

# Christian HealthCare

## NEWSLETTER

### MEMBER LETTERS:

#### We got 80 percent off our total bills!

We've enjoyed the privilege of sending notes of encouragement and our share to help others in time of need. When our unexpected time came, an amazing peace came over me as I lay in the hospital. I would have been so worried about the high deductible and what's covered if we still had insurance.

There was no worry with Samaritan, just peace and even an excitement to see it work. As over \$90,000 in bills came, I began making calls and was blown away at how easy it was to get discounts. In the end we got 80 percent off our total bills! Before each call, I asked God for guidance and the words to say. What a blessing it was when the notes and shares came my way. I couldn't wait to check the mail each day.

Thank you for this ministry! What a blessing it is to be part of it.

*Perry & Dorinda, Texas*

### Your hospital bed is probably full of deadly germs

by Betsy McCaughey

**D**anger lurks for hospital patients in a place they probably don't expect it—their bed.

Hospitals claim to disinfect beds in between patients. Don't believe it. Data from four New York hospitals prove beds are full of germs. Patients are nearly six times as likely to come down with staph, strep, or another dangerous infection if the patient who used the bed before them had it.

Columbia University researchers found being in a bed previously used by a patient with an infection ups your risk of infection by 583 percent, according to a recent issue of *Infection Control and Hospital Epidemiology*. The researchers conclude that "enhanced cleaning measures" are needed.

No kidding. Adequate cleaning is more vital now than ever because germs are getting deadlier. On April 3, the Centers for Disease Control and Prevention announced that "nightmare bacteria"—causing infections that cannot be cured with most antibiotics—are spreading throughout U.S. hospitals. Fifty percent of patients who get these infections die.

Dr. Anne Schuchat, principal deputy director of the CDC, said she was shocked by the extent of the spread. Warns Dr. Amesh Adalja of Johns Hopkins, "These germs are lurking in American patients and they are spreading in hospitals." The CDC is urging more "aggressive" infection-control measures.

Hospitals should start by cleaning mattresses better and inspecting for leaks in mattress covers. Recently, the Food and Drug Administration warned hospitals for the second time about the toxic brew that can build up inside a mattress.

Covers should be routinely removed, so the contents can be inspected. "If blood or body fluids from one patient penetrate and get absorbed in a mattress, the fluids can leak out the next time the mattress is used," harming the next patient.

Research in the *American Journal of Infection Control* shows that half of hospital mattresses have drug-resistant bacteria on them. They're literally hotbeds of germs.

Your hospital bed has an enormous impact on whether you survive your

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**Sharing Summary from May**

Shares:	\$27,489,239	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:	\$27,544,387	
Unshared Needs in Negotiation:	\$ —	
New Needs:	4,360	
Total Needs:	9,197	
New Rewards:	207	Member Households: 77,388 (as of 4/20/18)
Miscarriages:	27	
Final Rewards:	10	

**Contact Us: 877-764-2426** [Dash.SamaritanMinistries.org](http://Dash.SamaritanMinistries.org)

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



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.

## Dave and Ann Williamson Construction Workers Christian Fellowship

by Michael Miller

**C**onstruction Workers Christian Fellowship continues to build on its third purpose but faces a remodeling project with its first two.

Samaritan Ministries member Dave Williamson, president and CEO of CWCF, is honest as he talks about how the 48-year-old ministry based in Longview, Washington, is doing.

The first purpose of CWCF is to evangelize construction workers. The second is to disciple them. The third is to draw from that pool of workers to assist other ministries with construction and maintenance projects.

“Through the years we have ended up majoring on the third point and minoring on the other two, not by design,” Dave says. “We’re trying to figure out ways to reignite the first two purposes in the industry because, ironically, as workers have been evangelized and discipled, they have aged out and didn’t replace or propagate themselves. We lost a presence in the industry.”

Through the efforts of Dave and a dedicated staff, CWCF is trying to turn that around, most notably with two new projects:

- **TOOLBOX™ Safety Cards** (toolboxsafetycards.com), four-panel durable cards that include safety protocols, first-aid tips, devotional reading, and Scripture references. Using the tagline “Bringing Integrity and Safety to the Work Site,” they’re made to hand out at job sites and cost under a dollar apiece. Different subjects include “Beat the Heat,”

“Hand Tool Safety,” “Reciprocating Saws,” “Scaffolds,” “Dust Masks,” and “Circular Saws.”

- **Building in Youth** (buildinginyouth.com), intended to “mentor youth to build godly character through construction training.” Dave says one of its aims is to help generations connect better in churches as skills and wisdom are passed from the older generation to the younger, and an understanding of today’s youth culture is passed in the other direction. One of Building in Youth’s focus is to train high school students to use power tools safely as they build wheelchair ramps for low-income seniors, veterans, and the disabled.

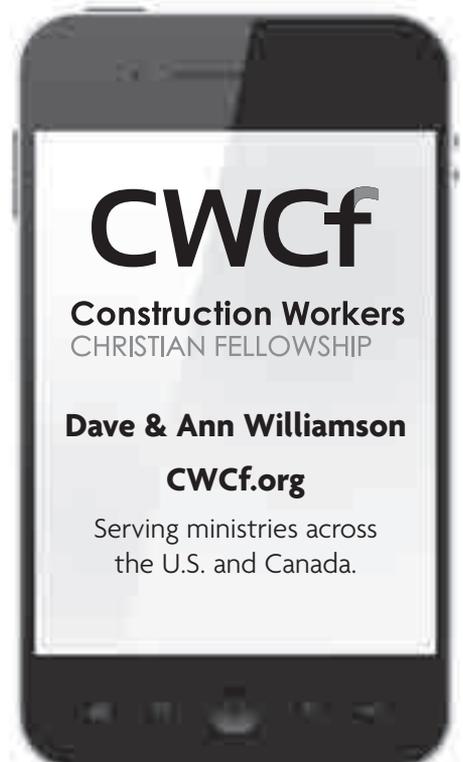
CWCF has faced challenges since it was founded by Jim Hodges. Jim and his wife, Jean, felt led to give their lives to missionary service in the mid-1960s. While they were finding out where that would lead them, Jim took on construction jobs as an electrician, working during the day and attending Bible school at night. Looking out from a roof he was working on one day, he felt the Lord telling him that he was seeing his mission field. “Promoting Christ in Construction—Home and Abroad” became the motto of the new mission agency God led him to start.

“In those early days, the men on the job site with Jim gathered around him, and the group became known as Hard Hats for Christ,” Dave says.



