

# Christian HealthCare

## NEWSLETTER

### MEMBER LETTER:

#### When we started receiving notes, we were blown away

**Many years ago** we heard about Samaritan, but had a hard time believing it was a viable alternative to insurance. We have since discovered that it is and so much more.

When we joined, we were excited to receive the name of someone in need. We were humbled to be able to pray for them and send our share.

One never hopes to have a need, but it became evident it was our turn. When the shares and notes started arriving, we were blown away. It is such a humbling thing knowing that fellow brothers and sisters in Christ all over are praying for you.

Jeff's surgery to remove a growth was a success, and biopsy results showed no cancer, for which we are very thankful. We are also thankful for a ministry that cares so deeply for the spiritual, physical, and financial needs of the Body of Christ.

*Jeff and Kelli Green  
Crawfordsville, Indiana*

### Calling all men

by Rob Slane

**T**hat there are far fewer men than women attending church regularly is beyond dispute, with no shortage of commentary on it.<sup>1</sup> Why has this happened and how do we need to address it?

A friend recently drew my attention to an article suggesting that the church has placed too much emphasis on emotion, and the solution was engaging men on the intellectual side.<sup>2</sup>

While I agree that a more intellectual approach might form part of the answer for some men, this solution seems to me to fall short of what is needed. Although the "intellectual approach" will appeal to a certain type of male (and a certain type of female for that matter), the fact is it just won't appeal to all. Nor should it.

God clearly created some people with a disposition to want to think and talk about intellectual issues, but He also created others to whom this sort of thing will never appeal. Shifting our emphasis to intellectual issues may well be as much a turnoff for some men as the overemphasis on emotion is for others.

So where does the answer lie? I think it is much broader than an "intellectual" answer, and will, if rightly understood and applied, accommodate both intellectual and non-intellectual types of men.

There are some basic questions that every man needs answers to if he is to have true direction and fulfillment in

life. These are: Who am I? What am I here for? What is my role? What does this look like in practice? I would suggest that any solution that seeks to engage men must begin with some basic answers to these questions. Furthermore, I would suggest that if the Church is to begin to answer these questions, it needs to do so in two ways:

1. The Church needs to teach what true masculinity looks like.
2. The Church needs to stop misrepresenting Jesus and instead show how He is the epitome of true masculinity.

So how do we teach what true masculinity looks like? As with so many philosophical questions about ourselves, we go back to the book of origins—to the opening pages of the book of Genesis. There we have a man who is given a series of highly connected tasks. Be

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**Sharing Summary from March**

Shares:	\$11,149,910	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:	\$11,641,843	
In Negotiation:	\$ ---	
New Needs:	1,815	
Total Needs:	3,067	
New Rewards:	273	Member Households: 44,590 (as of 2/19/15)
Miscarriages:	31	
Final Rewards:	5	

**Contact Us: 877-764-2426 [samaritanministries.org/members](http://samaritanministries.org/members)**

**Questions about?**

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Your medical need	<a href="mailto:needs@samaritanministries.org">needs@samaritanministries.org</a>	1 - 1
Shares you are sending or receiving	<a href="mailto:shares@samaritanministries.org">shares@samaritanministries.org</a>	1 - 2
Your membership	<a href="mailto:membership@samaritanministries.org">membership@samaritanministries.org</a>	1 - 3

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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.

## What Soviet medicine teaches us

by Yuri Maltsev, former People's Deputy in Moscow

In 1918, the Soviet Union became the first country to promise universal “cradle-to-grave” health care coverage. The “right to health” became a “constitutional right” of Soviet citizens. The proclaimed advantages of this system were that it would “reduce costs” and eliminate the “waste” that stemmed from “unnecessary duplication and parallelism”—i.e., competition.

These goals were similar to the ones declared by proponents of the Affordable Care Act—attractive and humane goals of universal coverage and low costs. What’s not to like?

### A paralyzed system

In the Soviet Union the system had many decades to work, but widespread apathy and low quality of work paralyzed the health care system. In the depths of the socialist experiment, health care institutions in Russia were at least a hundred years behind the average U.S. level. Moreover, the filth, odors, cats roaming the halls, drunken medical personnel, and absence of soap and cleaning supplies added to an overall impression of hopelessness and frustration that paralyzed the system. According to official Russian estimates, 78 percent of all AIDS victims in Russia contracted the virus through dirty needles or HIV-tainted blood in the state-run hospitals.

Irresponsibility, expressed by the popular Russian saying, “They pretend they are paying us, and we pretend we are working,” resulted in appalling quality of service, widespread corruption, and extensive loss of life. My friend, a famous neurosurgeon in today’s Russia,

received a monthly salary of 150 rubles—one third of the average bus driver’s salary.

In order to receive minimal attention by doctors and nursing personnel, patients had to pay bribes. I even witnessed a case of a “non-paying” patient who died trying to reach a lavatory at the end of the long corridor after brain surgery. Anesthesia was usually “not available” for abortions or minor ear, nose, throat, and skin surgeries. This was used as a means of extortion by unscrupulous medical bureaucrats.

To improve the statistics concerning the numbers of people dying within the system, patients were routinely shoved out the door shortly before taking their last breath.

Being a People’s Deputy in the Moscow region from 1987 to 1989, I received many complaints about criminal negligence, bribes taken by medical apparatchiks, drunken ambulance crews, and food poisoning in hospitals and child-care facilities. I recall the case of a fourteen-year-old girl from my district who died of acute nephritis in a Moscow hospital. She died because a doctor decided that it was better to save “precious” X-ray film (imported by the Soviets for hard currency) instead of double-checking his diagnosis. These X-rays would have disproven his diagnosis of neuropathic pain.

Instead, the doctor treated the teenager with a heat compress, which killed her almost instantly. There was no legal remedy for the girl’s parents and grandparents. By definition, a single-payer system cannot allow any such remedy.

The girl’s grandparents could not cope with this loss, and they both died within six months. The doctor received no official reprimand.

