. If you are smiling, the patient will smile. If you are frowning, the patient will frown. Your attitude is important.



with an easy-going manner and friendly outlook. Now, what to say, what not to say.

Do not come with a gloomy or solemn face, even if it seems that the patient's condition is not good. "A heart that is joyful does good as a curer," says the wise writer of Proverbs, "but a spirit that is stricken makes the bones dry." (Proverbs 17:22) So, remember, it is your responsibility to keep the conversation encouraging and pleasant.—Proverbs 25:11; compare Isaiah 41:13.

The latest news from the patient's family or congregation might be interesting and up-building, especially if you have good news. Also, do not forget the effect that some humor has on healing; look for opportunities to make

the patient smile or laugh. Balance is imperative here. You are visiting not to be a joker or court jester but to express genuine concern and sympathy.

The patient also needs confidence. Thus, be careful not to speak negatively about the doctor or the hospital. It is usually best not to compare the patient's condition or problem with something you may personally have had or with others who had a similar problem, unless the outcome was a happy one. Everyone is different, and each patient's situation is a unique one.—Proverbs 18:13.

A final observation about your conversation: Have you had the trying, tiring experience of being with someone whose words come out like machine-gun bullets, like the torrents of water roaring over Iguaçu Falls? It wore you out, did it not? So please do not be that way when visiting your hospitalized friend or relative. While your speaking should be happy and encouraging, control its quantity and pace. There is no need to feel nervous, as if you must fill every second with words. Some quiet time together can also be comforting. Yes, take care that you do not contribute to the patient's exhaustion by an endless stream of visitors forcing on her an even more endless stream of words.

Visit for How Long?

In certain parts of the world, a family virtually lives in the hospital with the patient. They may be expected to care for bathing the person and provide food, so such a visit may have to be extended. But in most hospitals, visiting hours are limited so that the patient is not overtaxed and the hospital staff can perform their duties. Thus, in most cases your visit should last no more than an hour if you are a relative or a very close friend of the patient, and a half hour if you are simply an acquaintance. What if the patient asks you to stay longer? It still may be good to limit your visit, for

he may be tired and have clouded judgment. Of course, you must use your own discretion, but the main point is, do not overstay your welcome.

That advice needs special emphasis if the patient already seems to have more visitors than are good for him or for the hospital routine. Actually, your making several short visits is preferable and shows your concern more than a single long one. Remember, too, the need for tact if the patient has relatives who seem perhaps somewhat antagonistic or even resentful of your presence.—Compare Proverbs 25:17.

Your Practical Help

Even before you set out for your visit, another sort of advance preparation will help. Is there something useful that you can bring? How about something new to read? Maybe that very day you received in the mail your latest issue of a magazine that the patient also enjoys. The patient might be touched by your willingness to share your treasured new issue. You could even offer to read to him an article or two that you found especially interesting.

Your Helpful Visit to a Patient

1. Be prepared.
2. Take into account the state of the patient. Do not overstay your visit.
3. Dress appropriately.
4. Take the lead in conversation, but limit your words.
5. Be helpful in what you bring or offer to do.
6. Be warm and upbuilding.
7. Return for another brief visit.

What other things could you bring? A small remembrance like flowers or fruit might brighten the day. Another pick-me-up might be the patient's favorite candy or even some homemade food—if that is allowed. You could check with the family about such food items or ask the nurses before even bringing it into the room.

You may also ask the doctor or the nurses whether there is anything else that you can bring to the patient or that you can do for him that will ease their load or make him more comfortable. They may welcome your assistance.

Do you want to help in other ways? Ask the patient about small practical matters. Who is taking in or bringing him his mail? Could you offer to check on his house or apartment, maybe even having some friends help you clean it before the patient returns home? Does someone need to shovel snow off the sidewalk, water the plants, or take steps so the house has a lived-in appearance and thus does not attract burglars? Is he worried about the care of a pet? These and other things may be on the patient's mind but would not come out in the open unless you asked. Your kind inquiries will also be helpful in the sense of emphasizing that you really do care.

A word is in order about proper decorum while visiting the hospital. Strange as it may seem, the way you dress and act can affect the way the patient is treated by hospital personnel. They may be quite impressed if they notice a patient receiving visitors who are well-groomed. When several such dignified visitors are observed inquiring after the well-being of the patient, the staff may conclude that this patient must be a respected person, which, of course, he is. The Bible mentions adorning oneself 'in the way that befits persons professing to reverence God,' and by your doing so, you may encourage the staff to treat the patient accordingly.—1 Timothy 2:9, 10.

If There Is a Serious Problem

Occasionally, the patient you are visiting may be having a serious problem in communicating with the hospital staff. A good question to have ready, without invading the patient's privacy, is, "How does the doctor think you are doing?" If things are not going well, and you are the responsible family member or minister, maybe you can provide help. For the patient's well-being, you may need to take the initiative to get more information from hospital personnel. Or perhaps you could offer to accompany the family, who for some reason may be reluctant to speak with the doctor.

When this is the case, the main thing to keep in mind is not to be intimidated by the hospital setting or personnel. The patient may even be in an intensive-care unit, surrounded by all manner of machines and very sick people. The staff may seem very busy or perhaps brusque. The tendency is to be fearful of interrupting them, let alone saying anything that could seem like a challenge. But if you are rightly the patient's advocate, you (and he) deserve clear answers and alternatives. You should not be dissuaded until your task is accomplished. While taking care not to be a nuisance, recall that even Jesus in an illustration stressed that it sometimes is necessary to keep asking to get the care or information to which one has a right.—Luke 18:1-6.

Looking Back on Your Visit

After you complete your visit, leaving on a cheerful note, you can review what you said and did. Such reflection may help you to discern how your next visit, to this patient or to another, can be even more effective and satisfying.

All in all, there is a lot you can accomplish with a hospital visit. Keep in mind preparation and a desire to be of help. By taking advantage of the opportunity, you may make the most of it and prove to be "a friend sticking closer than a [fleshly] brother."—Proverbs 18:24.

DOCTOR-PATIENT COMMUNICATION

A Key to Success

IN THE early 1980's, it was apparent that bold initiatives should be taken to establish better communication between Jehovah's Witnesses and the medical community. So the Governing Body of Jehovah's Witnesses authorized a program to develop a working relationship with doctors and hospitals.

Representatives from the Witnesses' world headquarters in New York City visited many large hospitals in that city. This was much appreciated by hospital personnel, and it laid a basis for cooperation, rather than conflict. These representatives thereafter conducted seminars in large cities around the country. As a feature of these seminars, they took along local ministers of Jehovah's Witnesses for meetings at medical centers in the area, thus training these ministers to continue the program. When in Chicago, Illinois, U.S.A., they met with the editor of the *Journal of the American Medical Association*. This resulted in an invitation to write an article on how doctors can work with Jehovah's Witnesses.*

In time, training and written directions were provided on an expanded basis so that Witnesses in other lands could begin similar programs.* For instance, after a seminar was conducted in Canada, Hospital Liaison Com-

mittees (there later called Medical Liaison Committees) were formed and trained. Each committee was composed of Christian elders willing and able to speak to doctors, social workers, and hospital personnel.

