

Christian HealthCare

NEWSLETTER

MEMBER LETTERS:

God provided beyond what we could imagine

Our burdens were great as we faced medical bills coming in and daunting health issues. Today we can hardly believe how God provided for every need. It was beyond anything we could have imagined.

Thank you Samaritan for organizing the body of believers around the truth of God's Word to equip us to show such love and compassion to one another.

We have believed in the concept for years, but never had any needs. Now we believe because we have experienced it and have been so abundantly blessed.

*Carl & MaryBeth Hammer
Foster City, Michigan*

We are self-employed, and with rising insurance costs, we didn't know how we would be able to manage it. Praise God a friend told us about Samaritan, where faith and health care meet!

*James & Shari Bigham
Shallowater, Texas*

Tips for getting a better price on your health care

by Ron Drummond, Board Member

As a Samaritan Ministries member, you're a cash-pay patient. If you previously had health insurance, that means you need to learn a different way of navigating the health care world.

When we joined Samaritan, I started putting my experience as a hospital billing and patient account auditor to work. I'd like to share what I discovered, in the hope that you'll find something to help you.

First, I started gathering information on direct primary care practices, even before there was one available in our area. Every month I searched the direct pay sites for a local DPC physician, and one month there finally was one.

Direct Primary Care was a significant change for my wife, but after we interviewed the doctor, she was on board. Now we have a doctor working for us, not a third party, with whom we can discuss price and quality.

We find the DPC membership to be well worth it for the unlimited access to the doctor, and it also results in savings on services our DPC can provide or connect us to. Our DPC doctor has found us hundreds of dollars in savings on imaging services, prescriptions, and routine procedures.

Over time I have developed a process for finding health care at the best price.

1. For outpatient and orthopedic surgeries, I go to the Surgery Center of Oklahoma website.

(surgerycenterok.com) and use their pricing tool to find out what the true cash price would be.

2. I also use Healthcare Bluebook (healthcarebluebook.com) and search for the price of a procedure in my ZIP code. Healthcare Bluebook then provides me with what the hospital would receive if I had insurance. This is good gauge of the "retail price."
3. I open a search using Medibid (which members can access inside the Samaritan Dashboard) to see if any local cash providers would be lower than the Healthcare Bluebook price.

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Live according to God's goodness

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Sharing Summary from November

Shares: <small>(reduced 5 percent)</small>	\$22,249,268	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:	\$21,860,481	
In Negotiation:	\$ --	
New Needs:	2,890	
Total Needs:	6,112	
New Rewards:	275	Member Households: 63,081 (as of 10/22/16)
Miscarriages:	40	
Final Rewards:	16	

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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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 way to national greatness

by Rob Slane

I am writing this piece a couple of days after the confirmation of Donald J. Trump's election to the office of President of the United States of America. Unlike the mainstream media, I was not surprised by this result. Having already witnessed first-hand the quiet but determined revolt against the cultural leaders in the Brexit vote, and seeing many of the same sorts of issues present in the United States, I expected that there would be another major shock. If Brexit was the First Blast of the Trumpet Against the Monstrous Regiment of Global Elites, the U.S. Presidential election was the Second.

One of my favorite tweets on election night came from Nobel Prize winning economist and New York Times columnist, Paul Krugman: "A terrifying night, and not just because Trump might win. It turns out that there is a deeper rage in white, rural America than I knew."

Krugman had no clue of the frustration many ordinary people throughout the country have with the whole political system and with the direction the country is moving. Why didn't he know? Because he, along with the rest of the cultural commentators, are out of touch with ordinary citizens.

Will these cultural elites learn a lesson? Yes, but it may well be a wrong one, amply demonstrated by Mr. Krugman again in a couple of later tweets on the same evening:

"I truly thought I knew my country better than it turns out I did. I have warned that we could become a failed state, but didn't realize that it wasn't just the radicalism of the GOP, but a deep hatred in a large

segment of the population. How do we move forward?"

You see it? Deep hatred. He thinks people must have voted for Mr. Trump and not voted for Mrs. Clinton because they're full of hate. For him, that can be the only explanation. No hate on his side of course—nothing but white hats and love from them.

How can they move forward? Well, they could begin by questioning their base assumptions. That would be a reasonable thing to do.

You can't usher in a Kingdom of Love by first casting out God.

Or they could double down on their discredited ideology, insisting that it's the people and not the model which must be dysfunctional (anyone familiar with Mr. Krugman's economics will recognize the parallel). No prizes for guessing which course they will pursue.

This was like *déjà vu* for me, having seen it all before in the Brexit vote. As with the U.S. election, we had a ruling establishment, utterly oblivious to the opinions and attitudes of vast swaths of their own country, sneering at anyone who held contrary views, but finding themselves waking up on the next morning to a vote having gone against them that they thought was certain.

How did the British elite react? Many of them cried and maybe contemplated emigration or suicide. Then they went on a spree of labeling it a vote for hate, a triumph of small-minded, xenophobic, racist bigotry over the enlightened views of people filled with the milk of human kindness. And there I was, thinking I was simply voting for the restoration of national sovereignty!

The liberal establishment in the U.S. currently appears to be in the grip of the same inability to understand. They may well spend the next few months, if not years, hand-wringing and name-calling, and asking, "Why, O why, O why did this happen? How could this happen? Surely we had insurance against it happening." But unfortunately their ideological blinders may—as in the case of Brexit—keep them from seeing the truth which is this: millions of people are tired of being told what to do by an aloof, arrogant oligarchy that is utterly contemptuous of them. And so the demonization will continue.

