

Christian HealthCare

NEWSLETTER

MEMBER LETTERS:

Fellow believers are working together

As the whole health care system in our country is swirling around in a confusing jumble, it is a great comfort to know fellow believers are working together to take care of each other's needs.

*Alan and Connie Frei
Cameron, Wisconsin*

It has been such a great blessing to share medical expenses and know that others are praying for us. Everyone's notes are so sweet and kind. I just love that the Body of Christ is working together in this way.

*Chris and Debbie George
El Cajon, California*

Our Lord is the Great Comforter, and it is a joy to see this demonstrated through His children, lifting each other up with Christ's love and compassion.

*Gary and Sara Vershay
Channahon, Illinois*

American immorality and contempt for liberty

by Walter Williams

American immorality and contempt for liberty lie at the root of most of the political economic problems our nation faces. They explain the fiscal problems we face, such as growing national debt and budget deficits at the federal, state, and local levels of government. Our immorality and contempt for liberty are reflected most in our widespread belief that government ought to forcibly use one American to serve the purposes of another American. Let's examine it.

Suppose there is an elderly widow in your neighborhood. She does not have the strength to mow her lawn, clean her windows, and perform other household tasks. Plus, she does not have the financial means to hire someone to perform them. Here is my question: Would you support a government mandate that forces one of your neighbors to mow the widow's lawn, clean her windows, and perform other household tasks? Moreover, if the person so ordered failed to obey the government mandate, would you approve of some sort of sanction, such as a fine, property confiscation, or imprisonment? I believe and hope that most of my fellow Americans would find such a mandate repulsive. They would rightfully condemn it as a form of slavery, which can also be described as the forcible use of one person to serve the purposes of another.

Would there be the same condemna-

tion if, instead of forcing one of your neighbors to actually perform the household tasks, your neighbor were forced to fork over \$50 of his weekly earnings to the widow? That way, she could hire someone to perform the tasks that she is unable to do. Would that mandate differ from one under which your neighbor is forced to actually perform the household tasks? I'd answer no. Just the mechanism differs for forcibly using one person to serve the purposes of another.

Most Americans would want to help this widow, but they would find

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Sharing Summary from January

Shares:	\$14,536,055	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:	\$15,668,064	
In Negotiation:	\$165,297	
New Needs:	2,269	
Total Needs:	4,121	
New Rewards:	136	Member Households: 54,020 (as of 12/22/15)
Miscarriages:	28	
Final Rewards:	5	

Contact Us: 877-764-2426 samaritanministries.org/members

Questions about?	Email	Phone Menu
Your medical need	needs@samaritanministries.org	1 - 1
Shares you are sending or receiving	shares@samaritanministries.org	1 - 2
Your membership	membership@samaritanministries.org	1 - 3

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Member Services Manager

Remember:



SEND A NOTE—
Burdens can be lightened emotionally as we encourage one another in the Lord.



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.



ALWAYS STAY ALERT IN PRAYER—
Burdens can be lightened spiritually as we unite to call upon the God of the impossible.

The high cost of fatherhood

by Rob Slane

Many sociologists and politicians tell us that the number of homes where the father is absent is one of the biggest problems facing society. Very often they present the problem merely in terms of sheer numbers and statistics: “The number of households where there is no father present from the child’s birth has risen from X to Y in 40 years.” “The number of children entering their teens with their parents still married is now just X amount, compared to Y amount just 30 years ago.” “Children who grow up in homes where the mother and father remain married are X times more likely to get better grades and be productively employed than those children who grow up in homes where this is not the case.”

These types of statistics are quite true. There has been a massive increase in fatherlessness, and this has had devastating consequences for children, families, and society as a whole. The explosion in the divorce rate in the past half century has sown a vast number of problems which are perhaps only beginning to produce a result.

However, there is a danger with this kind of statistical approach that can lead us to believe that the problem is simply a lack of fathers. To put it another way, we can come to see fatherlessness as simply a quantitative problem—lack of fathers—

and then conclude the solution is only that more fathers are needed. While the quantitative side of the fatherlessness problem is real, it is not the be-all-and-end-all of the issue. In fact, it only scratches the surface. In addition to the quantitative need for more fathers, there is also a qualitative issue that analysts often miss.

The problem isn’t just one of a lack of fathers in homes—crucial as

Each and every father is constantly speaking to his children about the Father. And he will either be speaking the truth or telling a lie to his children about the Father.

this is—rather, it is also about the engagement of fathers with their families. Here’s another way of looking at it. Politicians and employers often bemoan the “skills gap” in the workforce. Let’s take the field of engineering, where they will say: “We need X amount of engineers to fix the engineering skills gap.” No doubt we do need more engineers, but what if no one were to question what type of engineers are needed? Although there truly is a shortage of engineers in the workforce, if we were to train up masses of civil engineers in a region, only to find that the actual need of that regional economy is really for chemical engineers, we wouldn’t have solved the

problem. This same principle is true in the realm of fatherhood.

We ought not to suppose that fatherlessness per se is the root problem to solve, but to consider the deeper aspects of fatherhood. It is highly likely that one reason we have an epidemic of fatherless homes today is that in the day when most fathers were still in the home, many fathers failed to grasp all that fatherhood involved. Certainly

most men grasped that being a father meant providing for their family and protecting their family—which is well and good—but unfortunately many men didn’t go beyond this incomplete understanding of their roles as husbands and fathers.

Simply fixing the numbers, even if that were possible, won’t work, although it would be better than the train wreck we have now. Nor is there any point in looking to statist solutions to fix fatherlessness.

No, the solution is to be found on the micro level, with individual fathers working daily to be more engaged. It involves individual fathers not being content with merely providing for and protecting their children on some superficial level, but rather having a deep desire to bless their children through their words, their character, and their way of living each and every day. It

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Joe and Susanna Musser

SMI Board of Directors

by Michael Miller

Joe and Susanna Musser are passionate about their faith, and that passion extends to all areas of their life.

The Mussers, who live in New Providence, Pennsylvania, are passionate about family life, adoption of special-needs children, home-schooling, family-integrated fellowships, and, of course, health care sharing.

That last passion is chiefly what led Joe to run for and be elected to Samaritan Ministries' Board of Directors in 2013. His two years on the Board has confirmed what he says he suspected since the Mussers had become members in 2008.

"There's a unity and a dedication of the Board members," Joe says. "It's obvious that God has brought it together, God has designed it."

