

# Christian HealthCare

## NEWSLETTER

### MEMBER LETTERS:

#### Using MediBid for my surgery was simple

**Using MediBid for** my hernia repair surgery was simple, and I had seven bids within days. My wife and I decided to pursue one that was close to us geographically. We researched the surgeon/surgery center and were pleased with what we learned.

I was surprised to get a personal phone call from the surgeon himself. He answered my questions, and when I called back he took time with me that day, too. His name is Kristan Guenterburg operating out of Pacific Surgery Center in Poulsbo, Washington.

I have recovered perfectly with no pain and difficulty. The surgery center followed up twice, and I'm very satisfied in every way. The surgery cost exactly \$4,200, and the national average is \$7,500. We are grateful to be part of this wonderful process of sharing each other's Needs.

David & Allison  
Oregon

### The end of parental rights? A chilling case from Canada

by Al Mohler

*Editor's Note: This article, along with "The trans medical experiment scandal" on page 10, is intended to raise awareness of how culturally-accepted worldviews influence our medical, legal, and educational systems. We encourage our readers to be "salt and light" in all areas of life and to always speak the truth in love.*

The overload of media in the modern age has made it difficult to distinguish between the significant and the merely sensational. Sometimes, especially in this morally confused age, a story turns out to be both significant and sensational. That happened in Canada recently—a story that bears enormous moral consequences and is utterly scandalous in its content.

Jeremiah Keenan,\* reporter for the Federalist, documented a decision in the Supreme Court of British Columbia. The court ordered that a 14-year-old girl receive testosterone injections without parental consent. The court also declared that if either of her parents referred to her using female pronouns or addressed her by her birth name, the parents could be charged with family violence.

Evidently, the girl's school counselor encouraged her to identify as a boy as early as the seventh grade. When Maxine—the name used in the

Federalist article—turned 13, Dr. Brenden Hursh and his colleagues at the British Columbia Children's Hospital decided that she, "Should begin taking testosterone injections in order to develop a more masculine appearance." Keenan reported that while the mother accepted the idea of hormone injections, the girl's father was "concerned about the permanent ramifications of cross-sex hormones." Further: "Suspecting that his daughter's mental health issues might be more of the cause than the effect of her gender dysphoria. He ultimately decided that it would be better for her to wait until she was older before she embarked on any irreversible course of treatment."

Despite the father's concerns and rights as a parent, the doctor informed the parents that hormone treatments would commence simply based on the

*Continued on page 12*

### In This Issue...

- 3 **Member fights Parkinson's in the boxing ring**
- 4 **Member Spotlight**  
Guy and Kinsley Smith: Cheerful Money
- 6 **Book Review**  
*The Complete Guide to Fasting*
- 8 **Tips for talking to your doctor about treatment options**
- 10 **The trans medical experiment scandal**
- 14 **Prayer for the persecuted church**
- 16 **The Doorpost:** The one thing to seek

**CONTENTS**

- 1 **The end of parental rights? A chilling case from Canada**  
*by Al Mohler*
- 3 **Member fights Parkinson's in the boxing ring**  
*by Kathryn Nielson*
- 4 **Member Spotlight**  
Guy and Kinsley Smith  
Cheerful Money  
*by Kathryn Nielson*
- 6 **Book Review**  
The Complete Guide to Fasting  
*by Dr. Jason Fung*  
*reviewed by Andie Dill and Jed Stuber*
- 8 **Tips for talking to your doctor about treatment options**  
*from Healthcare Bluebook*
- 10 **The trans medical experiment scandal**  
*from the Kelsey Foundation*
- 14 **Prayer for the Persecuted Church**
- 16 **The Doorpost**  
The one thing to seek  
*by Ray King*

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**Sharing Summary from May**

Shares:	\$29,159,666	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:	\$29,324,145	
Unshared Needs in Negotiation:	\$401,333	
New Needs:	4,711	
Total Needs:	11,051	
New Rewards:	348	
Miscarriages:	58	Member Households: 82,184
Final Rewards:	24	(as of 4/23/19)

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

Questions about?	Email	Phone Menu
Your medical need	needs@samaritanministries.org	1 - 1
Shares you are sending or receiving	membership@samaritanministries.org	1 - 3
Your membership	membership@samaritanministries.org	1 - 4



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.

## Member fights Parkinson's in the boxing ring

By Kathryn Nielson

**S**amaritan Ministries member Jayna Mullen is fighting her Parkinson's disease in the boxing ring. She participates in Rock Steady Boxing, an innovative program that is gaining popularity among patients and doctors alike and now has more than 800 affiliate locations nationwide.

Three times a week, Jayna and others with Parkinson's gather for one-hour classes in Lafayette, Indiana, and work on endurance and agility. Patients spend the first half hour walking, skipping, and jumping rope as well as performing step aerobics, isolated core exercises, and group games.

The second half hour, the boxing gloves go on and the speed bags and punching bags come out.

"I've learned uppercuts and cross hooks," Jayna says. "It's fun, but it's hard work."

Even the moves between the different stations are intentional and used to practice balance.

"It's all very practical but pushes your body," Jayna says.

The cause of Parkinson's remains unknown and the effects on individuals vary widely, but it is primarily a degenerative disorder of the nervous system that impairs the body's motor abilities. In Jayna's case, she began experiencing slow-

ness of movement, a change in her gait, difficulty using her left side, diminished handwriting skills, and difficulty with anything that requires finesse with her hands.

"Sometimes when I'm standing at my kitchen counter and I just want to move to the right or to the left, my feet just kind of get stuck," Jayna says. "You don't realize how it affects your whole life. I feel like I'm

living in someone else's body. It's not doing what it should."

