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BLOOD ATONEMENT

The doctrines of the Church affirm that the ATONEMENT wrought by the shedding of the blood of Jesus Christ, the Son of God, is efficacious for the sins of all who believe, repent, are baptized by one having authority, and receive the Holy Ghost by the laying on of hands. However, if a person thereafter commits a grievous sin such as the shedding of innocent blood, the Savior's sacrifice alone will not absolve the person of the consequences of the sin. Only by voluntarily submitting to whatever penalty the Lord may require can that person benefit from the atonement of Christ.

Several early Church leaders, most notably Brigham YOUNG, taught that in a complete theocracy the Lord could require the voluntary shedding of a murderer's blood—presumably by CAPITAL PUNISHMENT—as part of the process of atonement for such grievous sin. This was referred to as “blood atonement.” Since such a theocracy has not been operative in modern times, the practical effect of the idea was its use as a rhetorical device to heighten the awareness of Latter-day Saints of the seriousness of murder and other major sins. This view is not a doctrine of the Church and has never been practiced by the Church at any time.

Early anti-Mormon writers charged that under Brigham Young the Church practiced “blood atonement,” by which they meant Church-instigated violence directed at dissenters, enemies, and strangers. This claim distorted the whole idea of blood atonement—which was based on voluntary submission by an offender—into a supposed justification of involuntary punishment. Occasional isolated acts of violence that occurred in areas where Latter-day Saints lived were typical of that period in the history of the American West, but they were not instances of Church-sanctioned blood atonement.

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BLOOD TRANSFUSIONS

Although there are references in scripture to the sacredness of blood, the Church does not hold that any scripture or revelation prohibits giving or receiving blood or blood products, such as gamma globulin, the antihemophilic factor, and antibodies through transfusion or injection, and it is therefore not opposed to its members engaging in such practices. In fact, individual wards sometimes have blood drives to increase a supply on hand when a ward member might need a transfusion. The Church, however, leaves the decision of whether to be a donor or a recipient of a blood transfusion or blood products to the individual member or family concerned.

The Church recognizes that the use of blood transfusions and blood products often saves lives by replacing blood serum volume, red and white cells, platelets, and other substances that may have been lost or damaged by disease, accident, or surgical operation. It is also aware that many operative procedures, such as open-heart surgery and organ transplantation, could not be as safely performed and that many diseases, such as leukemia, aplastic anemia, and certain types of cancers, could not be adequately treated without blood and blood-product transfusions.

Blood transfusions can carry very harmful and life-threatening diseases, such as acquired immunodeficiency syndrome (AIDS), hepatitis, and other infectious diseases, and therefore may be a hazard. However, these hazards may be completely eliminated in nonemergency operations by the process of autotransfusion, whereby a patient's own blood is donated, stored, and given back when needed. This practice is feasible because blood can be stored for a number of months. However, the