

# Christian HealthCare

## NEWSLETTER

### MEMBER LETTERS: Don't take the notes and cards for granted

Every month I send my share with a note and a prayer... and then, quite frankly, I check it off my list. I'm sure you know what I mean. "Done with that until next month," and then I hardly give it another thought. (I'll even admit to being late a time or two.)

And then last month the shoe was on the other foot. I received cards and notes filled with words of encouragement, along with financial gifts to help with my medical costs.

I thought I knew what to expect. But then, when the mail started arriving, I can't put into words the overwhelming blessing I received. Never again will I take for granted the blessing of sharing with fellow believers when I write my monthly check. I'm proud to participate in such wonderful ministry.

*Kimberly Miller  
Peoria, Arizona*

### The federal government is ignoring pro-life consciences

by Romona Tausz

A bill aiming to ensure health care providers can sue after suffering discrimination for refusing to participate in abortions was set to go before the House in July.

Introduced in March, The Conscience Protection Act of 2016 (H.R. 4828) would add a private right of action to federal laws such as the Weldon, Coates-Snow, and Church amendments—laws created to protect the rights of health service providers who refuse to participate in or fund abortions on conscience grounds. While these amendments have always been signed annually as part of annual Labor/Health and Human Services (HHS) appropriations acts, the current administration has increasingly failed to enforce them and prohibited people discriminated against from taking their cases to court.

"To defend pro-life Americans' fundamental rights, we need a clear definition of who's protected and a method of enforcement that's legally secure and workable," Richard Doerflinger told the House Energy and Commerce Committee assigned to the bill at a Friday forum on protecting conscience rights. Doerflinger has directed pro-life activities for the U.S. Conference of Catholic Bishops. "That would be provided by the Conscience Protection Act."

### California Inserts Abortion Coverage Into All Insurance Plans

Rev. John Lewis of California said at the forum that as a result of a 2014 mandate from the California Department of Managed Health Care, his church in Glen Morrow, California, is facing thousands of dollars per employee in fines if it requests an insurance plan that will not fund abortions.

The illegal mandate directly violated the Weldon amendment and inserted coverage for terminated pregnancies into every insurance plan in the state with no religious exception. In June, HHS' Office for Civil Rights director Jocelyn

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**Sharing Summary from July**

Shares:	\$18,161,025	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:	\$20,556,678	
In Negotiation:	\$4,365,558	
New Needs:	2,868	
Total Needs:	5,474	
New Rewards:	187	Member Households: 61,903 (as of 6/22/16)
Miscarriages:	27	
Final Rewards:	7	

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

## #Hate hashtags about hate?

by Rob Slane

Where do you stand on hate? Are you for it or against it? Surely you can #uniteagainsthate, or one of the many similar hashtags trending on Twitter? I mean what could possibly be wrong with uniting against hate? We should all hate hate, shouldn't we?

The first response to those peddling this nonsense is to recognize that we are all haters. As creatures made in the image of God, we are designed to hate. We are designed to hate because we are designed to love. God is the ultimate hater, and the reason for this is because He is Love. Of necessity, He must hate that which is opposed to what He defines as good and right. For instance, the Bible tells us that He hates divorce (Malachi 2:16); that He hates lying lips (Proverbs 12:22); that He hates robbery and wrong (Isaiah 61:8).

Just as the concept of hot and cold would be meaningless if temperature was uniform, so too the concept of love requires that there is its opposite. Therefore, the question is not whether we will hate, but what we will hate. As fallen creatures, our love and our hate are often skewed in opposite directions from where they should be, so that we end up calling evil good and good evil (Isaiah 5:20).

The last few years—and perhaps this year more than ever—have seen the word hate being used as a socio-political tool in a number of insidious ways. The first, which is perhaps the least harmful, is the meaningless bandying about of the word in response to high profile

public crimes. For instance, in her response to the Orlando killings, Hillary Clinton trotted out, “Hate has absolutely no place in America.” Quite apart from the fact that she, along with President Obama and Donald Trump, was completely wrong about the shooting—Omar Mateen was a homosexual and had no known connections to a terrorist organization—what exactly does her statement mean? Nothing! It is a meaningless platitude, not to mention being untrue. If hate has no place in America, why was she having to comment on such a case in the first place? Clearly there's a lot of hate about, but do we really need Mrs. Clinton to tell us that an act of murdering 49 people and injuring many more is not an act of love?

When I say that this is the least harmful socio-political use of the word hate, that doesn't mean that it is entirely free from mischief. It is noticeable that certain politicians are very quick to use the word when describing an atrocity, and then quickly link it to their pre-packaged solution to all such atrocities. In the Orlando case, after invoking the word hate, both Mr. Obama and Mrs. Clinton moved swiftly to connect the killings to the issue of gun control. You really are meant to draw a certain conclusion from that link.

However, the overuse of the word hate doesn't stop at political platitudes. The second way that the word is being used is in the criminal justice system, where crimes that are said to have been motivated by “hate” now receive greater punishments than those which apparently are not.

Imagine that you are walking down the street and you get beaten up by a gang. You end up in hospital, close to death. Now imagine that the men who did this evil thing are caught, it is found that their motive was that they just wanted to beat someone up, and you were the unfortunate target they chose.

Now rerun the scenario and this time imagine exactly the same thing happening, but this time their motive was the color of your skin (whatever that happens to be), or perhaps your nationality (whatever that happens to be). Which is the worse crime?

In a society governed by the rule of law, both should be treated as equally heinous crimes. In both scenarios, you end up hospitalized, with doctors and nurses doing their best to save your life. A criminal law system is meant to judge that and nothing else.

But doesn't the motive in the second scenario render the crime all the worse? No! The racist or nationalist motives are heart issues, not criminal justice issues. It may be the case that there are deeper sin issues in the lives of those who beat you up because of your skin color. Then again, there may well be as many sin issues in the lives of those who beat people up for kicks. But the purpose of a justice system is not to punish people for their wrong motives, but rather to punish people for their actions.

