

# PETER DENIED JESUS!!

NUMBER 188

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Peter has been thoroughly roasted in a number of sermons for denying Christ. The normal implication was that the preacher who was doing the preaching would have stood with Jesus. We would all like to think that we would have stood up for Jesus, but would we have done so?



Continued on page 2

## GOING THROUGH THE MOTIONS

Everything in all Creation belongs to God. He asks nothing of earthly sacrifice from humans but places highest value and priority on our sincere thanks, trust and daily praise for all He does for us.

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## EQUIPPING OUR CHILDREN FOR SUCCESS.

“Their purpose (Proverbs) is to teach people to

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live disciplined and successful lives, to help them do what is right, just and fair. These proverbs will give insight to the simple and discernment to the young.” (Proverbs 1:3, 4 NLT)

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## AN EXHAUSTED CAREGIVER

For better or worse until death do us part is a statement almost taken lightly when you are young.

As you get older what this means

can become a lot clearer. My wife had to support me for a year when I was getting over serious back and sciatica problems. As I was getting mostly over those problems, her aphasia dementia was becoming worse. We brought in outside help for me, and the outside help transitioned to helping her. When I was sufficiently recovered, we decided to go it alone and let the outside help go.

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## PETER DENIED JESUS!!, P2

Continued from page 1

In the Harmony of the Gospels (the chronology of Christ), lesson 7.11 on our website [www.occg.institute](http://www.occg.institute) there are 191 events in the life of Christ recorded in at least one of the gospels. There are only 19 listed in all four gospels, and Peter's denial is one of the 19. It is described in Matthew 26: 58, 69-75, Mark 14: 54, 66-72, Luke 54-62, and John:18:15-18, 25-27. Peter's cutting the ear off High Priest's slave is also recorded in all four gospels.

The scene is this: the Apostles have just witnessed the triumphal entry into Jerusalem and had to be considerably pumped up. They had to be on a serious emotional high. Suddenly Jesus is taken captive by the Jewish authorities and is being put on trial for his life: a complete reversal of what they were thinking was about to happen.

Another point to consider is that there was no Jewish/Christianity distinction at that time. All the Apostles thought they were good Jews at the time and were subject to the Jewish authorities. Their authority figures had arrested Jesus, who also was a Jew.

Peter was one of 12 Apostles. Peter was in the courtyard of the High Priest where Jesus was being tried, sitting with the officials and warming himself on their fire. When the servant girl identified Peter, he was likely surrounded by those men who had arrested Jesus. Certainly, an intimidating circumstance.

What of the other eleven Apostles? Judas had betrayed Jesus and was about to commit suicide. Mark tells us where the others were. Mark 14:50 "And they all left Him and fled."

When Mark said that, Peter likely fled with them, but he came back. The others apparently did not come back. Similarly, all the other followers who were celebrating with Jesus a few days later at the triumphal entry were not present.

So, Peter is the one who cut the servant's ear off to defend Jesus. Peter was the one who came back into the High Priest's courtyard during the trial. And then Peter gave in to fear, denying that he knew Jesus.

Again, in Matthew 14:28-31 Peter is the only one brave enough to step out of the boat to walk to Jesus on the water. He is frequently criticized for then becoming frightened and beginning to sink before Jesus caught his hand.

The question for us is not so much about Peter; Peter was not perfect, only Jesus is. Where would we have been when Jesus was being tried? Would we have walked on the water at all? I would hope in those circumstances I would be as brave as Peter.

Benton F. Baugh

**If I am ever on  
life support,  
unplug me...  
Then plug me back in..  
See if that works..**

## EQUIPPING OUR CHILDREN FOR SUCCESS

### Continued from page 1

It's graduation time. What does an eighteen-year-old need to know to become a responsible and productive citizen? As parents we are privileged to train our children in the way they should go. Proverbs is a great guidebook.

