

# Christian HealthCare NEWSLETTER

## MEMBER LETTER:

**We were deeply touched by notes of encouragement**

**We were deeply** touched and ministered to by the notes of support. After losing three children to miscarriages we were definitely in need of some hope and new life. As we opened each envelope and read about similar experiences people have been through, we were encouraged to hold on to Jesus. It was exactly what we needed. Every time I send a share I thank God for the opportunity to be part of this ministry.

Josh & Melanie  
Missouri

**Our miscarriage has** been a major trial for us. One blessing that has come along with it is the discovery that the more we share our hurts and needs with others, the more care and support we receive. Our recovery process has been much facilitated by the encouragement we received from Samaritan members.

Adam & Melissa  
Texas

## Miscarriage gives the lie to abortion

by John Stonestreet

*"The sad reality is that many people are either afraid or unprepared to deal with the grief of miscarriage publicly. In a culture that lauds abortion on demand and dehumanizes the unborn child, this is understandable. Why talk about it? Until our society acknowledges the humanity of the unborn child, the pain of parents who lose their children before birth will continue to be ignored."*

— Constance T. Hull

The abortion industry, and politicians allegiant to it, will defend to the death—pun intended—a woman's so-called “right” to end the life of a living, developing human being in her womb for any and every reason.

But strangely, when it comes to a miscarriage—that is, the unintended death of an unborn baby by natural causes—its script suddenly changes. Consider these words from Planned Parenthood: “Miscarriage is a common event in many women’s lives. Those of us who have had miscarriages know how difficult the experience can be. Miscarriage can leave us with many emotions to sort out.”

By God’s grace, my wife and I have never experienced a miscarriage, like so many of our friends and co-workers. Difficult seems like an inadequate word for the pain resulting from miscarriage—though the nation’s largest abortion provider fails to mention why: because it is the loss of a precious human being in the womb. Planned Parenthood’s concern for

miscarriage’s unintended loss seems quite disingenuous given they want us to celebrate the intentional taking of 55 million human beings since *Roe v. Wade*.

But such logical schizophrenia is not confined to those who defend the legal right to abortion. Those of us on the pro-life side can also be inconsistent. While many Christians can make the case for the dignity of human life in the womb when it comes to the evil of abortion, when it comes to miscarriage—which ends between 10 percent and 25 percent of all clinically recognized pregnancies—the response is often far different. By the words we say or leave unsaid, too often we risk dehumanizing the child who has died and

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Volume 24, Number 10

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## CONTACT US

newsletter@samaritanministries.org

## FOLLOW US

On Twitter: samaritanmin  
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## EDITORS

Jed Stuber, Editor  
Michael Miller, Managing Editor  
Ray King, Editor Emeritus

## ART DIRECTION

Dan van Loon

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## ADMINISTRATIVE OFFICES:

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



Samaritan Ministries' *Christian Health Care Newsletter* is a member of the Evangelical Press Association.

## Sharing Summary from September

Shares:	\$27,789,962	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:	\$27,911,465	
Unshared Needs in Negotiation:	\$ —	
New Needs:	4,148	
Total Needs:	9,189	
New Rewards:	642	
Miscarriages:	13	Member Households: 79,282
Final Rewards:	12	(as of 8/22/18)

## 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

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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.

## Are you prepared to vote wisely in next month's elections?

The 2018 United States midterm elections will be held mostly on Tuesday, November 6. Are you informed and prepared to vote wisely?

All 435 seats in the U.S. House of Representatives, 35 of the 100 seats in the U.S. Senate, and 39 state and territorial governorships will be contested. Eighty-seven of the nation's 99 state legislative chambers will hold regularly-scheduled elections for 6,070 seats, meaning that nearly 82 percent of all state legislative seats will be up for election. Plus, elections will be held in our counties, cities, and villages, such as for judges and law enforcement officers.

The U.S. Congress can have great influence for good or bad. State governments can provide resistance to federal overreach and abuse. There are thousands of elected officials who can use their offices to reward those who do good and to punish those who do evil—or they can do just the opposite (1 Peter 2:14). Every elected official can exert influence.

We need to actively seek and support those who we believe will uphold and protect Biblical truth, or at least not work against it. We have been commanded to take the light of Jesus Christ into all the world, and that includes government. Failure to do our duty allows darkness to prevail.

### **Who should we support?**

Deciding how to vote can be daunting, but remember that James 1:5 says, "If any of you lacks wisdom, let him ask God, who gives generously to all without reproach, and it will be given him."

For federal elections, there are Christian voter guides available to help us. AFAaction.net, FRCaction.org, and ChristianVoterGuide.com, provide helpful resources.

In Illinois, where Samaritan Ministries is based, we are blessed to have member Dave Smith leading

**If any of you  
lacks wisdom,  
let him ask  
God, who gives  
generously**  
**James 1:5**

the Illinois Family Institute, which distributes voter guides for elections around the state.

You may be able to find a similar Christian policy institute in your state by using ChristianVoterGuide.com, which links to pro-family and pro-life state level organizations.

### **Above all**

#### **Cry out to God:**

- Restore us, O God of hosts; let Your face shine, that we may be saved! (Psalm 80:7)
- If My people who are called by My name humble themselves, and pray and seek My face and turn from their wicked ways, then I will hear from heaven and will forgive their sin and heal their land. (II Chronicles 7:14)

### **Pray for our leaders:**

- First of all, then, I urge that supplications, prayers, intercessions, and thanksgivings be made for all people, for kings and all who are in high positions, that we may lead a peaceful and quiet life, godly and dignified in every way. This is good, and it is pleasing in the sight of God our Savior. (1 Timothy 2:1-3)
- Let justice roll down like waters, and righteousness like an ever-flowing stream. (Amos 5:24)

### **Remember God is in control:**

- The king's heart is a stream of water in the hand of the Lord; He turns it wherever He will." (Proverbs 21:1)
- Let every person be subject to the governing authorities. For there is no authority except from God, and those that exist have been instituted by God. (Romans 13:1)

### **Prepare yourself:**

- In your hearts honor Christ the Lord as holy, always being prepared to make a defense to anyone who asks you for a reason for the hope that is in you; yet do it with gentleness and respect. (1 Peter 3:15) ♦

**See also The Doorpost on page 16**

### Sherokee Ilse

#### Babies Remembered

by Amanda Wilton

**S**herokee Ilse has taken the statistic of 1 million U.S. pregnancies ending in loss annually and turned it into advocacy and caring.

