

# Christian HealthCare

## NEWSLETTER

### MEMBER LETTERS:

#### I was a little bit jaded about health care

**Decades working in** the health care industry seeing patients frustrated with the billing and coding games left me a little bit jaded about health care. When I started our first Samaritan Need, I was nervous about whether it would really work or not.

I am so thankful to God for physical healing, for a renewed awareness of stewardship, and for the Samaritan community.

What a blessing it is, not only to see how it can work financially—I received reasonable discounts—but the notes of encouragement were amazing. My faith toward humanity was restored.

Thank you to all the members and for all the work the staff does in the office. We appreciate you.

*Glenn and Sherri,  
Pennsylvania*

### We don't have a 'free-market' in health care

#### Regulation and special interests thwart competition

by Hunter Lewis

In a recent article for Fox News my long ago Harvard classmate, Edward K. Glassman, extolls our free-market medical system. The first reader to comment on the article agrees that we have a “free-market” system, but thinks that “profit-based healthcare” should be “out-lawed.” Another reader thinks that we actually have “socialized medicine.”

So what do we have? I think the most apt description would be “crony capitalist” medicine, one in which powerful special interests conspire with government officials to create legally mandated monopolies, with the specific goal of thwarting free-market competition.

Here is how it actually works:

**1.** Most people wonder why there are no visible prices in medicine. You only find out what the charge has been after the service has been delivered. There actually are prices—controlled prices—but you aren't supposed to know what they are. Each year a committee of the American Medical Association recommends a set of prices to Medicare. The committee is dominated by medical specialists, so specialists tend to do particularly well. Medicare is not actually run by government, but by private insurance companies, and these companies adopt these prices for private insurance purposes as well. Congress further sweetened this price-controlled system for hospitals by requiring Medicare to

pay more for the same service if provided by hospital employees. This has inevitably led to local hospitals buying out most of the surrounding private medical practices, which has in turn created local medical service monopolies that feed patients to the hospital for its more costly services.

**2.** These monopolies are further sweetened for doctors by legally barring nurses, chiropractors, four-year trained naturopathic doctors, and other health professionals from using the full extent of their medical training. In this way, the supply of medical services is constrained, which further raises prices.

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**Sharing Summary from February**

Shares:	\$25,669,605	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:	\$25,668,413	
Unshared Needs in Negotiation:	\$ —	
New Needs:	3,450	
Total Needs:	7,707	
New Rewards:	180	
Miscarriages:	20	Member Households: 76,166
Final Rewards:	16	(as of 1/30/18)

**Contact Us: 877-764-2426**    **Dash.SamaritanMinistries.org**

**Questions about?**

- Your medical need
- Shares you are sending or receiving
- Your membership

**Email**

- needs@samaritanministries.org
- membership@samaritanministries.org
- membership@samaritanministries.org

**Phone Menu**

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Health Resources

**Have a Need? Use the Health Resources app on Dash.**

- Compare quality and cost of health care services in your area using Healthcare Bluebook.
- Use Medibid to receive bids from doctors for tests or treatments you are seeking.
- Email a medical professional or call a nurse (free), or call a doctor who can write a prescription (\$25).
- Access discount tools for prescriptions and lab tests.

**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.

## Get a second opinion from MediBid on Dash

by Jed Stuber

*The one who states his case first seems right, until the other comes and examines him.*

*Proverbs 18:17*

When a health care organization in the U.S. started a second-opinion service for its members in 2016, it resulted in 60 percent of treatment plans being changed from their original course. Money saved by avoiding a single unnecessary surgery amounted to \$424,540.<sup>1</sup>

Now Samaritan Ministries partner MediBid is offering a second opinion service that you can access in the Health Resources app in your Dash account (Dash. SamaritanMinistries.org).

Anyone paying cash for medical care, which includes Samaritan members, wants to know how to get quality care at a competitive price. Unfortunately, quality and price information are often hidden or obscured in our highly regulated health care system, which is fraught with perverse incentives.<sup>2</sup> Medical errors, adverse drug reactions, hospital infections, and third-party interference are also huge problems.<sup>3</sup> Thankfully, services like MediBid and Healthcare Bluebook are springing up to help consumers get the information they need.

Healthcare Bluebook's data shows:

- It is common for the costs for the same treatment to vary by 400 percent in the same city.
- The providers with the highest quality ratings are usually very competitive on price.

- It is not true that you have to pay the most to get the best.

MediBid's service illustrates the timeless truth that a little competition goes a long way. Members can simply post the treatment they are looking for and receive bids from providers who are willing to do the treatment.

Last year member Doris Stephens was quoted a price of \$35,000 for hip surgery. After posting on MediBid, she had the surgery done for \$10,000 by a highly qualified specialist at Surgery Center of Oklahoma.

MediBid is great for diagnostics, too. Member Kim Henderson used it to save \$1,000 on a single MRI.

When members take advantage of these services, there is almost always significant savings. Samaritan member Toby Meisenheimer, a financial advisor by profession, writes this about reductions on his wife's hospital bill:

"The money saved is meeting others' needs! If we all did this, our Shares have less of a chance of spiraling out of control like insurance premiums are."<sup>4</sup>

### Why do second opinions make a difference?

This should go without saying, but diagnosing medical problems is notoriously difficult. It is simplistic to think that medicine has advanced to a precise science where a test is done, recommended treatment is given, and health is summarily restored. A million factors interact in complex ways to affect our fearfully and wonderfully made bodies—not to mention the mental and spiri-

tual factors that play huge roles in our health. A second opinion often reveals more information and different options. Plus, a small fee for a second opinion might result in big savings overall.