Appointments were made with some provincial ministers of health, directors of medical and hospital associations, and others influential in the health-care field. These meetings helped to make the medical community more sensitive to the concerns of Jehovah's Witnesses. Thus a solid foundation was laid for future dialogue.

A Ready Source of Help

It had long been appreciated that accurate information is a great help in defusing potential confrontations between sincere Christians and physicians who rely on blood therapy. In the early 1960's at the headquarters of Jehovah's Witnesses, a list of cooperative medical doctors began to be compiled. These were physicians who had become familiar with medical alternatives to blood transfusion. Later, if a local doctor or hospital was uncomfortable with handling a case, a committee could obtain the names of other physicians. The patient might then be transferred to another medical team.

Another option was that the Hospital Liaison Committees might arrange a telephone consultation between the local surgeon and his experienced colleagues. At times this type

* Reprinted on pages 27-9 of *How Can Blood Save Your Life?*, published by the Watchtower Bible and Tract Society of New York, Inc.

* There are now 100 Hospital Liaison Committees in the United States, 31 in Canada, 67 in France, and additional ones in other lands around the globe.

of instant communication enabled doctors to modify their treatment, without undue risk to the patient. Hence, in serving as a liaison between the patient and the doctor, the committees have become experts at alleviating anxiety of both patient and doctor when blood might seem to be needed.

Proof That It Works

Sonya was a bright 13-year-old when, early in 1989, she learned that she had a cancerous tumor under one eye. A surgeon outlined to Sonya and her parents the seriousness of the needed operation. Since the tumor was growing rapidly, surgery ought not be put off. Chemotherapy would likely be needed next, and the doctor said that her parents would have to give permission for blood transfusions. But the family could not consent to that because of their religious convictions. The competent surgeon caring for Sonya was willing to remove the cancerous tumor, confident that she could do so without a blood transfusion. However, because of hospital policy, the surgeon could not get an anesthesiologist to assist.

Jonathan is the oldest son of Michael and Valerie. In late 1989, when he was 16, doctors informed them that Jonathan had a very large growth on his spleen. Doctors were somewhat apprehensive about operating without using blood, but they courageously did so, respecting the family's religious stand. During the recovery period, serious complications developed. Jonathan's blood pressure dropped dramatically, and his blood count fell. In a second operation, he lost a great deal of blood, his hemoglobin falling to 5.5, which is about a third of the normal level. The internist exclaimed: "Your son's condition is plummeting. We are up against a wall. If he doesn't receive blood, he may die!" What to do?

Liaison committees provided vital help in both of these cases in Canada. One assured Sonya's family that if it became necessary, they could help to make arrangements for her to be moved to a medical center in another country. But could something be done so that the female surgeon already familiar with her case could proceed? Actually, this surgeon had become so attached to Sonya that she offered to be part of the surgical team wherever the operation was performed. A transfer was not necessary, though. Members of the committee were able to persuade local medical personnel to cooperate with the surgeon. According to that doctor, after the eight-and-a-half-hour operation, Sonya's first words were an anxious inquiry as to whether blood had been forced on her. What a joy for Sonya to know that the answer was no!

In Jonathan's case, when his blood count fell to 5.5 after two operations, the doctors were convinced that a blood transfusion was necessary to save his life, and they were ready to seek a court order to force blood on him. But Jonathan's firm faith and personal resistance to the use of blood slowed things down. Jonathan reports: "I took Dr. —— by the collar and looked him in the eye and said, 'No blood or blood products, PLEASE!'" The committee of trained brothers helped arrange for Jonathan to be airlifted to a larger medical facility. When he arrived, a committee member was at the hospital and had already spoken with the attending physicians. The next day Jonathan's hemoglobin stabilized. His blood count steadily improved, and he was released 15 days after the initial operation.

Clearly, with an increasing number of medical personnel and social workers willing to work with the Hospital Liaison Committees of Jehovah's Witnesses, continued good success can be expected.

Why I Crashed and Flew Again

OUR single-engined, six-seater Cessna 210 had just taken off from an airport in Sweden. We were flying through low morning fog when suddenly a dark object appeared a few yards ahead. In a split second, our right wing, full of fuel, was torn away and blew up. Next, the door on my side flew off. The burning aircraft nose-dived, hit the ground, bounced, and plowed a hundred yards into the brushwood before stopping.

Although dazed and completely disoriented, I had but one thing in mind—to get away from this burning wreck. Flames licked the left wing, which was also full of gasoline. I groped for my safety belt and loosened it. Headfirst, I plunged through a gasoline fire and landed in the mud a few yards away. Only then did I notice that the lower part of my left leg was crushed.

My colleague, who had piloted the plane, was in shock but almost unhurt. I shouted to him to help me move another few yards. After doing so, he ran off to get help. I crawled yet farther away. Just as I almost collapsed from fatigue, the left wing rocketed into the air and exploded. Burning pieces rained all around me. Then there was silence, except for the crackling of small fires started by the gasoline.

While waiting for an ambulance, lying on my back in the mud, I realized that both of us could have been dead. I knew then more than ever that life should never be taken for granted but should be cared for and used wisely.

However, would I ever fly again? Many people are already quite nervous about flying in small planes, and reports of accidents such as this one tend to worsen their fears. Perhaps an accurate understanding of the risks involved and how such threats can be effectively countered will help allay any unwarranted fears you may have about flying in a small aircraft.

Why We Crashed

I first flew in a private plane 20 years ago. I was pleasantly surprised. ‘This is an excellent way to travel,’ I thought. ‘It could save me much time in my work as a sales manager.’ I soon learned to fly, and to date I have flown about 2,000 hours. My certificate shows that I am also qualified to fly on instruments, which is required when visibility is poor.

However, on that dramatic morning, I was flying as a passenger some 300 miles from the town of Eslöv in southern Sweden to the capital, Stockholm. I was supposed to pick up a new plane and fly it back to Eslöv. But the trip ended 27 seconds after takeoff. Why? Human error—the pilot misjudged our position in the fog and retracted the wing flaps too soon. Therefore, we lost lift, dived, and collided with a tower.

Air safety mainly depends on three factors—the plane’s reliability and the pilot’s judgment and experience. Nevertheless, numerous procedures have been developed that, when applied, make air travel quite safe.

Before Takeoff

Before ever leaving the ground, a conscientious pilot will carefully consider such factors as his or her own qualifications and physical condition, the plane, the weather, the passengers, and the state of airfields being used.



Not every crash results in destruction and injury as mine did (above). Three walked away from this crash landing (inset)

Today's modern airplanes seldom crash because of physical or mechanical defects. Nevertheless, there is a logbook in every plane in which the pilot must keep a record of all flights and any defects he detects. These defects must be corrected by authorized mechanics before the next flight. Moreover, aircraft components, such as engines, propellers, and most instruments, can be used only for a set period of time before maintenance is required. When their period of use is up, flight regulations usually demand that they be replaced or fully overhauled—even if they are still working perfectly! Before each day's first flight, the pilot must inspect the plane following a defined checklist. Most pilots are very careful about holding to these safety procedures. After all, their lives are also at stake.

