



Dying Messages
from Rev. Dr. C. David Hess
1949-2014
West Henrietta Baptist Church Pastor
1998-2014



The Rev. Dr. C. David Hess was the beloved pastor of West Henrietta Baptist Church in New York when he succumbed quite abruptly to lung cancer in March 2014. As David learned his grim diagnosis and confronted his final days, he shared his experience with his congregation in a series of e-mails from his hospital bed and one last brave sermon. “Living with Uncertainty” was preached seated and with the help of oxygen 19 days before he died. A natural continuation of the way David had shared his love of his electronic toys and his cars, of golf and movies, books, Peppermints Restaurant and his dog, Buster, his dying messages result in a jubilant expression of faith that surprised even David, a self-professed skeptic. He discovered that the advice he had given others his entire professional career actually worked. Christ is risen!

This booklet was compiled by WHBC Historian Bonita Healy with the help of Joyce Shutts and Rev. Jim Braker, who assisted in the retrieval of the e-mails.



Thursday, Feb. 6, 2014

Hi all!

According to Barrie, Clara White's ankle surgery went well earlier today.

Valerie Fogarassy has spent a few days in Strong but returned home today. She had chest pains, but fortunately her heart checked out okay. She will follow up with a gastroenterologist.

I went to my doctor on Monday with my persistent cough and shortness of breath. I had a chest x-ray, a bunch of blood tests, and a TB skin test. She said I have acute bronchitis and some sort of "process" going on in my lungs. The TB test was negative. She will call me with results of my blood tests tomorrow. She put me on an antibiotic, but so far, no change. She also prescribed an inhaler that gives some slight relief for a time.

Jim Braker will be preaching for me on Sunday. The choir will not meet on Sunday. I'll keep you informed.

David

Wednesday, Feb. 12, 2014

Hi all!

Here's the latest on my situation.

I did go to the Strong Emergency Room on Sunday evening with increased shortness of breath. They decided to admit me. They ran every test that they could think of to find out what I have. So far, there is no definitive diagnosis.

They did give me a CT scan, which indicated a possibility of cancer. They cannot know for sure without a biopsy. A pulmonologist came by my room last night to talk about it. He indicated that he could usually get a pretty good feel as to whether someone had cancer or not. He indicated that in my case he had no idea. The CT scan indicates the possibility, but my set of symptoms (and lack thereof) are not consistent with cancer. For example, I have no pain, no fever, no blood in the sputum, and appear to be in good health. He said I might have some atypical infection that they haven't been able to figure out yet. He described me as being "a very interesting case."

A nurse talked with me last night about my going home with oxygen. She said, "You probably won't need to be on it very long." I was shocked. Didn't she know about my CT scan? She indicated that she did. She told me that she thought there was a good chance that I did not have cancer, that I have an atypical inflection. She said, "We see it all the time." My set of symptoms does not fit any common diagnosis.

I did have a needle biopsy of a lymph node today. I will probably not get any results from this until Monday. The pulmonologist indicated that if the results are negative, they will do more tests. I replied, "Of course you will..."



My physical condition tends to yo yo. I am coughing less. When I am sitting or lying down, I am perfectly comfortable. Sometimes I get out of breath very easily. Other times I do much better. Last night, I did 12 brisk laps walking around the nurses' station and went back to my room and ran in place for a while. I felt wonderful. I was breathing heavily, but I would have been under normal circumstances at the pace I was running in place.

I returned home today. I continue to be on antibiotics. I have oxygen. They primarily want me to use this when I sleep and "as needed."

I appreciate all of your prayers and concerns. Although I would very much like to talk with each of you, please refrain from calling as much as possible. I just don't have the physical ability to talk to everyone I would like to talk to.

Plans for Sunday are of course flexible. This latest experience has given me a whole lot of preaching material, and I hope to preach Sunday on "Dealing with Uncertainty." I'll go into more detail about my recent experience and how I am dealing with it from a faith perspective.

I will continue to keep you updated via e-mail. I also will speak with Betty Heisig and Jim Braker regularly.

As always, we'll just take it one step at a time.