That design extends to the way Samaritan does health care sharing as well, Joe believes.



"It's the most accountable form of sharing, being direct from member to member," he says.

Joe also appreciates the desire by the Board to be attentive to the needs of members.

"There's a very strong desire that if any questions come about from any one of our members there's a desire to really discuss that," he says. "There's not the sense that we have to have this set of rules that we stick to no matter what, but the desire that this ministry is a blessing to all members. And there is a desire from the leadership, from the Board, that we respond to any questions or concerns personally and directly.

"It's a great encouragement to see how, by God's grace, this Board has been able to respond to the challenges of a very rapidly growing ministry."

Joe, Susanna, and their 14 children respond to challenges, too. One of those children is a 13-year-

old girl with cerebral palsy who moved in with them in December, necessitating the construction of a 1,000-square-foot addition to their previously 1,300-square-foot home. The Mussers have legal guardianship of Josie, with the intention of eventual adoption.

Another challenge they took on in 2011 was the adoption of Katerina, who at the time was 9 years old but only weighed 10½ pounds when they rescued her from an institution in Bulgaria. Katie needs total care, taking three hours to get ready for school in the morning. But she's thriving, the Mussers say. She now laughs, communicates, and is close to walking independently. The Mussers decided to include special-needs children in their family after God gave them their own: Verity, who has Down syndrome. Now 5, Verity was the inspiration for Susanna's blog, theblessingofverity.com, which has

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Constant Providence: How God led the Mussers to special-needs adoption

by Michael Miller

Joe and Susanna Musser and their family live in a Pennsylvania town called New Providence. For them, it might as well be Constant Providence.

God is always working through them. That has been no more evident than in the development of their family.

The news in 2010 that the Mussers' 10th child had Down syndrome sparked a passion that has led to multiple children with various special needs being blessed.

It started with Susanna's blog, "The Blessing of Verity" (www.theblessingofverity.com), which chronicles Verity's development as well as other family events.

"This was our first introduction to the world of special needs, something we were ignorant about," Susanna says.

Blogging about Verity led to questions from readers about adoption of special-needs children, with Susanna researching answers. One day that research turned up a video clip of an NBC report on a mental institution in Serbia that warehoused special-needs children and young adults in nightmarish conditions.

"That was really a pivotal thing for Joe and me to see," Susanna says. "Our hearts were broken for children who are being institutionalized all across Europe simply because they had been born with special needs," Susanna says. "Here we had our precious, little baby girl (Verity) with Down syndrome, this little sunshine, and just the thought of her having to endure these conditions was horrifying to us. That's what God used to open our hearts to adoption."

That open heart became a clear mandate.

"When we look back, we can see so clearly that He was compelling us forward," Susanna says. "He opened all the doors, removed all the obstacles—and there were a considerable number of obstacles in front of our family: the adoption costs themselves, the lack of typical health insurance, the small house, the big family, the moderate income. He just removed every obstacle. He gave us a very clear leading."

The Mussers ended up adopting two children from the Pleven orphanage in Bulgaria. That nation's requirements fit the Mussers' situation better.

First to be adopted was Katerina (Katie), who

needs total care. The Mussers named her for one of the children briefly filmed for the NBC report they had seen. At age 9, Katie, who has Down syndrome, weighed 10½ pounds and had spent her life suffering severe neglect in a crib on the top floor of her orphanage in a wing titled "Malformations." She came home with the Mussers at a birth to 3-month-old level, unable to hold her head upright for longer than a few seconds. She was suffering from multiple maladies that were the direct result of long-term neglect and malnutrition.

They later adopted Tommy, a boy who had also spent his 16 years severely neglected in a crib on the same top floor of the Pleven baby house, and "had much more significant special needs." He died in a bathtub accident in July 2014.

Katie, now 13, is healthy, happy, and thriving. Four years after coming home, she's wearing a size 7, is learning to feed herself and communicate using a few word approximations and signs, is close to being able to walk independently, and can pull herself up onto objects and get down from them.

But God wasn't done working through the Mussers. He used Susanna's blogging to "tear down the doors" of that orphanage. As Susanna wrote about Katie, awareness about orphans in Eastern Europe was raised. Almost 70 children with special needs from the Pleven, Bulgaria, institution "are either home or almost home in families now," Susanna says. Hundreds of other children with special needs have been adopted from all around the world because of how God used Verity and Katie's stories.

"That has been an amazing side of the story that we never would have guessed," she says. "We only knew our God was a big God, and prayed that He would use us in some way to bring other children into families."

The Mussers continue to help special-needs children. Josie, a cheerful and very determined girl who has cerebral palsy and turned 13 on January 30, joined the Musser family on December 23. The Mussers became her legal guardians on November 1 and set about adding to their 1,300-square-foot home so they could accommodate her walker and wheelchair. ♦

Stop America's #1 Killer!

Proof that the origin of all coronary heart disease is clearly reversible arterial scurvy

by Dr. Thomas Levy

reviewed by David Lehnert

Despite the massive amounts of funding and science devoted to combating heart disease, it remains the number one cause of death in America, accounting for a quarter of all deaths. Dr. Thomas Levy says that heart disease is a result of vitamin C depletion in the body, and that it is both preventable and reversible by maintaining optimal levels of vitamin C. In *Stop America's #1 Killer!* he explains the science behind heart disease and cites more than 650 scientific studies to support his claims. He also explains why modern medicine has missed the critical piece of the puzzle.

Many people have a simplistic understanding of heart disease: fat we eat somehow gets deposited in our arteries and eventually leads to either a heart attack or stroke. Unfortunately, the science is much more complicated than that, and there are many competing theories within the medical field of how the biochemistry of heart disease works.

Scientists are still searching for a single ultimate cause, but within the medical profession there is a consensus that the focus needs to be on broad risk factors such as cholesterol, high blood pressure, diabetes, etc. Dr. Levy says that we must find a way to do better than treating only the symptoms of people who are at risk for heart disease.