The Samaritan Ministries member from Arizona co-founded The Pregnancy and Infant Loss Center, which helped establish the month of October as Pregnancy and Infant Loss Awareness Month, among other accomplishments.

She also has worked to launch the Babies Remembered Consulting Team, which supports families and caregivers through training, consulting and sharing resources, while also helping to enhance the direct care professionals provide during and after loss.

Sherokee's commitment comes from personal loss.

Expecting her first child in 1979, considering names for the little one growing inside her, picking out colors for the nursery, and dreaming about all the adventures yet to come, Ilse soon found herself dealing with tragedy. At 2 ½ months along, just after announcing the pregnancy, Ilse miscarried.

The medical community defines miscarriage as the premature end of a pregnancy before the 20th week. Most women experiencing a miscarriage are not admitted to the hospital but are usually seen in an outpatient facility or perhaps an emergency room. This was true of Ilse's experience. Shocked and disappointed, she and her husband, David, were sent home with words that were meant to encourage, such as, "You can try to have another."

A few years following her miscarriage, Ilse was pregnant once again. Fears from her first pregnancy crept in all throughout the 40 weeks. Ilse went into labor and delivered her son, Brennan, only to find that he was stillborn. She wrote in her book, *Empty Arms: Coping with Miscarriage, Stillbirth, and Early Infant Death*, "If your baby was stillborn, it means that you had to say goodbye even before you had the chance to say hello. The immediate and intense pain of experiencing a stillbirth comes from the abrupt change of feeling euphoric and high with anticipation to the unbelievable blow of hopes dashed. All at once you have to face the news that the



baby, who was kicking and obviously so alive, now has died."

After these two tragic losses, Ilse was blessed with two living sons, Kellan and Trevor, but then she experienced tragedy again when her fifth pregnancy turned out to be ectopic. An ectopic pregnancy happens when a fertilized egg implants outside the uterus, most often in the Fallopian tube, and in most cases the baby is unable to survive. Ilse feels these experiences, even though extremely painful, prepared her to minister to others who have walked the same road.

Following her second loss, Ilse began writing *Empty Arms*, which is intended to help parents cope through those initial hours, days, and weeks. Often after finding out the heartbreak news, parents feel rushed to make decisions they could not possibly have prepared for, and years later regret not taking their time to make room for memories they could carry with them. She says of her stillborn son, "Sadly, I hardly



remember him now, and we didn't spend enough time with him. Not knowing our rights and what options to consider made this experience far worse than it needed to be and has haunted me for years." This motivates her to travel the world, mentoring thousands of mothers and fathers, so they will not experience this same kind of regret.

Her efforts extend beyond The Pregnancy and Infant Loss Center and Babies Remembered Consulting Team.

Adding to her complete care strategy for grieving parents are Baby Loss Family Advisors and Baby Loss Doulas.

Baby Loss Doulas, also called Bereavement Doulas, aims to support mothers and couples through the painful process of grieving their loss. Hospital staff can call a Baby Loss Doula from the moment a baby miscarries or is stillborn to help families walk through many difficult

decisions such as possibly taking a child home until the funeral.

Ilse has had many clients opt for a home funeral, such as Emma and David, who said goodbye to their son Darrius in 2011 after he entered the world without ever taking a breath. Ilse believes that though such funerals may not be common practice in the United States yet, they should be. She says they offer parents, siblings and other friends and family a chance to mourn with and encourage the parents, while also making memories that a grieving mom and dad can one day look back on.

Much has been accomplished over the past several decades, namely the improved standard of care hospitals give to grief-stricken parents—in large part due to Ilse's efforts and her never-quit attitude.

She's quick to not take all the credit, though. She recognizes improvements and advances made

were a team effort of organizations and individuals across the country.

When asked what drives her, she says, "God, love, and story after story of parents telling me (or others) that they are so thankful, blessed, and grateful because they lovingly met their babies, said a special goodbye, and created lasting memories. We do work that helps make that difference. This work is sacred and helping parents do this well helps them heal down the road."

Yet, there's a long road ahead to improve even further the standard of care hospitals provide when loss is the outcome for a laboring woman. Ilse prays the next 30 years see hospitals, medical professionals, and support staff partnering with Baby Loss Advisors and Doulas on a regular basis. The goal is a team approach that begins early in the process and

*Continued on page 13*

## There are no words

**With approximately** a million miscarriages every year, you'd think we would have a word to describe the one who suffers such a painful loss. But we don't.

"There are words like 'orphan,' 'widow,' and 'widower' in all languages," writes Neena Verma in her book *A Mother's Cry ... A Mother's Celebration*. "But there is no word in any language to describe a parent who loses a child. How does one describe the pain of 'ultimate bereavement'!"

Not only do we lack a word to describe the mother who miscarries, but words fail us even when we intend to offer her comfort.

In her book *Empty Arms: Coping with Miscarriage, Stillbirth, and Early Infant Death*, Sherokee Ilse writes, "People ... will have different reactions, anything from an outburst of emotion, to total silence, or a combi-

nation of these. They might say hasty words that you will not find appropriate or helpful. ... Try not to take any hurtful reactions personally, and be aware that many people have a hard time dealing with death and do not know what to say or how to help."

