

Garth Wardrop
October 4, 1985

Dear M.S.G.:

A few years ago, a dentist warned me to be careful about the way I would bite the inside of my left cheek with my back molars. Last Spring, I sensed a slight irritation in the left side of my mouth which I wrongly conjectured was caused by biting the inside of my left cheek.

In around June, I was experiencing a worse irritation among my upperleft molars. I hoped that I had a bad tooth which would eventually be honorable enough to come out. Alas, you had no such honorable tooth.

I then hoped that I simply had a root-canal problem which would wait until after my autumn trip back there. Then I would have easily the cash to pay for it. Three years ago, I had tried to get blue-cross insurance, but it lacked a dental plan, so I made the right choice by passing it up.

I noticed that my teeth hurt worse around bed-time, and I figured that was telling me something subtle about bodily stresses.

Friday, July 19: I was at the Good-Earth restaurant after the church's Friday evening Bible study with a relatively unflamboyant but practical former Ambassador fellow student from Akron, Ohio. Her name, Shela Turner. My teeth were being a bit of a nuisance, and I mentioned I'd probably need a root canal done. She said, "Some times those things develop an abscess which works its way into the bone, then you really have problems." It was about then that I noticed a swollen spot to the left of my nose. Then I got worried.

My usually anti-med Polish friend said he knew of a really nice dentist named Duston Nelson, and he gave me the guy's number.

Friday, July 26--real big hurry notice, I made an appointment with Nelson for eight A.M. Monday August 5.

I recalled the root-canal I had done when I lived with you in around February of 1977. It was far more painful, and had no swollen spot. I figured that was because when I lived with you, the upper-right eye-tooth was so painful, because there was no where for any drainage. This on the other hand was an upperleft molar near the front--so I conjectured--which had a large draining area to the left of my nose.

When in 1977, the dentist drilled through, it drained immediately, and the pain was immediately gone. Duston Nelson drilled this one through, but there was only a trickle of drainage. He said that there was a Cell-mass in there.

I waited two sore days (make that three) and returned. "I think we are fooling ourselves to think that was going to drain," he said.

Nelson referred me to one of his associates across the street named Flynn. Why sure, Arrow Flynn, name fits him.

Unlike Nelson's lively and friendly back-up of females, Flynn ran an outfit with a receptionist behind an impersonal glass, and he had a slightly more technically-oriented demeanor about him. Flynn had me X-rayed, and he did his homework for surgery at St. Luke's on August 22.

Around one P.M. August 22, they shot me with the penathal solution, and remembering the enucleation in 1977--the eye operations--my last words were, "I wish I didn't have to miss this."

Next I remember it was around 5:22 P.M., over four hours later. Says Flynn, "It was a hard surgery. We must keep you over for observations."

All my upperleft molars were gone, my mouth was as dry as the Sahara after its languishing centuries, and I had numb dry spots on my tongue. I paid a week's penalty for picking one off. I had dangling stitches from the roof of my mouth, and I paid a week's penalty picking one of those off.

By about seven P.M., my hour-and-a-half of self-destruction was over. Now my mind turned to the fate of a roommate who was facing a disciplinary action by the church. I called the house around nine P.M.

The night passed in slow-to-pass two-hour blocks of time. Activity in the I-guess four-or-five-bed room never quite ceased through the night. I laid there as they read my blood-pressure arising from 110/78 to around 140/90 by seven A.M. "He's in pain but he's not ~~XXXXX~~ complaining," some one said. At around 5:30 A.M., I called the pastor who has responsibility for me at the Pasadena church offices. "Send my transportation to get me out of here," I pleaded. "I'm not used to dealing with these characters, and I don't want them talking me into staying."

Flynn wanted to keep me another twenty-four hours, but one night was all I wanted.

My nerves did the high-jump loud noises, and the minutes added on were a match for Halicser's legs shifts six-inches off the ground. A friend made a preplanned visit from Ventura, and I wasn't a far cry from spending the week-end with him, but to express solidarity with the pastor, I let him, not the Ventura friend, provide the transportation to get me out of there.

That Friday night, I lay in the middle of the living room floor discussing the situation with my roommate who was leaving in two or three days. Delaying on the pain pills every four hours was out of the question.

Sunday morning, I went out to the nursing home as the main guitar player of our little sing-along for the people there. "Are you all right, Mrs.," a lady called out seeing my bandaged face. "This is officially, if I can do it you can do it day," I declared. I even did my routine lead on "On top of spegetti, all covered with cheese," to the tune of "on top of old smokey," and the day went off without a hitch.

It was the last heat-wave of the year, and our air conditioner was a few days short of being fixed. I put away gater-aid and caprat juice, avoided orange and great fruit juices, on account of my post-surgery transgressions.

At around eight Friday morning, Flynn payed me his bed-side morning visit after still in St. Luke's. For the first time, I notice the element of feeling in his voice. He thought he had removed a benign tumor. He may have said something at the time about it interfering with soft tissue in my cheek. But he was awaiting pathologist reports.

Wednesday, August 28: I was at Flynn's office with a tape recorder:

Flynn: "Let's take a look at you."

Garth: "O'k." "Guess you got a good long look at me last Thursday, didn't you?"

Flynn: "I certainly did. A little more look than I WANTED to."

That is when I began to like Flynn. I could see that I had put him through an ordeal.

Flynn then pulled the packing out of my jaws. He yanked this two-foot long string out of there, and while he was pulling, that hurt.

Flynn did some stitching and then broke some preliminary news: "Garth, the pathologist's report final pathologist's reports on you were that they had a benign tumor. But then they hedged a bit. And they said there was one area of the tumor that was invading muscle."

This was the piece of that muscle that I took out right in this region right here," (left of the nose above the jaw). "So they have sent the pathology down to U.S.C. to a doctor down there named Dr. Abrams. And he's a world-recognized oral pathologist. He's going to give us his opinion of it. So at the present time, I think we've got to wait that we have to do, till we get his opinion. When we get his opinion, we'll have to sit down and have a talk and decide how we're going to continue to treat this thing. But until we get it, I don't think we're going to have a good discussion on it."

I responded to Flynn's observations dryly: "Because since it was invading muscles, there's a chance of it spreading?"

Flynn: "That's right. What he's saying to us is essentially two things. He's saying this is a benign tumor. And then he says but it's also invading muscle. In my book, benign tumors don't invade muscle. On the other hand, he's saying this is a benign tumor. So, that's why I would like to have all of his specimens that he has had--and he has lots of it--he volunteered to do this, was to send it down to Dr. Abrams to get another opinion on what's going on."

Garth: "It would be a little harder to check for a tissue to know how much tissue it's invaded."

Flynn: "Let's just leave it till we find out. I'll sit down with you, and when we get some more valid information and go over all the different options that are available. No one's going to do anything till they get a confirmation of this report and decide if there's a malignant aspect to this or not."

Tuesday September 3: Flynn: "The tumor that you have in here was a very large tumor. It extended up to the floor of your eye--in other words, the bone was OK up there--but then on the nose side it had eaten away all of the bone on the nose side of your sinness. . . . It had eaten away a good part of the bone on the cheek side of your sinness. It had grown in around the teeth down on the jaw side of the sinness. I removed all starting with the bottom, all the teeth, and the bone that had any involvement with the tumor. And I'm sure that we got all of that out. On the top part of your tumor--and where it came off cleanly from the floor of the orbit, I am also sure that we've gotten all of that out. Where it grew into your nose--and it wasn't on bone, it was just on soft tissue--all we could really do was to have it peel away from the soft tissue. There's no way to tell if there is tumor cells left on that nasal mucosa. Where it was in the cheek, I took biopsies of the muscles in the cheek, and before I removed all of that. And the biopsy showed that the tumor was growing into the muscles. The pathologist has said that this is a benign tumor. At the same time, he is saying to us that it's growing into the muscles. Benign tumors usually do not grow into muscles. There is no way to tell that it removed every last little bit of the tumor. I removed every last little bit I could see. But not necessarily every last little bit."

"Now, he was going to send the thing down to Dr. Abrams at U.S. G. And I called Dr. Abrams last week and we've called each of them today--and it turned out that Dr. Abrams didn't receive it, so Dr. Craig--that's the guy at St. Luke's, pathologist--is going to hand-carry the stuff down to him on Wednesday, and he's going to review it this Friday. . . . Your choices are to leave what I have done alone and wait and see if there's a recurrence, (2.) to have what is essentially a hemi-maxillary resection--where they remove half of your upper jaw, including the soft tissues that are around that area. THAT WOULD NOT BE WITH A CLOSURE. . . . I closed this up. . . . If you have a hemimaxillectomy, they don't just remove the tissue, it would leave a big hole that extends into your sinness up to the eye, and they close that with what's called an obturator."

Flynn then attempted to avoid a possible misdiagnosis by instructing me to get a blood test for perithiroid disease.

Garth: "What kind of long-term symptoms do you associate with a perithiroid disease?"

Flynn: "I don't really know, Garth. I'll tell you--I'll be honest."

