

Christian HealthCare

NEWSLETTER

MEMBER LETTER:

'Samaritan is better than insurance'

When Obamacare became law our insurance premium increased by \$600 a month and the deductible rose by a couple thousand. By 2014 we simply could no longer afford it, so we dropped. We had no choice. If a colleague had not told us about Samaritan, I do not know what we would have done.

With insurance we had a couple of experiences where it took us years to pay off bills because of co-pays and deductibles. Last year I ended up with nearly \$20,000 in bills after a hospital stay, but with Samaritan everything was paid in full within 3 months. As far as I'm concerned, Samaritan Ministries is better than insurance.

Add to this that we don't have to support abortion and we are directly helping people. That is what we have experienced since we joined Samaritan.

*Peter & Susan
North Dakota*

The case against single-payer health care

Let the market work without government meddling

by John Stossel

America needs single-payer health care, say progressives. That's a system where government pays doctors and hospitals, and no sick person has to worry about having enough money to pay for care. After all, they say, "Health care is a 'right'!"

"Who pays for it?" asks Chris Pope, "And that's really not a rights question."

Pope studies health care systems for the Manhattan Institute. He explains that although many Americans think that Canada and most of Europe have single-payer systems, that's not really true.

"In Germany, employers provide most of the health care ... just as they do in the United States," he says. France and Switzerland also offer multiple options, public and private, and most people buy private health insurance. Some of the Swiss government subsidies are similar to those of Obamacare.

But Canada, England, Norway, Cuba and a few other countries do have genuine single-payer. I'm constantly told that it works well—people get good care and never have to worry about a bill. They spend less on health care and live longer.

Pope says that claim is naive.

They do live longer in many of those countries, but it's not because they get superior health care; it's because fewer of them are fat; fewer crash cars; and they shoot each other less often. "Take out (obesity), car accidents and gun vio-

lence, the difference in life expectancy disappears entirely," Pope says.

Also, government-run systems save money by freeloading off American innovation. American drug companies, funded by American customers, fund most of the world's research and development of pharmaceuticals. New drugs and devices are expensive, so oftentimes in Britain, says Pope, "whenever a new drug comes on the market that can save lives, the government just doesn't have the funds to pay for it."

Patients, accustomed to accepting whatever government hands out, don't even know about advances available elsewhere.

Single-payer systems also save

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

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Sharing Summary from February

Shares:	\$28,419,392	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:	\$28,599,627	
Unshared Needs in Negotiation:	\$ —	
New Needs:	4,010	
Total Needs:	9,480	
New Rewards:	240	
Miscarriages:	27	Member Households: 81,870
Final Rewards:	14	(as of 1/25/18)

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

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

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

Phone Menu

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Health Resources

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

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

Remember:



SEND A NOTE—

Burdens can be lightened emotionally as we encourage one another in the Lord.



PAY YOUR SHARE—

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



ALWAYS STAY ALERT IN PRAYER—

Burdens can be lightened spiritually as we unite to call upon the God of the impossible.

The ‘assisted dying’ temptation

by Steve Forbes

In 2002 Belgium legalized the murderously chilling act of euthanasia, whereby doctors and nurses kill patients with their supposed consent. Holland had formally done the same the year before. This practice, all too reminiscent of what Nazi Germany did before World War II to the mentally handicapped and to people with very serious disabilities, is justified these days not by Hitlerian theories of “purifying the race,” of course, but as a “humane” way to deal with those who are suffering mortal illnesses and in extreme pain.

Many thousands of patients have been disposed of since Holland and Belgium enacted these morally repugnant laws. Belgium now allows euthanasia to be applied even to children, acknowledging recently that between Jan. 1, 2016, and Dec. 31, 2017, two children, ages 9 and 11, who were afflicted with a brain tumor and cystic fibrosis, respectively, and a 17-year-old, who had Duchenne muscular dystrophy, had been put to death. Apologists say these kids gave their consent, as did their parents. Good God! Are we to believe that youngsters should be making such decisions?

Holland has been hit with scandals in which patients were administered lethal injections without their consent in order to free up “needed” hospital beds. After all, the reasoning went, these people were going to die soon, anyway. In Belgium, according to a news report, a member of the Federal Commission for Euthanasia Control & Evaluation resigned last year “in protest at

the unchecked killings of dementia patients.”

What’s happening here is an ugly, slippery slope. Instead of working to alleviate the tribulations of the afflicted and innovating ever better ways to do this, we simply “put them out of their misery,” the way we do with household pets.

It’s not only in Belgium and the Netherlands that we’re seeing this awful phenomenon. A chronically ill man in Canada is suing the government because medical personnel allegedly and illegally tried to coerce him into going the assisted-suicide route to save money. “Why force me to end my life?” the plaintiff asked.

It’s one thing for people to declare in writing when they are in good health and of sound mind that no “heroic” measures are to be taken, that medical staff should “let nature take its course.” But it’s quite another for medical personnel to actually kill patients, as is happening in Belgium, Holland and elsewhere.

Research shows that many euthanasia and assisted-suicide victims are suffering from depression. They should be treated, not abandoned. As for physical suffering, it’s hardly beyond the capabilities of modern medicine to effectively manage pain with older, well-established medications, as well as newer, better drugs.

It’s true that in the U.S. we have a serious opioid crisis. Nonetheless, the response shouldn’t be a diminution in pain management but, alternatively, a focus on reducing and eventually eliminating the abuses.