I am very much looking forward to seeing you Sunday. Don't be shocked if I have an oxygen bottle with me. If I get out of breath, that will mean a shorter sermon. :-)

Blessings,

David

Wednesday, Feb. 12, 2014

I forgot to say:

They did come up with a very, very long list of diseases I do not have---- everything from TB to HIV to you name it.

David

Friday, Feb. 14, 2014

David,

I'll be happy to assist as you adopt a rabbinical sitting position for the "sermon." Is there a text that comes to mind? What about the bulletin preparation and printing? Do you feel up to arranging hymns, etc.? Maybe Kathy Juby could run off something e-mailed to her. Or, we could go sans bulletin. I was about to suggest inviting hymn suggestions from the people but that might be a bit of a challenge for Bev.

I think it would be very good for you to share whatever you feel led to share if this isn't going to prove too much.

We could arrange an "escape" at the close of the sermon so that you won't be subjected to the exhausting exchanges, etc. Let me know what you think regarding the above and any other requests. I presume you've notified Alan Newton about your plans.

May you feel the loving support of the congregation and lots of others during this difficult time of uncertainty and healing. As you can imagine, your absence is very present!

Ciao!

Jim

Friday, Feb.14, 2014

Thanks, Jim!

I still plan to preach sitting down next Sunday.

I would very much appreciate it, if you can take care of the pastoral prayer and what not.

David

Jim,

I will prepare the bulletin tonight and run it off tomorrow. I will be able to handle that okay.

I just returned home from marrying my neighbors.

I will probably preach both sitting down and hooked up to oxygen.

As regards the end of the service, let's just play it by ear.

David

Saturday, Feb. 15, 2015

My condition is about the same. I had the fun of doing a Valentine's Day wedding at my neighbors last night. I look forward to seeing you tomorrow.



Blessings,

David

Dealing with Uncertainty

**David's last sermon
Delivered Sunday, Feb. 16
at West Henrietta Baptist Church**

Let me tell you the bottom line. Not just for the sake of telling you about my concerns, but a part of preaching and certainly a part of the Christian life is just sharing a witness of how our faith helps us through the bumps of life, and I want to do that today. Now I might be taking an aeration break every once in a while, and so if I do, I'll just sit quietly. I'll look up and just catch my breath, and we'll be in good shape. I'm hoping Clara and I set a really good example for you today of the importance of coming to church no matter what. Let me say, I cannot tell you how much it means to me just to be here. I thank Jim for -- he does a good job (applause) -- and Betty. I'll let you applaud so I have a chance to breathe. First, I am just going to get my medical condition out of the way.

As probably you all are aware, I had this persistent cough for a couple of months. And it just hasn't gotten any better. And being stubborn, I never went to the doctor. Finally, I started getting shortness of breath too. Couple of weeks ago, I went to my primary care physician. She did an x-ray, a bunch of tests, put me on antibiotics, and it really didn't seem to help, except maybe my airways were a little clearer, but I was getting even more short of breath. So I went into Strong Emergency Room last Sunday evening, and they started doing tons more tests. To keep a long story short, they still don't know what's wrong. There was a CT scan that indicates at least a possibility of cancer, although my pulmonologist told me that he usually has a good feel for when someone has cancer or not. He said, "You may have it, but I have no idea. Your symptoms just don't match cancer. You have no pain. You have no weight loss. To look at you, you're the picture of health." (Which sort of surprised me.) But, anyway, he did do a needle biopsy, of an enlarged lymph node, and hopefully I'll have the results of that tomorrow. He indicated that even if it is negative, he'll do more tests, and I said, "Of course you will."



I asked him if it were cancer, is it more likely it started in my lungs or did it start some place else and move to my lungs. He said it was more likely the latter. He asked me if I had any history of cancer in my family. I told him my mother died of colon cancer when she was 65. He asked me if I'd ever had a colonoscopy, and I said, "Yeah, last Sep-

tember.” He said, “Was it clear?” I said, “Yes.” This look kind of crossed his face, like, “Give me something here.” So, anyway, that’s kind of where we are medically. And I told you just everything I know. That is all we know, at this point. So we’ll see. So you begin to see why the sermon title fits today – “Dealing with Uncertainty.”