### A two-tiered system

Not surprisingly, government bureaucrats and Communist Party officials, as early as 1921 (three years after Lenin’s takeover of medicine), realized that the egalitarian system of health care was good only for their personal interest as providers, managers, and rationers—but not as private users of the system.

So, as in all countries with government-controlled medicine, a two-tier system was created: one for the “gray masses” and the other, with a completely different level of service, for the bureaucrats and their intellectual servants. In the U.S.S.R, it was often the case that while workers and peasants were dying in the state hospitals, the medicine and equipment that could save their lives was sitting unused in the nomenklatura system (the system for the bureaucrats and those with government positions).

At the end of the socialist experiment, the official infant-mortality rate in Russia was more than 2.5 times as high as in the United States and more than 5 times that of Japan. The rate of 24.5 deaths per 1,000 live births was questioned recently by several deputies to the Russian Parliament, who claim that it is 7 times higher than in the United States. This would make the Russian death rate 55 compared to the U.S. rate of 8.1 per 1,000 live births.

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## Jeff and Tammy Van Beaver Acts 1:8 Ministry

by Michael Miller

Planned Acts of Christian Kindness opens a door for sharing the Gospel in ways that other methods struggle to provide, says founder Jeff Van Beaver.

Created by Jeff in 2002 and based in Green Bay, Wisconsin, PACK is the evangelistic method offered by Acts 1:8 Ministry. The idea is as simple as it is profound:

Unexpectedly do something kind for someone in a public venue. Pray with them. Give them something, no strings attached. When they ask why you're doing it, tell them it's because of Jesus.

Jeff was chairman of his church's evangelism board in May 2002 when his pastor asked him to read

Steve Sjogren's *Conspiracy of Kindness*, a popular book that promotes servant evangelism. He wanted Jeff to see if the church could implement the philosophy behind it in some way. When Jeff read the book, he says, "it hit me that, yeah, the masses can do this."

The first outreach his church tried along these lines was to offer to pray for people in a shopping mall parking lot.

"Individuals were just so blown away that they were receiving acts of Christian kindness that they were just opening up to prayer," he says. "People were pouring out their problems."

Until then, the congregation's outreach was the traditional door-to-door type.

"What we found is that (door-to-door) is not as effective," Jeff says. "People get beat up emotionally in the sense of having doors slammed in their face. It's a very difficult evangelistic method and it's very difficult to get people to say, 'I'm all in on this,' but it's still the traditional method that a lot of church bodies are using. We're saying that a much more effective way of opening the door to share the Gospel and connect people to Christ is to



do a simple act of Christian kindness."

The person on the receiving end of the kindness will typically ask why the giver is doing what he or she is doing.

"They're skeptical, but they ask questions," Jeff says. "That opens the door to sharing: sharing what Christ means to us, sharing the Gospel. So it's a door-opener. People want to know that we care before they'll open their hearts. It's one of those critical factors with human relationships: Do we really care?"

Jeff didn't intend to make the evangelism approach, which he called Planned Acts of Christian Kindness, or PACK, into a full-time gig.

"I ran my own tool company," he says. "It was keeping me crazy busy in a good way."

Then one July, Jeff received a vision in his sleep showing him that he was supposed to give away his



million-dollar company that made “substantial profits.”

“A week later, a lady called me and said, ‘Do you know of anybody trying to get rid of a company?’” Jeff says. “I said, ‘You and I need to talk. It appears you’re the one that the Lord had in mind to take this.’”

Jeff sold the company to the Christian woman for \$1. He and his wife, Tammy, trusted the Lord to provide as they began Acts 1:8.

“I think it was hard on my wife, of course, when you go from that security blanket of lots of money to nothing, but we never had a doubt,” Jeff says. “We moved forward, and God did provide. Still does, to this day 13 years later.”

That step of faith led to the creation of Acts 1:8. The PACK approach began to get a workout. Acts 1:8 developed equipping material for congregations and individuals to help them start their own PACK programs. It’s all still free upon request at [acts18.org](http://acts18.org), which is entirely supported by donations. Besides the training materials, Acts 1:8 also offers staff support by phone, email, and social media.

The material includes how to get people involved, find funding, and create awareness in the community and media.

Acts 1:8 has now partnered with more than 2,000 churches in all

50 states and 43 countries, with PACK being practiced in places as diverse as Canada, Pakistan, and Afghanistan, Africa, and the Middle East.

“We have had less interest from Europe, but it’s a target area,” Jeff says. “We’re starting to make some penetration into areas like China

now, so we’re excited about that.”

PACK has been used in a variety of ways. In the U.S., congregations have offered:

- Free gift-wrapping at Christmas.
- Free flowers for Valentine’s Day.
- \$2 bills handed to people at gas pumps.

In one case, a church “bought down” gas one day when it was near \$4 a gallon, paying 50 cents or so per gallon up to a set amount for customers.

There’s a definite difference between wealthy and poor countries in how PACK is used.

“Churches in third-world countries have a much more humbling approach, giving away the most basic things of life: food, water, shelter, and medical resources,” Jeff says.

The way in which the Gospel is shared through PACK is also different, he says.

“In the United States, we found it was ineffective to proclaim right

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**People want to know that we care before they’ll open their hearts. It’s one of those critical factors with human relationships: Do we really care?**

## Why SMI?

### Jeff and Tammy Van Beaver

joined Samaritan Ministries in 2005 because of the Christian connection and its affordability.

“We love the concept of medical sharing,” says Jeff, founder of Acts 1:8 Ministry. “We love the concept of Christians helping Christians. The reality also is that we could afford it.”

Insurance is going “in the wrong direction,” and the Van Beavers felt Samaritan was a good fit for them.

They haven’t been disappointed, Jeff says.

“You’ve been every part of your word to service us and take care of us,” he says. “You did what you said you were going to do. In other words, things get taken care of.”

The Van Beavers enjoy being able to pray for others who have needs and have appreciated the prayers offered up and notes they have received for their needs.