It may well be of interest to sociologists and historians studying this period in a hundred years or so, to examine how it was that an ideology that portrays itself as being permanently white-hatted and only capable of good, could have spawned such anger and division. Think about it. Back in the days when apparently we were all backward troglodytes, there was nothing like the animosity in society that there is today. Then came those preaching tolerance, diversity, and love, and where have

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Board Member Spotlight



Ron and Lynn Drummond Samaritan Board of Directors

From left are Ron Drummond, Philip and Rachel Maples (Ron's daughter), Andrew (Ron's son) and Melissa Drummond (holding Katelyn), and Ron's wife, Lynn.

Ron Drummond wants his insights into the hospital industry to be helpful for Samaritan Ministries members.

A member since 2012, Ron was elected to the Samaritan Board of Directors in 2015. He brings years of experience working with hospital charging and billing systems. Ron hopes he can help Samaritan to help its members find better prices for health care in an environment of continually rising costs.

"The biggest problem consumers face when seeking care is there is no standard price for anything and patients normally don't have any way to understand what prices are before they show up at a doctor's office for a procedure," he says. "Most processes for charging are dictated by insurance coding. Prices vary substantially from hospital to hospital and region to region, even within the same region. It's pretty

much the wild, wild West."

Ron didn't set out to work as a consultant or auditor in hospitals' accounting systems. His first job was working in a hospital laboratory in Canton, Illinois. After he and his wife, Lynn, wound up in Waterloo, Iowa, he decided to earn an accounting degree from the University of Northern Iowa, becoming a certified public accountant in 1992. In 1996 Ron took a job with Cerner Corp., the second largest electronic hospital records company in the U.S., as a support specialist working with their laboratory software product. In 1999, Ron began working with the software that is used to capture charges that are billable to patients.

Over the next decade, Ron moved from charging software to patient-accounting software, which is used to create insurance claims and statements for patients. During this time

he saw firsthand how hospitals interacted with insurance companies and how they handled patient billing. After working at Cerner for 16 years, he stepped out on his own to do independent consulting, helping medical providers implement Cerner's Patient Accounting software.

"I was much more confident than my wife was," he says.

Consulting was rewarding, but finding work was a challenge. Although the jobs were there, they often didn't last as long as planned.

"There were several times I was getting a notification that a project was ending and I had to find another project, which made Lynn nervous. It worked out very well. In three years of consulting, I think there were only four weeks when I didn't get a paycheck."

Now Ron works as a Revenue Integrity auditor for Softek Solutions, a software company with

products that complement Cerner's charging functionality.

"I help hospitals audit the processes to make sure that the charging functionality is as correct as it can be," he says. "We're looking for errors in processes in software that affect hospital charging. We're making sure all the dots line up, so that a charge is created when it should be."

One of the insights that his career has given him, especially in his current job, is how hospitals attempt to make their revenues work out. There are predetermined rates of payment hospitals receive from Medicare and prenegotiated discounts for insurance. The processes in place for those paying cash often don't result in respectable discounts.

Another challenge for cash paying patients is being funneled to means testing to determine eligibility for government assistance or charitable assistance. (Samaritan's Ministry Guidelines state that "seeking government assistance from government aid programs is never required by SMI and is contrary to our understanding of God's will for His people.")

Now that Ron is a Samaritan member attempting to navigate hospital billing for his own needs, he has developed a process he goes through to find the best price for health care (see article page 1).

Ron is using his knowledge on different scales. On a small scale, he has mapped out discounts and hospital prices at Kansas City hospitals and shared the information with other members through Samaritan's Facebook page. On a larger scale, he's helping Samaritan leadership—and through them the members—to find ways to get better prices, so

shares can stay lower for longer.

New members have only known how to deal with their insurance companies and the insurance company's network. Educating new members before they have a need is key.

"I felt that Samaritan needs to provide more relevant information about shopping for the best value when selecting health care options," Ron says. "There are some providers that do provide a fair cash price without negotiation and Samaritan would be ahead to help members locate them. To help keep share prices manageable, members need to evaluate prices and discounts before seeking services."

Ron was elected a year ago and has attended three Board meetings, one as an observer and two as a member of the Board.

When he's not auditing, consulting, or serving Samaritan members, Ron is contributing through ministry to his church or gardening with his wife, Lynn.

Both have been involved in the youth program, AWANA, in their congregation, Antioch Bible Baptist. Exercising his accounting skills, Ron served on the finance committee at Antioch for a couple years, until his travel schedule started to interfere. He also has been a co-coordinator for the church's Dave Ramsey Financial Peace outreach for the past several years. Ron also has attended the Ramsey financial Coach Master Series in Nashville.

"Dave Ramsey's focus is to help people get into a budgeting mindset, eliminate debt from their household, and become financially independent," he says. "In our church, we work with people and help them

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Why SMI?

When Ron Drummond left the corporate world in 2012 after 16 years to become an independent consultant, he also left the "safety" of health insurance.

"We needed something," he says.

He knew about Samaritan Ministries from Dick Chatterton, a friend of his from the Drummonds' days in the Canton, Illinois, area. The Drummonds and Chattertons had both attended Calvary Baptist, and Dick would tell Ron about how Samaritan enables Christians to help each other with health care burdens.

Later, Ron created a website for Dick's restored tractor business.

As part of his research before joining Samaritan, he discovered "all the back-office stuff that happens" between insurance companies and medical providers, "the difference between what you're charged and what the health insurance company actually pays."

The result: "The more I looked into Samaritan, the more comfortable I became with the concept and the process." ♦

The Statin Disaster

by Dr. David Brownstein

reviewed by Jed Stuber and David Lehnert

Imagine if you were in Las Vegas at a roulette wheel that had 98 red slots and 2 black ones. I would bet on red every time, but somehow Big Pharma has convinced us that black is the right bet.