My stays in the hospital had their funny side. You know it’s amazing how even bad things have their good side. One morning my nurse came running in. Kind of hurriedly, she slaps a mask on me and she says, well, first let me back up. When I was first there, I was in the Emergency Room until 1 o’clock in the morning, then they stuck me up on the floor. My roommate, she was in pretty bad shape, had the TV on at 4 in the morning, and I couldn’t sleep, and I was exhausted. Anyway, that morning the nurse comes in, throws a mask on me and says, “We’re moving you to a private room. Everybody who comes in here is going to have a mask, and everyone in the private room will have a mask except you. It’s a special kind of room with a ventilation system such that you won’t have to wear the mask. It’s a negative pressure room.” They moved me into this isolation room. Brothers and sisters, that was nicest hospital room I’ve ever been in my life. It had this kind of a woosh sound with the ventilation system that was nice white noise that drowned out whatever was going on at the nursing station. I slept like a baby in that room. It was a wonderful room.

I was curious why they got me there so fast. It turns out during the residency that morning they looked at my x-rays and one of them said, “It looks like maybe it’s TB.” And, I’d already had the TB skin test the week before that was negative, but that doesn’t mean you can’t still have it. Any time you say the word TB in the hospital, everybody gets very nervous. So that’s why they put me in isolation. After a couple of days, they finally got around to deciding I didn’t have TB, and at that point I had to say, “Please don’t kick me out of this room. I love this room.” While I was in that room, a pulmonologist came in with the results of one CT scan and said, “We’re concerned that you might have cancer.” We talked about that a while. Later, an hour or so later, the class comes in. There’s six of them with the teacher, all the students. There was one student up on the plate who was supposed to deal with me that day, and he was the one picked to share the CT results with me. You could just see I needed to let the kid off the bat right away. He started saying, “We have the results of your CT scan.” I said, “I know [the doc-

tor] came in and told me.” I wish you could have seen the relief on his face.

Then they asked the next question. They’re taught to ask, “How does that make you feel?” [Laughter] That’s a good question. I don’t always ask it sometimes myself, when I should. I said, “Well, something of a shock. Bad news. But I knew it was a possibility.” I said, “It’s different when you’re going through it yourself, but this is not exactly a new situation to me. You know I’ve gone through this with other people. You know my whole ministry. And for the past hour I’ve been telling myself the things I tell other people in this situation. And it’s quite helpful.”

I found that very encouraging. Some of those things are: Whatever happens, you’re not going to die today. You’re not going to die this week. This month. Probably not next month, either. You’ve got some time left, even in the worst of circumstances. I said to myself, as I’ve said to others, “You’ve just got to take one step at a time.” You really do. And I told myself other things. I say over and over again, “Life, if anything, is primarily a gift. It’s not something that any of us owns. It’s just something that each of us has for a time to enjoy and to use, and the time will come ultimately for all of us when we have to return it to the one who gave it. Another thing I taught myself is: You have to keep living until you die. Maybe that’s one of the most important things I tell people. You have to keep living until you die. I told Carol Love that just recently. You have to keep living until you die. Last thing I taught myself: Christ is risen. Christ is risen. You know that’s helpful. It’s kind of nice to know I haven’t wasted my whole life saying these things.

Dealing with uncertainty. It’s what life is like. The passage of scripture read from the letter of James -- it says most of you are planning what you are going to do tomorrow, going to go to such and such a town for business tomorrow or next month or next year. James says you can’t count on that. You know life is just smoke. You should say, if the Lord wills it, then I will do this tomorrow. It’s to come to grips with the fundamental uncertainty of life. It’s just amazing. Somebody asks me the question all the time how long does it take you to prepare a sermon, and I say there’s two answers to that. One is six hours, and the other is my whole life, because I’m preparing sermons all the time. I really am. Things I read, things I experience, and conversations I have.

A few weeks ago there was an article in the *New York Times*, and this was going to be the sermon someday anyway, but it was particularly



relevant to me this week, particularly thinking about the uncertainty of life. It's written by Paul Kalanithi. The title of it is "How long have I got left?" Let me read the beginning of it and a few other excerpts.

