

“Heart-Beats”

I was born with a heart issue called WPW (Wolf Parkinson’s White Syndrome). We didn’t know about WPW until age six, when I fell, and my heart started to race at over 200 beats per minute. I still remember being driven by my father to the hospital. WPW means I was born with a second “node” on my heart that controls the heart’s electrical pathway. Therefore, growing up, I was on a beta blocker and saw my cardiologist twice a year for an EKG. Still, there were times when the second “node” would kick in, and my heart would race uncontrollably. In those “days,” little was known about WPW, so my cardiologist told me to “bear down” as if I was going to the bathroom, and that would help make the second “node” stop beating and get back to normal heart rhythm. Sometimes, it helped; other times, it took hours for my heart to stop racing.

At twenty-seven, I woke up one night, and the WPW had kicked in again. It took hours for it to finally stop. Michelle was fearful and adamant, and I was at the cardiologist within days. This was 1987, and advances had been made in understanding WPW. The cardiologist told us that it was much more severe than I had been led to believe. Thankfully, he said there was a new procedure called “heart ablation” to treat WPW. First, I had a heart catheterization where a “wire” was inserted into my groin and pushed until it reached my heart. Then, my heart was “mapped” with an x-ray. This procedure also purposefully induced the WPW arrhythmia. It was determined that I could receive the “heart ablation.” Again, a wire was inserted into my groin and pushed until it reached the “node” that caused the WPW. Then, an electrical charge was administered through the wire, effectively killing the second “nod.” At the time, I was told less than one hundred of these WPW heart ablation procedures had been performed. I was one of the first. Thankfully, the procedure was successful, and WPW and other heart-related ablations became standard.

In February 2012, we began a ministry to psychiatric and addiction patients at “Carrollton Springs Hospital” in Carrollton, Texas, on the same day the hospital opened. We served the patients every Sunday and Wednesday for seven and a half years. In 2018, I was in our 6th year of ministry at Carrollton Springs Hospital. Out of nowhere, my heart started to race uncontrollably. It first occurred while I was on my treadmill. As I always wear a heart monitor, I can see that my heart rate suddenly jumps to over 170 beats per minute; a moment earlier, it was in the 120s. But unlike WPW, I could hardly tell my heart was racing without the monitor. Maybe it’s the battery? I changed that, but it was still the same. I stopped exercising because, at my age, 170 beats per minute is over my maximum allowable heart rate. Maybe it’s the heart monitor? So, I ordered another one from Amazon. I returned to my regular treadmill exercising, and my heart was normal. I concluded it had been the heart monitor. Then again, my heart rate spiked to over 170 beats per minute while on the treadmill. In hindsight, I genuinely believed that since I had a heart ablation, I wasn’t having a heart issue, but instead, I was having a “stress” induced problem. Several times, while ministering at the hospital, a nurse would come to me and ask if I was okay. “Yes, I am just stressed.” Once, a nurse told me to wait while she got one of the doctors who came and looked me over. “I’m fine!” I said. Looking back, I was stupid! No, I wasn’t okay. Racing heartbeats are a symptom that something could be wrong. I should have gone to the ER when the heart issue first started. From August to

December of 2019, I had difficulty breathing. Again, I should have raced to the ER. I also began to experience pain in my left side. By the way, I NEVER told Michelle what was going on. Again, I admit that I was inconsiderate of her, my family, or myself for not going to the ER (at any time) during this one-and-a-half-year period. The truth is that I could have dropped dead. My death would have been preventable if I had gone to the ER.

In February 2020, I could no longer breathe. I was gasping for air. I told my brother Alan to drive me to the ER. I collapsed, even before I could pull out my driver's license or insurance card. I remember waking up in my hospital room, wondering what had happened. I KNEW it wasn't good! Michelle would later tell me she had been called to come to the hospital. The attending ER cardiologist said to her that my heart had failed and that my EF (Ejection Fraction) was 10. A normal EF is between 50-60. He told Michelle he had never seen anyone with an EF of 10 and that I needed a heart transplant. I was transported to UTSW Medical Center's Heart Hospital. I remember waking up, and a cardiologist was kneeling by my bed. She said, "I understand you're here to have a heart transplant." It was all surreal.