The failure to recognize and understand this crucial distinction gets us into a monumental mess.

*Continued on page 15*

## El Shalom Ministries

by Michael Miller

By helping Russian-Jewish immigrants to Israel, Benjamin Pinkevich is obeying his late grandfather's charge to bless the Jewish people.

El Shalom (Hebrew for "Peace of God") Ministries serves not only Russian-speaking believers in Israel and the U.S., but the nation of Israel in general.

"The main purpose of El Shalom Ministries is to serve the people of Israel and proclaim the peace of God," Benjamin says.

The ministry was conceived 17 years ago after Benjamin visited Israel as a tourist.

"When I was able to visit one of the churches there, I saw many different spiritual, material, and financial needs of the Jewish people," Benjamin says. "I started to pray and



ask God to show me how I could help His people. With time, God opened up doors and provided everything needed to minister there."

There was also one of the final requests his grandfather, Iosef, made on his death bed.

"He commanded us to never forget the Jewish people," Benjamin says. "He said to pray for Israel, bless Israel, and pray for the peace of Jerusalem, that all of Israel may turn to God.

"So, with those words ringing in my heart and by God's mercy, El Shalom Ministries was born. The vision for our ministry is found in Isaiah 40:1, where it says, 'Comfort ye, comfort ye my people, saith your God.'"

Benjamin's heart for Russian-speaking people comes naturally. When he was a six-year-old in the Soviet Union, his mother would teach him "how to hide the Bible and flee from Communist authori-

ties when they would come to search our house."

"I came to Christ when I was 12 years old at a youth conference," he says. "I was baptized at 16 years of age. The baptism took place very early in the morning, before sunrise, at a river so that the authorities would not come and disrupt our service."

He became active with Christian youth groups through underground Bible studies and prayer meetings.

Then came *perestroika*, a movement in the Soviet Union in the 1980s that reformed economic, social, and political systems in that nation and led to increased religious freedom.

"I had the opportunity to be involved in a student university ministry, evangelizing and giving out Bibles and Christian literature on various campuses," Benjamin says.

Finally, the fall of the Soviet Union enabled him and his wife, Irina, to move to the United States in 1993,



eventually landing in Tennessee.

He continued to spread the Word after settling in the U.S. through El Shalom. The ministry's efforts include family seminars, father-and-son retreats, helping widows, visiting churches, visiting nursing homes, and educating churches to evangelize locally. El Shalom also prints a Russian journal, evangelization literature, and sends printed and visual materials to missionaries in Russia, Ukraine, and Belarus.

Benjamin organizes and prepares the seminars, writes for the journal, counsels families, records audio sermons, writes for a weekly email list, and raises money for the ministry. He does all of this while traveling to Slavic churches

across the U.S. year-round with his family, which is deeply involved in the ministry: David, 22, handles media; Anna, 24, Leah, 21, and Mary, 15, oversee administrative and logistics work as well as prepare kids programs for family camp; Irina "does a lot of mentoring and counseling with the Christian wives and the behind-the-scenes work of keeping our family running, organized, fed, and happy. The youngest two, Sarah, 10, and Joseph, 8, are learning from their older siblings and "taking on some smaller tasks."

The Pinkevich family is always preparing for its annual two-month return to Israel, as well as two-week

trips there by Benjamin and David in spring and fall.

Benjamin says that Orthodox Jews in Israel were "negative about what we were doing" at first.

"They would try to take pictures, mocking and disturbing our ministry, but that did not stop us," he says. "With time they realized that we are actually bringing comfort to their people. We are not against Israel.

We want peace for the nation of

Israel, but there will only be peace when they accept Jesus Christ."

El Shalom's first priority is the Russian Jewish population that moved to Israel after the Soviet Union opened its borders in the late 20th century. The major influx was between

1989 and 2006, when 1.6 million Russian Jews emigrated to Israel, but many are still moving there.

"For many who did and are doing aliyah (a return of a Jew to Israel), there needs to be time to adapt to the culture, learn the language, and adjust to a different mentality," Benjamin says. "Some families have less in Israel than what they had in Russia. Some fall into depression or financial instability, while others have various challenges finding work. Our goal is to help them with such difficulties, but their greatest need is to turn to Christ and accept Him as their Savior." ♦

**"We do not want our finances to pay for abortions, gender 'reassignment' surgeries, and things that go against our faith."**

## Why SMI?

**Benjamin and Irina Pinkevich** and their family joined Samaritan Ministries because "we did not want to be part of a corrupt system."

"We do not want our finances to pay for abortions, gender 'reassignment' surgeries, and things that go against our faith," Benjamin says. "We are happy that we can take part in the needs of our fellow Christians."

He says the Pinkeviches, who serve Russian-speaking people through El Shalom Ministries, has had a "very beneficial and positive" experience with Samaritan.

"It is a blessing to give to families that truly need it, and to know how to pray," Benjamin says.

The Pinkeviches have also been helped with medical costs through Samaritan.

"Because of the support from Samaritan members, my wife had the opportunity to receive the necessary medical help," Benjamin says. "We also cherished the encouraging letters that we got from our fellow brothers and sisters in Christ. Such support and love is a vivid example of true Christianity."

## How can you help?

Benjamin asks for prayer for the following:

- The ministry.
- Unbelievers, families, and churches in Israel.
- "Our family, that we may be unblemished vessels in service to God."

He also says that "any financial support is always a blessing."

## They Grow Up Fast

by Michael Miller

**D**arren Doane might struggle with some downsides of filmmaking, but not with his newest movie.

It was a pure act of love.

*They Grow Up Fast* is a video compendium of his four children—Alexandra (“Xan”), 10; Emmy, 9; Zoe, 6; and Knox, 5—being born and growing up over the past 10 years.

