

Christian HealthCare

NEWSLETTER

MEMBER LETTERS:

We were blessed by Member Assistance donations

We work in full-time ministry and raise support, and our second daughter was born before we joined Samaritan. We weren't able to raise enough to pay off the birth expenses, but we were thoroughly blown away by the amazing response to our Special Prayer Need. Samaritan members donated the largest chunk of what we owed. We were so blessed by the beautiful cards and sweet words that came along with the money. We are so thankful!

Boise, Idaho

We are so grateful that people are generous and have helped us. It is so sweet to read about all the prayers offered up for us.

I felt so blessed that I have increased my giving to Member Assistance because now I understand how much it means to receive help in time of need.

Burnsville, Minnesota

Remember Member Assistance Fund in end-of-year giving

by Doug Winkler, Samaritan Ministries Chief Financial Officer

As the calendar flips to December, I'm reminding myself to deliberately carry the spirit of Thanksgiving into the busy time of Christmas preparation that is about to descend upon us. God has given us so many blessings to count, both individually and at Samaritan Ministries.

Through members faithfully sending their Share each month, more than 350 million dollars in medical bills will be paid this year! Members tell of the amazing ways God has provided, such as the letter on page 3 about bills that were reduced from \$750,000 to \$250,000. And I'm thankful members are using tools like Healthcare Bluebook to select providers with the best quality and price ratings. A letter on page 15 tells about having ACL surgery done for \$9,000 even though it could have cost \$44,000.

Another important part of Samaritan Ministries is members helping each other with the more than \$1 million in bills each month that do not qualify to be shared. Some give directly to these members described on the Share Assignment, and \$2.3 million has also been donated to the Member Assistance Fund this year.

I encourage you to read this month's letters from members with these burdens to see what kind of impact a donation can have on their physical and spiritual health. If God has blessed you with the ability to make an end-of-year donation, would you consider including

these brothers and sisters in Christ in your giving? We were able to help 3,338 members this year, but there are many financial burdens we are not able to lift because of limited availability of funds.

Donations made to the Member Assistance Fund are tax-deductible and will only be used to help your fellow members in need. You can donate using the back of your Share Assignment or online via Secure-Q at SamaritanMinistries.org/donate.

We as a staff at Samaritan Ministries thank our Lord for each family that He brings to the community of Samaritan Ministries. His faithfulness for providing for each of our needs continues to bring us to our knees in thanksgiving. May He bless each member with His peace and comfort this holiday season as we celebrate God's greatest gift of all, Jesus Christ. ♦

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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 November

Shares:	\$30,702,783	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:	\$30,608,301	
Deficit:	\$5,353,054	
New Needs:	4,225	
Total Needs:	8,782	
New Rewards:	228	
Miscarriages:	19	Member Households: 83,453 (as of 10/22/19)
Final Rewards:	16	

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

Questions about?

Your medical need

Shares you are sending or receiving

Your membership

Email

needs@samaritanministries.org

membership@samaritanministries.org

membership@samaritanministries.org

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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.

My bills were reduced from \$750,000 to \$250,000 and completely shared

by member Dana Young

In 2013, our insurance premiums and deductibles were going to double, so we took a step of faith and became members of Samaritan Ministries. It was a difficult choice at the time, but now we are so grateful for the blessings of this ministry.

Each month we write a note of encouragement to send with our Share to another member. We promise to pray daily for the member to have comfort, peace, and complete healing. We feel blessed to be part of the spiritual family to help others pay their medical bills.

On October 15, 2017, I suffered a ruptured brain aneurysm. I spent 30 days in the hospital, which included 21 days in ICU. Then I began the long road of rehabilitation and recovery.

By April 2018, I was completely healed by the hand of God, thanks to the prayers of my church family and thanks to the prayers of the 500-plus Samaritan families who sent their monthly shares and cards of encouragement to us. I was able to return to my high school teaching job and teaching Sunday School with my husband, Trent, who was my faithful caretaker through the long trial.

When I first submitted my pile of bills to Samaritan, I didn't know if it was even possible that they could all be shared, but they were! I received the Shares and eventually paid off every last bill totaling nearly \$250,000. What a joyous day of celebrating God's miracles in our lives!

I feel so blessed to share the story of Samaritan Ministries with every-



one I talk to. Without Samaritan, my hospital bill alone would have been \$705,000. Because we were

**I feel so blessed
to share the story
of Samaritan
Ministries with
everyone I talk to.**

cash-pay patients, the hospital gave us a 75 percent discount. We also received cash-pay discounts from the doctors, anesthesiologists, and emergency transport providers. I am thankful for the Karis Group, which

helps Samaritan members negotiate discounts. We were also fortunate to have purchased a life flight insurance plan that covered the \$51,000 helicopter ride to Oklahoma City.

Samaritan Ministries provides a great opportunity for the Body of Christ to function as God designed it to do from the beginning. We share the financial needs as Christian brothers and sisters much like the early church did in Acts 2. And as Galatians 6:2 says, we “bear one another’s burdens and so fulfill the law of Christ.” ♦

Dr. Thomas Kendall, primary care physician

by Michael Miller

Dr. Thomas Kendall Sr. of Greenville, South Carolina, puts the patient-physician relationship at the top of his medical priorities.

Besides healing, that is.

“A medical doctor is trained to treat sick patients with medical diseases,” he says, explaining his simple, straightforward approach to medicine.