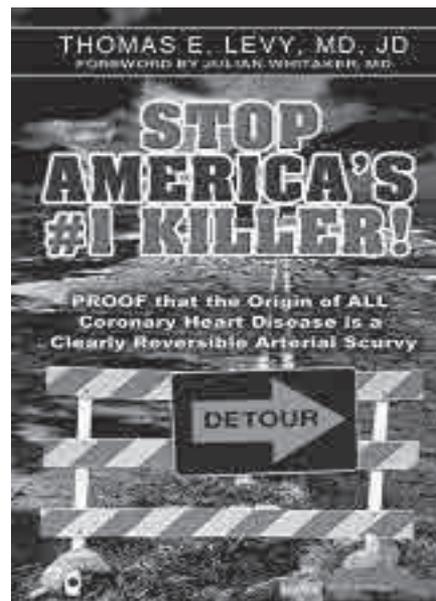
In the conventional model, it is assumed that high cholesterol in the blood causes clogged arteries. Dr. Levy continues that plaque buildup

comes only after vitamin C has been depleted in the arteries. He also says that all risk factors for heart disease are connected to vitamin C, and that each risk factor either depletes vitamin C or contributes to heart disease when vitamin C levels are depleted.

Modern medicine has missed the critical piece of the puzzle.

Dr. Levy explains that plaque buildup is a symptom of a long-term vitamin C deficiency. He cites studies which demonstrate that sufficient levels of vitamin C must be maintained in the arterial walls for collagen, a key component responsible for maintaining the integrity of the arterial wall, to be present in optimal quantity and quality.^{1, 2, 3} Without sufficient vitamin C, the walls become weak and watery, which allows irritants such as cholesterol, calcium, bacteria, and toxins to enter the wall, causing inflammation. Dr. Levy cites several studies which demonstrate that all arterial plaques contain inflammatory cells.^{4, 5} Inflammation is a protective process initiated by the body in response to an injury, and it walls off damaging substances in the body.

Dr. Levy says that as long as vitamin C levels remain low, the arteries



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will continue to narrow because of the stream of irritants that get in and the inflammation that occurs in response to the irritants. He cites two studies which suggest that inflammation appears to be the ultimate driving force behind the progression of atherosclerosis (the narrowing of an artery) and the eventual complete obstruction of an artery.^{6, 7}

Dr. Levy reviews twenty-two major risk factors for heart disease, citing evidence for each that they contribute to heart disease by either depleting vitamin C or affecting our arteries when vitamin C levels are too low.

High blood pressure is a well-known risk factor for heart disease. Dr. Levy says that high blood pressure is only a risk factor when there is an accompanying vitamin C deficiency which has weakened

the arterial wall. He writes that high blood pressure results in mechanical wear on arteries, especially coronary arteries due to their proximity to the heart, and that this wear can initiate and help increase atherosclerosis.^{8, 9} Dr. Levy again cites several studies which demonstrate that vitamin C, as either part of a regimen or on its own, is helpful in lowering high blood pressure.^{10, 11} A vitamin C deficiency compounds high blood pressure as a risk factor, as it both causes high blood pressure and weakens the arterial wall.^{12, 13, 14, 15}

The next factor, cholesterol, is still focused on as a major risk factor in the medical field, but Dr. Levy says that cholesterol does not cause heart disease and that its involvement as a factor doesn't necessarily depend on high blood levels of cholesterol.¹⁶ Dr. Levy states that cholesterol, much like blood pressure, increases atherosclerosis by contributing to the inflammation process only when there is a vitamin C deficiency. Dr. Levy also writes that cholesterol is capable of neutralizing a wide variety of toxins that are in the body and that a high serum level of cholesterol appears to be indicative of a large presence of toxins in the body.^{17, 18, 19, 20} Dr. Levy says that cholesterol levels will be elevated in response to toxins not being neutralized by vitamin C, and that in the absence of vitamin C, an elevated cholesterol level can contribute to the inflammation process in our arteries.

Diabetes is another well-known risk factor for heart disease. Dr. Levy says that hyperglycemia can induce a state of advanced vitamin C deficiency and that sugar and vitamin C have similar chemical structures and compete for getting into cells.^{21, 22} Dr. Levy says that based on this evidence, greater levels of sugar in

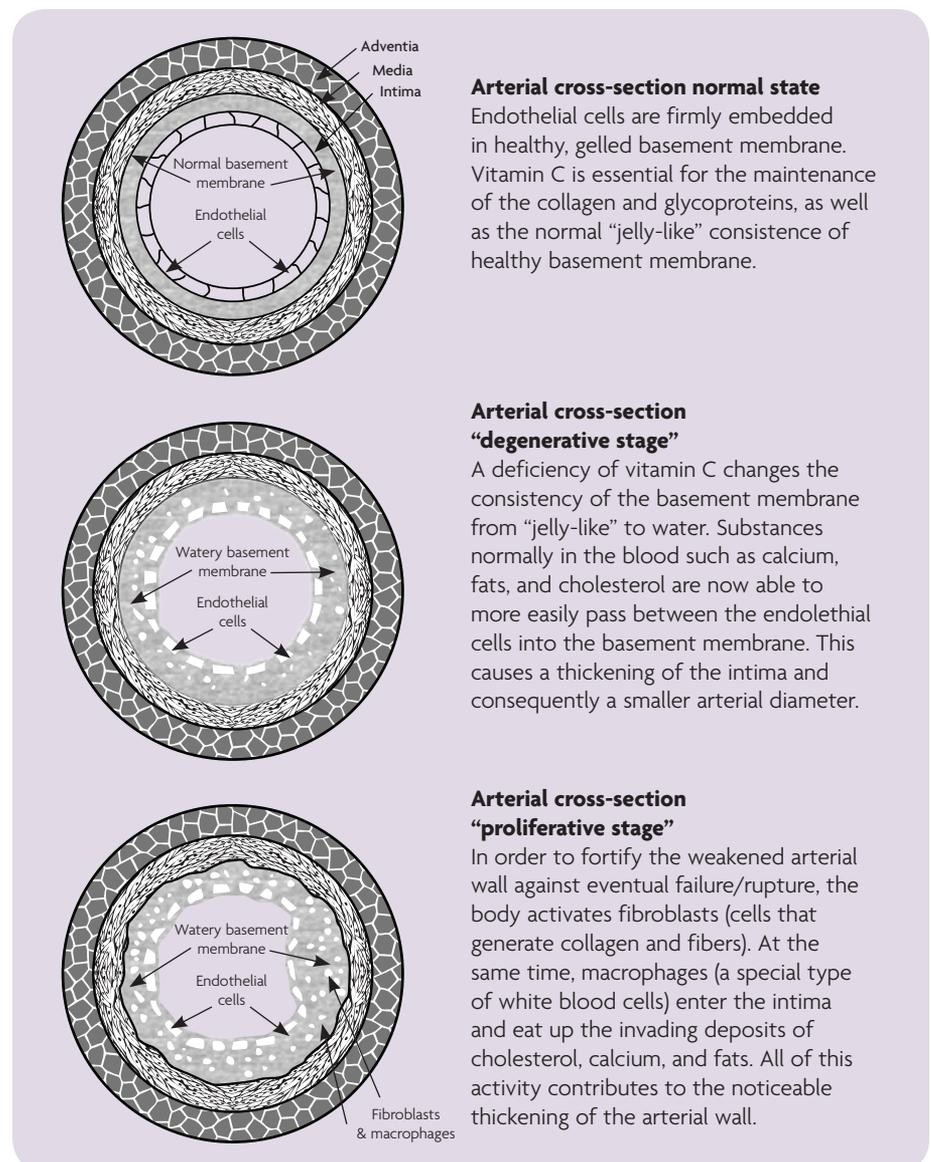
the blood will always result in lower levels of vitamin C in a person's cells, which means the body can't use vitamin C to strengthen the arteries. This vulnerability sets the stage for unrestrained acceleration of the injury-inflammation cycle.