Dave himself studied Building Construction and Design at John Brown University, the only Christian university in the nation that offered a construction degree in the early 1970s. He worked in a variety of construction management roles through the years, including building a mission hospital in Nepal. But it was in the early 2000s that Jim Hodges contacted him and asked him to fly

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## Member doctors adopt Direct Primary Care model

by Kathryn Nielson

Ask any doctor why they pursued medicine as a career, and most of them will likely say they wanted to help people.

It's hard to imagine that government overreach and third-party regulations appealed to them. Still, that's what many doctors find themselves battling on a daily basis in their practices.

But a growing number of doctors are choosing to do medicine differently.

The Direct Primary Care model gives doctors the freedom to spend more time with their patients, and it gives patients easy and, often, 24/7 access to their doctors for non-catastrophic medical needs.

Samaritan members Dr. J. Ashley Parker, Dr. Holly Parker, and Dr. Matt Bain are just a few joining the crusade to get back to the practice of traditional medicine where the doctor works for the patient and the patient feels cared for.

Getting out from underneath the health care machine also affords doctors the opportunity to offer lab and imaging resources at significant savings to their patients. Instead of spending thousands of dollars on an MRI, for instance, DPC doctors have access to these services for hundreds of dollars. And, in some places in the country, certain lab tests are as low as \$5.

The freedom to integrate faith into their practice is of even greater value, all three physicians point out. Instead of filling out unnecessary paperwork and scrambling to see as many people as possible in a day just to keep the office lights on,

some DPC doctors treat patients on both physical and spiritual levels.

The doctors recently agreed to answer some questions for us, which are posted on our blog. Here's a summary of their thoughts.

### **Drs. J. Ashley and Holly Parker**

Time is everything for Dr. J. Ashley Parker.

He and his wife, Dr. Holly Parker, were looking for freedom to spend more time with patients, getting to know them on a more personal level, and sharing Christ with them.

They finally found those things with their own practice.

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**“We hope that you will feel as if you're taking a step back into the past when doctors had the freedom to practice medicine to its full extent and the time to focus on good health care for the entire family.”**

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After spending 13 years working in traditional family practice, Ashley started Freedom Family Medicine, a Direct Primary Care practice in Wilson, North Carolina in 2016. His wife, Dr. Holly Parker, also joined the practice. She not only takes care of patients, but also manages much of the business side of the practice.

Running a DPC removes much of the weight of that latter aspect while also allowing for a more personal and spiritual touch.

“One of the biggest headaches in medicine today is ever-increasing health care regulation,” Ashley says. “When doctors are

paid by third-party payers (insurance, Medicare, Medicaid), they are required to collect lots of information and document lots of things that often are not pertinent to the reason a patient is coming to the office that day.”

The DPC model also keeps patient loads light, thus solving the problem of limited appointment time. The Parkers schedule one patient per hour with room to accommodate an extra patient each hour for urgent cases that may come up. In exchange, patients get more thorough care and aren't limited to just office visits. They also have 24/7 direct access to their doctor, and office visits or visits to the clinic after hours are available when appropriate.

“There is a peace of mind in knowing that we had plenty of time to treat each patient's needs,” Ashley says. “They don't leave our office with a list of questions or problems that were not handled.”

Perhaps their biggest triumph is the ability to relate to patients on a much deeper, more spiritual level.

“Freedom Family Medicine is a Christ-centered practice,” the office's website says. “We believe that faith is central to life and, as such, it is a big part of medicine. In all we do, we strive to put God first and to love others as we love ourselves. At Freedom Family Medicine, we hope that you will feel as if you're taking a step back into the past when doctors had the freedom to practice medicine to its full extent and the time to focus on good health care for the entire family.”

Another advantage to DPCs is that they work well with patients who are in health care sharing ministries.

“The health sharing ministries plug in really well with DPC both from a financial standpoint and from a worldview standpoint,” Ashley says. “Paying the doctor directly for services, instead of a third party that is only interested in profit, is in the same thought process as paying directly for a member’s health care bills, instead of paying someone else who then pays the bills.”

### **Dr. Matt Bain**

For Dr. Matt Bain of Mid-Valley Direct Primary Care in Albany, Oregon, the idea of DPC is in part a matter of simple economics.

“It makes sense to purchase insurance for catastrophic events, but it’s a very expensive way to pay for routine care,” he says.

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**“I have learned that I can choose between two very different models for operating a practice. One must please a third party. The other simply works for the patient. It is impossible to do both.”**

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Dr. Matt’s patients pay a monthly membership fee of \$70 for an individual with a maximum of \$160 for a family (and no limit on the number of children through age 24). A membership with his clinic gives them access to him by phone, office visits, and text messaging and significant savings on services like MRIs, X-rays, and lab work.

“I have learned that I can choose between two very different models for operating a practice,” he says. “One must please a third party. The other simply works directly for the patient. It is impossible to do both.”

The DPC model means no third-party insurance contracts, greatly reduced overhead costs, freedom to choose one’s own doctor, and a smaller patient load providing existing patients more time and attention.

Dr. Bain sees efficiency as another major benefit to the DPC model for both doctor and patient because of fewer trips to the doctor’s office, phone consultations in place of in-person visits, and follow-up from imaging services in as little as two days.

“The care is much faster, much cheaper, and I spend more time with the patient because I am not spending it trying to justify things that the patient and I decided on to an insurance company,” he says. “I have witnessed firsthand how this approach translates into significantly better quality than what I used to deliver.”

Finally, there are no third parties rationing health care services. The patient becomes the focus, not the decisions of third-party payers.

“In the old model, the true client is the third-party payer,” Dr. Matt says. “Finally, there are some free market principles available in health care!

“It has been discouraging to see patients getting pushed out of the way as third parties usurp more and more control of our health care system. That is why I’ve decided to create a different type of practice. One that restores the proper perspective of what the patient-physician relationship is all about.” ♦

**For resources to find DPC doctors near you, visit [SamaritanMinistries.org/dpc](https://SamaritanMinistries.org/dpc)**



**Drs. J. Ashley and Holly Parker**

[freedomfamilymedicine.com](https://freedomfamilymedicine.com)

In their own words:

[SamaritanMinistries.org/drsparker](https://SamaritanMinistries.org/drsparker)



**Dr. Matt Bain**

[midvalleydpc.com](https://midvalleydpc.com)

In his own words:

[SamaritanMinistries.org/dr bain](https://SamaritanMinistries.org/dr bain)

**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](https://SamaritanMinistries.org/guidelines)).

## From dream to reality: How Christian Healthcare Center's MemberCare is working

by Mark Blocher

*Editor's Note: In March 2015 we announced that three Samaritan members in Michigan were launching a Direct Primary Care ministry called Christian Healthcare Centers. This article gives an update on CHC.*

**C**hristian Healthcare Centers, a ministry that had been envi-

sioned for years, became a reality on July 5, 2017.