“That’s important, showing people care,” Jeff says. ♦

## ***Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins***

by Thomas E. Levy, MD, JD

reviewed by Jed Stuber

According to Dr. Thomas Levy, the idea that the typical doctor stays on top of the latest medical science by reading medical literature is terribly naïve. *Curing the Incurable* argues there is overwhelming evidence in the medical literature that Vitamin C cures a host of infectious diseases, but modern medicine doesn't realize it.

A movie called *First Do No Harm* came out about 15 years ago, and Dr. Levy recalls discussing it with fellow doctors. In the film a young boy with epileptic seizures is unresponsive to medication, so his mother goes to the library and “discovers” that a high fat ketogenic diet eliminates seizures in a significant percentage of patients. The movie dramatizes the conflict between the mom and doctors. She is ridiculed and threatened with legal action<sup>1</sup> to keep her from trying the diet in an attempt to avoid surgery. The diet works and the movie ends happily. The boy is healthy and the small community that was so divided over his treatment is at peace again.

Dr. Levy's colleagues in the doctors' lounge were indignant at the movie and news reports it spawned. The slightest suggestion that there might be something to a ketogenic diet made them angry, even though most of them had never heard of it. Some said the evidence was only “anecdotal” and others said they would need to see a “full bibliography.” Dr. Levy logged into one of the popular databases of medical literature that doctors have access to and in a matter of minutes found 180 references to the ketogenic diet.

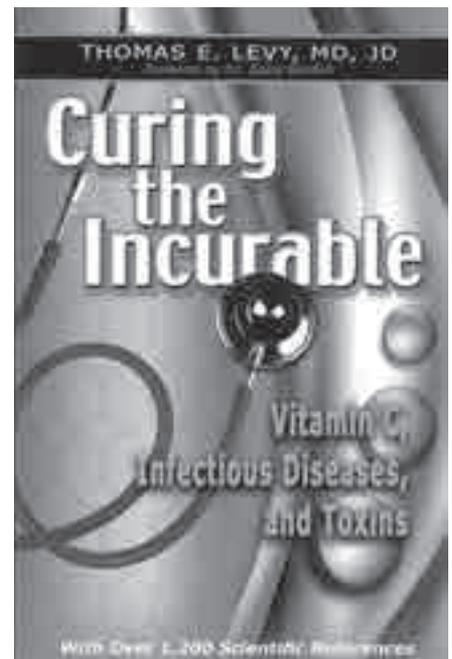
Any doctor who bothered to look could easily see that it's been well established as an effective treatment for epilepsy for 75 years.<sup>2</sup>

Dr. Levy says that most doctors become set in their ways through their medical school textbooks and residency. “Once something gets etched into the pages of the medical textbook, and medical school professors throughout the country teach it to medical students and doctors in post-graduate training, any contradictions to this orthodox body of knowledge get summarily ignored once these impressionable trainees become practicing physicians.”

Dr. Levy speaks from experience. After undergraduate studies at Johns Hopkins, he did his medical degree and residency at Tulane, where he specialized in cardiology. He also received a law degree and is a member of the bar in Colorado and the District of Columbia. He has served on hospital review boards, conducted investigations, published a variety of medical journals, and been a professor at a medical school. Now he lectures all over the world, telling this story: The more he delved into the medical literature about Vitamin C, the more amazed he became.

This background is important for answering a common objection to Dr. Levy's work on Vitamin C. It sounds too good to be true. If Vitamin C really can cure major diseases, why aren't more doctors using it?

*Curing the Incurable* begins with polio, because the evidence for it being cured by Vitamin C is staggering. Studies showing Vitamin C can



MedFox Publishing, 463 pages. ISBN: 0-9779-5202-9

inactivate polio date back to the 1930s. Then there is the forgotten work of Dr. Frederick Klenner.

“At the height of the polio epidemic in 1949, when all young parents lived in fear that their babies and young children would be the next victims, Frederick R. Klenner, M.D., published that he had successfully cured 60 out of 60 polio patients who had presented in his office or to the emergency room. Furthermore, he reported that none of the 60 patients treated had any residual damage from the polio virus that often left its survivors crippled for life. This evidence was subsequently presented by Klenner in 1949 to an annual session of the American Medical Association that dealt with the treatment of polio patients.”

A small minority of doctors continue to treat polio and other infec-

tious diseases with Vitamin C, and there are impressive studies about Vitamin C that continue to be published in the medical literature right up to the present day.

Dr. Levy argues that there is plenty of evidence to conclude Vitamin C cures, prevents, and reverses a host of infectious diseases. The book cites more than 1,200 scientific references. Where he finds the evidence compelling, but would like to see additional confirming research done, he adds a question mark (see chart).

Before getting into all the research, Levy presents some basic concepts and historical perspectives.

There are several entrenched misconceptions about Vitamin C therapy, starting with basic terminology. “Vitamin” is a term scientists use in a precise way to describe substances measured in very small trace amounts, but doctors who successfully treat infectious diseases with Vitamin C use doses 10,000 to 20,000 times the trace amounts. According to Dr. Levy, the ascorbates we call Vitamin C should never have been labeled a Vitamin in the first place. The dosing misconception shows up in the medical literature too. There are some studies claiming to demonstrate Vitamin C’s ineffectiveness in treating various diseases, but they are based on the false premise that using extremely small doses is valid.

Another common misunderstanding is that the very small amount of Vitamin C that prevents scurvy, or the amount in the World War II-era government recommendations known as Recommended Daily Allowance, is enough to maintain optimum health. Trace amounts of Vitamin C do prevent scurvy, but much larger amounts are necessary for the body to maintain healthy and optimum metabolic functions.

Furthermore, there is much evidence that Vitamin C depletion is often the reason that many common infectious diseases develop in the first place.

A third misconception is that eating healthy foods can supply the body with optimum amounts of

Vitamin C. Here Dr. Levy is asserting something consistent with the Christian doctrine of the Fall. Creation—including our bodies and our food—is subject to decay, and wisdom calls for supplementing our diets.

