

Christian HealthCare

NEWSLETTER

MEMBER LETTERS: Healthcare Bluebook and Medibid helped us save

Our son Caleb was eating popcorn and decided to stick a kernel up his nose. We couldn't get it out and had to take him to an acute care center.

We thought the bill was too high. We checked Healthcare Bluebook and then sent a letter with estimates of what the treatment should cost and a check for \$350. The hospital accepted the payment and took \$500 off the bill.

*Kevin & Lesli Miller
Salem, Wisconsin*

We are so thankful that we learned about Medibid. We were able to get my husband's knee surgery done for about \$3500, saving tens of thousands. We drove an hour to Oklahoma, but the traffic in Dallas can easily cause us to drive an hour anyway.

*Gregg & Cindy Woodcock
Sachse, Texas*

*Healthcare Bluebook and
Medibid are available free in
Health Resources at
Dash.Samaritanministries.org*

What we're still missing about health care reform

by Tho Bishop

Health care reform is back in the news. While Republicans have been able to consistently communicate the obvious problems with Obamacare, few have been able to articulate ways in which to improve what was already a broken healthcare system.

Senator Rand Paul is one of the few exceptions. He recently outlined an approach that would seek to lower the cost of health insurance by eliminating insurance mandates, allowing consumers to purchase insurance across state lines, allowing smaller organizations to pool their insurance together for greater leverage, and eliminating limits on health savings accounts.

Senator Paul's reform package certainly represents a great step forward from the absurdity of the Affordable Care Act and would help liberalize many aspects of modern health insurance. Unfortunately, while access to health insurance has largely dominated the political debate, the real disease plaguing American medicine is its 100-year descent into government control.¹

After all, the reason health insurance has become so indispensable is that providing healthcare has become so expensive. There are many reasons for this, most of which are a direct consequence of government intervention.

For example, one of the more fundamental issues with American healthcare is how reliant it has become on the

insurance model. While it makes sense to have insurance for catastrophic medical issues, the very nature of insurance breaks down when it is used for routine procedures. Unfortunately this over-reliance on third parties to cover medical bills reduces the incentives by both consumers and providers to keep costs down.² This is why the "cash price" for medical procedures is often quite lower than what clinics charge insurance companies.

As Dr. Michel Accad explains,³ this medical insurance model took off following World War II, when medical associations started to work with government to generate increased demand for hospital services through insurance

Continued on page 10

In This Issue...

- 3 Rebuilding communities from the ashes**
by Rob Slane
- 4 Member Spotlight**
Randy and Leslie Stonehill
- 6 I received 90 percent discounts on nearly a million dollars in bills**
- 7 I used Healthcare Bluebook and Medibid to save on a colonoscopy**
- 8 Researchers say breast cancer screening and treatment are too aggressive**
- 14 Prayer for the Persecuted Church**
- 16 The Doorpost**
The main purpose of God's Word

CONTENTS

- 7 **What we're still missing about health care reform**
by Tho Bishop
- 3 **Rebuilding communities from the ashes, part 2**
by Rob Slane
- 4 **Member Spotlight**
Randy and Leslie Stonehill
by Marcia Krahn
- 6 **I received 90 percent discounts on nearly a million dollars in bills**
by Shanna Bassinger
- 7 **I used Healthcare Bluebook and Medibid to save on a colonoscopy**
by Betts Baker
- 8 **Researchers say breast cancer screening and treatment are too aggressive**
by Kathryn Nielson
- 14 **Prayer for the Persecuted Church**
- 16 **The Doorpost**
The main purpose of God's Word
by Ray King

CONTACT US

newsletter@samaritanministries.org

FOLLOW US

On Twitter: samaritanmin
On Facebook: Samaritan Ministries

EDITOR

Ray King

MANAGING EDITOR

Jed Stuber

ASSISTANT EDITOR

Michael Miller

ART DIRECTION

Dan van Loon

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

ADMINISTRATIVE OFFICES:

PO Box 3618, Peoria, IL 61612
telephone: 309-689-0442
telephone (toll free): 877-764-2426
fax: 309-689-0764

Sharing Summary from March

Shares:	\$23,993,335	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:	\$23,934,414	
In Negotiation:	\$ —	
New Needs:	4,038	
Total Needs:	6,998	
New Rewards:	234	Member Households: 68,778 (as of 2/21/17)
Miscarriages:	34	
Final Rewards:	11	

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

Your Member Services Leaders



Bryan Evans
Vice President/Member Services
msvicepres@samaritanministries.org



Cameron Easley
Member Services Manager

Remember:



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



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



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

Rebuilding communities from the ashes, part 2

by Rob Slane

Last month I wrote about how man was created to live in community, but it is breaking down in Western society, threatened on the one hand by authoritarianism and on the other by radical individualism. This month I will focus on the latter danger.

Theologian Henry Van Til famously said that culture is religion externalized, so what should we expect if year after year we are internalizing an ideology based on “me, myself, and my rights?” We should expect to see a culture where relationships splinter, families are destroyed, and communities decay. We really don’t need to wait until someone does a study to tell us that there is more loneliness, more angst, and fewer good, healthy relationships today than there were 50 years ago. It’s just obvious. But the question I posed at the end of my first article was, “What can we, as individual Christians and as the Church corporately, do to stop the rot and begin rebuilding communities from the ashes?”

If culture is religion externalized, then the first principle for us in terms of rebuilding communities must be to begin with our relationship with God. However, there is even a problem here. There is a tendency among modern Christians to view their relationship with God as principally a personal one, with worship being seen as primarily about “me and my God.” In other words, individualism is just as much a problem in the modern church as it is in the culture in general, and if we are to see the rebuilding of communities, we first need to divest

ourselves of the ideology of individualism and put the emphasis of our worship where Scripture does:

Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need. (Hebrews 4:16)

There is a tendency among modern Christians to view their relationship with God as principally a personal one, with worship being seen as primarily about “me and my God.”

