

WHAT PEOPLE ARE SAYING ABOUT  
MELANIE HEMRY AND *A HEALING TOUCH*

Those of us in the field of medicine have many opportunities to witness miraculous events. When one is tuned into these events and the reason for them, like Melanie Hemry has been for many years, it can make for some very revealing reading that can inspire each of us to capitalize on the power of prayer.

—**Benjamin Carson, M.D.**

Director of Pediatric Neurosurgery  
John Hopkins Hospital

Author, *Gifted Hands*, *Think Big*, and *The Big Picture* According to the prophets, we are now entering the “day of the saints.” This means that the power of God will be manifested throughout our communities by ordinary believers, not superstars. How can this be? In this extraordinary book, Melanie Hemry pulls back the curtain of real life and shows us that God is actually doing it. Her book will build your faith and set you on a fruitful path!

—**C. Peter Wagner**

Chancellor, Wagner Leadership Institute

*A Healing Touch* is masterfully done. An exceptionally gifted writer, Melanie Hemry explains not only *how* we can be a part of God’s healing process for the hurting, but perhaps more importantly makes us *want* to. A truly inspiring book!

—**Pastor Dutch Sheets**

Author of the best-selling book *Intercessory Prayer*

I L-O-V-E-D this book. Every story brought me to tears and reminded me of the power of the God we serve plus the responsibility that we as Christians hold in our daily lives!

Melanie tugs at your heartstrings, takes your breath away, then brings you back joyfully as she reveals the awesome power

of a very real personal God who does indeed still intervene in miraculous ways at the exact moment His children call on His name. Henry not only shares unbelievable true stories, she also compels her reader to stop being casual with our prayers. Allow Henry to show you how you too can offer effective prayers that bring about dramatic change in the lives of those around you.

—**Victorya Michaels Rogers**

Author, *Finding a Man Worth Keeping*

I love Melanie Henry's book, *A Healing Touch*! I devoured it and couldn't put it down. I did not expect it to challenge and change me as it did. What a surprise to realize that this was more than a great book. It is a book of parables with a Heart Check key to each one. Chapter by chapter, I was led into a deeper place in God, hungry for MORE. I became eager to be used by Him in prayer and in my daily life. I was changed in a significant way, not just *wishing* I could know Him and be used by Him, but actually doing it! I look forward to sharing *A Healing Touch* with others.

—**Rebecca Goen Stough, M.D.**

Melanie has the unique gift to serve in the healing of people both physically and spiritually. *A Healing Touch* reminds me that God has put us all in a mission field and we have to allow Him to use us in miraculous ways—and all through the power of prayer! Her personal nursing stories have been an inspiration to me as I work and minister in the Hollywood entertainment industry mission field. Thanks, Melanie!

—**Karen Covell**

Director of the Hollywood Prayer Network  
TV Producer and Author, *The Day I Met God*  
and *How to Talk about Jesus without Freaking Out*

This is a noisy world with many loud voices. Melanie has reminded us that only God's voice brings life! Through her medical experiences, gift of writing, humor, and personal encounters with God, she has powerfully challenged all of us to hear Him daily for ourselves. Besides all that, it's fun to read! It's like ER with godly insight!

—**Dr. John Benefiel**

Chairman, Oklahoma Apostolic Prayer Network  
Founder and Senior Pastor, Church on the Rock,  
Oklahoma City, OK

I love to find a book that is important for the NOW season of life that we are journeying through in the earth realm. Being involved in the prayer movement for 20 years or so, I love when I run across a new, creative tool that will help in motivating people to believe in the miracle of prayer. *A Healing Touch* by Melanie Henry accomplishes both of those quests. Not only is this one of the most enjoyable books that I have read in a very long time, but the HEART CHECK sheet at the end of each chapter is likened to a physical examination of the spirit of man. This will allow us to be “fit” and prepared for the future ahead. “*A man's spirit sustains him in sickness*” (Proverbs 18:14 NIV), and Melanie in *A Healing Touch* makes sure that our spirits are touched and more alive at the end of the book than when we first began reading!