That approach includes freedom from government and insurance encumbrance. The Samaritan Ministries member, who has been a primary care physician since 1979, is also a past president of the Association of American Physicians and Surgeons, which advocates for the free-market practice of medicine.

In all his medical interactions, though, he makes sure he’s directly dealing with his patients and their needs. Since he doesn’t bill insurance, either private or government, he and his patients aren’t restricted by third-party decisions.

“Basically, there are three things that should drive the medical economy: one is cash, two is catastrophic coverage, and then charity,” Dr. Kendall says. “Those are the three things that ought to determine the economy of medicine—not the federal government, not health insurance. When third parties enter the picture, the patient-physician relationship is marred.

“Why should my decision to treat a patient with a certain medicine or a certain therapy be questioned by someone in a cubicle 200 miles from me?”

Yet, despite the challenges of operating in 21st-century medicine—he and his medical partner, Dr. Richard Kemmerlin, quit delivering babies after a significant liability premium increase—he has faith that God is at work.

“I do believe that medicine is a core value of the Gospel message, and that our Savior is the great physician,” Dr. Kendall says.

But he also sees parallels between the United States and ancient Israel in our nation’s moral decay, whether we’re talking about government, culture, or medical care.

“God said, ‘I’m your God, and you want a king? You don’t want a king.

“There are three things that should drive the medical economy: one is cash, two is catastrophic coverage, and then charity.”

This is what your king will do,” Dr. Kendall says, summarizing the events of 1 Samuel 8. “That’s where we are today. We don’t want God in our civil government. We don’t want God in our decision making. We



don’t even want God in our medical arena, unless we get so bad we cry out to God and say, ‘Heal me!’ But we’ll lay the principles aside that He established for us to operate under and expect His blessing upon us.

“But God is God. He can restore the land that the locusts have eaten, as we read in Joel 2:25.”

Dr. Kendall has done the work of the Lord not only in his practice, but also as a fill-in missionary physician to Togo for two months in 1994.

“The Lord taught me so much in a very, very brief time there,” he says.

His daughter, Lisè, had a respiratory arrest from medication on their first day there and had to have mouth-to-mouth breathing for about 20 minutes.

“God was faithful to us,” Dr. Kendall says. “She cleared the drug and began breathing on her own after 12 minutes or so, but that

experience humbled me on day one because I thought I was going to do something wonderful for these African people and yet they taught me so much.”

Another time, he was unable to save an 18-month-old child with advanced malaria.

“The baby died, and the 20-year-old father had to carry the body back to the village, dig a hole, build a box, and put his little baby in it,” Dr. Kendall recalls. “And yet, as he saw me sweating and crying and having failed 45 minutes trying to sustain his little baby, he said, ‘*Merci, merci.*’ He had a spirit of gratitude for my attempt, even though my attempts were failing. I went back to where we were staying, got my wife and (seven) kids together, and said,

‘Don’t let me change to be hardened to the things that will help me do what God wants me to do.’”

He is grateful that God wanted him to be a doctor.

“True success is knowing God and His will for my life and doing it,” Dr. Kendall says. “He was so gracious to allow me to have this part in what I consider a once-noble profession.

“I consider medicine a window into the soul. That opportunity affords me a great platform for ministry. The Gospel message is what mankind needs and, when you’re afflicted and have a medical disease and you seek medical help, the doctor’s opportunity to address not only the physical but the spiritual as well is a real privilege. Of course, God uses adversity and, many times,

the soul is tendered through affliction, through grief, through pain, and the answer to that, of course, is the Gospel message and its application to man’s needs. I love that part about it. I think that’s the part that gives real blessing to medicine.”

He’s disappointed, though, by what health care has become and how the original priority of physicians has been reversed.

“Issues with hospitals and hospital control (of physicians) has been part of the destructive influence in American medicine,” he says. “Doctors existed before hospitals. Doctors needed a place to put their patients overnight and have nurses take care of them. Yet now it’s the hospitals that are governing the

Continued on page 15

Why SMI?

Being a member of Samaritan Ministries is good stewardship, Dr. Thomas Kendall Sr. says.

The Greenville, South Carolina, primary care physician and his practice partner, Dr. Richard Kemmerlin, both had health insurance, but “the return on those premiums was zero because we were healthy doctors and we were not requiring it.”

“We just said, ‘That’s not very wise, that’s not very good stewardship,’ so we looked into Samaritan Ministries, and it has fulfilled our expectations wonderfully.”

Dr. Kendall needed Shares when he contracted viral conjunctivitis from a patient in 2017.

“It resulted in my inability to see for two to three days and my inability to operate in my office for two weeks, and for a year I had distorted vision,” Dr. Kendall says.

Because one of his eye ducts was affected, he had problems with drainage in his left eye, he says, so a

drain was put into it.

“I’ve had complete success and all of the fees and charges were dealt with in a very wonderful way,” he says. “Just this weekend, I said to my wife, Janice, ‘I thank God I can see.’”

The 69-year-old doctor also appreciates the freedom that Samaritan Ministries provides its members to make their own decision about Medicare and other third-party providers.

“That’s the right principle, the right ethic,” he says, “rather than depending on the third party that is not interested in doing anything but controlling.”

He has personally advocated Samaritan Ministries to many of his patients “and tried to direct them away from the insurance idea because, again, the insurance companies are not really interested in their well-being.”