Let us draw near with a true heart in full assurance of faith, with our hearts sprinkled clean from an evil conscience and our bodies washed with pure water. (Hebrews 10:22)

Our Father in heaven ... (g)ive us this day our daily bread, and forgive us our debts, as we also have forgiven our debtors. And lead us not into temptation, but deliver us from evil. (Matthew 6:9-13)

Please don’t misunderstand me. As Christians, we most definitely do have a personal relationship with God and we are all individuals before Him. But when we go to church on a Sunday, we go as a people and not just a collection of individuals. It is more about us and our God than it is about me and my God.

But if we understand the destructive nature that individualism has played in worship, we must also recognize the part that it has played in the destruction of the family. Why has the family been devastated during your lifetime and mine? Many reasons can be given, but at the root of it lies a sort of cultural selfishness. I say cultural selfishness because, although selfishness has always existed in the heart of man, in recent decades our culture has made it into a positive virtue.

So whereas marriage should be the place where we learn to be unselfish, our culture gives us the message that this is just naïve and frankly, stupid. The media asks why you would stay with your spouse when you are fed up with her. Situation comedies ask why you would stay together with someone you don’t even love. Hollywood asks why you would bother becoming attached in the first place when you can just pick whomever you want, whenever you want, without all the hassles that accompany marriage.

So instead of learning to combat our selfishness, we now learn to indulge it, because we can. Of course, the news is that this cult of individualism practiced on a small

Continued on page 15

Randy and Leslie Stonehill

by Marcia Krahn

After decades of touring, Randy Stonehill is more passionate than ever about knowing and serving God.

One of the fathers and pioneers of contemporary Christian music, Randy is enjoying his 47th year of ministry, having written over 500 songs that have appeared on 27 releases, with more on the way. He was inducted into the Christian Music Hall of Fame in 2010.

In his concerts, Randy is “tenacious about getting out of God’s way, and pointing people’s hearts to Jesus.”

He has come to see himself as merely a messenger, a conduit of the Lord to bring love, hope, joy, and liberty. That motivation is reflected in the lyrics Randy writes and the way he shares.

“I want people to come away from my concerts focusing on the essence of existence—to worship Jesus with our whole lives and go on a grand adventure where only the Holy Spirit can carry us,” he says. “And frankly, nothing but that will ever satisfy our longing.”

Randy and his wife, Leslie, travel together ministering in concerts throughout the United States, Canada, Australia, and Europe.

Leslie is Randy’s helpmate, best friend, and prayer partner, enabling him to do what God has called him to do both on and off stage. She assists with the logistics, communicates with people before and after concerts, and fills in where needed—even singing harmony occasionally.

Considering Leslie’s vision for ministry and her servant’s heart, Randy knew he didn’t want to leave her at home. One of their first decisions as a married couple was for Leslie to join Randy fulltime on the road and minister with him.

Accompanying them is Nigel, their 21-year-old dog who has his own web page (randystonehill.com/nigel) and Facebook account ([facebook.com/nigelstonehill](https://www.facebook.com/nigelstonehill)). Nigel is “a wonderful, natural ministry tool for sharing the Gospel,” Leslie says. Strangers



who don’t have time for a lengthy conversation will gladly accept a business card with Nigel’s picture and a Scripture on the back.

Ministry has driven Randy since the time he was saved in 1970. Even then, he recognized that God had placed him at that point in history to be on the ground floor of a new Christian musical genre.

“I was a young man and a young believer trying to put one foot in front of the other,” Randy says, “and I got a simple ministry directive to take the timeless truth of the Gospel and share it in the musical vernacular of the day.”

In 1973, Randy’s song “I Love You” gave him the opportunity to sing in the Billy Graham teen film *Time to Run*. Then in 1976, Christian music legend-to-be Keith Green asked Randy to help him write the lyrics for a new melody. That song, “Until Your Love Broke Through,” became a hit and has been recorded by several other artists through the years.



Randy Stonehill

Twitter: @Randy_Stonehill

Facebook: @RandyStonehill

On The Road

April 2: Detroit, TX

April 15: Jacksonville, FL

More at RandyStonehill.com

With songs like “King of Hearts” and “Shut de Do,” Randy’s reputation as a pioneer of contemporary Christian music was firmly established.

Randy’s concerts draw many who came to Christ in those days of the “Jesus movement.” Fans walk up to him and say, “You’ve been my friend for 30 years, but this is the first time I’ve gotten to meet you.” They tell him how one of his albums, often the first Christian album they ever owned, challenged and encouraged them in the Lord.

But some admit that, as the years passed, they lost their first love.

“Maybe they failed in some way and now feel disqualified,” Leslie says. “Hearing Randy, even though he’s singing some new songs, reminds them of where their walk with the Lord used to be. They are reminded that, in spite of their brokenness, they are not forgotten by the Father, that God says, ‘Yes, you are standing in the rubble of your own creation, but you are not done. This is where I start, and you begin again, and you can finish well. You can keep your eyes on Me from this point on and grow from here.’”

Randy and Leslie view his concerts and songwriting as only one part of their ministry, because worshipping God with their whole lives means living for Jesus every moment. Whether they are buying groceries for someone in need at a grocery store, sitting in an airport waiting for a flight, hanging out at home, or singing in front of 5,000 people, they want to live out 2 Corinthians 2:14, to diffuse the fragrance of the knowledge of Christ wherever they are, whatever they do.

Musically, Randy worships God by accompanying himself on the guitar

as he sings the whimsical ditties, heart-melting ballads, songs of grim warning, or joyful encouragement that he has written.

One of Randy’s greatest joys is to have written songs for so many years and see them, by God’s Spirit, impact peoples’ hearts.

“There’s a mystery about songwriting that belongs to God, a creative spark from Him that introduces me to the right meter and makes that first bit of melody and lyric come pouring out,” Randy says. Is this song slow and brooding? Buoyant and melodic? The idea won’t leave him alone. Bit by bit, little pieces of the song come throughout the day.

Leslie enjoys watching Randy in writing mode, “because it’s the way God built him.”

“We’ll be in a conversation, and suddenly he’s reaching for a pen and paper because he heard a lyric in something one of us said,” Leslie explains. “I watch all these little pieces of paper and all these notes floating around until they come together to create a song. When the spark comes—God’s creative process—we’re grateful.”