—**Chuck D. Pierce**

President, Glory of Zion International, Inc.  
Vice President, Global Harvest Ministries

Melanie Henry crosses the boundaries between medical healing and spiritual healing—a boundary that is all too often neglected. Her story is a humble reminder that what we are going through at this point in our lives may be no more than a time of refinement

that is preparing us for the true task God has planned for us. Melanie offers practical tips on how to best know whether we're staying on that course that God has outlined for us—a set of check points to help us reassess where we stand in regards to the Lord's will for our life. *A Healing Touch* is a perfect guideline for either individual study or group fellowship.

—David Holland, M.D.

Physician, Author, Television Guest

I'd like to introduce you to a book by Melanie Hemry called *A Healing Touch*. What I love about it is that, as a registered nurse, Melanie knows about physical healing but she's also a wonderful Christian who understands spiritual healing.

I really enjoyed the chapter about finishing the course. It's amazing. Here you have nurses running in a race, and a guy just drops dead right in front of them—talk about being in the right place at the right time! Melanie has had many experiences that will bless you, and I hope her book ministers as much to you as it ministered to me.

Melanie has been such a blessing to my ministry over the years. She's one of the finest authors we've had the opportunity to work with. She's written many articles for my ministry, and we have been pleased with every one.

So, sit down and get yourself a cup of coffee because, not only are you about to read a good book about healing, but you are also about to be inspired to reach out and spiritually touch a person for God. After this book, you'll understand why God called Melanie Hemry to minister to us in this matter. Enjoy!

—Dr. Jesse Duplantis

Jessie Duplantis Ministries

*A*  
Healing  
Touch

## DEDICATION

*To my daughters, Heather and Lauren,  
you are God's greatest gift to me and the reason  
I will praise Him all my days.*

# A Healing Touch

*The Power of Prayer*

Melanie Hemry



WHITAKER  
HOUSE

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## A HEALING TOUCH: The Power of Prayer

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ISBN-13: 978-0-88368-780-2 • ISBN-10: 0-88368-780-1

Printed in the United States of America

© 2006 by Melanie Hemry

Whitaker House  
1030 Hunt Valley Circle  
New Kensington, PA 15068  
www.whitakerhouse.com

### Library of Congress Cataloging-in-Publication Data

Hemry, Melanie, 1949–

A healing touch : the power of prayer / Melanie Hemry.

p. cm.

Summary: “An introduction to intercessory prayer, based on the author’s experiences”—Provided by publisher.

ISBN-13: 978-0-88368-780-2 (trade pbk. : alk. paper)

ISBN-10: 0-88368-780-1 (trade pbk. : alk. paper)

1. Intercessory prayer—Christianity. 2. Hemry, Melanie, 1949– I. Title.

BV210.3.H46 2006

248.3’2—dc22

2006008970

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# FOREWORD

I first met Melanie Henry at a beginning writer's workshop I attended in the 1980s. Fresh from a sixteen-year career in nursing, much of that time spent in critical care, Melanie was full of vision and talent. While the rest of us were still working on submissions, her writing career took off early when she won the prestigious national Guideposts Writing Contest and then began to establish a solid career as a ghostwriter, serving pastors and leaders in the body of Christ.

Truly one of the best true-life drama writers in the industry, Melanie has a depth of spiritual understanding and experience that matches her medical expertise and skill with words. I greatly admire her as a writer, friend, and fellow sojourner in the spiritual life. That's why I'm so honored to recommend her book to you.

In *A Healing Touch: The Power of Prayer*, she combines what she knows best—her medical background and heart for God, people, and ministry—to create a book full of compelling stories and valuable instruction.

*A Healing Touch* will challenge you, inspire you, and equip you to make a difference in a hurting world. Gone are the days when playing church or being a nominal believer was enough. We live in a time of tremendous uncertainty that offers enormous opportunities for the kingdom of God. *A Healing Touch* is a book that will prepare you to join God in His search-and-rescue mission to a critically wounded world.