“I personally believe that Samaritan is a gift of God to the Church,” he says. ♦

Christmas reveals our true companion

by member CJ Bowen

There is no better way to respond to Christ's birth than with singing, and over the centuries the Church has amassed a wealth of carols and hymns that is the envy of the world. This has led to all sorts of crooners and warblers without a religious bone in their body recording Christmas albums, interspersing sentimental seasonal fluff alongside forthright carols of Christian joy, topped off with an original or two to try to make their collection distinct.

Sometimes this results in a beautiful voice singing beautiful truth, in a plundering-the-Egyptians, blind-squirrel-finding-a-nut sort of way. Other times, we're hit with a jarring bolt of aural sacrilege as notorious non-virgins huskily sing of silent nights. But one of the most interesting aspects of an unbelieving artist's Christmas catalog is the carol of loneliness, a melancholy song about missing out on Christmas joy. While Christians are singing about Immanuel, God with us, The Emotions ask "Tis the season to be jolly//But how can I be when I have nobody?" Elvis quavers "I'll have a blue Christmas without you," and Prince mourns: "Last night I spent another lonely, lonely, Christmas."

Missing the point

Of course, tragedies happen at this season as much as at any other and losses are keenly felt. It's possible for followers of Jesus to find themselves feeling lonely, especially if they aren't connected to a good church. Even those who sing of Christ making His blessing flow far as

the curse is found acknowledge that this great work isn't finished yet. But carols of loneliness don't really represent another side to Christmas as much as a basic failure to appreciate what the birth of Christ really means. It makes no sense to say, in effect, "I know God is with us, I

God sent Immanuel to earth surrounded by songs of coming, visitation, friendship, and presence.

know the Word became flesh and dwelt among us, but I'm still lonely." Our Christmas balladeers are like children who have grown tired of playing with the packaging, which makes their forlorn tunes somewhat less than profound. Christmas has not left them alone; they haven't opened the box yet.

Our cheerless carolers think that Christmas is meant to be the answer to their unfulfilled desires. When those desires remain unmet, their Christmas turns blue. What they fail to comprehend is that the gift of Christ was given to satisfy deep desires they don't even know they have. When the God of heaven draws near to empty the treasures of heaven into the arms of men, they don't want a lot for Christmas; all they want for Christmas is a boyfriend or girlfriend. Admittedly, wanting human companionship is better than asking for fruitcake or a

pair of maxillary central incisors, but like when the cripple asked Peter and John for silver and gold, God's gift was something far better.

True companionship

Are you longing for companionship? Jesus is a friend who sticks closer than a brother, who will never leave you or forsake you. Does marriage sound like heaven to you? Close, but no jingle bell. As wonderful as marriage can be, it simply reflects the union between Christ and His beloved Bride. Are you wishing for the joys of family? Jesus places the lonely in families, promising brothers and sisters and mothers a hundredfold through union with Him. In order to remain lonely at Christmastime, you have to turn away a friend who came down from heaven to be with you.

Jesus does not come to make all your relationship wishes come true, but He does come to restore the only relationship that matters for eternity: "I will be your God, and you shall be My people." Seek first that Christmas present and you will find that Jesus gives you the gift of better desires for all your other relationships as well. God sent Immanuel to earth surrounded by songs of coming, visitation, friendship, and presence. May such songs rise from the lips of God's people to drown out these lonely carols. ♦

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Member CJ Bowen is pastor of Christ Reformed Evangelical Church in Annapolis, Maryland.

Christ revealed to us in Christmas carols

The King of Kings lay thus in lowly manger,
In all our trials born to be our friend;
He knows our need, To our weakness no stranger!
Behold your King! Before Him lowly bend!

– *O Holy Night*

O come, Thou Day-Spring, come and cheer
Our spirits by Thine advent here
Disperse the gloomy clouds of night
And death's dark shadows put to flight.
Rejoice! Rejoice! Emmanuel
Shall come to thee, O Israel.

– *O Come, O Come, Emmanuel*

Hail the heav'n-born Prince of Peace!
Hail the Son of Righteousness!
Light and life to all He brings
Ris'n with healing in His wings
Mild He lays His glory by
Born that man no more may die
Born to raise the sons of earth
Born to give them second birth
Hark! The herald angels sing
"Glory to the newborn King!"

– *Hark! the Herald Angels Sing*

God rest ye merry, gentlemen
Let nothing you dismay
Remember, Christ, our Saviour
Was born on Christmas day
To save us all from Satan's power
When we were gone astray
O tidings of comfort and joy,
Comfort and joy,
O tidings of comfort and joy.

– *God Rest Ye Merry Gentlemen*

Be near me, Lord Jesus; I ask Thee to stay
Close by me forever and love me, I pray.
Bless all the dear children in Thy tender care,
And fit us for heaven, to live with Thee there.

– *Away in a Manger*

Saints before the altar bending,
Watching long in hope and fear,
Suddenly the Lord, descending,
In His temple shall appear.

Sinners, wrung with true repentance,
Doomed for guilt to endless pains,
Justice now revokes the sentence,
Mercy calls you—break your chains:
Come and worship, come and worship
Worship Christ, the newborn King.

– *Angels from the Realms of Glory*

When I was a seeker
I sought both night and day,
I asked the Lord to help me,
And He showed me the way.

Go tell it on the mountain,
Over the hills and everywhere,
Go tell it on the mountain,
Our Jesus Christ is born.

– *Go Tell It On the Mountain*

No more let sins and sorrows grow,
Nor thorns infest the ground;
He comes to make His blessings flow
Far as the curse is found,
Far as the curse is found,
Far as, far as, the curse is found.