While songwriting has never lost its joy for Randy, even his most evocative songs can lose life being performed in concert after concert. When that happens, Randy tells himself, “Buddy, don’t you dare complain. Be a grateful servant and a man of God, and just sing these songs as if it’s the last night of your life.” He offers it all to the Lord and watches Him make it live in the people’s hearts.

Continued on page 12

Why SMI?

Randy and Leslie Stonehill did not have health insurance and knew they were growing older. But they were in good health, and, as Leslie says, “To think about giving monthly to some insurance company seemed like throwing away our money.” Randy’s further concern was that “those people don’t know us, they don’t care about us, and when we need them, we’ll have to run the gauntlet to get help.”

Their friends, Samaritan members Buck and Michelle Storm, said they had been in the same boat and had found Samaritan Ministries. When Buck recommended Samaritan because the people there love the Lord and are very effective in what they do, Randy and Leslie joined.

“That relational connection, that godly model Samaritan Ministries embraces of ‘Let’s do something right with a gracious sense of community, and people are going to spread the word,’” Randy says, “is exactly what happened to us.

“That’s what I love about Samaritan Ministries. Not only do you have the support you need, but then through sending your monthly share, you have the opportunity to know the names and needs of the people you are helping, and you send not only your check, but a card with an encouraging note and some Scripture. That is so sweet and right and effective.”

“This is the way God intended the church to be and to operate,” Leslie agrees. “It feels so right, sowing into the Kingdom.” ♦

I received 90 percent discounts on nearly a million dollars in bills

by Shanna Bassinger

One thing I learned when I had my third child, Kodi, prematurely, nearly lost my own life, and faced nearly \$1 million in hospital bills, was to put complete trust in God!

Kodi, who is doing great now, spent seven weeks in the neonatal intensive care unit after her birth on October 22, 2016. She was born after I went to the hospital in the 30th week of my pregnancy with severe abdominal pain. I was diagnosed with HELLP syndrome, which involves rupturing of red blood cells, elevated liver enzymes, and low platelet counts, and is considered life-threatening. I believe that the on-call physician, who is the daughter of my regular obstetrician, saved the life of my baby as well as my own life.

Our prayers were answered with recovery for Kodi and me, and discounts of over 90 percent from the hospital and additional discounts from other providers.

My condition and Kodi's early delivery and NICU stay redefined my life. I am grateful for the experience God put us through. We learn through the tough times and God has taught us so much through this experience.

He also taught us to trust Him with our finances even before I left the hospital, which is when I started working to get our bills reduced.

My strategy for asking for discounts is to always first tell providers that I don't have insurance and to ask what the cash-pay rate or discount is.

The result for my maternity bill was a 90 percent discount if I paid in

full, which I agreed to do. That was kind of a crazy time, with Kodi still in the NICU, and I thought 90 percent was fair. We were able to pay in full mostly because of the access we had to credit through my husband's business.¹

For Kodi's NICU bills, the hospital again offered significant discounts initially, so I knew that I could probably get even more if I asked. I have learned that when a provider makes you an offer, the first offer is not the best offer. I also knew that insurance companies the providers work with were not paying the higher amounts I was being charged, and I didn't feel that we should have to pay those inflated rates either.

The hospital again offered a 90 percent discount. I waited a few days and asked whether, if I paid in full, we could get an additional amount off the already offered 90 percent. They agreed and gave us 35 percent more off the already discounted amount.

It was also helpful to start negotiations early. I started negotiating the bill for my maternity a couple of days before I left the hospital. I was able to pay the bill in full before I left. I also started the negotiation for Kodi's need that same week, but didn't finalize it until after she was discharged.

Working with other providers, if the discount rate they offered was less than 40 percent, I would ask for something better. At this point, most reps would put me on hold and, I assume, talk to a supervisor. They would come back with a response and then I would tell

them about my hospital discount and request that they offer the same discount. I was able to secure the same 90 percent discount as the hospital on one other account. A few of the others gave me a slightly better offer than the original amount.

For me personally, negotiating was not difficult or stressful. I just knew that the situation would work itself out, and that God is in control. I would just deal with whatever the outcome was.

Being in a life-threatening circumstance for my baby and myself really put things into perspective. Honestly, I was just so grateful to be alive and to have a baby who was doing well, that feeling concerned about hospital bills seemed pointless.

Worry doesn't change a thing! It only gets in the way of appreciating what is happening at the moment. ♦

Jeff and Shanna Bassinger and their three children are Samaritan Ministries members in Argyle, Texas.

If you have had success in getting discounts from medical providers, please let us know. We might share your story in the newsletter or on our blog. Send your information to mike.miller@samaritanministries.org.

1. If a provider offers you a discount greater than 60 percent, contingent on quick payment before you would receive shares, be sure to contact Samaritan for guidance.

I used Healthcare Bluebook and Medibid to save on a colonoscopy

by Betts Baker

Are you looking to save money on a routine test that is not a shared expense? Why not try some of the imaginative ideas for negotiating a better price Samaritan has run in recent newsletters? I'm glad I did.

Even though my family's history of colon cancer made an initial colonoscopy advisable, I postponed it for 10 years because of the cost. I had heard that in our area, the routine procedure ran \$2,000 or more.

An article in the December 2016 Samaritan newsletter caught my attention. "Tips for Getting a Better Price on Your Health Care" by Ron Drummond outlined concrete ways to collect information before making a commitment.

With the article as my guide, I first looked up an estimate of the procedure's Fair Price at the Healthcare Bluebook website. They listed a screening colonoscopy in my area at just under \$1,400.

Next, I navigated onto the Medibid website from the Samaritan Dashboard. I read how Medibid allows cash-paying patients to receive competitive bids from providers around the country. Medibid is free to Samaritan members, so with nothing to lose, I typed in my request, giving my "date needed" as three months in the future to allow plenty of time to review any replies.

By late January, I had received six offers ranging from \$450 to \$2,600 from doctors all over the country and even one in Costa Rica. Dumbfounded by the range in price and puzzled how to evaluate the bids, I read the information sup-

plied by Medibid on each bidder and viewed their health care ratings. These offers looked more and more like real alternatives, yet choosing a doctor out-of-state without a referral seemed a little risky.