As soon as the CT scan was done, I began reviewing the images. The diagnosis was immediate: Masses matting the lungs and deforming the spine. Cancer. In my neurosurgical training, I had reviewed hundreds of scans for fellow doctors to see if surgery offered any hope. I'd scribble in the chart "Widely metastatic disease, no role for surgery," and move on. But this scan was different: It was my own. [I got to see my CT scan. It was cool.]

I have sat with countless patients and families to discuss grim prognoses: It's one of the most important jobs physicians have. It's easier when the patient is 94, in the last stages of dementia and has a severe brain bleed. For young people like me -- I am 36 -- given a diagnosis of cancer, there aren't many words. My standard pieces include "it's a marathon, not a sprint, so get your daily rest" and "illness can drive a family apart or bring it together -- be aware of each other's needs and find extra support."

I learned a few basic rules. Be honest about the prognosis but always leave some room for hope. Be vague but accurate: "days to a few weeks," "weeks to a few months," "months to a few

years,” “a few years to a decade or more.” We never cite detailed statistics, and usually advise against Googling survival numbers, assuming the average patient doesn’t possess a nuanced understanding of statistics. [He says too,] ...five-year survival curves are at least five years out of date.

He goes on to say, even though this was always the advice he gave, when he first met with his oncologist, the first question he asked her was, “How much time do I have left?” and she wouldn’t give an answer. She said, “No. Absolutely not. I can’t tell you that.” He says:

Now, instead of wondering why some patients persist in asking statistics questions, I began to wonder why physicians obfuscate when they have so much knowledge and experience. Initially when I saw my CT scan, I figured I had only a few months to live. The scan looked bad. I looked bad. I’d lost 30 pounds, developed excruciating back pain and felt more fatigued every day. My tests revealed severely low protein levels and low blood counts consistent with the body overwhelmed, failing in its basic drive to sustain itself.

For a few months, I’d suspected I had cancer. I had seen a lot of young patients with cancer. So I wasn’t taken aback. In fact, there was a certain relief. The next steps were clear: Prepare to die. Cry. Tell my wife that she should remarry, and refinance the mortgage. Write overdue letters to dear friends. Yes, there were lots of things I had meant to do in life, but sometimes this happens: Nothing could be more obvious when your day’s work includes treating head trauma and brain cancer.

But on my first visit with my oncologist, she mentioned my going back to work someday. Wasn’t I a ghost? No. But then how long did I have? Silence.

She wouldn’t give him an answer. And then he goes on to say:

And then my health began to improve, thanks to a pill that targets a specific genetic mutation tied to my cancer. I began to walk without a cane and to say things like, “Well, it’s pretty unlikely that I’ll be lucky enough to live for a decade, but it’s possible.” A tiny drop of hope.



In a way, though, the certainty of death was easier than this uncertain life. Didn't those in purgatory prefer to go to hell, and just be done with it? Was I supposed to be making funeral arrangements? Devoting myself to my wife, my parents, my brothers, my friends, my adorable niece? Writing the book I had always wanted to write? Or was I supposed to go back to negotiating my multiyear job offers?

The path forward would seem obvious, if only I knew how many months or years I had left. Tell me three months, I'd just spend time with family. Tell me one year, I'd have a plan (write that book). Give me 10 years, I'd get back to treating diseases. The pedestrian truth that you live one day at a time didn't help: What was I supposed to do with that day? My oncologist would say

only: "I can't tell you a time. You've got to find what matters most to you."

Here are the most important sentences, the absolutely most important things he says:

I began to realize that coming face to face with my own mortality, in a sense, had changed both nothing and everything. Before my cancer was diagnosed, I knew that someday I would die, but I didn't know when. After the diagnosis, I knew that someday I would die, but I didn't know when. But now I knew it acutely.

It had been brought home to him acutely. That, at its root, life had a basic uncertainty, and it's something all of us have to deal with. Living in the midst of uncertainty, because that's all we've got, uncertainty? Now we'll look at what we have. And that's what we're here for.