– *Joy to the World*

O come all ye faithful
Joyful and triumphant,
O come ye, O come ye to Bethlehem.
Come and behold Him,
Born the King of Angels;
O come, let us adore Him,
O come, let us adore Him,
O come, let us adore Him,
Christ the Lord.

– *O Come All Ye Faithful*

Member Assistance Thank You Letters

These letters are all from members blessed by Member Assistance giving. You can donate using the back of your Share assignment or contribute online via Secure-Q at SamaritanMinistries.org/donate.

Every month we share more than \$29 million in medical Needs. However, every month \$1 million in bills don't qualify for sharing and are still financial burdens for members. If each household gave just \$30, we would lift all these burdens!

Samaritan Ministries has been the answer to our prayers. We didn't know how we would pay for the pre-existing medical bills for my fall, but the words of encouragement we received from members lifted our spirits. I see God's providence through each one who donated even though they don't have to.

Wasilla, Alaska

We are so thankful for the members who gave so generously for our pre-existing maternity bills. Receiving help from so many believers who also took the time to write a note or Bible verse was very encouraging. We are certain that their prayers have been helping us through these very difficult days of stress. We will be forever grateful and aspire to contribute to the Member Assistance ministry when we are able.

Lancaster, California

I had \$7,000 in dental bills and the kindness of members who contributed was a huge encouragement to my wife and me. Every little bit helps alleviate the financial burden and we are grateful for the prayers.

Castaic, California

It is truly inspirational to receive letters of encouragement that members sent in with donations for my overwhelming dental bills. I saved the cards for future times to remember the love of God that comes through the prayers of His people.

Medford, Oregon

One of the things we love about Samaritan is the Member Assistance ministry. Sometimes even "normal" medical expenses like my vision exam and eyeglasses are a financial burden. It is a privilege to give to others' needs and also to be on the receiving end. Thank you for the many prayers, words of encouragement, and financial gifts that make life a little easier.

Colorado Springs, Colorado

We are so grateful for the help we received for my pre-existing back pain. We even received a donation from our neighbors down the street. We were able to connect with them and learn about what God is doing in their lives. Thank you for providing the opportunity to participate in this wonderful ministry.

Fayetteville, Arkansas

The encouragement we have received from Samaritan members is incredible. To receive assistance especially for a non-shareable event causes a complete shift in attitude. It changes the entire outlook of my day. But the notes and prayer are even better than the financial help! It's God's people doing what God asked us to do. It is a BEAUTIFUL ministry and I am so grateful to be part of it.

Mableton, Georgia

I have so many things to be thankful for and now I am reminded that Samaritan Ministries is one of those

blessings. I've been able to pay off the bill for my routine mammogram because of help from fellow members. It is especially touching to know that the Samaritan Ministries "family" extends all across the United States and they are keeping me in their prayers. That is a profound realization that touches my heart.

Ennis, Montana

We remember struggling to pay almost \$5,000 for our our first child's braces before we were members of Samaritan. With our next child



we received 15 donations totaling \$460. Even though it's only about 10 percent, getting this assistance was a real blessing. Even more than the money, we were so appreciative of the cards and uplifting notes. We showed them all to our daughter so she could see how many people were praying for her and our family. We also are rejoicing that our other daughter put her faith in the Lord at camp recently, and she will be baptized next Sunday. Praise the Lord!

Star, North Carolina

My dental bills were over \$25,000 so I did not expect them all to be met, but I was truly blessed by the response I received. Many wrote personal notes and prayers and gave sacrificially. Once you feel the love coming through, you can't help but reciprocate for someone else who has a Special Prayer Need. Thank you for what Samaritan Ministries does. God is blessing His people through it.

Colorado Springs, Colorado

It is so comforting to know so many people have prayed for me during this time. The love expressed in the



form of financial gifts has helped alleviate the burden. I have drawn closer to the Lord as I laid down my desires for trips and shopping to focus on paying down my debt. God has a plan for each of us and through prayer we find that plan. Having so many people praying with me is such a blessing.

Over time I have received almost half the \$10,000 I need to pay off my bills. It helps!

God bless Samaritan Ministries and the generous members. My husband

and I were also blessed to attend the dinner with the Board and hear testimonies of how God is at work.

Buffalo, Minnesota

What a blessing to receive donations from others for my pre-existing injury. The cards and sacrificial giving of others was so encouraging. It motivated both of us to give for others' unshareable expenses. To give the \$30 requested is so little but it can make a big difference.

Boone, Iowa

We have been so touched by the way members have given so graciously to help us with a pre-existing medical bill for our son's ear tubes. I had tears in my eyes as I shared with my husband how so many people have been so encouraging to us. Each note and gift is precious to us.

Noblesville, Indiana

It was so amazing to see the outpouring of love for our special need. There were many gifts that were more than the suggested donation. It was so humbling to be on the receiving end of such generosity, and we feel so blessed to be part of an organization that makes ministry like this possible.

Fairbury, Illinois

Larry endured severe pain from an extremely large kidney stone that could never pass on its own, and we didn't have insurance, so we were in a place we didn't want to be. We joined Samaritan anyway, knowing that it was pre-existing and we could only request Member Assistance.

A visit with our surgeon left us feeling overwhelmed because the estimate was \$50,000. We prayed and asked God to be with us and the surgery and recovery went great.

When the bills came we were

able to negotiate a discount of 61 percent, so with \$19,000 left to pay we requested help from Member Assistance. The cards and notes we received were so precious, bringing happy tears on different occasions. With generous gifts from members and by the grace of God we have been able to pay off the bills.