The first patient, a 60-something grandmother complaining of fatigue, per-

sistent cough and chest discomfort, was seen by Dr. Jeff Woo, a Samaritan member and internal medicine physician. He suspected pneumonia, so a chest X-ray was performed, revealing she did indeed have pneumonia. After completing a full exam, praying with her and asking God to provide healing as He willed, Dr. Woo escorted her to the checkout desk, where she received the appropriate antibiotic and scheduled a follow-up visit.

When she asked about the cost of the services provided, she learned they were all included in her CHC MemberCare subscription, a savings of over \$300 compared to the cost in most doctor's offices. Christian Healthcare Centers uses a monthly membership fee instead of billing insurance, Medicare and Medicaid. For the cost of a cell phone bill, members receive virtually unlimited access to exceptional

medical services provided by dedicated Christian practitioners.

Health care never felt more missional as the prayers, hard work, financial contributions and God's provision resulted in the opening of CHC, an innovative twist on the quickly growing Direct Primary Care movement. Although there are

### Christian Healthcare Centers is the first distinctively Christian not-for-profit DPC to provide a comprehensive array of integrated services under one roof.

nearly 1,000 DPC practices in the nation, some led by other Samaritan members, CHC is the first distinctively Christian not-for-profit DPC to provide a comprehensive array of integrated services under one roof. In addition to typical preventative, acute and urgent care office visits for children and adults, services include in-office laboratory services, in-office prescription medication dispensary, X-ray, in-house counseling to provide members with Biblically based spiritual care and a personalized wellness program.

Two important convenient and cost-saving features of the CHC model are Virtual Primary Care and Health Services Navigation.

Virtual Primary Care is a mobile-first telemedicine feature where members have 24/7 access to their doctor for medical needs that may not require a trip to the Center. After the member has received a

full in-office health assessment, they can access their doctor and medical information through Virtual Primary Care from a mobile device anywhere in the country to seek medical attention for non-emergency situations. Mothers with small children love this feature because it often means not having to pack up the entire family to make a trip to the doctor. It also serves people living at significant distances away from the Center. CHC already has members as far

away as Washington, D.C., Thailand, Central America, and Guam.

The Health Services Navigation feature helps members navigate the medical maze by giving them access to specialists, diagnostic services, physical therapy, chiropractic care, hospital care, and many other ancillary medical services at discounted rates without having to make all the phone calls to schedule appointments or negotiate discounts. CHC staff does this on the member's behalf.

The opening of Christian Healthcare Centers marked a new day for health care by offering care that is thoroughly Christ-centered, whole-person focused, and Christian in every way. What makes health care "Christian" is not only its unwavering commitment to spiritual care and a life-affirming ethic, but also its commitment to provide compassionate, professionally com-

petent wellness services that are consistent with the values embodied in the person and redemptive work of the Lord Jesus Christ, the Great Physician. The Centers' philosophy of health care and wellness begins with the principle "Christ heals, we help."

CHC's creation also reflects an urgent need to restore a Biblical and moral foundation to the practice of medicine and to call the Church to return to the forefront of health care. As our culture becomes increasingly hostile to Biblical values, Christian doctors and nurses need a safe harbor where they can openly practice medicine according to their faith, providing (or not providing) services that are medically sound and conform to Biblical teaching. Christian patients need a safe harbor where they know the care they receive respects their beliefs and values. Christian parents need access to medical care that respects their right to make decisions about vaccinations and sex education and that cooperates with parents to affirm Biblical norms about human sexuality, marriage, and family.

Over 1,200 people have joined CHC as of May 1, 2018, including more than 400 Samaritan Ministries members. Applying Biblical principles of stewardship to health care, CHC saved its members over \$240,000 in out-of-pocket expenses in just the first eight months. Membership continues to grow as more people discover health care that is thoroughly Christian, affordable, and accessible. The CHC staff includes three physicians, a part-time general surgeon, a physician assistant, a nurse practitioner, a counselor, and several nurses and medical assistants.

Christian Healthcare Centers is patient-focused, not payment-focused. Quality health care does not have to be expensive to be good, but it should be accessible when the patient needs it. This is why Virtual Primary Care is so important, because it gives people access to their doctor no matter where they are in the U.S. or overseas. Through timely appointments that are scheduled for 30 to 90 minutes, CHC stresses the primacy of the doctor-patient relationship. Christian health care cares for the whole person, with spiritual wellness as its foundation.

Not only does CHC save its members money, it is also a medical ministry that enhances their quality of life.

One recent example is a 50-something female patient struggling with Crohn's disease. The cost of her treatment infusions to control flare-ups was in the thousands of dollars. By her own account, life was "miserable." Her initial exam at CHC, like all office visits, included some questions about her spiritual life, her marriage and family, and other aspects of life important to her. She revealed concerns that caused her a lot of stress. Since stress can aggravate Crohn's, her CHC doctor asked if she would be interested in meeting with Lisa Bowman, CHC's counseling coordinator. In just two sessions, this patient experienced a substantial decrease in her symptoms and reported a quality of life better than she had experienced in nearly 10 years.

By integrating counseling with medical care, CHC's Christian providers have led people to faith in Christ, prevented suicides, reunited mar-

ried couples, resolved depression, helped teens struggling with sexual issues, and brought Christ's freedom for those dealing with pornography addiction.

Christian Healthcare Centers also offers educational workshops on a wide range of wellness-related topics. For example, CHC hosted a well-attended workshop for parents on Internet safety for their children and workshops dealing with ethical issues related to medical-assisted procreation technologies, genetic testing, biotechnology, and end-of-life. In February, over 400 home-schooled children and their parents participated in "Journey through the Heart," a seminar which taught about the human heart through hands-on demonstrations. Additional educational events are planned for the future.

