

Christian HealthCare

NEWSLETTER

MEMBER LETTER:

Now I have been on the receiving end

“Thank you” does not begin to express my gratitude and appreciation for the spiritual and financial support I have received since my hospitalization in June. I have often wondered how this would all work, if I was ever needing to be on the receiving end. Now I know, and I could not be more satisfied and amazed by the response of the “Samaritan family.”

I have a close friend who recently remarked concerning Samaritan, “This is how the Body of Christ should function!” I could not agree more.

Thank you for listening to my concerns, responding to my need, encouraging me in the process, setting in motion a flood of prayers, cards, and financial assistance. All I can say is “wow,” and offer praise to the One who meets our every need.

*William Newman,
East Brunswick, New Jersey*

The State of the Ministry

by Ted A. Pittenger, Founder and International President

The past year came in with a bang. In fact, it was an explosion. January 2014 was the largest month of growth in our history. More than 2,770 new households joined the ministry. By comparison, that number was 2,000 greater than in January the previous year! Today there are more than 40,000 households sharing medical needs through Samaritan Ministries, an increase of 39 percent from a year ago. It is exciting to see more and more members of the Body of Christ join in trusting Jesus Christ to provide for their health care needs, bearing one another’s medical burdens.

In 2013, we grew by 20 percent for the entire year. In 2014, we grew by 25 percent in just the first four months! This explosion in growth is even more amazing if we focus on the period from July 2013 to July 2014. In that twelve month period, membership grew by an astounding 47 percent!

The large increase in membership has been a huge challenge, requiring a lot of hard work by our team at the office to provide the needed services to all of our members. We have been aggressively improving our facilities and expanding our technical capabilities. We have been adding and training many additional staff. I am grateful to God for His provision, and proud of our team for their determined, sacrificial effort.

I am grateful for all of you Samaritan

members who have been faithfully upholding the ministry in prayer. We are keenly aware of our need for Him in this time of great change and challenge, both on the inside of the ministry and on the outside.

Share increase approved

In the early part of 2014, there was growth in needs submitted for publication, and the share amounts that had been in effect for nearly two years were no longer enough for all the needs. It was necessary to prorate at 80 percent in March and 85 percent in April and May. A proposal to increase the monthly share amounts was presented to the members in June, and it was approved by 74 percent of those who voted.

I am grateful for the generosity of

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The *Christian Health Care Newsletter* is published monthly by Samaritan Ministries International, a 501(c)(3) charity. Subscriptions to the *Christian Health Care Newsletter* are available to non-members for a suggested donation of \$12 per year. The information provided is for educational purposes and is not meant as medical advice.

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Sharing Summary from December

Shares: <small>(after reduction)</small>	\$10,371,691	Personalized prayer requests of the members with Needs are in the Prayer Guide. Please use your version of the Prayer Guide to support the members assigned to you.
Needs:	\$10,193,587	
In Negotiation:	\$ ---	
New Needs:	1,683	
Total Needs:	3,036	
New Rewards:	138	Member Households: 38,662 (as of 11/18/14)
Miscarriages:	19	
Final Rewards:	5	

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Remember:



1 SEND A NOTE—

Burdens can be lightened emotionally as we encourage one another in the Lord.



2 PAY YOUR SHARE—

Burdens can be lightened physically as we do our part to financially meet others' needs as they would in our time of need.



3 ALWAYS STAY ALERT IN PRAYER—

Burdens can be lightened spiritually as we unite to call upon the God of the impossible.

Judging in righteousness

Don't be partial

by Rob Slane

A jury retires to consider its verdict in the case of a white cop shooting a black man. There are protestors outside demanding justice, and nothing other than a guilty verdict will still their anger and stop yet another series of violent protests across the nation.

We have a problem, and while it might feel like a very modern one, there is no new thing under the sun. The details might change, but the general principles involved are simply a modern manifestation of an age-old problem—the propensity of humans to judge people partially and often in accordance with their own circumstances or social strata:

“You shall not be partial to the poor or defer to the great, but in righteousness shall you judge your neighbor.” (Leviticus 19:15b)

What this law teaches us is that there is an innate temptation in all of us to be partial to one group or another. However, contrary to much current sociological thinking, this is as much of a problem to those on the margins of society as it is to those in authority. It is possible to pervert justice by being partial to the rich and despising the poor, and it is equally possible to pervert justice by being partial to the poor and despising the rich.

The principle in this law applies exactly in the sphere of race relations. Racial prejudice is a real issue and there are genuine examples of miscarriages of justice involving black men who have been unjustly treated, simply because they were

black. But we have to recognize that the opposite tendency is also real, and this is manifest in the type of knee-jerk reaction which filters every white-on-black incident through a preconceived oppressor/oppressed narrative, and leads people to axiomatically conclude that the white person's motivation must have been racial.

God tells us in this verse not to think or act in this way. We are not to favor the poor or the rich, the powerless or the powerful, black men or white men. Nor are we to despise the poor or the rich, the powerless or the powerful, black men or white men. Rather, we are to judge each case on its own merits, armed with nothing but facts and sound judgement, not allowing any pre-existing prejudice to cloud our judgement.

This ought to be obvious, but events over recent months suggest that we have lost sight of this and are now edging perilously close to mob justice. This is a hallmark of a society that has been busy abandoning the Gospel for years. Secularists love to talk about the need to heal divisions in society, but when these divisions manifest themselves, they don't actually have any effective mechanism with which to bring about resolution. Calling for inquiries into police brutality and racism won't do it. Sympathizing with the protestors and then “appealing for calm” when the rioting starts won't do it either.

What is needed is a once-for-all sacrifice. Ironically, this was given

to us when a tyrant (see Luke 13:1) gave in to the demands of an angry, bloodthirsty mob:

“Pilate addressed them once more, desiring to release Jesus, but they kept shouting, “Crucify, crucify Him!” A third time he said to them, “Why, what evil has He done? I have found in Him no guilt deserving death. I will therefore punish and release Him.” But they were urgent, demanding with loud cries that He should be crucified. And their voices prevailed. So Pilate decided that their demand should be granted.” (Luke 23:20-24)

How is this a solution?