The temptation to use euthana-

sia as a solution will only increase as populations age and as cash-strapped governments and insurers scramble to find ways to reduce growing health care costs. It should be axiomatic that life is sacrosanct, whether or not you are religious.

In recent times we have seen enormous medical advances that not only prolong life but also improve the quality of life as we age. The answer to the rising costs of health care is the creation of genuine free markets, which always turn scarcity into abundance. There is precious little in the way of free markets in health care. Third parties, primarily governments and insurers—not the patient—still dominate. This is beginning to change in the U.S. Rapidly effecting this transformation should be our urgent goal, not surrendering to rationing or descending into the pit of euthanasia and “assisted dying.”

Morally and pragmatically, such practices have no place in a truly civilized and humane society. ♦

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Steve Forbes is Chairman and Editor-in-Chief of Forbes Media His latest book is Reviving America: How Repealing Obamacare, Replacing the Tax Code and Reforming The Fed will Restore Hope and Prosperity co-authored by Elizabeth Ames.

Eric Verstraete

Life Matters Worldwide

by Michael Miller

Human life matters from womb to tomb, and Eric Verstraete and the staff at Life Matters Worldwide help the Church nurture respect for it.

Eric is president at the Grand Rapids, Michigan-based ministry that has long supported efforts to protect the beginning of life and provide care at the end of it as well. Life Matters produces pro-life materials for churches and pastors, provides support and encouragement to pregnancy care centers, and offers a ministry model called Living in Faith Together (LIFT). That last ministry model “identifies the needs of the terminally, chronically ill and aging” within a congregation and “then identifies the resources within that congregation to meet those needs,” Eric says.



LIFT, which Life Matters is focusing on this year, also provides training and a database to use to keep track of volunteers and appointments that need to happen.

“We try to equip people to value life from womb to tomb, from the beginning of life to the end of life,” Eric says.

For women’s pregnancy centers, that includes:

- Board of directors training. “A center’s board of directors needs to function as a united body to help the centers,” Eric says. “We want to help them be spiritually healthy, because then they will be healthy enough to be able to minister to the people who are walking through the doors. We also remind them of the promises of God that they can lean on each day, realizing it’s not about them and their strength, but it’s about relying on God.”
- An annual two-day retreat called the Summit for pregnancy care center workers, “where they come together to be encouraged.” Representatives of about 40 centers typically attend, Eric says.

Life Matters also equips churches to promote the sanctity of human life as well as care for those human lives. They do it through making bulletin inserts, sermon outlines, videos, and Bible studies available. Life Matters also supplies pulpits for churches needing to hear a pro-life message.



“The best way to promote it is to not be silent about it,” Eric says. “Abortion is not simply a political issue. It’s a life issue.”

Addressing it involves preaching about it and studying the Bible about it, Eric says, but it also involves a three-pronged approach by a congregation:

“How are Christians dealing with the unplanned pregnancy that’s going to come to their church? How are they walking alongside the walking wounded, those who are post-abortive—because every church has women and men who have been affected by abortion? How are we educating our young people to try to keep them from having to make that decision at all about having to deal with abortion?”

“If our churches have a plan, we could begin to really make a difference.”

But, as Eric points out, that just addresses the beginning of life.

Churches need to also proactively care for those at the other end of the spectrum. That's where LIFT comes in.

"How do you care for the terminally, chronically ill and aging?" he says. "How do you beat back loneliness by simply just showing up?"

LIFT is intended to be adaptable to any size or type of congregation. Life Matters says the program is practical, by being manageable; sustainable, by showing how people can exercise their gifts effectively; intentional, by being proactive and putting a structure for care in place; and educational, providing a bounty of resources and training. It is being modeled in about a dozen churches

“We try to equip people to value life from womb to tomb, from the beginning of life to the end of life.”

right now, but Eric says the ministry hopes it will be a “significantly larger amount” by the end of 2019.

“We certainly believe the Church needs to be one of the focal points of caring for its members,” he says.

LIFT also encourages a multigenerational view of ministry, Eric says.

“I’m 44. My generation and the generations behind me need to connect with the older generations. They need us from a practical perspective, but we need them from an emotional and a social needs perspective. We need to know the lessons they’ve learned through their lifetime. The comfort they’ve

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Why SMI?

Community was one of the key attractions of Samaritan Ministries for Eric and Rachel Verstraete—“how we share each other’s needs, and really fulfill that Biblical call to bear each other’s burdens.”

“I was in a place professionally where I kind of had to make some decisions about health care as I was becoming full time at the Grand Rapids (Michigan) Pregnancy Resource Center,” says Eric, president of Life Matters Worldwide. “Through our friends who already were a part of Samaritan, we got connected and have been extremely happy ever since.”

The Verstraetes appreciate the “freedom to seek help and seek the doctors that you really want to be able to go to without the need to be concerned about whether they’re part of a network,” Eric says.

“You can just go get the health care that you need and work with getting that paid off,” he says. “That’s been a big part.”

The health care freedom has extended to the Verstraetes’ membership at Christian Health Care Centers in Grand Rapids, a Direct Primary Care practice co-founded by Samaritan member Mark Blocher ... who also was the founding president of Life Matters Worldwide, back when it was called Baptists

for Life, and who writes frequently for this newsletter.

CHCC has worked well for the Verstraetes.

“We love it,” Eric says. “Rachel and I have six boys, so to be able to walk into the office, have direct access to doctors who are able to connect with you quickly, to be able to text back and forth with some of the doctors if something happens to the boys ... we have been very impressed.”

Samaritan membership also has gone “superbly well” for the Verstraetes.