Christian Healthcare Centers plans to open more centers in Michigan and in other states. As God provides opportunities, funding, and personnel, additional services will be added (e.g., dental, vision, bundled-price surgery). The CHC board and staff is very grateful for the support provided by Samaritan Ministries as we work together to create a distinctively Christian health care system. ♦

*Member Mark Blocher is the President/CEO of Christian Healthcare Centers (chcenters.org). He served as Professor of Interdisciplinary Studies at Cornerstone University for 15 years. He is the author of The Right to Die? Caring Alternatives to Euthanasia and Vital Signs: Decisions that Determine the Quality of Life and Health.*

## Health care costs are out of control

by Jed Stuber

Americans have gotten used to horror stories about steep annual increases in health insurance rates, and early indications are that 2019 will be a doozy.

Insurers in Virginia and Maryland are seeking rate increases of 64 and 91 percent. Bloomberg reports, “The first glimpse of what health insurance companies plan to charge for Obamacare plans next year suggests there’s no relief ahead for consumers saddled with high premiums.”<sup>1</sup>

Many Americans are already dealing with premiums that have tripled since the Affordable Care Act began. Maryland’s health insurance commissioner told the *Washington Post*, “I believe we’ve been in a death spiral for a year or two.”<sup>2</sup>

Steven Weissman, an attorney and former interim president of a Miami hospital, says the insurance companies’ secrecy and deception is the main problem:<sup>3</sup>

- Insurance contracts prohibit the disclosure of contracted prices.
- Insured patients are given the false impression that their insurance company got them big savings off “list” price, which is artificially inflated up to 12 times real billed prices.
- If you are out of network or uninsured you may actually be charged 12 times more than your neighbor for the same service.

Here are a few more staggering health care related news items to consider:

- Charges for services not rendered, data entry errors, and unreasonable charges for simple items (see diagram) are common.<sup>4</sup>



Source: Advanced Medical Pricing Systems. <bit.ly/ampsegr>

- Insurance deductibles are so high that patients are paying for surgeries with cash because it costs them less. Instead of welcoming cash payment, hospitals are developing sophisticated technology and legal strategies to compel patients to disclose they have insurance.<sup>5</sup>
- An Oklahoma man realized that a surgery on his daughter’s ear would cost \$7,600 and he would have to pay his \$6,400 deductible out of pocket. Instead he went to the Surgery Center of Oklahoma and paid \$1,700 cash for the same surgery.<sup>6</sup>
- According to a study in the *American Journal of Public Health*, government paid for 64.3 percent of health care before the Affordable Care Act.<sup>7</sup> Medicaid, Medicare, the Veterans Administration, and insurance for public employees were included, but subsidies for those required to purchase ACA plans and “risk corridor” payments to insurance companies—still being paid despite controversy<sup>8</sup>—have pushed the percentage higher.
- The VA has 30,000 vacant clinical positions. Eligibility-claims processors are in such short supply, there remains a waiting list 75,000 veterans long. Appeals of eligibility *denials* have a backlog of more than 300,000 and take an average of 2.5 years to resolve.<sup>9</sup>
- A conservative estimate of the fraud in Medicare/Medicaid alone is \$100 billion per year. The government only does random sample audits, not fraud audits.<sup>10</sup>
- There’s been a 2,300 percent increase in health care spending per capita since 1970. The vast majority of it is administration, not medical services.<sup>11</sup>
- According to an analysis in *Forbes*, the average person in 2016 had to work 63 days a year

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## Be persistent with providers

by member Paul D. Price

I joined Samaritan about three years ago when I started working at Creation Ministries International ([creation.com](http://creation.com)) as an events manager. Prior to this, I had been a licensed insurance producer in a variety of fields including health insurance. I was selling health insurance and Medicare plans in 2013 as “Obamacare” came into effect, and I saw firsthand how things began to go from bad to worse in health insurance. Finding Samaritan Ministries was a breath of fresh air! I had no idea things could be so much easier and more cost-efficient, and now I cannot see myself ever going back to insurance.

### Overcoming billing challenges

Samaritan members often face the challenge of getting appropriate discounts and the proper documentation from providers. Some providers are simply not used to being asked about specific charges for specific services, but it’s important that we work to get fair and competitive prices.

Since my wife and I just had our first child, I have gained a lot of experience working with billing offices and procuring discounts. My general experience with providers has been good, and I have had no problems receiving the shares from members in a timely manner.

However, we did encounter major frustrations when we received bad information from health care billing representatives. In one instance, a hospital employee emphatically told me that they “no longer offer self-pay discounts” while I was there.

Later, upon discussing it with a billing representative, I found out that all self-pay patients automatically get 40 percent off! This, I fear, is all too common in our bureaucratic health care system where the right hand does not even know what the left hand is doing.

### The squeaky wheel gets the grease

Sometimes providers are not willing, at least initially, to offer any discount to uninsured patients. In particular, hospital doctors seem to generally work for far away, third-party billing organizations which may be harder to negotiate with than a local hospital or doctor’s office would be. My best advice is, above all, be persistent. To get what you need from a bureaucracy, you will have to be the “squeaky wheel.” The functionaries will eventually give you what you are asking for.

This was the case for me recently as I dealt with a very stubborn third-party billing office. At first, I was told there were no discounts of any kind available, so I entered into a monthly payment plan and made minimum payments. The next time I spoke to a representative, however, I asked again, and was given a 15 percent discount.

That would not turn out to be the end of it. After a few weeks had passed, supervisors made the representative call me back and say they could not honor the discount because she had not had authorization to give any discount. I could not let this stand so I filed a complaint against the billing office through their local Better Business

Bureau (BBB) online. I also sent a formal letter of complaint directly to their office, which included the following:

It is common industry practice to offer customers a discount who are willing to pay cash without going through an insurance company. This arrangement is mutually beneficial and refusing to do so represents an unethical double standard, since it is well-known that providers offer preferred/contracted rates to insurance companies as well as Medicare/Medicaid.

After I did this, suddenly they changed their tune once more! Now I have been given a 40 percent discount with this provider as well. Apparently, they contacted the hospital’s billing office themselves to see what discount they were giving self-pay patients. Stressing to them that they were violating a common industry practice by not offering discounts seems to have been the key here.

To fellow members dealing with difficult billing offices, I want to offer encouragement. If you are persistent and pursue all available avenues, including filing complaints if necessary, you can usually prevail and get significant reductions on your bill. ♦

*Paul D. Price is an events manager at Creation Ministries International ([creation.com](http://creation.com)). To read more articles by Paul, visit [creation.com/paul-price](http://creation.com/paul-price).*

## The Soy Deception

by Dr. David Brownstein and Certified Nutritionist Sheryl Shenefelt  
reviewed by Jed Stuber

It is estimated that more than half of the 40,000 items in an average supermarket contain soy. A generation ago, almost none of them did.