Firstly, the death of Christ unites blacks and whites in a way that nothing else can. One of the fundamental sins of humanity is to treat the image of God in others with contempt, and racialism is simply one form of this particular sin. But through the death of Jesus, and our being partakers of this death, not only is the image of God restored in us, but we are joined together with others in whom it is restored, regardless of skin color. The Gospel, at its most potent, kills prejudice and unites people.

Secondly, those authorities that bow the knee to the Christ Who sacrificed Himself will learn that true authority is not coercive and authoritarian, but rather looks like this:

“But Jesus called them to Him and said, “You know that the rulers of the Gentiles lord it over them, and

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Chris and Anne Hogan Noble Call Institute

by Michael Miller

Chris and Anne Hogan were three months into their marriage and things were a little rough.

“My wife was a little disillusioned with me that we weren’t spending the same amount of time in prayer and devotions that she had been used to before we were married,” Chris says.

A couple who was mentoring them saw that they were “a bit at odds with each other,” as Chris describes it.

The couple taught the Hogans something that not only helped their nascent marriage, but led to an international ministry: how to bless one another.

“We began to do that, give a verbal blessing, one to another every



day,” Chris says. “When we had children, we began to give them a blessing every day, too.”

“What we began to realize is that when you begin to bless one another, you begin to remind one another of who you are in Christ Jesus,” Chris says of what became known as the Noble Identity Statement. “You begin to believe the best, hope the best, and then do or see the best of who God made us to be. It’s a way for us to acknowledge everything good in one another in Christ Jesus versus looking at all the failures that we have.”

The vision they had created for their marriage before even walking down the aisle in September 1992 was beginning to take shape. “Noble plans,” from Isaiah 32:8 (“But he who is noble, plans noble things, and on noble things he stands”) were becoming concrete. On their tenth anniversary, they sat down together and wrote out those plans.

“Within a year’s time, a lot of those things began to happen,” Chris says.

The result is Noble Call Institute (noblecall.org), a multifaceted ministry that includes coaching for marriages, individuals, and organizations as well as discipleship training.

Noble Call Institute educates Christians on:

- Your Noble Identity, or who you are in Christ.
- The five life roles, or Noble Calls, of person, partner, parent, provider, and proclaimer, each referred to in Paul’s letters to the Ephesians and Colossians.
- Courageous Conversation, ten questions that men can ask when it’s obvious their wives are struggling with an issue.
- Relationship Matters, which helps couples work together with further conversations.

The teachings and coaching approaches of Noble Call Institute built one upon another as the ministry grew.

For instance, a video teaching



on blessing one another found an international audience through the Internet. Then another ministry leader asked Chris why Anne beamed at him the way she did in the video. Chris explained that he asked her questions when it was apparent she was struggling with something. The leader encouraged him to share those questions with others, and the Courageous Questions approach was created.

Once the ministry was started out of the Hogans' home near Springfield, Illinois, conferences and curriculums were developed. "Zero to Hero" expands on the

Courageous Conversation concept, teaching the right way to go about it. "Conversations weren't working because people were combatting each other, using (the process) as a tool to beat each other up," Chris says.

Then the "Relationship Matters" curriculum was created, because people wanted more guidance on how to maintain quality relationships after problems were dealt with through Courageous Conversations. The Hogans came up with:

- Connecting Conversations to maintain a relationship improved through a Courageous Conversation.

- Collaborating Conversations to make decisions together.
- Comforting Conversations to comfort others when you're not the problem.
- Conciliatory Conversations when you are the problem.

The Hogans' teachings have been helpful not only in churches and through coaching couples, but also in business settings. Once a Christian man has stable relationships in his personal life, he often wants to extend those principles into a corporate environment.

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Why SMI?

Chris Hogan was familiar with health care sharing before he and his family joined Samaritan Ministries in 2009. He had been a member of another ministry for a couple years before getting married in 1992.

Then he went to work for his father's truck dealership in Springfield, Illinois, where he was provided with health insurance.

But when Chris left the business to develop the Noble Call Institute, he had to find another source of provision for health care, even though he, his wife, Anne, and their growing family (now at 11 children with another to be born soon) have enjoyed very good health over the years.

"I had heard about Samaritan and I thought, that's what I'm going to try," Chris says. "So I looked you guys up."

One of the clinchers for Chris and Anne was the fact that Samaritan Ministries shares expenses for midwives, which their health insurance hadn't done. When the Hogans joined, they already had nine children.

"I said, 'Why am I paying for all this insurance when we don't ever use it, and they won't even pay for having babies?'" Chris recalls. "Plus, health care sharing had so much Biblical basis to it."

He says Samaritan membership has "simplified the process of caring for my family and the Body of Christ."

"It keeps you connected to the needs within the Body of Christ and the issues of health and wellness."

Those issues are of high importance to the Hogans. Part of Noble Call Institute's focus is on good health.

It's working, too. The Hogans had no health insurance claims, even with all those children, and their only needs with Samaritan have been for maternity.

"Pure water, pure air, pure food ... we try to do all that," he says.

Use of essential oils is also an important part of the Hogan family's lifestyles.

"We've only used antibiotics once in 20 years," Chris says.

Chris writes frequently on health issues on his Facebook page ([facebook.com/christopherscotthogan](https://www.facebook.com/christopherscotthogan)).

Requiring members to live a Christian life is good for their health, he adds.

"When you live a Christ-like life, you just reduce a lot of stress in your life," he says. "Sin creates guilt and wounds quickly. When you reduce guilt and wounds, you reduce stress and you just don't have a lot of other problems."