Another factor associated with diabetes is the hormone insulin, which regulates blood sugar. Insulin also plays a part in moving vitamin C into cells, and Dr. Levy says that this is due to the similar structure between glucose and vitamin C.²³ He also says that vitamin C plays a critical role in the pancreas and helps to regulate the release of insu-

lin.²⁴ In people with diabetes, their bodies are trapped in a vicious cycle with a vitamin C deficiency at the heart of the issue.

Dr. Levy also includes a chapter on refined sugar in our diets. A hundred years ago, the average amount of sugar consumed annually per person was ten pounds. By 1994, it had increased to 150 pounds per person. Dr. Levy says that when you look at the huge increase in sugar consumption and the fact that sugar competes with vitamin C to get into cells, the rise in deaths from heart disease makes sense. Unless the vitamin C can get into cells to nourish

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Arterial cross-section normal state

Endothelial cells are firmly embedded in healthy, gelled basement membrane. Vitamin C is essential for the maintenance of the collagen and glycoproteins, as well as the normal "jelly-like" consistency of healthy basement membrane.

Arterial cross-section "degenerative stage"

A deficiency of vitamin C changes the consistency of the basement membrane from "jelly-like" to water. Substances normally in the blood such as calcium, fats, and cholesterol are now able to more easily pass between the endothelial cells into the basement membrane. This causes a thickening of the intima and consequently a smaller arterial diameter.

Arterial cross-section "proliferative stage"

In order to fortify the weakened arterial wall against eventual failure/rupture, the body activates fibroblasts (cells that generate collagen and fibers). At the same time, macrophages (a special type of white blood cells) enter the intima and eat up the invading deposits of cholesterol, calcium, and fats. All of this activity contributes to the noticeable thickening of the arterial wall.

Why government needs to get out of health care

by Israel Wayne

In the Bible, God established several spheres of authority for governing our lives: the Individual, the Family, the Church, and the Civil Magistrate. Each of these spheres has been given authority over separate and distinct aspects of life and should not intrude into the jurisdiction of the others.¹

In this article I will briefly summarize a Biblical rationale for why health care should not be in the sphere of the civil government.

When Paul was talking to Timothy about the care of widows in the Church, he put the responsibility squarely on the individual (in particular on the man) to care for widows in his family who are in financial need.

But if anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever. (1 Timothy 5:8, ESV)

If an individual and/or family cannot or will not care for their own relatives, then Paul directs the Church to provide for widows who meet the necessary requirements:

If any believing woman has relatives who are widows, let her care for them. Let the church not be burdened, so that it may care for those who are truly widows. (1 Timothy 5:16, ESV)

Medical expenses above and beyond the ability of an individual or a family to pay fall into the category of a charitable need. Never in Scripture is the Civil Magistrate given the role of being involved in charity:

(The Civil Magistrate is) sent by God for the punishment of evildoers, and for the praise of them that do well. (1 Peter 2:14, KJV)

If it is wrong for you to take your neighbor's money to pay for your medical needs, then it is just as wrong for you to take the money indirectly by having a friend do it, or a policeman, or a congressman.

For (the Civil Magistrate) is the minister of God to thee for good. But if thou do that which is evil, be afraid; for he beareth not the sword in vain: for he is the minister of God, a revenger to execute wrath upon him that doeth evil. (Romans 13:4, KJV)

The Civil Magistrate uses force in governing, and the Bible forbids force ever being used for charity.

Each one must give as he has decided in his heart, not reluctantly or under compulsion, for God loves a cheerful giver. (2 Corinthians 9:7, ESV)

Government funding of needs that should be met by charitable giving is not charity at all, but is in reality legal plunder.²

If it is wrong for you to go to your neighbor's house, stick a gun in their belly, and take their money to pay for your medical needs, then it is *just as wrong* for you to take their money indirectly by having a friend do it, or a policeman, or a congressman. Making something legal *does not make it ethical*.³

Killing unborn babies is legal and agreed upon by the majority of people in society. It is agreed upon by social contract, but that does not make it ethical.

The Bible teaches that there is a lawful taxation (for military, police, courts, etc.), and such taxation is not tyranny. However, taxation for charity *is* tyranny. As Christians, we must pay the tax, but we still recognize it as being an unjust tax.

Therefore one must be in subjection, not only to avoid God's wrath but also for the sake of conscience. For because of this you also pay taxes, for the authorities are ministers of God, attending to this very thing. Pay to all what is owed to them: taxes to whom taxes are owed, revenue to whom revenue is owed, respect to whom respect is owed, honor to whom honor is owed. (Romans 13:5-7, ESV)

When one sphere of God's established government attempts to fulfill the role of another sphere, it creates all kinds of problems. The major reason why our current health care costs are so exorbitant is that the government involved themselves years ago, driving up the cost of care to the point that now most people believe the only way the problem can be fixed is to resort to socialism and make all health care tax-funded.

The real solution is to return health care to the private sector and for the Civil Magistrate to get out of health care and all other charity work: including education, welfare, housing, retirement, and other needs that God relegated to the domain of the Individual, the Family, and the Church.