RSB forces the body to do what it doesn't want to and that's a good thing for Parkinson's. It is believed that the program not only slows the progression of the disease but

potentially heals damaged neural pathways. Both Jayna's doctor and nurse practitioner are pro-RSB and encouraged by what they're seeing in their patients.

RockySteadyBoxing.org's blog features updates on the latest medical findings. Various studies support the idea that "rigorous exercise, emphasizing gross motor movement, balance, core strength, rhythm, and hand-eye coordination can favorably impact range of motion, flexibility, posture, gait, and activities of daily living."

One of the classic symptoms of Parkinson's is shuffling when walking, and, after just two weeks of RSB,

**Boxing forces the body to do what it doesn't want to, and that's a good thing for Parkinson's.**



Jayna's doctor noticed a difference in her walk.

"As a Parkinson's patient, you can easily get to where you're shuffling along," Jayna says. "When you're doing this thing three times a week and it's in you, you start to automatically adjust yourself."

"Other people struggle with drooling, problems swallowing, real movement issues where they could hardly step over something, and, now that they're doing this, have had remarkable turnaround in their function," Jayna says of some of the people in her class. "That's the thing about Parkinson's. It just diminishes your daily functions. Just propelling yourself into that strenuous situation physically really helps your day-to-day function. It definitely makes a difference."

Jayna knows of a patient who started RSB as soon as he got his diagnosis in 2006, the same year the program was developed. Because

*Continued on page 15*

## Guy & Kinsley Smith

### Cheerful Money

by Kathryn Nielson

**G**uy Smith teaches Christians how to live more generously—all the while doing what God has called them to do—through his Cheerful Money blog and podcast.

Cheerful Money is about “creating financial margin so that you can give more generously and live more freely,” says Guy, who also is senior pastor at One Life Church in Punxsutawney, Pennsylvania.

“We all want to live these free lives,” he says. “We all want to be available to do whatever the Lord calls us to do. But how many people feel called to the mission field or feel called to ministry, and they look at the numbers and it just doesn’t work? That’s an awful place to be.”

Guy doesn’t claim to be a financial advisor but rather a pastor with

a heart to show people money practices from God’s perspective.

“People are coming to pastors and churches for financial help,” Guy says.

Cheerful Money is decidedly Christian, and every tip from budgeting to saving relies on a Biblical foundation.

“I don’t think non-Christians will listen for very long,” Guy says. “They are welcome to, but I don’t think they will. It’s for anyone who wants to better align their personal finances with Scripture.”

Guy and his wife, Kinsley, practice what they preach, and much of what he teaches is based on his own experiences with money.

“I have discovered that, when I do money how God teaches me to do money, it is not burdensome,” Guy says. “Money becomes a blessing I can use to bless others.”

“Doing money God’s way” is based on Dave Ramsey’s Financial Peace University Baby Step 7: “building wealth and giving generously.” It was at a 2009 FPU class that Guy first connected with the idea that God loves a cheerful giver.

“The great misunderstanding is that we’re making money to get wealthy,” Guy says. “We’re doing this so we can be more generous.”

The Smiths had a chance to test the idea of cheerful giving at one



point when planning a family vacation to Myrtle Beach with Kinsley’s family. Guy and Kinsley had already saved \$400 toward the trip when they started feeling like God wanted them to give the money to someone who needed support for a short-term mission trip. They were also feeling pulled to keep the money for the trip, believing that family time was also important. Eventually they both decided God was directing them to give the money and trust Him with the vacation.

“Even though it was only \$400, I drove from my house to the ATM to the church,” Guy says. “I could not wait to get that \$400 out and hand it to the lady. It’s not a ton of money, but the bigger point is trusting God with something that was uncomfortable for us. That was really cheerfulness in giving.”

Growing up as the son of small-business owners, Guy’s interests and talents were in business, marketing, and advertising. He earned his degree in Global Marketing from



Anderson University in Indiana in 2007. While there, he took a sports marketing class. One of his assignments was to sell tickets to Indiana Pacers games. He sold the second most, which earned him the opportunity to apply for an internship with the Pacers the following summer. Although he didn't get the job, he realized something.

"I wasn't so sure I wanted to sit in an office, even though it's basketball tickets, and make a hundred phone calls every day selling this kind of stuff," Guy says.

At the same time, he was enjoying opportunities to be involved with ministries such as Youth Works, and it became clear that God was steering him in a different direction—ministry.

Despite all that, after college he needed a job and moved back home to work for his dad in industrial

sales and warehousing. But Guy was struggling spiritually.

While out riding his motorcycle one night, he hit a deer, totaled his bike, and spent the whole ride in the ambulance witnessing to those working on him. A few weeks later, his insurance company sent him a check covering the cost of the motorcycle. These two events were the turning points in his life. He realized he could spend the money replacing the bike or use it to pay off the debt he had accumulated. He chose the latter and used what he'd learned from Dave Ramsey to pay it off as quickly as possible.

That took him from merely understanding the mechanics of finances, he says, to a desire to know how God's plan of stewardship can help Christians use money to build God's kingdom.

It wasn't long before he got back on solid footing. He met his wife through a shared interest in missions, and, just over a year into their dating, he was starting to get pulpit-supply opportunities at various churches. After they were married, he was offered a job pastoring a small start-up church in rural Pennsylvania. Because of their commitment to debt-free living, the Smiths were in a position to be able to take the 40 percent pay cut required to take the job. In addition, Kinsley was able to stay home with the two young children they had.

"We had to be careful, and it was tighter, but it was no big deal," Guy says. "The question wasn't, 'Can we pay all our bills?' It was, 'Are we called to do this?' We had no debt holding us back."

*Continued on page 15*

## Why SMI?

**Guy Smith** and his family realized they were going to have to change the way they provided for their health care heading into 2018.