“With the Needs that we’ve had, we’ve gotten responses quickly from staff at Samaritan,” Eric says. “Overall, I’ve met with nothing but professionalism.”

He sees ministries like CHCC and Samaritan as “cutting edge” in providing affordable health care “without having to be in the purse strings of insurance companies.”

“How do we reclaim and redeem what seems to be, at times, such a broken system?” Eric says. “The body of believers in the church we’ve always known is the answer. I think Samaritan Ministries and Christian Health Care Centers and what they’re doing in collaboration are remarkable. I’m just blessed to be a part of it.” ♦

Sugar: The Bitter Truth

by Dr. Robert H. Lustig, M.D.
reviewed by Jaclyn Lewis

It's common knowledge that sugar is bad for you, but it's in everything: our morning mocha, our afternoon peppermints, and our evening sweet and sour chicken. Everything in moderation, right?

Dr. Robert Lustig, M.D., uses scientific research to show that added sugar is toxic, causes obesity, and is in more foods than we think in his 2009 lecture *Sugar: the Bitter Truth* at the University of California San Francisco. To date the lecture has over 7 million views on the UCTV YouTube channel.

A calorie is not a calorie

"We all weigh 25 pounds more than we did 25 years ago," Dr. Lustig says, citing a 2003 study that shows rates of both obesity and overweight have increased much faster than scientists projected. Another study shows that, compared to 20 years ago, men eat 187 more calories a day and women eat 335 more calories a day. In fact, according to a 2006

study, "we have an epidemic of obese 6-month-olds."

If it's true that "a calorie is a calorie," obesity wouldn't be a problem if we just ate less and exercised more. Dr. Lustig says he used to agree with this logic, but he found that science can't support it.

He explains that your body is designed to stop you from eating more than you need. When your body needs food, it releases the hormone ghrelin, which makes you feel hungry. When you've eaten enough, your body suppresses ghrelin and releases the hormone leptin. The hormone leptin makes you feel full. It should not be physically possible for us to eat so much more than we ever did before, even if economic prosperity provides us a larger, cheaper food supply.

"Well, you know what?," Dr. Lustig says. "If you're eating 187 or 335 calories more today than you were 20 years ago, your leptin ain't working, because if it were, you wouldn't be

doing it whether the food was there or not."

Increased added sugar broke our hormones

Not only are we eating more calories each year, Dr. Lustig says, we're eating more sugar per calorie. In 1970 we each ate 73 pounds of sugar. By 2000, we each ate 95 pounds of sugar. Dr. Lustig explains that our genetics haven't changed enough in the past 50 years to cause this change, but our food supply has changed.

Three pivotal events occurred 50 years ago that led to an increase in the high fructose corn syrup added to processed foods:

1972—Earl Butz's efforts to reduce food costs as part of Nixon's war on poverty.

1975—the introduction of high fructose corn syrup.

1982—the USDA, AMA, and AHA

call for dietary fat reduction to reduce heart disease.

High fructose corn syrup cost less than refined sugar and tasted great. Food manufacturers could add it to their new low-fat processed food products to keep them cheap. It also kept these low-fat processed foods from tasting like “cardboard.” Soon nearly all processed foods contained added high fructose corn syrup.

Dr. Lustig says that the excess sugar added to processed foods in the last 50 years has essentially broken our leptin.

In the past, most people ate sugar in the form of glucose in grains (i.e., bread, rice) or fructose in fruit. These foods are easy and safe for your body to digest because they trigger your hormones in a healthy way. Your brain knows that you’ve eaten enough and in response triggers the release of leptin. “In other words, ‘Hey, I am busy metabolizing my breakfast. I don’t need lunch,’” Dr. Lustig says. “This is good. This is not dangerous. This is what’s supposed to happen.”

Whole fruit in particular is safe because, as Dr. Lustig explains, “When God made the poison he packaged it with the antidote ... wherever there’s fructose in nature, there is way more fiber.”

Instead, the dangerous way to eat fructose is in added sugars, whether the added sugar is made from corn, sugar cane, beets, honey, etc.

When you consume added sugars, Dr. Lustig says, “Your brain gets the signal that you’re starving, even though your fat cells are generating a signal that says, ‘Hey I’m full, like all get-out.’”

As a consequence of this hormone disruption, “chronic fructose exposure alone—nothing else—causes this thing we call the metabolic syn-

drome,” which is a “conglomerate of the following different phenomena: obesity, type II diabetes, lipid problems, hypertension and cardiovascular disease.”

Sugar is a chronic toxin

Dr. Lustig also explains that fructose overconsumption leads to obesity because it drives insulin resistance, fatty liver, and inflammation, just like ethanol, the known toxin in alcoholic beverages.

When you consume an alcoholic beverage, he says, 20 percent of the ethanol is processed in the brain, and 80 percent of the ethanol is

Fructose is a liver toxin for the same reason alcohol is.

broken down in the liver. Ethanol in the brain creates the “buzz” alcohol causes. The liver’s ethanol processing leads to a large amount of new fat creation. This new fat is stored in the muscles and liver. Long-term overconsumption leads to fatty liver, inflammation, and insulin resistance.

Fructose is “ethanol without the buzz.” Unlike ethanol, fructose is not processed in the brain. Instead, all fructose is broken down in the liver, in the same process as ethanol, and leads to the same fat creation, fatty liver, inflammation and insulin resistance as ethanol.

Dr. Lustig says the insulin resistance caused by eating too much fructose over a long period of time is the cause of obesity.