“I had been shooting all this stuff (of his children), and I knew one day I wanted to do something with it,” he says.

Each year Darren has edited the new footage.

“Before I knew it, 10 years had gone by,” he says. “I was really coming to grips with all the things I had learned as far as becoming a family. I was like, ‘Wow, I learned all these lessons, and we’ve grown as a family.’ I started stringing all these things together.”

He gave a rough cut to author and friend N.D. Wilson and asked him to make some notes. Wilson responded with an overview of what he saw happening with Darren’s story, “things I didn’t even see.” N.D. sent back some notes and a narrative for a voiceover, and Darren added personal information into it.

Even then, it was really just for fun and family documentation. Darren’s wife, Natalie, had been asking him for years to assemble the footage so it wouldn’t be lost, and Darren was planning on giving her a DVD as a present sometime: “Here, honey, here’s a movie of our life. I finished it.”

As he showed it to people, however, he kept getting “this great response.”

“People were coming up and saying, ‘Man, that’s really inspiring me as a parent, as a father.’”

Now, *They Grow Up Fast* is slated for release this spring or summer.

Every parent can relate to it, and learn from it to seize wonder from the time they have with their children while they can.

Darren’s love for his children comes through when he talks about his little stars.

“My oldest daughter is Xan (‘zan,’ from Alexandra),” Darren says. “She has definitely inherited the theology gene. She already wants to read as many commentaries on the Book of Revelation as she can. She’s also supercreative artistically, but it flows over into thinking about the Bible and theology. She keeps me on my toes.”

Emmy is the family’s “little mommy.” “She’s strong, she wants to take care of everybody. She is the complete servant. If there’s a new kid at school, she’s the one there for them. She’s sympathetic and empathetic, but tough.”

Zoe, who was born in the front seat of the Doanes’ SUV, is “full of life,” Darren says, so “she is her name” (“Zoe” is Greek for “life”). “I always call her confident,” he says. “At three years old, she was tying her shoes. She would come out of her bedroom fully dressed in an outfit. She’s a little workhorse.”

And then there’s Knox, the youngest and the only boy. “He is probably the most laidback, cool kid I’ve ever met,” his dad says. “He can just hang out. I’ll take him to work sometimes. When he was four, I could just throw him in the car and run



errands with him all day. He’s like this friend I’ve never had.”

None of it, obviously, would have happened without Natalie Doane, who keeps the family from spinning out of control.

“She gets the award every year because she has to put up with me,” Darren says. “I get in a lot of trouble. She is the one person that keeps me centered, keeps me focused. She’s beyond loving. She has kept this family from entering into full chaos.” ♦

### Exclusive release for SMI members

Visit [samaritanministries.org/theygrowupfast](http://samaritanministries.org/theygrowupfast) to watch the trailer.

Tune in for more details next month about how Samaritan members and friends can watch the movie for free.

## If it's not autism, what is it?

by Joel and Anna Troyer

When our first child, Landry, was born on Jan 8, 2013, we knew God had a purpose for him. What we didn't know was what that purpose was. I guess in many ways, we are still learning that. We are sure though, that Landry's testimony is already making a difference in the lives of other children from coast to coast.

Landry developed normally his first 15 months or so. Crawling and walking at 10 months and learning to talk, even using language, and he knew all the animal sounds and could point to them. He loved being read to and he loved cuddling and dancing. He was always crazy about going outside and playing, and he was full of energy and life.

However at some point, he started regressing. He stopped developing new language and he didn't seem as energetic. He would get sick easily and he developed rashes, especially on his cheeks. Anna and I would talk of it often at night and wonder if there was anything wrong, but other more experienced parents would assure us he was fine.

Then in November of 2015 Landry started developing severe "STIMS" (or self-stimulatory behavior). He could no longer use eating utensils, he chewed on everything including himself, he banged his head into furniture, he rocked obsessively, he paced in a circle for up to 45 minutes at time, he was having mini-seizures, he had tactile defensiveness, he couldn't be read to, he waved his arms and flapped his hands, he lost eye contact, he wouldn't respond

to his name being called and he couldn't play with toys properly. He would line up cars and blocks and he ate with his hands, even when he was fed yogurt and apple sauce.

You can imagine our fears and concerns as parents. All signs pointed to autism. We took him to an audiologist and he confirmed his hearing was fine. We took him to our pediatrician and he ordered a STAT CT scan to check for a brain tumor and that came back negative. From that point, all help and answers stopped. Nobody had anything to offer. We were basically out in the cold with nothing but a partial diagnosis from a child psychologist who said "He's on the spectrum," and our county stating the same.

How could this be? How can a child regress into a developmental disorder? It simply didn't make sense to us. Science says that a developmental disorder can't be acquired, you are born with it.

Out of frustration, my wife entered a google search of "If it's not autism, what is it?" Up popped Dr. Michael Goldberg and the NIDS website, or Neuro-Immune Dysfunction Syndrome. We immediately called his office in Los Angeles and talked to the receptionist. She said Landry definitely had immune issues going on and she would mail us a packet. She said her waiting list at that point stretched out to the end of February and into March as they have clients from around the world. In the meantime we ordered his book, *The Myth of Autism* and started learning how children around the world are being put on the

autistic spectrum, simply because their pediatrician and the 'experts' don't know what else to call what is happening to their little bodies. Our discoveries and education on this subject led us to one fact: an epidemic like we are seeing with autism can never be developmental or genetic. It can only be caused by a disease process. This fact gave us hope for Landry.

We waited for what seemed like forever, into mid-December, to get that packet filled out along with all of Landry's medical history. Once it was completed and we had the records, it was time to send it in. I prayed over the package I was about to overnight, that God would open a door so we could see the doctor before March. Two days after mailing the package, the phone rang. Dr Goldberg had an unexpected opening for January 5. We immediately booked flights and prepared. We ran a food sensitivity panel on him as well as a series of extensive lab work to see what was going on behind the scenes in his little body.