The Mayo Clinic, a hospital that specializes in taking on difficult cases, has tried to study the issue of medical diagnosis, but it is very difficult to do so. Experts cannot even agree on common terminology for diagnosis so that changes can be consistently tracked.<sup>5</sup> One Mayo Clinic study did find that when patients went to the significant trouble of seeking a second opinion, 88 percent of them received a change in diagnosis, 21 percent received a new diagnosis, and only 12 percent got confirmation that their original diagnosis was correct.<sup>6</sup>

MediBid is making it easier for Samaritan members to apply the wisdom of Proverbs 18:17 to health care. A second opinion can often be gathered by phone call or Skype interview. A physician offering a second opinion can be granted access to the patient's medical records and any imaging already taken. The second opinion will be thoroughly explained to the patient, either confirming the initial treatment option or suggesting an alternative.

MediBid recently held a webinar about their second-opinion service, featuring Samaritan member Dr. Jane Orient. Visit [bit.ly/Medibid2](http://bit.ly/Medibid2) to listen to it. ♦

1. [bit.ly/2op60change](http://bit.ly/2op60change)

2. See articles on page 1 and page 6.

3. [bit.ly/drrtrust](http://bit.ly/drrtrust)

4. [bit.ly/tobymeis](http://bit.ly/tobymeis)

5. *Ibid.*, 3

6. [bit.ly/2opin](http://bit.ly/2opin)



**Steve and Michelle Tierney**  
**Up and Running Again**  
by Michael Miller

Steve Tierney with, from left, his children Alyssa, Andrew, and Avarie, and his wife, Michelle.

A life-changing event for Steve Tierney has led to changed lives for more than 700 other people who have taken part in the ministry he started, Up and Running Again.



- Heather was a homeless, suicidal addict who turned her life around by training for a half-marathon. “It just showed me, when the Lord is with you, you can really do anything,” she says in an Up and Running Again promotional video.
- Diana, 66, who has COPD, had never run in her life, but gave Up and Running Again a try and finished a half-marathon. “I’m still supposed to be on oxygen, and I signed up again,” she says. “If I can do it, you can do it.”
- Martel, a resident at the San Diego Rescue Mission, ran the half in a fast 1 hour and 27 minutes.
- Ashlee lost 110 pounds training with Up and Running Again.
- Others have lost weight, gotten jobs, or gone to school.

All of it is thanks to the ministry the Lord led Steve to start in 2009.

A partner in the southern California accounting firm of Nienow & Tierney, LLP, Steve decided to start training for a marathon after attending a goal-setting seminar. Using a “couch-to-marathon” type of program, he progressed from walk-run workouts for 30 minutes to full running sessions of several miles.

“Each week that I added a mile to my long run, I was getting this amazing positive reinforcement that says, ‘Hey, you’re doing something you’ve never done before in your entire life,’” Steve says. “How often can you tell yourself you’ve done that?”

Nine months after starting his program, he ran the 2008 Long Beach Marathon.

“It was life-changing,” he says. “It was kind of like you have those milestones of getting married, you have your kids, you get your CPA license, you begin your relationship with the Lord ... this was right there with them.”



Steve continued running because he didn't want to be "the guy who could just run five minutes." And then he heard about an organization with a running program for the homeless on the other coast. He contacted them to see if they'd be interested in doing a similar program in California, but he never heard back from them.

"I thought, 'Well, this is just too good to pass up,'" he says.

He set up a September 2009 meeting with Jim Palmer, the president of the Orange County Rescue Mission, to see if he'd be open to a half-marathon training program for residents, but hesitated at the lunch.

"I felt God pushing me, saying, 'You just need to ask,'" Steve says. "This whole lunch I'm just kind of going, 'This is crazy, this is stupid. You're an accountant. You don't do these kinds of things.'"

At the end of the lunch, though, Steve finally decided that it was now or never. He asked the mission president whether he would be interested in a half-marathon training program for the mission's residents.

"Almost without blinking an eye, he said, 'Yes, absolutely. Let's do it,'" recalls Steve, who then wondered, "OK, now what do I do?" He wasn't a coach; he had trained by reading a marathon training book for nonrunners.

The answer was to take it one stride at a time.

Steve met with the mission's program coordinator later that month, and then some of the interested residents in October.

"The first time I met with residents, I remember looking around the room thinking, 'That person's not going to make it, that person is not going to make it, that person is totally wasting my time,'" he says.

But on November 1, 2009, Steve and some volunteers started running with about 20 residents from the Orange County mission.

"God's fingerprints were just all throughout this," he says. "To be able to go from idea to implementation in like a month and a half just seems kind of like ... beyond."

Fourteen weeks later, on February 7, 2010, 13 residents of the Orange County Rescue Mission ran the Surf City Half-Marathon.

Those people he thought wouldn't make it? "I couldn't have been more wrong," he says.

"We had a gal that was 54 years old, smoked her whole life, was about 30 pounds overweight—she completed the half-marathon," Steve says. "I'm not going to say she was fast, because I think I saw a pregnant lady walking faster than she was running, but she did it, and it changed her life. She's got a job. She moved out of the mission. But that medal she got for doing that half-marathon means a ton to her."