I preached this sermon before and I'm not going to do the whole sermon, but one last thing. I love this passage in the gospel of John where Jesus heals this man who was born blind. This leads to an uproar over whether this man was really born blind or is Jesus pulling a fast one on us. They call in the man. They ask what happened. He says, "Well, I was blind, blind for life. Jesus came up and put mud in my eyes and washed them, and I could see." So they asked his parents. "Is this your son? Was your son born blind?" They said yes. Well, how did this happen? They said, "He's of age. Ask him." So they asked him again. How did this happen? He said, "I just told you" and told them again. So they said this man must be a prophet, and others said. "No, he's not a prophet, we know this man to be a sinner." Then the man who was blind goes on to say these great words, "Whether he's a sinner or not, I do not know. The only thing I know is that once I was blind, but now I see."



One thing I know. So much of the time in the church we kind of pretend like we got all the answers. Brothers and Sisters, I can tell you I flopped about most questions about life. We don't have all the answers. We have a clue. [Attribution garbled] This man likes to visit his music teacher. One day he went to a big music building to visit him. All sorts of practice rooms had people practicing singing, playing the trombone or violin or piano or whatever. He says to the teacher, what's the good word today? The man picks up a tuning fork and hammer and hits it with the hammer, "That's the good news. That's an A. The soprano above is flattening her high notes, the piano next door is out of tune, the saxophone keeps hitting wrong notes. That's an A."

One thing I know, one thing I can count on. You give me a place to stand, and I can move the world. Early Christians didn't have all the answers, but they had a place to stand and that was outside the tomb of Jesus. In the midst of life's uncertainty we know this one thing and because we do, we can handle all the rest.

Monday, Feb. 17, 2014

Hi all!

It was great to be in worship yesterday!

I did record my sermon, "Dealing with Uncertainty." It is available here - <http://theparson.net/whbc/sermons.htm>

Virginia Bliss was in Highland Hospital. She has been discharged. I have no further details. I hear that Josina has had her stitches removed.

I feel about the same. I am still waiting on biopsy results. I will see my primary care physician tomorrow.

Blessings,

David

Tuesday, Feb. 18, 2014

Hi all!

Thanks for all the expression of support!

I usually send these e-mails so everyone's address does not show.

I'm sending this one in the open, so I will more easily have a church-wide mailing list I can use to communicate while I am in Strong.

Blessings,

David

Tuesday, Feb. 18, 2014

Hi all!

I went to my primary care physician this morning. She was able to get my lymph node biopsy results. Unfortunately, the news is not good.

I have metastatic lung cancer (adenocarcinoma). This is the most common form of cancer; so I am nothing special in that regard.



In general terms, the prognosis is not good, but as you know from the article I quoted Sunday, these things are impossible to predict. That article in the *New York Times*, "How Long Have I Got Left?" is available here - http://www.nytimes.com/2014/01/25/opinion/sunday/how-long-have-i-got-left.html?_r=0

A recording of Sunday's sermon, "Dealing with Uncertainty," is available here -- <http://theparson.net/whbc/sermons.htm>

We just need to take it one step at a time. I probably will be checking back into Strong tomorrow so they can better maintain my oxygen levels. Further molecular tests on my biopsy are being done so they can tell what treatment options are best.

Kathy Juby will be doing the bulletin. Pulpit supplies will be arranged.

It is best for you to communicate with me via e-mail. When I do check back into Strong, I will be listed under my first name, "Charles."

Thank you much for your prayers and support. I am sure God will help us all through this.

Blessings,

David

Tuesday, Feb. 18, 2014

David,

That was not good news to hear. However, living in the darkness about the expected report can be terribly exhausting as one swings from negative to positive and back and forth. Now, you are gaining something more specific to address in ways that will be forthcoming as medical folk offer their input.

Many, like myself, will want to be helpful and you have given some useful information -- use e-mail and limit the telephone. I think your use of the Internet is most helpful for those on the mailing list are getting the same information which reduces the misinformation that can emerge.

If I can be useful as a sounding board or whatever, I'll be honored to come as a listener and responder. I'll be inclined to await your initiative for you'll want to be in control, as much as you can, with direct contact with folks. As you are able, I would encourage the use of the Internet--fast, focused, and factual. It keeps you involved in the congregation and other circles but more on your terms. If there are some things I might, especially, be of help in carrying forth, I'll endeavor to respond. It may be useful to determine what needs deciding and who should facilitate the decisions, e.g. lining up supplies, etc. You are in a position through your familiarity with the Church and people to take whatever lead you feel you can. It may be a more "comfortable" continuing involvement drawing upon your expertise while tapping into the resources of the Church.