"Like a lot of people, our insurance was getting expensive," says Guy, who writes the Cheerful Money blog and hosts the podcast of the same name.

He began looking into health care sharing ministries and "fell in love with the concept of bearing each other's burdens."

Guys first researched other HCSMs, but found some had lax membership requirements, and others felt too outdated or too restrictive due to physician networks.

And then a friend introduced him to Samaritan Ministries.

"He had nothing but positive things to say about it," Guy says. "And I read enough reviews and looked at your ministry, and I felt very good about it."

Guy chose Samaritan for an additional reason.

"I feel like Samaritan is a lot more forward thinking than anybody else," Guy says. "I could see how you guys are moving forward with your technology. You're adding things all the time. That mattered to me because I knew it was going to keep getting better."

The member-to-member sharing approach also appealed to him.

"I love the concept," Guy says. "I like how much purer the system is. It doesn't feel like it's pushing up against the insurance line and ticking off the government."

Before he joined, Guy called up all the providers he and his family use and asked how health care sharing would play out when he had a Need. Almost all the responses were positive with an automatic 40 percent discount right off the top.

"Our experience has been great," Guy says. "We absolutely love it." ♦

## The Complete Guide to Fasting

by Dr. Jason Fung, reviewed by Andie Dill and Jed Stuber

Dr. Jason Fung says that we have failed to perceive the profound and wide-reaching health benefits of a very simple practice: fasting. In *The Complete Guide to Fasting*, Dr. Fung argues that it is a key tool for maintaining optimal health, losing weight and sustaining the loss, controlling type 2 diabetes, improving heart health, preventing cancer, and fighting aging.

As a kidney specialist Dr. Fung spends most of his time with patients suffering from obesity and diabetes. Most have been treated with insulin for the diabetes, and for obesity given “calories in, calories out” advice, meaning they are merely told, “eat less, exercise more.”

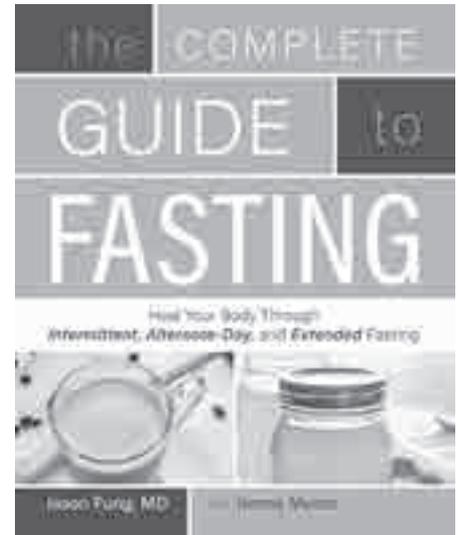
Since completing his medical training in 2001, Dr. Fung has gone through several shifts in his approach to diabetes and obesity. A major breakthrough came when he realized that both type 2 diabetes and obesity are an insulin *resistance* problem. The body actually has plenty of insulin but it’s not working right. It requires more and more insulin to manage a diabetic’s blood sugar. Dr. Fung says giving insulin to these patients is like “fighting the fire with gasoline,” and that they will eventually be overwhelmed by diabetes and obesity.

Once Dr. Fung began to focus on insulin resistance he realized that diet can either exacerbate the body’s insulin problem or help heal it. In the 2000s he began to follow the story of low-carb dieting’s promise for helping obesity, an idea that increasingly gained traction in the medical literature. As is typical

for doctors, Fung had almost zero instruction on nutrition and diet in 9 years of medical training, and he was very skeptical at first. Gradually he made the shift though, and in 2012 he founded the Intensive Dietary Management Program to help his patients through diet and nutrition.

There was one more shift to come in Dr. Fung’s thinking, however. He discovered that even though diet *can* effectively treat obesity and diabetes, it is extremely difficult to achieve dietary change and maintain it. Long term studies show that less than one percent of people stick with dietary changes. However, when Dr. Fung began to prescribe fasting—an extremely simple idea to understand and practice—his patients made breakthroughs and maintained health. He saw much greater success with maintaining weight loss and reversing type 2 diabetes.

Dr. Fung maintains that diet is important and a ketogenic diet—high fat, low-carb, adequate protein—is preferred for addressing insulin resistance, but diet is not his focus. He does not insist patients adopt any macronutrient balance model—whether that’s low-fat, or low-carb, Atkins, the Zone, or any other fad that comes along. It’s just too complex for most people to understand and put into practice, so he keeps it simple. He encourages people to avoid anything that comes in a package or is highly processed. Eat real food, whether broccoli or beef, he says. And practice fasting, which allows you to make some mistakes and occasionally indulge without worsening your insulin resistance.



*The Complete Guide to Fasting* is a nicely designed book presenting the history and science of fasting, explanations of different types of fasting, practical strategies for how to fast, a recipe section of foods and meals to be eaten in coordination with fasting, and many testimonials of both patients and health experts who have benefited greatly from fasting.

### Biochemistry of eating and fasting

Dr. Fung explains that when we eat, insulin regulates whether the energy we take in will be used up or stored in the liver and in fat. If we have insulin resistance our energy regulation is dysfunctional: there is a vicious cycle of storing too much energy and the insulin resistance gets worse and worse. In order to improve our insulin sensitivity and energy regulation we must keep our insulin levels consistently low somehow. Fasting is the answer. It is much simpler and more powerful than difficult-to-follow diets for reducing insulin, Dr. Fung says.

Many people mistakenly assume that the cure of fasting must be worse than the disease. They think they'll be starving, tired, and miserable, but Dr. Fung is quick to point out that just the opposite is true. Many people report that it is relatively easy to fast and they even feel great while doing so.