—Dr. Ira Goodman

A quarter of Americans over 40 take statin medications for heart disease, and guidelines released by the American College of Cardiology and American Heart Association in 2013 are intended to double that number. In *The Statin Disaster*, Dr. David Brownstein says that statins are at best a massive waste of money because they fail at least 97 percent of those who take them. He also calls attention to the Food and Drug Administration's own data showing that statins are associated with ALS, dementia, depression, diabetes, hypertension, kidney damage, liver pathology, memory loss, Parkinson's, prostate cancer, breast cancer, sexual dysfunction, testosterone deficiency, thyroid disorders, weight gain, muscle damage and much more. In addition, Dr. Brownstein cites evidence that the theory that dietary fat and cholesterol in the blood are the cause of heart disease is wrong, and he reports that he has successfully treated thousands of patients suffering from heart disease with natural therapies, especially bioiden-

tical hormone replacement.

Before delving into why statins are a disaster, Dr. Brownstein says there is enough evidence to at least question the prevailing view that cholesterol causes heart disease. He presents these startling facts:

- 50 percent of patients who suffer heart attacks have normal cholesterol levels.¹
- A study of patients with chest pain who had cardiac catheterization found no correlation between blood cholesterol levels and narrowing of arteries.²
- One study of those hospitalized for heart attack found that 75 percent had low cholesterol levels.³
- Famous studies in the 1950s by Dr. Ancel Keys showed a graph indicating that countries with higher dietary fat intake had higher rates of heart disease. Subsequent reviews of the data showed it was cherry-picked. Only six countries were shown on the graph and 16 were left out. When all 22 countries are

graphed, there is no correlation.^{4,5}

- Death from cardiovascular disease increased dramatically from 1900-1970, then declined through 2010.⁶
- Intake of dietary fat was unchanged until 1980, when low fat foods began to be manufactured and consumed. To blame the rise of heart disease on dietary fat is ludicrous.
- Wide use of statin drugs began in the mid 1990s. It is clear that statins cannot be responsible for the decline in heart disease.
- The decline in cigarette smoking does parallel the decline in heart disease deaths.

Why are statins a failure? First, Dr. Brownstein says that there has not been a single study demonstrating significant benefits of statins for either primary prevention (someone who does not have heart disease) or secondary prevention (for someone who does have heart disease). He picks apart the major





studies in detail and says that thousands of studies over the past 20 years demonstrate a 97 percent failure rate at best.

Dr. Brownstein says nearly all research articles report results deceptively, especially by using relative risk. If only 1 out of 100 people taking a statin have a heart attack, and 2 out of 100 taking a placebo have a heart attack, it will be assumed that the drug caused this minuscule, statistically insignificant 1 percent difference, even though there are a million other factors at play. Using relative risk, 1 is divided by 2, and the media headline will read “Drug reduces risk of heart attack by 50 percent!” Brownstein is appalled doctors either fall for this tactic or turn a blind eye toward it.

It gets worse. Another statistical trick is Number Needed to Treat (NNT). Thousands of patients would have to take very expensive statins for years for even a few people to hypothetically be saved from a heart attack. Incredibly, NNT is used to justify putting larger numbers of people on statins so that more might be saved from heart disease. The studies continue to be used to promote ever more aggressive guidelines to expand the use of statins, especially for those who

don't yet have heart disease. Dr. Brownstein says any respectable doctor would tell patients that the drug fails 99 percent of the people who take it, since they receive no benefit.

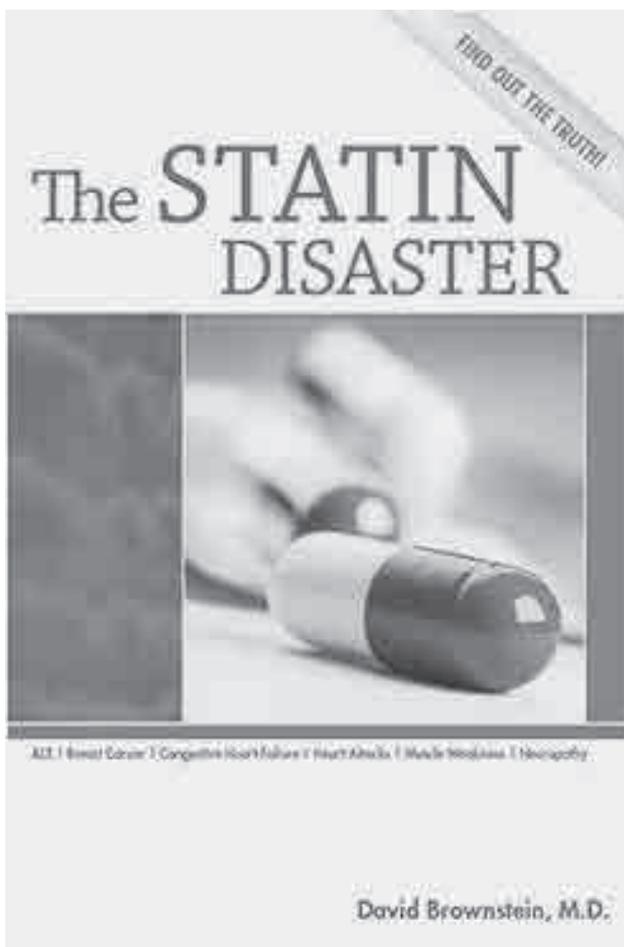
That's not all. Some new guidelines for blood cholesterol levels are so low, Dr. Brownstein says they would result in 90 percent of the people he sees at his clinic being put on statins. The latest tactic is using

expanded to millions of women and children.