**SPIRITUAL VALUES** – “Trust in the Lord with all your heart; do not depend on your own understanding. Seek his will in all you do, and he will show you which path to take.” (Proverbs 3:5, 6 NLT) Encourage lifelong learners of the Word of God, it is the path of wisdom and righteousness. “A wise person is hungry for knowledge, while a fool feeds on trash.” (Proverbs 15:14 NLT)

**A MORAL CODE** – “A wise child accepts a parent's discipline; a mocker refuses to listen to correction.” (Proverbs 13:1 NLT) The job of a parent is to construct boundaries between right and wrong that will last a lifetime. Boundaries strengthened with discipline provide wisdom, judgment and discernment. “Walk with the wise and become wise; associate with fools and get in trouble.” (Proverbs 13:20 NLT)

**WORK ETHIC** – “Good planning and hard work lead to prosperity, but hasty shortcuts lead to poverty.” (Proverbs 21:5 NLT) Young people must be taught the value of working hard. “Never be lazy but work hard and serve the Lord enthusiastically.” (Rom. 12:11 NLT)

Proverbs conveniently has 31 chapters, one for every day of the month. Have the whole family read the chapter that corresponds with the date. Once is never enough for Proverbs. Keep reading it for a lifetime!

Elizabeth Brown, Texarkana, TX

## GOING THROUGH THE MOTIONS

### Continued from page 1

When we come before Him in prayer and worship, we must remember that He is attentive; seeing, hearing and knowing our every thought, before it crosses our lips. Therefore, let everyone also be attentive to avoid “going through the motions” during our prayer and worship rituals. It is better if only two or three gather in earnest worship rather than many be found “asleep on their knees” or hypocritically “grinning and bearing” false teaching for the sake of ritual “service”.

Jesus did not come to be served, but to serve, giving His life as a ransom for many. (Mark 10:45) How great is our gratitude! Praise God for encouraging our contrite prayers and joyful songs.

L. S. Grubbs, Harrison, Ohio





## AN EXHAUSTED CAREGIVER, P2

### Continued from page 3

During the 8 months when we had outside help, we transitioned from my wife being the housekeeper, cook, and grocery shopper to me being the housekeeper, cook, grocery shopper, and full-time caregiver.

I was not well informed as to what I was getting into, and reasonable advice did not seem to be available. I read some books, but they were so general that they didn't help much. The purpose of this article is to try to help others going through the same process.

Aphasia is a language disorder that affects a person's ability to communicate. Aphasia is a subcategory of dementia, and generally leads to a more general condition of dementia.

Dementia is a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain.

Every case of Aphasia and every case of Dementia are different. There are few hard and fast rules that apply to every patient or caregiver. This is a case of a male caregiver. The case of a female caregiver is very different. Many of the caregiving activities are what the wife was likely doing already, the husband needs to learn them. If the wife is the caregiver, what the husband was doing is often abandoned or hired out to others.

Our worst-case scenario was when I was waking her up twice each night to take her to the bathroom so she wouldn't wet the bed. It was frequently hard to get her off the bed because

she didn't seem to comprehend putting her feet back under her and assist in standing up. Getting her on the toilet was a chore but as it is a downward movement it wasn't too bad.

Getting her off the toilet was a major challenge. She didn't seem to understand to help. I could not physically get her up until she helped some, which sometimes took as long as 2.5 hours. I had to stay awake while she sat on the toilet as if she decided to get up there was a chance she would end up on the floor. I had no reasonable way to get her off the floor. Once I got boards from the garage and drug her up them to stand her up.

I was spending 4-5 hours a day intermittently pulling on her arm to get her up. It is surprising I did not pull her arm out of the socket and/or blow my back out. Every time she sat down anyplace, it was a major struggle to get her up. Mind you, about one out every hundred times to get up, she just stood up.

Lifting, pulling, and prodding left me completely exhausted and at the very minimum was giving my wife sore arms. Aphasia dementia decline is steadily progressive illness so my wife is continuing to decline, but I am no longer exhausted. I should never have been exhausted if I had known what to do. The purpose of this article is to tell others what I have learned and what I should have been doing a long time ago.

An important point is that my wife has the ability to stand up, but most of the time her mind just doesn't connect with her muscles to do things, so functionally she usually can't do them. I am going to refer to this as having a disconnect. There may be a more scientific term for this, but I do not know what it is. **Continued on page 5**

## AN EXHAUSTED CAREGIVER, P3

Continued from page 4

### ABSORBANT PADS

Instead of pulling her out of bed multiple times a night and then pulling her off the toilet multiple times, we went to putting 4 layers of absorbent pads on the bed and letting her sleep through the night. It means we have to wash everything every day, but that is not difficult after we both get a good night's sleep,

### GETTING OFF THE TOILET

The uplift toilet seat as shown in the photograph is placed over the toilet and at the push of a button slowly raises the seat to 45°. This will help anyone get off the toilet, but in my wife's case it got her attention so she participated in getting up. I never have to give more than a little assistance to get her up. As a practical matter, the blue seat is about 5" higher than the toilet seat was, and she has gotten up off the seat before it was raised. We purchased this from Amazon as with all the other devices discussed here. Amazon has a wide variety of toilet seat assistances available, including the plain one to the right.