There is plenty of scientific evidence to show the body quickly adjusts to fasting. Adrenaline increases and stimulates our metabolism. Human Growth Hormone increases availability of fats for fuel. There are hunger waves but the body is fueled by ketones and appetite is suppressed. Many people report long periods of absence of hunger and increased mental clarity while fasting. Drinking water, tea, coffee, or bone broth also helps the body get through hunger waves.

### **How to fast for health**

*The Complete Guide to Fasting* is packed full with information about various methods of fasting, but there are two main categories: intermittent fasting and longer fasts. "Intermittent" refers to fasts done at irregular intervals, and it has become very popular in health circles in the last few years. A common way to fast intermittently is simply to not eat from after dinner until lunchtime the next day. This results in a 14-18 hour fast, and it can be done a few times a month or a few times a week. Dr. Fung says many people see significant benefits from this simple practice.

Sometimes intermittent fasting is not enough to help a patient breakthrough but a longer fast of 24, 36, or 48 hours often does it. And many people do longer fasts of

several days, and for various reasons. It could be for spiritual reasons or trying to overcome a nagging health problem. Some athletes even say that fasting resets their body and helps them reach peak performance.

Of course some people should not fast—expectant mothers and

## **A common way to fast intermittently is simply to not eat from after dinner until lunchtime the next day.**

children—and others should only fast carefully under a doctor's supervision, such as those with diabetes or serious health conditions.

### **The promise of fasting**

Perhaps the most interesting chapter of the book is the one on fasting for Type 2 diabetes, which has become an epidemic. The incidence has quadrupled since the 1980s. Dr. Fung reports that "in 2012 14.3 percent of American adults had diabetes and 38 percent had pre-diabetes, for a total of 52.3 percent." Dr. Fung reviews forgotten medical history in this chapter and argues that fasting has "been known to cure type 2 diabetes for over a hundred years."

The chapters on anti-aging and heart health also contain fascinating information. During World War 2 some prisoners forced to go without food experienced astonishing increases in mental abilities, such as learning languages effortlessly and

memorizing entire books. Science is only beginning to understand fasting's effects on the brain but there are indications it could help with Parkinson's and Alzheimer's disease. Fasting is known to stimulate "autophagy," the process by which cells replace themselves and renew tissues. When it comes to heart disease, Dr. Fung says that fasting reduces triglycerides released from the liver, and that is much more important than cholesterol in the blood which still gets the blame for heart disease despite being debunked for decades.

### **Caveat and conclusion**

One caution for Christian readers of this book is that Dr. Fung does not share a Christian worldview. He notes that all religious traditions see spiritual benefits in fasting, but doesn't focus on that. (See previous newsletter articles if you are looking for resources on the spiritual dimensions of fasting: [samaritanministries.org/fast](http://samaritanministries.org/fast).) Several times Dr. Fung mentions in passing the theory that fasting must work because sometime in the deep evolutionary past man had to adapt to a lack of food, which is an unnecessary premise for his thesis.

Overall though this book is a comprehensive and ground-breaking resource on fasting. The claims are carefully supported by Dr. Fung's clinical practice, medical literature, and the many detailed and engaging testimonials included in the book. He makes a compelling case that fasting is a powerful but overlooked remedy for whatever ails us, and that we could all benefit from fasting in one way or another. ♦

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

## Tips for talking to your doctor about treatment options

from Healthcare Bluebook

It can be difficult to understand complex medical issues and terms. However, it is important to understand your medical condition and the treatment options your doctor recommends.

### When meeting with your doctor, ensure you understand:

- What is my condition or diagnosis?
- What treatment is recommended?
  - ◊ Inpatient or outpatient surgery
  - ◊ A laboratory test or diagnostic imaging (such as X-ray or MRI)
  - ◊ A medication
  - ◊ A therapy
- Why do you recommend the treatment?

Write down your diagnosis and recommended treatment. You may not know how to spell the medical terms, so be sure to ask. This will help you when you look for

information or need to discuss your health with other doctors or family members.

### What are my other treatment options?

Discuss available care with your doctor. In most cases you will have several treatment options to consider that may make a big difference how much your care will cost. This is true for outpatient surgeries, diagnostic tests, and medications.

Treatment options will depend on your personal situation, but there are several questions that you should always discuss with your doctor or care provider:

- Do I need a particular treatment right away or are there less intense therapies that can be tried first?
  - ◊ In many instances, there are low-risk alternatives that can be tried before choosing intense medical interventions, such as surgery.

◊ For example, there are many different treatments for low back pain, only some of which require surgery. You may want to try rest, medications, or physical therapy before having surgery. Your doctor will determine whether or not you are a candidate for a more conservative treatment option based on your symptoms and medical condition.

- Are there lifestyle changes that may help my condition?
  - ◊ There are non-medical options for care in some instances. For example, making lifestyle and diet changes may save you from taking medications for high cholesterol or blood pressure. Your doctor can tell you if non-medical options will help your condition.
- What alternative approaches are there for my treatment?

# Healthcare Bluebook

Compare quality and cost of health care on your Dashboard.



Dash.SamaritanMinistries.org

- ◇ In many cases there will be several different medical options for your treatment. For example, if you need surgery, ask if it can be done laparoscopically or as an outpatient. If you need medications, ask if there are less expensive drugs that will work. You should discuss the benefits and limitations of different options with your doctor before deciding which is best for you.

### Questions to ask your doctor

Some medical tests, treatments, and procedures provide little benefit. And, in some cases, they may even cause harm. Talk to your doctor regarding the need for care to make sure you end up with the right amount of care—not too much and not too little.

### How do I choose the right care for my needs and pocketbook?

Be sure to tell your doctor that cost is an important consideration to you.