Our meeting with Dr Goldberg in Los Angeles was long and informative. He was thorough and he was patient. He had studied Landry in depth. He had a plan of attack and it involved medication and diet change.

We started the new protocol upon returning home to Michigan and the results were amazing. His diet consisted of removing all allergens including dairy, whole grains and nuts. It's much more extensive than that, but those are the basics. We also started an anti-viral

*Continued on page 13*

## Member doctors adopt Direct Primary Care model

by Michael Miller

**D**r. Jeffrey Davenport is thrilled that he can “take care” of the patients at his direct patient care practice rather than merely “see” them.

Dr. Michael Kloess has found a way to serve the poor by offering DPC care to his paying patients.

And Dr. Deborah Chisholm considers it “an honor” to take her black bag and make a house call.

Drs. Davenport, Kloess, and Chisholm are Samaritan Ministries members and part of the growing direct primary care form of medicine.

DPC practices are perfect matches for cash-paying Samaritan members:

- Removal of a third party for payments.
- Transparent pricing.
- No fighting through layers of bureaucracy for discounted care.
- Services like labs, imaging, and prescriptions are frequently bundled with membership, or the practice is able to secure discounts.
- Direct access to a physician.

The movement is growing so much that the fourth annual Direct Primary Care Summit was held recently in Kansas City.

More information is available for patients, too. Samaritan’s website has a page devoted to links to DPC resources: [samaritanministries.org/dpc/](http://samaritanministries.org/dpc/). Listed are search suggestions, as well as links to sites that will help you find a DPC practice in your area. Links are also provided to DPC doctors who are also Samaritan members.

The doctors mentioned above recently answered our questions about being Direct Primary Care physicians.

**Dr. Deborah Chisholm**, whose Leroy, Illinois, practice is not far from Samaritan’s home office in Peoria, opened the Chisholm Center for Health, on December 31, 2014.

“Our clients know they are highly valued here, and they know that if they have an urgent medical problem, they are going to be able to reach me and find out if they need to be seen,” she says.

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**“The patient is the central figure in this model of care.”**

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They can do that by phone, text, Skype, office, or a home visit.

“What I love most about the DPC model of care is that it prioritizes the needs of the patient above all else,” she says. “The patient is the central figure in this model of care, not an insurance company or health care organization. This grants me and my patients (or clients, as I like to say) the opportunity to decide together what is best for the client, and in most cases we can move along very quickly with diagnostic testing or treatments within my capability that an insurance company might oppose and choose not to cover for whatever reason.”

**Dr. Michael Kloess** says the Our Lady of Hope clinic in Madison, Wisconsin, is plainly faith-based. He uses his interaction with patients to talk about their relationship (or lack thereof) with Jesus, allowing him to “evangelize in the exam room.”

“Along with the traditional standard of care recommendations, both my Christian and non-Christian patients have come to expect Biblical answers to many of their medical concerns,” Dr. Kloess says.

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**“Patients appreciate that they are guaranteed same- or next-day scheduling.”**

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Unique to the nonprofit clinic is its ability to use income from its “benefactor patients” to provide free primary care to uninsured members of the community. Dr. Kloess is also helped by volunteer nurses and a volunteer Needy Meds coordinator, “who works with our uninsured patients to find free or affordable prescription medications since we do not have a pharmacy in our clinic.”

Dr. Kloess and his staff serve about 150 “benefactor patients,” who pay “a nominal fee” for services, and have served more than 5,000 uninsured patients since opening seven years ago.

Like other DPCs, Our Lady of Hope Clinic doesn’t accept insurance and provides great access to Dr. Kloess.



“My benefactor patients appreciate that they are guaranteed same- or next-day scheduling, so they are not waiting weeks or longer to see me,” he says. “They also appreciate that they have access to my personal cell phone number, so they can reach me anytime—day, night, weekend, or holiday.”

Maintaining a smaller patient panel also helps.

“By limiting the number of benefactor patients I take into the practice, I can be more available to the patients I have, which translates into better patient outcomes,” Dr. Kloess says.

**Dr. Jeffrey Davenport** of One Focus Medical in Edmond, Oklahoma, sees such DPC distinctions as a revival of classic patient care, embodied in their slogan, “The New Standard in Family Care.”

“Our slogan is actually somewhat amusing since the ‘New Standard’ is actually a throwback to the way things used to be,” Dr. Davenport says. “Extended 30- to 60-minute visits (or longer), home visits (if necessary), access by phone and text (including afterhours and weekends). Time to get to know your family doctor. Kinda sounds like the good ol’ days.”

He says that more than anything else, his patients appreciate the access they have to him.

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**“Extended 30- to 60-minute visits, home visits, access by phone and text. Time to get to know your family doctor. Kinda sounds like the good ol’ days.”**

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“I tell folks that I get paid to ‘take care’ of patients instead of getting paid to ‘see’ patients,” the doctor says. “What I mean is that I can treat a lot of things over the phone, by text, or e-mail. I educate, counsel, recommend, review tests, labs, translate into English what the specialist said, etc., all without a visit. I treat patients in other states, when they’re traveling. We don’t tell patients ‘we cannot see you today.’”◆

## Visit SamaritanMinistries.org/dpc for tools to find DPC doctors near you



**Dr. Deborah Chisholm**

[chisholmcenterforhealth.com](http://chisholmcenterforhealth.com)

In her own words:

[SamaritanMinistries.org/drchisholm](http://SamaritanMinistries.org/drchisholm)



**Dr. Michael Kloess**

[ourladyofhopeclinic.org](http://ourladyofhopeclinic.org)

In his own words:

[SamaritanMinistries.org/drkloess](http://SamaritanMinistries.org/drkloess)