Flynn: "I would refer you back to Dr. Clinton for him to rule out perithiroid disease. Perithiroid disease can cause these giant cell tumors."

Garth: "Benign or malignant ones? Do they cause one more than the other?"

Flynn: "Benign or malignant? If you don't have perithiroid disease, it doesn't mean you can't get the tumor. It just means that it's not that cause. In other words, we don't want to be treating the tumor if what you have is perithiroid disease."

Garth: "What's the best reference source that you know of on the perithiroid disease?"

Flynn: Alth: Textbook of Entrochronology

Garth: Well I've decided that out of compassion, I don't want you to have to do another surgery.

Flynn: . . . It's not so much for me.

Garth: Remember when you said more than I wanted to be told?

Flynn: Well it's because there was more in there than I like to see anybody have, to tell you the truth! Now I'll tell you, if you have to have another surgery, I would refer you to another doctor, if not that kind of surgery. That falls into the cancer category of surgery, and I would send you on for that--but, that's the decision. I think you still have to make, because there is the possibility that we can sit and follow you and look for recurrances. Do you know what I mean?

Garth: Well, I would assume that if you're looking for recurrances that it's gonna spread in the time being.

Flynn: Not necessarily so. This could recur locally, but the length of time we're talking about to get this information that we need for you to fully make your own decision isn't gonna change one thing for or the other. If somebody was gonna reoperate on you, they probably wouldn't bother to do it for another two or three weeks.

Garth: How long would you be able to tell whether there was a recurrance?

Flynn: Depends on how quickly a recurrance came back and where it came back. If you had a recurrance that started high up on the nasal mucosa--the nose side--it would be very hard for us to find it, and we would have to do it basically with X-rays. If you had a recurrance that happened right next to your tooth, it would be very easy to see. We'd know right away. Nothing in life is simple, right?

Garth: I'll be gone from September 24th to October 15th.

Flynn: Well we got plenty of time for you to decide what you want to do before then. . . . Friday and I'll take out the rest of the virus--open stitches, and I'll call Dr. Clinton today.

The final report was that the tumor was malignant. Flynn referred me to Dr. Fisher whose office was a block south of Huntington Memorial Hospital in Clinton, Huntington, and Fisher were all within three blocks south and/or west of the corner of California and Fair Oaks. Nelson and Flynn were within three buildings from the crossings of Cordova and Almalino.

I wrote out checks with a watchful eye, because I still had no money for the three-week trip to Michigan and Ohio to see my family and friends and for the Feast of Tabernacles.

Fisher advised me concerning the C.T. Scan. "But won't that be ever affected by the recent surgery?" I asked. "I hope not," was his reply. I got the C.T. Scan and was back for the fateful meeting in Fisher's office September 17. This was the day--FROM THREE THIRTY P.M. SEPTEMBER 17 TO NOON SEPTEMBER 18 WHEN I FIGURATIVELY WRESTLED WITH THE ANGEL (Gen. 32:24-26, Hosea, 12:3-4). Picture a tournament in which this is a quarter-final match against the one-seated opponent. He's the obvious favorite and the class, but his lack of creativity is his obvious weakness--another words he can be upset by

resourceful characters like Bill MacArthur or Percy Latham.

It began between 3:30 and 4:00 P.M. at XXXX Dr. Fister's office, as follows:

Fister begins commenting on the September 12 catscan: "Some of the distortion we see on the catscan is from the surgery that you've had---"

Garth: "Y'eh I figured that."

Fister: "Trying to identify that from the tumor itself is a little bit--I think--difficult, but you know we have an extensive process, and I'm not sure that some of the decisions that we have to make can be made before surgery. . . . At the time of surgery, we'll have to identify if the little bone under the eye is involved and whether we need to take that or not. . . . I ~~don't~~ don't think we can answer many questions as I would like to from the ~~C.T.~~ C.T. scan. I've discussed it with Dr. Wong, and I just think we're gonna have to plan to remove this part of the hard pallit, the maxillary sinus on the left side--now the maxillary sinus is the space between the eye and the hard pallit--"

"Dr. Flinn has been there before with his surgery, but I think it's important for us to get around the margins if we possibly can."

I began turning over in my mind the strategy of working out the details of a tentative schedule ~~XXXXXX~~ while reserving the decision until tomorrow. Reagan as governor of California worked from a ~~XXXX~~ position of strength by arguing principle with applications more extreme than necessary. Behind the scenes, his men negotiated the so-called compromise, and Reagan came out insisting that they had gotten what the bottom line required.

Garth: "Did you want to do a physical?"

Fister: "Yes. I need to do a history and physical and get your whole life history and check your blood pressure and your heart--THE WHOLE THING--"

Do you have any questions? I would like to be able to answer MORE things for you, but if you have questions, let's see if we can field them, and answer them for you."

Garth: "Would it do any good to do a C.T. scan in about a month? Would that make any difference?"

Fister: "Well, you know since we really don't have a very good time table as to when this started and when you got to the point where it was as large as it is, I really don't think that waiting a month is going to do anything except make it more difficult for us. It just is a very--under the microscope--is a very aggressive looking tumor, and I think the sooner we're at it, the better. I don't think a matter of a few days is important, but I do think when we're talking a month, then I do think we're talking about a problem that could give us more trouble."

Garth: "Well, all have to wait three weeks anyway, cause I got a trip planned that---so, Sixteenth of October, is that too late? (I must have displayed perplexity by speaking in broken sentences more than would be my custom!)"

Fister: "Are you leaving then or coming back then?"

Garth: "I'm coming back then."

Fister: "Well, we're talking a full month. I would much prefer to have you get this taken care of and then maybe plan your trip or go on the trip. We have a fair amount to do here. We need to get you to a what-we-call-a maxilla-facial prosthodontist, who will take an impression, so that when we remove the hard pallit on the left side, we have a little denture to slip in there to close off that area, so that you can speak and swallow normally. And I think if we have an impression made before the surgery, then we can have something

to put in there at the time of surgery, so that the day after surgery, you could eat normally and talk normally. If we don't get it, then we fill it with a packing, and you can talk and eat pretty well with the packing, but then sometimes it's a little more difficult to convert over to the denture." . . .

Garth: "My plan was to leave next Tuesday--the twenty-fourth-- and come back, Tuesday the fifteenth."

Fister: "Where are you planning to go?"

Garth: "Michigan!"

Fister: "Well, I know I think this should really assume a very, very high priority, as far as your living right now (remember those words), and get this taken care of before we get into more difficult problems."

Garth: "Now, is the problem of getting the impression made, is that a surgical problem?"

Fister: "No, we use a Dr. Bullock and a Dr. Curtis (Remember the name Curtis). Their office is over on South Lake." (Their office is two floor below the Worldwide Church of God legal office.)

Garth: "What's the procedure for that?"

Fister: "We would make the arrangements and make the appointment for you."

XX Garth: "I mean what's the procedure for actually having that done?"

Fister: "To take the impression?"

Garth: "Y'eh."

Fister: "You just go in and they put in a soft plastic and let it sit, and then they make an impression of your pallit in an acrylic substance that will fit in. They put some little wire loops on it, so it will clip to your teeth on the right side, and occlude or obturate the defect on the left side for us."

Garth: "Then could I do that before this Tuesday and aim for having the surgery around the sixteenth of October?"

Fister: "Well, I'm not for having the surgery that late, Garth. I really think that we ought to plan on doing the surgery (as soon as) next week if we can get everything scheduled ~~XXX~~ in together. This is a--this is a--rapidly-growing tumor under the microscope--an aggressive tumor and I really think that it could make a

substantial difference in a period ~~of~~ ~~XXXXXX~~ (Receptionist enters.)

Fister soon after: (this is a) "serious" enough problem, Garth, that we really need to make it your primary concern right now (remember "primary concern right now") to try to get this thing taken care of for you. I do think you know a month is more time than I'm comfortable (with) as far as delaying it. And we've already been (I hit the low-frequency mark on the printing-house C.E. recorder on the last underlined words "And we've") ~~XXXXXXXXXX~~ "fooling around with this since August twelfth, and I really would like to, to move along if that is that agreeable with you?"

Garth: XX (casual-sounding) "Oh 'all prob'ly decide that some time domorrow. Talk to some other people. Um, when would the surgery be do you figure if we were to do it as soon as possible?"

Fister: "Well, within seven or eight operating days, so roughly maybe the END of next week or very early the following week. ~~XXXXXXXXXX~~ I had to respond quickly to head off surgery early the following week. That would wipe out the Feast of Tabernacles."

Garth: "So you're talking..."

Fister: "Well, the reason for that is that always right after Labor Day we start seeing people, and by the time I ~~XXX~~ can get 'em worked up and get the C.T. scan and get everything together,--and we've run into this kind of a ~~XXXXXXXXXX~~ crunch time--and, so we're scheduling a little farther ahead than we normally do for surgery. But I really would like to get it scheduled if that's agreeable with you."

Fister proceeded with the physical which is recorded and interesting but not worth detailing here. Late during the physical, I began addressing the issue to date the surgery.