Things to consider when deciding on different treatment options:

- Does it matter where I receive a treatment (inpatient, outpatient, or at an ambulatory surgical center)?
  - ◇ Cost will vary widely based upon where you receive treatment. In many cases, the outpatient setting is not only less expensive but also higher quality, less crowded, and quicker. Your physician often has privi-

leges at multiple locations and can schedule your care in the most appropriate setting for your needs.

- ◇ For example, many surgeries can be performed as an outpatient at an Ambulatory Surgery Center (least expensive), outpatient at a hospital, or as an inpatient in the hospital (most expensive).
- ◇ Another good example is diagnostic tests, such as X-rays or MRIs. Patients may choose to have an MRI at the hospital, the doctor's office, or a free-standing MRI clinic. The free-standing MRI clinic is usually the best value for the same quality test with often the same radiologist reading the results.
- What options do I have to save money on prescription drugs?

The most common options to save money on medications include:

- ◇ Use generic medications when available.
- ◇ Use alternative medications that are less expensive but will work just as well (often called a "class substitution").
- ◇ Ask if pill splitting would be OK with your particular medication. Pill splitting is a common technique that allows you to buy a higher dose of your medication at lower cost, and then split

the pills into smaller pieces in order to get the right dose for your needs. Only use pill splitting if approved by your doctor.

- Do I go to my doctor's office for all of my care?

For basic medical care like ear infections, influenza, sore throats or shots, there are alternatives to a physician office visit that provide high quality care at an equal or lower price. Examples include:

- ◇ Walk-in clinics such as CVS MinuteClinic, Walgreens Take Care Clinic, or RediClinic are examples of retail locations that are often open longer hours and on weekends.
- ◇ If your work location offers an onsite clinic, these can also handle many of the minor illnesses listed above.

There are many studies that show higher cost in health care does not necessarily mean higher quality or value. There are many clinical and personal preferences that go into each individual's choice of treatment, but all health care consumers have a right to make cost-conscious decisions when it comes to their care. ♦

Read this article online: <http://bit.ly/hcbbguide>

## The trans medical experiment scandal

from the Kelsey Coalition

*Editor's Note: This article, along with "The end of parental rights?" on page 1, is intended to raise awareness of how culturally-accepted worldviews influence our medical, legal, and educational systems. We encourage our readers to be "salt and light" in all areas of life and to always speak the truth in love.*

History is replete with medical scandals. Frontal lobotomies<sup>1</sup> to treat mental illness. Forced sterilization<sup>2</sup> to control "undesirable" populations. The infamous Tuskegee Experiment.<sup>3</sup> Indefensible, unethical medical procedures were performed for years. Why did it take so long to stop them?

History is repeating itself.

There is a growing epidemic of young people who believe they were born in the wrong body. Recent US surveys reveal that 2-3 percent of high school and middle school students now identify as transgender. Higher rates have been reported at some schools and colleges.<sup>4</sup>

These young people are often prescribed risky hormonal treatments. Puberty-blocking drugs are offered at age 9. Girls as young as twelve<sup>5</sup> are injected with testosterone. Teen boys are treated with feminizing hormones.<sup>6</sup>

Not a single long-term study supports such risky medical interventions. These hormonal treatments on children are experimental.<sup>7</sup> The medical literature on the health effects of hormonal interventions "in the pediatric/adolescent population is completely lacking."<sup>8</sup> The

drugs used are based on low-quality evidence, or no evidence at all.

Minor children may be treated surgically. Girls may have their breasts removed at age thirteen<sup>9</sup> and their uterus at 16.<sup>10</sup> Teen boys may have their penis and testes removed<sup>11</sup> shortly after their 16th birthday.

No one knows the full extent of the medical or psychological impact

### An identity-based medical experiment is being performed on children.

of these life-altering surgeries. The only long-term follow-up study<sup>12</sup> found substantially higher rates of overall mortality, suicide, suicide attempts, and psychiatric hospitalizations among adults who surgically transitioned. We simply don't know the future outcomes for children.

There is no test or scientific proof for a "gender identity." A child's "gender identity" is based on feelings that are impossible to prove<sup>13</sup> and subject to change.<sup>14</sup>

What explains the rapid increase in "transgender identities" among children? Has society simply become more accepting, or is something else<sup>15</sup> going on? Research points to many underlying factors:<sup>16</sup> mental health issues,<sup>17</sup> autism,<sup>18</sup>

ADHD, trauma, and sexual confusion.<sup>19</sup> Evidence shows this is fueled by peer and media influences and spread by social contagion,<sup>20</sup> in real life and online.

This medical scandal has recently been exposed<sup>21</sup> in the UK. Their government is investigating.<sup>22</sup>

The medical harms are serious. Hormonal treatments impact bone health, fertility, sexual function, cardiovascular health,<sup>23</sup> and brain development.<sup>24</sup> The health consequences may be irreversible. The full extent of the harms to young developing brains and bodies are unknown.<sup>25</sup>

Parental consent is not informed, but coerced. Parents are told that these treatments are well-studied, safe, and necessary. They are warned that if they do not consent to medical treatment, their child will be at higher risk of suicide. But there is no evidence to support this claim.<sup>26</sup> In Oregon, parental consent is irrelevant: the law allows 15-year olds to receive state-subsidized hormonal treatments and surgeries without parental knowledge.<sup>27</sup>

Feelings and identities change. No one can predict who might regret these medical interventions that compromise health, fertility, and sexual function. But many people already do. And their stories of regret are chilling<sup>28</sup> (see sidebar).

The Kelsey Coalition is calling for an investigation.

Why are children's unprovable identities quickly medicalized on the basis of feelings that are likely to change with maturity?