Because of this dilemma, President Ronald Reagan declared October to be Pregnancy and Infant Loss Awareness Month. Please use this month to reach out appropriately to friends and family who have suffered the loss of an infant through miscarriage or stillbirth. For pointers and resources see the article from Sherokee Ilse on page 6. For additional information you can share with those who have experienced miscarriage, visit [SamaritanMinistries.org/MourningWithHope](http://SamaritanMinistries.org/MourningWithHope) to browse a collection of articles and resources from Samaritan staff and members. ♦

## Babies matter: a look at pregnancy loss

by member Sherokee Ilse

**A**s a Samaritan Ministries member, I notice the number of miscarriages listed each month. I wonder how members greet those numbers in the newsletter or the names in the Prayer Guide. Do we see the death of a beloved baby, pray, and use the addresses to send notes? Or do we breeze over the numbers and names with little thought? Does our Samaritan community comprehend the depth of these losses?

Sadly, for much of history, the larger community has shown little or no concern over miscarriage, stillbirth, and other early infant deaths. Yet more than 26,000 stillbirths occur each year in the United States, the equivalent of a full 747 airliner crashing every week. Now add in more than 500,000 confirmed miscarriages, 23,000 neonatal deaths, and 3,700 SIDS deaths. We have an undeclared public health crisis!

Compare that to attention given to 32,000 annual car accident deaths or 55,000 drug-induced deaths, including opioid overdoses, which are labeled a national crisis. Not to minimize these tragedies, but for too long silence has surrounded the unrecognized tragedy of perinatal loss.

Even in prenatal visits, most doctors and midwives do not speak of the potential for such deaths or ways to reduce risks. Although SIDS research has been a priority, until recently stillbirth was not investigated, and miscarriage is still accepted as a normal pregnancy outcome with virtually little interest or financial allocation for care and research on prevention.

It's true that not every parent sees a miscarriage as a substantial loss, but one study reports that 75 percent felt their loss was significant and painful, and grieved for their child.

My heart breaks for each family. I know all too well the shock, sorrow, and anguish parents feel with a perinatal loss. Our own pregnancy history includes a 12-week miscarriage (Marama), a full-term stillborn son (Brennan), and an ectopic pregnancy (Bryana).

**I invite our community of loving Christians to make more effort to understand and share the burden of pregnancy loss.**

My husband and I also have two living sons with families who brighten our lives. Yes, we are grateful. But no, we don't forget who came before them and how those precious children changed us forever!

Trying to make sense of such agony, I allowed God to lead me in writing, speaking, and traveling the world, sharing God's message of love and hope. I am deeply blessed to have had this as my life mission for more than 30 years.

I know well what most families need to navigate the tsunami during and after such a loss. I have letters, emails, pictures, gifts, and memories of phone calls and visits from thousands of parents who hurt more than words can describe.

How can we embrace these families and enhance the care we offer? We must first acknowledge that each child is God's little miracle. This is a God-created, loved baby who lived and is still a loved baby who happened to die. When parents and community focus on "God's creation" and "loved baby," the decisions are clearer and the support flows easier.

We must also understand that the love that bonds parents to their children begins long before their birth. As children we play house, often with baby dolls. Marriage plans include dreams of children. Pregnancy is exciting, bringing deeper bonding. I call this early bonding a gift from God!

Do we measure our love or grief by body size or time? If this were true, then the older child would be loved more than the younger child based on greater height and age.

Anyone who has experienced a loved one dying knows this isn't true. Comparing is not helpful, or appropriate. We can help parents by embracing the reality that this baby holds a place in their family and that these parents will always be the parents of this baby.

We can also help by being informed of options when a pregnancy loss occurs. Recently, birth professionals and parent advo-

cates crafted a position paper, “Interdisciplinary Guidelines for Care of Women Presenting to the Emergency Department with Pregnancy Loss,” which contains recommendations for care and is endorsed by many associations.

Using these guidelines provides better information and promotes compassionate care for grieving parents. Parents have the right to name and hold their baby, no matter the gestational age. Baby blankets and clothing can be provided. Only parents should authorize testing and taking tissue samples, practices often performed on babies without fully informing parents. And parents should be told ways to say goodbye, including a time at home. For young children, bringing the baby home is especially helpful, providing a familiar place to say goodbye. Parents should also be offered help sending an announcement, writing an obituary, planning a funeral, and burying or cremating their child, if desired. Yet, sadly, these rights and options are rarely presented nor are their importance to healing explained.

Too often others refer to pregnancy loss as an unfortunate event, a bump in the road, or proof that you can at least get pregnant. They may suggest you try again. These well-meant attempts at comfort demean the value of this child’s life and add to the pain.

Most parents see these little ones as treasures who are loved and achingly missed. Dreams are shattered, and hopes are dashed. A future vanishes in an instant when parents hear, “There is no heartbeat. Your baby has died.”

Parents need not bear the burden alone. I invite our Samaritan community of loving Christians to make

more effort to understand and share these parents’ burden of pregnancy loss. When we embrace bereaved families, we bring light to their lives, and to our own, knowing we are doing God’s work.

### **Ways to honor your baby**

- Parents who experience pregnancy loss discover meaning in creating a legacy to honor their baby, who is now but a memory.
- Set aside a specific time or place to honor your child in a way that is significant to you.
- Visit BabiesRemembered.org and BabyLossFamilyAdvisors.org to find free literature and one-on-one support. Learn how to become an advocate, participate in studies, and raise awareness. Consider becoming a certified Baby Loss Family Advisor or a Baby Loss Doula.
- Reach out to other bereaved parents by sending notes and sharing resources.
- Help fund a perinatal loss program in your church or hospital. Funds can be used to buy literature, mementos, and supplies, or to train staff.