Garth: "The problem is coming up, we have a religious festival coming up between from September thirtieth to October seventh."

Fister positioned me for my blood pressure which has a neat sound effect on the tape, then he responded: "I just have a lot of concern about putting it off so long when it's so aggressive under the microscope. I've gone over the slides with Dr. Johnson. And I do not really think we're doing you a disservice by not pumping up the blood-pressure device" addressing the problem as soon as we get things in order." (In the academic and lecturing arena, addressing a problem is done in words, but in the arena of carrying things out, addressing a problem is a thing of action.)

Garth: "Well what's the chance of doing the surgery by Friday the Twenty-seventh if you were to do it early?"

Fister: "I'm listening to this stethoscope. I didn't hear your question, or whatever."

Garth: "What's the chance of doing the surgery by Friday the Twenty-seventh if you were to do it that early?" (Whether he heard the condition, he would have to indicate.)

Fister: "I think we can get it done by then. I have a girl that runs the calendar, and she's the one that makes all those decisions."

Garth: "So you couldn't tell much from the cat scans?"

Fister: "I really couldn't, Garth."

Garth: "Surgery confused it, didn't it?"

Fister: "It really did, and, it doesn't mean we shouldn't have done the (test). Surely, if it could have helped us, it would have really been a big help and a big benefit, but unfortunately the tape ended while he gave technical information as to the precise identity of the tumor, but that appears on a later tape (Madon, Oct-15) in essence."

Dr. Fister introduced me to his close coworker Dr. Rackabaren.

The Fister-Rackabaren team would perform the surgery.

After Dr. Rackabaren looked me over, we cut short the already over-time gathering, because Marcia Lenke was waiting outside. Marcia and I went outside where she was parked in handicapped parking without a sticker. The fifty-dollar ticket that awaited her upset her royally. I consoled her by taking the ticket off her hands and insisting I could cover it. The ticket was a little thing after what had just transpired in Dr. Fister's office. I already had been billed for \$1850 and paid \$50 for the first surgery—that is after Medicare. The next surgery would double my debt and I was on a deficit spending for the foreseeable future. I avoided panic by carefully applying Christ's instruction: "Do not be anxious about tomorrow, for tomorrow will be anxious for itself." (Matt. 6:34) I then thought of a week or two earlier, I had already thought through the possibility of malignancy as something to be treated, as a conditionally-terminal situation. In computer logic, you never deal with doubtful possibilities. Everything is a conditional reality. The procedure division of the program is simply set of firm and precise instructions designed to prepare for every contingency. By this sort of thinking, terminal illness is as much a reality as complete health, provided both are regarded by others as possibilities. I came to terms with the situation by reviewing what were the certain aspects of the human condition. I then, I realized that the very early Scientific study I did related to the creation's hints of a Creator were the foundation of what I was certain about. This is because it required no assumption that the Bible was totally accurate—what numerous witnesses of long ago said was their responsibility, what I am a witness of is my responsibility.

Now the problem was more serious, because working around the coming festival was testing my will to follow Biblical instruction.

Needless to say, it was easy to take the matter before God." My interaction with the minister appointed to council with me and give me recommendations and instructions was better than ever. This situation was something I had no way of knowing how well I was prepared for. On June 17, I wrote a prayer at the time to settle the matter with church government, and how little I knew the value of it. This problem seemed to defy past instruction, for did it not say we should...

The opening of my written prayer shows the whole tone of my mood and difficulty. "Father, how will your name be hallowed, this evening of September 17?" "Father, show will your name be hallowed, unless we are your slaves? Slavery to the physicians looms before me, and if I pray, thy will be done on earth, and I let a purchase with a physician change my feast plan as if you cannot be expected to intervene, I come to close it, seems to sacrificing your feast!"

A responsible party who has been forced to come face-to-face with the real business of human survival makes decisions which show God his most fatal intentions. For all practical purposes, he has met his day of judgment. That was my conclusion just before the midpoint of the written form of the prayer. "My judgment day has come upon me. No surgery, and I have no guidance. With surgery, I have not teamed up with God the way I need to. This--my judgment day--in a thousand years will seem to have involved a worthless period of time. Has God said, 'Spare Garth the time he looks forward to (the coming of forty years on this planet) he looks forward to with intrepidity?"

I went to bed with the matter unresolved as I had this dream about two pieces of property that had adjacent driveways. You know adjacent and parallel driveways are usually separated by something, a fence or a hedge. This was separated by a roughly square plot of grass. Some Japanese ground-crew (you know how well the Japanese executed instructions), well, this ground crew uprooted the grass, and left the plot perfectly smooth and lifeless. People lamented over the plot and were intimidated by how well the ground-crew had smoothed the place over. I awoke around 2:00 A.M. with the identical feeling of intrepidity lingering that I had felt during the dream when voices in the night lamented during the dream. Often, my dreams take place at night, because my mind thinks it's supposed to see something, and I've been blind so long that the source of my dream signals don't project a day setting into the dream. Childhood scenes usually take place during the day, because I could see light then.

I laid awake awhile and realized my praying wasn't finished, and then came out into the living room and after awhile, around 2:45 or 3:00, the idea crossed my mind to call Mother, who was expecting me to meet her in Detroit next Tuesday. I called at around 3:30 A.M. My worried and she immediately set about to confirm my arrival. Her arrival was "Come on out to Pasadena," I said. I broke the news about the malignancy and told her surgery would be September 27.

Around 8:00 A.M. I left a message at the church office (notifying Robin Webber--the responsible minister--of my change in feast plans. He and another minister named John Kennedy met me at the Travel agency about noon. Incredibly, Mrs. Susan Webber--Robin's wife--and I met at two doors north of the travel agency before Webber and Kennedy's arrival, and I had crossed paths with Kennedy on campus around 9:00. I expected Mr. Webber to quietly suggest that next time I consult him before deciding, but it was not the way he chose to operate. He bought lunch and mentioned that I was better off here where I was familiar with the festival environment. That was a bit of relief. I then wrote Mother and here neatly in sequence with this narrative is that letter.

...the problem was more serious, because the festival was getting very busy...

(Address of writer of letter and address)

For now, this reconstruction of my letter to Mother, I think written Thursday September 19, will have to do. I'll be glad to hear from you if you have any questions. I'll be glad to hear from you if you have any questions. I'll be glad to hear from you if you have any questions.

Garth Wardrop
 734 East Mountain Street Apt. 42
 Pasadena, CA 91104
 Sept. 19, 1985

Dear Mother,
 You are taking Republic Flight 333, leaving Detroit metro Thursday September 26 at 9:30 AM. It arrives at LAX at 10:55 AM. Pacific time. You'll need an identification card along with you.

I am coming with a ride to meet you at the airport. I am to be at Huntington Memorial Hospital at 1:00 for the Physical the day before surgery.

I have been through this situation with the first surgery. I left after the day-before physical and was admitted the day of the surgery.

I want you to be able to meet some of my friends, so we will get together at the Good Earth restaurant for supper on that Thursday. The food is especially healthy there, and I have gone there with friends nearly every week for a long time.

My roommate Roy Dorning from Washington State will be there. His girl friend, Marcia Lemke, is from Toledo, Ohio, and reminds me of Sandra Boron of the school-millage days. She has an up-front personality, and she reminded me so much of your ~~XXXX~~ friends that she is the first one out here who ever actually made me home sick.

Another fellow, Garry Glassford will be there. He's from upstate New York, and is one of the first long-term friends I made at Ambassador college when I was first here seven years ago. I can't think of any one you knew at home that reminds me of him, but he does ~~XXXXXXXXXX~~ remind me of a fellow named Pat Fogel at M.S.B. If you knew of any one like him, you would probably have known him in High School.

I will be in there for surgery Friday morning. After the last surgery, I was in a hurry to get out, and I told the doctor then that him and I could not afford for me to remain in the hospital. I was released then twenty hours after surgery, a day ahead of when the doctor wanted me to be released. This time, I'm hoping I can start fighting with them about letting me out Sunday, so that I will be out of the hospital for the feast of Tabernacles which begins Sunday at sunset.

I'll be taking it slow for the next several days, while the stitches are still in. I learned from the first surgery that stitches have a way of telling you to slow down, and I know from that situation my paces. I'll simply have to take pain pills and antibiotics and play things by ear. I won't be able to stay in the auditorium for services during the feast, but I will see about sitting away from the crowd a bit in an overflow area perhaps in the student center if that is being used during the feast. In the event that I have to remain in the hospital, we'll just play it by ear.

I would have to be back in the doctor's office to have the stitches checked on or removed about six days or so after surgery. I found that once the stitches are removed, the pain is a lot less.

I don't intend to be preoccupied with these physical problems during the feast. The whole idea is to celebrate the civilization God is setting up to replace this present one. There's no need to be preoccupied with today's difficulties when the time is designated for looking beyond to the world to come.

After reading the letter to my mother is the best time to take a look at the appeal for strength in that darkest-hour prayer on the evening of September 17. "I will not repeat my past error of not turning to You. I am your slave, not the physician's bondsman. You decide whose customer I shall be.