Michael Miller, research fellow at the Acton Institute, explains that socialism doesn't work in the long term. Health care by government results in inefficient care, reduced quality, stifled innovation, loss of freedom, spiraling costs, and people dying on waiting lists.⁴

In 1961 Ronald Reagan produced a recording for the American Medical Association to distribute, speaking out against socialized medicine:

One of the traditional methods of imposing statism or socialism on a people has been by way of medicine. It's very easy to disguise a medical program as a humanitarian project. ... Write those letters now; call your friends and tell them to write them. If you don't, this program I promise you will pass just as surely as the sun will come up tomorrow and behind it will come other federal programs that will invade every area of freedom as we have known it in this country. Until, one day, as Norman Thomas said we will awake to find that we

have socialism. And if you don't do this and if I don't do it, one of these days you and I are going to spend our sunset years telling our children and our children's children, what it once was like in America when men were free.⁵

At the time Reagan hosted a TV show for General Electric, but he would be fired a year later for repeatedly speaking out against big government, which led to his political career taking off. Ironically, decades later when Reagan was president, he signed a vetoproof law passed by the Democrat controlled Congress, putting in place a major part of government controlled health care: requiring hospitals to treat anyone regardless of ability to pay.

As for the AMA, despite some initial opposition to Medicare in the early 1960s, it actually has a 150 year history of supporting socialized medicine. When the AMA was founded, many doctors and medical schools went out of business, while others were enriched through government licensing requirements.^{6,7} In the mid 1980s, the AMA itself gained a monopoly contract with the federal government to produce medical code systems. In 2010 it endorsed the Affordable Care Act.

Warnings about the deception of socialism go back to the founding of our country. In his speech to the Virginia Convention to ratify the federal Constitution, James Madison said, "I believe there are more instances of the abridgement of freedom of the people by gradual and silent encroachments by those in power than by violent and sudden usurpations."

The fact is that despite the high costs of medical care driven by government mandates and controls, there are *still* Biblical solutions to

our medical crisis. One such solution is Samaritan Ministries. My family has been a member of Samaritan Ministries since 1996.

Three years ago, my wife's mother was diagnosed with stage 4 bone cancer. Before she died from her incurable cancer, she went through a six-month battle that involved, as you can imagine, very costly treatment.

We were very grateful that the medical needs were provided for, not by insurance, nor by forced confiscatory taxation through the government, but rather through the cheerful and generous giving of individuals and families who paid those medical bills because of the love of Christ. ♦

Israel Wayne is an author, conference speaker, and director of Family Renewal, LLC (www.FamilyRenewal.org). He is also the Site Editor for www.ChristianWorldview.net.

Footnotes

1. Historically this has been called the doctrine of "Sphere Sovereignty." For background see my article, "Sphere sovereignty and dead Dutch guys." <www.christianworldview.net/2011/05/sphere-sovereignty-dead-dutch-guys>
2. "Robin Hood and the government schools" Israel Wayne. <www.christianworldview.net/2011/04/robin-hood-the-government-schools-by-israel-wayne>
3. "Legal does not mean moral." Israel Wayne. <www.christianworldview.net/2015/08/legal-does-not-mean-moral>
4. "Problems with socialized medicine." Michael Miller. <www.youtube.com/watch?v=s4frftBek8>
5. "Ronald Reagan speaks out against socialized medicine." <www.youtube.com/watch?v=QVnL2py4ndg>
6. "Medical corruption, medical control." Lew Rockwell. <www.lewrockwell.com/1970/01/lew-rockwell/medical-control-medical-corruption>
7. "100 years of medical robbery." Dale Steinreich. <mises.org/library/100-years-medical-robbery>

interested several families in adopting special-needs children.

Joe and Susanna say their God-given “adventures” have brought them closer, even with hard times, such as the accidental death of their adopted special-needs son, Tommy, in July 2014.

“God has really used even the difficult circumstances we sometimes face to deepen our relationship with Him and with each other,” Joe says. “We’re in a completely different place than when we got married.

Even the very intense time we’ve had over these past two years has borne great fruit in allowing us to walk very closely together and walk very closely with God.”

The large Musser family also stays tight. Their oldest son, Joseph II, is married and lives a few miles away, but the rest of the Musser clan is still at home, ranging in age from newborn to 20 years old. The latest addition, Nathan Job, was born on January 7. Also living with the Mussers is a 23-year-old woman who

is learning adult-living skills.

There’s never a dull moment at the Mussers.

“If you’re not prepared for our household, it can feel as if you’re caught in a kaleidoscope,” Susanna says. “There’s constant activity. It’s a happy, bustling household.”

A typical day will include Susanna preparing Katie for school from 6 to 8:30 or 9 a.m. while Joe guides the younger children through their morning routine before he leaves for his job at 7. By the time Katie is on

Why SMI?

Joe Musser first heard about health care sharing from a pastor when he was a teen.

“It seemed like something that I wanted to do,” Joe says.

He wasn’t able to do it for several years, though. As an assistant pastor for eight years and then a head pastor for eight years, his denomination provided health insurance.

“They didn’t give me a whole lot of say in it,” he says.

When Joe left the full-time pastorate and became full time in his father’s construction business, however, he needed to find a way to pay for his family’s health care.

“It was an opportunity for me to move over to where I principally had wanted to be ever since I heard about it, which was health care sharing,” he says.

The Mussers joined Samaritan in 2008 after researching the various ministries.

“Samaritan Ministries was the only one we could see where you had member-to-member sharing directly,” Joe says. “That was important to us. The deeper we looked into it, the more we realized it was a group that was looking to do things according to what the Bible would teach.”

The Mussers soon found out how health care sharing worked on a large scale. Their daughter, Verity, was born in 2010 with Down syndrome and a heart

defect, needing urgent surgery at only 5 weeks of age. A Samaritan Guideline limiting sharing for congenital defects had been changed a short time before, and members were able to share 100 percent of the cost of the surgery, close to \$200,000.

“We were very encouraged because we could see that it was a way that our Christian brothers and sisters in Samaritan Ministries were always looking at the Guidelines and saying, ‘What is it that we could do better? What could we do that helps meet the needs of the other believers in Samaritan?’” Joe says. “We appreciate that. Insurance is all about, ‘What can we avoid paying for?’”

Samaritan’s monthly mailing also gives the Mussers “the tools of having someone to pray for during the month as we share with them and also follow the prayer guide.”

Sharing needs also stands as a witness to their children.

“When the needs are being met and the family sees the cards coming and the checks coming, and understands the prayers that stand behind those, in all those ways Samaritan Ministries is helping to model for the entire family what Christian fellowship and what Christian sharing is Biblically supposed to be,” Joe says. “You can see it in your local fellowship, but it’s encouraging for them to see outside of a local fellowship that Christians around the world through Samaritan Ministries are doing this—living it out.” ♦

her way to school, the school-age children are at the books.