These are some thoughts that may be of help. You have already shown how you are facing this issue and by doing so, given us an example to emulate. Thanks, Teacher, for letting your life be a message and an example. We're pulling for you!

Jim

Friday, Feb. 21, 2014

Hi all!

The March issue of *The Link* is available here - <http://theparson.net/whbc/thelink.pdf>

Here is the latest on my condition:

I am presently in the Strong Wilmot Cancer Center and feeling better. If they can get my oxygen levels up somewhat they may send me home on Sunday. They continue to run tests. The cancer is spread extensively through both lungs and surrounding lymph nodes. An MRI showed that I have no cancer in my brain. My abdomen also is clear. We are awaiting results of a bone scan. I had another talk with my oncologist about possible time frames. These are very general and impossible to apply to a specific individual. Without further treatment, I could probably live about 2 months. With general chemotherapy treatments, I could live another year or two. If I have one of two specific genetic mutations they are testing for, targeted treatments are much more effective, and I might live for several more years. These genetic mutations are present in about 15 percent of cases.

My brother from West Virginia is visiting me for several days.

Thanks for your continued prayers and support.

David

Monday, Feb. 24, 2014

Hi all!

My condition is deteriorating quite rapidly. It is likely that I have only a few hours to 2 weeks left.

I am finding it a very meaningful and rich experience. It even has its fun side. I have experienced no physical pain to this point. My doctor has told me that he is fully confident that they can make my final passing comfortable.

I love you all! Thank you for everything!

Christ is risen!

David

Wednesday, Feb. 26, 2014

Hi all!

I had another good day due to all the good oxygen they are giving me.

Several have asked me medical questions about various test results and treatment options. Here are the answers:



I tested negative for two genetic mutations that, if I had them, would have given me the possibility of effective targeted treatment which could have given me several more years. Again, I tested negative for these genetic mutations.

At one point, my doctor did say that conventional treatment could give 1 to 2 years. This was a general statement for those with lung cancer. In my specific case, the cancer is already spread extensively throughout both lungs. My doctor, whom I trust completely, believes that conventional chemotherapy would more likely shorten my life rather than lengthen it (and cause me more suffering in the process).

Believe me; I know how overwhelming and surreal this must be for everyone. This seemed to come on so suddenly. This type of lung cancer tends to start in the outer part of the lungs. The lungs are large organs. There is a lot of room for the cancer to grow before the cancer causes symptoms (when it gets near the airways).

I feel that the medical course we are taking is the right one, bummer that that is.

Again, I appreciate everyone's prayers and love. I understand the range of emotions, including shock and anger. All are completely normal.

I have every confidence that the church will thrive after me. You are still the same great people you have always been. The main reason for my confidence is that God is still with us. He has brought our church through 200 years of ups and downs. I am sure He will continue to do so into the future.

I love you all, and so does God.

Christ is risen!

David

Thursday, Feb. 27, 2014



Here is an e-mail I received from Jo. I answered the medical questions in a separate e-mail to the congregation. I include this for the good yuks which I really enjoyed.

I know you all will miss me, but I am not irreplaceable.

Some may think I do everything around the church. I don't. I don't work all that hard at all. I have been semi-retired for most of my ministry.

After I am gone, the situation will remain the same, you will do most of the caring and reaching out and supporting one another, as you always have. If I have been a "successful" pastor, it has largely been because you are a successful, faithful congregation.

The following email from Jo Wilbert on Wednesday, Feb. 26, 2014 is the one David forwarded.

David, are you sure there's nothing they can do for you? It just seems that it happened too fast. Aren't they able to do radiation or chemo? You wouldn't look too bad if your hair fell out. Betty might even lend you one of her wigs.