Interestingly, several aircraft components, such as the engine magnetos and ignition system, the altimeter, and the landing gear, have

backups. If the primary system fails, the backup takes over, and the plane can still land safely. Granted, a pilot cannot anticipate every possible failure that may occur in the plane, but with sufficient skill he can avert disaster if some mechanical device fails.

Before the flight the pilot will also decide if he is going to fly according to VFR (visual flight rules) or IFR (instrument flight rules). Planes flying IFR are supervised by air-traffic control using radar. Many small-plane pilots, though, are not licensed for such instrument flying.

Overcoming the Perils of Flying by Sight

Flying VFR is possible only when visibility is satisfactory. What, then, if the weather turns bad? The pilot may gradually descend and stay below the clouds. This calls for real discipline and caution on the part of the pilot. It might be better to turn back and land at an

alternative airfield. If he decides to continue, he may run into greater problems since a plane's radio and navigational equipment are usually ineffective at low altitudes.

If it is impossible to fly low, the pilot can quickly get assistance from air-traffic control. First, though, he may have to climb to a safer altitude. Flying in clouds may be confusing to a pilot who is not instrument trained. Therefore, he must keep calm and concentrate on the most important things. He should climb straight ahead at the proper speed and angle; soon radio and navigational contact will be re-established. The plane can then be identified by radar and assistance given to land at a suitable airfield.

There are other dangers during unassisted visual flight. Flying in areas having much uncontrolled traffic requires keeping constant watch in every direction. Collisions in such areas have become more numerous because of increased traffic and higher speeds. Navigational mistakes and strong head winds may lead to a fuel shortage.

Most of these problems, though, are avoided by careful planning. A good pilot will check his position every 15 or 20 minutes and make necessary course corrections. If unable to determine his position, he can contact air-traffic control. From there his bearing can be taken by radar or by locating his radio transmission. If this fails, he can head toward a big lake, a river, or any other easily identified place. (An unskilled pilot may try to circle to find a missed landmark. This is usually in vain and consumes vital fuel.)

Icing Problems

Under certain atmospheric conditions, there may be a problem with icing. Most private planes have limited deicing equipment or none at all. And when ice builds up on various parts of the aircraft, speed may gradually decrease until the plane loses its ability to fly. In

flight in the upper layers of clouds, icing is a potential threat even on warm summer days!

However, when icing does occur, a pilot can easily get out of trouble simply by descending to a warmer level. What, though, if the temperature is near freezing on the ground? This may be a serious situation, and a pilot should carefully weigh the advisability of flying. But if the air is dry and clear, there is usually little risk of icing in spite of low temperature.

Flying in Thunderclouds

Flying in thunderclouds (*cumulonimbus*) involves yet another potential danger. Some small planes as well as large commercial aircraft have been severely damaged in such clouds. The great threat here is not lightning but the enormous wind forces and the sometimes fist-sized hailstones that may be encountered. Usually the pilot can see these clouds and avoid them. However, if there is no way to fly safely through such conditions, what is the solution? A wise pilot knows the adage—never try to beat bad weather. Stay on the ground.

These are some of the risks of flying small private planes. And to be honest, you cannot fly a private plane without any risk at all. But is this not true of all modes of conveyance? Properly equipped and handled, however, a private plane is comparatively safe and convenient. So if you travel as a passenger, make sure that you know that the pilot is not only qualified but also wise and reliable, a person who respects life.

Because I am conscious of safety factors, I continue to fly. As a pilot, I always ask myself if there is anything more I can do for safety and if I have planned for enough alternative measures should something happen. Being responsible for the lives of others is a serious matter. Therefore, flying must never become a reckless adventure. It should be used for one's benefit and pleasure. And above all, it should be done safely!—Contributed.

The Fearless Snake Killer

SMALL and furry, the mongoose hardly looks like a snake killer. Yet, says author R. O. Pearse, "perhaps the snake's most vicious enemy . . . is the mongoose." Continues Pearse: "This little chap must surely pack as large a chunk of sheer, naked courage in his little body as any other creature of the wild . . . His attacks on snakes are legendary."

Just what is this extraordinarily brave creature? The mongoose belongs to a large family that ranges over many parts of Africa, Asia, and southern Europe. There are several genera and over 40 species of this small mammal. These vary in size from the dwarf mongoose, just over a foot long, to the crab-eating mongoose of southeast Asia, which is four feet long. Most have short legs, long bushy tails, and long bodies covered with thick, coarse fur, gray to brown in color. Their ears are small and their noses usually pointed.

Some are solitary nocturnal creatures. Others come out in the daytime and are quite sociable, such as the yellow mongoose, which lives in colonies of up to 50. Their homes? Mainly, rocky crevices or holes in the ground. Sometimes they dig these themselves, but often they simply take over burrows abandoned by other animals. They have even been known to move into empty termite heaps and ant-hills.

Although the mongoose may look relatively harmless, make no mistake about it: It is a predator—alert, bold, and agile. The diet of some species includes insects, beetles, worms, snails, lizards, frogs, and crabs, as well as eggs and fruit. The mongoose is intelligent and crafty. The banded mongoose, for example, is said to perform the trick of standing erect on its hind legs and then falling sideways. Why? To cause curious guinea fowl to approach—and be caught!

Its reputation as a snake killer, though, has given the mongoose its fame.

Johannesburg Zoological Gardens



Snake Versus Mongoose

But can this tiny creature really defeat a fearsome cobra in combat? South African writer Laurens van der Post describes a typical snake-mongoose encounter in his book *The Heart of the Hunter*: "I have seen [a mongoose], no more than thirteen inches long from head to tail and perhaps only five inches high, take on a six-foot cobra. After a series of adroit and nimble feints wherein the snake repeatedly struck, to miss him by a bare millimetre, he would dash in, seizing the cobra at the back of the neck to bite instantly through its spine."

It is the supreme confidence and courage of the little mongoose, coupled with its lightning ability to dodge the strikes of the snake, that enable it to vanquish its deadly foe.

The Serpent's Bite

Is the mongoose, though, somehow immune to the serpent's venom? Not entirely. But it takes a large amount of venom to kill a mongoose. One authority says that *eight times* the lethal dose for a rabbit is required to kill a mongoose. It is rare for a mongoose to die from a snakebite.

More likely is a mongoose to die from *eating* a poisonous snake! Yes, after killing its dangerous foe, the victor makes a meal of it, starting with the head. Says *The International Wildlife Encyclopedia*: "Several [mongooses] have been found dead and post mortem exam-

ination has shown that they have eaten a snake whose fangs have punctured the wall of the stomach so that the poison has entered the bloodstream."

However, while deadly to cobras, mongooses are somewhat less successful at killing vipers. For one thing, they do not build up immunity to a viper's venom. Additionally, vipers are faster than cobras in their ability to strike.

Mongooses as Pets?