—Cheri Fuller

Author and Motivational Speaker



# TABLE OF CONTENTS

Chapter 1: Coming of Age.....	13
Chapter 2: Waiting on God.....	25
Chapter 3: You're Responsible for What You Know.....	35
Chapter 4: I Wanna Volunteer on a Cruise Ship .....	45
Chapter 5: Friendship with God.....	55
Chapter 6: Piggyback Hearts.....	65
Chapter 7: Coronary Care.....	77
Chapter 8: Order Is Not a Four-Letter Word.....	87
Chapter 9: The Awakening.....	93
Chapter 10: The Race .....	103
Chapter 11: Finish the Course.....	113
Chapter 12: Sidelined.....	125
Chapter 13: Winston Wears Shoes.....	135
Chapter 14: Signs and Symptoms.....	143
Chapter 15: Blind Eyes.....	151
Chapter 16: The Bomb .....	161
Chapter 17: Intensive Caring for a Hurting World .....	173
Chapter 18: Incoming!.....	181
Endnotes .....	187



## CHAPTER ONE

# COMING OF AGE

*When I was a child, I talked like a child, I thought like a child, I reasoned like a child. When I became a man, I put childish ways behind me.*

—1 Corinthians 13:11

The sound of moaning respirators and the putrid smell of burned flesh assailed me as I pushed my way through the double doors into the intensive care unit that afternoon. Before the doors shut behind me, I knew I was in for a hard shift. Room ten, our only isolation area, held a fresh burn patient. One nurse would spend the evening in that room. Following report, I walked past the cubicles, mentally assessing the unit.

*One burn patient. One patient with acute congestive heart failure. One patient with an acute cardiac infarction. One patient with cardiac arrhythmia admitted for cardioversion. Five fresh open-heart surgery patients due out of recovery anytime.*

I rubbed sweaty palms against the soft white material of my uniform. Until recently, I had worked on a medical-surgical ward with forty patients. But those patients hadn't been critical. Many had been *terminal*, and many had died. But those deaths were usually the result of the aging process, or chronic long-term illness. Critical patients—those with a sudden, usually unexpected, catastrophic event—were admitted to the intensive care unit.

## A HEALING TOUCH

*Well, I wanted a new challenge,* I reminded myself as I handed out assignments. I'd never felt the weight of life and death rest on me so heavily. My orientation to critical care was over; for the first time, I was Team Leader in charge.

There were rites-of-passage that critical care nurses had to navigate in order to be accepted by the doctors and other nurses. Whatever mild testing I'd endured as a staff nurse the past months was nothing compared to the scrutiny and testing I would endure to win acceptance as Team Leader. I watched the seasoned nurses work and knew that no matter what happened in the next eight hours, I could count on one thing.

*I was on my own.*

Two hours later the cardiovascular surgeon on call arrived to check the five new open-heart patients before going home for the evening. I handed him the chart for the patient in room three.

"His blood pressure has dropped slowly and steadily since he arrived from recovery," I reported. "I've given him extra IV fluids and a unit of blood to bring up his volume, but the recovery each time is temporary. I'm concerned that he might have tamponade."

I hesitated to even say the word *tamponade*. One of the deadliest complications of heart surgery, it occurred when blood pooled around the heart until finally, it stopped beating. The condition was hard to recognize, and once established, could only be reversed by surgery.

The surgeon shot questions at me like bullets from a firing squad, and then examined the man, listening for long minutes to his heart sounds.

"He's just volume depleted," the doctor said. "Give him another unit of blood and a 1,000cc bottle of fluid."

The blood and extra fluid pumped his blood pressure up to a healthy 130/70. His cheeks pinked up, and he looked better than he had since surgery. I checked the other patients, then donned a gown, mask, and gloves to help with the burn patient.