Also important, he says, is prayer for one's family and forgiveness of others' wrongs against you. ♦



Chris and Anne Hogan, center, sit with their children (in order of descending ages) Emily, 20; Sophia, 19; Josiah, 17; Savannah, 16; Olivia, 15; Benjamin, 13; Ava, 11; Victoria, 9; Selah, 7; Bella, 5; and Arianna, 2.

“My ideal client is a Christian business owner who doesn’t know how to make the Biblical applications in a secular environment,” Chris says. “The number one complaint worldwide of managers is they don’t resolve issues well in the workplace. People quit managers, not companies, because managers don’t handle issues well.”

The Hogans have taken their teachings not only into the boardroom, but into conferences and churches around the world.

“I have had the privilege of staying with people in over 25 nations now and I can see we all have the same core issues and questions that we are trying to resolve and find answers for,” Chris says. “Once people have answers to resolve health issues and to handle food, clothing, and shelter, they immediately want to discover how to build better relationships. It is true, the greatest commandments of loving God and loving others does resolve all the other issues in life.” ♦

Hogan family life

Family and relationships among family members is of high priority for Chris and Anne Hogan, who have 11 children with another on the way.

Even before they were married, Chris and Anne wanted their home to be a center of ministry. It took about 10 years for that vision to work out practically, but it has become a learning center, worship center, health center, place of hospitality, and a productivity center.

The Hogans have added three bedrooms to what was originally a two-bedroom home in Springfield, Illinois. But they have also added a cabin and cottage in their backyard.

“We have lots of guests come by, like the Duggars,” Chris says, referring to Jim Bob and Michelle Duggar, who with their 19 children star in the TLC series *19 Kids and Counting*. “We have families who come in for ministry here.” ♦

Blessing your family

by Chris Hogan

A mentor couple noticed Anne and I were not as joyful as we had been after only three months of marriage. The wife took Anne aside and inquired about our situation. She discovered that Anne was a bit disappointed in me because I was not fulfilling her expectations of spiritual leadership in the marriage like I had during the courtship. She suggested that we meet as a couple and they would demonstrate for us a key to marital success. We did meet later that night and the couple demonstrated for us a way to bless one another. It was awkward at first but we committed to speaking a daily blessing over each other for the rest of our marriage. Little did we know the impact it would have upon us and our family.

Components of a Blessing

We realized quickly that the blessing was most meaningful when we incorporated a few things as we spoke the blessing to one another.

- **Scripture:** Speaking the Word of God over our family is one of the most powerful forces for imparting truth, vision and the power of God's grace. Our tongues can be used to impart life by speaking a blessing or death by speaking a curse. We remind ourselves of how God sees a person when we use Scripture to impart a blessing.
- **Eye Contact:** When we let our face shine upon our family, we let them know they have favor in our eyes. Children are always

searching our countenance to see if they are in good standing, if they have found grace in our sight.

- **Tone of Voice:** Our voice can set the tone in our home and allow our family to perceive our true thoughts and feelings toward them. The blessing overcomes the many curses our family can incur over a day's time as they encounter so many different types of people, including their own family members.
- **Touch:** Putting your arm around the shoulder or holding the hand of your family member meets a need people have for safe, healthy, appropriate touch. It will deepen the bond of safety and security that protects children from being vulnerable to wrong influences.

Purposes of a Blessing

Speaking a simple blessing such as Numbers 6:23-26 with the components of eye contact, tone of voice, and touch can be a way for any man to fulfill his role as a father as mentioned in 1 Thessalonians 2:10. We can exhort, comfort, and challenge our children with tender Words spoken to the heart from the heart of God the Father. Our family members will be able to daily experience a dose of love, worth, and identity as they start their day.

Children are often crying out for a blessing when they are acting out in wrong ways. We're seeing this in the words of Esau: "And when Esau

heard the words of his father, he cried with a great and exceeding bitter cry, and said unto his father, Bless me, [even] me also, O my father" (Genesis 27:34 KJV).

A Blessing Protects

"The LORD bless thee, and keep thee ..." (Numbers 6:24 KJV).

We see three distinct parts of the Priestly blessing in Numbers 6.

I believe you can see each aspect of God in the Trinity, speaking a part of the blessing. The first is God the Father imparting a wall of protection around His people as He keeps us from harm and from evil. He is a wall of fire by night and a cloud by day.

A Blessing Imparts Grace

"The LORD make His face shine upon thee, and be gracious unto thee ..." (Numbers 6:25 KJV).

We see the Son, Jesus Christ, imparting a blessing upon us in the second part of the blessing. He affirms that we have indeed found favor in God's sight through Him and His finished work on the cross. We need daily reminders of this important truth so we can live to learn of God's love rather than living to earn God's love and grace. Knowing God is glad to be with us imparts great joy, and that becomes the strength we need for the daily challenges ahead of us.

A Blessing Imparts Peace

"The LORD lift up his countenance upon thee, and give thee peace" (Numbers 6:26 KJV).

We see the Comforter, the Holy Spirit, imparting His peace in the

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Dubious cures

What the medical journals really say

by Theodore Dalrymple

Life is full of little ironies, one of them in my case being that I have more time than ever before, now that I have retired from practice, to read medical journals. I find the experience a little unnerving.

In the old days I glanced through the journals and naively supposed that the summaries of the scientific papers provided for busy doctors represented the content of those papers more or less accurately and, what's perhaps more important, that the conclusions followed from the evidence. I have found, on reading the journals more carefully, that this is often not so: that the conclusions do not follow from the evidence or are presented in such a way as to be misleading.

I am not a thoroughgoing skeptic about modern medicine, and like almost everyone else I would take myself off to a doctor in the event of illness. If it were not for modern medicine, or comparatively modern medicine, I would have been dead a long time ago. Nevertheless, it is not reassuring that so much of what doctors do, and what I did myself, is less than scientifically sound or justified, and some of it is downright harmful.