Do not conclude, though, that the mongoose is innately vicious. On the contrary, some species of mongoose have been domesticated and made lovable, intelligent pets. In *Sauce for the Mongoose*, author Bruce Kinloch gives a delightful account of his pet, a banded mongoose called Pipa.* Full of mischief and lively tricks, Pipa was a constant source of entertainment for the family. One trick—common with mongooses—convulsed the family with laughter the first time they saw it. The author describes what happened:

'Pipa found a round white seashell and maneuvered until he had his back close up against one of our picnic boxes. He took the shell firmly between his forepaws, swayed up and down, backward and forward, all the time swinging the shell in his forepaws, something like a baseball pitcher's preparations for a throw. Suddenly he sprang into the air and flung the seashell backward between his hind legs to smack against the picnic box with a crack like a pistol shot. At last it dawned on us. Pipa, by sheer instinct, was trying to break a seashell in the manner that a mongoose will use to break an egg.'

Our furry friend is thus lovable—and formidable. And though its occasional role as snake killer may make us cringe a bit, it delights us with its antics.

In Our Next Issue

The Asbestos Story —From Lifesaver to Death Threat

Caring for the Aged —A Growing Problem

How Can I Help My Single Parent?

* Claimed Kinloch: "Most species of mongoose are solitary, nocturnal beasts and make poor pets in consequence."



How Can I Be a Good Baby-Sitter?

WE'D like you to look after your little brother and sister.'

Whether you view such an assignment as an irritating inconvenience or a vote of confidence, the thought of being left alone with your siblings may make you uneasy. "What if they misbehave?" you may wonder. "What if there is an intruder or a fire? And what if one of them gets hurt or sick?"

You have reason to be concerned. After all, children are not objects or playthings but *people* with very special needs. They are precious both to their parents and to God. (Psalm

127:3) So whether you are looking after siblings or baby-sitting for profit, caring for children is a responsible and demanding job. However, with the right attitude and good planning, you can make a success of it.

Dictator or Care Giver?

Some youths seem to feel that an assignment to baby-sit is an appointment to be a dictator. "My sister wouldn't let me do this, and she wouldn't let me do that!" complained one girl. "I tried to get her to stop bossing me around, and she slapped me!" One young boy says: "I've had my older brother and sister baby-sit me, and it's surprising how fast power can go to their heads!"

Barking orders like a drill sergeant may seem like fun. But if your parents find out—as likely they will—your "reign" may come to an embarrassingly abrupt end. Proverbs 11:2 warns: "Has presumptuousness come? Then dishonor will come."

"Wisdom is with the modest ones," continues the same proverb. Modesty involves knowing your limitations. And the fact is that parents—not baby-sitters—are divinely authorized to raise and discipline children. (Ephesians 6:4) Your role is that of protector and care giver.

Skillful Child Care

This does not mean that children can be allowed to run free so that you can enjoy yourself watching TV or reading. "A boy [or girl] let on the loose will be causing his mother shame"—and a lot of headaches for the baby-sitter! (Proverbs 29:15) Unfortunately, teenagers do not always handle misbehaving children skillfully.

One group of U.S. teenagers were tested in this regard and asked how they would handle situations that commonly arise during babysitting. According to the journal *Adolescence*,

only 8 percent of the youths indicated that they would handle matters in a way that was sensitive to the feelings of the children. The remaining 92 percent tended to use ineffective tactics, such as commands, reprimands, and threats. The researchers concluded that adolescents "tend to be insensitive in their relations with younger siblings."

How can you deal with children effectively and skillfully? Christian shepherds are urged: "You ought to know positively the appearance of your flock. Set your heart to your droves." (Proverbs 27:23) Similarly, you should strive to understand the needs and feelings of the children you care for. Get to know them as individuals. You'll soon learn that small children simply do not have an adult's attention span, patience, or stamina. Rather, "children are delicate." (Genesis 33:13) They thrive on love and attention but may quickly become bored and restless.

Applying the Golden Rule

At times, then, children get carried away in their play and may get on your nerves. They may endanger themselves with reckless behavior. Or they may try to test you to see how much they can get away with. ("Sometimes I play tricks on my baby sitters," admits seven-year-old Douglas.) When this occurs, do not lose your sense of humor. Apply the Golden Rule: "Always treat others as you would like them to treat you."—Matthew 7:12, *The New English Bible*.

Remember, "foolishness is tied up with the heart of a boy," or a girl, and it wasn't too long ago that you behaved similarly. (Proverbs 22:15) Focus on correcting the problem ("let's clean up that spill") instead of condemning the child. Avoid flying off the handle and "speaking thoughtlessly as with the stabs of a sword." (Proverbs 12:18) Calling a child "stupid" or "dumb" is abusive and potentially

harmful to the child. Proverbs 29:11 (*Today's English Version*) reminds us: "Stupid people express their anger openly, but sensible people are patient and hold it back." One young Christian girl says: "When I feel like hitting my eight-year-old sister, I say a prayer, and that helps me control my temper."

Problems can sometimes be prevented if you take a positive approach. Rewarding good behavior may work better for you than a barrage of threats of punishment. Also, children are less likely to be bored and restless if you plan wholesome activities that are fun, such as imaginative games. (Compare Matthew 11:16, 17.) Perhaps you recall some of the ones you played as a child—or you can invent some new ones. You might also try reading the child's favorite portions of the publications *Listening to the Great Teacher* or *My Book of Bible Stories*.*

* Published by the Watchtower Bible and Tract Society of New York, Inc.

Children need constant attention if they are to be protected from harm



At times children do need discipline. But it is best to discuss with your parents what you should do in this regard. This is especially true when you are baby-sitting for hire. Most problems can wait until the parents return home. And you risk injuring a child (not to mention incurring parental wrath) if you take it upon yourself to use physical force. Warns Proverbs 13:10: "By presumptuousness one only causes a struggle, but with those consulting together there is wisdom."

Protecting Children From Harm

Barbara Benton warns in her book *The Babysitter's Handbook*: "The combination of his unsteadiness, his curiosity, and his total lack of judgment make the toddler a prime victim for all the terrible things that can happen to children. You need to be ever watchful—and quick—to keep him safe." Teenage Stephanie learned how true this is. "I was looking after my nephew," she recalls. "Suddenly he began choking on a Popsicle! I had to pull it out of his mouth, and I was real scared!"

Most serious accidents can be prevented if you keep your eye on the children. Barbara Benton suggests yet other steps: "Make an inspection tour to locate and eliminate any potential hazards." You should know the location of such things as the fuse box, fire extinguisher, and first-aid supplies. Learn how to operate home appliances properly and safely. You might even make up a safety checklist that covers such things as windows (closed?), stairs (free of dangerous objects?), electrical outlets (properly covered?), poisons and medicines (carefully stored out of reach of youngsters?), electrical cords (tucked away?), house keys (an extra set so you cannot lock yourself out?).

You can also prepare yourself as best you can to handle emergencies. "I took a babysitting class in school and learned first aid for babies and toddlers," says one teenage girl.

Guidelines for Baby-Sitting

Be professional. Make sure your fee is clearly agreed upon.

Communicate. Establish beforehand what your duties will involve.

Be punctual and dependable.