### **How to support others through pregnancy loss**

- Let them know you care. “I am so sorry this happened. It must be hard. While I don’t know all you are going through, I am here to help.”
- Ask “Did you name your baby?” And if so, “May I call him by his name?” Refer to the child by name from then on if given permission.

- In the future say: “I was thinking about your little Leona. May I talk about her, or would you prefer not to now?” Follow the parents’ preference.
- Learn the due date, the anniversary of death, and significant family holidays. Remember them with a call, note, gift, or invitation to go out. Most people will not remember the all-important dates, but parents will!
- Don’t judge or say things to reduce the pain. You can’t fix this, so don’t try. Sit in the puddle of their pain with a warm, inviting spirit. Listen. Let them tell their story, their hopes for this child. Don’t offer tons of advice.
- Don’t suggest if they try again, things will be better. You don’t know that, and neither do they.
- Help families connect with other grieving families. Find a local support group. Search online for a chat room or Facebook group.
- Pray for families and send notes of comfort. Check with your church, in Samaritan’s Prayer Guide, and for baby obituaries in your local newspaper. ♦

*Sherokee Ilse (sherokeeilse@yahoo.com) is a pioneer in the perinatal loss field. She is an international consultant, trainer, parent advocate, inspirational speaker, author, bereaved parent and paradigm shifter.*

*2019 marks the 30th Pregnancy and Infant Loss Awareness Month Washington DC Walk to Remember and Memorial Service. In 1989, we carried 500 baby memorial quilts in a parade on the Capital Mall. There will be an anniversary celebration in 2019, exact date to be determined. To be on the email list for Alerts and Event Updates, please contact sherokeeilse@yahoo.com.*

## Member doctors join growing Direct Primary Care trend

by Kathryn Nielson

The Direct Primary Care model is gaining traction.

Those fortunate enough to have DPC doctors in their area benefit in numerous ways.

In many cases, DPC practices with a flat monthly fee give patients:

- Direct, 24/7 access to their doctor—in person, if necessary, or by video, text, or phone call if not.
- House calls.
- Rock-bottom pricing on labs, procedures, and medications.
- Extended, personal, one-on-one time with a doctor.

Samaritan members Drs. Matthew McCarthy, Chad Savage, and Dana Mays all offer the DPC model in their respective communities. All are driven by the same goals: to be able to spend more time with their patients, offer services and medications at pennies on the dollar, and to work for the patient rather than an insurance company. And all three will say that the driving force behind their goals is rooted in a desire to serve Christ to the best of their abilities in the field He has chosen for them.

### **Dr. Matthew McCarthy**

Dr. Matthew McCarthy likens joining his DPC clinic in Blacksburg, Virginia, to that of paying for oil changes and tune-ups for your car. Rather than expecting expensive insurance to cover wellness visits and non-emergency treatment, Dr. McCarthy encourages the DPC model as both a cost-effective and time-saving option.

"Essentially, patients pay a monthly fee (\$75 or less; we have pretty

awesome family discounts!) and we take care of them: without copays, without hidden fees, and with transparency," Dr. McCarthy says. "Membership in my practice is an agreement between you and me; communication and clarity are key."

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**"In wellness and therapeutic care alike, our great ally is time—large amounts of precious, irretrievable time given to you as you wish."**

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And, just like car insurance pays for catastrophic events, Dr. McCarthy recommends patients make provision for unforeseen situations. For the nonemergencies and the cost of less than a monthly phone bill, though, membership in his clinic takes care of nonemergency care when the patient needs it, not days later when there's an opening.

Because he has kept his patient load light, Dr. McCarthy can give this personalized care he desires for his patients and do so in a timely manner.

"In wellness and therapeutic care alike, our great ally is time—large amounts of precious, irretrievable time given to you as you wish," he says.

### **Dr. Chad Savage**

Dr. Chad Savage opened the first DPC clinic in Brighton, Michigan, after spending 12 years practicing medicine in the traditional model.

His goal is to "return the patient to their rightful position as the center of what we do," offering the best medical care possible without interference from government and insurance companies.

"Primary care medicine is the foundation of good health and wellness, and a close partnership with the individual who provides primary care improves the patients' chances at wellness," Dr. Savage says.

That means he gives his patients the time needed to get to know them and identify their specific needs as well as come up with a treatment plan that both he and the patient agree to. It also means direct access to him 24/7 and services and medications at much more affordable prices.

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**"A close partnership with the individual who provides primary care improves the patients' chances at wellness."**

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"The current health care system does not emphasize wellness, and certainly does not promote individual partnership/relationships between patients and the doctors who care for them," says Dr. Savage.

When he's not practicing medicine, Dr. Savage serves on the Greater Brighton Area Chamber of Commerce and as a policy advisor for The Heartland Institute. He has also been a featured guest on news and radio programs and in political

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

forums talking about the benefits of the DPC model.

#### **Dr. Dana Mays**

When Dr. Dana Mays opened her central Louisiana practice in 2014, she started out just making house calls. When her patient panel became too big and she needed an office, YaphaMD was born.

Dr. Mays has two main objectives for YaphaMD: to respect her patients' time and to make sure her patients don't feel like cattle being herded through her clinic when they come to see her.

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**"My simple yet lofty, overriding goal in life is to shine the love of God into all that I do."**

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To that end, she offers multiple options for patients needing care. House calls, virtual video appointments, phone consultations, texting, and in-person appointments are available to members as part of the monthly membership fee. When visits are warranted in her Pineville office, they can last anywhere from 30 minutes to an hour.

"Patients know that they are not charged any additional fee for an office visit," she says. "So if I ask them to come in, it's because I really need to see them. Their time is just as important as anyone else's time."