*Continued on page 15*

Viral Diseases	
Polio	Curable and preventable
Viral Hepatitis	Curable and preventable
Measles	Curable and preventable
Mumps	Curable and preventable
Viral Encephalitis	Curable and preventable
Chickenpox and Herpes Infections	Curable and preventable
Viral Pneumonia	Curable and preventable
Influenza	Curable and preventable
Rabies	Preventable; Curable?, Reversible?
AIDS	Reversible and Preventable; Curable?
The Common Cold	Reversible and Preventable; Curable?
Ebola Virus	Curable?, Reversible?, Preventable?
Non-Viral Infectious Diseases	
Diphtheria	Curable and preventable
Pertussis	Reversible and Preventable; Curable?
Tetanus	Curable and preventable
Tuberculosis	Reversible and Preventable; Curable?
Streptococcal Infections	Curable and preventable
Leprosy	Reversible and Preventable; Curable?
Typhoid	Reversible and Preventable; Curable?
Malaria	Reversible; Curable?, Preventable?
Brucellosis	Reversible; Curable?, Preventable?
Trichinosis	Reversible; Curable?, Preventable?
Other Infectious Diseases or Pathogenic Microorganisms	
Amebic Dysentery	Reversible and Preventable; Curable?
Bacillary Dysentery	Curable and Preventable
Pseudomonas Infections	Curable and Preventable
Rocky Mountain Spotted Fever	Curable; Preventable?
Trypanosomal Infections	Reversible and Preventable; Curable?

## Members who are surgeons embrace free-market models

by Jed Stuber and Michael Miller

Health care sharing and price transparent health care providers have a lot in common, and more doctors are starting to see the connections. Both see the promise a free market holds for improving our health care system.

Two surgeons who are also Samaritan Ministries members have



More online: see video with Dr. Grant at [samaritanministries.org/grant](http://samaritanministries.org/grant)



turned to transparent pricing to benefit both their patients and practices. By cutting out middle men and third parties, they seek to protect the doctor-patient relationship and offer quality service at lower costs.

Dr. William Grant is Chair of the Board of Monticello Community Surgery Center in Charlottesville, Virginia. Dr. Matthew Davis runs Davis Orthopedics in Birmingham, Alabama. Both practices plainly state prices for procedures on their web sites.

“We provide the ability for patients to be able to understand upfront what a reasonable price for care can be,” Dr. Grant says.

The physicians at an ambulatory surgery center became very concerned when a locally owned Charlottesville hospital was purchased by a large corporate entity. The surgeons decided “in order to maintain our community ties and service to this area that we would remain independent,” Dr. Grant says.

The decision resulted in a surgery center built along the lines of the Surgery Center of Oklahoma (SCO), a physician-owned facility attracting patients from across the U.S. and Canada. SCO first came to national attention by publishing its packaged surgery prices for all to see.<sup>1</sup>

“We’re establishing open communication with all of the patients that would like to come to be treated at Monticello, so they can understand the cost of health care upfront before any decisions on their part are made. They know they’re coming to a center that provides the highest level of care, provided by many of the same doctors that go to our local hospitals to provide care.

“At our surgery center we’re offering costs for surgical procedures of an out-patient nature that are frequently 4 to 7 times less than what they would cost in a traditional health care environment.”

“There are dynamics in place that favor the cost of medicine being too high. There is a complex interaction between large hospital systems and insurance, that has not fostered reasonable levels of care.”

Another big problem, Dr. Grant says, is government regulation of health care. “Unfortunately government based programs often get manipulated by people who are very injected into the process. They have financial reasons why it’s important for them to be in a position to control it. Through lobbying and large associations public policy ends up being swayed.”

Dr. Grant also talks about the frustrations he has experienced with health care on the other side of the equation, for his family.

“We were paying \$550 a month to have catastrophic insurance coverage with a \$10,000 deductible and an HSA,” he says. “We were told that because of the impact of the Affordable Care Act, or as some call it, the Unaffordable Care Act, we were going to have essentially a doubling of our premium. It was going to be nearly \$1,100 a month. When I saw what was happening to my family, I made the decision that we needed to make a change. That change was to participate in Samaritan.”

Dr. Grant says he finds it “difficult, even as a doctor in my own community” to get a straight answer

about cost when seeking health care for his family.

Getting an actual price is nearly impossible in many cases, and when there is a price, it's often very misleading to an individual, because insurance companies and Medicare/Medicaid pay only a fraction of it. In this environment, price-transparent practices have decided to set themselves apart by advertising clear prices and only charging what they say they will.

"Why couldn't we have a group of providers that would all look at this and discount down to a reasonable price that we could all know about upfront?" Dr. Grant asks.

Dr. Davis's move to price transparency was gradual. He stopped participating in Medicare in 2009, because he didn't "see it as a sustainable model for health care services." He also canceled contracts with several health insurance companies, only retaining a couple.

That meant he had to determine fair prices to charge his patients, and make those prices known.

"As an orthopedist, I take care of a lot of injuries," he says. "Many of these patients would go to the emergency room or urgent care clinic with an injury, and they would be diagnosed and told that they had to have follow-up orthopedic care. But without insurance, they were having a very difficult time finding

someone that would take care of them. Since I was a little bit more prepared to charge a reasonable price for the services I provided, I took it upon myself to go around to some of these different facilities and make sure they were aware of my pricing structure and that it was typically more affordable than other practices in the community."

Then, after attending the first Free Market Medical Association Conference in September 2014, Dr. Davis made his prices public on his website, following the example of the Surgery Center of Oklahoma.

"It resonated with me that I was already doing some of those (free-market) things but I did not fully appreciate some of the other aspects of promoting it to the public in a more proactive way," he says. "That's when I decided to put my prices on my website."

One of the biggest benefits of transparency is peace of mind for his patients. Now they know what to expect financially, he says.