Get to know the children beforehand.

Know the rules of the house.

Perhaps such courses are available in your school. It is also important to keep handy a list that gives the phone numbers of police, fire department, family doctor, hospital, and poison-control center. Know how to contact your parents and perhaps some neighbors who could help out in a pinch.

If an accident or an emergency occurs, *DO NOT PANIC!* "He that is wise keeps [his spirit] calm to the last." (Proverbs 29:11) A child might swallow some poison, for example. Immediately call the hospital or the poison-control center. If that is not possible, carefully read the instructions on the product's warning label. Calmly assessing the situation is better than doing something foolhardy (such as inducing vomiting) that could make the situation worse. And as distressing and perhaps embarrassing as it may be, make sure that you report any injuries or mishaps to the child's parents. They have a right to know what has occurred, and they can decide if further steps should be taken.

Baby-sitting may seem like a huge responsibility—and it is. But it is merely a sampling of what your parents have done over the years in caring for you. So take your job seriously. As you gain confidence and experience, it may become rewarding and enjoyable for you.

STAINED GLASS

From Medieval to Modern

AS THE rays of the morning sun began streaming across the horizon, a man just arising was greeted by radiant jewellike colors pouring through a stained-glass window. The warm glow created a peaceful mood conducive to thought and meditation.

Had the man come to church to pray and then fallen asleep? No, he was in the privacy of his own bedroom and was one of an increasing number of homeowners who embellish their residences with stained-glass windows, perhaps crafted by the homeowner himself.

"Bible of the Poor"

Although records of pictorial windows made of colored glass date back as far as the 9th century, it was in the 12th century, with the appearance of the Gothic cathedrals, that this art form flourished. These huge stone structures, among the largest single buildings erected since the pyramids, were designed to hold comfortably at one time an entire town's population, some of them up to 10,000 worshipers.

Characteristic of Gothic architecture was its skeletal construction and extreme height, with interiors ranging from 90 to 150 feet high. Massive panels of jewellike glass illuminated those cavernous edifices, though not too brightly, thus creating a mystic, awe-inspiring atmosphere for the worshipers.

Interestingly, the windows served another purpose. Since much of the populace was unable to read, the pictorial window was a

means of familiarizing the people with Bible characters and events, as well as doctrines of the church. The windows came to be known as *Biblia pauperum*, or "Bible of the Poor."

At Chartres, a town 48 miles southwest of Paris, is a cathedral containing the largest collection of original windows dating from about 1150 to 1240, over 170 of them still intact. One of the most notable, the "Tree of Jesse," depicts Jesus' ancestry starting from David's father, Jesse. Scenes from Jesus' ministry and his parables of the good Samaritan, the rich man and Lazarus, and the prodigal son are also illustrated in glass. Other displays tell a story with a series of smaller windows called medallions. Since Mary is venerated by the Roman Catholic Church, she is the subject of many windows and is often represented by a term borrowed from the ancient pagans: "Queen of Heaven."*

The Art Declines

Originally this craft involved the use of a brown enamel called grisaille to fill in details such as facial features, fingers, and folds in garments. Gradually, more than just the necessary details began to be painted in, and as colored enamels were developed, colorless glass became a canvas for glass painters. The resulting paintings on glass, however, lacked the brilliance and beauty of the medieval masterpieces.

During the 14th century, the Black Death plague raged through Europe, taking its toll on all the arts. Much of the knowledge of the

* See *The Watchtower* of April 1, 1988, page 19.

craft of making colored glass disappeared. Austere Cistercian monks banned these vivid picture windows, furthering the decline of the art. These factors caused work in stained glass to become a lost art by the end of the 17th century.

In the 19th century, with the restoration of the Gothic cathedrals, renewed interest developed in stained glass. Thus began a movement known as the Gothic Revival, during which new buildings, religious and secular, were constructed in that style. They often included stained-glass windows in their design.

Comparison of Techniques

To appreciate what is involved in this thousand-year-old art, let us compare the technique of the early craftsman with that of his modern-day counterpart.

The basic procedure, which consisted of cutting the glass, wrapping the edges with lead, and soldering them together, has essentially remained the same. First, a pattern, or cartoon, was drawn, taking into account the limitations in cutting the glass to shape and the placement of the lines of leading. The leading was positioned to enhance rather than detract from the overall effect once the window was complete.

Louis C. Tiffany (U.S.A., 1848-1933), a stained-glass artist in the Art Nouveau style, is credited with introducing the use of copper foil to wrap the pieces of glass, which resulted in a finer solder line than lead and a stronger finished product. Foil has greater flexibility and was generally used in making original Tiffany lampshades.

With only very small panes of glass available, early works took on a kaleidoscopic look. Later, when larger sheets were used, this unique effect was lost. As to the actual cutting, the glassworker would trace the shape on the glass with a fine line of liquid. Then he would go over the line with a hot iron, hoping the glass would crack according to plan. A grozing iron was then used to nibble at the edges until the piece accurately fitted the pattern. Considering these primitive tools, one cannot help but marvel at the accomplishment of creating a window measuring 25 feet by 9 feet, as is the "Tree of Jesse" mentioned earlier. Today, cutting wheels and electric grinders make possible the cutting of very intricate shapes.

The glass of the 12th century contained impurities, such as bits of metal, and was irregular in thickness and in surface texture. Combined with changes caused by time and

The "Tree of Jesse," Chartres cathedral, France

Notre-Dame de Chartres, Chartres, France





The Metropolitan Museum of Art, Gift of Robert W. de Forest, 1925. (25.173)

Detail from Autumn Landscape, window by Tiffany (above); stained glass windows, Assembly Hall of Jehovah's Witnesses, Jersey City, New Jersey, U.S.A. (left)

Architects are incorporating stained-glass windows and skylights in new buildings. An Assembly Hall of Jehovah's Witnesses in New Jersey, U.S.A., also includes stained-glass work done by Witnesses. Restaurants often feature this art form as an integral part of the decor, creating a pleasant dining atmosphere. Many patterns are available, depicting landscapes, birds, flowers, and other nonreligious subjects.

Studios are springing up in many cities and towns, in which windows, room dividers, lamps, mirrors, jewelry boxes, and many other decorative but functional items are made. With just a few lessons, often given at one of these studios, or even a how-to book, one can enjoy this creative craft at home.

So the next time you admire a window or an object of stained glass, you may appreciate this to be an art that has enjoyed a long history and is now more popular than ever.—Contributed.

weather, the refractive effects on the light through these imperfections have made windows of this period unrivaled in brilliance.

The selection of colors and textures of glass available today is much greater than that of the medieval artist, who worked predominantly in reds and blues. If realism is the desired effect, a modern craftsman can select a rippled-water glass for a pond, a streaky blue and white for a sky, or a brown glass with grain for a tree trunk.