Up and Running Again had its first success, and it soon spread. Training programs are now held at six different rescue missions—Orange County, Long Beach Rescue Mission, San Diego Rescue Mission, Union Gospel Mission in Spokane, Washington, and Las Vegas Rescue Mission. Other missions they've worked with in the past include Portland Rescue Mission, Seattle Rescue Mission, Grace Centers of Hope in Michigan, and an organization in Sacramento, as

*Continued on page 12*

## Help someone get Up and Running Again

Whether you'd like to get your own Up and Running Again program going to help out residents of a local rescue mission, or help a program with its expenses, here's how:

**To start your own,** you need to find a rescue shelter with a long-term residential program, suggests Steve Tierney, Up and Running Again founder. That not only helps with the stability of getting up for 6 a.m. runs four mornings a week, but it also works with the 14-week length of training. Then contact Up and Running Again at [upandrunningagain.org/contact/](http://upandrunningagain.org/contact/) and let them know you're thinking of starting a local program. You may want to line up a couple of friends to help with the "coaching" through the program.

**Sponsorship:** You can also help Up and Running Again through individual and corporate sponsorship opportunities. Visit [upandrunningagain.org/donate](http://upandrunningagain.org/donate). You can even tailor your donation to runners' specific needs, whether it's a case of bottled water (\$10), a pair of shoes (\$100), a running shirt (\$20), or the entry fee to a runner's first half-marathon (\$100). Sponsoring a runner is \$200 and a team is \$2,000.

## Why SMI?

**Steve and Michelle Tierney** were "looking into" Samaritan Ministries for their health care needs because their health insurance was costing \$1,500 a month for a high-deductible plan.

When some friends told them how Samaritan members had come through when a child had a hospital stay, though, that cinched it.

"That was the final thing that said, 'OK, let's do it, because our health insurance just got raised again,'" Steve says. ♦

## Member doctors adopt Direct Primary Care model

by Michael Miller

It's not only patients who like having direct access to their doctors. The doctors like it, too!

And both parties get it with direct primary care, a way of practicing family medicine that:

- Removes third parties for payments.
- Uses transparent pricing.
- Bundles services like labs, imaging, and prescriptions with membership, or the practice is able to secure deep discounts.
- Gives direct, 24/7 access to a physician through texting, phone, or email.

Dr. Evelyn Kelly Anderson, Dr. Patrick Rohal, and Dr. Steven Manning—each of them Samaritan Ministries members—all sing the praises of DPC practices because of their relationships with patients and the simplicity of the model.

**Dr. Evelyn Kelly Anderson**, of Monroe, North Carolina, for instance, knows all her patients by face and name at Anderson Family Medicine. She calls her practice “a modern version of the traditional patient-physician relationship.”

Frustrating regulations are one reason Dr. Anderson decided to leave the traditional models behind and start a Direct Primary Care.

“Based on volume, these models reward doctors for the number of patients seen, not the quality of care given. Government and private insurers ... interfered with my ability to give my patients my time and full attention. A new patient must be seen every 15 minutes during

a 10-hour workday to help make administrative ends meet and keep the practice running in the black.”

Now Dr. Anderson has the freedom to make sure she spends enough time with each person. Her patient panel is less than 500; a typical patient load is more than 3,000.

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**“DPC is a modern version of the traditional patient-physician relationship.”**

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“Patients are considered real people here and are more than just medical record numbers or ways to make more money,” she says when asked to elaborate on her practice’s slogan “Healthcare with a Heart.” “We are all created equal in God’s image, and I view my profession as a calling.”

Like most DPCs, the membership in Anderson Family Medicine includes generic medications and routine lab work, as well as many in-office procedures. Dr. Anderson even visits assisted living facilities and nursing homes when it’s needed.

But it all comes back to relationships with patients.

“They like that I am their ‘family’ doctor and that I know their history and may even be the doctor for other family members,” she says.

**Dr. Patrick Rohal** of CovenantMD in Lancaster, Pennsylvania, also values the personal touch in his DPC practice. It’s not unusual, because of the smaller staff needed for a DPC, for a doctor to answer the phone.

He says that his patients appreciate the 60 to 90 minutes they usually have with him or one of the CovenantMD staff.

“(They) also appreciate the streamlined access to their physician, in terms of the ability to call the doctor’s cell phone after hours, or text or email, all in a secure HIPAA-compliant manner,” he says.

That helps the personal touch that DPC enables.

“Our patients interact with the one nurse and the one doctor that knows them,” Dr. Rohal says. “They get a live person when they call our office, and it’s either their nurse or their doctor, not a chain of command nor a recorded message. Yes, the doctor answers the phone!”

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**“Our patients’ costs for lab tests are often 90 percent less than what they would otherwise pay.”**

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He also appreciates the simplification that direct primary care offers.

“It removes third parties from being the primary payer for the most common, least expensive occurrences in health care,” he says. “Our patients enjoy a very simple primary care cost structure, with very transparent pricing for lab tests, medications, and radiology. Because we do not bill health insurance, we do not need to employ a large office staff dedicated to all the nuances of insurance reimbursement.”

Dr. Rohal says the DPC model avoids “built-in incentives for price inflation” in the health care system.

“Our patients’ costs for lab tests are often 90 percent less than what they would otherwise pay if those prices were negotiated by a health insurance plan. We offer comprehensive annual fasting labwork for \$17.50. A local radiology vendor offers X-rays for our patients at \$45 cash at the time of service. Again, this is up to 90 percent less than what they would pay at insurance-negotiated prices.”

Simplicity is what **Dr. Steven Manning**, another SMI member who owns and operates Access Medicine in Williamston, North Carolina, likes best about his DPC practice.

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**“The best part is we have eliminated the middle man and there is no longer anyone between us and the patient.”**

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“Our practice model and operation is extremely simple ... our members receive all of their care for a flat monthly fee,” Dr. Manning says. “Our lab fees are clear and patients are aware of them upfront and we provide many in-office procedures such as EKGs, spirometry for no additional cost to members. All this is possible because we do not bill insurance and instead work directly for the patient and provide them

the most we can for their hard-earned money. This simple process is a much more predictable and stable income source than relying on insurance reimbursements which can be delayed and reduced. And the best part is that we have eliminated the middle man and there is no longer anyone between us and the patient.”