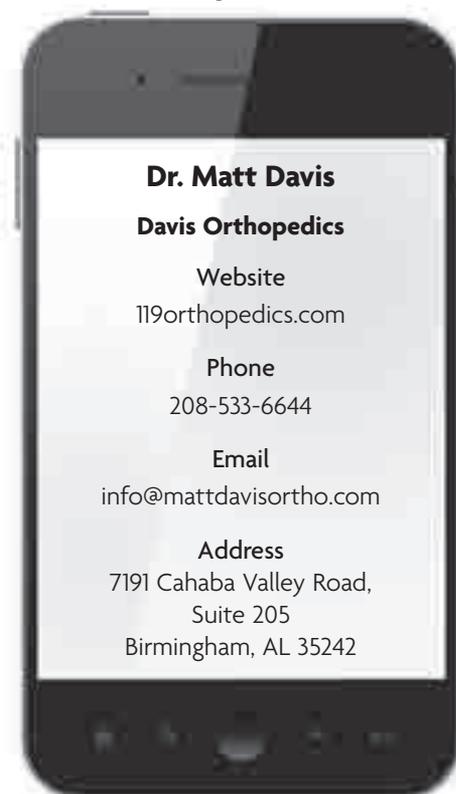
"The first thing that helps is the patient now has a number that they can look at and grapple with," Dr. Davis says. "If it costs \$5,000 to have a certain surgery done, they know that. In today's day and age, most people have no idea what medical care costs, because we're not used to paying for it ourselves. We're used to our insurance company han-

dling the transaction, so most people don't have any idea. They don't know if getting your tonsils taken out costs \$1,000 or \$10,000. They're completely unaware. So that's one aspect that is immensely valuable is that it reduces some of that anxiety about how expensive something's going to be." ♦

1. For previous stories, see <http://bit.ly/smithSCO> and <http://bit.ly/FMMAreport>.



**More online: see Q&A with Dr. Davis at [samaritanministries.org/davis](http://samaritanministries.org/davis)**



**Editor's Note:** This article is not an endorsement of a particular medical provider. Members are free to choose their own providers.

Members may be able to have travel expenses shared when it can be demonstrated that substantial savings result, and this is often the case with orthopedic surgeries done at price transparent surgery centers. Contact member services for more information and see the "Travel Expenses" item in section VIII.B of the Guidelines. ♦

fruitful. Multiply. Replenish. Take dominion. Or to sum it up, through him and his offspring, he is tasked with spreading the rule of God throughout the world in his capacity as God's vice regent.

He cannot do this alone, so God makes a woman and joins them together in intimate union. Now his role is not just an offensive role—taking dominion and subduing the earth—but is also defensive—protecting, cherishing, and loving his wife.

And so we have all the ingredients for true masculinity: Dominion, Fruitfulness, Protection, Responsibility, Care, Love—the perfect mix of toughness and gentleness. But what happened instead?

Faced with an invader and a usurper, the man not only fails to protect his wife and therefore his progeny from evil, he also gives into it himself, and then has the audacity to blame his wife. Thus we end up with all the ingredients of non-masculinity: failure to protect, dereliction of responsibility, cowardice, blame-shifting, fruitlessness (i.e. death comes upon all mankind), absconding the role of dominion-taker, plus a whole bunch of other evils added to the mix.

The modern world has taken these failures and run with them, to the point that men are almost expected to be hopeless, unfaithful, irresponsible losers. Unfortunately, the Church has imbibed (or perhaps even initiated) some of this same spirit, so it should come as no surprise that men have drifted from the church. For the most part, the modern Church has not given men a proper view of masculinity.

Any church seeking to address the

issue of lack of men in the congregation must therefore look for ways of reaching out to men and presenting them with a radically different view of masculinity than the one they have been getting, not only in the world, but also in the Church of late. This doesn't mean that we take a reactionary approach, where we simply condemn unbiblical views of manhood. Rather, the task given us is to find ways of applying the themes of Biblical masculinity, as set out in Genesis 1-2, to modern man with all his issues and needs, presenting him with a model of what true masculinity looks like in ways that challenge him and meet his innate desire for answers to the questions previously mentioned: Who am I? Why am I here? What is my role?

Part of this obviously requires that churches have some good examples of true masculinity in their midst—positive male role models with lives that testify to what the Spirit can do in producing true masculinity. Men who love their wives, nurture and admonish their children, work hard, and are faithful, honest, meek, kind, gracious, and tough.

Which brings us to the second point, which is related to Jesus Himself. When reading through the Gospel narratives, it is striking how Jesus and His antagonists often seem to talk past each other. The fault, of course, is not with Jesus; He tells the truth, and they just don't want to hear it. But part of the misunderstanding is their constant propensity to willfully misrepresent Him.

In our own day, the form of misrepresentation has changed, but is nonetheless as dangerous, so once again men don't really hear

Jesus. The Pharisees saw Him as a disturber of the peace and a threat to their plans to purify the nation, which they seemed to believe was a necessary precondition for God to send them the promised Messiah. Jesus messed up their plans. In our day, Jesus is so far from being a disturber of the peace as to be almost perfectly harmless. Both the modern world and, sadly, the modern Church, have wrenched much of His masculinity from Him and turned Him into a sort of impotent hippy milksop who goes around just being nice to people.

This is far from the Jesus of the Gospels. Jesus is *the* Man. He is the Man that Adam was meant to be, but failed to be. Yes, He is meek, lowly and gentle, but He is also the Man of courage, the Man who stands up to abuse of authority, the Man who loves righteousness and hates wickedness.

Among all the other things He does, Jesus teaches us what true masculinity looks like. He teaches us how to take dominion. He teaches us what true responsibility looks like. When He sacrifices Himself for the church, He teaches us how to love, cherish, and protect our wife. He teaches us how to love our children by laying down His life for His disciples. He teaches us what true authority is by washing the feet of His disciples. And much more.

In short, aside from all the other things He teaches us, the Jesus of the Gospels, the Jesus of history, the real Jesus, teaches men how to be men. Together with finding ways of reaching out to men with the message of what true masculinity is, the church needs to consistently and courageously preach the real Jesus,

Who is the embodiment of what true masculinity looks like.