“[Insulin resistance] is going to make the pancreas work that much harder,” Dr. Lustig says, “generating

higher insulin levels, which raise your blood pressure even further, cause further fat-making, cause more energy to go into your fat cells. There’s your obesity.”

Dr. Lustig’s advice: cut the sugar

Dr. Lustig urges us to take control of what we eat.

“Here’s our clinic intervention,” Dr. Lustig says. “It’s just as simple as you can make it.” Data gathered from the UCSF obesity clinic shows that it works:

1. Get rid of all sugared liquids. Unsweetened milk is OK.
2. Eat your carbohydrate with fiber. Fruit and other good carbs are OK.
3. Wait 20 minutes for second portions (gives your leptin time to kick in).
4. Buy your screen time minute-for-minute with physical activity (exercise stops fat production before it starts, lowers stress and appetite, improves insulin function).

“Fructose is a chronic hepatotoxin [liver toxin] for the same reason that alcohol is,” he says. “But the FDA can’t and won’t regulate it. It’s up to us.” ♦

Is a Christian doctor different?

by member Dr. Rod Story

Will you get different care by going to a doctor who is a professed Christian? How should a believer practice medicine?

I've worked in the medical community for 15 years. My colleagues are good doctors, by and large. Medicine has a lot of standard procedures—how you treat blood pressure, diabetes or chronic illnesses—and, for the most part, you will likely get technically similar care no matter where you go.

But there's a developing culture within medicine that should concern us—one that lacks a Christian worldview on end-of-life issues, prenatal care and sexual "identity." It's coming to the point that Christians must walk wisely in deciding whom they trust with their care.

When looking at the history of Christian health care, the best place to start is Christ, "the Great Physician." Christ's ministry was saturated with miracles and healing the sick and downcast. When Christ healed, he healed holistically, treating both symptoms and souls. Throughout his ministry, Christ placed an emphasis on the poor, orphans, widows and social outcasts.

It's important to notice that, when Jesus healed, the healing was accompanied by repentance and obedience. Many times, He required that his patient "get up and walk" and leave their sins behind.

In caring for the "least of these" (Matthew 25:40), Christians over the last two millennia developed hospitals, which originally were monasteries seeking to take care of

the sick and dying on the streets. Look around and you will see hospital names that still point to this Christian beginning, whether Providence Hospital or St. Francis (places of excellence where I was fortunate to train) or the many St. Lukes and Good Samaritans. Our modern understanding of science grew out of the Reformation and Renaissance, when faithful men studied a well-designed world as an act of worship to the Creator.

Put all of this together and you find a compassionate heart for the world, to bring the very best care to the bodies and souls of the lost, broken, sick and ill.

But somehow, as we've followed the current of culture and science, we've lost that Christian foundation. By attempting to give medical care without a Christian basis, our doctors have begun to hurt instead of heal.

Medicines traditionally used for pain relief are being used in overdoses for physician-assisted suicide. Instead of healing, death is offered to the elderly and broken.

Ultrasounds are also being used to identify twins or a baby's gender and then to urge parents to abort.

Our deep understanding of human physical development is now being turned on its head and used to block puberty with powerful hormones in children who are suffering from sexual identity issues.

The same surgical skills used to treat women who have had breast cancer or people disfigured by traumatic accidents are being used to remove functioning sex organs



and to disfigure healthy men and women.

Some of those counseling younger patients with serious illnesses are encouraging them in some cases to give up life-sustaining treatment.

Adolescents are regularly separated from their parents with the express purpose of providing sex education behind closed doors.

This developing broken medical culture is causing many Christian believers to ask, "Should I even continue to see medical doctors? Can I trust them?"

Clearly, we need reformation in medicine. But it must begin with faithful Christians "speaking truth in love" (Ephesians 4:15).

As Christian doctors, we're accountable to God for our every word and deed. This accountability should grow humility in us and cause us to seek God in His glory. Fundamentally, we believe that life is

a gift rather than a curse, a presupposition that leads us to approach medicine completely differently. We know that our value as humans comes from being unique creations, made in the Image of God. This drives us to protect the vulnerable, to work to preserve and extend life and to overflow with gratitude.

When Christian doctors recognize that they are accountable to God, caring for patients made after God's image, and are seeking wisdom in God's Word on how to walk, they cannot help but have a different worldview, one which causes them to practice medicine in a very distinct way.

A Biblical worldview gives a doctor a correct understanding of illness and death. God's Word tells us that illness comes from living in a world broken by sin. God, in his grace, allows us to understand the body and reduce suffering here and now. And yet we also know that this is not our final home, which gives us a truly hopeful perspective on end-of-life issues.

Christian doctors should be very different when it comes to children. The Bible is clear that children are a gift from God. They are a heritage from the Lord, a reward. But we live in a world that believes children are a curse and a burden. In our office, we greet families with joy when they announce they are going to

have a new child no matter the circumstance. We treat children as a blessing and encourage parents to see it that way, too.

Furthermore, physicians who are believers also recognize that a large portion of mental illness comes

Clearly, we need reformation in medicine. But it must begin with faithful Christians “speaking truth in love” (Ephesians 4:15).

from the consequences of unresolved sin and broken relationships. For a doctor to address symptoms without also addressing a heart issue is like putting Band-Aids on a festering wound. For instance, we should treat depression with a whole-person approach, recognizing that depression is sometimes the result of a broken relationship with God. To have a perfect understanding of

how sin can be rottenness to the bones and how only God can bring hope and healing in that circumstance is a remarkable joy to share.