Dr. Brownstein says that it might be fine to use a medication widely if it is effective, affordable, and safe, but he goes on to argue that statins are bad medicine and bad science. For starters, Brownstein says we need to step back and look at the big picture. Death from cardiovascular disease increased dramatically from 1900-1970, then

declined through 2010. Wide use of statin drugs began in the mid 1990s. It is clear that statins cannot be responsible for the decline in heart disease. Then there are the dangerous side affects, which do not receive much attention. The FDA's own adverse event reporting system has collected tens of thousands of reports of statins associated with heart attacks, diabetes, depression, and a host of other diseases. Dr. Brownstein also notes that the former head of the FDA publicly stated that it is estimated that less than five percent

of all adverse reactions are actually reported.⁷ Perhaps most shocking, statins are now being promoted to treat diabetes, even though there are 20 years of studies showing



a brief questionnaire about vague heart disease symptoms. Based on the results, anybody with a more than 7.5 percent risk of developing heart disease in the next five years is put on a statin. If this agenda succeeds, statin use would also be

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How we make health care cost a lot more than it should

by Devon Herrick

National Center for Policy Analysis

I am not a proponent of conspiracy theories. I do not suspect black helicopters flying overhead are spying on me. I do not believe airlines release chemtrails designed to keep us plebeians chronically ill and too weak to revolt, nor am I concerned about the Illuminati. That said, some conspiracies are real—and are designed to protect the wealthy at everyone else's expense.

One of the biggest conspiracies is so well disguised you probably do not even think

it's a conspiracy. You probably do not realize your doctor is part of the conspiracy. Federal and state politicians are

also part of the conspiracy—as are the bureaucrats and licensure boards who regulate medicine. The pharmacy where you obtain drugs is in on it, as are the makers of the prescription drugs you buy.

I'm referring, of course, to the conspiracy by the medical industrial complex to keep medicine costly. The conspiracy insulates the industry and its practitioners from competition using regulatory barriers and exclusive licensure cartels. At first glance these may all seem reasonable, but they extort one-fifth of our national income.

One of the biggest threats is information technology, which is shaking up numerous industries in our economy. Local newspapers have taken a huge financial hit as more people began obtaining their news from

online sources. iTunes and Amazon have decimated retail stores as fewer consumers want to buy from brick & mortar storefronts. Netflix is putting pressure on traditional cable provider monopolies. Increasingly, consumers want access to low-cost, convenient medical care over the phone or the Internet without an inconvenient office visit. Yet, the medical conspiracy is trying to block anything that negatively impacts practitioners' incomes.

There is big money in medical care. . . entrenched interests will do anything to keep that from changing.

Consider the example of Opternative, a startup that offers web-based refractive eye tests for free. The tests are offered in 39 states and available to 18 to 45 year olds. Rather than an office visit where an optometrist flips through lenses of various strengths, individuals take exams using their computer and phone. The way the test works involves viewing letters on a desktop computer screen from 10 feet away while answering questions on a smart phone. An optometrist in the state where each patient resides will review the exam for a \$40 fee and write an optical prescription if needed.

It's easy to understand why optometrists oppose inexpensive online exams. At my optometrist, comprehensive exams cost any-

where from \$90 to \$120, depending on the range of services performed. Healthy adults ages 18 to 39 are encouraged to have a comprehensive eye exam only once every five to ten years. From age 40 to 54 comprehensive exams are recommended every two to four years. Online eye exams are a low-cost, convenient way to check vision between comprehensive exams. Opternative's studies have

found its tests are comparable in quality to in-person refractive eye exams. But as one might expect, local optometrists

disagree. The American Optometric Association also opposes the use of web-based eye tests. Any time competition rears its ugly head, the legacy stakeholders cry foul. After all, "patient safety" (a euphemism for threatening local providers' incomes) cannot be compromised.

Members of professional guilds like optometry can afford to make campaign contributions to state office holders, who run a protection racket in exchange for contributions (economists call this rent seeking). Earlier this year, lawmakers in South Carolina voted to outlaw eye exams that are not conducted in person. After the governor vetoed the bill, lawmakers voted overwhelmingly to override the governor's veto (Senate 39-3; and House 98-1). The public interest law firm, Institute for Justice,

recently took the case and filed a lawsuit on behalf of Opternative.

Other forms of telemedicine face similar threats. The Texas Medical Board recently tried to prevent physicians from treating patients using telemedicine (over the phone) who they had not previously seen in person. Of course the proposed rule was all in the name of safety, but it was a way to prevent local providers' patients from seeking lower-cost care from a competing doctor by phone. The Texas Medical Board appears to have backed down after being sued.

Other battles are also being won in the courts. The North Carolina State Board of Dental Examiners was recently sued by the Federal Trade Commission for anti-competitive behavior. The dental board is responsible for licensure and acts against people who practice dentistry without a license. At least seventy-five percent of its members are practicing dentists, who are elected by fellow dentists.

When it came to the dental board's attention that some non-dentists were whitening teeth at mall kiosks and store fronts, it sent cease & desist letters threatening legal action. Thus the board was quick to guard dentists' turf, arguing that applying hydrogen peroxide teeth whiteners by non-dentists was practicing dentistry without a license. It was

legal for consumers to whiten their own teeth at home; but not for someone to assist them for a fee.

The case went to the U.S. Supreme Court, who ruled against the dental board. The high court's reasoning was the dental board lacked sufficient state supervision and was essentially conspiring to prohibit competition from individuals who were not members of its licensure cartel.

There is big money in medical care. As a health economist I can assure you that the entrenched interests will do anything to keep that from changing. Services as simple as eye exams on computers, phone calls to physicians who only have virtual offices, and MinuteClinics staffed by nurse practitioners all have the potential to keep a lot of dollars from flowing into traditional medical practices.