Here, for example, is a little item from the back of a recent edition of the *British Medical Journal*. It comes from a column called "Minerva,"

which supplies very short summaries of interesting papers in other medical journals. It reads as follows:

If patients knew how little the drugs they were taking were likely to benefit them, would they bother to carry on? In type 2 diabetes, tight blood pressure

Untold thousands, possibly even millions, of people around the world are being treated with drugs with actual or potential side effects, at enormous expense and effort, all to no benefit whatsoever to themselves.

control is probably only of value above a certain threshold of cardiovascular risk, as shown by the ADVANCE trial, among others. But an analysis of the ADVANCE data... shows that even if you select the patients at the highest risk, you would need to treat 200 for five years to prevent one adverse event.

I should perhaps point out that controlled trials in medical research are often given acronyms or pseudo-acronyms, in this case ADVANCE standing, almost, for Action in Diabetes and Vascular Disease. And the event referred to in the above passage is a heart attack or stroke.

What this little paragraph is saying in effect is that untold thousands, possibly even millions, of people around the world are being treated with drugs with actual or potential side effects, at enormous expense and effort, all to no benefit whatsoever to themselves. They do not know or appreciate this, even if they

have been told of the logic and statistics on the basis of which they are being treated: for patients often fail to listen to, understand, or retain the information given them by their doctors. (And some doctors give no information.)

The actual situation is worse than the paragraph conveys, for when trials such as the

ADVANCE are carried out, the test patients' compliance with their medication—the degree to which they take what they are prescribed—is usually much better than in normal conditions. A half of patients prescribed anti-hypertension pills stop taking them within twelve months; the rest rarely take them precisely as prescribed. And most of the patients given the drugs in the first place will not even fall into the category at highest risk, two hundred of whom have to take the drugs for five years to prevent one stroke or heart attack. Only one conclusion is possible: the principal beneficiaries of this medical endeavor are the

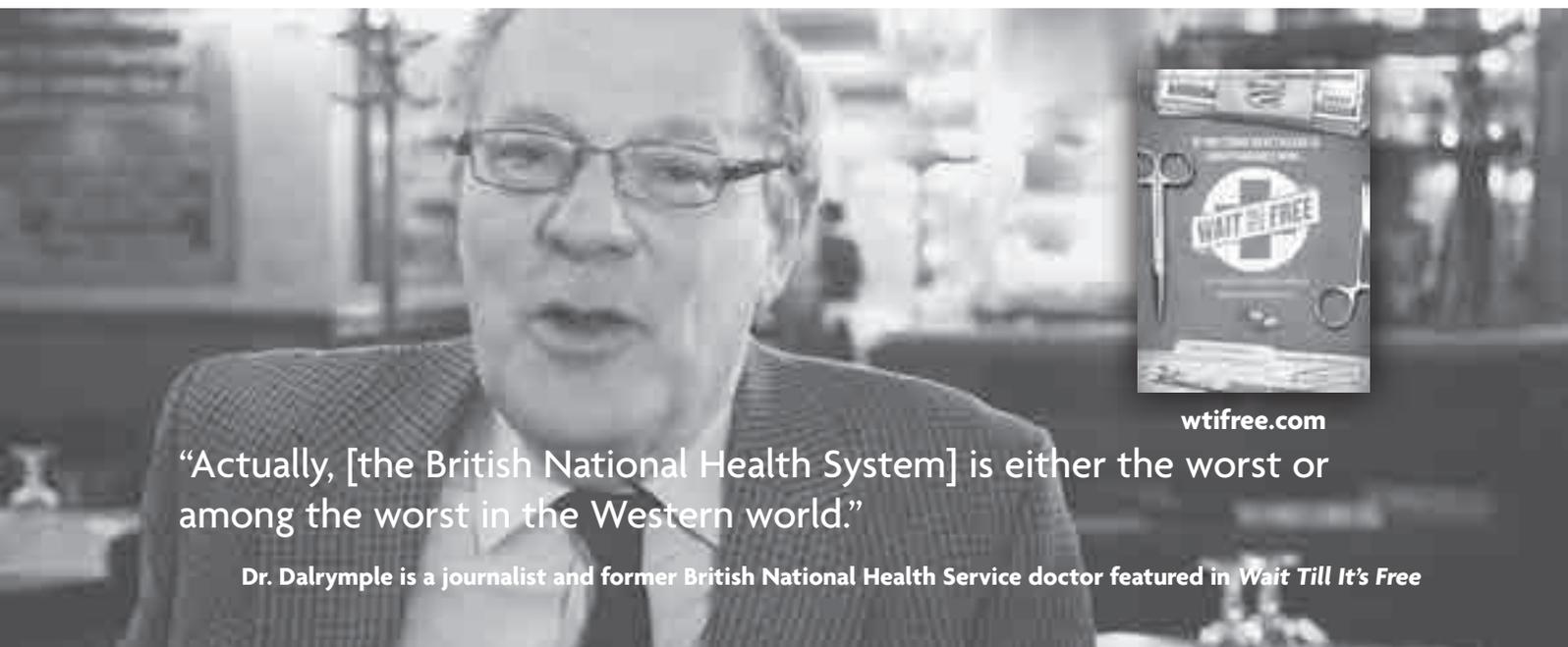
drug manufacturers, with the doctors a poor second.

This is by no means an unusual situation in modern medicine. Many screening procedures are doubtful at best; some do more harm than good, by arousing anxiety or by promoting unnecessary surgery, as well as through more immediate side effects. Increasingly, the patient is not so much ill as the bearer of risk factors for disease, whose statistical effect the doctor attempts to nullify.

value mainly to those who already have ischemic heart disease or have had a stroke, and since the treatment of high blood pressure is only marginally beneficial in the first place, so that the benefit of treating fewer than 20 percent of those with high blood pressure is likely to be minuscule from the public health point of view, we can safely conclude that annual health checks as carried out in Britain are a waste of time—unless wasting time by occu-

had to be done in the event that anything untoward happened. Since most people got better anyway, this seemed to confirm the wisdom of the doctor.