“Pretty much from that point on, we look like a typical, large, home-schooling family,” Susanna says.

The Mussers have a “methodical plan” for their evenings so that the children know what’s coming from one day to the next. They have a work night where they try to get a family project done, a date night for Joe and Susanna, a reading night, and a family night.

“We write a big schedule out on a white board in our house, and our kids look forward to all of these things,” Joe says.

Sundays are focused entirely around the family’s church fellowship, with morning spent in worship and study, and the rest of the day given to fellowship.

Joe is a teaching elder with the church, using his experience of 16 years in the pastorate. He left his last pastoral position seven years ago after seeing that the congregational leadership was heading in a structurally unbiblical direction. God’s hand was in that move, as well. His son, Daniel, had recently expressed a desire to one day own the family construction business, then run by Joe’s father. Joe had been keeping a hand in the business after growing up in it, working construction one day a week while working full-time as a pastor. Now it’s flipped. Joe works full-time with the construction business and still teaches in the church.

“So in a way, I’ve been in both things for all these years,” he says. “I still am excited about both things. As the years go forward, we’ll see how God moves the priorities.” ♦

anything that openly smacks of servitude or slavery deeply offensive. They would have a clearer conscience if government would use its taxing authority, say an income tax or property tax. A government agency could then send the widow a \$50 check to hire someone to mow her lawn and perform other household tasks. This collective mechanism would make the servitude invisible, but it wouldn’t change the fact that people are being forcibly used to serve the purposes of others. Putting the money into a government pot simply conceals an act that would otherwise be deemed morally repulsive.

Some might misleadingly argue that we are a democracy, in which the majority rules. But a majority consensus does not make acts that would otherwise be deemed immoral moral. In other words, if the neighbors got a majority vote to force one of their number, under pain of punishment, to perform household tasks for the elderly widow, it would still be immoral. People like to give immoral acts an aura of moral legitimacy by noble-sounding expressions, such as “spreading the wealth,” “income redistribution,” “caring for the less fortunate,” and “the will of the majority.”

If one American can use government to force another to serve his purpose, what is the basis for denying another American the right to do the same thing? For example, if farmers are able to use Congress to give them cash for crop subsidies, why should toymakers be denied the right for Congress to give them cash subsidies when their sales slump?

Congress has completely succumbed to the pressure to use one American to serve the purposes of another. As a result, spending grows. Today’s federal budget is about \$3.8 trillion. At least two-thirds of it can be described as Congress taking the earnings of one American to give to another.

I personally believe in helping one’s fellow man in need. Doing so by reaching into one’s own pockets is laudable and praiseworthy. Doing so by reaching into another’s pockets is evil and worthy of condemnation. ♦

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them and promote the creation of new healthy cells, the arterial wall begins to break down. Dr. Levy also says that high blood sugar interferes with the ability of vitamin C to stimulate the creation of collagen.²⁵

In a chapter on age and gender, Dr. Levy explains that it is much more common for a heart attack to occur when we are older, and that serum vitamin C levels are lower when we grow older due to a wide variety of stresses or chronic diseases.^{26, 27, 28} He says that this is an important reason for us to take vitamin C, especially as we grow older and experience a wide variety of conditions that deplete our vitamin C stores.

Gender is also an issue. Males tend to have lower levels of vitamin C than females.²⁹ To compensate for this disadvantage, Dr. Levy recommends that males take about twenty-five percent more vitamin C than females.

In Dr. Levy's conclusion he answers the question, "How do I protect myself from heart disease?" He outlines supplementation and diet plans that complement one another to maximize vitamin C stores in the body. Dr. Levy says that it is critical to take what he refers to as "optidoses" of vitamin C, ranging from three to nine grams per day depending on your size, age, and gender.

Optimal dosing may be 100 times or more than typically recommended amounts. For example, it is important to realize that the Recommended Daily Intake (RDI) guidelines only indicate the levels of nutrients needed to prevent full-blown chronic diseases. They don't reflect nutrient levels that promote optimal health, merely the absence

of major deficiency symptoms.³⁰

Even more information about how to determine optimal dose, especially when facing viruses or bacterial infections, and how to use various forms of vitamin C—oral, intravenous, and liposomal—is available in Dr. Levy's book, *Curing the Incurable*, which was reviewed in the May 2015 newsletter.³¹

Dr. Levy also insists that a successful protocol for preventing and reversing heart disease must include a total dental revision, especially the removal of root canaled teeth, because infections in the teeth and mouth are the primary source of toxicity which can result in systemic disease. He has written a full-length book on that topic, called *Roots of Disease*.³²

Finally, Dr. Levy says research indicates that physical activity and reducing stress both have a positive impact on vitamin C levels. ♦

Footnotes

1. *Archives of Biochemistry and Biophysics*, November 1975. <<http://www.ncbi.nlm.nih.gov/pubmed/1238052>>
2. *Journal of Glaucoma*, December 1997. <<http://www.ncbi.nlm.nih.gov/pubmed/9407369>>
3. *Archives of Biochemistry and Biophysics*, February 2005. <http://www.ncbi.nlm.nih.gov/pubmed/15629121>
4. *Annual Review of Medicine*, 2001. <<http://www.ncbi.nlm.nih.gov/pubmed/11160780>>
5. *Journal of Thrombosis and Thrombolysis*, February 2004. <<http://www.ncbi.nlm.nih.gov/pubmed/15277786>>
6. *Frontiers in Bioscience: A Journal and Virtual Library*, January 2001. <<http://www.ncbi.nlm.nih.gov/pubmed/16146734>>
7. *Proceedings of the American Thoracic Society*, 2005. <<http://www.ncbi.nlm.nih.gov/pubmed/16113467>>
8. *Journal of Hypertension*, July 1998. <<http://www.ncbi.nlm.nih.gov/pubmed/9794732>>
9. *Journal of Hypertension*, April 2000. <<http://www.ncbi.nlm.nih.gov/pubmed/10779091>>
10. *Clinical Science*, April 1997. <<http://www.ncbi.nlm.nih.gov/pubmed/9176034>>