**Dr. Jeff Davenport**

[onefocusmedical.com](http://onefocusmedical.com)

In his own words:

[SamaritanMinistries.org/drdavenport](http://SamaritanMinistries.org/drdavenport)

**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 some of their Direct Primary Care membership fees shared when they are receiving treatment for an illness or injury. Contact Member Services for more information and see the “Direct Primary Care” item in Section VIII.B of the Guidelines. ([www.SamaritanMinistries.org/guidelines](http://www.SamaritanMinistries.org/guidelines))

## ***Under Our Skin and Under Our Skin 2: Emergence***

by Alyssa Klaus

*Please note that “Lyme disease” as discussed in the article below refers to chronic Lyme disease, also called late-stage Lyme. Chronic Lyme occurs when a bite from a tick infected with the Lyme virus—and, more often than not, other bacteria and parasites—goes untreated and the disease is allowed to spread throughout the body.*

“**Y**ou’re an attractive girl; obviously you feel like you’re not getting enough attention.” This was the response the doctor gave Mandy Hughes when she came to him seeking a diagnosis for mysterious and seemingly random symptoms that were continuing to worsen. Despite his dismissive response, Mandy was relentless, visiting multiple doctors until finally, after 14 years of illness, she was diagnosed with Lyme disease.

Andy Abrams Wilson, an award winning director and producer, claims that stories like Mandy’s are far from uncommon within the Lyme community, and that the long years between the contraction of the disease and a correct diagnosis are often devastating—sometimes irreversibly so—to people’s health. His documentaries, *Under Our Skin* (2008) and *Under Our Skin 2: Emergence* (2014), set the stage for a serious examination of our health care system and explore the schism Lyme has created within academic, political, and medical spheres worldwide.

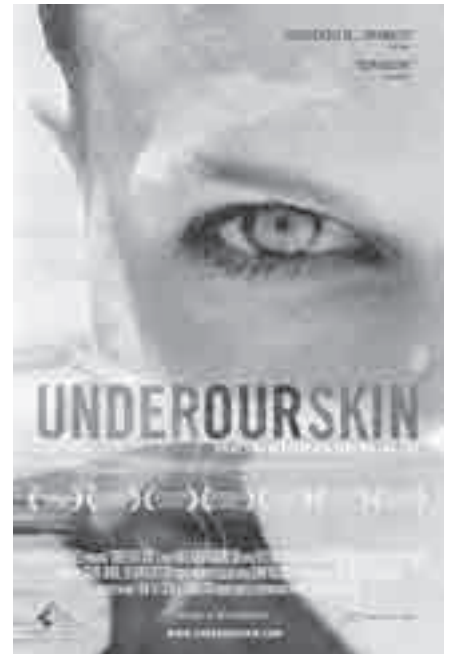
Lyme disease, once into later stages, is difficult to treat. A bite from an infected tick may have a

host of other bacteria and parasites besides the traditional Lyme virus, so someone who has been bitten can also have co-infections such as Rocky Mountain spotted fever or cat scratch fever, and with them, a long laundry list of symptoms and complications.

*Under Our Skin* wastes no time showing the destructive nature of these infections. From the moment the title credits disappear, we are given a startling glance inside the lives of people struggling with Lyme. There is Jared, a young man who contracted Lyme congenitally and has significant developmental issues; Marlene, who was a ballerina before the disease took away her ability to walk; Ben, a former professional baseball player whose Lyme was misdiagnosed as Parkinson’s; and scores of others who have spent hundreds of thousands of dollars on doctors, have been misdiagnosed with everything from Lupus to ALS, or who have been told, like Mandy, that it is simply psychosomatic.

The existence of chronic Lyme has been a dividing issue within the medical community for more than 20 years. There are some government officials, scientists, and doctors that have adamantly denied the possibility of such a disease. However, a rapidly growing body of evidence gathered from both science labs and the testimonies of hundreds of thousands of Americans diagnosed with Lyme every year suggests differently.

The documentary then poses the question: “Why is there such a determined—and often times heated—denial of this disease from our



public health services?”

Wilson interviews doctors and scientists on both sides of the debate in an attempt to answer this question, and it is unnerving to see the depth of this controversy. For example, the Lyme community claims that there is mounting evidence that Lyme can be transferred in utero.<sup>1</sup> Dr. Eugene Shapiro disagrees. “There have been numerous studies. There has not been one documented case of congenital Lyme disease.”

Dr. Bernard Raxlen seems astounded by this statement. “Well, that’s nonsense, plain and simple,” he says. “There are significant peer-reviewed articles showing transmission transplacentally and at autopsies.”<sup>2</sup> If Dr. Raxlen’s statement is true, how can such claims to the contrary continue to stand?

When Lyme became a more prominent issue, the Infectious Disease Society of America (IDSA) brought together a board to review

their recommended guidelines for treating Lyme disease. The board determined that there was no evidence that chronic Lyme disease existed, and that the guidelines should remain the same (1-2 weeks of treatment with antibiotics).

While the guidelines the IDSA sets forth are typically viewed as recommendations for doctors to follow, *Under Our Skin* claims that insurance companies often use guidelines as hard-and-fast rules, allowing them to deny treatment for cases that fall outside the parameters.

After complaints from Lyme advocates, the Attorney General of Connecticut launched an anti-trust probe into the board. It would soon come to light that not all was as it seemed. Twelve out of the 14 members had conflicts of interest, ranging from holding patents associated with Lyme to being paid to write Lyme policy guidelines for insurance companies.

The IDSA was ordered to assemble another board to review the guidelines a second time, and while there were no longer conflicts-of-interest, the IDSA did not bring in any outside specialists. The new board was chosen from within the IDSA itself, and in turn, the new board refused to make any changes to the guidelines.