The offers I had received gave me confidence to approach two recommended local gastroenterologists for their cash-pay estimate. To my sur-

**One estimate
was nearly four
times higher than
another.**

prise, their estimates differed from each other by \$850, and both were much higher (2½ times and nearly four times higher) than the Medibid offer I liked best.

Medibid then sent me a helpful email clarifying the next steps. They reassured me that "accepting" a bid only meant that the doctor and I could talk directly.

Once I clicked "accept," the doctor's name and contact information appeared. I called his office and spoke to two of the staff. To my surprise, the doctor called me back that afternoon to discuss details. He was just as his Medibid profile portrayed him—friendly, experienced, and passionate about personalized, inexpensive patient treatment. Although I could have contacted friends in his state for help checking his reputation, the half-hour

conversation and the doctor's good reviews eased my mind.

Because his bid will save us many hundreds of dollars, my husband and I were willing to schedule the colonoscopy in a distant state. After paying for round trip airplane tickets, a rental car, gas, two nights in a motel, and the colonoscopy itself, the total will still be less than the procedure would have cost at home.

I encourage Samaritan members to try Ron's tips and investigate Medibid's options for themselves. ♦

Betts Baker and her husband, Stephen, are Samaritan Ministries members from Longmont, Colorado.

Researchers say breast cancer screening and treatment are too aggressive

by Kathryn Nielson

“You’ve got cancer” may be the most dreadful words you could ever hear from a doctor. Among the many questions patients often wrestle with are these two: What more could have been done to prevent this? What is the most aggressive treatment available now?

Some doctors and researchers say that the prevailing detection and treatment strategies are actually too aggressive. They cite evidence that people are being harmed by treatment for something that never would have caused a problem.

“The problem is, we all harbor abnormalities, and our tests are increasingly able to find them, yet most of these abnormalities will not go on to cause disease,” Dr. Gilbert Welch said in a 2011 interview. “But because clinicians don’t know which will and which will not, we tend to treat everybody. That means we are treating those who cannot benefit because there’s nothing to fix, and these people can be harmed.”¹

Welch is a professor of medicine and director of the Center for Medicine and the Media at the Dartmouth Institute for Health Policy and Clinical Practice. He’s the author of a trio of books on the topic: *Should I Be Tested for Cancer: Maybe Not and Here’s Why*, *Overdiagnosed: Making People Sick in the Pursuit of Health*, and *Less Medicine, More Health: 7 Assumptions that Drive Too Much Medical Care*.²

Welch and others in the medical community are saying that some treatments, especially for cancer,

are causing people to experience stress and cost that is unnecessary. Furthermore, they argue that some people are dying sooner than they should, and the treatment deserves the blame, not the disease.

Breast cancer is one area where it has been difficult to keep up with changing and conflicting recommendations about screening.

For years women were strongly encouraged to have annual mammograms starting at age 40. But it is this idea of treating what doesn’t need to be treated that prompted the U.S. Preventive Services Task Force to revamp their guidelines surrounding mammography screening in 2009. The debates have only become more complex and intense since then.

Controversy surrounding mammograms goes back decades, but recent articles in the *New England Journal*

of Medicine and the *Journal of the American Medical Association* concluded that widespread mammogram screening results in overdiagnosis and overtreatment.^{3, 4}

The reasoning goes like this. More mammograms means more small, “clinically irrelevant” tumors are found, but there has not been a decline in the detection of the large and dangerous cancers. It appears mammography isn’t helping us prevent advanced cancers or having any effect on breast cancer mortality.

A follow-up article in *JAMA Oncology* stated that mammography screening and overdiagnosis leads to “potentially harmful procedures and therapies that have considerable psychosocial impacts on women.”⁵ It’s one thing to go through chemotherapy and radiation if those treatments really do make the difference between life and

Benefits of Mammography		
	Among 1,000 women screened for 10 years, the number who:	
Age	Avoid a breast cancer death	No benefit
40	.5	999.5
45	.7	999.3
50	1.0	999.0
55	1.4	998.6
60	1.7	998.3
65	2.0	998.0
70	2.3	997.7

Cited in *Overdiagnosis* by Dr. Gilbert Welch. Data from the National Center for Health Statistics’ Multiple Cause-of-Death Public-Use Files.

death, but whether they do is the question that is being asked more pointedly.

Instead of making one-size-fits-all recommendations, the 2009 guidelines issued by the Preventive Services Task Force simply encourage women ages 40-49 to talk with their doctor about screening: both the benefits and risks of it. Women ages 50-79 are encouraged to screen less often, every two years: “Beginning mammography screening at a younger age and screening more frequently may increase risk for overdiagnosis and subsequent overtreatment.”⁶

Obviously it makes a huge difference whether your doctor tends to be more or less aggressive about screening and treatment. It comes down to judgment calls you and your doctor have to make at various stages. No matter which way you decide, it should be a fully informed decision, but that’s the challenge.

The medical terminology of breast cancer can be bewildering. There are many types and subtypes; and a lot of Latin words are used.⁷ At least the theoretical distinction between “invasive” and “non-invasive” is intuitive: Some cancer is dangerous because it will spread and become life-threatening, while some can remain harmless for decades.

One of the most common types of non-invasive breast cancer is known as “ductal carcinoma in situ,” usually referred to by the acronym DCIS. Ductal refers to the location in the milk duct, carcinoma means cancer, and *in situ* means it remains “in place.” That is, it is not likely to spread.

Prior to the push for mammography screening, DCIS accounted for only 3 percent of cancer diagnoses. With increased screening, it is estimated that between 20 and 25 percent of screen-detected cancers fall under this category. There will be another 60,000 cases of DCIS diagnosed in 2017, and by 2020 there will be more than 1 million women living with that diagnosis.

Laura J. Esserman, a breast cancer surgeon at the University of California, San Francisco, and director of the Carol Franc Buck Breast Cancer Care Center, goes so far as to say that “DCIS is in many ways a disease that we created because of screening.”