Like most DPC doctors, Dr. Mays is wanting to restore the personal touch that has been lost over the

years with insurance requirements and government mandates.

"Modern medicine in the USA has become depersonalized and unfriendly," she says. "My desire is to make medicine personal again, recognizing that patients are people who have lives and responsibilities."

All her goals—respecting patients' time, keeping costs low, bringing back the personal touch—are rooted in the overall goal of living out the meaning behind the name of her clinic; "Yapha" is the Hebrew word meaning "to shine out or forth."

"My simple yet lofty, overriding goal in life is to shine the love of God into all that I do," she says. "I know I often fall short, yet this is my desire." ♦

**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



#### **Dr. Matthew McCarthy**

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

In his own words:

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



#### **Dr. Chad Savage**

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

In his own words:

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



#### **Dr. Dana Mays**

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

In her own words:

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

## The survivor's guide to the flu

by member Dr. David Rostollan

**T**he key to effective prevention and treatment of the flu is preparation. Choose which remedies you want to use and then make sure you have them on hand for the duration of flu season.

You do not necessarily need to use all the remedies in this guide, although in cases of acute infection I do recommend using as many strategies as you have available to you to increase your odds of reducing the duration and severity of the infection.

In addition to lifestyle modifications to build resilience (sleep, diet, stress-reduction, moderate exercise, etc.), as well as common-sense avoidance practices, the following supplements may be used for prevention and/or treatment of influenza.

**Elderberry syrup:** At the onset of symptoms, take 1 tablespoon of syrup 4 times per day (children take half to two-thirds this dose). Use elderberry with verified high-flavonoid content such as Sambucol® (original) or Gaia Black Elderberry Syrup.

**Allimax:** For prevention, take 1 capsule (180 mg) per day with or without food. If symptoms of infection appear you may take 10 capsules at once.

**Ginger tea:** Use fresh ginger root only (dried will not work). Pour 3 to 4 ounces of the juice into a mug, and add one-quarter of a squeezed lime, a large tablespoon of honey, one-eighth teaspoon of cayenne, and 6 ounces of hot water. Stir well. Drink 2 to 6 cups daily.

**Herbal tinctures:** Top antiviral herbs for influenza would include tinctures

of: Chinese skullcap, isatis, licorice, houttuynia, and lomatium. Optional (but recommended) supportive herbs to add to this would include red root, yerba santa, elephant tree, osha, and inmortal. Combine equal parts of each tincture into a single formula. For moderate influenza take one-half teaspoon every hour. For severe influenza, take 1-2 teaspoons every hour.

**Homeopathy and homeoprophylaxis:** For prevention, take 1 tablet of Muco Coccinum once per week dissolved under the tongue. Children

## The key to effective prevention and treatment is preparation.

take half this dose. If using to treat influenza, take one dose every two to three hours. Alternatively, the influenza-specific Banerji Protocol treatment consists of: Rhus Toxicodendron 30C and Bryonia Alba 30C; alternate one dose of each medicine every two hours. Use Belladonna 3C in liquid once every hour as needed for high temperatures, and Arsenicum Album 3C in liquid every 30 minutes if there is nausea and/or vomiting.

**Vitamin D:** Calculate your most likely ideal dosage and take whatever amount is needed to produce serum

levels between 40-65 ng/ml. This is usually at least 5,000 IU for adults. Test levels after three months of supplementation and then adjust accordingly. Vitamin D should be taken in the D3 form (not D2) as an oil-based preparation (softgels or oil-based drops) every day with a meal containing fat. Infrequent dosing does not exert significant anti-viral effects. Taking Vitamin K2 with Vitamin D is recommended.

**Vitamin C:** At the onset of symptoms, take 1 gram (1,000 mg) once every hour for at least six hours and then three more doses over the course of the rest of the day. Repeat each day while sick but reduce the dose if loose stools occur. If you can take more then take more. Take a dose every wakeful hour if tolerated. For optimal results and to reduce the chance of gastrointestinal side effects, use liposomal Vitamin C (Quicksilver Scientific). Even if you don't do hourly dosing, almost every person with the flu should take at least 3 grams of Vitamin C per day (in divided doses) for prevention of pneumonia as a secondary complication of the flu.

**Colostrum:** For prevention, take one-half to 1 teaspoon every morning apart from meals. Blend in plain water or with ice, berries, and stevia. Do not take at the same time as other proteins. If using Viralox (proline-rich-polypeptide concentrate from colostrum), use three sprays twice daily for prevention or three sprays four times daily at the onset of symptoms (there is no additional benefit to dosing more frequently than every four hours).

**Vitamins/Minerals/Antioxidants:** Use a multivitamin and mineral supplement to ensure adequate nutrient support, especially zinc and selenium. Multivitamin and mineral supplementation is particularly important for diabetics and the elderly. N-acetylcysteine (NAC) dramatically reduces influenza symptoms and may be used in doses of 600 mg two to three times per day up to 1,200 mg two to three times per day.

**Humic Acid:** For prevention, take one capsule twice daily. At the onset of symptoms, take two capsules every four hours.

**Umcka:** Take 1.5 ml (there are graduated markings on the dropper) three times per day at the first suspicion of sickness.

**Lauricidin®:** Take one scoop (3 grams) three times daily with food (if possible) at the onset of influenza symptoms. For prevention, use one-half to 1 scoop twice daily. Swallow with cool water and do not chew the pellets.

### **Where to purchase supplements (and a caution about supplement quality)**

I recommend stocking up on the supplements you want to use before you actually need them (once viruses replicate past a certain point they are very difficult to stop, so time is of the essence). While some supplements (e.g., Sambucol®) can often be found locally and legitimately at health food stores or even grocery/drug stores, others need to be ordered.