Soy lecithin, a leftover sludge waste product from processing, has become a ubiquitous stabilizer and emulsifier found in countless foods. Dr. David Brownstein says this radical change to our food supply is dangerous.

Brownstein saw the need for *The Soy Deception* because more and more of his patients presented with severe hormone disorders that were caused by soy consumption. He writes, “I have found it nearly impossible to balance the thyroid and the rest of the endocrine system in those patients who ingest large amounts of soy.”

Based on decades of clinical experience and research, Brownstein believes hormone problems play a major role in many diseases and chronic conditions, such as heart disease, diabetes, cancer, autoimmune disorders, infertility, chronic fatigue, depression, headaches, etc.<sup>1</sup>

How does soy contribute to health problems? Dr. Brownstein counts the ways.

The most obvious concern is that it wreaks havoc on the thyroid, one of our largest glands that regulates many critical functions in the body. Studies showing soy’s adverse effects on the thyroid date back 75 years.<sup>2</sup>

Soy causes goiter, which is swelling of the thyroid gland. Soy interferes with thyroid function<sup>3</sup> and inhibits peroxidase, which is necessary for the thyroid to be able to use iodine

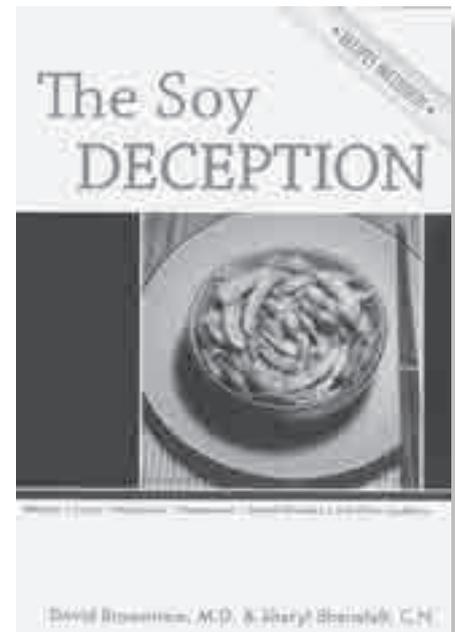
to make thyroid hormones.<sup>4</sup> Infants who are given soy formula develop goiter and hypothyroidism.<sup>5,6</sup>

Soy also inhibits the uptake of iodine, which is used by the thyroid gland in the production of thyroid hormones. Dr. Brownstein writes, “My research has shown that over 95 percent of patients are suffering from iodine deficiency.”

Another problem with soy is that it contains phytoestrogens, which are chemicals that mimic estrogen hormones. Two of the phytoestrogens have been found to be carcinogenic and DNA-damaging.<sup>7</sup>

While some claim that the phytoestrogens may have some positive effect on menopausal symptoms, Dr. Brownstein says there is good reason to believe soy is dangerous and that it contributes to hormone sensitive cancers such as breast, uterine, ovarian, prostate, and testicular cancer. He says natural hormones offer a better way to treat menopause symptoms anyway. He also cites evidence that soy destroys libido in men and contributes to infertility by lowering sperm count.<sup>8</sup>

Dr. Brownstein is so concerned about soy’s effects on sex hormones that he says all soy baby formulas should be removed from the market. Soy expert Kaayla Daniels has calculated that babies on soy formulas are consuming the equivalent of 5 birth control pills a day.<sup>9</sup> Unfortunately, the use of soy formula has grown to the point that it is estimated that a fourth of infants in the U.S. receive soy formula. Dr. Brownstein traces the rising incidence of early puberty in girls<sup>10</sup>



Medical Alternatives Press, Dr.Brownstein.com

and delayed puberty in boys to the increase in soy consumption.<sup>11</sup>

The next problem Brownstein explains is that the phosphates in soy hinder the body’s ability to assimilate important minerals such as calcium, copper, iron, magnesium, and zinc. It also interferes with the ability to produce Vitamin D and can cause a Vitamin B12 deficiency. According to Brownstein, minerals and vitamins play a crucial role in regulating hormones, and deficiencies can contribute to many diseases and chronic conditions.

Another significant problem with soy is that it is highly allergenic—easily in the top ten allergens—and because it is in so many foods, it is extremely difficult to avoid. Ironically, soy is promoted as a safe alternative for those who have other allergies such as peanuts, dairy, and gluten. Dr. Brownstein explains that even though someone may not have

a strong allergic reaction to soy, it could still be causing mild problems that will eventually become a major problem given time. Any allergen can contribute to leaky gut syndrome, holes in the gastrointestinal lining which allow toxins into the blood stream. Leaky gut is yet another condition that contributes to diseases and chronic conditions, and it has specifically been linked with autism.<sup>12</sup>

Brownstein also explains that the processing of soy often results in food products that contain toxins such as lysinoalnine, MSG, and aluminum. He also includes a chapter about the potential dangers of genetic modification of soy and residues from herbicides ending up in food.

Brownstein is appalled that the media and medical establishment have fallen for soy industry propaganda promoting the idea that soy is healthy. "I am continually amazed by the misinformation about soy propagated by the media," he writes in the introduction.

Soybean production's farm value is about \$40 billion per year, second only to corn among U.S. produced crops. In 1999, after heavy lobbying from the industry the FDA approved the health claim that diets including soy may reduce the risk of heart disease. Amazingly, soy is still listed in the FDA's poisonous plant database. The use of soy has expanded relentlessly, and soybean oil now accounts for three fourths of all edible fats used annually in the U.S.

Soy can be lurking in almost any food product: bread, burgers, condiments, chocolate, dressings, spreads, marinades, milk, pasta, flour, protein bars, sauces, snack foods, waffles, yogurt, and many more. It is also found in health and beauty products and vitamins and supplements.

So, is there anything the con-

scientious consumer can do? Dr. Brownstein has answers.

First, never use soy formulas for infants. Second, avoid using soy completely or only use it in very small amounts and learn to find products that contain fermented soy. Third, learn the technical names and tricks used to hide soy in foods, and read labels carefully. Fourth, learn to prepare healthy foods at home.

Preparing your own foods will allow you to avoid canned and frozen foods which often contain soy; use real fats like butter, coconut oil, or olive oil instead of vegetable oils which are mostly soy; and make your own salad dressings to avoid the large amounts of soy in store bought dressings. The book has a chapter with many helpful tips and recipes, and more can be found at SherylShenefelt.com, the website of Dr. Brownstein's co-author and colleague who is a Certified Nutritionist.