I've been thinking about it, and I've come up with the Top Ten Reasons you shouldn't go:

10 The Fat Lady hasn't sung, yet. And you know, it's not over 'til the Fat Lady sings.

9 Your situation has probably given you all kinds of ideas for sermons and it's a shame to waste that.

8 Who will climb up the big ladder to get the lights down for cleaning?

7 You haven't used up all your Social Security, yet.

6 Buster will miss you.

5 We'll ALL miss you.

4 We'll probably have to have meetings to find a new pastor. I hate meetings!

3 You haven't perfected your golf game.

2 You're one of a few people who understands the Checking Account, Savings Account and Memorial Fund.

And the Number One Reason----YOU'RE IRREPLACABLE!!!!!!

However, if you were to get better, you don't have a place to live. And your brother has probably already put his name on your golf clubs!

I'm still praying for a miracle!!

Jo

Friday, Feb. 28, 2014

Hi all!

I'm still feeling quite good. I find that I am strong enough to handle visits quite well.

My brother went back to West Virginia at noon. We really enjoyed our time together.

I have finally got most of my legal, business affairs in order.

Some of it was a hoot! I called Delta Sonic this afternoon to cancel my unlimited car washes that they bill my credit card for every month. I was asked the usual question, "Would you tell me why you want to cancel?"

I answered, "Because I am in hospice care, and I am trying to get my affairs in order."

She replied, "You know if you cancel now and decide to renew later, it will be at a higher rate."

I told her, "If circumstances change, I would gladly renew at a higher rate." LOL

One of my friends suggested that I write a farewell sermon. I immediately thought---just what I need at a time like this, a homework assignment. :-)

I think my last sermon, which I preached at the church, will serve just fine as a farewell sermon. An audio recording is available on the church web site.

I will offer this:

Several have asked me how I can seemingly be at such peace with this?

I have answered that I wasn't completely sure, maybe I am in denial. A chaplain friend here at the hospital assures me that this is not the case.

I've thought about it. I can think of three reasons (that qualifies it as a sermon):

1. Almost every funeral that I have ever conducted contains a statement to the effect that here we are forced to come face to face with a basic fact of life. Life is purely and simply a gift. We do not own it. We do not possess it. We did not call ourselves into existence. It is a gift, and one day we will have to relinquish it back to the one who gave it. The most important emotional response is gratitude. If this life is all there is, I would still be deeply grateful. It has been wonderful. I am truly blessed.

This allows me to approach my own life and death with a sense of lightness.

2. Christ is risen! I truly believe this.

3. I have not arrived at this belief easily. I am by nature a skeptic and feel a deep kinship with doubting Thomas and those from Missouri. The historical evidence convinces me that He is risen (but I am convinced by more than that).



One of my favorite scenes from the play "Cotton Patch Gospel" is when Jesus first appears to his disciples after his resurrection. He jumps into their midst with a big smile on his face and declares: "It worked!"

He communicates the emotions of relief, surprise, and joy. Jesus was a person of faith as he approached his

death. He did not know.

If something or someone is awaiting me on the other side, that will probably be my reaction.

4. (I know I said three points, but we preachers can never shut up). I believe because I feel surrounded by a great cloud of witnesses, both here and on the other side.

Blessings,

David

Saturday, March 1, 2014

Hi all!

I'm actually noticeably improved. They have been able to turn down the amount of oxygen they are giving me, and I am maintaining relatively good blood oxygen levels. I walked the hall some today. I did okay even on reduced oxygen.

This morning my doctor indicated that they were looking into comfort homes for me. These resources are limited and have waiting lists. He said that if I go into a comfort home, it might even be possible to come back to church and preach sometime. I told him that that was hard to imagine, but we'll see.

He said my condition has stabilized, and my decline is not as rapid as they had feared. He said that these things are hard to predict.

I told him that I was well aware of this and always told church members in similar circumstances to just take it one day at a time and just keep living until you die. He said that he liked that line and would use it. I told him to feel free.

I am breathing easier and sleeping better. As I am typing this, I am lying in bed and am perfectly comfortable. I do not have even the slightest pain, and I have never needed or been given any pain medication. My appetite is good.

I've had about 14 visitors today (hard to keep count), but they have been spaced well. I enjoyed them all.