He breaks down AccessMedicine’s advantages into four aspects:

- Access. “Our members are guaranteed same-day or next-day access to us when needed.”
- Quality: “We aim to provide the best, most comprehensive primary care available anywhere.”
- Transparency. “Our prices and the fees in our practice are clear and upfront. Patients love this!”
- Affordability: “We set out to make our fees as affordable as possible so that anyone can take advantage of membership in our practice and obtain the best medical care.”

AccessMedicine’s slogan, “Direct Primary Care for the whole family,” also emphasizes that the practice is “a true family-medicine practice.”

“We offer membership for individuals, couples, and families. We also offer discounts for single parents and their children,” Dr. Manning says. ♦

**For resources to find DPC doctors near you visit**  
**SamaritanMinistries.org/dpc**



**Dr. Evelyn Anderson**

andersonfamilymed.com

In her own words:

SamaritanMinistries.org/drAnderson



**Dr. Patrick Rohal**

covenantmd.net

In his own words:

SamaritanMinistries.org/drrohah



**Dr. Steven Manning**

accessmedicine.md

In his own words:

SamaritanMinistries.org/drmanning

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

Members may be able to have some of their Direct Primary Care membership fees shared when they are receiving treatment for an illness or injury. Contact Member Services for more information and see the “Direct Primary Care” item in Section VIII.B of the Guidelines (SamaritanMinistries.org/guidelines).

## **Member Assistance Fund:** a small donation can make a big impact

*Currently we are meeting about 20 percent of needs that don't qualify to be shared, such as pre-existing conditions, long-term prescriptions, or major dental work. It would take more than a million dollars each month to meet all these needs, but don't let that number discourage you. If each household gave just \$20, we could meet them all!*

*You can donate using the bottom part of your Share Assignment Notice or online at [SamaritanMinistries.org/donate](http://SamaritanMinistries.org/donate).*

*Here are a few samples of letters from members expressing thanks for the assistance they received.*

**We are so grateful** for the members who gave to the Member Assistance Fund. Any little amount helps to offset our financial burden. Praise the Lord for this sharing ministry.

*Jared and Kelley, Missouri*

**God has truly blessed** us through this ministry. If it wasn't for the assistance we received, we would have been paying off bills for 2 years! We are so grateful.

*Ron and Shelly, Minnesota*

**Although our expenses** were much higher than the total we received, the generosity of members was very encouraging, and has encouraged us to commit to giving extra every month. Please continue to ask members to give that \$20-\$25 every month! Also, we are reminded how grateful we are that we are no longer sending more than \$1,000 per month to an insurance company.

*Bill and Allison, Georgia*

**We were extremely blessed** by the gifts but also by the encouraging notes and letters! Even though we did not receive enough to pay all our bills, it was a huge help, and God has provided a way for us to pay to them in full. I'm greatly encouraged by this ministry and thankful for the Body of Christ.

*Amanda, Montana*

**Not one of the people** who gave to me had to do that. It was all voluntary! I am so blessed by the generosity of others. What a beautiful example of the Body of Christ working together.

*Rachel, Indiana*

**Submitting a member assistance request** for my pre-existing need was humbling. How could I possibly ask other people to shoulder the financial burden of my allergy immunology treatments? I should be able to pay for this myself!

But circumstances were otherwise. The year was tough with a change in my employment, and the month was particularly tough with a host of unexpected expenses.

I don't know if my need will be fully met, but I do know this taught me a lot about prayer, trust, and humility. I've contributed to member assistance a few times but not every month. I now try my best to send something every month. I want to learn to be generous if I'm going to depend on the generosity of others.

The help I have received so far has sparked a sincere desire to pray fervently for the needs of others, and for all the members.

*Jennifer, Minnesota*

**Before joining Samaritan** we paid \$20,000 a year for insurance premiums and a \$10,000 deductible. By the time we paid for vision, dental, and hearing aids it was \$35,000! I figure that switching to Samaritan gave our family a \$25,000 pay raise.

My son has asthma and allergies which are pre-existing for Samaritan, so I was scared to drop our insurance. But we received notice that our premiums were going up to nearly \$2,000 per month and being self-employed, couldn't take the hit. After much prayer we switched to Samaritan and I'm so glad we did.

This year we paid around \$8,000-\$10,000 for shares, the asthma/allergy treatments, plus miscellaneous bills—and that even includes what we set aside to give to the Member Assistance Fund. We love to share our savings with brothers and sisters in Christ.

Financial reasons brought us to Samaritan, but the spiritual connections have become the biggest reward. It feels so good to experience the love and kindness of the Body of Christ. I can hardly wait each month. Who can I help today! God has provided!

*Kimberly, Minnesota.*

**It really is true!** The notes of encouragement are a huge blessing. Dental work had to be done, and any amount we received was a reminder that I have a rich Father! I will always look to Him to provide, however He directs.

*Candy, Indiana*



## Can't focus? Just 10 minutes of exercise gives your brain a boost, study finds

by StudyFinds.org

For students struggling to focus on that term paper or office workers who need an extra creative boost when tackling a difficult project, a new study finds that a 10-minute burst of exercise can provide a quick mental jump-start to get the brainwaves moving.

Researchers at Western University in Canada recruited a group of healthy young adults to do one of two activities: either sit down and read a magazine for 10 minutes, or pedal at a moderate-to-vigorous pace on an exercise bike for the same length of time.