Not Just for Churches Anymore

In recent years stained glass has experienced a renaissance and is no longer limited to religious themes in church windows. Ar-

"They Have Tremendous Moral Strength"

AFTER some 40 years of persecution in Czechoslovakia, Jehovah's Witnesses were able to hold circuit assemblies there. One in Ostrava, in May 1990, was reported on by Jiří Muladi in the newspaper *Nová Svoboda* (New Freedom). Among other things he wrote:

"About People Completely Human"

"For three days prior to the event, some 90 people got together in the Tatran Hall and cleaned it better than it had been cleaned in 40 years. Even if I get ahead of myself, I have to say this, that the hall was just as clean after the two day [assembly], without any paper or cigarette butts on the floor. By the way, Jehovah's Witnesses do not smoke.

"The first day of the circuit assembly, there were 1,600 in attendance. . . . They began

with a song sung by all. Many composers would be amazed at how beautiful these songs were. . . . Everything is done without fanfare. No introductions of the higher-ups. (Therefore I don't even know who was the highest rank and imagine nobody cares about it.) No bowing and calling out slogans. Humility, kindness, and fellow feeling."

Information About the Witnesses

"Jehovah is God's name. In the Czech Bible, his name is translated (or substituted) by the name *Hospodin* [Lord]. Jehovah's Witnesses insist on using the original name of God, and by their dealings they are determined to witness about his existence and his actions. . . .

"The faith of Jehovah's Witnesses prohibits the use of weapons against humans, and those

who refused basic military service and didn't get to work in the coal mines went to prison, even for four years.

"Just from this it is obvious that they have tremendous moral strength. We could use such unselfish people even in the highest political functions—but we are never going to get them there. Jehovah's Witnesses insist that humans have governed themselves only to their own detriment. Of course, they recognize governmental authorities but believe that only God's Kingdom is capable of solving all human problems. But watch it—they are not fanatics. They are people who are absorbed in humanity. And now, you can think whatever you want of them.

"P.S. I do not belong to Jehovah's Witnesses, even though I sympathize with many of their ideas."

Assembly in the Lucerna Hall, Prague, Czechoslovakia



The Death of a Child Why Does God Allow It?

MANY bereaved parents are relieved to learn that God did not take their child in death, as some religions teach.* However, this sobering fact remains: God does have the power to prevent death. Yet, he allows it to continue.

So when a child dies, parents may cry out in anguish, "Why did God let it happen?" Death, whether by accident, by disease, or by violence, almost always seems cruelly unfair. A child's death seems even more so. In one cemetery a child's grave marker is inscribed with this forlorn protest: "So small, so sweet, so soon."

The Creator Feels for You

How could God allow such pain? If you have recently lost a child in death, no explanation, however reasonable, will make the pain of that loss simply vanish. In Bible times, even men of great faith agonized over life's unfair tragedies and asked God why he allowed such

things. (Compare Habakkuk 1:1-3.) But there are answers in the Bible that with time can comfort us.

Know first that God did not want your child to die. God does not take delight even in the destruction of the wicked, let alone the death of a child. (Compare 2 Peter 3:9.) Surely, he is deeply pained when a child dies. After all, we feel the tragedy of death only because we are able to love, to feel for its victims. And we are able to love only because we are made in God's image. We reflect God's perfect ability to love, even though weakly at best. (Genesis 1:26; 1 John 4:8) The Bible assures us that God reads the deepest feelings of our hearts, has numbered the very hairs on our heads, knows

it even when a sparrow falls from a tree. Thus, he is called "the Father of tender mercies."—2 Corinthians 1:3; Matthew 10:29-31.

Clearly, then, God does not want any of his intelligent creatures to die. He purposes to end death, swallowing it up forever. (Isaiah 25:8) *But if that is how he feels, why does he al-*



* See "The Bible's Viewpoint—'Why Did God Take My Child?'" in the February 8, 1991, issue of *Awake!*

low death in the meantime, particularly for children?

When Death Began

God allows children to die for the same reason that he allows adults to die. Death was Adam's choice, not God's. Even before Adam and Eve rebelled against their Creator in Eden, they both knew full well that God had set the death penalty for sin. If they had not chosen to be disloyal to God, they could still be alive today. But foolishly they threw away the most precious inheritance they could have passed on to their offspring—the right to perfect, eternal life on earth. Once they sinned, they were no longer perfect. All they could pass on to their offspring was sin and death.—Genesis 3:1-7; Romans 5:12.

But you may wonder: 'Since the price was so high, why did God *let* Adam and Eve sin? Or why did he not crush their rebellion before they could pass death and misery on to their children—and our children?'

A Universal Issue Involved

God allowed our first parents to disobey because he never intended to create a world of automatons, beings who serve God only because they are programmed to do so. Like any parent, God wanted his human children to obey him out of feelings of trust and love, not compulsion. He gave Adam and Eve ample reason to trust and love him, but they disobeyed and rejected his rulership anyway.—Genesis 1:28, 29; 2:15-17.

Why did God not execute the rebels right then and there? God had already stated his purpose that the earth should one day be fully inhabited by the offspring of Adam and Eve. He never fails to fulfill his purposes. (Isaiah 55:10, 11) But more important, a crucial question was raised in Eden. Does God have the right to rule over man, and is

His way the best, or can man rule himself better?

The only just way to answer the question once and for all was to allow man to rule himself. History has answered the question grimly. The wretched results of human rule are all around us—a world in which the death of innocent children is commonplace, almost lost in a sea of other evils. If nothing else, six thousand years of human rule have proved this: The idea that man can rule himself without God is worse than a sad delusion; it is a gross lie. As long as man rules without God, man will live and die in pain.

Jehovah, the loving, righteous God, has a wiser choice. Much the way a parent will

Millions of children will be resurrected and welcomed back from the dead

allow a beloved child to undergo a painful operation for the sake of the child's happy and healthy future, God has allowed man to undergo the agony of self-rule for the sake of man's eternal future. And just as the pain of an operation does not last forever, man-rule and its injustices are soon to end.

When God's Kingdom rules without opposition over this earth, millions of children will be resurrected and welcomed back from the dead. Like the parents whose children Jesus resurrected back to life in the first century C.E., many then will be "beside themselves with great ecstasy." (Mark 5:42; Luke 8:56; John 5:28, 29) And when all mankind is at last restored to the perfect state that Adam and Eve lost, then never again will anyone die—children included!—Revelation 21:3, 4.

Watching the World

Catholic Crisis

"The Catholic church is now facing a mounting crisis within its ranks, as older priest[s] retire, an alarming number of younger priests quit, and the number of new recruits is at an all-time low," reports *The Wall Street Journal*. "Many of those priests who remain complain bitterly about being overworked and lonely." The past 30 years has seen an 89-percent drop in the number of priests in seminary training, from 40,000 in 1960 to less than 4,500 today. Already, a number of parishes share a "commuter priest who may spend more time behind the wheel than at the altar." The problem is "unique to Catholicism," the article states, and is a reflection of "the unpopularity of the church's celibacy requirement." Says Notre Dame University professor Richard McBrien: "Here they are making a rule—a man-made rule—more important than the Eucharist." Schemes to recruit new ones to the priesthood have not had much success, and it is feared that the crisis is causing the church to relax its standards as to those who can become priests, even accepting many "introverts . . . unhealthy personalities," as one Catholic administrator put it.