Dr. Esserman has challenged the status quo in many ways. In a *New York Times* profile, she recommended against biopsies and lumpectomies when others would go ahead. She embraces the categorization of some breast cancer as “stage zero” and recommends a wait-and-see approach. Some of her patients have decided not to have surgery after

getting a second opinion from her.⁸

She also has published research pushing for greater use of MRIs for detecting cancer and monitoring treatment of cancer. The hospital where she works is the first in the nation to start using a new method for marking exactly where to cut for lumpectomies. Perhaps the most remarkable thing about Dr. Esserman is her reputation for going far beyond typical doctor-patient engagement. She is known for spending hours explaining possibilities, treatment options, and the reasons for her recommendations. She even sings to her patients as they are being put under anesthesia.

The development of different diagnostic technologies is really what is shaking up the status quo. Digital mammograms, ultrasounds, MRIs, and thermography are some of the new tools now playing a role in helping find breast cancer.

Ultrasounds can’t image the whole breast or deep areas like mammograms can, nor can they show calcifications, which are indications of

Continued on page 13

Both sides of the story	
Among 1,000 fifty-year-old women undergoing annual mammography for ten years:	
1 will avoid a breast cancer death	2 to 10 will be overdiagnosed and treated needlessly. 5 to 15 will be told they have cancer earlier than they would have otherwise but this will have no effect on their prognosis. 250 to 500 will have at least one false alarm (about half of these will be biopsied).

Cited in *Overdiagnosis* by Dr. Gilbert Welch. See chapter 10.

plans. The Stabilization Act of 1942, for example, allowed businesses to work around imposed wage controls by offering employer funded health insurance. States followed suit by offering tax-exempt status for health insurance companies such as Blue Cross and Blue Shield.

This reliance on health insurance only became more entrenched with the creation of Medicare and Medicaid. This massive new Federal entitlement not only served to increase the moral hazard of having taxpayers cover the costs of individual medical treatment, but would go on to directly contribute to another problem we face today: growing administration costs.

As Medicare and Medicaid grew, so did their costs. In an effort to help create a more uniform payment system for Medicare and Medicaid, in 1992 Congress passed a Medicare

Fee Schedule.⁴ This created a coding system to help make government-sponsored medical costs more uniform. This top-down approach to medical costs helped expand the medical bureaucracy at American hospitals—at the expense of personalized medical care.⁵

“It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication somehow think that we can afford to pay for doctors, hospitals, medication, and a government burueacracy to administer it.”

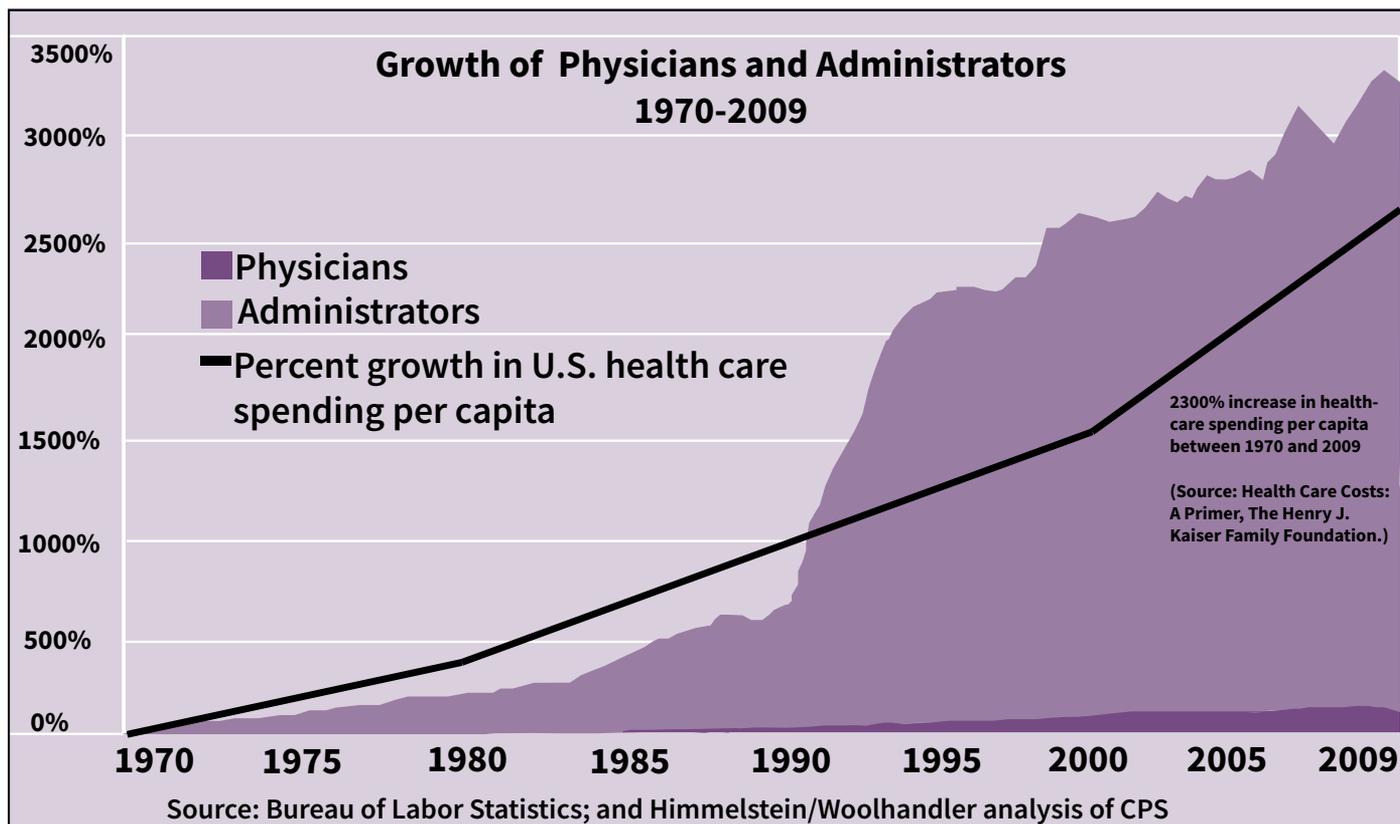
—ECONOMIST THOMAS SOWELL

As government’s influence in medicine grew, the more barriers arose between a patient and their medical professional. While this

has only been exacerbated thanks to Obamacare (which included its own massive expansion in government-imposed coding), these issues existed long before the law took place.