Masterly inactivity, however, is no way to increase your fee for service or gain a reputation for technical mastery. Patients too prefer to think that they are doing something rather than nothing to preserve themselves. That is why some of them are not merely surprised, but



“Actually, [the British National Health System] is either the worst or among the worst in the Western world.”

Dr. Dalrymple is a journalist and former British National Health Service doctor featured in *Wait Till It's Free*

In the same “Minerva” column, we learn that annual health checks on everyone between the ages of 40 and 75 are likely to be useless, at least as carried out in Britain, except possibly as a mild Keynesian stimulus to the economy. When the records of 130,356 people who had undergone such checks were examined, it was discovered that only about 20 percent of those at high risk of cardiac disease were prescribed statins and even fewer of those with high blood pressure underwent treatment to lower it.

Since the beneficial effects of treatment with statins are a matter of controversy anyway, as being of

pying it is the whole object of the activity, in which case wasting time is not wasting time but using it gainfully. Gainfully, that is, to the person who wastes his time (the doctor) rather than has his time wasted for him (the patient). His time is well and truly wasted.

Part of the problem is the assumption that doing something must be better than doing nothing. Doctors of the past, because there was so little they could in fact do, employed a technique known as masterly inactivity: they assumed an alert watchfulness, giving the patient the impression, which was false but reassuring, that they would do what

aggrieved when illness strikes them: for they have done all that they were supposed to do to remain in good health, from eating broccoli to regular bowel biopsies.

My doctor, whom I have never met, sends me (or rather his computer sends me) repeated calls for screening. I don't want to know whether or not I have a 10 percent chance of a heart attack within the next 10 years. ♦

This article originally appeared in Taki's Magazine on www.takimag.com.

The information provided in this article is for educational purposes and is not meant as medical advice.

Free market resources are emerging to help patients find health care at a fair price

Report from the Free Market Medical Association Conference

by Jed Stuber

The problem of cash-paying patients—including Samaritan members—being billed too much for health care is a longstanding one. It has gradually gotten worse for more than a century, but especially since Medicare was enacted in 1966, as regulations and cartels have distorted the health care market. [For an excellent presentation of a Biblical perspective on this history, watch member Colin Gunn's new documentary, *Wait Till It's Free* (wtifree.com)]

Thankfully, with a little determination, cash-paying patients have always been able to get what they need in health care for a reasonable price, while retaining their liberty. What could be more American than getting a deal? And recent developments indicate that some of the barriers to paying cash are being overcome.

The inaugural conference of the Free Market Medical Association (marketmedicine.org) recently brought together a new wave of health care entrepreneurs. They want to provide medical services directly to cash-paying patients and also provide information services that will help cash-paying patients find real prices.

The FMMA would like to see more people exercising their liberty to produce real health care reform. Ultimately FMMA would like to see a return to treating patients as they ought to be treated: as the customer.

The center of attention at the

FMMA conference was Dr. Keith Smith from The Surgery Center of Oklahoma (SCO), who is featured in *Wait Till It's Free*. (We've reported about SCO before: bit.ly/smithSCO)

Dr. Smith has been making waves in health care since he posted all SCO's surgery prices online. What



Free Market Medical Association

MarketMedicine.org

SCO has done is often referred to as “price transparency.” It is virtually unheard of in health care, but Dr. Smith says it is the key to improving our ailing health care system.

Refreshingly, Dr. Smith says we actually need to be talking about “price honesty.” He recognizes that the problems in health care have moral and spiritual roots. Deception and corruption are widespread. Powerful forces are at work to hide and obscure prices and profits, which makes it possible to exploit people at the time they are suffering through a medical crisis.

Dr. Smith talks about how all the layers of bureaucracy in health care make it so inefficient and expensive. Third parties come between doctors and patients, turning them into adversaries. By eliminating the layers, SCO is able to do surgeries at about a tenth the price hospitals often charge. Not only that, patient satisfaction ratings are excellent, as are outcome measurements, such as unexpected hospitalizations and

infections. SCO posts their outcomes for all to see, unlike hospitals that aren't so forthcoming. On top of all this, high quality surgeons are attracted to SCO, because they are paid well.

It is no wonder that SCO has garnered national and international media attention. Often the first objection Dr. Smith has to deal with is that it all sounds too good to be true. But it has a proven track record.

As an “ambulatory” surgery center, SCO focuses on minor surgeries that are basically outpatient. The patient must be ambulatory and released within 24 hours. Even though the surgeries might be considered minor, savings at ambulatory surgery centers (ASCs), even the ones that don't post their prices, can be major. Patients often save tens of thousands of dollars in comparison to having the same procedure done in a hospital.

Some of the common procedures are scope surgeries on shoulders, elbows, wrists, hips, knees, and ankles; eye, ear, nose, and throat surgeries; hernias; gynecological surgeries; and urological surgeries.

People are coming to the Surgery Center of Oklahoma for a variety of reasons. Employers that self-fund health care benefits are reaping major savings by offering their employees incentives to go there. Canadians who have “universal” health care, but outrageous wait times, are showing up. Patients with high-deductible insurance come for



wtifree.com

“We decided we would practice price honesty. We put our prices online partly to expose the cartel and the price-fixing that was going on.”

Member Colin Gunn talks with Dr. Smith at the Surgery Center of Oklahoma

the surgeries that are often less than their \$5,000 or \$10,000 deductibles, saving them money “out of pocket.” Several Samaritan Members have chosen SCO for the quality and savings. (Testimonials here: bit.ly/memberSCO.)

SCO’s price honesty is beginning to have wider effects. Hospitals around SCO aren’t posting prices yet, but they are being more forthcoming in revealing their cash prices when asked. And other ambulatory surgery centers are starting to follow SCO’s example.