A Christian approach to health care is one that values life, respects the way God created people, and seeks to heal people the way they hurt, both body and soul. So what we can do? We can flood medical schools with Christian students. We can start our own practices. We can seek to heal like Christ. ♦

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Dr. Rod Story received the Physician Excellence Award from Pullman Regional Hospital in 2017, but left when the hospital began doing transgender surgeries. He started Story Family Medicine in Moscow, Idaho. Read the story at bit.ly/drrdstory.

A ‘checkup’ for your family doctor Worldview questions to ask

- If a member of my family (i.e., teenager, older mom of six) had an unexpected pregnancy, what would your first response be? What advice would you give?
- If I have a terminal illness and asked for a medication to end my life, how would you handle this request?
- A friend of mine comes to you for help with depression. Who would you recommend as a counselor? Would you encourage my friend to counsel with a pastor?
- My 12-year-old child is struggling with gender confusion. How would you advise our family? ♦

How to refute myths about ‘Medicare for All’

The bottom line is simple. We already wait too long for care.

by Jed Stuber

“It ain’t ignorance that causes the trouble in the world. It’s the things people know that ain’t so.”

—Josh Billings

Have you ever felt hesitant to jump into a water cooler conversation about health care? The topic is coming up again with “Medicare for All” in the headlines.

To get up to speed check out Sally Pipes’s excellent book, *The Top Ten Myths of American Health Care*.¹ Though written several years ago in the run-up to the Affordable Care Act, it’s still one of the best resources available. When it comes to health care, the more things change, the more they stay the same.

Here’s a countdown of the myths:

10. Government-Run Health Care Systems in Other Countries are Better and Cheaper than America’s
9. Health Information Technology Is a Silver Bullet for Reducing Costs
8. We Need More Government to Insure Poor Americans
7. Government Prevention Programs Reduce Health Care Costs
6. Universal Coverage Can Be Achieved by Forcing Everyone to Buy Insurance
5. Importing Drugs Would Reduce Health Care Costs
4. High Drug Prices Drive Up Health Care Costs

3. Forty-Six Million Americans Can’t Get Health Care

2. We’re Spending Too Much on Health Care

1. Government Health Care Is More Efficient.

After reading Pipes’s book you won’t feel at a loss when someone says that other countries’ health care systems are “universal” and a model the U.S. should aspire to.

You’ll anticipate the erroneous claim that Americans’ life expectancy trails behind other countries. Some stats do show a lag, but only because of car accidents and violent crime, not health care.

Infant mortality statistics are often cited as well, but other countries measure it in ways that keep their rate artificially lower.

Stats attempting to measure the effectiveness of health care are notoriously tricky and easily manipulated, but there’s plenty of evidence the U.S. remains the world leader. We produce more than half of the world’s health care technology. We drive innovation and spend five times as much as the European Union on research and development. Dignitaries and the wealthy travel from all over the globe for specialized care in the U.S.

Another critical point driven home by *The Top Ten Myths of American Health Care* is that coverage does not equal care. The claim that 45 million Americans don’t have insurance is repeated *ad nauseum*, but the number is way off and misses the point. It counts non-citizens and

people switching health care plans. Plus, millions of people who have above-average incomes deliberately choose to be uninsured, and millions below poverty thresholds don’t bother to enroll in government programs. Furthermore, many uninsured people are happy with their access to care and many of the insured complain about access because of coverage and network limitations. Studies indicate that those in Medicaid actually have worse access and health care outcomes than the uninsured.²

The Top Ten Myths will also disabuse you of the notion that universal coverage is even possible, let alone desirable. Countries with so-called universal health care inevitably end up with shortages and then secondary private markets and insurance spring up to address the access problems. Plus, the promised cost savings and efficiency gains never materialize. Health care costs soar, tax burdens increase, and the wait times get longer.

According to the Fraser Institute, Canadian families pay almost a \$1,000 per month in taxes for “universal” health care, but many can’t find a family doctor. On average they wait four weeks for a CT scan or ultrasound, 10 weeks for an MRI, and 41 weeks for medically necessary surgeries.³

It’s even worse for England’s National Health Service, which Pipes says is imploding.⁴ Britons languish for 12 hours in the ER before being admitted and 30,000 died in 2017 waiting for critical treatment. Tens

of thousands of open positions for doctors and nurses remain vacant. On top of all this, the total spending has doubled over the last 18 years.

Not only is it naive to be looking to other countries' health care systems, but we should also realize the U.S. system is already highly regulated.

Keep these talking points handy:

- There's been a 2,300 percent increase in health care spending per capita since Medicare was enacted in the 1960s. The vast majority of it is administration, not medical services.⁵
- A conservative estimate of fraud in Medicare/Medicaid is \$100 billion per year. The govern-

ment only does random sample audits, not fraud audits.⁶

- The Veterans Administration 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.⁷
- Before the federal ACA mandates, the average state already imposed 38 mandates on insurance coverage for everything from acupuncture to elimination of skin discoloring. Such mandates increase the price of basic insurance by as much as 50 percent.⁸

This state of affairs causes Sally Pipes to ask questions that should be obvious. Do we really want more government regulation? Do we want our health care to look like the IRS or DMV?

The number one myth about care is that government somehow makes it more efficient. There's plenty of evident to refute it, but the kicker is that we don't really need books, studies, stats, and charts.