After completing their tasks, participants were hooked up to eye-tracking devices that logged their reaction times during a challenging eye movement task. The task tapped into the frontal lobe of the brain, an area known for overseeing executive functions like problem solving, decision making, and judgment.

“Those who had exercised showed immediate improvement. Their responses were more accurate and their reaction times were up to

50 milliseconds shorter than their pre-exercise values. That may seem minuscule but it represented a 14 percent gain in cognitive performance in some instances,” says study co-author Matthew Heath, a kinesiology professor and supervisor in the university’s graduate program for neuroscience, in a news release.

In other words, Heath says that the results showed that just 10 minutes of aerobic exercise can provide a significant spark for the brain—enough to help people focus and perform better on challenging assignments.

“I always tell my students before they write a test or an exam or go into an interview—or do anything that is cognitively demanding—they should get some exercise first,” he adds. “Our study shows the brain’s networks like it. They perform better.”

The researchers hope that in addition to being useful for students or workers, the results may also benefit less mobile elderly adults battling dementia or similar conditions.

“Some people can’t commit to a

long-term exercise regime because of time or physical capacity. This shows that people can cycle or walk briskly for a short duration, even once, and find immediate benefits,” he says.

If you’re wondering how long the mental burst lasts, Heath is now working on a new experiment to answer that very question.

The results for his completed study were published in the January 2018 edition of the journal *Neuropsychologia*.<sup>1</sup> ♦

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1. <[sciencedirect.com/science/article/pii/S0028393217304591](http://sciencedirect.com/science/article/pii/S0028393217304591)>

NATIONWIDE  
THEATRICAL  
EVENT

MARCH 19

RiotAndTheDance.com

## The Riot and the Dance

featuring member Gordon Wilson  
reviewed by Michael Miller

Samaritan Ministries member Dr. Gordon Wilson likes to “tromp around the Pacific Northwest with his nieces and nephews, looking for snakes and lizards,” according to his bio.

Now he’s taking all of us along on a global tromp to see the glory of God’s creation in *The Riot and the Dance*, a movie that will have a special nationwide showing in theaters on March 19.

The gorgeously photographed film promises to “open your eyes to the extraordinary glory found all over the animal kingdom.”

Gordon, a Senior Fellow of Natural History at New Saint Andrews College and a regular contributor at Answers in Genesis, says he once dreamed of working with under-sea explorer Jacques Cousteau, but then “got realistic” in college. When his nephew, author N.D. Wilson (*100 Cupboards*) recently was asked to create a distinctively Christian nature film, he asked Gordon to narrate.

The result is *The Riot and the Dance*.

The film gets up close and, at times, frighteningly personal with reptiles (SNAKES!) and bugs of various sorts, but also birds and buffalo.

Through it all, Gordon reminds us of the fact that all creation is groaning under Adam’s sin (Romans 8:22), but that its beauty as God’s handiwork still shows through. We see a snake’s fangs, as well as the beauty of its markings.

“I hope viewers begin to see that these creatures are the direct handiwork of God, to see that God is an artist, sculptor, and engineer,” Gordon says.

He also hopes that the film will encourage Christians to embrace the study of nature.

“We too often think nature is the domain of secular biologists. Why should we? They don’t even know its Creator. I want this film to plant seeds in the hearts of young Christian kids so that when they grow up they will love, study, and care for His creation as heirs of His vast estate. I want all viewers to really begin being awestruck at the beauty, complexity, and diversity that God created, while keeping in mind that ‘all creation groans’ since the Fall.”

Gordon shows us the “riot” in the form of ants feasting on an earthworm while fighting off yellow jackets, and tells us about half-ton elephant seal mothers accidentally crushing their young.

“But this is not how the world was meant to be,” Gordon says in the film. “This is the result of the Fall, more riot than it is dance. And it is not how the beaches will be run in the resurrection.”

Then, we’ll have more of the “dance” that we have now, of butterflies flexing their wings, fruit bats nursing their young, elephants forming family units.

Visiting the U.S. Northwest, the Sonoran desert, and Sri Lanka, Gordon shows us “God’s living art museum.” He also reminds us, as we see a variety of creatures normally regarded as repellent, that “God’s tastes are often nothing like ours.”

“Everything is here because of God’s gracious creative affection, and if He loves a thing, so should we,” Gordon narrates. “Do we see divine artistry in spiders? We should.”

The goal of *The Riot and the Dance* is to make a “nature film that is distinctively Christian.” It succeeds. And it’s not done yet. This film is only “Part 1: Earth.” Still to come is “Part 2: Water,” so get your scuba gear ready.

To view the trailer and reserve tickets, visit [RiotAndTheDance.com](http://RiotAndTheDance.com). ♦

JIM CAVIEZEL OLIVIER MARTINEZ AND JAMES FAULKNER

# PAUL

## APOSTLE OF CHRIST

WHERE SIN ABOUNDS... GRACE ABOUNDS MORE.

### Paul, Apostle of Christ

written and directed by member Andrew Hyatt  
by Michael Miller

In theaters  
starting March 23  
PaulMovie.com

Samaritan Ministries member Andrew Hyatt hopes his new movie, *Paul, Apostle of Christ*, is as important to the audience as it is to its creators.

“It’s a film by people who are very passionate about this story, which isn’t always the case with Hollywood films on the Bible,” the film’s writer and director says. “The message at the heart of this is the idea of love and grace and mercy, these beautiful Pauline themes that we’re all so familiar with.”

Andrew spoke by phone from Sony facilities in California, where he was putting the final touches on the film. *Paul, Apostle of Christ* will premiere nationwide on Friday, March 23.