Why are serious medical interventions performed on children without

a single long-term study to support them?

How can young people meaningfully consent to medical interventions that impact their future health, sexual function, and fertility?

Why is this medical protocol endorsed by medical associations, such as the American Academy of Pediatrics?<sup>29</sup>

The Kelsey Coalition is calling for an end to this identity-based medical experiment on children. Please join us. ♦

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*Dr. Frances Kelsey was a Canadian-American pharmacologist who served as a reviewer for the FDA in the 1960s. She refused to authorize thalidomide for market because of safety concerns and received the President's Award for Distinguished Federal Civilian Service from President John F. Kennedy.*

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See also the website for *Parents of Rapid Onset Gender Dysphoria Kids* at [parentsofrogdkids.com](http://parentsofrogdkids.com) and the Kelsey Coalition YouTube channel for videos of parents, doctors, and legislators speaking out about how identity-based medical experiments harm children.

## Comments from the detrans reddit

*Below is a sampling of comments from an online community supporting individuals considering reversing their transgender medical intervention.*

**I am feeling** desperate and need support. I have been pursuing FtM medical transition ... I had top surgery ... and as soon as the bandages were off for the first time I knew it was the wrong choice. I have been in shock. ... I realized that medical transition was the wrong path for me. I have been on testosterone for two years. I decided to stop and I have realized that I don't want this. ... I feel devastated. I didn't have very much support at all in making these decisions. I live somewhere where there is easy access to hormone therapy and surgery ... I keep fantasizing about not having gone through with it. I have been researching detransition related treatments obsessively. I feel like I can't talk to anyone about this because people are telling me I'm so brave and they're proud of me. I feel ashamed. Deep deep shame ... I feel like I can't get support from trans groups with this. ... I have been having some thoughts of suicide, but I'm staying safe.

\* \* \* \* \*

**I'm 21. When** I was 16 I came out as a butch lesbian, then I came out as 'transmasculine' a few months later and have been living as a trans man ever since.

I've done a lot of growing up since I was 16 ... Now suddenly I'm starting to think I was rushed into trans identity as a liberal teenager .. I just don't think transitioning is the right solution for me anymore.

**RESPONSE 1** ... as a detrans woman I could've written this. I had very much the same experience. It took until my late teens/early 20s to

finally figure out ... that internet culture and my own mental illness and insecurity steeped into an identity that had nothing to do with who I really was ...

**RESPONSE 2** ... I can relate to most of your thoughts and experiences about childhood and guess what? I am detransitioning after 6 years and 9 months on T, regretting that I did a medical transition since it carries a number of permanent changes. ... Save yourself from what people like me are going through. It's hell!

\* \* \* \* \*

**I am a former** MtF person who is detransitioning after 15 years of Hormone Replacement Therapy and 13 years after Sex Reassignment Surgery. ... I'm on my way to restore what's left of my birth gender. ... I am planning on having top surgery to remove the breast implants and to take away the breast tissue ... The third possible step will be gender reassignment reversal surgery ... Transitioning didn't solve my life long gender dysphoria I was dealing with. Cognitive Behavior Therapy did a better job for me.

\* \* \* \* \*

**... The pro trans** movement in main stream media and politics has always been sooo interesting to me. It's like they are doing a social experiment right under our noses and laughing about it at our expense. I can't even imagine the countless number of people who are literally brainwashed into thinking transitioning will fix all their problems without addressing the hard, underlying issues. ...

expressed consent of the child and the agreement of doctors. The lead doctor claimed that he had the right to usurp parental control due to prevailing law in British Columbia known as the Infants' Act. When the father sought an injunction from the court in British Columbia, a judge deemed that the daughter was empowered with "consent to medical treatment for gender dysphoria." The father responded to the court's decision, stating, "The government has taken over my parental rights. They're using [his daughter] like she's a guinea pig in an experiment."

The father continued in his outrage, asking, "Is the British Columbia Children's Hospital going to be there in 5 years when she rejects her male identity? No, they're not. They don't care. They want numbers." Keenan aptly reported that the majority of children diagnosed by sex change clinics with gender dysphoria or gender identity disorder have actually returned to identify with their gender assigned at birth.

The sexual revolutionaries are scandalously dishonest about the consequences or implications of their worldview. Indeed, the father reflected on transgender clinics in England that, due to enormous activist pressure, fast track children into transition treatments. The father commented, "These activists are taking over and it's not in the interest of our kids. It's in the interest of self-promotion and the things that they want to do and

accomplish."

Indeed, the sexual revolution aims to normalize its entire transgender ideology. The LGBTQ revolutionaries have chipped away at the moral foundation of society—by opening the door to adult gender dysphoria, it would only be a matter of time before they extended their logic

## **A moral reorientation of society occurs when the revolutionaries enact the logical and consistent implications of their worldview.**

to young children who should have access to hormonal treatments and gender reversal medical procedures. No matter how hard they try, however, the sexual revolutionaries have no way to normalize what they propose for children. There is no way to look at this story without serious moral concern and outrage, an outrage not only directed at the indoctrination of young minds but the disavowal of parental rights.

This story out of Canada reveals the deeply subversive developments of the sexual revolutionaries and their agenda—they now target the rights of parents; they disrupt the life of the home and subvert familial bonds. The court's decision in British Columbia opened the door to the nullification of all parental rights—the child, no matter the age, is increasingly considered to be autonomous. Children and teenagers, guided and advised and even

pushed by activists and medical authorities, can decide what to do with their bodies. Not only that, if the parents dare to refer to their transgender child by their actual sex, the parents can be charged with violating the family violence laws.

This is not a twisted fantasy novel. It is a real case, with real people, with a real judge, and with massively real consequences.