### GETTING OFF THE FLOOR

The Lift Chair shown to the right is a battery powered device with a scissors jack built into it. At the punch of a button it will collapse to being



3.3" high to let you scoot onto it on the floor. Punch another button and it will raise you to about 19" off the floor. From that height you can slide over onto a couch or onto your bed. We had to use this Lift Chair the day after we received it.

### HOSPITAL BED WITH RAILS

My wife had a tendency to get out of bed at night and wander around. She literally has forgotten how to get into bed and would sometimes end up on the floor. When the doctor prescribed a hospital bed with rails it restrained her through the night and improved the quality of sleep for both of us. We lower the bed to the lowest position for her to get in at night and to the highest position for her to get out in the morning. The bed shown in the photo shows a manual crank handle to raise and lower the bed which may be O.K. if you are going to leave the bed in one position. As we go from the highest position to the lowest position every day, we would recommend getting an electrified bed.



**Continued on page 6**

## AN EXHAUSTED CAREGIVER, P 4

Continued from page 5  
**BEDSIDE TOILET**

Most bedside toilets have arms on both sides which is logical for getting into and out of them. We elected to get a combination transfer bench and commode as shown in the photo to the right. This allows the hospital bed to be lowered or raised to be the same height as the transfer bench portion and allows my wife to simply slide onto it. This is in preparation for the future and have not used it yet.



**CAMERAS**

I get up at 8-9 and my wife wakes up at 11-12. We got a pan and tilt camera from Amazon for



\$19.99 and connected it to my I-Phone as seen in the photograph. I can watch her in bed on my phone while I get some work done. During the day she spends most of her time at the breakfast table eating, watching TV, and/or sleeping. A second camera lets me get some occasional work done in the office while she is there. At this point in her aphasia dementia she is pretty well entertained by watching old reruns on TV. Gunsmoke, Andy Griffin, and Everybody Loves Raymond are what we watch the most.

This is not intended to be an advertisement for Amazon, but as we have difficulty traveling, HEB delivers our food and Amazon delivers everything else. They are a great benefit.

**STANDING UP AT THE TABLE**

Getting her to stand up at the table when she has a disconnect has been a challenge. I finally figured out how to put one of my arms under each of her arm pits and my hands on the table. Then I simply stand up providing a balanced force on each side of her. I can exert a lot of force without hurting her. When I get an air gap below her seat, something seems to click in or reconnect and she assists in the remaining process of standing up.

What this all means is we try to control her between the bed, toilet, and breakfast table where we have assisting solutions. We try to avoid her sitting any place else. She seems to comprehend this and cooperates, mostly.

**Continued on page 7**



## AN EXHAUSTED CAREGIVER, P 5

Continued from page 6

### HOSPICE

Hospice is not what it used to be. When my parents were in hospice, it carried the implication of imminent passing. It is a more general term today.

Hospice is specialized care provided to patients with an advanced, life-limiting illness or injury. A team of healthcare professionals focuses on caring and providing palliative measures, not curing, and delivers care that supports the physical, emotional, mental and spiritual needs of patients and their families. At the heart of hospice care is the belief that each of us has the right to end our journey comfortably and with dignity, and that our families will receive the necessary support to allow us to do so.

In most cases, hospice care is provided in the patient's home, but can also be provided in hospitals, nursing homes, other long-term care facilities and freestanding hospice centers. Hospice services are available to patients of any age, religion, race, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