I strongly advise against ordering supplements through third-party websites such as Amazon, eBay, etc., unless you are sure that it is the manufacturer that is selling directly through an Amazon store.

Counterfeit supplements are common, and quality is not guaranteed or easily discerned. Outright fraud, breaches of contract, and gross inconsistencies have been documented by myself and other practitioners. I've seen this firsthand several times from clients who have ordered from Amazon and received what was obviously the wrong product (e.g., one time something came in tablets that is actually only manufactured in capsules). Others have gotten bottles that were opened, partially empty, or even completely empty in one case. In most cases, however, you would never know the difference by appearance.

Professional brands are usually not allowed to be sold on third-party sites, yet this happens frequently due to contract violations or through the production of counterfeit products. Labels, barcodes, size, texture, color, taste, etc., can all be immaculately reproduced by a good counterfeiter.

For example, the manufacturer of Lauricidin® states: "We do not permit the sale of Lauricidin® or Epi-Shield® on Amazon, eBay, and other third party marketplaces." And "Violations of these terms may lead to a permanent suspension of the supplier's account." Yet, we can easily find what appears to be Lauricidin® on Amazon. The seller name is even listed as the brand name "Lauricidin"—a very sneaky tactic to feign authenticity. It might be what it says, but there is no guarantee, and even if it's real the seller is breaking contract and selling it illegitimately and under false pretenses.

One can also find other products, such as the Allergy Research Group Humic Acid supplement, on Amazon and in blatant violation of ARG's policies.

Some professional manufacturers have gone to great lengths to pre-

vent pirated and/or counterfeit sales and to maintain product authenticity and traceability. Sophisticated forms of 2D (matrix) barcodes have been developed, but even this hasn't stopped counterfeiters, who often employ very clever countermeasures.

In the supplement industry label claims frequently fall short of reality. Even big-name stores (e.g., Walmart, Walgreens, Target, and even GNC) frequently carry supplements that either contain no active ingredients, or worse, contain harmful ingredients.

In my practice, I supply supplements to my clients by 1) ordering on their behalf through a verified professional dispensary or from the manufacturer, or 2) allow them to set up a personal account with one of my dispensaries so they can make their own orders and have access to otherwise-restricted professional brands. Some manufacturers (e.g., Sovereign Laboratories and Lauricidin, mentioned above) also have professional portals where orders can be made from the manufacturer through a practitioner's account.

Professional supplement dispensaries acquire their inventory directly from the manufacturers and employ stringent quality-control practices. Every single brand is cGMP compliant and usually far exceeds pharmaceutical quality standards.

If you would like to order any of the supplements discussed in this guide, please do so from your trusted practitioner. ♦

*Dr. David Rostollan is a Samaritan Ministries member and naturopathic physician. He runs Health for Life naturopathic practice in Butler, Missouri, and blogs at reforming-health.com/blog and functionalnaturopathy.wordpress.com. This article is an excerpt from Influenza: The Complete Survivor's Guide, available at bit.ly/completefluguide.*

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

## Health Care Sharing Ministries

### How Christians are Revolutionizing Medical Cost and Care

by member Dr. Stephen R. Turley  
reviewed by Michael Miller

**H**ealth care is in the throes of drastic changes, and Christians are at the forefront of the revolution, Samaritan Ministries member Dr. Stephen R. Turley writes in his book *Health Care Sharing Ministries: How Christians are Revolutionizing Medical Cost and Care*.

The Samaritan Ministries member says the Biblical sharing concept is poised to play a major role in those changes.

In the 65-page book, Stephen, who was profiled in this newsletter's December 2017 issue, works through the unfortunate realities of health care today and how Christians are storming its gates.

He first establishes disruptions we're seeing in health care that improve how it is accessed, provided, and paid for. Yet "overly expensive and unnecessarily cumbersome and frustrating" health insurance continues to dominate health care. Stephen concludes that "It is time to begin to think of health care provision and payment in innovative ways akin to the innovations in our wider ordering, manufacturing, and delivering industries."

His conclusion is that "the church has the answer: *health care sharing ministries*" (emphasis in original). Why? HCSMs offer "Biblical and holistic visions of health" by abiding by a moral vision and operating from a salvific vision. With this approach, HCSMs are in the vanguard of what Stephen says is "nothing less than a revolution in health care."

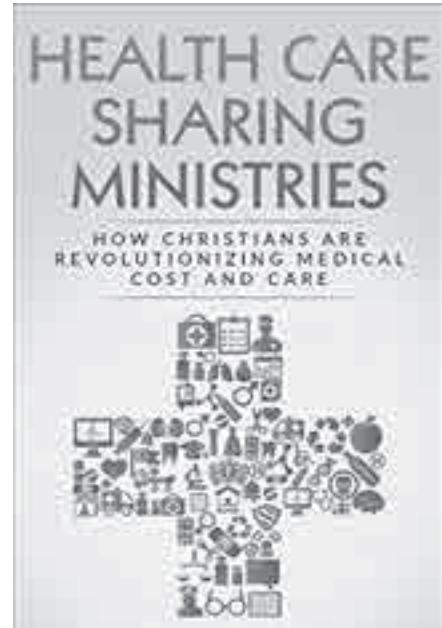
To establish his argument, he first works through the parable of the Good Samaritan, and then recounts how Christianity's approach to health care developed from its worldview early in its existence. Using these foundations, Stephen shows that recent criticisms of health care sharing don't hold water,

**"It is the church, not the secular state, that provides the frames of reference that awaken a truly charitable and humane society."**

since the critics are operating from a secular worldview that based itself on a Christian worldview and then twisted it.

"It is the church, not the secular state, that provides the frames of reference that awaken a truly charitable and humane society, one that calls all to the redemptive healing of the New Adam, who came that we might have life and have it abundantly (John 10:10)," he writes.