Knee-Deep in Weaponry

"We still find live cannon balls from the Franco-Prussian War of 1870. There are lakes filled with toxic grenades from World War I. Every so often, a farmer in a tractor rolls over an anti-tank mine from World War II and poof, that's it. These things are everywhere." So says Christian Gabardos, chief of a squad of *démineurs*—France's professional bomb-disposal experts. Since World War II, "they

have rid the soil of 16 million artillery shells, 490,000 bombs and 600,000 underwater mines," says *The New York Times*. "More than two million acres of farmland have been salvaged, but millions of acres remain fenced off, knee-deep in weaponry and surrounded by posters that warn: 'Don't Touch. It Kills!' Over 600 *démineurs* have died. Workers digging a new path outside of Paris for the French bullet train have been unearthing two tons of mines, artillery rounds, and mustard-gas canisters from World War I each day, "remnants of hundreds of ammunition dumps left from battles at the gates of the city."

\$51,260 Per Otter

After the tragic 1989 oil spill from the *Exxon Valdez*, the company provided \$18.3 million to capture and treat 357 otters affected by the oil. Despite extensive efforts to save them, over a third died. Of the 225 surviving otters, the majority were returned



to their natural habitat, and the others were placed in aquariums. "Marine biologists have calculated that it cost \$51,260 to treat each sea otter rescued," says a *New York Times* report, "but scientists believe that knowledge gained from the project will help to save future victims of similar accidents." An important finding was that crude oil is much more toxic to the ani-

mals than had generally been believed. It was noted that the project was "primarily a humane effort," as sea otters are not an endangered species and "substantial numbers of the animals in the sound escaped lethal oiling." Exxon officials were said to acknowledge that "dying, oil-soaked otters were particularly damaging to the corporate image."

Fashionable Fool

"T-shirts with inscriptions on them may be in vogue these days," notes *India Today*. But one young lady in Calcutta found out that trying to be fashionable in this way can have serious drawbacks. As she strolled along, "dressed in trendy baggy trousers and an eyecatching T-shirt," she noticed some Chinese boys pointing at her and laughing hysterically. She questioned them and was told that the inscription on her T-shirt was a message in Chinese that read: "I am a bald coconut-head baboon. And anyone who can read this should make fun of me as I am the greatest fool to have displayed an inscription in a language which I am unable to either read or write."

Drivers Take Note

Cars that try to beat trains at crossings are the norm on just about every trip, train engineers say. Statistics seem to bear that out. In 1989 there were 5,766 crashes at grade crossings throughout the United States, killing 798 people and injuring 2,588. In most cases, the car drivers ignored the gates and flashing lights indicating the oncoming train. Why do drivers try to race a train to a crossing? Most likely it is because they expect the train to perform like a car, officials say. But it cannot. On an

average freight train, the locomotive alone weighs over 160 tons. Traveling at 50 miles an hour, it takes over a mile to stop the train once the brakes are applied. And car drivers should remember: The train always wins.

Smoking Fathers

The harm a smoking mother can cause to her unborn offspring is well-known. But what about smoking fathers? "The smoking father," warns the *South African Medical Journal*, "must accept equal responsibility for the consequences if the mother continues to smoke through pregnancy. A mother needs the support of her spouse if she is to stop smoking and the fetus is certainly not immune from the effects of paternal cigarette smoke." The journal also warns of the harm caused by passive smoking after the child is born. Children exposed to cigarette smoke in their homes have a higher-than-average "school absenteeism for illness" and "are more likely to become cigarette smokers themselves."

Electronic Foul Mouth

It is called the Final Word. Pocket-sized, it is a programmed electronic voice box that looks like a beeper. It was designed to speak for people too timid to say offensive things themselves. When activated, it spews out a succession of sharp obscenities. "It's the most popular item we've ever had," said one store owner. "It's sad, but that's what people want." Originally it came out in two versions. The milder one, which said such things as, "Drop dead" and, "You're an idiot," was a commercial failure.

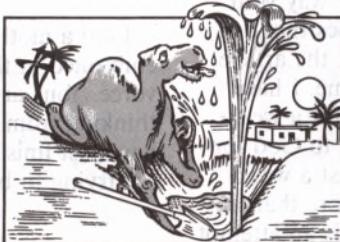
India's Spare-Parts Trade

"India now has the dubious honour of having probably the largest number of transplants of kidneys

taken from live donors not related to the patient," states *India Today*. It is estimated that over 2,000 kidneys from live donors are now sold each year in the country. Debts and poverty lie behind most sales. "We were desperate and the only other option left for me was to become a bootlegger or a local *dada* involved in crime," explained the father of three children. He and his wife each sold a kidney. "We chose the honourable way," he said. With high prices being paid for body parts, the sale of corneas and skin from live donors has also increased. "Commercial trafficking in human organs has become the biggest medical ethics issue in the country," said a prominent doctor.

Egypt's Water Discovery

Of all the lands affected by water shortages, Egypt stands out. The Nile River, its only major water source, remains subject to the growing demands of other upstream nations. And Egypt's population of 55 million is growing at the rate of 1 million every nine months. Already the nation must



import 65 percent of its food supplies. Now, however, remote sensing by satellite has revealed a vast, unsuspected underground water supply beneath Egypt's Western Desert. "Scientists believe that it may contain more ground water than was thought to exist for the whole of Africa," states *World Press Review*. "A test drilling indicated that there is enough water in one well for agriculture for 200-

000 acres for 200 years," says Dr. Farouk al-Baz, the Egyptian director of Boston University's Center for Remote Sensing."

Europe No Longer Cut Off!

For three years, digging had continued under the channel that separates Britain from France. Finally, on October 30, 1990, the two sides met when a French tunneling machine penetrated the chalk to reveal a borehole that had been drilled from the British side. Satellite photography coupled with laser systems guided the teams of engineers so well that the two sections were out of alignment no more than 20 inches in a 30-mile tunnel, reports *The Times* of London. The actual breakthrough came on December 1 after the remaining yards of chalk were chipped out to create a man-sized opening that allowed workers from both sides to meet and shake hands. Work now continues to complete this service tunnel and the two main rail tunnels, one on each side of it.

"Sweet Revenge"

The problem: how to dissuade groups of teenagers from loitering at a store and scaring off other customers. The solution: putting up outdoor speakers and playing music they can't stand. At least that's the solution that some 7-Eleven stores in the northwestern United States and in western Canada have come up with, and so far it has been working fine. The music? Programmed music that features such orchestras as Mantovani and Ray Conniff. "It's all the music that kids hate, stuff like 'Moon River,'" says one store supervisor. It's expected that other stores will soon follow suit. Says *Time* magazine: "Those who have been assaulted by teenagers' boom boxes may view this as sweet revenge."

From Our Readers

UFO's Our association has spent the last 18 years investigating so-called UFO sightings, and most sightings can be accounted for as misinterpretations. As we compare UFO literature from all over the world, your article (November 8, 1990) was a welcome change. We can only congratulate the writers of such a factual and objective portrayal. Though generally unable to share the views of your faith, we want to express our appreciation for this article.