The media has such a gloomy outlook on our country's health care, but I would like them to meet my brothers and sisters in Christ through Samaritan Ministries. We share each other's burdens and have hope and peace knowing prayers are going up to our loving Heavenly Father. We pray God blesses and guides the Board and staff of Samaritan, exceedingly abundantly above that which we can think or speak.

Springville, Indiana

I am so pleased with my experience being a member of Samaritan Ministries. Several years ago my ER visit was shared and I received encouraging notes from so many members. This year I had substantial bills for dental work and received about a third to help me pay it off.

I am so thankful and moved by everything Samaritan stands for. I only wish I had learned about it years earlier. I tell all my friends to take the leap of faith and join Samaritan because it is wonderful to bear one another's burdens but also amazing to read others' testimonies of God working things out for His glory and their good.

When I write notes to other members, I also take the opportunity to ask for prayer for salvation for my loved ones and friends.

I also want to say thank you and God bless you to the Samaritan staff. Without you we wouldn't be able to have all these experiences.

Asheville, North Carolina

Can simple breathing techniques improve your health?

by Kathryn Nielson and Jed Stuber

Could simple breathing techniques that anyone can quickly learn be the key to overcoming major medical conditions and optimizing health? In recent years many books have made a compelling case for this idea.

One popular example is Patrick McKeown's *The Oxygen Advantage: Simple, Scientifically Proven Breathing Techniques to Help You*, which he also summarizes in a TED Talk (bit.ly/OAtedtalk).

The idea that breathing could dramatically affect health is not far-fetched, McKeown explains. Scientists know that breathing has a profound influence on our body's 100,000 miles of blood vessels that play the vital role of oxygenating cells and organs. What if our modern lifestyles and diet have had a subtle but detrimental effect on our breathing, which eventually leads to health problems?

McKeown spent his childhood and early adulthood struggling with asthma, taking copious amounts of medication just to function until, at the age of 26, he discovered the work of pioneering Russian researcher Dr. Konstantin Buteyko.

Buteyko's amazing results with asthmatic children led the Russian national medical system to adopt his methods, and by the 1980s many hospitals were giving patients a five-day breathing re-education course that is now called the Buteyko Breathing Technique. It emphasizes nose-breathing, not mouth breathing, to inhale an effective amount of air. It is also used somewhat differently in the UK, where patients

are given homework assignments to practice for 15-20 minutes a day for five weeks.

When McKeown started practicing this method, he experienced immediate relief from his asthma symptoms. He later became certified at the Buteyko Clinic in Moscow and now works with elite athletes to improve their breathing and give them an edge over their competition. The effect is similar to long distance runners who train at high altitudes to help their body develop more red blood cells just before a big race.

Even if you are not an athlete, though, McKeown's principles of proper breathing are designed to help anyone overcome sleeping disorders, improve sleep, have more energy, and enjoy better overall health. His book also has chapters on breathing techniques to help people lose weight, recover from injury, eliminate asthma, and improve heart conditions.

Dr. Belisa Vranich is another popularizer of breathing techniques, but she comes at the topic from the mental health angle. She found it helped her patients in her private psychology practice, and then she began developing educational campaigns for the Mental Health Association of NYC and National Mental Health Association. She founded *TheBreathingClass.com* and is the author of *Breathe: The Simple, Revolutionary 14-Day Program to Improve Your Mental and Physical Health*.

Vranich's research indicates that breathing wrong can either cause or

exacerbate conditions we already suffer from, such as irritable bowel, anxiety, sleeplessness, increased blood pressure, panic attacks, asthma attacks, acid reflux, high cortisol levels, and more.

How does breathing really affect all of this?

According to both McKeown and Vranich, one of the biggest problems is the misconception that we simply need to breathe more or faster or deeper.

"It's a common misconception that breathing in a larger volume of air increases the oxygenation of the blood," McKeown writes. (20) Because the blood is almost always at full saturation, it's physiologically impossible to increase the oxygen in the blood in this way. McKeown likens it to pouring more water into a full glass. "We need the blood to release oxygen, not hold on to it." (21)

Although counterintuitive, it's actually more helpful to focus on the carbon dioxide side of the equation. Carbon dioxide is crucial in determining how much oxygen will be released so the body can use it. In a nutshell, "when we breathe in excess of what we require, too much carbon dioxide is exhaled from the lungs, and hence is removed from the blood." In other words, not enough carbon dioxide in the blood leads to less oxygen for our muscles. (23)

McKeown cautions that there is a lot of misinformation out there. We have "been indoctrinated with the 'benefits' of taking deep breaths by well-meaning stress counselors, yoga

practitioners, physiotherapists, and sports coaches, not to mention the Western media.” (21)

So, if “deep breathing equals healthy breathing” is a fallacy, then how do we get the most from our breathing so all systems are performing at optimum level? There are several aspects of the proper technique that will result in increased oxygenation of the blood. It involves breathing through the nose instead of the mouth, the proper posture, and careful timing and sequence. Learning breathing techniques is not difficult, but it does take very deliberate attention to catch harmful patterns, learn proper practices, and develop new healthy habits.

The nose knows

Take a cue from babies. “Noses are for breathing. Mouths are for eating,” McKeown writes. (51).

Mouth-breathing elicits the same fight-or-flight response used in an emergency without the added benefit of physical exercise that helps our systems get back to normal. This is because it involves breathing from the upper chest. Mouth breathers often suffer from lack of energy and concentration and moodiness, according to McKeown. (52) Many of these conditions stem from poor sleep, which is directly associated with mouth-breathing.