Dr. Shapiro, who is an IDSA member and former writer of the Lyme guidelines, sums up their stance quite nicely: “We know Lyme disease. We have a good handle on it. That’s really the bottom line.”

There are some who are willing and able to treat those with Lyme despite the controversy. These doctors, spread across the country, have varied approaches. Some, like Dr. Joseph Jemsek in North Carolina, choose the conventional route of long-term antibiotic treatments,

which worked for Mandy. Others try a more holistic approach, and some specialize in treating children with Lyme. Despite their different philosophies, they have all found themselves facing consequences for going against convention.

Three of the doctors featured in *Under Our Skin* were brought before their state’s medical boards; all lost their cases despite the many testimonies of recovery and healing from their patients. Dr. Jemsek, brought before the North Carolina board after complaints from insurance companies, had his license suspended for one year and was sued by Blue Cross Blue Shield for \$100 million. He went bankrupt.

The ending of *Under Our Skin* leaves viewers with a frightening possibility to consider: the collaboration of some government officials, Big Pharma, and insurance companies to threaten doctors into betraying their Hippocratic Oath by denying the existence of chronic Lyme, all in order to cut costs.

There is no easy cure for chronic Lyme. The mix of coinfections in an infected tick is unique to each one due to limitless variables, meaning that each case of Lyme is in itself unique. The acceptance of the reality of this disease within the medical community would result in insurance companies having to pay for prolonged treatment. With the number of Lyme cases rising rapidly, the bill could certainly be substantial.

The story is not over, though. Fast forward six years to the release of *Under Our Skin 2: Emergence*. Lyme has become a hot-button issue worldwide. The Center for Disease Control now admits that there are more than 300,000 cases of Lyme a year in the U.S. alone, not to mention the hundreds of thousands in Canada, Australia, and all across

Europe.

Unfortunately, *Emergence* shows that the story remains much the same: public health services worldwide refuse to acknowledge the existence of chronic Lyme, doctors lose their licenses, scientists are stripped of their funding, and people are getting sicker and sicker.

Even now, the overarching question remains unanswered. What is it about Lyme that creates such a reaction politically, academically, and scientifically, and why are those with Lyme left continually fighting against a system that was created to give a compassionate response to ill people?

*Emergence* does end on a more promising note, however, showing how science is steadily uncovering more and more irrefutable evidence for Lyme. Lyme advocates worldwide—from Russia, to Australia, Western Europe, and Canada—have become active through protests and petition, causing the media to ask questions and demand answers from the medical community on this rising epidemic.

Above all else, Wilson ends with hope. Hope that through these documentaries, the Lyme community will continue to have increased visibility worldwide, and that those suffering from Lyme will finally get the care that they so desperately need. ♦

1. Susan L. Marra, M.D. MS, ND, ABAAHF <http://drsusanmarra.com/patient-resources/gestational-lyme-disease/>

2. Charles Ray Jones, M.D., Harold Smith, M.D., Edina Gibb, Lorraine Johnson, JD, MBA <https://www.lymedisease.org/wp-content/uploads/2014/08/Image21-Gestational-Lyme-Studies.pdf>

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

Samuels effectively declared the administration will not enforce the law in California. Now states including New York and Washington are considering similar illegal mandates.

“Foothill Church is being coerced by the state to violate one of our most cherished beliefs and deeply-held convictions and offer abortion in our medical plans,” Lewis said.

“We simply can’t take on the cost of self-insuring our employees and their families; so here we are left in a precarious position first by the state and now by the administration which has refused to enforce the law that should be protecting us.”

### **Nurses Forced to Assist in Abortions**

The forum also featured testimonies of coercion elsewhere in the nation. These included a statement by Catherina Cenza DeCarlo, an operating room nurse in New York who was coerced by her hospital into participating in a 22-week abortion.

“They were well-aware that as a faithful Catholic, I could not participate in the killing,” she said. “Yet they threatened my job, and my nursing license, if I did not take part in the murder of the baby.”

DeCarlo said her nurse’s duties, which included counting the body parts afterward, left her feeling “violated,” but that she faced further discrimination when told she could not take her case to court.

“The courts told me that even though the hospital broke the law, I had no right to have my day in court,” DeCarlo said. “The health care Conscience Rights Act will change this. It will let doctors and nurses go to court if they are illegally coerced in assisting abortions.”

Fe Vinoya, also a nurse, spoke on behalf of 12 nurses ordered to assist in an abortion five years ago in New Jersey.

“I was asked to choose between following my conscience and keeping my job to support my family,” Vinoya said. “We were required to be trained in the preparation, delivery, and disposal of the baby; our jobs were threatened if we were not to follow their directions.”

The 12 nurses eventually were represented in court by the Alliance Defending Freedom and won their case. But others, Vinoya said, “will not be so fortunate,” and “should not have to rely simply on the hope that the administration in power will enforce the law.”

### **Health Care Personnel Demand Private Right of Action**

“I was outraged when I learned the administration had gutted my amendment and allowed discrimination to go on in California,” said Dr. Dave Weldon, a former congressman and author of the 2004 Weldon amendment. “When the abortion lobby found out that Catholic Universities in California did not cover abortion in their insurance plans, they sprang into action and initiated a meeting with the Department of Managed Health Care. Less than a year later, the department, at the bidding of Planned Parenthood and ACLU, unilaterally asserted abortion into each and every insurance plan under their authority—even plans purchased by churches and Catholic Universities.”

Weldon said his amendment even allowed for insurance companies “to offer multiple insurance plans: some with abortion coverage and some

without to meet the conscience needs of their clients.” Nevertheless, after the DMHC issued its directive, the “plans excluding abortion were changed to include it.”

William J. Cox, president of Alliance of Catholic Health Care, pointed out that “every federal civil rights law except for the Weldon and Church amendments include a private right of action.”