A moral reorientation of society occurs when the revolutionaries enact the logical and consistent implications of their worldview. For the sexual revolution, it began with claims that, for adults, gender is

merely a social construct and gender identity is up to the individual. But if that logic applies to adults, it will inevitably apply to adolescents and children as well. The fluidity of gender and its deconstruction as a fixed, moral norm must extend to every person at every age. Every individual, even little children, must possess legally protected autonomy to decide their gender identity, declare it, and seek hormonal treatments and more.

When that logic infects a society, moral absolutes disappear. In Canada, the sexual revolution has sacrificed parental rights on the altar of a perverse moral ideology.

The Supreme Court in British Columbia has handed down a terrible decision—it not only nullified parental rights over their children but made it criminal for parents even to refer to their child as the gender assigned at birth. The judge

ruled, “Attempting to persuade [their daughter] to abandon treatment for gender dysphoria, addressing [their daughter] by his birth name, or with female pronouns, whether to him directly or to third parties shall be considered to be family violence under Section 38 of the Family Law Act.”

Like a destructive tidal wave, the moral revolution crushes the norms and moral structures that have guided human civilization for thousands of years. In this secular moment, parents no longer serve as the responsible authorities for the nurturing of their children but obstacles that must be removed.

Indeed, the sexual revolution continuously seeks to undermine parental authority as evidenced by another case in Alberta. Jill Croteau for Global News reported a story with the headline, “Gay-straight alliance law challenged at Alberta Court of Appeal.” Croteau writes, “A court of Appeal heard both sides on the impacts of Gay-straight alliances in schools. While one side argues they limit a parent’s right to know, the other says it protects children whose parents may not accept their sexual identity.”

The substance of this issue centers around schools which refer students to Gay-straight alliances, or clubs, without divulging that information to parents. Indeed, some schools will place students with an openly gay or LGBTQ counselor without ever notifying the parents. These students will receive encouragement

to accept a gay identity—conversations that go on while parents remain oblivious and intentionally left in the dark.

A moral meltdown has erupted. The forces of secularism and the moral revolutionaries have pressed an agenda with a ruinous fallout. The logic is clear: Parents must be

## In this secular moment, parents no longer serve as the responsible authorities for the nurturing of their children but obstacles that must be removed.

severed from their children if the parents refuse to get on board.

The sexual revolution must push and invade. If it asserts the full autonomy of the individual, then it must extend that right to young children. If the moral revolutionaries fail in this endeavor, or agree that children should remain under the care of their parents, then they undermine the entire worldview and sexual agenda of the movement. If personal autonomy is absolute, then it absolutely must apply to every person at every stage of life.

Furthermore, the sexual revolution chooses its skirmishes in the battlefields of the courts—and they are winning those contests. Lawsuits and cases, timed just right, and placed in front of the right set of judges, will procure a ruling that will favor the sexual revolution. Rather than public discourse and debate over these enormous issues, the sexual

revolution seeks judicial mandate. Through jurisprudence, the sexual revolutionaries build precedence. When one case goes their way, it lays a foundation for further cases that will extend their ideology. It has been an effective strategy, even in the United States with cases like *Roe v. Wade* and *Obergefell v. Hodges*.

This is how a moral change takes place within a society—not only aided and abetted by the courts but driven by the courts. The headlines that demand our attention often include the names of one judge or another; one justice or one court after another. That is no accident. That is the

strategy to transform the culture—and, as court decision after court decision indicates, the revolutionaries are winning. ♦

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*Al Mohler is the president of Southern Baptist Theological Seminary. He is the author of many books including We Cannot Be Silent: Speaking Truth to A Culture Redefining Sex, Marriage, and the Very Meaning of Right and Wrong.*

\* Keenan continues reporting on this story at [thefederalist.com/author/jeremiahkeenan](http://thefederalist.com/author/jeremiahkeenan).

## 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.*

### **Pray for Sri Lankans**

*Please continue to pray for the physical, emotional, and spiritual recovery of those affected by the bombings of churches and other locations on Easter Sunday in Sri Lanka. More than 250 people were killed and over 500 injured in the suicide attacks at three churches and three hotels. ISIS has claimed responsibility for the attacks.*

### **Chibok anniversary passes**

April marked the fifth anniversary of the kidnapping of about 230 girls from the Chibok Girls' Secondary School in northeast Nigeria. Two hundred of them belonged to the EYN Church. Forty-seven girls escaped soon after the abductions by the Islamist group Boko Haram, which later released about 100. Dozens remain in captivity. World Watch Monitor reports that the Chibok girls' abduction is representative of other teenage girls in the region being kidnapped, physically and psychologically abused, forcibly converted to Islam, and frequently married to older Muslim men. *Praise God for those*

*kidnapped Nigerian girls who have escaped or been released. Please pray that those still in captivity will be released or escape soon.*

### **Indian church torched**

Gypsy Mission Church in India's Telagana State was burned down by unknown assailants on April 10, International Christian Concern reports. It is the second church destroyed by arson in the district in recent months. *Pray for provision for church members and leadership as they work to rebuild the church. Praise God no one was harmed.*

### **Christians forced to flee**

About 40 Christians were forced out of their homes by Hindu extremists on the night of April 14 in a village in India, ICC says. The seven families were verbally abused and beaten with sticks by the mob, which reportedly had been influenced by Hindu radicals. The Christians were accused of following a foreign religion and told they would not be allowed to stay in the village if they continued to follow their faith. The Christians fled into a nearby forest and the mob ransacked their homes. *Pray that the families will find shelter and provision. Pray also for other Christians in danger for practicing their faith in India.*