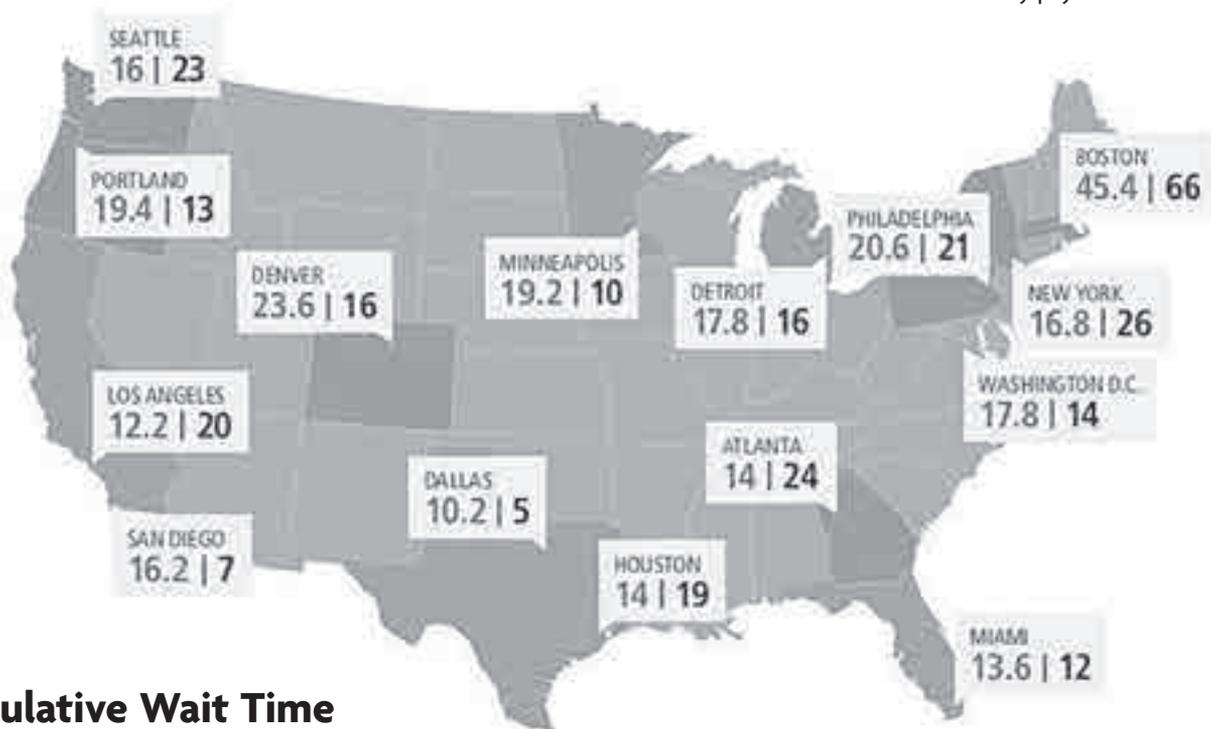
Follow the lead of economist Thomas Sowell, one of America's greatest economists, who after a career of marshaling evidence against economic fallacies, just came out and said it plainly:

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Long wait times are already a problem in U.S. cities

 Average wait time in days to schedule an appointment with a physician in family practice, cardiology, dermatology, orthopedic surgery, or obstetrics/gynecology.

 Average wait time in days to schedule an appointment with a family physician.



Cumulative Wait Time

18.5 All Specialities | **19.5** Family Practice

Source: Merritt Hawkins

The case against single-payer health care

Continued from page 1

money by rationing care. Hence the long waiting times for treatments declared “nonessential” in Canada, Britain and, for that matter, at American veterans hospitals. The VA’s problems are similar to what’s happened in Britain’s National Health Service.

“In England,” says Pope, “rarely a week goes by without a crisis or another in the health care system being part of the news. This year, there was a crisis in emergency room care—people left in hallways for hours and hours.”

Critics of U.S. health care say waiting in line is better than getting no care, which is what happens to Americans who cannot afford to pay.

But is that true? Pope points out that America already has “over a trillion dollars a year in public spending, really, to provide health care to people who can’t afford it.” Also, American emergency rooms treat anyone who comes in.

By contrast, single-payer means taxpayers’ funds are spent on everyone—even people who can afford to pay for their own care. That means there’s less left for the truly needy. The affluent often escape government’s waiting lines and treatment limits by buying private health insurance.

In Britain, millions of people purchase private insurance, says Pope.

At least they still have that option.

In America, Sen. Bernie Sanders says gleefully that he wants to put private insurance companies “out of business.”

Hearing that, Pope replied, “makes you wonder whether this is more about spite than it is about improving people’s health.”

All of this doesn’t mean the sys-

tem in the U.S. should stay as it is.

Government already does too much here. People say America has free-market health care, but we don’t, and we haven’t since World War II. Government and government-subsidized insurance companies currently spend most of America’s health dollars. If politicians here really want to improve things, they should try letting the market function.

Let hospitals compete. Right now, state laws won’t even allow new private hospitals unless a regional board—often made up of people affiliated with already-existing hospitals—declares a “need” for a new one and it is registered with the American Hospital Association.

Let insurance companies compete for your business. American tax laws push workers to employer-funded coverage. Equalize the tax law and more individuals would pick the coverage best suited for them.

Pope says, “If we move towards a health care system where individuals were more responsible for shopping around ... people would choose a better system.” ♦

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The former host of ABC’s 20/20, John Stossel has won 19 Emmys and authored several best-sellers, most recently No, They Can’t: Why Government Fails—But Individuals Succeed.

Member Spotlight

Continued from page 5

found in Christ and their faith can be a huge encouragement to folks like myself or the generations following me.”