“We’re not interested in financially penalizing any state that violates the Weldon amendment,” he added. “Our only interest is in bringing the states into compliance with consistent federal law; all we’re seeking is the legal status quo of Weldon with an additional remedy of private right of action.”

### **Pro-Life and Pro-Choice Consciences Deserve Protection**

Weldon said he believes the current administration has twisted the words of his law to argue it includes a requirement for a moral or religious test in order to gain protection for freedom of conscience.

The amendment, Weldon said, was specifically not limited to protecting those with religious or moral objections.

“They take this reference to conscience protection and argue that it must mean that I meant to include a religious or moral test in my amendment; this is far from the truth,” Weldon said. The amendment, he said, was specifically not limited to protecting those with religious or moral objections.

He and Casey Mattox, senior counsel of the Alliance Defending Freedom, added they’ve spoken to many doctors who support *Roe v. Wade* but would never wish to

### **If it's not autism, what is it?**

*Continued from page 7*

perform an abortion themselves—perhaps due to the gruesome nature of the procedure or commitment to the Hippocratic Oath. The Conscience Protection Act of 2016 would protect these doctors as well.

“The Office of Civil Rights also attempted to twist several more of my comments in their efforts to ignore the plain reading of the text,” Weldon said. “One begins to wonder how far the abortion lobby and their allies in the administration will go to force abortion into our health care system.”

According to Rep. Joseph Pitts (R-Pa.), chairman of the Health Subcommittee assigned to this bill, Speaker of the House Paul Ryan intends to bring this bill before the House for further discussion at some point. ♦

*Ramona Tausz is in the Dow Journalism Program at Hillsdale College.*

medication to deal with whatever was attacking his immune system and also an anti-fungal because Landry's immune system wasn't capable of keeping his body's yeast in check.

Nearly all of the stimming behavior stopped. Landry became engaged and started making eye contact again. He looked at us, he wanted to play with us, and he wanted to be near us again. On a warmer day in January, he ran outside and went down the slide over and over again, something he hadn't done in over a year. He stopped pacing and chewing, and we could read books to him again. He started looking at us when we called his name and instead of the sounds “ticka ticka ticka” and “deeee deeee”, he was trying to form words again.

One of the most amazing things I saw was when he voluntarily picked up a spoon after only four days of the protocol and began eating his dairy free yogurt.....without a mess. Landry was recovering, and Landry was gaining the ability to develop and learn again.

Landry missed nearly two years of crucial development due to his illness, so he's still got a long way to go. He is basically at 13-14 month old with his communication skills right now. We've just found a great speech pathologist who we can tell is going to make a significant difference, and he may have to do some occupational therapy as well. We are also going to use a physical therapy called MNRI in the near future, which is expensive, but we are believing the results will be amazing for him.

Landry has become a little boy again. His body is healing, and the

dark circles and pale skin has all but disappeared. Through prayer and through God's perfect timing, we believe Landry is on the road to recovery. We don't know what the future holds for him, but we know that God has a plan. The meaning of Landry's name comes from Luke 3:5: “Every valley shall be filled, and every mountain and hill shall be made low, and the crooked will become straight, and the rough paths made smooth.”

We have claimed that verse over and over for him. And not just for him, but for other kids and parents who are going through this.

I will end with this: **None** of this could have been possible without Samaritan Ministries. None of it. You have been there for us, prayed with us, prayed over Landry and, though they didn't know it, when this started, two of your representatives prophesied over Landry. Both of them talked about the crooked becoming straight and the rough paths becoming smooth in their prayers. I cried like a baby when I was finished with those calls.

You have met our most important needs every time, but most of all, you have loved our son and our family. Though you've never laid eyes on him, you have been a rock for him. So thank you for all you have done. Thank you for coming into our lives and for not questioning our decisions as parents to get the best possible care for our son. I can't thank you enough for all you've done and are continuing to do.

May God bless Samaritan Ministries in all you do. ♦

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

## 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.*

### **Gunmen fire at church**

A church in Lahore, Pakistan, was fired on during a night in early June, International Christian Concern reports. No one was harmed. Reports have been filed with police. *Thank God that no one was hurt in the attack. Pray the assailants will be found and for the encouragement of the attacked church.*

### **Man strangles Christian wife**

A Muslim man in Uganda reportedly strangled his wife on May 8 for refusing to participate in Islamic prayers, ICC reports. Mariam Nakiryra converted to Christianity in August 2015 without telling her husband. Her husband, Awali Kakaire, fled their village after the murder, abandoning his five children in a ditch. *Pray for the children’s well-being, the family’s grief, and for the repentance and conversion of Awali.*

### **Muslims attack woman**

Six men have been arrested in Egypt after a 70-year-old Christian

woman was stripped and beaten by a Muslim mob that also torched Christian homes in late May, ICC reports. The violence reportedly began after rumors of a romantic relationship between a Christian man and Muslim woman were spread. *Pray that the president will keep his promises of justice and for encouragement of Christians in the woman’s village of Minya.*

### **Medical leave ended too soon**

As reported last month, Iranian Christian Maryam Zargaran was allowed medical leave from prison. Iranian authorities, however, forced her to return to prison before her treatment was complete, ICC reports. She is serving a four-year sentence for her faith. *Pray that Maryam will receive the necessary medical treatment, and for her health while in prison. Pray also she will be released soon.*

### **China pressures church**

Zhongfu Canaan Church leaders are being pressured to unite the church in Guangzhou, China, with the government-controlled Three-Self Patriotic Church, ICC says. Authorities have started to consider the church as an “illegal gathering,” which may lead to the demolition of the building and detention of its leaders if they don’t submit. *Pray that Zhongfu Canaan Church’s leadership will stand strong against government pressure, and that the church will be able to continue meeting in their building.*

### **Families denied use of well**

Two Christian families have been denied the right to use a common well in their village in India because they have refused to contribute to a festival honoring Hindu gods, VOM says. *Pray that Ashok, who is blind,*