### **5 arrested in Nepal**

Five Christians, including an American and an Indian, were arrested on charges of attempted proselytizing in Nepal on April 23, ICC reports. The arrested included Pastor Dilli Ram Paudel, general secretary of the Nepal Christian Society; Gaurav Srivastava of India; and Leanna Ciquanda of the United States. Police seized their Bibles, computers and other items. Ciquanda may be deported; the others likely will

face local charges. Proselytization has been a crime in Nepal since last August. *Pray for the release of all these Christians, and for encouragement while they are enduring the court process.*

### **Pastor, others executed**

A pastor and four others killed in an Islamist attack on a church in Burkina Faso in West Africa reportedly refused to convert to Islam shortly before they were executed on April 28, WWM reports. Pastor Pierre Ouedraogo, 80, and members of the Assemblies of God church were chatting after a service when a group of armed men arrived. After the Christians refused to convert to Islam, they were gathered under a tree. Their Bibles were taken and they were called one by one behind the church building, where they were shot. Also killed were the pastor's son, Wend-Kuni; his brother-in-law, Zoeyande Sawadogo; and Sayouba and Arouna Sawadogo; and teacher Elie Boena. The church was then set on fire, and a sheep and rice were stolen from the pastor's house. *Pray for the families of the church, especially the victims, and for safety for the congregation and village.*

### **Children barred from church**

A new law barring children from attending religious services has been implemented in Tajikistan, WWM reports. Information is gathered by the state on church members, finances, and activities, as well as how many children under 10 are at religious meetings. *Pray that the law will be repealed and that families will do a good job of imparting Christian beliefs to their children.* ♦

*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))*

## Member fights Parkinson's in the boxing ring

Continued from page 3

he's been practicing it, his disease is still at a level 1 out of 4.

"It's an awesome class," Jayna says. "I'm very thankful for it."

The standard Parkinson's treatment protocol involves medications that relieve symptoms by replacing or mimicking neurotransmitters in the brain that are known to be involved in the disease. Though effective, Jayna's doctor and nurse practitioner prefer that their patients don't start medication too young because there are side effects. Eventually patients develop too much movement and tremors.

As soon as she was diagnosed in 2018, Jayna started the medication on a Friday. She quit taking it the following Monday and has stayed off it.

"I'm functioning right now," Jayna says. "I'm able to do everything I could do. I just do it differently and slower. The exercise is helping. I prefer to not to put anymore in my body if I don't have to, as long as I'm still functioning well."

It's not just medication she's trying to keep out of her system. She's also more careful about how she eats. "Your diet is important," Jayna says.

She's "cutting back on sugars and certain foods that nobody should be eating and that we're all addicted to."

You are what you eat, something she learned recently at a seminar that talked about the research on gut health. A Mayo Clinic Study shows that the incidence of Parkinson's has increased dramatically since the 1970s, and some believe that processed foods in the typical American diet are the culprit.

"Some of it we can't do anything about, but we can be mindful of what we put in our body," Jayna says.

"The medication I find the most helpful is the Word of God," she says. "I believe God will sustain me one way or another. In the meantime, I'm learning a lot. I've made new friends. You develop a lot more compassion when you're dealing with something that limits your function. You don't realize what you take for granted. It's been a real eye-opening experience and something I never expected."

Rock Steady Boxing was started in 2006 by former Marion County, Indiana, Prosecutor Scott C. Newman, who was diagnosed with the disease at age 40, and his friend, former Golden Gloves boxer Vince Perez. Together they designed a program that would attack Parkinson's at its "vulnerable neurological points." They quickly realized that what they'd discovered could help others, and they founded Rock Steady Boxing as a nonprofit venture.

Word of mouth spread, and Rock Steady Boxing classes have popped up all over the country to meet the fitness levels of patients at all stages of the disease. You can locate the one nearest you by typing your zip-code into the "Find A Class" tool at [RockSteadyBoxing.org](http://RockSteadyBoxing.org).

"People are hearing about it," Jayna says. "Centers are opening everywhere. We've got people that drive an hour to come down to ours and some of them even farther, and it's worth it." ♦

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

## Member Spotlight: Guy Smith

Continued from page 5

Despite the pay cut, Guy and Kinsley love the freedom to be generous with the money they do have.

"If I hear of someone in need or if I'm sending my Share and read down through the Special Prayer Needs, to be able to just click and shoot over \$30 or whatever, that's fun," Guys says. "That's why I went with 'cheerful.' People approach money with so much stress, always holding them back. So many people grow up where money is always a problem, always a stress point, always a money fight, always tearing apart marriages."

Guy has been following "God's way with money" for over seven years and credits it with being able to pay off \$34,000 of debt, putting 30 percent down on a home, paying cash for two vehicles, and paying cash for his wife's master's degree. He desires to see other people live at peace with their money, live the life God has called them to, and, above all, live generously.

"God is the source of life and He is our greatest example of generosity," Guy says. ♦

One thing I have asked  
of the Lord, that I will seek  
after: that I will dwell in the  
house of the Lord all the  
days of my life, to gaze upon  
the beauty of the Lord and  
to inquire in His temple.

Psalm 27:4

The cares, challenges, and attractions of life, even our efforts to serve God, can distract us from what is most important—seeking to gaze on the beauty of the Lord Himself.

When the verse above was written, God's people sought Him in His temple, where His presence was behind a veil. When Jesus died for our sins, that veil was torn in two, but a veil has remained over the minds of those who don't believe. When we turn to the Lord and receive

the Holy Spirit, that veil is removed as well and we can see Him more clearly, but still only partially (11 Corinthians 3:16, 1 Corinthians 13:12).

When Jesus returns us and takes us to heaven, we will finally see Him as He is and be transformed completely to be like Him (1 John 3:2). That is what we should be seeking after and looking forward to in everything we do.

For the Kingdom,



Ray King