McKeown says he struggled with most of those symptoms until he decided to start breathing only through his nose while sleeping. He found the only way to ensure this was to put paper tape across his mouth. It may seem radical, and he admits that at first people are reluctant to try it and may experience increased breathing because of

anxiety. He suggests starting by taping your mouth for a few minutes a day to get used to the feeling, and, once you are comfortable, try sleeping with your mouth taped shut. Affordable chin straps that keep your mouth closed have now become widely available, and you can pick one up on Amazon or at Walmart.

Diet could play a role

McKeown passes on an interesting anecdote from the work of famed dentist Weston Price, who traveled the world investigating societies that were transitioning from traditional diets to modern foods full of refined flours and sugars. Price believed that once a couple generations switched their diet, that society developed diseases and their facial structure actually changed. McKeown suggests that these changes could be also connected to the acid-forming nature of the new diet, which leads to a cycle of poor oxygenation and over-breathing.

Change direction

According to Vranich, we’ve become “vertical” instead of “horizontal” breathers. We’re using our shoulders in an up-and-down fashion to do things our diaphragm, located in our abdomen, is supposed to do. Breathing vertically rather than horizontally has many adverse affects, including raising blood acidity, hindering digestion, causing back problems, and preventing sleep and relaxation.

“How well you breathe is the best indicator of how healthy you are and how long you live,” Vranich writes. (13)

Her suggestion? You should concentrate on breathing through

your lower torso. “Remind yourself: inhale ... expand. Exhale ... squeeze.” Practice by pushing out through the stomach while pulling in air and squeezing in on the exhale until you’ve squeezed every last ounce of air out of your lungs.

Count

Prolific author and Harvard-trained doctor Andrew Weil teaches the 4-7-8 breathing principle for stress relief and relaxation (bit.ly/weil478).

- Sit with your back straight.
- Put the tip of your tongue against the ridge of tissue just behind your upper front teeth.
- Exhale completely through your mouth, making a whoosh sound.
- Close your mouth and inhale quietly through your nose to a mental count of four.
- Hold your breath for a count of seven.
- Exhale completely through your mouth, making a whoosh sound to a count of eight.
- This is one breath. Now inhale again and repeat the cycle three more times for a total of four breaths.

No matter your reason for wanting to breathe better, whether for better health or for an athletic advantage, and no matter how you go about it, whether by keeping your mouth shut while enjoying some shut-eye, counted breathing, or changing your diet, it’s clear that breathing doesn’t just keep us alive. It plays a significant role in how we feel and live while we’re alive. ♦

Disclaimer: The information in this article is for educational purposes and not meant as medical advice.

Q&A with Twila Brase

by Michael Miller

Samaritan Ministries member Twila Brase is president and co-founder of Citizens' Council for Health Freedom, an organization organized to "protect health care choices, individualized patient care and medical and genetic privacy rights." In her recent book, Big Brother in the Exam Room, she explores government intrusion into patient privacy through electronic health records. We asked her some questions about EHRs and what you need to know about them.

Q: What's wrong with electronic health records? Aren't they a lot more efficient?

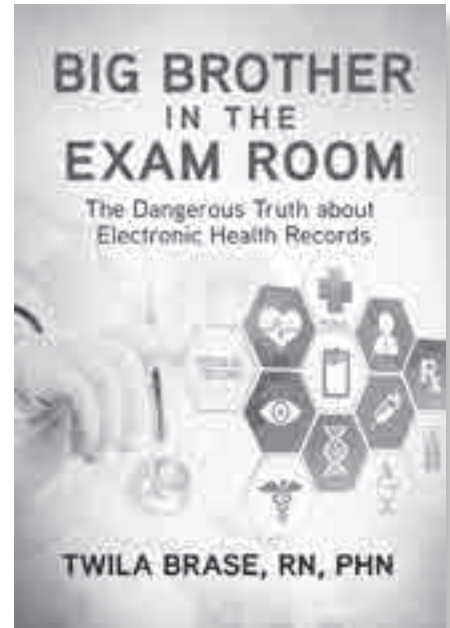
A: There are two kinds of electronic health records (EHRs): the kind essentially mandated and designed by the government to do what the government wants them to do—I call it the government EHR—and the kind that were developed by or for doctors that do what doctors and patients need them to do—private EHRs. The government EHRs are not made for patient care. They are made for billing, data collection, data reporting, physician profiling and data analytics, research, and control over the practice of medicine. The government EHR is a tool for control, not a tool for clinical care. As a result of financial penalties, the government EHR is in nearly 100 percent of the hospitals today and most clinics. It is not efficient, it detracts from the critical history and physical, it changes the focus of the visit from the patient to the “paperwork,” and it is the leading cause of physician burnout and what has

been called “moral injury.” Many physicians are troubled by the ethical conflict that the EHR has created. The patient is no longer the primary point of the interaction. The EHR is. As physicians and nurses have often complained, their primary job is to tend to the computer. One recently retired nurse told me she spent 85-90 percent of each work day on the computer. This is not efficiency, quality, or good patient care.

Health information technology can and should be a good thing. But it's being weaponized against us.

Q: What options do medical providers have regarding EHRs? Can they opt out?

A: Physicians and other practitioners can opt out of the government EHR, but they will be paid less for every Medicare patient they see. Contracts with health plans may also mandate the use of a government EHR to receive electronic payment. In addition, if their patients are hospitalized, physicians will be forced to use the hospital's government EHR.