XX . . . "I will not take action that will weaken my courage. Post-feast (Oct. 16) surgery is foolish; quickest surgery or no surgery are the ~~XXXXXX~~ alternatives. I will not cancel surgery ~~XXX~~ and "God's will determines my future physical condition. (That ~~XX~~ would be presumptuous, unless God intervenes before surgery.) My Creator will give me something to which I can faithfully respond. I will not act apart from (or independently of) my Creator, and THE BRETHREN SHALL BE ENCOURAGED."

"Either I will not ~~XXX~~ have surgery knowing God will heal me (physically in this life), or I will have the surgery as the consequences of my error AND BE ENCOURAGING. . . .

"Let me be spared doubt. I will not act in a double-minded way. . . . I will not say, 'God delayed.' Give me an option by which I will be an undeceiving inspiration to others. Let the surgeons say, 'we found hardly anything' when they knew something should be there. And if you will do that, why not a post-feast surgery? No, I will not work up my own (contrived) faith (Christ's undeceiving faith is what's called for (Gal. 2:16)). I am in a dilemma from which you can deliver me by intervening. In Jesus's name, Amen."

Perhaps I should be weary at this point about praying to be seen. However, many speak of praying (as a matter of theory or heresy). Perhaps David's tenacity in some dark hours preserved in the psalms will come to life now that I have presented these details.

Now it is clear that I elected surgery to serve two objectives. (1.) I wanted as certain a diagnosis as possible. The catscan had failed to serve that purpose. The observations under the microscope were not sufficient, since that was someone else's witness. (2.) The surgery was for purging, not healing. Slowly, however, the physical condition was a concern which was facing increased competition. Mother was coming out, and I intended to be a source of strength not the object of spiritual need. The dilemma was being resolved by something I still did not know: THE SURGERY WAS THE CATALYST TO A SOLUTION, NOT A MERE RESPONSE TO A DISASTER!

Cold symptoms set in Friday. Nasal congestion overtook me Saturday. Saturday night, one of my apartment mates, Al Doshna, and I had some ~~MAX~~ Pop-eye's chicken. I was so miserable that night into Sunday, the handwriting was on the wall. A bad cold and a five-day count-down till surgery spelled war. I got carrot juice, vitamin supplements, and I've ~~XXXX~~ forgotten all the details. My unusually good sleep pattern left as I set about fighting that thing. By Monday, my left ear was agitated, but my very mild fever broke late Monday.

I contacted Fister's office, and they told me to keep an eye on things, and as long as no lung congestion was in the offing, there was no likely danger. Tuesday night, I had a relapse, and sunset Tuesday to sunset Wednesday was the annual fast.

Around 4:30 P.M. Wednesday afternoon, Sept. 25, I wrote a prayer which included this key ~~XXXXXX~~ appeal: "I claim Your promise that You will heal my wounds that begin with my spirit and carry over into the flesh." I did not read Psalm 107:17-19, but I was of the same training with it's writer: "Some were sick," the passage begins, "throughout their sinful ways, and because of their iniquities suffered affliction; they loathed any kind of food, and they drew near to the gates of death. Then they cried to the Lord in their trouble, and he delivered them from their distress;

Another individual might have gotten out the concordances and 12 located this important passage during the fast day. I only vaguely recalled that either Psalm 103:17 or 107:17 had something to do with sins leading to sickness which necessitates healing. Not until today in writing this have I actually looked up the passage. Working with some degree of independence from the ancient text while yet being of the same thinking as the ancient man of God who wrote it is important to me. It exposes us, people thousands of miles and thousands of years apart, serving the same God who Created us all. Prudent and weary legal judges know the value of independent witnesses (Deut. 19:15, John 8:17).

Thursday around 11:30 A.M. Sept. 26 my mother was greeted by a rainbow coalition at the L.A.-K Airport. (A black man named Keith took time off his work to provide transportation. He drove from L.A. to Pasadena, picked me up, and agreed to stop and pick up Masa Greenleaf--a Japanese lady of about seventy-two ~~XXXXX~~ years of age.)

By around 1:00, we had dropped off Masa--she will become increasingly important in what's happening as time goes by. We checked into Huntington Memorial Hospital around 1:00, Thursday Sept. 26.

When I heard about the need for I.V. antibiotics the night before surgery, I knew I would miss supper at the Good Earth. The real objective of the supper was to have Mother meet my friends, so following the course of a Reagan-style compromise, Mother went to the Good Earth for supper, and I was quite content in the hospital.

Mother says I called the house and left a message while they were at the Good Earth between around 6:30 P.M. and 9:00 P.M. Mother returned the call and was terrified. I instructed her to go through my desk drawers and find my material from the church legal offices for writing out a will. She got up well before dawn and wrote the ~~XXXXX~~ four-page general document.

By a little after 7:00 A.M. she arrived at Huntington by foot (a walk of some twenty to thirty blocks) and dictated to her the final three pages. There's an interesting series of four-and-three sequences in the book of Revelation. Well, gurney was brought around 8:30. We held up the gurney-ride to surgery five minutes as the necessary complement of witnesses joined me in signing the will. It seems I was puzzling over having just received the initial shot before surgery, and I wondered whether I'd have my senses long enough to legalize the will.

Isaiah instructed King Hezekiah, when Hezekiah was mortally sick, "Thus says the Lord: Set your house in order; for you shall die." (Isaiah 38:1). I had avoided a physician's imperfections every day, having the chance to slay me with my house a mess. My co-workers were acknowledged. I went to surgery TOTALLY CONTENT. Mother can fill in what I am not a witness to.

Her last words were, "I love you!" And not unlike Peter's reply (in John 21:15-17 according to Origen's analysis), I did not respond with the typically identical words but said, "You're a dear one."

Bill Cosby's satire of awaking after getting tonsils out is worth meditating on here. I awoke around sabbath noon in Room 3514. An elderly but energetic church couple, Mr. and Mrs. Marvin were there. A few years ago, a famous EX divorce case was Marvin versus Marvin. Recalling them, I addressed this worthy couple as Marvin and Marvin.

Sunday, I remember next, thinking it was around 11:00 but I later learned it was hardly dawn. Mother said something about a guy she knew who drank. She asked what the Bible said about drinking, and I gave her a set of Scriptures which she read back to me a week or so later. It was a useful list. Proverbs 31:6-7 was one which was on the list and said, "Give strong drink to him who is perishing, and wine to those in bitter distress; let them (probably the perishing) drink and forget their poverty, and remember their misery no more."

(SO MUCH FOR A SPLITTING HEAD ACHE IN THE LAST DAY OF SKULL-BONE CANCER IF THAT'S THE SHORT-LIVED CONDITION! WHAT DO YOU THINK OF THAT?)

Mother attended the opening assembly for the feast of Tabernacles. It was Sunday evening, the eve beginning the sunset-to-sunset Tishri 15, ~~XXXX~~ September 29-30, 1985. The custom is that a video of Mr. Herbert Armstrong's pre-recorded message is heard at all the festival locations worldwide. Mother heard something in the message she wanted me to hear later and examine carefully.

I could hear services at the Ambassador auditorium by calling over the phone. I was still drifting in-and-out of consciousness at the time of day when I had surgery. The drug they gave me killed my pain and short-term memory, and I could converse naturally while not able to remember it afterward. By Wednesday, I was back to bearing down on hard tasks. I receive a big gift from my former roommate, Ken Grove. He brought my six-string guitar, my G.E. Printing-house cassette recorder, and my Sources of Truth.

My mother called my father's sister, Dr. Thelma Schinn away from Arizona university. Her brother, my Uncle Keith and his wife Dorris came out in a car Keith had just purchased over Dorris's objections. The old car was sufficient for driving around Phoenix. They had no way of anticipating that that old car would not be enough for a coming trip to Pasadena.

I showed them a page in my Sources of Truth manuscript, and Thelma was impressed. She has since contacted people at Michigan State regarding my use of facilities there.

The guitar, I took into the lounge--well they wheel-chaired me into the lounge, and I demonstrated the use of a middle-eastern and a gipsi minor scale. I do most of my improvising in the key of A on the middle-eastern scale used as background in the movie The Day Christ Died.

I was limited as to the use of my cassette recorder, because Ken brought my radio but waited another day while thinking up a patch cord. So, I listened to N.P. Radio's morning edition from 3:00-5:00 or maybe 4:00-6:00 Wednesday morning and was having a fit. They ran a piece about terminally ill people in hospitals and the merits of prolonging their lives. I did record a valuable All Things Considered piece on cancer and diet September 24. By Thursday, Ken had provided a patch cord. In pain and unable to sleep, I was up at 2:45 setting up to record. Well, nothing was worth keeping that day, but just the idea of having recorded it suited me fine.

After a ~~XXXX~~ nuisance of a pain pill, the fitting of a less-than-satisfactory prothesis in my mouth, and a long wait for a ride, Mother made it home. I was now experiencing the most uncomfortable forty-four hours of the whole experience, from 5:00 Thursday morning to 8:00 ~~XXXXXX~~ early Saturday.