Later, I read the nurses' notes lying neatly on the bedside table in room three. None of the vital signs leapt off the paper, waving a red flag at me. His blood pressure had drifted back down, urine output had slowed considerably, and there'd been very little drainage from the chest tubes. I'd seen dozens of patients like him in the past month. So why was my mouth dry and my stomach tied in a knot? And *why* did I feel a sense of doom?

*Probably just nervous about my first shift as Team Leader*, I thought, picking up one of the man's chest tubes that drained blood from the surgical area to "milk" it. Even as I tried, I knew it was a useless gesture. Milking the chest tubes moved blood clots down the tube and kept them open and draining. I'd assigned one of the most experienced nurses in the unit to this patient. She'd milked the tubes so long her fingers were red and swollen. If there was a blood clot high in that chest tube, it wasn't for her lack of attention.

*Something* was wrong. But how could I explain a sense of doom arising from somewhere in my gut to a cocky young cardiovascular surgeon who'd spent twelve years learning what he knew? He had the education, and he had the initials—a long line

It's what you  
know after you  
know it all that  
counts.

—Anonymous

## A HEALING TOUCH

of them—trailing his name on a starched white lab coat. I could just imagine what he'd say if I called him *again* on Friday evening. *Something's wrong all right! Something's wrong with the nurse left in charge!*

If one of the more experienced nurses phoned him, he might not like it, but he'd listen seriously to what she said. And he *might* consider taking this man back to surgery.

*Maybe she'll call him for me*, I thought, glancing at one of the older nurses. She read my face like the Sunday newspaper.

"Not on your life," she said, turning on her heel and walking away.

I tried not to take it personally. We all wanted the same thing: for these patients to make it out of here alive. But critical care nurses are very protective of their patients. The nurses on duty that evening needed to know what I'd do when they *weren't* around. That's the only way they could relax and trust me on their day off. Their expressions read, "No leaning allowed!" If I didn't measure up, my career in critical care would be short.

I dialed the doctor's phone number.

"Dr. Roberts\*," he barked. I gave him a quick report on the patient in room three.

"Why don't you go back to floor duty where you belong?" he asked, sarcasm dripping off each word. "Whatever possessed you to think you could take care of critically ill patients? You have no business in that unit. I suppose we got stuck with you because the job corps didn't want you. Now listen to me, and listen carefully. Don't you dare call me back tonight."

A dial tone sounded in my ear. *He hung up on me!*

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\* Indicates name has been changed.

I stood still, blushing to the roots of my hair. Looking around, I saw that every nurse in the unit had positioned herself to hear my end of the conversation. The looks on their faces let me know that they agreed in spades with whatever he had said.

*It's not enough to know how to treat these patients, their lifted eyebrows and pointed stares seemed to say, if you can't deal with prima donna doctors and earn their respect—you're history!*

I set up eight o'clock meds and helped with vital signs. Then I walked over to the patient in bed three.

"How are you feeling?" I asked, rubbing my hand over his arm. His skin felt cold and clammy.

"Like I've been run over by a Mac truck," he said with a crooked smile. "I feel so *weak*."

We made small talk while I tried to figure out what to do. Should I pursue getting him back to surgery? I might as well face facts. I'd never actually *seen* a case of tamponade. It was a rare complication, and I'd only read about it in a textbook.

If I was wrong about him having tamponade, and someone believed me, the patient would endure a second surgery unnecessarily. As for me—I'd lose my career in critical care.

But if the man *did* have tamponade, and I didn't pursue help for him, he would die.

Again I felt that sense of doom. I didn't have any good choices.

God offers a tough love that turns us into sweeter and stronger persons.

—Robert Harold Shuller

## A HEALING TOUCH

Career or death.

Death seemed so much more...permanent.

I checked the patient's chart. Dr. Burns\*, the senior partner of Dr. Robert's group had done the surgery. If I tried to call him on his night off, the answering service would simply transfer the call to Dr. Roberts. Besides, Dr. Burns and his wife, Susan,\* were well known for their dinner parties. Most likely they were entertaining now.