Citizens' Council for Health Freedom

cchfreedom.org

ISBN-13: 978-1592987061

Q: You write that “The real goal of this ... project is ... data mining, the control of the physician population, and the ultimate rationing and control of patient services.” How would government be able to accomplish that?

A: The government EHR in combination with the federal HIPAA (Health Insurance Portability and Accountability Act) no-privacy, data-sharing rule facilitates data-mining by countless outsiders. Although those who hold patient data are not required to share it, HIPAA permits disclosure and use of the patient's identifiable data without patient consent. The federal government lists more than 702,000 clinics, hospitals, health plans, and other “covered entities” plus 1.5 million of their business associates

who could have access without consent. These 2.2 million entities do not include all the government agencies with access without patient consent for a myriad of purposes, from public health to judicial proceedings to law enforcement. HIPAA is not and has never been a privacy rule, but its perception as a privacy rule is evidence of one of the greatest deceptions foisted on the American people.

The practice of medicine is now dictated by government-issued diagnosis and treatment codes, called CPT codes (Current Procedural Terminology) and “ICD-10” codes (International Classification of Diagnosis, 10th edition). Hospitals that purchase EHRs can determine which codes, and thus treatments, are available in their hospital’s EHR. If a code for the physician’s preferred treatment is not available in the hospital EHR, it becomes very difficult for that treatment to be ordered. Hospitals, which are now assuming more and more of the financial risk of patient care under the Affordable Care Act (essentially taking on the function of an insurer) can use the EHR to control and limit the treatment options available at their facilities and, in doing so, reduce expenditures.

In addition, the federal government requires data reporting to track physician compliance with a bevy of government-approved treatment protocols. Physician compliance yields better “quality” scores for the physician and the hospital. However, such one-size-fits-all compliance may not be best for patients. Given how payment is tied to performance and government-defined “quality” scores, many physicians feel

compelled to comply with these outside directives.

Q: Are you finding doctors who are pushing back on EHRs?

A: Yes, there are physicians who have shut down their EHRs and gone back to paper. One clinic, the Illinois Pain Institute, took a vote and unanimously decided to get rid of the EHR. Cash-based, direct-pay physicians who have joined The Wedge of Health Freedom (JoinTheWedge.com) have either returned to paper or restored their private EHRs.

Q: What is the No. 1 harmful effect of government EHRs?

A: The government EHR has allowed self-interested outsiders to take control of the practice of medicine, endangering patient safety, placing physicians in ethical turmoil, jeopardizing medical excellence and creativity, and advancing a government-controlled health care system.

Q: What should I say to a doctor who tends to me while holding and paying attention to a laptop?

A: First, ask the doctor why he or she is so focused on the computer rather than on you. Second, ask where all the data is going and ask for a list of all the entities that receive access to the data or to whom the data is sent, and for what purposes. This reminds me to mention that patients should consider refusing to answer all the pre-visit questions, whether that’s a paper questionnaire, a questionnaire in the patient portal, or collected through an electronic tablet at the clinic. They should refuse entirely or only answer the questions they feel com-

fortable with or that actually pertain to the purpose of the visit. Keep in mind that all your answers will be added to your profile, and, unless your state has a strong state privacy law (like the one in Minnesota which requires specific consent for data-sharing), HIPAA allows every answer to be shared with countless entities without your consent. Third, you may also want to ask the physician to send the scribe out of the room so your discussion is not overheard and recorded in detail by the scribe. Finally, ask your physician whether the treatment he or she orders is the best treatment for you or the one that will give the physician the best “quality” score for compliance with a standardized treatment directive—or whether it’s the only one available in the EHR (computer).

Q: What would be the best resolution concerning EHRs?

Congress should repeal all penalties and “quality” measurements related to use of a government EHR. Payment should not be tied to the EHR. Patients should have their right of consent for data-sharing restored. And, until and even if the federal government repeals HIPAA, state legislators should enact real medical privacy and patient consent laws, as exemplified by the privacy-protecting Minnesota Health Records Act. ♦

You can learn more about your rights as a patient at CCHfreedom.org.

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.

Pastor’s home invaded

Radical Hindu nationalists invaded a Christian pastor’s home in India’s Bihar state on October 28 but were driven away by local villagers before any harm could be done, International Christian Concern says. The mob of around 10 to 15 people outside Pastor Palathingal Joseph Johnson’s home brandished swords, bricks, and metal rods. The family hid in a room in the house before the villagers arrived. No arrests have been made. *Praise God that no one was hurt in the attack. Pray for spiritual and emotional healing for the pastor’s family.*

Christian woman tried

A mentally ill 52-year-old Christian woman is being tried for blasphemy in Indonesia, ICC reports. Suzethe Margaret allegedly wore sandals and brought her dog into a mosque, both of which are deemed offensive to Muslims. Her father says she has suffered from schizophrenia since she was a child. Despite proof of her condition, Suzethe was tried in October for the June act. *Pray for healing for Suzethe, safety as the*

case proceeds, and justice for her and other religious minorities in Indonesia.