Stephen claims that "Christians are in fact at the vanguard of these (health care) changes and revolutionizing the way health care is accessed,



[TurleyTalks.com/books](http://TurleyTalks.com/books)

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provided and paid for through health care sharing organizations."

He points out in chapter 3 that he speaks from experience as a Samaritan member.

"This for me is not merely a good idea or interesting theory," he writes. "Health care sharing ministries offer a fundamentally different paradigm than that of health insurance, and that paradigm shift involves the radically personal nature of health care sharing ministries as opposed to the radically depersonalized nature of health insurance."

Stephen relates his experience with having a Need shared among Samaritan members when his son, Richard, broke his foot. The Turleys received a number of cards with their Shares encouraging Richard with assurances of prayer.

#### **Member Spotlight: Sherokee Ilse**

*Continued from page 5*

"I can't tell you how beautiful it was to share with my son the love of Christians he never even met," Stephen writes. "Through health care sharing, Christians come together in a spirit of mutuality in sharing one another's costs and burdens."

HCSM members are also influencing health care just by being cash-pay patients, the ever-optimistic author asserts. "By transforming Americans into self-paying patients, Christian health care sharing is helping to lower health care costs across the board. ... These two factors, discounts and price-shopping, significantly lower the price of health care and thereby widen its availability to more and more people."

He also says that health care sharing "puts the patient in charge of his or her own health care." Utilizing technological advances in health care access while caring for one another's burdens "is the revolution of health care sharing ministries."

After looking at how Christian organizations have long been involved in caring for the sick because of their belief in human dignity, he concludes that "conditions are ripe for a real renaissance in faith-based and post-secular health care."

Finally, Stephen writes, "Health care sharing restores the notion of treating the whole person, not merely the disease, and thus requires its members to live lives in a manner glorifying to God." He encourages Christians who are "stuck" in health insurance systems to look at the "new way, a better way, which turns out to be very old."

"Health care sharing stands in continuity with nearly two thousand years of Christian philanthropy, healing, and redemption." ♦

does not end when the family walks out the door. This paradigm gets people care from the moment they find out, through the crisis, and then provides care on an ongoing basis for even a year or more.

Losing a child to miscarriage or

stillbirth isn't a statistic. It's a loss that needs comfort and understanding, something Sherokee Ilse has seen to for years now. ♦

## **Why SMI?**

**Sherokee Ilse found** herself without health insurance when her husband, David, retired early in 2013.

She began the search for health care, but, with the Affordable Care Act in full implementation at that point, it was important to her to find something that did not fund abortions.

That's when she remembered hearing James Lansberry, executive vice president of Samaritan Ministries, speak at an Association of American Physicians and Surgeons conference a few years before. The AAPS strives to uphold the patient-physician direct care relationship without involvement from government. This principle rang true for Ilse, as she was feeling the health care landscape had gotten "Crazy and nuts! Patients ought to just have a direct connection with their doctors."

Because Samaritan not only supports direct care, but also makes sure that shares don't fund unbiblical practices such as abortion, Sherokee was attracted to the ministry.

As she researched more about Samaritan's structure, she found the direct sharing model also fit her values. The simplicity of sending a note and a check directly to another member "warmed my heart," she says.

"To know and trust that not a lot of money was going to administration, but that my shares were supporting another Christian, felt so faith-based, Bible-based and beautiful," Sherokee says. "I get excited about what you do."

Over the past five years, Sherokee has faithfully prayed for Samaritan members monthly, along with sending her Shares. Because she prefers to treat health concerns herself as much as possible, not often seeking out medical assistance, it wasn't until recently that she submitted a Need.

Through that experience, she found that "the outreach from strangers, really sisters and brothers in Christ, meant a lot."

"It helps to know we are not alone," Sherokee says, "We are all connected and on this journey together, even if we don't know somebody personally."

Because the notes and cards she received meant so much, she says, "Even though I always sent a note with my Shares, I'm even more committed to writing better notes now!" ♦

## 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.*

### Nepal bill targets Christians

A bill criminalizing not only religious conversions but also the “hurting of religious feelings” is in effect in Nepal, World Watch Monitor reports. WWM says the law could be used by Nepalis seeking to settle scores against Christian minorities. Nepal is 80 percent Hindu. Accusations of misconduct have been traded between various religions and groups recently as well. *Please pray that Nepal’s Christians will not be wrongfully accused under the new law, and that political leaders will strive to treat all Nepalis with equal respect.*

### Pastor still under arrest

Pastor Andrew Brunson continues to be held under house arrest in Turkey on accusations he was part of a coup attempt, Mission News Network reports. His prosecution appears to be part of a larger U.S.-Turkey economic feud. *Pray for Andrew’s well-being and safety. Pray also that he will be able to minister to others through this trial.*

### Opportunity to spread Word

Beijing bookstores are pulling Bibles

off their shelves to reduce the circulation of Scripture, but missionaries see the trend as an opportunity, MNN says. The missionary organization Mission Cry says it’s a chance to hand out Bibles for free in Chinese cities, especially Hong Kong. *Pray that Christians will find ways to get Bibles into the hands of Chinese and people of other nationalities.*

### Extremists to be released

A cluster of Islamic State members may be among those about to be released in Indonesia due to lack of space in prisons, International Christian Concern reports. The extremists appear to have ties to Syria. Christians and any other Indonesians who don’t adhere to the IS members’ beliefs are seen as infidels and worthy of death. *Pray for the conversion of the extremists’ hearts to Christ, and for safety for Christians and all other Indonesians as these men are freed.*