Starring in the film are James Faulkner (*Downton Abbey*, *Game of Thrones*) as Paul, Jim Caviezel (*The Passion of the Christ*, *Person of Interest*) as Luke, Olivier Martinez (*S.W.A.T.*) as a Roman prefect, Joanne Whalley (*A.D.—The Bible Continues*) as Priscilla, and John Lynch (*The Secret Garden*) as Aquila.

Paul is Andrew’s second Bible-based film in a row after directing two other films. His most recent work was *Full of Grace*, about the

last days of Mary, the mother of Christ.

Not bad for someone who said he never wanted to make any Christian films.

“I was very clear about that,” he says. “But I had a very strong reconversion to the faith. It was like God saying, ‘How could you not tell these stories?’ I’m grateful and humble to be a part of that, to be able to tell such great stories about these incredible figures.”

Paul was a challenge to write, Andrew says, calling the apostle’s life story “massive.”

“He lived about 10 lives,” Andrew says. “I knew we couldn’t do an A to Z Paul story. That would be better served as a 10-part miniseries.”

But the writer-director kept coming back to who Paul was at the end of his life while awaiting execution in Rome, playing off 2 Timothy 4:11, where Paul writes, “Only Luke is with me.” Andrew asked “Who was that Paul?”

“He’s awaiting execution and Luke comes sneaking into Rome, trying to bring some joy to Paul,” Andrew says. “We came out with this beautiful Paul being able to share in his last days his story. We’re able to kind of say this is where the Acts of the

Apostles was inspired.”

Andrew and his crew strove to make a movie that not only looks authentic as first-century Rome but feels authentic spiritually.

“We never wanted any moment that felt preachy,” he says. “Everything has an authenticity to it. When you hear Paul’s words and what he wrote, the violence of Nero, when you hear them in the context of what these early Christians were going through, it’s hard to argue these aren’t things that hit us all deeply. Don’t we all want to feel that there’s something bigger and greater than us Who loves us? These are things that touch our deepest kind of humanity, whether you’re Christian or not. I think that anybody can see this film and think about their faith or nonfaith, and hopefully feel encouraged to pursue it more.”

Andrew encourages believers to take non-Christian friends to the film.

“Bring people you may be uncomfortable sharing the Gospel with,” he says. “As much as it’s about our faith, it’s a great story. It’s an opportunity to open a dialogue. I really believe it’ll cause people to think deeply about where they’re at in life.” ♦



**3.** Notwithstanding all the preceding, it is not the American Medical Association, which is itself financed by a monopoly in medical coding granted by the US government department of Health and Human Services, nor the hospitals, nor the medical doctors as a group that actually run the medical system. The top spot is reserved for the drug companies, which in turn share their largesse with the AMA, doctors, medical journals, media companies, and especially with politicians. In return, drug companies are granted a series of powerful monopolies, monopolies that drive up the cost of medicine and, given the employer role in health care, destroy jobs, raises, and economic opportunity as well.

First, drug companies claim a legal monopoly when they patent a drug. The drug research may have been done by the government or by a university using government money, but it doesn't matter. The grant of monopoly stands.

Then the drug company takes the patented medication through the FDA approval process (at an average cost of \$3 billion over what can easily be a decade). Drug companies do not object to this ordeal, because the stiff price both eliminates any competition from unpatentable treatments and also flows into the salaries of FDA employees, who consequently tend to take a friendly view of drug companies and zealously guard the legal exclusivity of their products.

FDA enforcement includes armed raids and threats of a lifetime in jail for any producer who makes medical claims without permission. Even cherry and walnut growers have been threatened. The agency takes

the position that cherry and walnut producers, to make health claims for any of their products, must first turn them into drugs through the drug approval process, thus driving up prices for all patients.

No, this is not a free-market system nor anything remotely close to one. In a genuine free-market system, prices reflect the decisions of consumers. Producers who solve significant problems are rewarded with high prices and profits. High prices and profits in turn attract lots of competition. The competition not only prevents monopoly. It also improves quality and very importantly increases supply, which is the only sustainable way to reduce prices. Consumers then get better medicine and ever lower prices. Producers dislike competition, and therefore try to buy government help in manipulating or fixing prices. This is more easily accomplished in medicine, because it can all be done under the guise of government "protecting" consumers when actually the consumers are being fleeced and impoverished.

There are many honest and dedicated medical professionals sincerely devoted to the healing arts. But they are trapped in a system that can more accurately be described as a crony capitalist nightmare. ♦

*Reprinted by permission from The Mises Institute. <mises.org/wire/do-we-have-free-market-medical-system>*

*Hunter Lewis is author of eleven books, including Economics in Three Lessons & One Hundred Economic Laws. He has written for the New York Times, the Washington Post, the Times of London, The Atlantic and many other outlets. Lewis is also co-founder of AgainstCrony Capitalism.org as well as co-founder and former CEO of Cambridge Associates, a global investment firm.*

well as with underprivileged children in Santa Ana. The program sticks to missions with residential programs, since they have to ask the runners to get up at 6 a.m. four days a week for workouts and need participants who are in a stable environment.

The program also now has an executive director and tries to get two coaches at every site.

Used running shoes are given to participants at the beginning of the program and then, if the residents complete 20 out of 24 training runs, are replaced with new ones. After a few more weeks, those still hanging in there are entered in a race, again with fees paid by donations.

The training programs are all similar in structure, starting with walk-run-walk workouts like Steve did.

Steve says relationships are built through the training programs.