There are now at least three other ASCs that have posted their prices online: Ocean Surgery Center in Torrance, California (californiasurgeryprices.com), Monticello Community Surgery Center in Charlottesville, Virginia (monticello-surgery.com), and Orthopaedic Surgery Center of Clearwater, Florida (oscc.org).

Surgeries done at ambulatory surgery centers seem to be a natural fit for price honesty and traveling to reap savings. The conditions these kinds of surgeries address aren’t the kind of thing that prohibit people from traveling. Patients have the time to evaluate options that they might not have with general or major sur-

geries. There are usually not major, unforeseen complications. The prices given online are all-inclusive: surgeon, anesthesiologist, implants, facility. There are no surprise bills.

The price honesty model Dr. Smith pioneered has led to other developments. Ineedasurgery.com is a new website seeking to serve cash-paying patients by allowing them to request an upfront price from a network of ASCs. The number of ASCs has quadrupled in the last 30 years, and they will soon outnumber hospitals. There are a lot less “layers” in an ASC than a hospital.

Outpatient surgery is the low hanging fruit for price honesty savings, but will price honesty expand into more areas of health care? There are good indications that it will.

Medibid.com, a service all Samaritan Members can access through the Member Web App, allows patients to put a procedure they are seeking out for bids by providers. This approach can result in thousands in savings—even for an area like diagnostics, where you might think there would be some competition and decent pricing. But providers often overcharge patients for these standard procedures, too. One Samaritan member, frustrated

by the high prices of colonoscopies around him in Chicago, used Medibid to save money by flying to Oregon for a colonoscopy. Another couple had tests done while on vacation in Costa Rica (look for an article about it next month).

Many other online “price comparison services” are emerging as well.

TheZeroCard.com allows patients to quickly find prices for procedures. A smart phone app allows patients to get pricing as quickly as shopping on Amazon. It could be used by patients in their doctor’s office as they are being told what kind of procedure they will need.

Pricinghealthcare.com offers free registration for its service that lists providers and the prices they are willing to disclose. And more are doing so every day.

Healthcarebluebook.com helps patients determine what a fair price should look like, by gathering data on the large difference between what providers accept from insurance and the list price often billed to cash-pay patients.

Price honesty is also emerging in primary care. The American Association of Physicians and Surgeons, an organization that has long defended medical liberty and

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those who gave to our member assistance fund, so that members whose needs were prorated in earlier months were able to have their needs met in full. It is exciting to see the Lord provide for us.

Share reduction given

A few months after the share increase was implemented, the dollar amount of needs leveled out, so not all of the increase in the monthly shares was needed. We were able to reduce the assigned shares by 5 percent in October, 10 percent in November, and 8 percent in December. I am glad that our method of sharing enables us to ask our members to share only what is actually needed.

One reason the amount of needs has not been as great in recent months is that fewer large needs were submitted. In October, there were not any needs that exceeded \$65,000. We do not know why this happened, but we are grateful to God for His provision in this way.

We are currently sharing more than \$10 million each month, compared to \$7 million a year ago.

The Morning Center

While all of this was happening in our Samaritan health care sharing ministry, there was also excitement going on at the Morning Center in Memphis, Tennessee.

On January 25, 2014 at 12:30 p.m., Morning Center medical staff had the privilege of witnessing the arrival of the Courtney and Tiphonie Gladney family's newest edition, a beautiful baby boy. He weighed 6 pounds, 13 ounces when he came into this world and the loving arms of his parents. Despite having a high-

risk pregnancy, Tiphonie did great and there were no complications. Praise God!

So far, Morning Center medical staff at our pilot location of Memphis, Tennessee have provided free consultation and prenatal care for 205 expectant mothers—that translates into more than 800 appointments since August, 2013. Of these mothers, 34 have completed the Morning Center's full maternity program that includes prenatal, delivery, and postnatal care, free of charge. In addition to establishing life-affirming maternity care protocols, Morning Center's obstetricians, nurses, and administrative staff have made personal connections with each woman that they have served and shared the good news of the Gospel. And this is just the beginning!

We are grateful for all of the Samaritan members who have given to this much needed ministry. Please be praying, asking God to provide increased funding and also to allow this ministry that encourages dependence on Jesus Christ, not the government, to expand in Memphis and to regions all around the country.

Looking ahead

As we enter the New Year, we are eagerly anticipating what the Lord has in store for Samaritan Ministries' health care sharing. We are seeing increased interest from churches, Christian schools, and other Christian ministries who want to provide for health care needs in a way that does not force support for abortion, abortifacient drugs, and other practices that are contrary to Biblical faith.

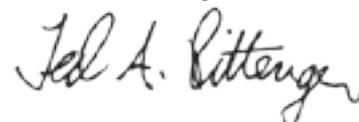
In mid December when this news-

letter was going to press there was a significant increase in inquiries about the ministry, both by telephone and online, so we anticipate the possibility of another spike in growth. In recent days we have been receiving a record number of phone calls. On Monday, December 15, we had the largest amount of incoming mail of any day in our history. We may still bring in the new year with another explosion.

Please continue to pray for God's provision, protection, and direction as together we carry out this ministry. Pray that the number of believers who depend on God, and not government or other human institutions, will continue to increase, and also that unbelievers will come to faith in Jesus Christ as they see the love His people have for one another.

We deeply appreciate your participation and partnership in this amazing work of God.

For The Kingdom!



*Ted A. Pittenger,
Founder and
International President*

Free market resources are emerging*Continued from page 11*

the privacy of the doctor-patient relationship, maintains a list of cash-pay friendly doctors on their website (bit.ly/aapslist).

An emerging trend is “Direct Primary Care” (DPC). These practices charge a reasonable monthly fee for unlimited access to a primary care doctor, usually based on age of the patient. Here is an example of a common pricing structure: Adults 20-50 years old, \$50/month; Adults 51-65 years old, \$75/month; Adults 66+ years old, \$100/month; Children 0-19 year old \$10/month with at least one parent membership.