*Kumar, and their families will stand firm in their faith and will also get access to water near their village.*

### **Pakistani pastor beaten**

A Pakistani police officer in Lahore reportedly beat a pastor after a Muslim neighbor complained about the loudness of the worship service at the pastor’s church in late June, ICC reports. Police barged into the church and disrupted the service, beating the pastor when he objected to their actions. *Pray for healing for the pastor and for strong faith in the face of persecution for Pakistani Christians.*

### **3 Chinese believers arrested**

Three Chinese Christians were arrested in June for possessing religious material, China Aid and ICC report. One of those arrested was released, but a couple is still in custody for having a Bible. *Pray for the speedy release of the couple and for Christians who are increasingly targets of the Chinese government. Praise God that the Church in China continues to grow despite—or because of—persecution.*

### **Pray for prisoner’s wife**

VOM is requesting prayer for Karlygash, the wife of Yklas Kabduakasov, serving two years in a labor camp in Kazakhstan for being a Christian. Yklas was arrested in August 2015 and started his term in December. *Pray for a release soon and for Karlygash and their four children to be able to see Yklas more often. Pray also for the family’s well-being.* ♦

*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 ([worldwatchmonitor.org](http://worldwatchmonitor.org)).*

First, it means that we end up with a two-tier legal system where the same crimes are judged differently. Second, it means that because we are now starting to prosecute motives as well as crimes, the way is paved for assumed motives to become crimes in their own right.

Which leads us to the third and most sinister use of the word hate as a socio-political tool. In our post-modern goo society, the Cultural Marxists in charge are busy redefining our whole moral code for us, and one of the many ways they are doing this is by defining opposition to certain things as being axiomatically hateful—opposition to same-sex marriage, opposition to abortion, opposition to transgenderism, opposition to egalitarianism, opposition to mass immigration, to name just a few. Those who don't agree with social liberalism are thus characterised as having phobias and of being haters.

Make no mistake, this is a tactic, designed to set up a dichotomy: the social liberals are set up as those who are full of love and the Milk of Human Kindness, and the social conservatives are set up as backward, oppressive, and driven by hate. This throws the social conservatives off balance, defending themselves against charges that are—in most cases—spurious and without foundation.

Social liberals are very quick these days to use this tactic. Just to give one example, in the immediate aftermath of the Brexit vote, many people who voted “Remain” took to Twitter, Facebook and other social media to vent their fury with those who had apparently “robbed them of their future”. They then

went on to accuse those who had voted “Leave” of being driven by hate towards people from other countries. Some may have been. But the majority? Not a chance. Yet it had the desired effect, making many people who voted “Leave” feel somewhat shamed and embarrassed by their decision.

In his classic dystopian novel, *1984*, George Orwell gave us the Two-Minute Hate – a time set aside every day for Party members in Oceania to gather together and watch a film depicting the enemies of the Party. During that two minutes, they would work themselves into uncontrollable exclamations of rage and eventually a frenzy of yelling and cursing towards their apparent enemy.

In our society, I see a sort of reverse Two-Minute Hate taking shape. Instead of actually screaming hate at those who oppose their beliefs, social liberals are yelling that their opponents are full of hate and need to love more. And so Twitter and other social media are full of calls to #UniteAgainstHate, to #DisarmHate and platitudes about there being #Noplaceforhate. Call it the Two-Minute Love.

As a tactic it's highly successful, throwing opponents off balance and making many feel ashamed for expressing perfectly reasonable opinions. And because of that, it has all the hallmarks of a totalitarianism in the making. Hate has now become a catch-all term that is used to silence people and suppress ideas that don't fit in with the favored narrative of our day.

It must be resisted, but how? As much as possible, we should do so by ignoring the Two-Minute Love completely. If the tactic is

designed to shame us into defending our views against the charge that they are hateful, the one thing we shouldn't try to do is defend ourselves against the charge. That only leads to digging ourselves deeper into the hole that has just been dug for us. Instead, we should treat it like water off a duck's back, ignoring it and going onto the offensive to take the question back to them. This is basically how Jesus responds to the questions put to Him in Matthew 22.

Suppose someone you know to be hostile asks you what you think of “same-sex marriage.” They want to get you on the charge of homophobia. Don't let them. Ask them what they think marriage is. Ask them what they think about the idea of a lifelong covenant, with penalties for adultery, and with the idea of no-fault divorce entirely excluded. Ask them if that's what they were thinking of when they were supporting the rights of homosexuals to marry. I can assure you it won't be. But by turning the tables, putting them on the defense, it might just be the kind of thing that side-lines the infantile taunts of “hater” or “homophobe”, and instead leads to a proper discussion of marriage, and of the God who ordained it. ♦

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As a deer pants for  
flowing streams, so pants  
my soul for you, O God.  
My soul thirsts for God, for the  
living God. When shall I come  
and appear before God?

Psalm 42:1-2

The writer of Psalm 42 says his soul is thirsty for God—that his soul pants for God. When we read these words or sing them, what comes to our minds? Is the psalmist unusually dedicated or spiritual? What brings about this thirst—this panting—for God? How can we have it? The rest of this Psalm gives some ideas.

Verse three says, “My tears have been my food day and night, while they say to me all the day long, ‘Where is your God?’” Verse nine says “I say to God, my Rock: “Why have you forgotten me? Why do I go mourning because of the oppression of the enemy?” Verse ten continues, “As with a deadly wound in my

bones, my adversaries taunt me, while they say to me all the day long, ‘Where is your God?’”

The circumstances the writer was facing seemed hopeless. Others were making fun of his trust in God. He needed to hear from God. His soul was thirsty—panting—for God.

The challenges of life and opposition from others, even those we thought were our friends, can increase our desire for God. Realization of our desperation and weakness should cause us to cry out to God.

For the Kingdom,



Ray King