"We try not to hit people over the head with the Gospel all the time," Steve says. "But we pray before we go out running. On Saturdays, we do a mini-devotional as well. But there's a lot of relationship building, and, 'Hey, where are you at in your spiritual walk?'; that one-on-one. The more you get to know people, the more that they're willing to share some of those background stories in what's gone on and what's happened in their life. There's a chance to kind of mentor in that situation."

Finally, a carb-loading banquet is held on the eve of a race, with a pastor or other speaker presenting the Gospel.

"We say, 'We've been working with you for 14 weeks. We've spent our blood, sweat and tears, and given up sleep, and we love you, so let us share about a God that loves you more than we could,'" Steve says.



Finally, it's race day. Steve and other volunteers typically run with their trainees. In fact, Steve has now run 60 half-marathons since Up and Running Again began. It's at the race that some of the more emotional results occur, he says.

"We've seen amazing reconciliations," Steve says. "Parents or kids have come to the race to see someone they haven't seen in several years. They want to see mom or dad cross that finish line. We see single moms with their kids at the finish line, and mom can take that medal from around her neck and put it around the neck of their young son or daughter."

There's also value in helping a mission resident get into better shape.

"Rescue missions do a great job in their spiritual walk, in teaching job skills, maybe in mental training, but they don't always have a real good physical fitness component," Steve says. "When you feel good about yourself physically, it translates into how you feel about yourself spiritually. When you go to those job interviews, you think, 'I look good, I feel good, I'm going to nail this job interview.' We kind of offer what I think is helping to make a well-rounded person." ♦

**God has given** us a new testimony to share, and we have done just that. We share our dismay with insurance and our health care system, but we don't stop with complaints. We share with our friends, relatives, health care providers, billing department reps, and fellow church members about a better way to approach health care and how we spend our hard earned dollars.

Not one person we talked to is comfortable with their current experience with insurance, but the thought of having to walk into a medical facility and tell someone that you will be paying cash is daunting for most. We were no different—at first. We have recently learned that in the Bible God tells us 366 times to "fear not."

God owns it all, and He provides for his people. Samaritan is Christian living, faith, and stewardship in action, and it is a beautiful thing.

*Mary, Michigan*

**Our conscience did not** allow us to participate in government mandated health care plans. We were very thankful for friends who told us about Samaritan Ministries. It has been a blessing to write checks to actual people in need and encourage them in the Lord.

We did not expect to have a need ourselves, but now we are seeing the shares come in to pay the doctor and hospital bills along with the blessings of notes from people all over the United States praying for us. Thank you for creating this ministry.

*David and Joy, Washington*

**I am continually blown away** by the generosity and kindness of God's people! I work in medical billing, so I am accustomed to seeing providers and patients fight the frustration of working with insurance companies. It was this painful dynamic that pushed me to give Samaritan a go.

I had my first Need recently, and all the bills have been fully shared. I feel so blessed to be a part of what God is doing through Samaritan. The letters I am getting, the prayers being prayed over me, and the financial need being met by others is truly overwhelming.

*Tiffany, Texas*

**We have been members** for two years now and just experienced our first need. We praise God for His Body that came around us in prayer and shares to lift us up. My wife is totally healed of her meningitis—Praise God! Also, we received a 70 percent discount on the ER bill. The prayers and encouragement of other members—brothers and sisters in Christ—remind us it is so true that Samaritan Ministries is not only a ministry, it's a family.

*Glenn and Susan, Pennsylvania*

**As scary as** my ER visit was, equally daunting were the bills that followed. We used Healthcare Bluebook, which was very helpful. When we called, every provider that had not given a discount was immediately willing to give some discount.

I was moved so much when the notes and cards started pouring in. I was so thankful to the Lord for it all.

*Maria, North Carolina*

## 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, we will provide updates and offer prayer points gleaned from a variety of sources. Please use them in your personal or group prayer time.*

### **Chinese police blow up church in Shanxi Province**

An evangelical church in Shanxi Province, China, with 50,000 congregants was dynamited in January, Mission Network News reports. Military police said Golden Lampstand Church was illegal because it had not registered with the government. They cleared the building of congregation members and “actually blew up the building,” says one staffer of Voice of the Martyrs Canada. *Pray for spiritual encouragement for the church’s members and leadership and for their ability to find ways to worship together. Praise God that Golden Lampstand’s members have been found worthy to suffer for the name of Jesus (Acts 5:41).*

### **Religious regulations imposed by Chinese government**

New “Regulations for Religious Affairs” in China went into effect on February 1. The regulations provide detailed criteria that religious organizations must meet in order to be registered or carry out activities, according to World Watch Monitor.

Local governments are given power over the fate of registration applications and authorization of venues. Religious teachers and staff members are required to report to authorities as well. Pastor Wang Yi of Sichuan Province has called on Chinese Christians to resist the regulations. *Pray that Christian leaders in China will address the laws with wisdom and that all Christians in China will obey God rather than man (Acts 5:29).*

### **Believers sent to ‘re-education’ camps**

More than 100 Christians have been sent to “re-education” camps by Chinese officials in the northwestern Xinjiang Uyghur region, World Watch Monitor reports. Most of those reportedly detained over the past few months have a Muslim background, and may have been caught up in an anti-terror crackdown. It’s never clear how long the Christians will be at the camps, leaving the believers’ families in the dark. *Pray for physical and spiritual safety for those Christians who have been placed in the camps, and pray for their family members.*

### **Turkmenistan churches seek registration**

Six evangelical churches in Turkmenistan have requested permission to register as official religious communities, World Watch Monitor says. All religious entities have been required to re-register since March 2016 in order to operate legally, but evangelical churches were denied registration. The six congregations are asking permission to open a Christian bookstore and to have their own building for services. *Pray for favor for the churches’ requests and for their ability to continue living out the Gospel in a hostile country.*