That faith in Christ should be the heart of the pro-life movement in general, Eric says, noting only changing hearts about the most vulnerable among us but also leading people to salvation.

“Everything that we do is surrounded by the Gospel, no matter whether we’re at a pregnancy center or a church, our goal is to help that organization create an atmosphere in such a way that the Gospel can be cultivated, can be sown, and ultimately the hope is that it can be harvested. But you need to be able to create that atmosphere. That starts by having healthy people who know their identity is in Christ. Jesus said clearly, ‘They will know you’re my children by my love.’ How do you care for each other? How do you walk alongside people who are hurting? Do that in a way where you can be a reflection and a representation of Christ’s love to those you’re ministering to. It all comes back to the Gospel.”

Eric has worked for several years to give that pro-life message through the Gospel, mostly at the Grand Rapids Women’s Pregnancy Center, where he served as abstinence educator.

“I taught the Willing to Wait program to middle-schoolers and high-schoolers for 13 years,” he says.

That calling was affirmed while he was a waiter at an Italian restaurant. Right after his pastor had preached on how the body of believers will affirm one’s giftings, a friend let him know what she thought Eric’s gifting was.

"Hillary, who was a part of my small group, almost ran over to get to me after the service, and the first words out of her mouth were, 'You're supposed to be a sex-ed teacher,'" Eric says. "I obviously thought that was kind of strange. She introduced me to the director of the Willing to Wait program, and I saw the curriculum and just thought it was incredible."

He started part-time at the pregnancy center in 2004, still waiting tables the rest of the time, but the abstinence gig turned into a full-time job by 2010.

While there, he also worked in the clinic as an intake counselor for people with sexually transmitted diseases.

It was on a 2017 golf outing raising money for the pregnancy center that he met the president of Life Matters Worldwide, who was volunteering at the event. After a providential conversation, Eric ended up interviewing for Tom's job and a few weeks later was offered the position.

"It could only be explained as sort of God-ordained," Eric says. "He'd been preparing me for this moment for some time." ♦

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

Just ask yourself whether you are satisfied with the highly regulated health care you currently have.

How long does it take to get an appointment? Are the services you want quickly and easily accessible? Can you get a price before service or understand the billing that comes long after?

Recently I emailed the Samaritan Ministries staff asking if they had experienced long wait times for health care. The frustration was palpable in the flurry of responses I got back within minutes.

- Wanted our family tested for strep throat but next appointment two weeks out.
- Painful scratch on eye affecting vision. Doctor wait 5 days. Spent \$1800 for ER visit only to be told to see doctor.
- After baby was born had to call a dozen places to find one taking new patients.
- Referred to specialist for neurological condition. Next available appointment 3 months out.
- Severe swallowing problem. Soonest ENT appointment two months.
- When child diagnosed with diabetes, told to come in every two weeks for a while to make sure we were properly using the insulin pump, etc. Front desk said next available appointment was 6 months out!

- Referred to specialist for severe migraines but appointment 4 months out. Ended up in ER twice before first appointment.
- Admitted to ER for very painful large kidney stone. The urologist knew it would have to be broken up by lithotripsy, but could not schedule it for 6 weeks. Managed to get it moved up some but spent a month in constant pain until the procedure could be done.
- In hospital critical care unit for life-threatening heart problem. Was told it may take a month to see cardiologist.

I encourage you to take a similar informal survey of your friends. Just ask them how long it takes to get in to see a doctor.

Wait times are already two to three weeks. In the age of smart phones and Google, Amazon and Uber, this is unacceptable. But try to imagine what it would be like to wait four to six weeks or even longer to see a doctor under "Medicare for All."

Time is money, and when it comes to health care, that's a price we can't afford to pay. ♦

1. amzn.to/2BBwYR8

2. herit.ag/2BEzLJ9

3. bit.ly/2BBev70

4. bit.ly/2BCKqEh

5. bit.ly/healthmiss

6. bit.ly/greatamripoff

7. bit.ly/vabigprob

8. bit.ly/2BDgb01

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.

Asia Bibi released

Pakistani Christian Asia Bibi's blasphemy conviction and death sentence have been officially overturned and the wife and mother freed, according to news outlets. At publication time, however, her family's whereabouts and safety are not known. Asia was convicted in 2010, and her case has gained international attention. *Praise God that Asia is free, and for safety for the Bibi family as well as Asia's spiritual, mental, emotional, and physical healing.*

Pakistanis face mandate

While there's good news concerning Asia Bibi, blasphemy laws and various regulations continue to cause problems for Christians in Pakistan. A security mandate in a province with a deadline of March 31 may cause problems for many churches, International Christian Concern says. Already on the lower rungs of the economic ladder in Pakistan, Christians there are concerned they will not be able to afford the

security standards and be forced to close. Churches are trying to install metal detectors and closed-circuit cameras as well as find training for staff in order to meet the requirements. *Pray that Pakistani churches will find resources to meet these standards, or that they will receive more time. Pray also for safety for all Pakistani Christians.*

Egyptian churches attacked

Four churches in Upper Egypt have been attacked and closed, ICC reports. Extremists formed mobs against the churches, which were seeking official recognition. In each case, police denied the Christians the right to publicly worship and closed the churches. *Pray that the churches will be allowed to reopen and that Christians will be protected from attacks by Muslim mobs.*

Lao Christians arrested

Seven Lao Christians were released a couple days after being arrested for conducting “illegal” church services celebrating Christmas, ICC reports. Christians living in remote areas are more prone to being persecuted by local officials. *Pray that Christians through Laos will be able to find ways to assemble and worship without interference from government authorities.*