### CONCLUSION

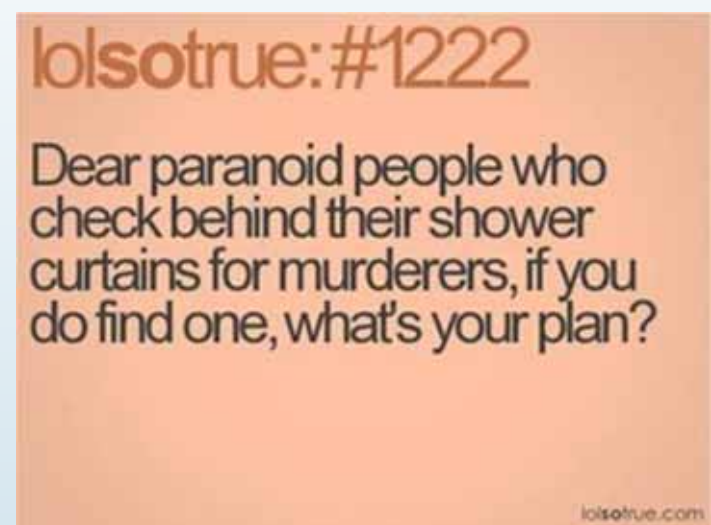
These are the helps we have found so far. This is a long journey and we will likely find other helps as we get even deeper into aphasia dementia. I would really like to have read this article about a year ago.

I see this information as a valuable resource. As I learn more as the months go by, I will likely provide updates to this article. Secondarily, I am keeping an Excel diary of what happens and when it happens. I plan to make it available some form, and I would have appreciated reading someone else's diary so I would have a better idea of what is coming.

Again, every couple's journey is unique. Hopefully some of the similarities will be useful to others.

If you have other suggestions for caregivers, let us know at [info@occg.institute](mailto:info@occg.institute) and we will publish them. If this is interesting to others, it can be a regular monthly article. Can you write a helpful article?

Frederico Bargus



## IMPOSSIBLE FOR EVOLUTION #144: LUNGS 3 - DIFFUSION

In issue 186 we discussed Impossible 142: BASICS OF BREATHING. In issue 187 we discussed Impossible 143: ALVEOLI which are the millions of tiny air sacs in the lungs where oxygen is given to the blood and CO<sub>2</sub> is taken from the lungs.

At complete rest, the typical adult male exchanges approximately 0.5 L (500 mL; 400 mL for female) of air per breath. This is called tidal volume.

The amount of air you breathe when you are active increases. The total amount of air you can exhale is about 4800mL. It varies according to age and body size. Your total lung capacity—is about 6 liters on average. (1 quart = 1.057 liters)

This means that at rest breathing is 0.5 L whereas your lung volume is about 6.0 L so you are only replacing 1/12 of the air in your lung during at rest breathing. The percentage would increase during deep breathing.

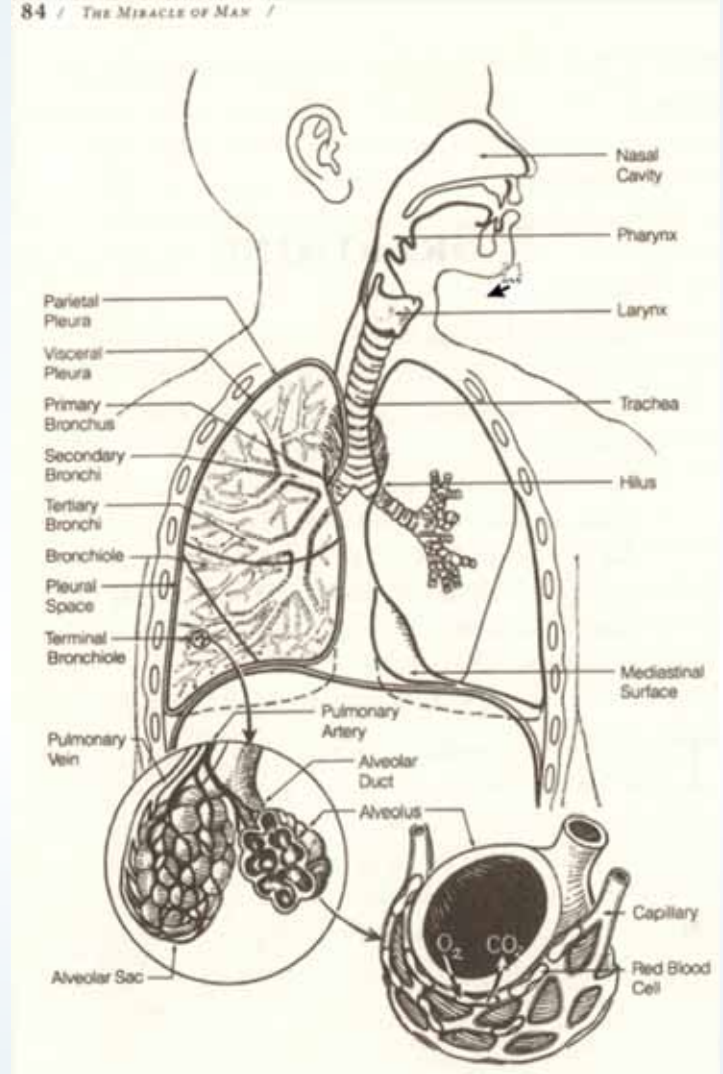
As seen in the drawing, your nasal cavity, larynx, trachea, hilus, primary bronchus, secondary bronchi, and terminal bronchiole will represent a volume of about 0.5 L, so functionally none of the air you breathe when at rest actually goes into the alveoli.