Of course access to medical professionals themselves has been arbitrarily restricted by government intervention. One of the issues facing not just the U.S.,⁶ but throughout the Western world,⁷ is a shortage of doctors and other medical personnel. Growing restrictions placed on doctors, especially those in more socialized countries, surely skews some of the incentives for embarking in a medical career,⁸ and licensing and other government barriers prevent individuals with experience and skill from entering the medical profession.

For example, medical experience earned in the military is often not



accredited for civilian certifications. I personally have a friend who, as a Navy corpsman, served in military hospitals, and yet had to begin his nursing certification at a Florida state college without any credit for his practical experience. Similar issues are faced by medical professionals from other countries entering the United States. While not every doctor immigrating to the U.S. would be prepared to serve in an American hospital on their first day, the decisions for who is or is not qualified to help patients should be made by consumers and hospitals—not by a one-size-fits-all government policy.

The consequence of these measures should be obvious, arbitrarily reducing the supply of medical professionals raises the costs of medical treatment. Basic economics.

The same can be said of the FDA's role in reducing competition in the pharmaceutical market place, either by granting monopoly rights to certain companies,⁹ or with regulatory red tape that delays the release of competing drugs while adding additional expense to their development.¹⁰ The costs of the FDA's caution cannot simply be measured in the dollars it costs businesses, but the lives lost by those suffering diseases that could have been treated.

While Senator Paul's proposal would help free up the American health insurance market, it doesn't address any of these more fundamental problems. Unfortunately, it still represents one of the most "radical" attempts in D.C. to reduce the role of government in medicine, a sign of how few in the Federal government understand the basic problem it has created.

There are some promising signs from the Trump Administration. His approach to the FDA would empower patients with more choices in prescriptions,¹¹ but there still appears to be little appetite in Congress to tackle some of the biggest issues plaguing our health care system. ♦

Tho Bishop is Media Coordinator for the Mises Institute.

1. "100 Years of Government's 'Managed' Health Care." <mises.org/library/100-years-governments-managed-health-care>
2. "How Third-Party Payers Drive Up Medical Costs." <mises.org/library/how-third-party-payers-drive-medical-costs>
3. "Why Health Care Costs Exploded After World War II." <mises.org/blog/why-health-care-costs-exploded-after-world-war-ii>
4. "Specialty Society Relative Value Scale Update Committee." <en.wikipedia.org/wiki/Specialty_Society_Relative_Value_Scale_Update_Committee>
5. "The Rise of the Medical Bureaucrat and Centralized Health Care." <mises.org/library/rise-medical-bureaucrat-and-centralized-health-care>
6. "New Research Confirms Looming Physician Shortage." <www.aamc.org/newsroom/newsreleases/458074/2016_workforce_projections_04052016.html>
7. "Germany Seeks Foreign Cure for Its Doctor Shortage." <wsj.com/articles/germany-seeks-foreign-cure-for-its-doctor-shortage-1437434991>
8. "How Much Do Doctors in Other Countries Make?" <economix.blogs.nytimes.com/2009/07/15/how-much-do-doctors-in-other-countries-make/>
9. "The Lack of EpiPen Competitors is the Government's Fault." <mises.org/blog/lack-epipen-competitors-fdas-fault>
10. "Pharmaceutical Prices, Patents, and the FDA." <mises.org/library/pharmaceutical-prices-patents-and-fda>
11. "President Trump's show of support for 'Right to Try' laws is giving terminally ill patients new hope." <rare.us/rare-politics/president-trumps-show-of-support-for-right-to-try-laws-is-giving-terminally-ill-patients-new-hope/>

God is a faithful God, yesterday, today, and forever. He always meets our needs.

When we hear about all the turmoil surrounding the Affordable Care Act, we are so thankful God led us to follow a different path. Praise God we have Samaritan Ministries.

*Patricia Camloh
LaFayette, New York*

I am very blessed to have this ministry as I have gone through this injury. I haven't broken anything before and the experience with the health care system has been eye opening.

I'm so encouraged I'm connected with fellow Samaritan members and not in the Affordable Care Act.

The thrifty use of money to pay bills makes me happy. With Samaritan I feel like I'm not at the mercy of overcharging providers, and I can be a good steward of the money given by others.

I regularly share my experience with my friends.

*Patricia Schlichte
Rio Rancho, New Mexico*

I'm so glad we don't have to participate in the nightmare called the "Affordable" Care Act. We are grateful for every dollar our kind brethren sent us. Our Special Prayer Need for our daughter's impacted wisdom teeth was above and beyond the call of duty for them.

The Lord will provide for the rest. He always does.

*Daniel and Karen Tennant
New Woodstock, New York*

One of the greatest compliments Randy ever received, a highlight of his ministry, occurred when his father was dying. The only way Randy could communicate with him was through song. He sang his ballad “Breath of God,” and sensed the Holy Spirit working on his dad’s heart. His dad responded, “Gives me the chills,” and gave his life to Christ nine days before he died.

Life on the road can be difficult, but it brings Randy and Leslie a rich store of treasured times, deepen-

ing their relationship. Adjusting to a different hotel every night can become unsettling, and homesickness seeps in. They’ve learned through the years to joke about getting to visit their home next week or about taking pictures to remind them of where they live instead of counting how many days until they are home.

When someone once asked about the strain of constant travel, Leslie replied, “We love our home, but in a deeper sense we realize that our

home is wherever we are together with Jesus.”

Whether at home or on the road, Leslie says they want to “live in the now with the Lord, enjoying every moment with Him and being excited about what He has us doing.” ♦

Advice from Uncle Rand

Here’s advice for young musicians from “Uncle Rand,” an affectionate nickname for Randy Stonehill, a 47 year veteran in the music industry, who speaks from his heart and life:

- “Success” in the music industry comes down to the heart and vision of the individual. The business itself is a minefield with many temptations that will pull your focus away from your calling and toward popularity and money. Focus on Christ. Then, if God opens the doors in the industry, be tenacious about moving through them as a godly steward.
- Understand that your gifts come from God, and your dreams *may* come from God. God is faithful, God is sovereign, and He will do what He wills. What is crucial is that you hold it all with a very loose grip before His altar in obedience.
- It’s good to have goals, but understand this, you don’t

want to grieve the Lord or miss out on what He is doing now because your eyes are only fixed on your goals. As a young artist, don’t set goals to define success. “If I only can make this much money, then I’ll be a success.” “When I play to a crowd twice this large, then I’ll be a success.” “Oh, when I sign my first recording contract, then I’m a success.” “When I have my first hit single, then I’ll know I’m a success.” If you do that, you are robbing yourself of the joy of living in the moment the Lord has given you.