By seeking to present modern men with a proper understanding of masculinity, together with consistently preaching the real Jesus, churches would be giving men answers to their most pressing needs—the need to know who they are and what their role is. While this cannot guarantee a sudden influx of men in the congregations, it would go a long way to helping men see the point and the worth of joining a body of believers and worshipping the true and living God. ♦

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1. See the U.S. Congregational Life Survey (<http://bit.ly/USCLSsurvey>) and a summary of 20 years of Barna's surveys (<http://bit.ly/Barnasummary>)
2. Baptizing "Masculinity": The Real Reason Men are Leaving the Church. *Christandpopculture.com*: <http://bit.ly/meninchurch>

away the Word of God," Jeff says. "We found it was more effective when people asked on their own. But the opposite is true in the third world, where you proclaim it right away because people are more open to it, and it is more effective. The ones who don't have much want to hear. The ones who have much don't want to hear unless they ask."

Acts 1:8 is a good resource not only for larger churches that already have outreach programs, but also for smaller churches that don't have the staff to develop their own programs from scratch.

"We would be their support team to help them reach out," Jeff says.

No matter how creative, though, a PACK outreach is still aimed at three things, Jeff says: "Caring through kindness, sharing the Gospel, and connecting people to Christ."

"Care, share, connect." ♦

## **Water Towers**

**The Planned Acts** of Christian Kindness evangelism method goes beyond free gas or Valentine's Day flowers.

In Uganda, it includes water towers.

In 2008, Acts 1:8 Ministry founder Jeff Van Beaver met a Ugandan pastor who asked the ministry to build a water tower for his community at a cost of \$500.

The ministry, which distributes the PACK evangelism program, built one water tower but couldn't afford to build more on its own.

Then God stepped in.

"Lo and behold, the following year the Lord brings us a gentleman named Ryan Pickett from the Green Bay Packers who wants to help us with that," Jeff says. "Obviously, when you put the name of a pro football player on a program, it takes off."

As of January, Acts 1:8 has funded 118 water towers in Uganda. The program kept its momentum even after nose tackle Pickett moved to the Houston Texans this past season.

Water towers today cost \$700.

"They provide local work for people in Uganda, but more importantly, a water tower provides a physical need—water—and the spiritual need of sharing God's message through this simple act of kindness," Jeff says.

Information on helping with that kindness can be found at [acts18.org/water-towers](http://acts18.org/water-towers). ♦

Having said that, I should make it clear that the United States has one of the highest rates of the industrialized world only because it counts all dead infants, including premature babies, which is where most of the fatalities occur.

Most countries do not count premature-infant deaths. Some don't count any deaths that occur in the first 72 hours. Some countries don't even count any deaths from the first two weeks of life. In Cuba, which boasts a very low infant-mortality rate, infants are only registered when they are several months old, thereby leaving out of the official statistics all infant deaths that take place within the first several months of life.

In the rural regions of Karakalpakia, Sakha, Chechnya, Kalmykia, and Ingushetia, the infant mortality rate is close to 100 per 1,000 births, putting these regions in the same category as Angola, Chad, and Bangladesh. Tens of thousands of infants fall victim to influenza every year, and the proportion of children dying from pneumonia and tuberculosis is on the increase. Rickets, caused by a lack of vitamin D, and unknown in the rest of the modern world, is killing many young people.

Uterine damage is widespread, thanks to the 7.3 abortions the average Russian woman undergoes during childbearing years. Keeping in mind that many women avoid abortions altogether, the 7.3 average means that many women have a dozen or more abortions in their lifetime.

Even today, according to the State Statistics Committee, the average life expectancy for Russian men is less than 59 years—58 years and 11 months—while that for Russian

women is 72 years. The combined figure is 65 years and three months.<sup>1</sup> By comparison, the average life span for men in the United States is 73 years and for women 79 years. In the United States, life expectancy at birth for the total population has reached an all-time American high of 77.5 years, up from 49.2 years just a century ago. The Russian life expectancy at birth is 12 years lower.<sup>2</sup>

After 70 years of government health care, 57 percent of all Russian hospitals did not have running hot water, and 36 percent of hospitals located in rural areas of Russia did not have water or sewage at all. Isn't it amazing that socialist government, while developing space exploration and sophisticated weapons, would completely ignore the basic human needs of its citizens?

### **It can happen in any country**

The appalling quality of service is not simply characteristic of “barbarous” Russia and other Eastern European nations; it is a direct result of the government monopoly on health care, and it can happen in any country. In “civilized” England, for example, the waiting list for surgeries is nearly 800,000 out of a population of 55 million. State-of-the-art equipment is nonexistent in most British hospitals. In England, only 10 percent of the health care spending is derived from private sources.

Britain pioneered in developing kidney-dialysis technology, and yet the country has one of the lowest dialysis rates in the world. The Brookings Institution (hardly a supporter of free markets) found that every year, 7,000 Britons in need of hip replacements, between 4,000 and 20,000 in need of coronary bypass surgery, and some 10,000 to 15,000 in need of cancer chemotherapy are denied medical attention in Britain.

Age discrimination is particularly apparent in all government-run or heavily-regulated systems of health care. In Russia, patients over 60 are considered worthless parasites, and those over 70 are often denied even elementary forms of health care.

In the United Kingdom, in the treatment of chronic kidney failure, those who are 55 years old are refused treatment at 35 percent of dialysis centers. Forty-five percent of 65-year-old patients at the centers are denied treatment, while patients 75 or older rarely receive any medical attention at these centers.

In Canada, the population is divided into three age groups in terms of their access to health care: those under 45, those 45–65, and those over 65. Needless to say, the first group, who could be called the “active taxpayers,” enjoys priority treatment.

### **The elderly marginalized**

Advocates of government medicine in the United States use tactics much like the Soviet propaganda to achieve their goals. Michael Moore is one of the most prominent and effective propagandists in America. In his movie, *Sicko*, he unfairly and unfavorably compares health care for older patients in the United States with complex and incurable diseases, to health care in France and Canada for young women having routine pregnancies. Had he done the reverse—i.e., compared health care for young women in the United States having babies to older patients with complex and incurable diseases in socialized health care systems—the movie would have been the same, except that the U.S. health care system would look ideal, and the U.K., Canada, and France would look barbaric.