Dr. Brownstein also recommends that if you suspect hormone and nutritional problems are contributing to your health problems, work with a doctor who will help you

get off soy, make sure you are taking optimal amounts of iodine, and balance your hormones. Visit the International College of Integrative Medicine website to search for doctors that may help address those issues.<sup>13</sup> ♦

*Dr. Brownstein is the Medical Director of the Center for Holistic Medicine in West Bloomfield, Michigan (DrBrownstein.com).*

1. See reviews of Dr. Brownstein's other books at SamaritanMinistries.org/brownstein, including the following: *Salt Your Way to Health: The Remarkable Healing Ability of Unrefined Salt, Iodine: Why You Need It, Why You Can't Live Without It, Overcoming Thyroid Disorders, The Miracle of Natural Hormones, and The Statin Disaster.*
2. ncbi.nlm.nih.gov/pubmed/13841160
3. ncbi.nlm.nih.gov/pubmed/16571087
4. ncbi.nlm.nih.gov/pubmed/9464451
5. ncbi.nlm.nih.gov/pubmed/14405715
6. ncbi.nlm.nih.gov/pubmed/2338464
7. ncbi.nlm.nih.gov/pubmed/11331651
8. ncbi.nlm.nih.gov/pubmed/18650557
9. drkaayladaniel.com
10. ncbi.nlm.nih.gov/pubmed/9093289
11. ncbi.nlm.nih.gov/pubmed/9460177
12. ncbi.nlm.nih.gov/pubmed/8888921
13. icimed.com/

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

### **Soy aliases: Read labels carefully**

edamame (soybeans in pods)  
 hydrolyzed soy protein  
 kinnoko flour  
 miso  
 natto  
 Okara  
 shoyu sauce  
 soy albumin  
 soy bran fiber  
 soy flour  
 soy grits  
 soy milk  
 soy nuts

soy sprouts  
 soya  
 soybean curd  
 soybean granules  
 soy protein isolate  
 soy lecithin  
 supro  
 tamari  
 tempeh  
 TVP (textured vegetable protein)  
 vegetable oil  
 yakidofu  
 yuba

back to the States for an interview. Dave joined CWCf in 2002.

“I’m the chief cook and bottle washer,” Dave says, making sure the ministry keeps running. “What comes through the door and goes out, I’m responsible for it in one form or another. I try to keep us on an even keel financially, and assist our board in strategic planning. I have an excellent support staff.”

CWCf also has an excellent practice of supporting churches and other types of ministries with construction projects through its RV’ers for Christ ministry, with RV’ers standing for “Ready Volunteers.” Two to three dozen projects a year involve between 50 and 100 volunteers, with about six full-time construction missionaries.

Churches, camps, or other types of ministries may submit a request for help on a construction or maintenance project, or an RV’er for Christ may come across one and submit it as a possible project.

“Sometimes it just doesn’t seem to come together,” he says. A location might have a certain need but

the worker/missionaries with the necessary skills aren’t available for that time frame.

“Then you turn around twice and people are available for another job,” Dave says. “We know if the Lord wants to help this particular ministry through us, it will work out. It’s Holy Ghost serendipity.”

Labor is provided at no charge, but the ministry that’s helped out is asked to consider supporting one or some of the missionary workers or CWCf in general, in one way or another.

Even so, it would take some kind of support to equal the dollar value that RV’ers for Christ provide in labor. In one recent six-month period, Dave says, RV’ers logged close to 7,000 hours of work. Calculating that using the Seattle, Washington, minimum wage of \$15 an hour—and, let’s face it, construction workers usually get paid more than that—would result in more than \$100,000 contributed in construction labor.

“So we feel good about that,” he says. “Our crying need is for more workers. We’re aging out and need replacements, and that’s true across

the missionary world. We have a couple of guys in their 80s still active with us, also in their 70s, 60s, and 50s. But that’s a big prayer need for us, for the Lord to raise up more, especially effective team leaders, and to open doors for us into the construction industry.”

The construction industry is a “hard one to crack,” Dave says.

“When it comes to the bigger jobs, industrial type jobs—pipelines and power plants—those guys are highly skilled but they tend to be transient. It’s hard on the family, and there’s the whole macho stereotype of the American-independent-tough-guy construction worker, hard-living, hard-drinking. Guys often don’t realize that Jesus himself was a construction man. He hung out with blue collar workers and party-goers. He can relate to them.”

So CWCf is praying for more and new inroads to the industry.

“We’re really before the Lord,” Dave says, “asking Him, ‘Show us a key to the 21st-century method of reaching the construction industry for Christ.’” ♦

## Why SMI?

**When Dave and Ann Williamson** returned from the overseas missions field to work for Construction Workers Christian Fellowship, they needed to find their own health care.

“At first we tried a couple of small commercial products, but they were expensive and didn’t cover a lot,” says Dave, president of CWCf.

A brother, though, was a member of a health care sharing ministry, and Dave decided to investigate.

“Somehow I found you guys and joined,” he says. “I liked the concept. I liked the fact that it’s person to person. I don’t send my money to be distributed by an organization—I write a check to an individual.”

Dave says over the years he has had “a couple of

pretty significant needs,” including visits to emergency departments.

“To see the Lord supply those needs through significant discounts” was impressive, he says. “Then to watch those checks come in with little notes of encouragement ... I remember on a need I received hand-drawn pictures from little children who wrote heartwarming notes of how they were praying for me. All those little notes of kindness! To go to the mailbox when you have thousands of dollars of bills facing you and see the checks from other believers you’ve never met, piled up ... that is phenomenal. I try to devote a small portion of the savings in health care costs to give to the Member Assistance fund regularly, to help with unshared needs. It’s a way of giving back.” ♦

## Health care costs are out of control

Continued from page 8

just to cover his/her own health costs. That's nine times longer than it was in 1940.<sup>12</sup>