Regulatory capture theory posits that regulated industries soon become captured by

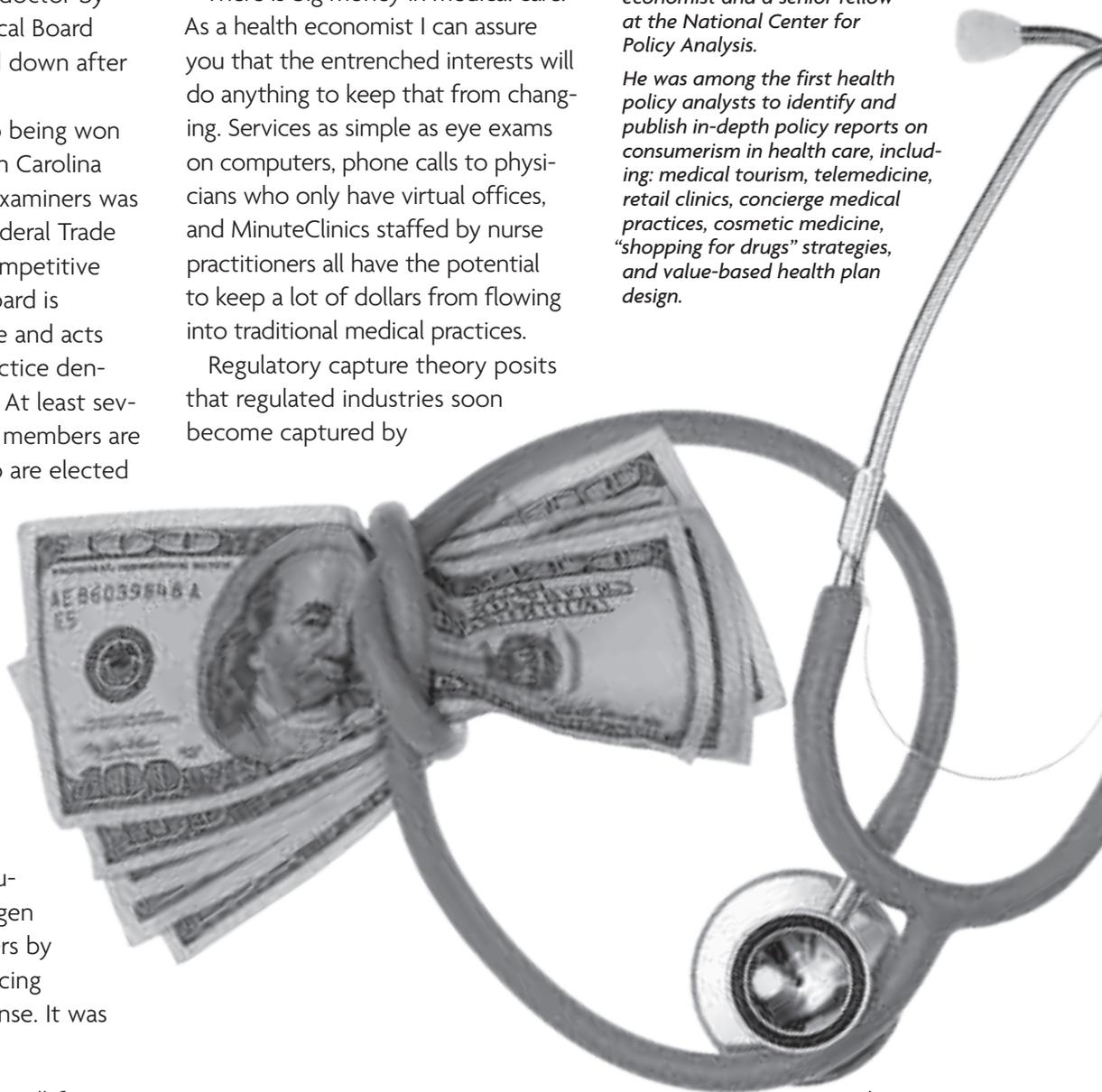
the industries they regulate. Imagine the temptation when the regulatory boards are composed of practicing members of the guild they regulate. This is especially true when membership in the cartel is exclusive and highly lucrative.

You see, some conspiracies really are real. ♦

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Devon Herrick, Ph.D, is a health economist and a senior fellow at the National Center for Policy Analysis.

He was among the first health policy analysts to identify and publish in-depth policy reports on consumerism in health care, including: medical tourism, telemedicine, retail clinics, concierge medical practices, cosmetic medicine, "shopping for drugs" strategies, and value-based health plan design.



4. Finally, I have been calling hospitals in my area to see what their price estimate would be for a procedure, telling them that I do not have insurance and also asking what their cash discount percentage would be.

I followed this process in 2015 when I needed a routine outpatient procedure. I was able to get the procedure, originally priced at over \$31,000 at the highest priced hospital, performed locally for \$5,300 after discounts.

Shortly after this need, I decided to call all the hospitals in Kansas City and capture their cash-pay discounts in a spreadsheet. It was an eye-opening experience as I documented discounts as low as 25 percent and all the way up to 75 percent. I also was able to get some information about average prices from a consulting company, so the spreadsheet shows the effect of average prices combined with the cash-pay discount and ultimately the best value for the Samaritan members that will be sharing in our burden.

Knowing ahead of time what a hospital's cash discount is allows you to have a more honest conversation with the folks in registration. I tell them I am a cash-pay patient and ask them to confirm that their cash discount is X percent. They usually don't have a script for someone who says they are cash-pay, so then we can have a conversation about how I will be paying the bill.

Some providers are very receptive to cash-pay patients, seeing them as a new market, and some are not. We are certainly seeing it in Kansas City, where three different health systems offer cash discounts of 70

percent or more for cash payers.

Because of the fallout from the Affordable Care Act—plans with high deductibles and other out-of-pocket costs—hospitals are actually having to learn more how to deal with cash payment from many of their patients.

In fact, hospitals are seeing patients presenting at registration and claiming to have no insurance, when they actually have a high-deductible plan, because the word on the street is that if you tell the hospital you have no insurance, you're potentially going to get a better price. If you tell the hospital you have a high-deductible plan they won't give you a cash-pay discount and you're going to wind up owing a big dollar amount for your deductible.

In general, the more progressive organizations and the organizations that face a lot of competition in their markets are more open and receptive to larger cash discounts. Smaller markets, not so much.