I was taken to the CAT Lab to have a heart catheterization. There were no underlying heart blockages, etc. All the other tests came back normal, too. My heart failure was the result of **untreated** AFIB (Atrial Fibrillation). Additionally, large amounts of fluids had built up around my heart that constricted it from beating. Much to everyone's surprise, heart medication and other treatments succeeded in bringing my EF to 30, and I was released from the hospital nine days later. However, an EF of 30 is not good!!! Yes, I was alive!!!

I began to take many heart medications and had a change in diet and salt intake. I also started exercising again, but this time with purpose and intensity. My EF was 60 within two years; the year after, it was 57. I also lost 30 lbs. My cardiologist was surprised. He said most heart failure patients don't fully recover like I had. Most have some level of irreversible heart damage. He said I would have to continue to take my heart medications and continue my lifestyle changes. But there are no guarantees. **I also made many personal changes. I fought hard!**

One of our volunteers is Kathy B., a nurse who assisted us in our ministry at Carrollton Springs Hospital. Michelle and I had dinner with her and her husband before moving to Alabama. I said God had placed it on my heart to begin a ministry to heart patients called **"Heart-Beats."** Kathy's face lit up! She said there is concise medical literature that indicates people with mental health challenges are more likely to face heart health challenges. I went home and looked it up. She's right! There is a **"Physical Heart-Mind"** connection. I didn't know that! But there is also a **"Spiritual Heart-Mind"** connection. This new information opens a new doorway in my ministry.

In summary, recovery from my Heart Failure episode in 2020 was nothing short of a miracle. I still take heart medications, watch my salt intake, and exercise vigorously. I'm as vigilant with my mental health. However, my cardiac episode forced me to grapple with the reality that every "Heart-Beat" is a gift from God. There is no assurance of the next minute, next hour, or next day-for anyone! "Time" is limited.

I Have a “Heart” for Heart Patients

This ministry has gained traction, and as of this writing, God has led me to eight heart patients. I am NOW actively doing all ten of the following “aspects” of “our” ministry. Over several months, one heart patient has received all ten “aspects” of this ministry. Some heart patients have received a few aspects, and several have received none. Like all ministry, it’s about waiting and listening for an “opportunity.”

- 1. Prayer-** I arrive at the hospital to pray for the patient and family before the procedure or operation. I also carry a “special” Shofar filled with anointing oil to anoint the patient. I got this idea from the story of David as he is about to become Israel’s King. Samuel anointed David with oil from a “Horn of Oil.” It was a Ram’s Horn” (Shofar) that was “closed” off at the large opening so that the Shofar could be filled with oil from the small opening where you blow into the Shofar. I found one “online” and purchased it.
 - ❖ Interestingly, God’s Word says that David was *“A man after God’s own heart,”* but he was also sinful (everyone is). So why was this said of David?” Because David’s “heart” was anchored to the “Righteousness of God” and not his own “works.”
- 2. Sit-** When appropriate, I will sit with the family while the patient has a heart procedure or surgery. I bring extra bottled water and snacks to “share.” I always “ask” if it’s okay to sit.
- 3. Listen-** I listen to family members’ stories and concerns while we “wait.”
- 4. Contact-** I provide my contact information.
- 5. Speak God’s Word-** I share from the Scriptures and personally when appropriate.
- 6. MP3 Player-** When appropriate, I gift the heart patient an MP3 Speaker with Christian music so they can listen to music while they are in the hospital.
- 7. Topical Bible-** When appropriate, I gift a “Topical Bible.” It is the BEST Christian resource I know.
- 8. Home Visit-** When appropriate or I am invited, I go to the person’s home to listen, gift something, bring a meal, and pray.
- 9. Shofar Trumpet-** When appropriate or asked, I present a Shofar Trumpet and instructions on how to sound.
- 10. Share a Meal-** When I initiate or am invited, we share a meal.