I was operating on unbridled will. It was the Feast of Tabernacles and the instruction is, "Spend the money for whatever you desire, eat there before the Lord your God and rejoice." (Deut. 14:26) My leniency III didn't do too bad, but I was ~~XXXXXX~~ reluctant to take them every four hours, and when I took them closer together till I reached that point, Mother became concerned.

I refused to pass up a trip to the Good Earth. I was in the habit of going there Friday nights. I wasn't about to sit home and stew over not making it there. My soul desired going to the Good Earth, so I went and let my pain pill wear off. Between about 7:30 and 10:00 P.M. I ate a meal out of determination, because the ~~XXXXXX~~ large glass of fresh orange juice was a sore proposition. It took me some forty minutes to down a cold totti which lubricated my prothesis and caused it to come undone twice every three bites. I drank water to keep it longer. Mother gave me fish--so much for the liquid diet. I was only supposed to be primarily capable of Eggs were easy to eat with that thing, because it didn't fit well and liquids were a bit of a problem.

M.S.G.

I put away a large bowl of twelve-summer vegetable soup. Its tomato base was ill-advised - minor boils are a likely consequence, but it gave me an idea on how to make delicious soup.

I downed a hot Good-Earth spiced tea. It was too hot to go unnoticed. Well, I just couldn't negotiate those dry rolls - ate a third of one. I want to tell you, I went home PURIFIED. I never went through so much work - yes, sir, hard labor - to eat a meal, and it was an accomplishment. I cherish it.

1:00 A.M. Saturday morning, the anatomy lesson began. I began going through extreme physical reactions, and was astonished by the fact that I was experiencing no peritonia and no hallucinations. I remember something like it after my second trip to the Philippines to work when I snapped out of a mild state of shock. When the reactions were over, I could tell I was thinking at a clear and faster rate. Mother and I began hashing out problems we could never iron out, and I cried for the first time since I was twelve years old. Around 4:00 A.M., I went through more reactions, and my body felt like it was at least twice its weight, but pain wasn't a problem, and my thinking was clear. For all practical purposes, that was the end of my sleep for the next forty-three hours (Saturday 4:30 A.M. to Sunday 11:30 P.M.).

Off and on during this time, Mother and I reviewed the past and figured out what each one of us had needed to know about the other and what we could not know until this time.

Around 10:00 A.M., we were in Dr. Curtis's office to have the prosthesis readjusted. He worked at it in vain, and every attempt to fit it in my mouth hurt right on the surgery's cutting edge where the hard pallid had been neatly bisected. The experience at the Good Earth among other things had been a warm-up. I weathered poor Dr. Curtis's vain efforts, because the situation did not call for weariness.

Dr. Curtis sent us out feeling as bad as my pain was supposed to make me feel. I simply didn't like wandering around in public with an unstable talk-suck-and-swallowing device. My ability to walk a straight line was distorted, and I kept angling clockwise.

Back at home, I got some wire cutters from Ken Grove and tried to make the thing more workable, but I cut a leak in it. Dr. Curtis told us he would have a new one ready by Monday around 6:00 P.M. Around 1:30 P.M. he called and told us to come in around 6:00 P.M. that evening. He had urged a lab crew to do a rush order. My body did a black-out job around 3:30 P.M. and I woke up with a bad reaction around 5:00, fearing we had missed the 6:30 appointment.

The new prosthesis fit beautifully - sleep didn't fit though. At 2:30 A.M. thereabouts I was exercising to the song, "In the year 2525", and a line says, "In the year 4545, ain't gunna need your teeth, need your eyes." I officially declared myself Agent 4545 and was having the time of my life.

I blacked out and awoke uncomfortably between 10:15 and 11:00 Sunday morning. I phoned in late for services and heard as good an overview of government in God's kingdom and preparing for it as I've ever heard.

A bath started to relax me around 11:00 P.M. and I was out 90 minutes till 12:45 A.M. A nerve channel in the lower back part of the brain which relaxes and signals the sex organs finally activated and that snapped me awake. So from 12:45 to 1:00 I felt pretty good, you know.

Monday around 10:00 A.M., Mother called from a Medical office notifying me that California's medicare supplementary aid was covering all my expenses retro-actively back ninety days - figure that out.

Tuesday and Wednesday and Thursday morning, I wrote and with Mother prepared the following several pages for those physicians with which I had so far had extensive personal contact. After reading these letters, it would be vital then to take a careful look at God's specific role in this series of events.

5 letters to the physicians

Not sure if
FLY MM 14
11/18/19
Curtis 19

Garth Wardrop
734 East Mountain Street Apartment 12
Pasadena, CA 91104
October 9, 1985

Dear Dr. Dustin Nelson, old chap:

This is Garth writing you to thank you for such a remarkable chain of events you helped trigger in my personal affairs. Surely a man in your business can seem to have to deal with one crisis situation after another in the lives of your patients. What you were dealing with in my case wasn't the beginning of some disastrous crisis. You need to understand something about what I can see you have done right in your profession. You were not dealing with a simple cancer case misunderstood as a dental problem when I came to your place. True, you passed me on to Flinn who removed a tumor from my jaw. He passed me on to Wister who did a ~~left~~ radical maxillectomy.

You know John Zaprzala passed me on to you. We, John and I, have been trained under the tough spiritual rigor of Ambassador College. They at the college instructed me for situations like this. Your job was to pass me on into the hand of some good men. You did your job.

I entered Huntington Memorial one day--one day--after our annual fast, and I was fighting off a serious nasal congestion which could have delayed the surgery. I fasted two days before the surgery following the rigorous instructions I was taught at Ambassador college.

I prayed and wrote down my prayer. Our week-long annual fall festival was to begin five days after that fast, but the surgery was two days after the fast, on Friday, September 27. Of course, the cardinal rule is never to fast but build up before surgery on a pure, high-energy, liquid diet. Instead, I cleared my conscience by following orders and praying and returned to vitamin supplements and juice Wednesday night the day before entering Huntington.

Friday morning, I finished writing my will--a good idea before radical surgery. They waited five minutes with the cart bound for surgery while witnesses signed my will. I intended to come out of surgery possessing an iron will to enjoy myself during my few days at Huntington, so that I would still be enjoying the religious festival.

I played the guitar in the lounge and received worried family visitors from Arizona. I had the time of my life and have been having it since. Writing that will was a creative effort, because most of my possessions consist of projects which are part of the lives of other people. I merely willed many of these works to the people whose lives they already affected. It was a challenge, and I went into surgery--where death was not an impossibility--having conquered man's greatest fear--the fear of death.

I am including here material from the writings of an ancient Jewish man of the house named Joshua Ben-sirach. You never know when you're going to bring in a patient who does his job and turns to God and doesn't expect miracles from you. From you he can expect the shrewd man who has good surgens as friends. And you never know when you are working on a patient who is God's property. Simply acknowledging the property owner is something describes in Ben-sirach's details presented here. Ben-sirach describes people like you and me in his good advice.

You're a worthy man enough to have me write a letter like this. Surely you'll keep doing well. Keep up the good work. It was a pleasure to have met you, and if I have made your day, buy yourself your favorite drink with one of your good meals in the next couple of weeks just for the joy of it. A man who does his job ought to be told that every now and then, because people who don't do good work surely get told, don't they?

THANKS again.

Garth Wardrop

right

Garth Wardrop
734 E. Mountain Street Apt. 12
Pasadena, CA 91104
Oct. 9, 1985

Dear Dr. Flinn,

I intend to make your day with this letter, because you were not diagnosing a disaster when you dealt with me, and I was dealing with a man who did his job right when I dealt with you.

I called you up on Thursday--I think--morning September 26 and that was part of the way I was diligent in preparing for surgery. In spite of your surgery five weeks earlier, and a cold which was just subsiding twenty-four hours before surgery, I fasted for twenty-four hours two days before the surgery. It may not have followed the maxim of what is needed to build up before surgery. Still, by fasting and praying in strict accordance with my Ambassador-college training, a good conscience strengthened my will. And you know what a will of iron does for a man undergoing radical surgery.

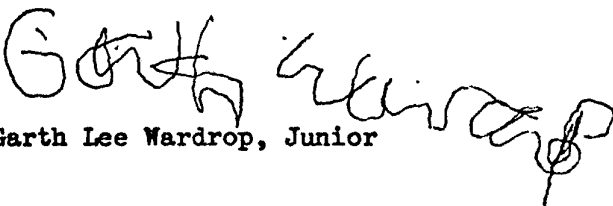
They brought the bed-on-wheels to bring me to surgery at 8:30 Friday September 27. I delayed them five minutes as I had the satisfaction of writing my will and telling my friends who they were.

I was having the time of my life, because we had a religious festival beginning September 29 at sundown, and I intended to enjoy myself in Huntington if they wouldn't let me out. And you saw my behavior at St. Luke's. My experience at St. Luke's was a warm-up. I went into Huntington with a day's of practice. I had a mind of steel, and my fearful family members came from Arizona and had a surprise coming.