Keep in mind that in the hospital industry, those who are "self-pay" are often viewed as the population that doesn't pay their bills. That's why it's a good idea to start by presenting yourself as a "cash-pay" patient.

I encourage Samaritan members to shop around for good health care prices and discounts, and, if possible, to do it before medical care is needed. That was something Lynn asked me to do before we joined Samaritan, because she wanted to be sure where we would go and how we would pay in the case of an emergency.

It was a good exercise to go through. At first we were concerned

about how we were going to handle payment to providers. Now we are both very comfortable being part of the Samaritan family. ♦

Ron Drummond is a member of the Samaritan Ministries Board of Directors and also is an auditor for hospital billing and patient accounts systems. He lives with his wife, Lynn, near Kansas City.

Ron and Lynn Drummond

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organize their debt, come up with a plan to put a budget together and get out of debt, start saving towards retirement, and increase their giving."

Ron and Lynn live in a rural community on a "farmette" of 10 acres. They have added to the vegetable gardens prepared by the previous owners by planting several fruit trees, blueberries, raspberries, and grapes. The previous owners sold produce in the local farmers market, but they aren't quite that dedicated to farming just yet.

They also have a heart for Samaritan families with pre-existing maternity Special Prayer Needs.

"A couple that joins Samaritan when they are already pregnant place their faith in God to meet their need," Ron says. "From a membership perspective, it's an opportunity to send them a card and say, 'Thanks for trusting in the Samaritan principle,' and to offer encouragement that the other members are going to help meet their need. It's one opportunity for pre-existing conditions to be met." ♦

Thank you very much for helping us when our daughter, Lily, broke her arm. She healed very well and we were so grateful that through the help of our brothers and sisters in Christ we were able to pay the medical bills in full! Lily absolutely loved getting notes of encouragement. She's only 6 years old, but she has already learned about the way the Body of Christ works.

*Anthony and Stephanie Pastega
Tillamook, Oregon*

I have been blown away by the kind words and encouragement I received with the shares. I was most surprised and convicted to receive so many of them before the 15th. It challenged me to be thoughtful and considerate of others who are being overwhelmed with large medical needs, and to send my shares sooner.

I also was overjoyed when we received a note from old friends who we once went to church with years ago before we moved away to pastor another church. Samaritan Ministries reunited an old friendship. Thank you!

*Michael and Laree Smith
Denton, Texas*

We're an active family and have had multiple broken bones over the years. We know the routine. Cast for a few weeks, then ease back into activity. We haven't submitted these needs because we could manage the costs.

This time my son's leg bones were, in the surgeon's words, "obliterated." Ambulance, hospital, surgery. A whole new experience for us.

I was unsure about how these huge bills would be resolved. I knew one thing, though. I trust in Jesus.

My husband was skeptical about Samaritan and relying on other people this way. As we worked through the process our bills were reduced 75 percent and we felt some relief. When the first check and note came we experienced a tremendous feeling of trust and thankfulness. It only took one!

*Thomas and Kari Cregan
Winter Springs, Florida*

We are so thankful to the Lord for the generosity of His people in helping to meet our Special Prayer Need. We were overwhelmed by the number of gifts and amount that came in.

*Machen and Lisa White
Simpsonville, South Carolina*

Praise God! I am well on my way to complete healing. This ministry is a blessing. I frequently encourage friends and patients to investigate Samaritan Ministries.

It is gratifying to participate in a health sharing model that honors God and does not encourage or support immoral behavior or immoral medical procedures.

I pray that this ministry continues to grow and thrive to God's glory and that as the government regulated health care system fails, as it surely will, people will grow in faith and lean upon the Great Physician.

*Craig and Linda Hehn
Prineville, Oregon*

What a blessing it was to see God meet our needs through the generous nature of His people. Every card, verse, and kind word was such an encouragement during this time.

*John and Crystal Davis
Max Meadows, Virginia*

This was our first experience of being on the receiving end of the community. We were taken aback by the thoughtful, kind words, handwritten by people unknown to us, but working with God to bless and encourage. It felt like family. We felt connected to the Body of Christ that goes beyond our own family and church to the borders of the country. Amazing and wonderful was the gift of words accompanied by a tangible help. The kindness affected us, changed us.

*Donald and Janet Maxon
Ottawa, IL*

We have been so greatly blessed, having a Christian doctor who is also a Samaritan member. We also got a card and check from a student that I had taught over twenty years ago. Imagine that!

*John and Sarah Sellew
Mebane, North Carolina*

It was such a blessing to see the Special Prayer Needs gifts flowing in as we approach the birth of our baby. We have been seeing God provide through Samaritan Ministries for this pregnancy, along with unexpected and reduced costs in other areas of our finances that shows our Heavenly Father cares and provides for ALL our needs. We are so grateful to the Body of Christ who has reached out to us through prayer and financial support with SMI. We serve a big God and we are very blessed!

*Ernest and Tonia Stahl
Bozeman, MT*

they adversely affect insulin secretion and sensitivity.

The biochemistry of cholesterol and statins are another topic Dr. Brownstein discusses. The idea that cholesterol is terrible for us is a popular myth that flies in the face of what is well known about the human body. The body produces four times as much cholesterol as we consume in our diet, and for good reasons. Cholesterol is present in every cell membrane, is vital for brain function, plays an important role in hormones, has antimicrobial effects, and is essential for a strong immune system, to name a few of its benefits.