- When I toured with Amy Grant, I learned from watching her to relate to each person who speaks to you as if you two were the only people in the room. Refuse to be distracted by others.
- Advice that Noel Paul Stookey of Peter, Paul, and Mary gave me many years ago that is important to me even today: Work

with whatever happens. If a guitar string breaks, just have fun telling a story while you are changing the string.

If you don’t get nervous, the audience won’t get nervous.

Don’t take yourself so seriously. Take God seriously, and He will do the rest.

Being onstage is not a tightrope walk, it’s actually a broad and liberal tableland. You are granted a great deal of power and authority by the audience because you are standing in the spotlight with a microphone. People want you to lead them somewhere. Lead them to Christ. They are cheering for you. They don’t want you to fail.

- Trust God, go with His leadings, and you’re a free man.
- Finally, know that the key to life, the definition of success, is obedience. Worship the Lord with your whole life, and He will honor that. ♦

problem areas. But ultrasounds are helpful in certain cases for distinguishing between a fluid-filled cyst and a solid mass.

There is also a technique called elastography, which uses ultrasounds in a new way. When a suspicious area is found with a first ultrasound, then pressure is applied to the breast and another ultrasound is done. A computer program com-

long time, but then quickly become a serious health problem.

Dr. Philip Getson, who has been a medical thermographer since 1982, says, "Since thermal imaging detects changes at the cellular level, studies suggest that this test can detect activity eight to ten years before any other test. This makes it unique in that it affords us the opportunity to view changes before the actual

a biopsy, surgery, or treatment. It is helpful that some in the medical community are recognizing that the relentless "screening saves lives" campaigns were too simplistic.

Wise screening saves lives. What constitutes wise screening? There are many aspects. For starters being realistic about the known limitations of screening is important. So is an engaged patient and expert medical professional working together.

Like anything else in life, frank discussion and debate is healthy. ♦

This article is for educational purposes only and not meant as medical advice.

If you have an experience with breast cancer screening or treatment you'd like to share, please send an email to kathryn.nielson@samaritanministries.org.

It is important to realize that, no matter what diagnostic tool is used, it will always come down to judgment calls about whether to have a biopsy, surgery, or treatment.

pares the images to calculate elasticity. If the lump is hard and inflexible, it is more likely to be dangerous.

MRIs are often used to help map out the size and location of a tumor. Sometimes MRIs are used to guide a biopsy needle more precisely. Sometimes a biopsy result indicates a larger tumor than a mammogram, and an MRI is done to help make a decision about how much tissue should be removed.

Thermography is infrared imaging that detects heat and inflammation. Tumors need nutrients to maintain their size or accelerate growth, and thermography can detect changes in bloodflow. Some in the medical community maintain that thermography has the potential to become the new standard for breast cancer screening.

Even though cancer involves rapid multiplication of cells, it can remain very small and undetectable for a

formation of the tumor. Studies have shown that by the time a tumor has grown to sufficient size to be detectable by physical examination or mammography, it has in fact been growing for about seven years achieving more than twenty-five doublings of the malignant cell colony. At 90 days there are two cells, at one year there are 16 cells, and at five years there are 1,048,576 cells—an amount that is still undetectable by a mammogram. At eight years, there are almost 4 billion cells."⁹

A big part of the debate is cost. Mammograms run around \$100, ultrasounds a few hundred, and MRIs are pricey, averaging between \$2,000 and \$3,000. Thermography falls in the \$100 to \$200 range.

It is important to realize that, no matter what diagnostic tool is used, it will always come down to judgment calls about whether to have

1. "Overdiagnosis: Bad for You, Good for Business." <bu.edu/today/2011/medical-overdiagnosis-bad-for-you-good-for-business/>
2. You can read free samples from Dr. Welch's books on Amazon Kindle.
3. "Breast-Cancer Tumor Size, Overdiagnosis, and Mammography Screening Effectiveness." <nejm.org/doi/full/10.1056/NEJMoa1600249>
4. "Breast Cancer Screening, Incidence, and Mortality Across US Counties." <jamanetwork.com/journals/jamainternalmedicine/fullarticle/2363025>
5. "Mammography Screening and Overdiagnosis." <jamanetwork.com/journals/jamaoncology/article-abstract/2463621>
6. "Breast Cancer: Screening." <uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1?ds>
7. "Types of Breast Cancer." <breastcancer.org/symptoms/types>
8. "A Breast Cancer Surgeon Who Keeps Challenging the Status Quo." <nytimes.com/2015/09/29/health/a-breast-cancer-surgeon-who-keeps-challenging-the-status-quo.html?>
9. "The Best Breast Test: The Promise of Thermography." <huffingtonpost.com/christiane-northrup/the-best-breast-test-the_b_752503.html>

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.