I am including here the advice of Joshua Ben-sirach (180 B.C.) as to how a God-fearing man should deal with a good physician. You never know at what occasion you have an opportunity to apply your hard-earned skills on a piece of God's property. You did your damndest to help a man of God purge his mistakes, and God will bless you at an unexpected turn.

It was a pleasure to do business with you, and you buy yourself your favorite drink with a good meal in the next couple of weeks to celebrate--have I made myself clear?

With love and respect,


Garth Lee Wardrop, Junior

17

Garth Wardrop
734 E. Mountain St. Apt. 12
Pasadena, CA 91104
Oct. 9, 1985

Dear Dr. Fister,

This may be the most astonishing and rewarding letter you have ever received from a patient. When we haggled over the date of surgery in our September 17 meeting in your office, you set the date of September 27 that I asked for. I had a religious convention to be apart of September 30--October 7. When I obviously couldn't leave Huntington, I had resolved to do my celebrating there.

Fearful family members came from Arizona. But thanks to my Ambassador college training, I buckled down and prepared for surgery. You weren't just buying worrisome time for a patient in a disaster when you dealt with me. You ~~XX~~ were purging the mistakes of a man who had turned to God and done his homework.

For seven hard years, my health slightly deteriorated as I studied here in Pasadena and placed myself in a ~~XX~~ position to observe the big business of human needs and what people's hopes and fears ride on in this nuclear arms race which has the trappings of a terminal case. You all didn't just remove some bad tissue, but ~~my~~ body was purged of a lot of routine food impediments which slow down a man's thinking processes and make him struggle to master his will.

I am the much-loved firstborn son on both sides of the family spread between Arizona and New Jersey. Now I have a chance to travel east and apply my Ambassador-college training and show what happens to a man who enjoyed telling his friends who they were as he wrote his will before a radical surgery.

The liquid diet allowed my body to clean itself out as the Creator designed it to do. I've been reviewing my ~~XXX~~ life and reviewing my Ambassador-college training with ~~XX~~ accelerated and clear thinking since some of my resting body systems have been coming back on beginning seven and a half days after surgery. I refuse to abbreviate this chance, so I am reluctant to return to a lower energy diet. I am making innovative plans as to how to travel east and conquer the fears of fellow family members. They never saw me really take charge ~~XXX~~ in a responsible way at home before my coming out here in 1977.

You--as a master of your trade--never know when you are applying your years of training upon a piece of God's property--and the body of a man of God is God's property--and any physician who has sharpened his wits for the task is going to be blessed by the property ~~XXXXXX~~ owner at some unforeseen time. I'm including here the instructions of Joshua Ben-sirach (1 shroud Jewish head-of-a-house of around 180 B.C.) It advises as to the interaction between a God-fearing man and a physician who just might be surprised by a practical experience which makes it easy for him to pray to God to bless his work.

Whole areas of potential in my life are taking off like a rocket, partly because you help me purge enough of my past mistakes out of me to enable me to spring into action.

You go out and buy yourself a dinner of celebration and have the satisfaction that you were not slowing down a disaster for me, but you were helping me wrench myself into shape for a life of purpose. I don't need much time when the time is well used. This is one patient you can have a celebration over, so go ahead and do it.

With love from a man who likes quality people,

Garth Lee Wardrop, Junior

Garth Wardrop
734 E. Mountain St. Apt. 12
Pasadena, CA 91104
Pasadena, CA 91104
Oct. 9, 1985

Dear Dr. Recabaren,

I notice from meeting you in Mr. Fister's office and in Huntington that you are a man who is enthusiastic. I'll bet you have an appreciation for enthusiastic people. Well, as a result of my Ambassador college training, I had the instruction necessary to get on the stick, turn to God, and come into surgery with a deliberately cultivated will of iron.

I had the satisfaction of writing my will and delaying the trip to surgery five minutes while witnesses signed the documents with me. You were there to do your best to purge the physical mistakes in my past, and I had done my work fearlessly on the home stretch for the occasion. Then I got a bonus I did not anticipate. My body was purged on the hospital's liquid diet of food impediments. My mind is active and busy on challenges which make the sleepless hours of the high-energy situation a golden opportunity for me.

I've been getting about three hours a day of sleep, and long night and day hours have given my accelerated and clear mind a free spirit. I have never thought I would experience. I have been innovative in my dealings with my family with travel plans later this fall. I am very cautious about slowing my energy level back down, because I have been able to use my long days deliberately and you all can take some of the credit for that.

Here enclosed is the advice of a Jewish patriarch of around 180 B.C. It describes the getting together of a man like you and a man like me. You are a man who did his job the way it needed to be done on a patient who had buckled down and turned to God from a position of strength. You never know when you have the opportunity to do good work on a human body which happens to be a piece of God's property. You buy yourself a dinner of celebration for what you did for me. I'm serving notice that my situation will present to you one of the most rewarding case histories a physician could have the chance to encounter--AND I CAN PRESENT DOCUMENTATION TO PROVE THAT--YOU CHECK ME OUT.

I came out here to California in 1977 with a purpose in life which my few days at Huntington hospital has helped to begin taking off like a rocket. I have a pretty good idea that your experience with me will be so encouraging, who knows what good impact it could have upon the quality of your good work. You mark my words, because I've been marking them.

I wrote my prayer during a twenty-four hours total fast I kept from Tuesday evening to Wednesday evening Sept. 24-25. Who would have dared think that a fast two days before surgery would be helpful, but I was acting in accordance with my Ambassador college training, and I'll bet you pay careful heed to what you've been taught, since you got good results from your educational institutions, so that makes two of us.

Well, quality men worked on me when it needed to be done, and I thank you for being one of them.

With love and a liking for good men like you,

Garth Lee Wardrop, Junior

Garth Wardrop
734 E. Mountain St. Apt. 12
Pasadena, CA 91104
Oct. 10, 1985

Dear Dr. Curtis,

You know the world is full of men who promise more than they deliver, but a man like you who delivers more than what he promises deserves my acknowledging of that fact. You sent me out Saturday Oct. 5 with a nonfitting prothesis promising relief in fifty-three hours. What did you deliver on? Seven hours later, you got one that works so well, I would rather you did not just it in today's check. The only possible problem is that it should come too loose, but I learned last Thursday and Friday how to deal with a much looser one than this could ever become.

You saw how badly fitting the one I had was from Thursday to Saturday. Any creamy foods made it fall out. Friday night,

I went to the Good Earth restaurant. This was during our week-long religious festival, and the Bible instructs that we eat what our soul desires. I refused to let my past surgery and then prothesis problem interfere. I ordered a large glass of fresh orange juice, (my pain pill had worn off), then I had a chocolate to utti, a large bowl of twelve-summer vegetable soup, I used water to fight the problem of the creaminess of the food, a hot good-earth tea, some pieces of fish--half a good-sized fish, and a third of a roll.

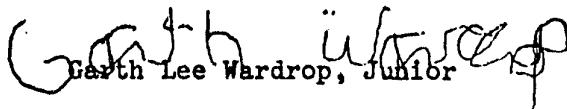
I simply did not want to sacrifice the religious festival. Your receptionist who handles appointments did me a good turn. First, the September 21 appointment was on a Saturday, and I did not want to do anything on a Saturday that couldn't be done on another weekday. This was the sabbath day, and the appointment was remade for September 19. This was arranged on September 18. For you to have reappointed the time on such short notice was a show of consideration beyond anything I had any reason to expect. I just wanted to follow instructions as they were given in my Ambassador-college training. You know what hard training is. Mother said, "Don't address those fellows as Mr. They worked hard to get that degree."

I worked hard to get the degree of will I needed coming into surgery. It made me able to make out my will fearlessly. It enabled me to conquer pain. When you couldn't fit that prothesis in my mouth, you know how I responded--without hard feelings, old chap!

Enclosed here is the remarkable instructions by Joshua Ben-sirach, the Jewish patriarch of around 180 B.C. whose book is known as Ecclesiasticus. It describes how a God-fearing patient and a worthy physician ought to deal with one another. You never know when the body you may be working on happens to be a piece of God's property. The property owner likes a man like you who does the kind of job on that property that needs to be done. I came into your place on God's sabbath day, and you did me a good turn, and I did not object, because an ox can be pulled out of a ditch on a sabbath, and I'm worth more than an ox, so you pulled me out of worse than a ditch. Buy yourself a meal of celebration for your effort. Have the time of your life, like I am, because you worked so well on me, the momentum of it is bound to improve your work.

I'm thanking you sincerely--from one man who obeys his college instructions to another!

With love and respect you earned,


Garth Lee Wardrop, Junior

The cancer surgery through me into a remarkable web of relationships. Luke 10:25-37 details the bottom line of God's objectives in a way not left vague by the usually confusing generalities. Love for God and love for neighbor is the bottom line, and a neighbor need not be part of one's designated community. I found myself having to apply what I had been taught and having to build my mother's confidence by consulting with both spiritually-oriented and basically physically-oriented communities. Their interests did not contradict, but it took some careful communicating to make sure that they harmonized.