Brownstein spends a chapter debunking the notion that there is valid distinction between “good” and “bad” cholesterol. In spite of the known biochemistry, modern medicine seems oblivious to the idea that disrupting a natural process that is part of the body’s design does not support health. More than 95 percent of all drugs—including statins—work by poisoning an enzyme or blocking receptors. Brownstein says it ought to be common sense that disrupting biosynthesis of cholesterol will have dire consequences. There are studies indicating that the drugs that disrupt cholesterol synthesis can cause errors in DNA replication and repair, leading to cancer.^{8,9,10,11,12,13}

Dr. Brownstein believes there are even more fundamental reasons statins are a failure. They certainly lower cholesterol—which is unhealthy—but they don’t treat any of the underlying causes of heart disease. Drawing on several books he has written previously, he says dietary fat doesn’t cause high cho-

lesterol and heart disease, but several other things can: stress, smoking, metal toxicity, infections, dehydration, and malnutrition—in the form of low-fat/high-carb/high sugar diets. All these things can cause inflammation and disrupt hormones, which lead to heart disease. Because the body uses low density lipoproteins—including cholesterol—to fight inflammation and regulate hormones, Brownstein says that one of the worst things that can be done

Dr. Brownstein says hormones are the key to preventing and treating heart disease.

to the people facing these challenges is to give them a statin. The statin interferes with the body’s appropriate biochemical responses to these challenges.

Dr. Brownstein says the major dietary recommendations dating back to the food pyramid of 1965 have been another “disaster.” The food pyramid was designed to reduce intake of fats, oils, meats, and eggs and raise consumption of grains. In 1977, a special committee recommended that we reduce fat consumption to 30 percent of total energy intake, and saturated fat to 10 percent. Recent reviews of the studies used to make these recommendations revealed that there were

no differences in all cause or cardiovascular mortality in the more fat/less fat dietary groups.¹⁴

Dr. Brownstein believes our increased intake of refined grains and sugar is responsible for the epidemic of heart disease and diabetes. This diet disrupts digestive enzymes and causes patterns of high blood sugar and inflammation, which again, leads to heart disease. He recommends a diet with plenty of saturated fat, and goes into more detail in his two books, *The Guide to Healthy Eating* and *The Skinny on Fats*.

Finally, Dr. Brownstein says hormones are the key to preventing and treating heart disease. He says he has personally treated thousands of patients with hormone deficiencies by giving them bioidentical hormones. Their cholesterol levels fall and their heart disease symptoms improve. Dr. Brownstein says that every heart disease patient should have their hormones tested and then balanced with supplemental hormones.

None of this should be surprising, Dr. Brownstein says, because of the long history of medical literature on this topic. The link between heart disease and thyroid function dates back to the nineteenth century, and in the older literature they are virtually synonymous. He says the definitive modern research was published by Dr. Broda Barnes in 1976, but the medical community is “still trying to solve a mystery.”¹⁵

Although thyroid is the most important hormone, Dr. Brownstein says the adrenal and sex hormones often need to be supplemented as well, and in some cases a few other hormones. Brownstein has

also published previous books on these topics, *Overcoming Thyroid Disorders* and *The Miracle of Natural Hormones*, and reviews are available at SamaritanMinistries.org/Brownstein.

Finally Dr. Brownstein also helps his patients restore health by using nutritional therapies, most importantly iodine supplementation. Over the past 40 years, the U.S. National Health and Nutrition Examination Study found iodine levels have fallen 50 percent.¹⁶ During that time we've seen epidemic levels of thyroid disorders—including hypothyroidism, autoimmune thyroid disorders, and cancer—cancer of the breasts, ovaries, uterus, pancreas, and prostate. He puts nearly all his patients on supplemental iodine, and has also devoted a book to that topic (*Iodine: Why You Need It, Why You Can't Live Without It*). Another nutritional therapy he recommends to all patients is getting plenty of sea salt in their diet, yet another topic he wrote a full book on (*Salt Your Way to Health*). Reviews of the iodine and salt books are also available at SamaritanMinistries.org/Brownstein.

Dr. Brownstein makes a compelling case that when it comes to the major prevalent diseases most of us will face as we age, we don't have to bet on statins in the face of overwhelming odds. There are other options. ♦

The information provided in this article is for educational purposes and is not meant as medical advice. You should consult your doctor before making any changes to your medication.

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Additional resources

reviews and more available at SamaritanMinistries.org/heart

The Miracle of Natural Hormones by Dr. David Brownstein



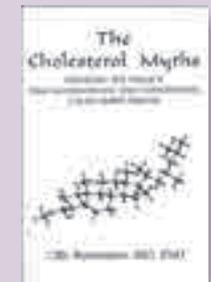
The Great Cholesterol Con: The Truth About What Really Causes Heart Disease and How to Avoid It by Dr. Malcom Kendrick.



Know Your Fats: The Complete Primer for Understanding the Nutrition of Fats, Oils, and Cholesterol by Dr. Mary G. Enig, Ph.D.



The Cholesterol Myths: Exposing the Fallacy that Saturated Fat and Cholesterol Cause Heart Disease by Uffe Ravnskov, MD, Ph.D.



Eat Fat, Lose Fat: Reset Your Metabolism, Boost Energy, Banish Fatigue, Eliminate Cravings, and Fight Disease by Dr. Mary Enig and Sally Fallon



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.

Indonesian church closed

An Indonesian church has been closed because of a dispute over a building permit, according to AsiaNews. The mayor suspended activities at the Protestant church in Pasar Minggu, South Jakarta, after protests by residents of the town. *Pray that activities will be able to continue at the church and that the government will adopt less complicated requirements for erecting churches.*

Christians may be released

Christian prisoners in Uzbekistan may be among those released in a proposed mass amnesty on December 8, according to International Christian Concern. Christians have been concerned that persecution would increase under new leadership. *Pray that Uzbek Christians will be among those released, and that all Christians in Uzbekistan will continue to have faith despite pressure to turn away from Christ. Pray also for the easing*

of restrictions on owning Bibles and other Christian material, and on meeting openly.