Now we in the United States are being prepared for discrimination in treatment of the elderly when it comes to health care. Ezekiel Emanuel is director of the Clinical Bioethics Department at the U.S. National Institutes of Health and an architect of the Affordable Care Act. He is also the brother of Rahm Emanuel, former White House chief of staff. Foster Friess reports that Ezekiel Emanuel has written that health services should not be guaranteed to “individuals who are irreversibly prevented from being or becoming participating citizens. An obvious example is not guaranteeing health services to patients with dementia.”<sup>3</sup>

An equally troubling article, co-authored by Emanuel, appeared in the medical journal *The Lancet* in January 2009. The authors write that “unlike allocation [of health care] by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years. Treating 65-year-olds differently because of stereotypes or falsehoods would be ageist; treating them differently because they have already had more life-years is not.”<sup>4</sup>

### **Non-price rationing**

Government-controlled medicine will create massive bureaucracies—similar to our unified school districts—impose costly job-destroying mandates on employers to provide the coverage, and impose price controls that will inevitably lead to shortages and poor quality of service. It will also lead to non-price rationing (i.e., rationing based on political considerations, corruption,

and nepotism) of health care by government bureaucrats.

Real “savings” in a socialized health care system can be achieved only by squeezing providers and denying care—there is no other way to save. The same arguments were used to defend the cotton farming in the South prior to the Civil War. Slavery certainly “reduced costs” of labor, “eliminated the waste” of bargaining for wages, and avoided “unnecessary duplication and parallelism.”

In supporting the call for socialized medicine, American health care professionals are like sheep demanding the wolf: they do not understand that the high cost of medical care in the United States is partially based on the fact that American health care professionals have the highest level of remuneration in the world. The main cause of the high cost of our health care is existing government regulations on the industry, regulations that prevent competition from lowering the cost. Existing rules such as “certificates of need,” licensing, and other restrictions on the availability of health care services prevent competition and, therefore, result in higher prices and fewer services.

### **It's about political power**

Socialized medical systems have not served to raise general health or living standards anywhere. In fact, both analytical reasoning and empirical evidence point to the opposite conclusion. But the dismal failure of socialized medicine to raise people's health and longevity has not affected its appeal for politicians, administrators, and their intellectual servants in search of absolute power and total control.

Most countries enslaved by the Soviet empire moved out of a fully

socialized system through privatization and insuring competition in the health care system. Others, including many European social democracies, intend to privatize the health care system in the long run and decentralize medical control. The private ownership of hospitals and other units is seen as a critical, determining factor of the new, more efficient, and humane system. ♦

1. “Russian Life Expectancy on Downward Trend” (*St. Petersburg Times*, January 17, 2003).
2. CRS Report for Congress: “Life Expectancy in the United States.” Updated August 16, 2006, Laura B. Shrestha, Order Code RL32792.
3. Foster Friess, “Can You Believe Denying Health Care to People with Dementia Is Being Considered?” (July 14, 2009). See also Ezekiel J. Emanuel, “Where Civic Republicanism and Deliberative Democracy Meet” (*The Hastings Center Report*, vol. 26, no. 6).
4. Govind Persad, Alan Wertheimer, and Ezekiel J. Emanuel, “Principles for Allocation of Scarce Medical Interventions” (*The Lancet*, vol. 373, issue 9661).

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*Maltsev has also appeared on CNN, Financial Network News, PBS Newshour, C-Span, Fox News, CBC, and other American, Canadian, and European television and radio programs. He has lectured at leading universities, corporations, banks, colleges, churches, schools, and community centers all over the world. He has written five books and hundreds of articles in U.S. and foreign publications.*

## 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.*

### **Egyptian families mourn**

*Pray for the families of 21 Egyptian Coptic Christians beheaded by Libyan members of the Islamic State in February. The Islamists abducted 13 of the men on January 3 after raiding a housing complex and separating Christians from Muslims. They had also kidnapped a group of Egyptian Christians on December 30. The men, who lived in northern Egypt, worked in neighboring Libya to provide for their families, according to Voice of the Martyrs. In a video of their beheading, the Muslims identified their victims as “people of the cross, followers of the hostile Egyptian church.” Pray also for encouragement for all Christians endangered in the Middle East.*

### **Iraqi believes, evangelizes**

*An Iraqi man, who fled his home after Islamic fanatics threatened to kill him because he questioned the Quran, has become a Christian evangelist, VOM says. “Waleed” was told about Christ after reaching Lebanon and became a believer. He*

*has shared the Gospel with family and friends and actively ministers to Assyrians, Iraqis, and others in Lebanon. Pray that the rest of his family will come to Christ, that his ministry in Lebanon will be effective, and that he will be able to return to Iraq to share the news of salvation there.*

### **Florist ‘discriminated’: judge**

*A Washington state florist who is a Christian and declined to provide flowers for a same-sex wedding has been found guilty of discrimination, Christian News Network reports. Baronelle Stutzman of Arlene’s Flowers provided the customer who sued her with a referral to other florists, but a judge ruled against her on February 18. Pray that Baronelle will be able to keep her business open, for courage during this time of persecution, and that Alliance Defending Freedom would be successful in litigation on her behalf.*

### **Persecution persists in India**

*Christians in India were pleased recently when Prime Minister Narendra Modi stood up for religious freedom and tolerance, but violence followed within days. Modi met in February with Christian leaders who voiced their concerns about rising violence toward religious minorities, International Christian Concern reports. Hindu radicals, however, are reportedly disregarding the speech and saying that Modi meant to admonish the Christians. About a week after the meeting, a church in Mangalore was vandalized. Praise God that Modi is taking Christians’ concerns seriously. Pray that he will keep his word and try to bring religious freedom to India. Pray for Christians who are victims of violence or are in dangerous situations.*

### **Laotian Christians face prison**

*Five Laotian Christians cleared of murder charges related to the death of a convert have now been convicted of causing a woman’s death by “performance of the medical profession without a license,” according to ICC. Their crime? Praying for the woman. The woman died after a two-year illness in June 2014 on her way home from a hospital. The five believers were accused of giving her medication on that trip, but they said they only prayed for her. They face three to five years’ imprisonment and fines. Pray that charges against Pastor Kaithon, Puphet, Muk, Hasadee, and Tiang will be dropped.*