H. K., Central Research Network for Extraordinary Heavenly Phenomena, Germany

Eating Disorders Thanks so much for your articles on eating disorders. (December 22, 1990) I suffered with anorexia two years ago, and even now I sometimes find myself slipping back to former ways and attitudes. Drawing closer to Jehovah has certainly helped me. It is good to see how *Awake!* directs help and relief to sufferers in such a loving and understanding way.

L. H., England

I am usually impressed with the way your magazine covers controversial topics that are often ignored by us Catholics. But the article on eating disorders disappointed me. I have had anorexia for 11 years. You call it a weakness and recommend that we turn to God for forgiveness. But anorexia is not just a weakness; it is a serious illness. It is more than an obsession with pleasing others; it is an attempt to deal with the fear of being unloved.

J. W., Germany

We did not minimize the seriousness of eating disorders but showed that they result from 'profound emotional disturbance.' The 'fear of being unloved,' for example, often reflects a sufferer's basic sense of inadequacy. Our article thus stressed building self-esteem on Bible values and developing a friendship with God. If setbacks occur in overcoming this malady, a sufferer can take comfort in knowing that God

is forgiving and well understands the cause of our weaknesses.—ED.

Estranged Parents The article "How Do I Deal With My Parent Who Left Home?" (November 8, 1990) brought back feelings I experienced in my childhood when my father left us. I was nine years old and felt betrayed, abandoned, and angry. These feelings stayed with me until I one day read Psalm 27:10. I realized then that Jehovah looked after me as a Father.

H. S., United States

The psalm reads: "In case my own father and my own mother did leave me, even Jehovah himself would take me up."—ED.

Three years ago my husband and I divorced. Last year he left town without a good-bye to his kids. Emotionally they have suffered tremendously and feel that he hates them. The article was a winner because it showed that the children are not to blame. I hope in time they will come to believe it.

L. M., United States

I am a mother of three, and I find myself embroiled in the storm of my own parents' divorce. Your articles helped me to change my thinking from destructive to constructive. I have just finished a letter to my father, and I am trying to bridge the gap between us.

K. Y., Japan

Quadriplegic Thank you for the article "They Told Me I Would Never Walk Again!" (August 22, 1990) Following a serious accident in 1980, I too became a quadriplegic. Understandably, most people do not know what this means and encompasses. But the article provides just the kind of information people need to be of help to others who suffer the consequences of tragic injuries.

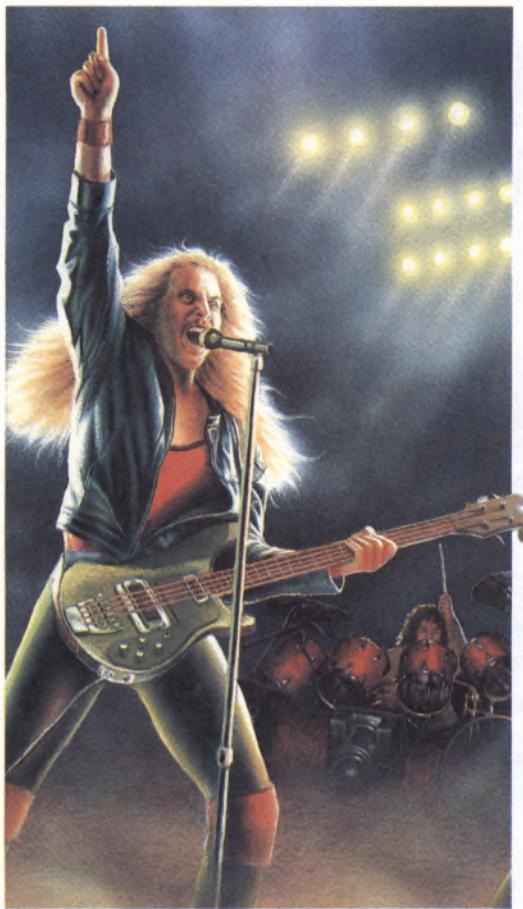
W. K., United States

Obscenity Set to Music

"THE sacred mission of rock bands—to offend as many parents as possible—is an increasingly arduous assignment in a culture growing cruder by the day," said a recent editorial in *U.S. News & World Report*. It noted, however, that some rock bands are meeting this "challenge of how to shock the already numb" by using more outlandishly vulgar language—not only in their music but even in the names they choose for themselves. The editorial reported: "Now there are at least 13 bands named after the male genitals, 6 after female genitals, 4 after sperm, 8 after abortion and one after a vaginal infection." It added that one survey has found at least ten bands named after "various sex acts" and six after vomit. Granted, most of these groups are far from the mainstream, but their influence is felt.

In Florida, U.S.A., a court declared as obscene an album by the rock group 2 Live Crew that, according to one of its critics, contained "87 descriptions of oral sex, 116 mentions of male and female genitalia and other lyrical passages referring to male ejaculation." The court ruling was

later appealed and reversed. However, a record-store owner was arrested and later found guilty and fined \$1,000 on charges of obscenity for selling the album. His lawyers planned to appeal the case.



Not everyone is offended by this onslaught of obscenity, though. In *The Olympian*, a newspaper of Washington State, U.S.A., a reviewer recently raved over the concert performance of a popular heavy-metal band. He noted that the group 'may have set a record' by using a foul, sexually explicit word "more than 200 times during its in-between-song comments. The crowd responded in kind. It was an evening of obscenity, rock 'n' roll and the American way, and the crowd was happy." The group, he summed up, "was magnificent."

The standards of some of today's music and critics are certainly far removed from the Bible's wise counsel: "No bad language must pass your lips." (Ephesians 4:29, *The New English Bible*) Music lovers, both young and old, do well not to let such obscenity pass their ears either.

Opportunity Set to Merge

first apparel and leather division. However, record-store owner and founder of Young Guns, Inc., will continue to operate the company's retail outlets. This is just the beginning of what's to come.

With several more to go,

Young Guns' expansion plan includes opening its first store in Asia.

A distribution center in the U.S.A. is also in the works, along with additional locations throughout the country. The company's international expansion has been driven by a desire to offer unique products from around the world.

The company's focus is on developing a product line that is both functional and aesthetically pleasing. The company's products range from casual wear to formal attire, including shirts, jackets, trousers, and accessories.

The company's mission is to provide quality products at competitive prices while maintaining a commitment to customer service and satisfaction.



Young Guns' founder, Tom Young, is shown here in his office. The company's success is based on its commitment to quality products and excellent customer service.

THE second mission of Rock Candy—to offer young adults a better alternative to the current music scene—is coming to fruition. Young Guns' distribution arm is currently operating in a dozen countries, including the United States, Canada, Australia, New Zealand, and the United Kingdom.

Young Guns' success is due in part to its unique blend of styles, which includes everything from classic rock to modern pop. The company's products are designed to appeal to a wide range of consumers, from teenagers to adults.

Young Guns' success is also due to its emphasis on quality. The company's products are made from high-quality materials, and are designed to last. The company's products are also made in the United States, which allows them to maintain a higher level of quality than many other companies.

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