Barb Miller told me that if circumstances changed and I decided to sign up for unlimited car washes at a higher rate, she would cover the difference. I told her that I would take her up on that. :-) The Jubys brought my dog, Buster, for a visit last night. I am sure that deep down he was glad to see me, but while he was here, he seemed to be more interested in the fish and chips I was having for dinner.

Have fun in church tomorrow!

David

Sunday, March 2, 2014

Hi David,

Wow, we're all cheering over how well you're doing!

I guess this is what your retirement looks like: A bed that adjusts any way you want, a TV with lots of channels, free wi-fi, attractive nurses com-



ing in to make sure your needs are met, meals made to order and brought to you, fans and admirers telling you how much they appreciate you, and a whole big staff waiting on you 24/7. Not a bad deal, as long as you just take it one day at a time, as you obviously are.

Thanks for keeping these communiqués going (and thanks to Lynne for relaying them). We're eager to hear all you have to say. Maybe you want to get that blog going again.

I started back at HUCC today after 5 weeks on medical leave. My energy isn't all back yet, but I'm feeling somewhat functional. I'm taking it a day at a time too.

(Rev.) Dave Inglis
Henrietta UCC

Monday, March 3, 2014

He pretty much describes the situation, as is. Not bad.

David Hess

Monday, March 3, 2014

Hi all!

I had another relatively good day.

I very much appreciate the wonderful reports from the worship service today.

I very much appreciate the prayers, but it is worth uttering a word of caution about prayer in times like this.

I very much appreciate that people are praying for a miracle that I be completely healed. I have prayed for the same thing. I know the promises of scripture about such things.

Where we need to exercise caution is to not let strong faith become presumption. I have faith that God can heal me. I would never presume that He will. We need to look at the model of Jesus in the Garden of Gethsemane, when he prayed that "this cup might pass me by, but not as I will, but as You will."

We need to look at the experience of Paul when he prayed that God would remove his "thorn in the flesh." Three times he prayed. Three times God said, "No. My power is made perfect in weakness. My grace is sufficient for you."

If I am miraculously cured of my cancer, I will rejoice and give God the glory. If not, I will testify that I have known God's power in and through me during this experience, and I will testify that His grace has been more than sufficient for me.

Blessings,

David

Wednesday, March 5, 2014

I'm still here!

I heard about the good meeting at the church on Monday.



I had a good night last night. I tried some morphine just to see if it would help keep me from waking every hour to cough and spit. It did and how!

They gave me a 15 mg pill. They told me it was a low dose and that I could take one an hour. One pill got me through the whole night in grand style.

They are offering me a lower dose tonight.

Blessings,

David

Thursday, March 6, 2014

Had another restful night last night.

Speaking of rest, can you hold back on the visits today?

Steve can bring my mail whenever. Clergy are always welcome. Betty can call or visit anytime. I've asked the Jubys to bring me some stuff.

Thanks.

The Rev. Dr. C. David Hess passed away March 7, 2014 after a few weeks of hospitalization in the Wilmot Cancer Center, Strong Memorial Hospital, Rochester, N.Y. He had lung cancer. His courage and faith inspired staff and visitors alike.

Born May 31, 1949 in Charleston, W.Va., he was a graduate of Berea College and received a Master of Divinity and a Doctor of Ministry from Southern Baptist Theological Seminary. While in seminary, he pastored the Mt. Herman Baptist Church in Katawa, Ky. Subsequently, he served the Glenwood, N.J. Baptist Church and the First Baptist Church in Hamilton, N.Y. For 16 years, he ministered to West Henrietta, N.Y. Baptist Church, where he was the longest serving pastor in this 200-year-old congregation. Much loved and respected, he was active in the work of the American Baptist Churches of Rochester and Genesee Region and in many other local and statewide organizations. He was chaplain of the West Henrietta Fire Department for several years. His love of music was recognized both in his congregation and by his active role in the Eastman Rochester Chorus.

Preceded in death by his mother Othell Hess, and niece, Jill Hess, he is survived by his father, Charles E. Hess, brother Gary (Marsha) Hess, nephew Chad (Tiffany) Hess, niece Jan (Derek) Miller, great niece Lacey, great nephews, Sawyer, Charlie and Waylon, and his beloved dog Buster.