11. *Lancet*, December 1999. <<http://www.ncbi.nlm.nih.gov/pubmed/10636373>>
12. *The American Journal of Clinical Nutrition*, February 1993. <<http://www.ncbi.nlm.nih.gov/pubmed/8424391>>
13. *Journal of Hypertension*, April 1996. <<http://www.ncbi.nlm.nih.gov/pubmed/8761901>>
14. *Journal of Human Hypertension*, June 1997. <<http://www.ncbi.nlm.nih.gov/pubmed/9249227>>
15. *Journal of Nutritional Science and Vitamintology*, December 1998. <<http://www.ncbi.nlm.nih.gov/pubmed/10197316>>
16. *Experientia*, December 1978. <<http://www.ncbi.nlm.nih.gov/pubmed/729715>>
17. *Archives de l'Institut Pasteur de Tunis*, December 1981. <<http://www.ncbi.nlm.nih.gov/pubmed/6172081>>
18. *International Journal of Medical Microbiology*, October 2000. <<http://www.ncbi.nlm.nih.gov/pubmed/11111910>>
19. *Uninformed Consent*, January 1999. ISBN: 978-1-57174-117-2
20. *Poultry Science*, January 1981. <<http://www.ncbi.nlm.nih.gov/pubmed/7232258>>
21. *Medical Hypotheses*, February 1996. <<http://www.ncbi.nlm.nih.gov/pubmed/8692035>>
22. *Annual Review of Nutrition*, 2005. <<http://www.ncbi.nlm.nih.gov/pubmed/16011461>>
23. *Journal of the American College of Nutrition*, April 1998. <<http://www.ncbi.nlm.nih.gov/pubmed/9550452>>
24. *Biochemical and Biophysical Research Communities*, February 1997. <<http://www.ncbi.nlm.nih.gov/pubmed/9070901>>
25. *Diabetes*, March 1991. <<http://www.ncbi.nlm.nih.gov/pubmed/1999279>>
26. *International Journal of Cardiology*, February 2005. <<http://www.ncbi.nlm.nih.gov/pubmed/15686786>>
27. *Age and Ageing*, August 1973. <<http://www.ncbi.nlm.nih.gov/pubmed/4591257>>
28. *Immunity and Ageing*, May 2005. <<http://www.ncbi.nlm.nih.gov/pubmed/4591257>>
29. *Atherosclerosis*, February 2004. <<http://www.ncbi.nlm.nih.gov/pubmed/15019544>>
30. "The Truth About Recommended Daily Allowances," Dr. Julian Whitaker. <www.drwhitaker.com/truth-about-recommended-daily-allowances/>
31. *Curing the Incurable* review, <samaritanministries.org/vitaminc>
32. *Roots of Disease*, 2002. ISBN: 978-1-40104-895-2

Another push for single-payer health care is coming

by Sally Pipes

Single-payer health care is back in the news. Activists in Colorado just secured enough signatures to put single-payer on the state ballot next fall. A state legislator from Philadelphia introduced legislation that would, if passed, install single-payer in Pennsylvania.

And then there's Democratic presidential hopeful U.S. Sen. Bernie Sanders (D-Vt.) who has promised to push for a nationwide, Medicare-for-all system if he wins the White House. "It's time for a single-payer health care system in America," Sanders recently announced on Twitter.

There is indeed a lot to learn from foreign, government-run, single-payer systems—just not what Sanders and others might like to hear. From Canada to the United Kingdom and even Scandinavia, single-payer systems have proven crippling expensive even as they limit patients' ability to access quality care.

Consider Canada's true single-payer system. Patients must wait an average of more than two months to see a specialist after getting a referral from their general practitioner, according to the Fraser Institute, a nonpartisan Canadian think tank. Patients can expect to wait another 9.8 weeks, on average, before receiving the treatment they need from that specialist.

Overall, Canadians now wait even longer than last year—and 97 percent longer than they did in 1993.

Access to care is so poor, in fact, that 52,000 Canadians flee to the United States each year for medical attention. They refuse to wait in line

for care as their health deteriorates.

The situation is no better under Great Britain's mainly government-run health system.

As of this summer, 3.4 million Brits were stuck on waiting lists—a 36 percent uptick since 2010. Last year, about a million people had to wait more than four months to get treatment. Almost 300,000 waited at least six months.

As with most centrally-controlled bureaucracies, the British health system is inefficient. According to a recent government report, the country's National Health Service is plagued by problems like neglect, incorrectly-administered medications, and inadequate care for the dying. In some cases, the report concluded that the treatment of patients was "appalling." Last month, more than 40,000 young doctors threatened an all-out strike over their hours.

As for Scandinavia, patients there would likely advise Sanders to reject socialized medicine.

In recent years, Swedish residents have gravitated toward private insurance to avoid the rationed care and long wait times common in the country's single-payer system. Today, roughly one in 10 Swedes—more than half a million people—has a private health insurance policy.

As the Swedish economist Nima Sanandaji recently explained, the country's socialist experiment has proven "such a colossal failure that few even in the left today view the memory as something positive."

Of course, Sanders needn't look abroad to see how socialized medicine fails patients. Just last year, his

home state of Vermont abandoned an attempt to launch a statewide single-payer system. The reason? As Gov. Peter Shumlin—who supported it—explained, "The cost of that plan turned out to be enormous."

The same would be true of the "Medicare-for-All" policy that Sanders continues to tout. According to the University of Massachusetts at Amherst, the senator's proposal would require roughly \$15 trillion in new federal spending over 10 years.

Single-payer in America isn't that far-fetched. According to a December Kaiser Family Foundation poll, 58 percent of Americans support a Medicare-for-all system.

What's more, UnitedHealth—the largest insurer in the country—recently announced that it may pull out of the Affordable Care Act exchanges in 2017. Others may follow suit, now that Congress has approved a budget measure that cuts the federal payments to insurers—subsidies from the taxpayer—originally promised by the ACA. That may cause even more insurers to lose money on the exchanges.

If they respond to those losses by opting out of the exchanges, then the ACA would collapse—and single-payer advocates would have an opening to push for Medicare-for-all as a replacement government-run system that denies patients access to high-quality health care. Embracing such failed health policies would cause nothing but harm for Americans. ♦

Sally Pipes is President of the Pacific Research Institute (pacificresearch.org) and author of The Top Ten Myths of American Healthcare: A Citizen's Guide.

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 Watch Monitor and The Voice of the Martyrs and offer prayer points. Please use them in your personal or group prayer time.