### Christians threatened in India

Christians in parts of India have stopped attending church due to threats against them, ICC reports. One pastor said 15 families have stopped attending his church after being threatened with physical violence or social boycotts. *Pray that Indian Christians facing threats will remain true to Christ and will find ways to both keep their families safe and attend worship.*

### Protests target Egyptian churches

Although government officials appear to be willing to behave better toward Egypt’s Christians by taking steps toward legalizing churches, Muslim citizens don’t appear to share the same sentiment, ICC says. Four protests were reported in one week against churches, apparently timed to coincide with a Muslim

holiday. In some cases, police kept the protests from escalating, but in others, protesters entered churches and hurled insults at those inside. Also, an attempted suicide attack was thwarted against one church. *Pray for Egyptian Christians as they seek the ability to worship and gather in peace.*

### China targets churches

Chinese officials are again targeting churches, which are being told to replace crosses on top of their buildings with the Chinese flag, ICC reports. Churches are also being told to display pictures of Chinese President Xi Jinping and posters with socialist slogans on them. Children have been barred from attending church in some areas under threat of removal of government aid. *Pray that Christians will hold firm against government pressure to raise the Chinese government above Jesus. Pray also for families being affected by the ban on children attending church. Finally, pray that Chinese Christians will continue to trust in the power of God.*

### Service disrupted

Chinese policemen and officials crashed a church service in mid-August in the central Henan province, harassing and taking away many of the 20 believers gathered there, ICC reports. *Pray for the well-being of those detained and for the ability of the congregation to gather in the future. ♦*

*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))*

**Miscarriage gives the lie to abortion***Continued from page 1*

discouraging the grieving parent.

That's the assessment of Constance T. Hull, who's experienced four miscarriages herself. Writing in *The Public Discourse* (an excellent publication by the way), she encourages us to speak frankly about miscarriage. How? By acknowledging the reality that mis-

es freely. Conversations with one's priest, pastor, rabbi, imam, local crisis pregnancy center, friends, and family can help one come to terms with the grief and remembrance of those lost children."

Third, Hull says we pro-lifers must examine our own beliefs and words that dehumanize the unborn or

## We pro-lifers must examine our own beliefs and words that dehumanize the unborn or short-circuit the natural and necessary grieving process that comes when someone loses a loved one.

carriage represents—to borrow the wording of Thomas Aquinas—the loss of an “embodied spirit.”

Hull offers a number of ideas to help us comfort grieving parents, many of whom suffer silently. “First,” she says, “we need to bring miscarriage out in the open. We need to engage in discussions about the reality of miscarriage and the pain it causes families. This is a part of building a culture of life.”

She then points out, “We pray at abortion clinics and try to educate the populace on the horrors of abortion, but we also need to be ministering to and supporting families who have lost unborn children. The more we talk about it, the more families will come out from behind closed doors to share their stories and begin to grieve openly.”

Second, Hull says, we need to be intentional about highlighting this painful topic. “People need forums,” she writes, “both in social media and in person, to discuss their experienc-

short-circuit the natural and necessary grieving process that comes when someone loses a loved one. We do this when we say things like, “You can always have another child,” or, “There was something clearly wrong with the child,” or even “They are in a better place.” Let’s remember Job’s friends were the most comforting when they didn’t talk at all.

I pray the truth of miscarriage as the loss of a precious human life will shame many in the abortion industry into repentance. And I also pray this truth sinks into our own hearts, so that we can comfort the grieving among us and carry their burdens in Christ’s name. Amen. ♦

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*John Stonestreet, the host of The Point, a daily national radio program, provides commentaries on current events and life issues from a Biblical worldview. He is the co-author of A Practical Guide to Culture: Helping the Next Generation Navigate Today’s World.*

**The past 18 months** have been a deep valley for our family as we suffered two miscarriages. Our spiritual community has gathered with us in sorrow, hope, and joy. Jesus has pressed Himself deeper into our beings, including our three children, ages 5, 7, and 10.

Every card full of loving words desiring to enter into our sufferings have shaped us deeper into the suffering of Christ. The tangible arms of God through His Body reaching us from all over the nation has been such a means of kindness, hope, and grace to us. We rejoice in our suffering because we are receiving more treasure, and God is investing much in us. We are being given more than we deserve, and He is worthy of all our praise.

*Josh & Afton  
South Dakota*

**We feel very blessed** to be part of Samaritan Ministries. We were nervous and excited to be expecting again after a miscarriage. It meant so much to have our phone calls to Samaritan close with a prayer for a healthy and full term pregnancy. Our baby boy was born healthy. Praise God for this blessing!

It was also a blessing to receive shares, each accompanied by a note and promises of prayers, as we awaited the birth. Because of large discounts offered for prepayment, we had our Need shared early and felt cradled by love and prayers throughout the pregnancy, even before our son’s birth. A pregnancy that began with a lot of uncertainty was covered in prayer, thanks to our Samaritan family.

*Steve & Emily  
South Carolina*

And will not God give justice to His elect, who cry to Him day and night? Will He delay long over them? I tell you, He will give justice to them speedily. Nevertheless, when the Son of Man comes, will He find faith on earth?

Luke 18:7-8

Take some time to read and meditate on the first eight verses of Luke 18.

How much of the difficulty and injustice we suffer in life is because we do not continue to cry out to God day and night? Too often we may pray about something a few times, and then give up. Sometimes we don't pray at all.

Jesus tells us not to give up praying. He says God will give us justice speedily, if we continue to pray. Speedily obviously does not mean instantly, or we wouldn't need to keep praying. But He does say

God will act speedily, if we do not give up. When it is the right time, He will answer speedily.

If we have faith, we will continue to cry out to God day and night, believing that He will answer. But Jesus asks, "Nevertheless, when the Son of Man comes, will He find faith on earth?"

What answer will we provide to that question?

For the Kingdom,



Ray King