DPCs keep the patient-to-doctor ratio much lower, more like 500 to 1, in contrast to the 3,000 to 1 ratio that is common. Same-day and next-day appointments are common, and there really is no limit on how many times you see the doctor or how long you spend with him. Patients also receive direct access to doctors via phone and email. Many in-office services, such as stitches or an EKG are included in membership. Labs and prescriptions are often provided onsite for wholesale prices.

There are no complicated codes or billing because DPCs don't take insurance, which saves overhead costs because the doctor doesn't have to hire several employees to take care of billing headaches. DPCs also usually save credit card processing fees because they use direct transfer. The patients set up the recurring payments from a bank account and the doctor simply pushes a button once a month to process the batch of payments. No secretary needed. Administrative costs are kept low and the doctors are working for the patient, not a third party.

At the Free Market Medical

Association conference, I had the pleasure of meeting doctors from three DPCs: Epiphany Health in North Port, Florida (epiphanyhealth.net), Atlas MD in Wichita Kansas (atlas.md), and One Focus Medical in Oklahoma City (onefocusmedical.com). I also recently learned that Samaritan member Dr. Bruce Jung has a DPC serving the Corbin, Kentucky area (docshoppe.net), and member Dr. Eric Potter is a doctor who will be starting a DPC in the Franklin, Tennessee area this summer (sanctuarymedicalcare.com).

There are probably many others, but as best I can tell there is no master list of them, so you just have to do some searching in your area. You are more likely to find one in a large city. Perhaps the best website to start with is iwantdirectcare.com, where individuals register to show doctors that there is demand for Direct Primary Care. Others to check are dpcare.org, dpcunited.org, directprimarycareconnection.com, and directprimarycarejournal.com.

Direct Primary Care is a trend that is likely to grow, especially in light of recent reports that the exchange insurance plans under the Affordable Care Act pay doctors less than they typically receive from insurance or Medicare. A recent report found that as many as one-fourth of America's doctor aren't participating in ACA plans, and in California 70 percent are not participating (bit.ly/cnsboland).

These patients are finding out the hard way that coverage does not equal access to care. But cash-paying patients—including Samaritan members—are well positioned to take advantage of new emerging services and meet the challenges of the always changing health care landscape. ♦

Samaritan Ministries and Direct Primary Care work great together

Our doctor is Dr. Jeff Davenport at One Focus Medical, www.onefocusmedical.com, in Edmond, Oklahoma. Dr. Davenport operates as a direct primary care physician utilizing a new model in which I pay a flat, affordable, monthly fee in exchange for a broad range of primary care services.

The fee ranges from \$10-100 per month depending upon the patient's age. I pay nothing additional for unlimited access to my doctor, including his private cell number! A normal visit is scheduled for 60 minutes, giving us plenty of time to talk.

In addition to solving my need for affordable primary care, Dr. Davenport has also given me negotiated rates to other services such as lab work and specialists. In addition, he carries reasonably-priced medications, acting as my pharmacist. In all cases, he is my medical advocate.

I joined Dr. Davenport's DPC model because it dovetails wonderfully with my Samaritan health sharing plan. The two ideas together give my wife and I access to affordable, intelligent medical services that has allowed me to venture out into my own business with peace of mind.

*Terry and Cindy Chapman
Edmond, Oklahoma*

Samaritan Guidelines allow sharing direct primary care physician fees for the months related to a publishable need. See Guidelines section VIII.B.9 at samaritanministries.org/guidelines.

Prayer for the Persecuted Church

Hebrews 13:3 tells us to “Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.” Our brothers and sisters in Christ around the world are being persecuted for the sake of the Gospel. We need to remember them in prayer. Each month, the Christian Health Care Newsletter will provide updates gleaned from such sources as World Wide Monitor, International Christian Concern, and The Voice of the Martyrs and offer prayer points. Please use them in your personal or group prayer time.

Saeed’s mother leaves Iran

The mother of Saeed Abedini has fled Iran, according to Fox News. Saeed, an American citizen, was arrested in September 2012 and is serving an eight-year prison sentence for his faith. His mother has sought clemency for her son, but was enduring threats and harassment in Iran. *Pray that Saeed will be released soon, for his good health, and for the safety of his mother and family.*

Egyptian convert imprisoned

Bishoy Armia Bolous, formerly known as Mohammad Hegazy, is facing charges in Egypt for leaving Islam and converting to Christianity. He has told his lawyer that he is being tortured by prison officials and that his request for a Bible was denied. Voice of the Martyrs reported that Bishoy possibly wouldn’t be permitted to attend a November court hearing, which would cause his conviction and five-year prison sentence to be confirmed by default. *Pray that Bishoy will be released soon, that the torture*

would stop, and that his faith in Christ would be strong.

Hmong converts attacked

New Hmong believers were attacked by Vietnamese police officers and village guards in July. Pao, the evangelist who led the new believers to Christ, was among those attacked as the group worshipped in a believer’s home. The home was destroyed after the worshippers were attacked. The owner of the home was threatened with imprisonment if he continued hosting worship services. *Pray for the recovery of the believers, for their growth in Christ, and for courage. Pray also that Pao would continue to win souls to Christ.*

Attacks in Egypt continue

Attacks on Egyptian Christians continue, despite the hope that followed 2011’s “Arab spring” and a new government. Believers regularly suffer in the Arab country, Christian Telegraph reports. *Pray that the government will protect the rights of Christians, that the Holy Spirit will speak to Muslims and lead them to Christ, and that, despite persecution, Christians in Egypt will be strong in their faith.*

Kenya imposes ban

Kenya has imposed an indefinite ban on registration for all new religious organizations, *Christianity Today* reports. The government claims that “the promise of miracles by pastors” is illegal and that the government needs to “amend its religious organization registration policies to better protect Kenyans.” Christians have vowed to fight the ban. *Pray that the ban will be lifted immediately so that Christians have options for worship gatherings. Pray also against stricter regulations on*

churches in Kenya and for the end of persecution in Kenya.