Iranian pastor released

Praise God that Pastor Farshid Fatih was released from an Iranian prison on December 21. He originally was sentenced to six years, with the sentence to end in 2016; an additional year was added months ago, extending it to December 2017. He was arrested on December 26, 2010, with nearly 60 others, International Christian Concern reports. Nearly all of those have since been released. The charges were “action against the security of the state, contact with foreign organizations, and religious propaganda.” About 90 Christians are still in Iranian prisons, however. *Pray for the safety and quick release of the others still imprisoned.*

Christian evictions threatened

An Islamabad agency has proposed evicting thousands of Christian slum dwellers and then demolishing the slums in Pakistan’s capital to protect the city’s “Muslim majority character,” ICC reports. The statement by the Capital Development Authority

has been called bigoted and led to demonstrations. If the homes are demolished, the Christians living in them will become homeless with no help from the government. *Pray that the plan will be dropped, as well as for the well-being of Christians throughout Pakistan.*

Chinese church closed

The Huoshi church in Guiyang, China, was raided and closed on December 7, ICC reports. The church was ordered in November to stop all activities or pay a daily fine. *Pray that the Huoshi church will be reopened and Christians will be able to meet there for worship and fellowship. Pray also that the church members will stay strong in their faith despite not being able to meet.*

Nigerian boys injured

Two young Nigerian brothers are still recovering from injuries they suffered when they were kidnapped by Boko Haram insurgents, VOM says. Wandiya, 12, and Praise, 8, were kidnapped on October 24 along with family members and others from Mubi. They were taken to a compound that was later bombed by government forces. Wandiya had severe injuries to his leg, eyes, and hands, and Praise lost an eye. They are receiving treatment but still in pain. *Pray that their pain will be alleviated and that they will be completely healed. Pray also for spiritual healing for the boys and their family.*

ISIS threatens churches

Approximately 20 evangelical churches in Turkey have been threatened by ISIS, VOM reports. The congregations received messages on Facebook and in text and email. The senders threaten to

“implement Quranic commandments that urge us to slay the apostate like you.” *Pray for the churches’ protection and guidance, and for all other Christians in the Middle East who are being threatened or attacked by ISIS.*

Woman beaten by father

A woman who recently left the Muslim faith of her family was beaten by her father and chased away from home, VOM says. Namusisi Birye came to faith at an evangelistic crusade. She suffered injuries to her back and ribs in the beating and remains in pain. She also is still being closely watched in her predominantly Muslim village. *Pray that Namusisi will be completely healed of her pain and that she will be able to stand strong in her newborn faith.*

Christian couple harassed

A Christian couple on their way to a wedding in southern Mexico was harassed recently, VOM says. “Cesar” and “Laura” were stopped by a large group which insulted them because of their Christian faith. They summoned police officers, who told them to handle the situation themselves. Two women grabbed Laura and threatened to burn her for sharing the Gospel. Cesar rescued her and they fled in their car. *Pray for Cesar, Laura, and all Christians in southern Mexico being threatened for their faith. Pray also that authorities there would carry out their responsibilities.* ♦

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 (worldwatchmonitor.org).

The high cost of fatherhood*Continued from page 3*

involves each individual father striving to understand what God—the Father—is like, and through His grace striving to reflect the Father’s character to his children.

It has been said that children’s understanding of God the Father is influenced by their understanding of what and who a father is, and this understanding comes from their own father. Through his words, character, and behavior, each and every father is constantly speaking to his children about the Father. And he will either be speaking the truth or telling a lie to his children about the Father.

That’s a challenging mirror to look into for those of us who are fathers. Obviously, we are not going to see God’s perfection, but does the way we live our lives tell the truth about God the Father to our children, or tell them a lie? Are we telling the truth about God the Father by reflecting His generous, benevolent, loving, forgiving, just, merciful, gracious nature? Or are we teaching our children a lie about God the Father through our harshness, our indifference, our aloofness, our coldness, or our absence?

True fatherhood is costly. The cost of God the Father’s mercy and love being shown to His children was the death of His only begotten Son at Calvary. If you are a father, how much does fatherhood cost you? Generosity, benevolence, love, forgiveness, mercy, and grace are far costlier than harshness, indifference, aloofness, coldness, or absence. They require daily prayer and struggle against sin. They require humbling yourself to seek forgiveness from your children when you’ve wronged them. They require listen-

ing patiently to your children and taking pleasure in what may seem trivial to you, but is really important to them.

I don’t know about other fathers who are reading this, but I struggle with these things. They are not easy requirements for a sinful and selfish human being. Yet they are part of a struggle that all fathers are in the midst of and should delight in, since victory in this struggle means blessing to our children. And, if enough fathers engage in the struggle, ultimately it will bring blessing to our society, too. ♦

Next month Rob Slane will be looking in more detail at some practical issues and the costs involved in being the father God wants us to be to our children.

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.

I am so blessed that my family has found Samaritan. It brings peace to my mind to know that God’s people share in the provision and prayer for my family’s medical needs. I had two torn rotator cuffs, but I don’t have to fear being strapped with a huge medical bill for many years.

When I face life’s challenges, I always hear God’s voice saying, “Do you trust Me now?” Samaritan confirms to me that I can answer “Yes!” I do trust Him to provide. He always has and always will.

*Norm Drolet
Gilbert, Arizona*

I was encouraged by the outpouring of gifts to my Special Prayer Need from the Samaritan Ministries family, including some who lived near me. Several gave generously, beyond what was suggested.

One note was very timely, as my health had been particularly bad that week. The words of prayer that were shared boosted my faith, and the note ended by saying they lived just five minutes from me! I felt like I had found a new friend and neighbor. All because Samaritan connects us with the family of faith.

*Alison Sties
Goshen, Indiana*

It has been a real comfort to hear from the Body of Christ after the loss of our tiny son. I was moved by the many kind notes people sent, several of whom had gone through similar losses. I saw God watching over the need, sending love and comfort through others. Thank you so much for facilitating this ministry.

*Emily Stormer
Port Orchard, Washington*

Enter by the narrow gate.
For the gate is wide and the
way is easy that leads to
destruction, and those who
enter by it are many.
For the gate is narrow and the
way is hard that leads to life,
and those who find it are few.

Matthew 7:13-14

The way to destruction is a multi-lane superhighway. It is easy to find and easy to travel. Simply follow the crowd.

The way to life is a narrow hiking path. It is off the beaten path, and there are many obstacles along the way. Few people find it.

Find the narrow path, no matter how many are taking the superhighway.

For the Kingdom,



Ray King