I had to begin long before Mother came out here by seeing a relationship with God and His work. The reason is interesting. People under authority often become inflexible, because they know surface regulations, but not how the law they are expected to obey functions. How often have you dealt with an inflexible clerk, only to find that the clerk's supervisor was more lenient simply because the supervisor better understood the way the business functioned?

I faced this situation regarding the feast of Tabernacles and the sabbath. Some, not knowing the details of the instructions, might imagine I did not really keep the feast of Tabernacles. Some might not be aware that I did not break the sabbath by showing up to Dr. Cuffie's office on October 5. At issue here is not whether I did the right thing, but whether God is burdensome (1 John 5:3) in His instructions. Try reading half or a law code and carrying it out, and you will make a real mess out of the law code. You'll also make the law code one or more composers look like a fool, if people judge them through you who mishandle the law code. If you patiently measure your capacities and limitations in dealing with the law code however, you, in your partial ignorance, can still glorify the Lawgiver.

Love for neighbor was the objective which caused all the complications for God. He could not intervene in my life, unless I was prepared for the complex situation which would be able to help a multitude of scattered people in one great sweeping series of events which extends far beyond our personal situation. I could not forget about any self-centered private life; I was to act from a position of God-given strength. I appeal to you, Paul instructed, the brethren by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship. Do not be conformed to this world but be transformed by the renewal of your mind, that you may prove what is the will of God.

God, then, has been concerning with with a huge dominion of living relationships drawing some people in during this life, partially drawing some in this life, and drawing most people in during the age to come. People not hit by that dominion effect of relationships early in their lives may encounter it later or in the age to come after they have tasted death. A commitment to selfishness makes it impossible for the selfish one to act by choice as part of that dominion of relationships, except for cases of incidental contact.

I was drawn into a web connecting people, slightly in ~~XXXX~~ two churches primarily, between the church announcing the gospel of the kingdom worldwide with my family, and between that church and a local handful of prominent physicians. No one wants to trade me for my situation, because I am regarded by the physicians as being in ~~XXXXXX~~ "guarded condition" that suggests a prognosis of a little less than a year to indefinite. I WOULD NOT WANT TO BE TOO SICK TO MAKE THE CLASS FIFTEEN-YEAR REUNION NEXT YEAR; OTHERWISE ANYTHING BEYOND THAT IS AN OPEN SENARIO AS FAR AS I'M CONCERNED IN THIS LIFE.

God's most obvious intervention in this situation is partly tipped off by a curious piece of timing.

After letter to P.H.

I was baptized January 30, 1978, and my first full year began with the autumn festivals in Sept. Oct. of that year. Exodus 23:16 identifies the northern fall festival season as the "feast of ingathering at the end of the year" (R.S.V.). There is a kind of overlap for three weeks as the old harvest year is ending and the new fall-to-fall year begins from Trumpets day on to the last Great day after the feast of Tabernacles.

I met with Dr. Fister on the dreadful day following my eighth day after Trumpets day since my baptism as the end of my seventh year. I was in debt occurring. The news that medical was covering my rapidly-increasing medical debts occurred on the morning of the last Great day, ending this festival season three weeks later. God's civil administration was to be executed. I these instructions in Israel: "At the end of every seven years you shall grant

a release, and every creditor shall release what he has lent to his neighbor; he shall not exact it of his neighbor. Make heed lest there be a base thought in your heart, and you say: 'The seventh year, the year of release is near,' and your eye be hostile to your poor brother, and you give him nothing, and he cry to the Lord against you." (Deuteronomy 15:1-2,9).

I prayed not to become a slave to the physicians, and I wrote it out, and twenty days later I was liberated. Mother was diligent in the past, and learned the maneuvering around bureaucracies. SO GOD COULD USE HER! Now, God could have done it Himself, but that would not strain anyone. The web of relationships which is building up to the great and final age of judgment is advanced training for some, early training for others, and telling darkness for others still relatively unaffected.

God will do anything resourceful to make beings who think for themselves to come alert to giving up thinking for themselves in exchange for thinking and acting for and with others under God's coordination. And what if they must face jarring experiences like the absence of a loved one through that loved one's death--in order to be compelled to come alert?

Men of my age take the battle more seriously when a companion is hit. Well, God will have every reason to add years to my present life under two conditions: (1) do that I am more useful to Him and others alive than dead, and (2) that others don't respond more shrewdly to my dead than they would to my remaining alive. Greater love has no man shown than this, that a man lay down his life for his friends. The servant does not know what his master is doing; but I have called you friends, for all that I have heard from my Father I have made known to you. (John 15:13-15)

I wouldn't want to speculate on how I would pass the greatest test of love, whether I would lay down my life for my friends. I don't have to speculate as to how I treat my friends because you can do that for me. Jesus defended himself in a hostile council by saying, "I have said nothing secretly or behind closed doors. I have said what I said to them." (John 18:20-21).

The connection between the ~~XXXXXX~~ so-called gospel accounts and Christ has been hashed over more than anything in the New Testament as far as I know. I used Harrison's Introduction to the New Testament and the Anchor Bible Book of John plus harmonies when I studied the matter. From what I could gather, Mark and John dealt with Jesus's most interesting private reactions to things more than the other two. Mark dealt with the spontaneous reactions of Christ more than John. John dealt with the relationship between how Christ thought and how he reacted more than any one else.

The disciple who is identified as John especially by his Asian successors is simply identified in the account as "the disciple whom Jesus loved." (John 21:20) It is interesting that "the disciple whom Jesus loved" expressed the thought behind Jesus' various conversations with people in more detail than any one else. Jesus must have managed to communicate to the disciple whom he loved in a way he communicated with no one else. That is the way of a man with his trusted friend. And his friend knows the side of him that no one else knows.

With that digression about God's role concluded, we can return to where I left off ending Page 14.

Beginning around 1:00 A.M. Saturday morning, Oct. 5, I went through the period of hiper-activity that lasted until it was cut off gradually by increasing sleep time. Late in our senior year in High School was the last time I had been able to expend my spirit with total abandonment, and now I felt like ~~WXX~~ I was shedding fourteen years of subtle fears which had usually kept me in an emotionally low gear. Well, it shocked a few people on the other end of the phone lines, but some follow up phone calls ~~XXX~~ and a winter visit will steady everything, and put an end to the mystery behind the eight years I've spent here in California. My Gramma Wardrop imagined that I was alone out here. Mother will set the record straight.

On Thursday, October 10, Mother and I were back in Dr. Rackabaren's office. This is the first recording in a physician's office since the fateful Sept. 17 meeting. He took out some of the stiches and said I was healing on schedule.

He gave us vitimin E. cream to, apply very sparingly twice a day, and we went ahead and over did that to uncalculated proportions.

He recommended a diet of around fifteen to twenty percent protein, somewhere around twenty-five to thirty percent fat, and the remainder carbohydrates. We've tried lessening ~~XXX~~ the fat percentage.

We really had a time over preliminaries concerning the radiation treatment. ~~MX~~ Dr. Curtis gave us earlier that day an extreme discription of the side effects: pain in the exposed area, drying of the mouth iliminating the best defense against tooth decay, tightening of the muscles controlling the bottom jaw, and loss of taste late in the treatment. I had already decided to go into the treatment and count the cost carefully on the side effects.

Mother: "Well, he can't talk without his prothesis."

Dr. Rackabaren: "I know he can't. That's why I've got that over here so I can do some of the talking."

"O'k, you ready for it back?"

Mother: "He can talk but you can't understand him. . . ."

. . . Garth: "I was explaining to Mother this about the radiation treatment. That is, that you always have the delecate decision of whether to let the thing heal very far, and begin the radiation treatment to fight the cancer, or to start the radiation treatment a little earlier to fight the cancer better, but it hasn't healed quite as far. . . . You have that delecate dilema, right?"

Dr. Rackabaren: "I don't feel that's a delecate dilema, myself. . . ."

Mother: "What healing time is involved?"

Dr. Rackabaren: "Now I think anywhere between two and four weeks from the time of surgery will be quite satisfactory for him to start. I do not want him to wait longer than six weeks."

Garth: "I do not want to wait longer than two weeks."

Dr. Rackabaren: "O'k." (I learned from my wrestling days that playing around in nutral position was no way to get a takedown when you did not know your opponent.)

(. . . (I resumed): "The surgery was September twenty-seventh. That means we have already passed our two week point. All right. Today is the tenth. How does next Monday sound?"

Dr. Rackabaren: "To start radiation?"

Garth: "Yes."

Dr. Rackabaren: "It's up to you. I can make arrangements for you to see the radiation theropist. He can probably start treatment that day or the next day."

Garth: "Is there any possible advantage to starting later than Monday?"

Dr. Rackabaren: "I don't see any disadvantage to starting later than Monday. . . . I think between two and four weeks ~~XXX~~ there's . . ."

absolutely no difference short of your convenience."

. . . Garth: "I have some questions about the surgery. . . .
"What I want to know is what happened during the surgery, whether there were certain points where things got worrisome, things got worse than expected, because they did get worse than expected in the first surgery (the tumor itself was worse than expected) . . . I want to know what happened during surgery from that standpoint?"