Killer’s mother believes

The mother of a man who killed the pastor of a Vietnamese church in the province of Nghe An became a Christian after church members showed forgiveness to her, International Christian Concern reports. “Her son had killed a pastor, but instead of anger, the pastor’s congregation showered her with love and forgiveness.” The son reportedly had run over the pastor with a car. ICC also reports that, after 30 men volunteered to take the late pastor’s place, a ministry was able to start 12 other churches. *Praise God for the salvation of the killer’s mother. Pray also for the new congregations that have been planted.*

Missionary still missing

A missionary who worked in Niger for a branch of Youth with a Mission and was kidnapped in October 2016 has not been heard from for several months, World Watch Monitor reports. Ransom demands have been received for Jeff Woodke but are

not believed to be authentic, and no group has publicly claimed responsibility. His captors were tracked to neighboring Mali. *Pray for Jeff’s safety and for his release. Pray also for his wife and family members.*

Believer’s children kidnapped

The children of a woman who converted from Islam to Christianity were kidnapped by the woman’s ex-husband in the Middle East more than a year ago, Voice of the Martyrs says. A judge had granted the woman, “Suraya,” full custody of their children. The father occasionally allows the children to send recorded messages to Suraya. *Pray that Suraya will be reunited with her children and that she will not waiver in her faith.*

China pressures churches

Chinese government authorities are pressuring many house church networks to register with the official Protestant church, VOM says. Officials are reportedly delivering ultimatums to house church leaders to join the Three-Self Patriotic Movement. House church leaders believe their only true option is to make others aware of the situation and ask others to pray for them. *Please pray that these leaders will stay true to Christ and resist government pressure. Pray also for the continuing impact house churches are having on China.*

Woman beaten for faith

Family members and religious leaders have reportedly beaten a Christian woman in a North African country after she converted to Christianity, VOM reports. “Safa” has suffered bruising and nausea as a result. Local

mosque leaders said they will continue the beatings until she returns to Islam. *Pray that the beatings will stop and that Safa will remain strong in her faith.*

Twenty-five churches to be razed

Sudanese officials have ordered the demolition of at least 25 church buildings, ICC reports, claiming that they were built on land designated for other uses. The churches represent several denominations, ranging from Roman Catholic to Pentecostal. Church leaders see this as part of a “wider crackdown on Christianity.” *Pray that the demolition orders would be dropped. If they aren’t, pray that the congregations will find places to meet. Pray also for the faith of the church members.*

Family forced from village

A Mexican community in the state of Chiapas forced a Christian family to flee their home, VOM reports. Mardomio and his family were ordered by the village “religious teacher,” Mardomio’s father, to stop attending church and return to traditional beliefs. They continued to attend church secretly. When hosting a pastor for a celebration, the father and other villagers disrupted the party and beat the pastor. The children were then banned from the local school and Mardomio’s family ordered to leave. *Pray for Mardomio and his family’s faith to remain strong, that their abusers would be converted, and for provision for the family.* ♦

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).

scale in marriage and families is bound to have a ripple effect on the culture as a whole. And just as you can't expect to build a solid and lasting house out of bricks that are rotten, the chances of building anything like a healthy and thriving community out of fragmented families is approximately zilch.

If we want to rebuild communities again, we need to eradicate the cult of individualism from our marriages and our families. We must live like God tells us to live, with husband cleaving to his wife, with wife cleaving to her husband, and with both seeking to be fruitful and to multiply. We need to demonstrate to others that we do not accept the demise of marriage and of families engendered by the sick individualism we see all around us. On the contrary, now more than ever we are going to strive against it, and show that we can make good, happy, life-long marriages, where we bring up happy, healthy, and joyful children.

Beyond the worship of God and the building of strong families, the other great key to rebuilding communities begins by building a healthy, outward-looking church community. Every culture is built around something, and until the early to mid-20th century, towns and villages in Europe and North America were built around churches. That is, wherever there were people living in close proximity, the church would usually be found in the midst of and at the heart of that community. The symbolism was unmistakable: this community is built around God, His worship, and His Church.

Secularists no doubt hate that idea, but it isn't that the idea of building a community around

something has gone away—it is one of those inescapable concepts. Community has to be built around something. Secularism might try to build community around materialism, political ideology, postmodernism, relativism, or even total rebellion against God: atheism or nihilism. It is destined to fail.

If we are to start rebuilding communities, we are going to have to put the Church back into the heart of them. Not physically, necessarily, but certainly symbolically. How do we do this? By starting from the inside and working out. By building a church community that is totally counter-cultural, but whose beauty cannot be denied. Where both young and old worship together in harmony. Where children are respectful to their parents. Where parents really love their children. Where marriages last. Where people give. Where disagreements are handled respectfully. Where help is given to those who need it. Where hospitality abounds. Where there is genuine love.

But it's crucial that we don't stop there. We then take that model out into the community by inviting people to come and join with us. This will look different in each church. In the church in which I am a member, for instance, we have recently started introducing people in the local area to things like church lunches, game nights, Scottish dancing, and conversation classes for those for whom English is not their first language. The aim is to be a thriving church community in the midst of the area of the city we are called to serve, where people can come along and join with us in the hope that they will also eventually join them-

selves to Christ and to His church.

People are beginning to notice and respond. Perhaps they come initially to a game night. Or maybe a church lunch. But when they come to these events and see a community of people who genuinely love one another and who really do care for one another, the attraction for them in our Individualistic, atomized, and often very lonely culture is powerful.

In conclusion, I want to urge you to put a lot of thought into how you, your family, and your church might start this much needed process of rebuilding community. Some of you reading this will be much further down the line in terms of thinking and practice than my church and my family are. Or perhaps you have not really considered the task in the terms I've set out in these two pieces.

Whichever may be the case, the task of rebuilding is an urgent one. Yet it is something that should thrill and inspire us. We serve a God Who delights in robust corporate worship, in strong families, and in thriving church communities. If we strive to invite people to see for themselves what this community looks like, will He not answer our prayers and delight to bless our efforts? ♦

*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.*

You search the Scriptures because you think that in them you have eternal life; and it is they that bear witness about Me, yet you refuse to come to Me that you may have life.

John 5:39-40

One of the ironies of Jesus' life on earth was that He was rejected by people who thought they were carefully following God's Word in their beliefs and practices.

These people studied Scripture and memorized it. They prayed and fasted. They gave offerings at the temple and confessed sin. They were meticulous in obeying their rules to the point of criticizing Jesus for doing good on the Sabbath.

Even though they were so dedicated to obeying God's Word, Jesus told them that they did not have His Word abiding in them. He said that they had never heard God's voice nor seen His form, and that they did not have the love of God within them. (John 5:37-38, 42)

If they were living today, would we consider them to be faithful members of our churches? Might some of them be members of health care sharing ministries?

If our study and application of God's Word does not bring us to Jesus—to a deeper relationship with and dependence on Him—we are missing the central purpose of Scripture and of life.

For the Kingdom,



Ray King