India church attacked

Hindu radicals attacked a church service in Bangarapet, Karnataka, in southern India on November 23, injuring eight, International Christian Concern reports. Two victims were held in a hospital for serious injuries. The church was also vandalized. *Pray for the spiritual and physical recovery for the injured worshippers. Pray also for justice and for a change of hearts among radical Hindus in India.*

More attacks in India

Reverend Rana and seven other Christians were stripped, beaten and accused of “forced conversions” on November 4 in Madhya Pradesh, India, VOM reports. They were then arrested on charges of violating anti-conversion laws. A Hindu group stormed the prayer meeting of members of Bethel Pentecostal Church. *Pray that charges will be dropped, for healing of those attacked, and for the Gospel of Christ to go forth among Hindu radicals.*

Son forced to leave home

A man known as “Musa” was forced to leave his home by his devout Muslim family in Sudan after he converted to Christianity, VOM reports. The 18-year-old has received help from others and sometimes attends school, although his family reportedly threatened to stop paying his tuition. *Pray that Musa will be inspired by those who have helped him and grow in his relationship with Jesus Christ.* ♦

For more information on the persecuted church, contact The Voice of the Martyrs (www.persecution.com, 877-337-0302), International Christian Concern (www.persecution.org, 800-422-5441) or World Watch Monitor (www.worldwatchmonitor.org).

Judging in righteousness

Continued from page 3

their great ones exercise authority over them. It shall not be so among you. But whoever would be great among you must be your servant, and whoever would be first among you must be your slave, even as the Son of Man came not to be served but to serve, and to give his life as a ransom for many." (Matthew 20:25-28)

Thirdly, it means that those who grieve over genuinely unjust judgments will learn that rioting is not the answer. There is another way:

"For it is better to suffer for doing good, if that should be God's will, than for doing evil." (1 Peter 3:17)

Fourthly, it means that those who have been wronged learn how to

deal with those who have wronged them:

"But I say to you, love your enemies and pray for those who persecute you, so that you may be sons of your Father who is in heaven." (Matthew 5:44-45a)

Lastly, and most importantly, because Jesus suffered and died—the just for the unjust—God can now justify us, change our hearts, give us His spirit, and break the cycle of sin which, according to Paul's letter to the Galatians, includes a number of things which have been seen in the racial tensions of the past few months:

"...enmity, strife, jealousy, fits of anger, rivalries, dissensions, divisions, envy..." (Galatians 5:20b-21a)

And in their place, He can change

the way people think about others, the way they see others, and the way they behave toward others:

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law. And those who belong to Christ Jesus have crucified the flesh with its passions and desires." (Galatians 5:22-24)

There are no secular solutions to the festering wounds within American society. Only Jesus Christ and Him crucified will do. ♦

Rob Slane lives with his wife and six home-educated children in Salisbury, England. He is the author of The God Reality: A Critique of Richard Dawkins' The God Delusion, contributes to the Canadian magazine Reformed Perspective and blogs on cultural issues from a Biblical perspective at www.theblogmire.com.

Blessing your family

Continued from page 7

third part of this Priestly blessing. When God lifts up His countenance upon us, we know that He sees us, He hears us, He understands us, and He is willing to comfort us so we can find daily peace in the midst of our trials. We have a secure place in the midst of the storms of life to anchor our souls. We need that daily reminder.

A Blessing Requires Faith

"He staggered not at the promise of God through unbelief; but was strong in faith, giving glory to God; And being fully persuaded that, what he had promised, he was able also to perform" (Romans 4:20-21, KJV).

"Faith is not based upon what we see, it is based upon the Word of God and what we do not see as

of yet. We must do what Abraham taught us by example 'callesth those things which be not as though they were'" (Romans 4:17b, KJV).

As you begin speaking a blessing upon your family, God promises to put His Name upon them and to bless them. Scripture states that our greatest asset is the blessing of God. "The blessing of the LORD, it maketh rich, and He addeth no sorrow with it" Proverbs 10:22 (KJV).

A Blessing Requires a Credible Messenger

"I have manifested Thy Name unto the men which Thou gavest Me out of the world" (John 17:6a, KJV).

As a father and mother, we have the opportunity to be a messenger of God and manifest His image to the children He has given us. When we speak the blessing, we are delivering a message from God to His

children. The credentials for becoming a messenger for God is stated in Jeremiah 15:19a (KJV), "Therefore thus saith the LORD, If thou return, then will I bring thee again, [and] thou shalt stand before Me: and if thou take forth the precious from the vile, thou shalt be as My mouth." We are to see the preciousness within each of our family members, and call it forth. The blessing will help us transfer the faith to our children as well when we acknowledge every good thing within ourselves and our children in Christ Jesus. "That the communication of thy faith may become effectual by the acknowledging of every good thing which is in you in Christ Jesus" (Philemon verse 6, KJV).

Allow God to use you to deliver His all important message so your family can experience the blessings of God, His protection, His grace, and His peace. ♦

But exhort one another every day, as long as it is called “today,” that none of you may be hardened by the deceitfulness of sin.

Hebrews 3:13

Don't be deceived. We can be wrong without knowing it. That's what it means to be deceived. According to this passage, we are all at risk.

How do we know if we are deceived? The answer is not from within ourselves. It's not just more prayer or more Bible study or being extra careful. Those things are necessary, but exhortation from fellow believers is also essential. We need others, and they need us.

When do we need exhortation from others? Right now. Today, and every day. We are in a battle with the forces of spiritual darkness every day. We are at risk every day, and we need exhortation from one another every day.

Apart from one another, we will be deceived. Don't be deceived.

For the Kingdom,



Ray King