. . . Dr. Rackabaren: . . . "It was a John Q routine surgery."

Mother: "It took ~~XX~~ longer than what Dr. Fister had mentioned to me in the first place. He said . . . four to five hours, and it was like six hours before he come out. "

Dr. Rackabaren: "Y'ah but you have to remember that an hour of that was getting down there and an hour of that is in the recovery room before we leave his attendance."

Mother: "Oh, you're in with him in the recovery?"

Dr. Rackabaren: "I wouldn't, I wouldn't walk away from it. . . . I thought it was a very straight forward, uneventful surgery."

. . . Garth: "Well, why don't we get down to the loaded questions, ~~XXXXX~~ then, since we didn't find anything in that regard, except that it was an uneventful surgery from the stand point of"

Dr. Rackabaren: "Technically."

Garth: "Y'ah, right. As far as the cancer itself, . . ."

Dr. Rackabaren: "Let me give you some of my feelings on it. . . No. 1: is that you have a malignancy that is associated with a high recurrence rate if it is not treated not only by wide ~~XXXXX~~ resection and removal of the tumor but also in concert with radiation therapy. I think the chances of your tumor recurring are much, much higher if you do not have the radiation therapy."

. . . ~~XXX~~ Garth: "When we deal with the radiation therapy, what are the chances that we are dealing with cutting the cancer off at the pass or simply buying time?"

Dr. Rackabaren: "Nobody can answer that question, . . . because every tumor acts biologically different. . . . It might be completely arrested from the surgery alone. . . . That's one possibility. Another possibility is that it might be completely arrested by the surgery and radiation alone. . . . The third possibility is that it might come back after both radiation and surgery. . . . Those are the three possibilities."

Garth: "Right. Now, if it comes back after both radiation and surgery, O'k, I'm not going to say we have a problem. We just simply have some decisions to make. Right? That is, we go back to surgery,"

Dr. Rackabaren: . . . That's one possibility.

Garth: "O'k. Which means that the surgery would be deeper in,"

Dr. Rackabaren: . . . "If it's going in a direction that can be further removed. . . . It characteristically does not go through the lymph nodes. It goes through the blood stream. That's why it's called ~~XXXXXXXXXXXX~~ a sarcoma. . . . Let me just say, I have no evidence as there (is) any tumor left in your body. I have no evidence of that, but statistically there is a possibility there is tumor left in your body. . . . Hence, that's why my recommendation would be for radiation therapy, because an aggressive tumor as you had, frequently, will send out tendrils and fingers in various directions that are not detectable to the eye that are not detectable to the eye."

Mother: "And then those actually travel through the blood stream . . ."

Dr. Rackabaren: "Actually directly through the ti-sues and then invade into the blood stream."

Garth: "o'k. That means I have a question about the evidence part. I had thought that you had taken out all that you could see and had a pretty good idea there was something left."

Dr. Rackabaren: "Because we took out all we can see, but there's a good indication, because of the proximity to important structures that

there might have been microscopic disease left."

Garth: "Now it was a bone cancer,"

Dr. Rackabaren: "Probably,"

Garth: "I take it that it was spreading in a direction from the jawbone to where it buttresses against the skull."

Dr. Rackabaren: (confirms)

Garth: "So that the likely next area for it to go was the skull"

Dr. Rackabaren: "Probably."

Garth: "Now you had mentioned the blood stream earlier... Was that a lesser probability or are we just in the dark, and we're talking about either the skull bone or the blood stream, and there's no way of looking at probabilities?"

Dr. Rackabaren: "I think if you looked at probabilities, rather than traveling distally into the blood stream, but that's based on many, many other patients, not based on you. That's simply statistics."

Garth: "That's the kind of things I like to know, is those statistics, all right?"

Dr. Rackabaren: "Statistics are meaningless for the individual."

Garth: "Well, I'm a bad player."

Dr. Rackabaren: "I'm not."

Garth: (Since) "the chance of the tumor occurring locally (is more likely than distally) is what makes the radiation treatment (attractive), obviously, if it was spreading into the blood stream, radiation treatment wouldn't do any good."

Dr. Rackabaren: "Not necessarily, because if you have a few cells that are sitting in the local area, and they're killed and sterilized by the radiation therapy, then they have no potential to travel, because they're inactive."

Garth: "Well, but if the tumor is coming back locally, it's even a greater chance that the radiation treatment is helping."

Dr. Rackabaren: "The radiation helps both ways, though."

Then I whole-heartedly recommend it for you, I consider it the other half of treatment."

Garth: "Now, as far as beginning the radiation treatment, dealing with the tolerance for it, you have several possibilities for the radiation treatment. One is continuous radiation treatment, for six weeks, and your experience shows that you have some tolerance for that point you have to quit right in the middle of microscopic disease in a small amount of microscopic disease."

Dr. Rackabaren: "Not necessarily, but it's just a little uncomfortable for the patient."

Garth: "Now, what are the prospects where you have radiation treatment for two weeks, deliberately one week suspension, let's say for two weeks, one week suspension, two weeks?"

Dr. Rackabaren: "Not as effective."

Garth: "Note as effective as the radiation treatment, is most effective when it hurts the most, and least effective is it when it hurts the least?"

Dr. Rackabaren: "Not necessarily, everybody doesn't hurt (meaning not everybody hurts)."

Garth: "Just it gets to be a point where for some patients it's just advised to continue for six weeks. They have to take a break."

Garth: "And that's because it hurts, right?"

Dr. Rackabaren: "It hurts."

Dr. Rackabaren: "I objected to my questions about the worse-case scenario and finally stated, 'Do we go by the amount of pain and discomfort to see if a break in the therapy is warranted?'"

Dr. Rackabaren: "I expressed to the patient that I had a question."

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Mother: "Then whose decision is it, the patient's or the doctor's? I mean if he says he thinks he can't tolerate more and you say you don't think he can, well then,"

Dr. Rackabaren: "It's both, but the doctor has the final word. . . This is usually not the case. We're fixing on something that's the exception rather than the rule."

(Garth: "What's the rule?")

Dr. Rackabaren: "Majority of the patients just go through their radiation"

Mother: "(And) JK just tolerate it wellly."
Garth: "Having the radiation treatment as early as possible gives us a very good chance of being able to do a good job of treating the radiation treatment. (This statement says nothing about the probability of recovery but about maximizing effectiveness of radiation) to"

Dr. Rackabaren: "Not necessarily. Yet I must say that we know that before six weeks is good, after six weeks is not as effective. (He's) apparently referring to beginning of treatment, not time of treatment, rather than that's my assumption."

On Tuesday, October 15, Mother and I met with Dr. Kaden at Huntington hospital who orchestrated the beginning of the radiation treatment. This meeting provided a graphic summary of my medical history which is not worth transcribing since it is so easily followed on the tape. Brief excerpts are worth noting here as a handy summary.

Dr. Kaden: "We have the pathology reports from (St.) Luke, and they reviewed those slides, and those were done on (August) 22, and (these) show what was called a very rare tumor called a malignant fibrous histiocytoma, which is a type of sarcoma. Now what Dr. Fisher did was he went in and removed the maxilla, the whole maxilla, (left half actually) and took out all the tumor that he could find, and pieces and that, and then what was left, they found one area, THE MARGINS WERE NOT CLEAR, in the posterior aspect of the maxillary sinus. Now the surgery that Dr. Fisher did was on 9-27. This was on 9-12. This is then what that was on 9-27, and basically what this showed almost was that they had taken but part of the (maxillary structure) August 22. The margins that were not clear were . . . through the posterior aspect of the maxillary sinus . . ."

around what we call the sphenoid area where, where the tumor was. Microscopically still present. And Dr. Rackabaren and Fisher put some clips back there, so we know approximately where the clips are by getting some X-ray. Now basically what we know is that the majority of the tumor has been removed, and what we're dealing with is, hopefully, but a small amount of microscopic disease in the posterior aspect behind the maxillary sinus, they are posteriorly behind that, and that area is the area we're gonna concentrate on, and we will cover the . . ."

operative bed, meaning we'll cover the whole area including below the eye all the way back to the nasal pharynx which is way back to the postero-laterally to cover any possible "extension" areas, and to hopefully get rid of any microscopic diseases remaining.

October 14th The six-week period officially designated for the radiation treatment adds up to forty days, Monday October 14th Friday, November 22nd. (Note) noted the significance of (forty) days in the Bible. Christ met up with the original Adversary himself. His big forty days. For me, the decision to enter into distracting worldly pursuits has been the critical problem. Not only that, the church's announcement in Pasadena on Oct. 19 was for a fast Sunday Oct 27. . ."

but first Mother was upset, but laterally had to be to the council. . . between both church members and Dr. Rackabaren, Mother, gained so much confidence through the preparations that she fasted about the loyalty I expressed to the pastor intimidated her, until he Mr. Robin Webber met with us Friday October 25. John Steinbeck's short story "The Flight" has as it's telling theme to conclude with, "A MAN IS MADE, WHEN A MAN IS NEEDED!"