*Susan—his wife!* Now there was an idea. Surely Susan's friends could get past the answering service. *Kiss your career good-bye*, I thought as I dialed Dr. Burn's number.

"Dr. Burns' residence," the answering service operator said.

"I'd like to speak to Susan, please."

"Hello?" Susan asked.

"Hi, Susan. I'm the Team Leader at the CCU. I've got a real concern about one of Dr. Burns' patients. I'm sorry I went around your answering service, but I really need to speak to Dr. Burns," I said. Then rushed to add, "It's urgent!"

A long silence followed, and I heard the tinkling of glasses and murmured conversation in the background. *Oh Lord, they're having a party.*

"Hold on," she said at last, "I'll get him."

"Yes?" Dr. Burns snapped when he came on the line.

"I'm concerned about one of your patients," I said, after identifying myself. I outlined the man's condition, giving him all the pertinent information.

"Have you called Dr. Roberts?"

"Yes, I've spoken to him several times, and he's been here to examine the patient."

"And what does *he* say?"

“That it’s low blood volume.”

“And you think its tamponade because...?”

“I admit that his blood pressure isn’t *that* low, and his urine output is low, but still within acceptable limits....”

“So his vital signs are indicative of low blood volume?” he interrupted.

“Yes, sir.”

“Then why did you call me?”

“Because while his vital signs might reflect low blood volume, they could also be early warning signs of tamponade.”

I took a deep breath. The silence on the other end of the line was deafening. I was getting nowhere. I may as well lay it all on the line.

“And...well...I have this sickening feeling in my gut that this man is going to die unless he goes back to surgery.”

“Your gut?”

“Yes, sir, my gut.”

Now it was Dr. Burns’ turn to sigh. “I’ll be there in a few minutes.”

The double door of the intensive care unit flew backward in unleashed fury a few minutes later. I gasped when I looked up. There was Dr. Burns...*and Dr. Roberts!*

Somehow it had never occurred to me that he would bring Dr. Roberts. His face turned dull red when he saw me, and he flashed a murderous look my way. His fury seemed to fill every molecule of space in the room.

Trembling, I picked up the chart and followed them to the patient’s bedside. Dr. Burns seemed resigned and weary. Dr. Roberts’ rage was about as contained as an oil field fire. Only the presence of his senior partner held him back. His looks let

## A HEALING TOUCH

me know that I would pay—dearly—for putting him in this situation.

“I called in the surgical staff before I left home,” Dr. Burns said, slowly letting each word have its full impact. “They’re waiting for us now.” He spoke to the patient for a few minutes, and then he and Dr. Roberts left to go scrub for the surgery. He paused in the doorway and looked back at me.

“You’d better be right,” Dr. Burns said.

Everyone was subdued after we got the patient to surgery.

**Maturity is the stage  
where the whole life  
has been brought  
under the control  
of God.**

**—Oswald Chambers**

It felt like the calm before a storm. The administrator-on-call stopped by and asked me to check a patient on the eighth floor. Afterward, I was about to step on the elevator when I heard my name announced over the hospital speaker system.

*“Report to surgery at once!”*

I felt physically sick when the elevator bounced to a stop

on the second floor. I pushed my way into the icy halls of surgery and saw a nurse waiting for me.

“Dr. Burns wants you in there *now*,” she said.

“But I’m not scrubbed...”

“Just don’t touch anything,” she ordered, shoving me inside the operating suite.

Dr. Burns glanced at me over his glasses, and then ignored my presence. Dr. Roberts never looked my way. Long minutes passed as I listened to the whir of the respirator, the rhythmic pumping of the heart-lung machine, and the gentle clinking of

surgical instruments. I could feel my heart pounding a staccato rhythm in my throat.

“This patient had tamponade,” Dr. Burns said softly while he tied a suture. “He would have died if we hadn’t operated on him when we did.”