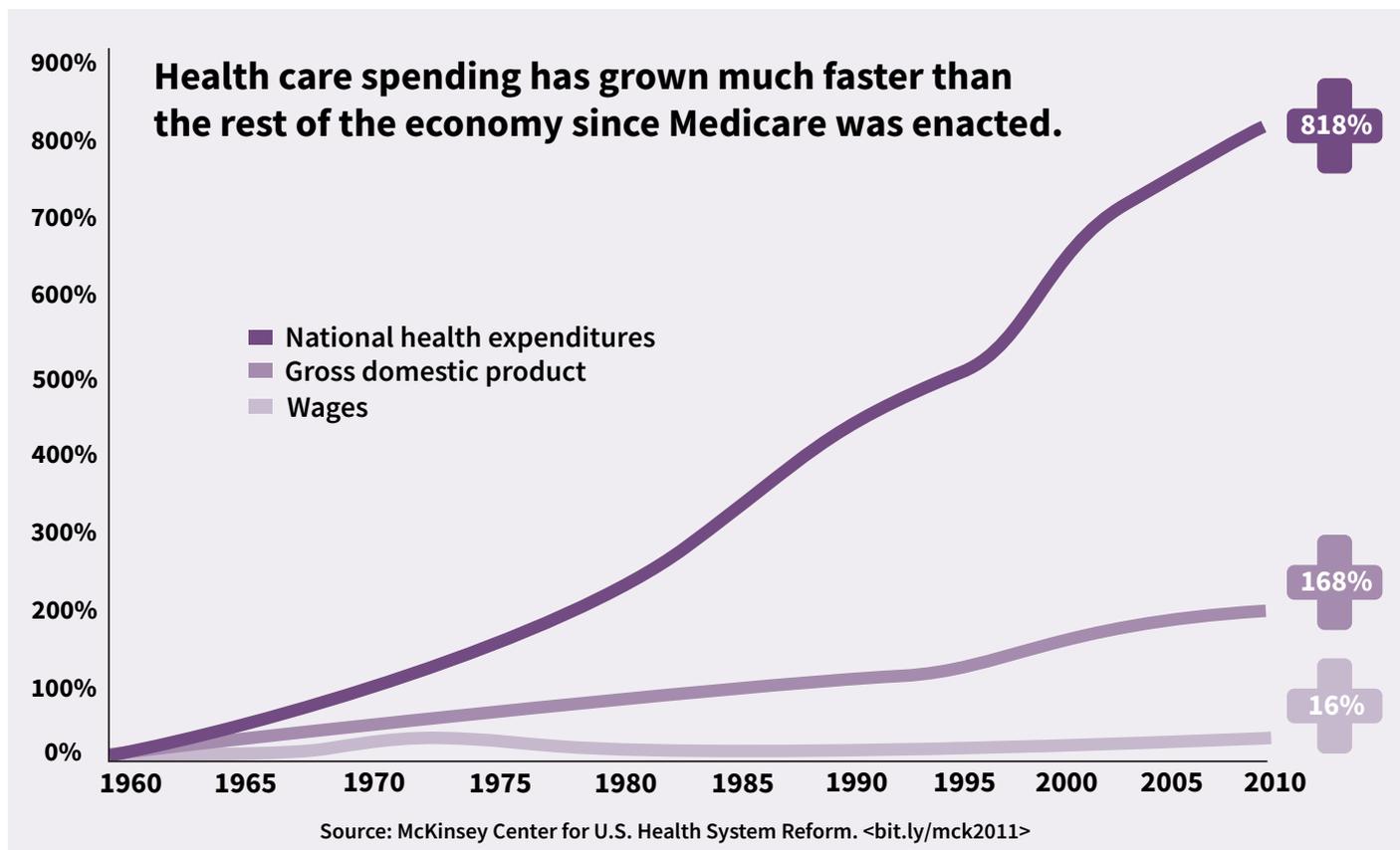
- According to the US Treasury, taxes to fund Social Security and Medicare are projected to fall \$46.7 trillion short over the next 75 years. Economist and Boston University professor Larry Kotlikoff says the health care liabilities aren't being accounted for properly and the true deficit is \$211 trillion.<sup>13</sup>
- According to economist Thomas Sowell, modern economics and thousands of years of history show that government regulation of health care can only result in rising costs, poor quality, shortages, and black markets.<sup>14,15</sup>

- National Center for Policy Analysis health care expert Devon Herrick reports that health care accounts for a fifth of our national income, and the regulation of it has been captured by the largest players in the medical industry. Regulation and licensure are used by powerful financial interests to form cartels, prevent competition, and keep prices rising.<sup>16</sup>
- Politicians continue to propose more regulation, not less. The health care industry spends more on lobbying than defense, aerospace, oil and gas combined.<sup>17</sup>

Samaritan members face this very challenging health care environment as they seek to steward resources

well, but be encouraged. See the story by member Paul D. Price on page 9, and view a video message from Samaritan leadership at this link: [bit.ly/smimessage](http://bit.ly/smimessage). ♦

1. [bit.ly/ocaresurge](http://bit.ly/ocaresurge)
2. [bit.ly/dspir](http://bit.ly/dspir)
3. [bit.ly/embcorr](http://bit.ly/embcorr)
4. [bit.ly/ampsegr](http://bit.ly/ampsegr)
5. [bit.ly/anscci](http://bit.ly/anscci)
6. [bit.ly/kiplingerpaycash](http://bit.ly/kiplingerpaycash)
7. [bit.ly/govfundshealth](http://bit.ly/govfundshealth)
8. [bit.ly/riskcorcon](http://bit.ly/riskcorcon)
9. [bit.ly/vabigprob](http://bit.ly/vabigprob)
10. [bit.ly/greatamripoff](http://bit.ly/greatamripoff)
11. [bit.ly/healthmiss](http://bit.ly/healthmiss)
12. [bit.ly/forb9times](http://bit.ly/forb9times)
13. [bit.ly/tax2de](http://bit.ly/tax2de)
14. [bit.ly/sowellmcc](http://bit.ly/sowellmcc)
15. [bit.ly/TSchapter](http://bit.ly/TSchapter)
16. [bit.ly/govrichguys](http://bit.ly/govrichguys)
17. [bit.ly/hcopsec](http://bit.ly/hcopsec)



## 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.*

### **Iranian convert imprisoned**

Aziz Majidzadeh, an Iranian Christian convert, was able to contact his family recently to let them know he was being held in Evin Prison in Tehran, World Watch Monitor reports. The 54-year-old man was among a group of 20 other believers at a workshop near Tehran when security forces raided the meeting. Several others were released after interrogations, but Aziz was beaten and imprisoned. Evin Prison has a reputation of being a place of relentless interrogation and physical abuse for Christians. *Pray for safety and good health for Aziz while in prison, for his family during his detainment, and for Aziz to be released soon.*

### **Sudan believers charged**

Four members of a major Protestant denomination in Sudan face new charges, WWM reports. Azhari Tambra, Mina Mata, George Adem and Kodi Abdurraheem were charged April 11 with “causing physical harm to police and supporters of a Muslim businessman.” The charges stem from an attack on the Bahri