Filipino leader mocks Jesus

The president of the Philippines again recently mocked Christ and Christian doctrine, ICC says. In a December 29 speech Rodrigo Duterte called Jesus “unimpressive” because He allowed Himself to be crucified and then belittled Christians for believing in the Trinity. *Pray for courage among Filipino Christians in the face of this treatment and for Duterte to repent and put his faith in Jesus.*

Chinese Christians abused

Elderly Chinese Christians in Henan province are being told to choose between their faith or social benefits, ICC reports. Several were reportedly approached by local officials and told to replace religious items in their homes with portraits of Chinese leaders in order to continue receiving welfare. When one 60-year-old woman refused, officials destroyed all of the Christian symbols in her home. Another Christian's house was invaded by authorities, who removed a religious symbol from his door. *Pray for Christians to stand up to the threats and for their provision through other believers. Pray also that provincial authorities will leave Christians alone.*

Malaysian Christians pressured

Islamic extremist pressure against Christians is increasing in Malaysia, Mission News Network reports. Restrictions on evangelizing, Bibles, and other Christian literature are heightening, but Voice of the Martyrs Canada spokesman Floyd Brobbel says the cycle isn't anything new. “I think probably, the main concern that the Malaysian government would have is that Christians would use these resources to propagate their religion,” he says. He also points out, though, that religious restrictions are even higher against Muslims, since they are not allowed to convert to another religion. “There's no freedom of religion for Muslims in the country,” Brobbel says. *Pray for Christian groups who face monitoring, intimidation, and harassment, and for Christian children who are required to attend Islamic education courses.* ♦

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

As a pastor used to raising funds for ministry, joining Samaritan's health care sharing made perfect sense to me. Sharing costs to glorify God resonated with my wife as well, and there were significant savings over what we were paying for insurance. We were encouraged by the concept and happily sent out our card and Share to others each month.

Then a crisis hit! After an emergency hospitalization for what appeared to be a stroke, the realization sunk in that I really was personally responsible for the mounting charges. The first bill was over \$30,000!

My wife called Samaritan and was reassured. The Samaritan advocate even prayed for us before the phone call ended.

Now we were armed with the knowledge that we could leverage a fair price as cash-paying patients. We received at least 40 percent reductions on all bills and uploaded them to Dash.

It was so comforting to know that people all over the country prayed for me as they sent their Shares. I'm so thankful for Samaritan members and staff being God's hands and feet when our family needed it. God bless Samaritan Ministries.

*Frank & Rosanne
Illinois*

When my doctor gave me the news of a serious medical condition the first thing I did was request prayer from my church. I'm so thankful family and friends and Samaritan members joined in praying for me. The support I received was fantastic.

God has been and continues to be very merciful and gracious to me. He has provided for me financially

through ongoing work and fellow Samaritan members to pay the multitude of medical bills.

I also received a significant price reduction on a CT scan because of the new partnership with Advanced Medical Pricing Solutions. I hope that pilot project turns into something that can help more members. I'm praying for a fair price from the hospital as well.

*Mark & Jo Ann
Illinois*

Samaritan Ministries has been life-changing for my family. I was keeping my job as a nurse at the hospital primarily because of the insurance, which would have been so much more expensive for my self-employed husband to buy.

Now I am able to be a stay-at-home mom with my children. I don't worry about the burden of catastrophic medical expenses, and with Samaritan I've learned the ins and outs of getting a fair price. I'm especially thankful I didn't have to worry about a financial burden for my pregnancy. I am proud to be a member of Samaritan and would recommend it to anyone.

*Levi & Desiree
Missouri*

My daughter suffered with sharp pains in her right side for most of 2018. The first doctor we saw thought it was ovarian cysts and ordered an ultrasound and CT scan. No cysts were found but the pain continued. Later she ended up in the ER because the pain was so bad and had more scans, but still nothing.

Some of my daughter's college friends convinced her to see a naturopathic doctor who did some

blood tests and recommended a gall bladder cleanse. That was it! She has been pain free.

We praise God for answered prayer and support from our Samaritan brothers and sisters. We only wish we could have found the solution sooner to save the members Shares.

*Jeff & Sherri
Indiana*

I have been so blessed to see that some members have contributed multiple times to my Special Prayer Need. In fact, I bumped into one of them at the Member Appreciation event in Dallas. I sent him a Christmas card because I really appreciated his willingness to foster a relationship with me and other members. That's how the Body of Christ is supposed to behave.

*Paul
Texas*

We are so grateful for the gifts to our Special Prayer Need.

I also wanted to let you know we decided to opt out of Medicare part B and stay with Samaritan, for the following reasons:

We also don't want part D because we prefer to avoid drugs anyway.

We'd rather give to individuals than send money to government.

We appreciate the spiritual aspects of supporting each other.

It seems so much more God honoring.

We know Samaritan works!

Thank you so much for serving in this ministry.

*Richard & Kathleen
Nebraska*

If anyone sees his brother committing a sin not leading to death, he shall ask, and God will give him life—to those who commit sins that do not lead to death.

1 John 5:16a

What should we do when we see a fellow believer commit a sin not leading to death? Should we stand back to see if he will do the right thing? No. We should seek forgiveness and restoration for him, showing the same desire of our Heavenly Father (2 Peter 3:9). This response is not optional—"he shall ask."

All of us should have a burning, urgent desire for all of our fellow believers to have a rich, abiding fellowship with our Savior, without delay. We should be seeking life for them all the time.

For the Kingdom,



Ray King