I let out a long, slow breath and started backing out of the room.

“Wait!” Dr. Burns ordered. “My partner has something he wants to say to you.”

“You were right,” Dr. Roberts mumbled behind his surgical mask, never looking up.

“Thank you,” I said, turning to leave.

“Not so fast,” Dr. Burns said. “There is one more thing Dr. Roberts wants to say to you.”

I stopped and waited.

*Silence.*

Minutes passed while every person in the room looked uncomfortable. Finally, I broke the silence.

“It doesn’t matter...”

“Oh, but it *does* matter,” Dr. Burns insisted. “Dr. Roberts has something very important to say to you. Don’t you?”

*Silence.*

“Say it!” Dr. Burns insisted.

*Silence.*

*“I told you to say it!”*

Dr. Roberts’ face flushed a deep red. Finally, he choked out two words.

“Happy birthday.”

*Happy birthday?*

I’d forgotten that it was my birthday. They must have seen

## A HEALING TOUCH

my birthday cake—still uncut—in the break room. None of us had had time for a break all evening. The white icing sported blue letters. “Happy Birthday, Melanie.”

I was twenty-one years old.

I’d come of age.

Today, the church is facing her own coming-of-age crisis: Terrorist attacks, biological warfare, AIDS, school massacres, child abuse, domestic violence, drive-by shootings, war, and genocide.

We have been handed the responsibility of nursing a critically wounded world. That same world is silently watching to see if the church has the answer. After two thousand years, one thing is clearly unchanged.

The world *still* needs a Savior.

Will they find Him...in *you*?

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God appoints our  
graces to be nurses  
to other men’s  
weaknesses.

—Henry Ward Beecher

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## HEART CHECK...

You may never be tested by fire in the intensive care unit, but if you accept the call to provide *A Healing Touch* for a hurting world, at some point you may face your own coming-of-age experience. Whether through prayer, intercession, or a physical response, these experiences reveal just what we're willing to risk in order to save a life.

√ **What am I willing to risk?**

- Sleep, if God needs someone to pray during the night watch?
- Time, if God asks me to intervene?
- Reputation, if I'm misunderstood?
- What am I willing to put on the altar?

One of the first ways to begin training for *A Healing Touch* is to pay attention to gentle nudges from God. In the story you just read, that nudge was no more than a gut feeling. Because God's ways are higher than ours, His nudges don't always make sense to the natural mind. Will there be times when what you thought was a nudge from God was really your own misplaced idea? Absolutely! But you will never learn the difference unless you pay attention to those quiet spiritual directions and pray, asking God to lead you.

√ **What nudges have I ignored?**

- The best way to learn to recognize God's voice is to get to know Him. To know His voice, recognize His whispers, and feel His heart. As believers, we'll have all of eternity to explore the different facets of God. Why not begin now?

## A HEALING TOUCH

### √ I purpose in my heart to know Him.

- The best way to know God is through His Word. Buy *The One Year Bible*, which is arranged in 365 daily readings. One year from now you'll know Him from Genesis to Revelation. Next year you can switch to a different translation of the same Bible. Day by day and year by year, you'll know Him more deeply.
- Cultivate communication. Greet God each morning and talk to Him as you would a friend—all through the day. God is listening, and since we're made in His image, we like a lot of the same things. Like saying, "I love you!" for no reason.
- Ask God to show you a hurting world through His eyes.
- Move your faith from your head to your heart by reaffirming that you need a savior. Search your heart and make sure you aren't relying on your church affiliation, your traditions, or your own good deeds instead of the finished work of the cross.

*Heavenly Father, forgive me for everything in my life that has hurt You and our relationship. I am willing to provide a healing touch for a hurting world. Train me to give intensive care in these critical times. Since Jesus risked everything for me, help me to risk those things You ask of me in order to save lives. Teach me to recognize and respond to Your gentle nudges. Above all, help me to know You now and for all eternity. I ask this in Jesus' name. Amen.*