China releases prisoner

A member of Early Rain Covenant Church in Sichuan, China, has been released after being held for seven months, ICC reports. Gou Zhongcan was returned home on October 22. He is reported in good health except for deterioration of his vision. Early Rain’s pastor, Wang Yi, and one of its elders, Qin Derfu, are still being detained without visits from family or lawyers. *Praise God for Gou’s release and pray for vision restoration. Pray also for the well-being and release of Qin and Wang.*

Pastor held in India

A Christian pastor from Tennessee is being held in India on monetary-related charges, ICC says. Bryan Nerren, who was carrying money for himself and two other pastors for the trip, was accused of violating the country’s Foreign Exchange Management Act. At first, customs officers in New Delhi, where he arrived on October 5, questioned him for an hour before allowing him to leave. When he and the others arrived in Bagdogra, he was arrested and held for six days without being allowed any visitors. He posted bail, but a judge retained his passport and banned him from leaving the country. A court date is set for December 12. The pastors were visiting India to train Sunday school leaders. *Pray that Bryan and the other pastors will be allowed to leave the country. Pray also for the Christian leaders that the pastors were to train.*

House churches watched

House churches in Tamil Nadu state in India have been put under police surveillance, ICC reports. Christian prayer gatherings and worship have been stopped, and believers have reportedly been told they are not allowed to hold worship or prayer services in their homes without police permission. Christian leaders are meeting with police leadership in an effort to resolve the situation. *Pray that police surveillance of house churches will stop, that Christians there will be able to live out their faith without interference, and that leaders’ interaction with police results in the spread of the Gospel.*

Rebels ban worship

Christians in eastern Ukraine, dominated by rebels, are being jailed due to restrictions on “unregistered” worship, according to Voice of the Martyrs Canada. A 2018 order by the Russian-backed rebels created the registration requirement. Since then, no Protestant church has been approved. One pastor, Vladimir Rytikov, was sentenced to 20 hours of community service for leading unregistered worship. Others face fines. Congregations with church buildings are unable to use them but are starting to meet in small groups or through Skype. *Pray that these Christians will find ways to serve each other and the Lord as well as worship together.* ♦

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

When Larry tore his ACL, our family doctor recommended a doctor in Topeka, Kansas, for the surgery, but we decided to do some checking on Healthcare Bluebook. We found out there was a fair-price provider in St. Joseph, Missouri, which is the same distance from where we live. After a bit of trial and error, we learned that our calls to ask about pricing always had to be transferred so we could talk to the right department, and that's how we got the details on steep discounts for paying cash.

We also learned that the same surgery could be done in either the hospital or an outpatient surgery center, and the difference was \$20,000! At every turn we discovered that it pays to ask. For the office visits

We paid about \$9,000 for services that we were originally told would be \$44,000!

and MRIs, we got significant discounts for paying at time of service with a credit card. When it was all said and done, we paid about \$9,000 for services that we were originally told would be \$44,000!

We are so thankful God has provided a way for His children to bear one another's burdens through Samaritan. It is a blessing to be able to give each month, knowing it is going to a true need, not a big corporation with unbiblical principles. It is also humbling to be on the receiving end, knowing others help to share our overwhelming medical costs. We tried to remember that we are stewards of God's money as well as our brethren's. We wanted to get the lowest price possible so we did not cause other unnecessary expense.

Thank you for all the helpful tools in the Health Resources app. Because of Healthcare Bluebook we were able to dramatically reduce the costs of the ACL surgery, just by going to a different location an equal distance from our home.

May God bless this work as it honors Him.

*Larry & Jill
Kansas*

Dr. Thomas Kendall

Continued from page 5

doctors, not the doctors governing hospital associations and hospital policies.”

However, doctors committed to preserving the patient-physician relationship—Dr. Kendall always makes sure to put “patient” first in that compound modifier—are still battling, mainly through the AAPS. The group was started in 1943 and was instrumental in defeating the Clintons’ 1994 national health care effort. Dr. Kendall became aware of what he calls “THE medical organization that is defending private medicine” about 10 years ago.

“It was a blessing,” he says. “It was an eye-opening experience finding like-minded people in regard to the patient-physician relationship and its protection.”

Organizations like the AAPS are vital today because “the battle seems to be intensifying.” “The medical educational experience is such that now doctors are advised, educated, taught to have a different focus than when I was introduced into medicine,” Dr. Kendall says.

He also says new doctors are increasingly becoming employees of corporate medicine because of six-figure school debt. “They cannot open up private practice and pay off their debt,” he says. “They have to be loyal to the system that has resources that will enable them to then pay off their debt.”

Dr. Kendall compares these battles to “fighting a dinosaur with a toothpick.” But he doesn’t despair. He remembers David and his five stones, he says.

“My office, our homes, our churches should be what we call islands of freedom so we are able to exercise those principles in ways that accomplish the purpose for which our Lord gave them,” he says. “God said that where the Spirit of the Lord is, there’s liberty. I know that’s primarily talking about bondage to sin, but I think it’s true in applied principles, too, that when we exercise His principles, His purposes, His plans, we have a real liberty.” ♦

You shall not hate your brother in your heart, but you shall reason frankly with your neighbor, lest you incur sin because of him.

Leviticus 19:17

When we see our brother do something foolish or sinful, and don't say anything to him, it is not a sign that we care for him. It means we do not care what happens to him, or may even be hoping something bad will happen to him. Instead, we should be open and frank with him, speaking the truth in love.

Remaining silent may result in harm to him, and it may even bring harm to us. We can incur sin because of

our silence. We also see this principle at work in God's instructions in Ezekiel 3:16-21.

In James 5:20 we see the good that can come from following this verse, "...whoever brings back a sinner from his wandering will save his soul from death and will cover a multitude of sins."

For the Kingdom,



Ray King