Men imprisoned in Sudan

Four Christian men—three pastors and one aid worker—face continued prison time in Sudan, according to ICC. The men were arrested on charges of spying on the government, a typical accusation used against Christian leaders. They have been imprisoned for 10 months. The three pastors are Sudanese while the aid worker, from Voice of the Martyrs, is not. *Pray for strong faith for the men as they remain in prison, that they will have an impact for Christ on their guards and other prisoners, and that they will be safe and healthy.*

Laotian church leaders arrested

Three Laotian church leaders were arrested on September 4 for holding church services without permission from authorities, Voice of the Martyrs reports. Then, on September 19, police told members of the church that they must renounce their faith or leave the village. *Pray for the church leaders, provision for their families, and encouragement for all Christians in the village, as well as throughout Laos.*

Indian pastor beaten

A pastor in India was beaten unconscious on August 30 while distributing Christian literature near his home, VOM reports. Pastor “Madur” suffered severe injuries to his head and spinal cord, and has a fractured leg and other serious injuries. He was in a coma for 10 days. His church, which has been threatened by Hindu extremists in the past, has about 60 members. *Pray for Pastor Madur’s complete recovery, for provision*

for his family, and for a strong faith among his flock.

Vietnamese woman arrested

A Vietnamese Catholic woman has been arrested for “propaganda” on her blog, ICC reports. Nguyen, known as “Mother Mushroom” on her website, was detained while traveling with the mother of an activist in prison. She could face up to 20 years in prison. *Pray Nguyen would keep a strong faith in Christ during this trial, that she would extend the Lord’s love to fellow prisoners, and that she would be safe from harm.*

Behnam Irani released

Iran pastor Behnam Irani was released on October 17 from Iranian prison after serving six years, VOM reports. He started serving a one-year term in 2011, but five years were added to it. The pastor suffered several health problems in prison, needing surgery in 2014. *Praise God for Pastor Irani’s release. Pray that he will soon be reunited with his family and for good health.*

1,200 baptisms planned

An underground Christian group plans baptismal services in closed Islamic countries, ICC says. Bibles for Mideast, expects around 1,200 Muslim converts will be baptized. The group provides Bibles to secret churches in 17 different countries. *Praise God for the harvest in the middle of chaos and oppression. Pray for the new believers, and that the baptisms may be carried out unhindered.* ♦

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).

we ended up? With a society more divided than ever.

There is a reason for this. They are attempting to usher in a Kingdom of Love, starting with the foundational principle of casting out God. But guess what? When you make that your foundational principle, you end up not with “love my neighbor as myself,” but “love myself as myself,” and all the selfish evils that inevitably follow.

Under this ideology, love itself is redefined. A society that makes God its foundation will see that love includes fidelity (7th commandment). Under the left-liberal version, fidelity is a bad joke. No one can tell us what we can and can't do with our sexual organs, and it is considered contrary to love to dispute this.

Then when love has been redefined along these lines, the left-liberal utopians seek to unite everyone around their new definition of the Kingdom of Love by educating us (code for indoctrinate) into it. That takes in many, but when it fails to take in all of us, they fall back to demonizing and belittling those who disagree, branding dissenters in the new Kingdom of Love as haters, and screaming obscenities in the streets and on the campuses when things don't go their way. Meanwhile, the rest of us are standing by saying, “This is what love looks like? Are you sure?”

A unified society, where people truly do love their neighbor as themselves, is not something that can be manufactured. It is something that must start from loving God with all our hearts, souls, minds, and strength, and then it is His love which flows through individuals into society. It is Christ in Whom

all things hold together (Colossians 1:17), and it is Christ Who will unite all things, in heaven and on earth (Ephesians 1:10). All attempts to build a Kingdom of Love without Him will end not in unity, but in division; not in kindness, but in anger; not in love, but with vitriol and hostility.

Only a deep awakening of Christ's people, much soul-searching and prayer, followed by national repentance, acknowledging that only Jesus Christ is great, will bring real deliverance.

Which actually presents us with a timely warning. It can be very tempting to shake our heads at the words and behavior of those in the left-liberal establishment and their disciples across America, as they react with venom to a result they didn't consider possible. It can also be tempting in the aftermath of a political vote in which the unpopular elites are given a good kicking to see this as some kind of deliverance.

Yet it is not that at all. America may have been delivered from one kind of evil, but to what?

I believe that the choice Americans were offered in the presidential election is evidence that the country has fallen under the judgement of God. God's judgements don't come to us only in the form of war or pestilence or natural disasters—they sometimes come to us in the form of the leaders we are given, and the choice of candidates. The 2016 election was ample evidence of His displeasure, just in case we hadn't noticed it before.

America is more divided than ever. Regardless of who you voted for, or whether you chose to abstain, you will no doubt acknowledge that the hostility on both sides has been cranked up to the breaking point. Not only that, but the swamp that Mr. Trump said he wanted to drain is much, much bigger than the one he identified as residing in Washington D.C. You only need to see the votes to legalize assisted death, stupefaction, and the almost unbelievable California “porn law” to realize that.

Mr. Trump won't save America. He can't, by his own power, make American great again. Nor can any other president making grand promises. (See Daniel 4:28-33.) Only a deep awakening of Christ's people, much soul-searching and prayer, followed by national repentance, acknowledging that only Jesus Christ is great, will bring real deliverance. ♦

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.

If you then, who are evil,
know how to give good gifts to your
children, how much more will your
Father Who is in heaven give good
things to those who ask Him!
So whatever you wish that others
would do to you, do also to them,
for this is the Law and the Prophets.

Matthew 7:11-12

We often think of these two verses separately, not considering how they might be connected. First, Jesus reminds us that even though we are evil, we know how to give good gifts to our children. Our Father in heaven is good. He will give us good things when we ask Him.

Then Jesus tells us to do something consistent with the goodness of our heavenly Father—do good things to others. Do the things we wish others would do for us. This sums up all of God's commands.

For the Kingdom,



Ray King