So how does the Oxygen get to your blood when the air you breathe doesn't actually get to your Alveoli?

The answer is partial pressure diffusion. Diffusion is the net movement of anything (for example, atoms, ions, molecules, energy) generally from a region of higher concentration to a region of lower concentration. If you put a drop of black ink into a glass of water, over time all the water will become a uniform gray. If you emit a strong odor, the odor will begin to smell less and less until it disappears as the odor molecules spread out.

The reason the drops of ink or the odors spread out is partial pressure. Air is 14.7 p.s.i. or 760 mmHg (millimeters of mercury). The partial pressures of the various gases in the air are approximately 593 mmHg for nitrogen, 160 mmHg for oxygen, and 7.6 mmHg for argon. If you emit a strong odor, e.g. 40 mmHg, at a location, the partial pressure of that odor ten feet away is 0 mmHg. The partial pressure of the odor tends to move it to an area of lower partial pressure. In an open space the odor gets so dispersed that you simply can't smell it.

What this means in your lung in at rest breathing is that you bring oxygen rich air into your nasal cavity,



larynx, trachea, hilus, primary bronchus, secondary bronchi, and terminal bronchiole and it diffuses into your alveoli. The CO<sub>2</sub> in the CO<sub>2</sub> rich air in you alveoli diffuses out to your terminal bronchiole, secondary bronchi, primary bronchus, hilus, trachea, larynx, and nasal cavity.

The development of diffusion by partial pressure is not something that an atheistic evolutionist would claim happened by accident. They would claim that accidents of evolution would accidentally learn how to use it.

This system is not an accidental happening, it is a complex proof of an Intelligent Designer. That Intelligent Designer is God.

Benton F. Baugh, Ph.D., P.E



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Bob directs the Sunset Academy of Leadership Training. He is a coach, consultant, and full-time speaker, conducting workshops in leadership development. He is dedicated to helping leaders implement positive, transformational change and creating a vision to prepare the next generation of leaders. He lives in Virginia Beach, VA and holds a Doctorate in Intercultural Studies with an emphasis in adult leadership development from the Fuller Theological Seminary in Pasadena, CA.



**ZONE LEADER**  
7 Tactics for Leading in the Zones

ZONE LEADER: 7 Tactics for Leading in the Zones

TURNER



# ZONE LEADER

7 Tactics for Leading in the Zones

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### Need answers! 😊

Why is "bra" singular and "panties" plural?

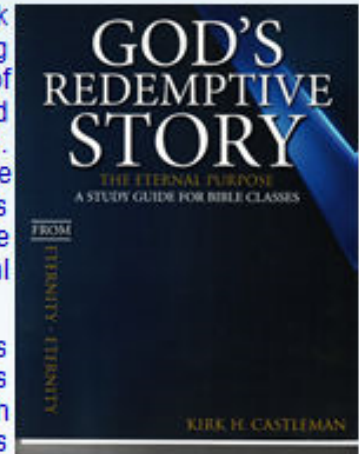
Why do toasters always have a setting that burns the toast to a horrible crisp, which no decent human being would eat?

Can a hearse carrying a corpse drive in the carpool lane? I've never seen a sign that says 'Two or more LIVE people needed to use the HOV lane'...

If the professor on Gilligan's Island can make a radio out of a coconut, why can't he fix a hole in a boat?

*From Ray Scott*

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**June 7-12, 50th National Jail & Prison Ministry Workshop, Corpus Christi, TX, See [kingscrossingprisonministries.org](http://kingscrossingprisonministries.org).**

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