Evangelical Church’s property, which also includes houses and offices as well as a school, in April 2017 by police and an armed mob. A government committee wants to sell off the land on which the church compound sits. *Pray for the release of the four charged believers, for the church to be able to continue to operate on its property, and for Sudanese leaders to repent and believe in Christ.*

### **Egyptian churches find favor**

Egyptian leaders have approved the legalization of 166 churches, International Christian Concern says. The churches were among more than 3,700 that had applied for legalization. The move may be a sign of increased respect for non-Muslims to practice their faith. *Praise God for the approvals. Pray that believers in Egypt would use the improving environment to share the Gospel effectively.*

### **Water to church cut off**

Chinese authorities cut off water to Xi’an (Zion) Church, the largest house church in Beijing in early April, and took an elevator out of service for resisting installation of surveillance cameras, according to ICC. The church’s ministry was not affected immediately, although church leadership feared electricity would be cut off. House churches were first required to have cameras installed in Zhejiang province as a way to keep a closer watch on Christians. One response of the church so far has been to play a “Walking Worshipers” event. *Pray that Xi’an Church will have water service returned soon, that leaders will make wise decisions on how to*

*react to government pressure, and that the Gospel will continue to be spread as a result of this effort.*

### **Not much change in Cuba**

Cuba’s new president, Miguel Diaz-Canel, is not expected to change the government’s treatment of religious believers, WWM says. Diaz-Canel is “considered to be a generational continuation of the revolution” and has declared he is “not a reformer,” according to a report by the Observatory of Religious Freedom in Latin America. That means likely continued repression of Cuban Christians, including violence. *Pray for strength and faith for all Christians in Cuba, and for them to be able to find ways to worship and evangelize.*

### **Filipino Catholics attacked**

Catholics are facing increased violence in the Philippines, ICC says. Father Mark Anthony Ventura, a 37-year-old priest, was shot and killed shortly after the conclusion of Mass on April 29 in a northern Philippines city. In a southern Philippines town that same day, a bomb exploded in a cathedral, injuring two people. The Bangsamoro Islamic Freedom Fighters, which claim allegiance to ISIS, was blamed for the explosion. *Pray for safety and strong faith for Christians in the Philippines and that they will not succumb to fear.* ♦

*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))*

**Your hospital bed is probably full of deadly germs***Continued from page 1*

stay. “Patients are exposed to the mattress, they’re lying on it for hours,” says Xavier University health professor Edmond Hooker.

And it’s the history of who was in the bed that matters most. If the patient occupying the bed before you was given antibiotics, your risk of getting *C. diff*, the most prevalent hospital infection, goes up by 22 percent. That’s a serious threat. At least 29,000 patients are killed by *C. diff* each year.

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**“If you’re going to the hospital to visit someone you love, don’t bother with flowers or candy. Instead, bring a canister of bleach wipes and a pair of gloves. You could be saving a life.”**

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How does it happen? Antibiotics cause patients who have *C. diff* germs in their gastrointestinal tract to shed those germs on the mattress, bedframe, bedside table and other nearby surfaces.

These germs lie in wait to sicken the next patient placed in the bed. Kevin Brown, at the University of Toronto School of Public Health, explains that about half of hospital patients take antibiotics. That’s a huge number of beds potentially contaminated with *C. diff*.

Hospitals ignore the risk because they’re rushed to turn over rooms for those coming out of the operating and emergency rooms, Hooker explains.

The remedy, say Columbia researchers, is for hospitals to adopt high-tech cleaning methods that disinfect an entire room, including the bed, in a few minutes.

That would also protect patients from another big risk researchers identified: having a hospital roommate who is infected or unknowingly carrying an organism such as Strep, Staph, Enterococci or *Pseudomonas*. That situation quadruples your risk of becoming infected yourself. Doctors and nurses pick up bacteria off one patient’s bed and surroundings, then carry the germs on their hands, gloves and lab coats to the next patient’s bed.

According to the CDC, drug-resistant bacteria are spreading through hospitals “like a wildfire.” The Columbia investigators made it clear what has to be done: more thorough cleaning.

“Current standards for cleaning and disinfection” are insufficient. Hospitals had better pay attention. Their lax cleaning standards are turning too many hospital beds into death beds. ♦

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*Betsy McCaughey (betsymccaughey.com) is a constitutional scholar with a Ph.D. from Columbia University, and former Lt. governor of New York. She founded the Committee to Reduce Infection Deaths (hospitalinfection.org), a nationwide educational campaign to stop hospital-acquired infections that has won legislation in 34 states for public reporting of infection rates.*

**I am very thankful** to the Father for making me a part of the Body of Christ. I went through a massive heart attack, emergency surgery, by-pass surgery, and hospital rehab, then six weeks at home with 24-hour care, but because of my brothers and sisters I was never anxious for how we would pay for all of it. I was not entangled in any mind-boggling paperwork. I didn’t have to communicate with any difficult people.

I was told by the hospital that because of the “non-interference from an insurance company” I was receiving the best of care. My nurse said insurance requirements are often very restricting. My 10 days of in-hospital rehab were completely written off as a charity. They said it was because of no complication of insurance that they were able to do this.

The Body of Christ is beautiful! My Father’s care for me is limitless. I hope that the Father will enable me to share this wonderful feeling of meeting needs with others. I am surely blessed as a child of the Living God!

*Clarence & Heather, Georgia*

**We are thankful** for Samaritan and all the members who prayed with us during Harry’s adventure back to health. We’ve never been excited about paying medical bills, but we were overwhelmed at the opportunities to save money by paying cash. This brought us a sense of stewardship and comradery.

Now more than ever, we look forward to sending our share and understand the power of a simple note of kindness and prayer.

*Harry & Sherry, Oregon*

But if you bite and devour one another, watch out that you are not consumed by one another.

Galatians 5:15

The believers in the churches in the region of Galatia were under assault from some who insisted that they add the Law of Moses to their newfound faith in Jesus. Evidently, there must have been a significant amount of conflict among them.

Paul reminded them that they were called to freedom, but he warned them to use their freedom to serve one another through love. He said that the

word “You shall love your neighbor as yourself” fulfilled the whole law.

He concluded with the warning above. When we bite and devour one another, it isn’t only our relationships that are destroyed. We ourselves are destroyed. Be careful to serve one another in love.

For the Kingdom,



Ray King