### **New Bolivian code concerns Christians**

Bolivian evangelicals are “deeply worried” that a new penal code could interfere with their freedom of religion, International Christian Concern reports. The code could eventually ban evangelism, leaving Christians at risk of being monitored and landing in jail for up to 12 years for violating the law. *Pray for evangelism to remain legal and even increase in Bolivia, for Christians to be safe as they object to the code, and for Bolivia to respect its citizens’ freedom.*

### **Iranian Church flourishes**

Christianity has flourished in one of the most oppressive nations in the world. ICC says that Iran had about 500 known Christians at the time of the 1979 revolution, but that there are approximately 360,000 today. Christians are regularly targeted and imprisoned for worshipping and praying in their own homes. All Christian materials and books are confiscated. But Church leaders believe that millions can be added to the faith in the next few years due to a spiritual hunger and disillusionment with the Islamic government. *Pray that the Gospel will continue to spread in Iran, that believers will be strong in the face of persecution, and that Christian prisoners will be safe and healthy.* ♦

*For more on the persecuted church, contact International Christian Concern ([persecution.org](http://persecution.org), 800-422-5441) or World Watch Monitor ([worldwatchmonitor.org](http://worldwatchmonitor.org))*

## 7 other effective prayers for the sick (besides asking for healing)

by Susanne Maynes

It was a freak accident. The energetic, talented 19-year-old decided to try a back flip and landed wrong. The impact snapped his C2 vertebra, instantly paralyzing him from the neck down.

In the aftermath of Kevin's injury, his family and many faithful friends prayed hard and often for his healing—and they started to see some miracles.

Having sustained the same injury as actor Christopher Reeves did years ago, Kevin should be on a ventilator 24 hours a day. He should not be able to move on his own.

Yet Kevin is off the ventilator during his waking hours. He can manipulate the controls on his special wheelchair and work at his computer. He can even walk a bit. And he continues to make incremental improvements.

Miraculous! And yet ...

It's been nearly 20 years since the accident. Kevin and his family have embraced the mystery of God's ways, of this partial healing, of how glory comes to Jesus sometimes through healing, and sometimes through adversity.

We always want the healing part, don't we? We want to see our friends and family—and ourselves—free from suffering.

We want Jesus to wave His magic wand and make the hard stuff go away.

When it comes to suffering, God does one of two things: He either restores us, or he redeems our suffering. Often enough, as in Kevin's case, he weaves together restoration and redemption like two threads in

a breath-taking tapestry.

We need to embrace both of these eventualities—restoration and redemption—as good things

We need to embrace both of these eventualities—restoration and redemption—as good things. ...

As believers, we will one day receive whole bodies that will never disappoint us again. Ultimately, physical healing is what's happening—permanently—for all of us.

It's the “in the meantime” that we have to deal with.

So when your friend or loved one has endured many medical tests and doctors can't find the answer, when the pain and limitations just won't go away, when the healing doesn't come and you wonder what God is up to, how can you pray?

See, there's a “both-and” tension between these two truths:

God does miracles, He is pleased with our faith, and we should ask Him for healing. And ...

God uses human suffering to accomplish transformation in us and bring glory to Himself.

Please do pray for your loved one's healing, and exercise your faith muscles as you do. At the same time, avoid praying according to personal assumptions or other people's prescriptions.

You have the mind of Christ, and the guidance of the Holy Spirit. You can ask Him how to pray!

Here are a few ways you can focus on God's redemptive purposes in the life of a suffering person. Pray:

- That God's name would be glorified in and through your friend's circumstances.

- For perseverance to have its perfect work in them.
- For opportunities for them to minister and testify to others (doctors, nurses, other patients, etc.).
- That their faith would not falter but rather increase because of adversity.
- That their physical limitations would open up time and space for a deeper relationship with God.
- For daily moments of joy.
- For fresh hope when the journey makes them weary.

This list is not comprehensive; it's just meant to launch you into new realms of faith-filled prayer.

Kevin and his family have seen many answers to prayer—some for restoration, some for redemption. One day, I believe they will each hear, “Well done, good and faithful servant,” as they stand before Jesus Himself.

In that moment, it won't matter if Kevin didn't receive a complete healing during his earthly life.

What will matter is all that God redemptively accomplished through him. ♦

*Member Susanne Maynes formerly served as Counseling Director at Life Choices Clinic in Lewiston, Idaho, and is certified as a Biblical Counselor with the Board of Christian Professional and Pastoral Counselors. She blogs on church and culture, spiritual growth, and Christian parenting at [SusanneMaynes.com](http://SusanneMaynes.com) and is the author of *Unleashing Your Courageous Compassion: 40 Reflections on Rescuing the Unborn, an educational devotional designed to inspire Christians toward pregnancy center (and other) ministry.**



# But Martha was distracted with much serving...

Luke 10:40a

It is possible to be so busy doing things we think are important—even serving Jesus—that we are distracted from the one thing that is necessary.

In Matthew 13 in the parable of the sower, Jesus said that the worries of this age and the deceitfulness of wealth can choke God's Word, preventing it from producing fruit in our lives (verse 22).

In the passage above, Jesus did not rebuke or criticize Martha. He did not say that her service to Him was bad. He simply said that Mary's hunger to

learn from Him had caused her to choose what was the most important.

We must work. In fact, we cannot obey God's Word if we don't do what He tells us to do. But if we are so busy with the affairs of life—even ministry—that we are distracted from Jesus' Word, we are crowding out the one thing that Jesus said is necessary.

For the Kingdom,



Ray King