### **Ugandan girl beaten**

*A Ugandan girl was beaten by her adoptive father and disowned because she became a Christian, VOM reports. Saidha Naigaga, who lives in a mostly Muslim village, accepted Christ at a recent evangelistic meeting. Soon after that, her adoptive Muslim father beat Saidha in the face with a club, declaring that because she had decided to leave Islam, she could no longer be raised as one of his children. He took her to a church and turned custody of Saidha over to the pastor. She is now living in the home of an evangelist and his wife who care for other children disowned for their conversions. Pray that Saidha will be encouraged in her new faith, that she will have spiritual and physical healing from her injuries, and that her adoptive father’s heart will turn to Christ. ♦*

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

Dr. Levy recounts the fascinating history, dating back 85 years, of pioneering doctors treating infectious diseases with Vitamin C. They developed very simple protocols. They administered Vitamin C every few hours. The patient's fever or other symptoms usually improved. If the patient didn't improve, they gave more Vitamin C more often.

If the three rules of real estate are "location, location, location," the three rules of optimum Vitamin C are "dose, dose, dose," Dr. Levy says.

One of the challenges of using larger quantities of Vitamin C is that it sometimes causes bowel problems, but this challenge actually helps doctors determine dosage and learn some important things.

If the patient develops loose stools, the Vitamin C is not being used by the body and it is going into the excretory system. Then the dosage is backed down a bit, and the optimal dose has been determined.

Depending on the disease, how far it has advanced (or how much it has been reversed), and the individual patient, the Vitamin C is used up at varying rates. When dealing with major health problems, patients sometimes are able to use 100 to 200 times as much Vitamin C as a healthy person would before reaching the bowel tolerance. Whether adjusting the dosage up or down, the bowel tolerance helps determine the optimal dose.<sup>3</sup>

Doctors have also learned that administering Vitamin C through injections or IVs avoids the bowel problems and requires less Vitamin C, because it is more easily absorbed and used by the body. Another technological innovation called Liposomes, began to be developed

in the 1960s. It allows patients to take Vitamin C orally, but without bowel problems.

Liposomes are microscopic spheres, molecules that combine a nutrient such as Vitamin C with a lipid. They are very similar to components of the cell walls in the body, and allow the nutrients to be absorbed very efficiently. Research on liposomes is ongoing, and Dr. Levy presents evidence liposomal Vitamin C is even more effective than that administered by IV.

Scientists are still working out all the mechanisms by which Vitamin C has antioxidant and antimicrobial effects in the body. But how it works doesn't even matter in one sense. Dr. Levy's point is simply this: study after study confirms that when Vitamin C is administered in optimal doses, it cures major diseases.

In one chapter Dr. Levy goes beyond infectious diseases. He presents evidence that Vitamin C is the "ultimate antidote" to many toxins: Alcohol, barbituates, carbon monoxide, endotoxin, methemoglobinemia, poisonous mushrooms, radiation, strychnine, tetanus, venoms, pesticides, and many more.

Dr. Levy also devotes a chapter to answering some common concerns about safety. Again, he presents study after study. Vitamin C has been shown repeatedly to be safe in high doses and over long periods of time. Dr. Levy refutes the suggestion that Vitamin C might contribute to kidney stones. He explains that there is only one rare genetic disease where there is a known reason not to use Vitamin C therapy—G6PD Deficiency.

The final chapter makes some

practical suggestions about Vitamin C. In spite of all the evidence supporting optidose Vitamin C therapy, there are challenges to getting it by any method.

Dr. Levy cautions that anyone treating a major disease with Vitamin C should do so under a doctor's supervision. Depending on the circumstances, a combination of IV, liposomal, and regular oral Vitamin C should be used. Administering it by IV is pretty straightforward, but hydration of the patient must be closely monitored. Additional concerns come into play if there are kidney problems. Calcium ascorbate must never be used. Unfortunately, doctors that offer any kind of optidose therapy are few and far between.

Dr. Levy does recommend that an average healthy adult should be taking 6,000 to 12,000 mg of regular Vitamin C daily to meet the body's general metabolic needs. Liposomal Vitamin C is now available to consumers to meet this need as well, but unfortunately, it is currently quite expensive. ♦

*Curing the Incurable is available from peakenergy.com, where you can also contact Dr. Levy by using the contact button. Many of Dr. Levy's lectures can be watched online by searching for his name on YouTube.*

1. Medical personnel calling in state authorities to take children from parents is on the rise. See [MedicalKidnap.com](http://MedicalKidnap.com).
2. Visit [CharlieFoundation.org](http://CharlieFoundation.org). A Samaritan member family successfully treated their daughter's seizures with a ketogenic diet and told their story in a previous newsletter: see [bit.ly/fortiketo](http://bit.ly/fortiketo)
3. A medical paper that is very readable for lay people summarizes how bowel tolerance is used to adjust dosage. See [orthomolecular.org/library/jom/1981/pdf/1981-v10n02-p125.pdf](http://orthomolecular.org/library/jom/1981/pdf/1981-v10n02-p125.pdf).

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

The fear of the Lord is the beginning of knowledge

Proverbs 1:7a

The fear of the Lord is hatred of evil.

Proverbs 8:13a

If the fear of the Lord is the starting point for knowledge and wisdom, how can we be certain that we really do fear the Lord? One important indicator is our attitude toward evil. Do we truly hate evil, or do we secretly yearn for it or desire it? Do we envy what those who disobey God “get away with”?

Hebrews 1:7-8 tells us that God, the Father, blessed Jesus, His Son, because Jesus loved righteousness and hated wickedness. Jesus didn't

obey His Father out of grudging duty. He was willing to suffer in loving anticipation of the joy set before Him (Hebrews 12:1-2). Even when obedience was not only inconvenient, but costly and painful to the point of death, He loved righteousness and hated wickedness.

Do you obey God because you love righteousness and hate wickedness? Do you truly fear the Lord?

For the Kingdom,



Ray King