



# Christian HealthCare

## NEWSLETTER

### MEMBER LETTERS:

#### MediBid saved more than \$10,000 on my hernia surgery

**MediBid is a** great resource that helped save more than \$10,000 on my hernia surgery.

My local medical center in Wisconsin give me a price of over \$16,000, plus the cost of the mesh. On MediBid I discovered there are many places throughout the U.S. that were between \$3,000 and \$4,000. One I investigated didn't work out because they couldn't schedule it the week I needed it done, but I had several good options to choose from. I went with Premier Surgical Center in Knoxville, Tennessee. They were professional, friendly, caring, and the cost was what they told me up front, not a penny more! The doctor, nurse, and many staff were Christians. They explained everything in detail and even followed up with phone calls after I got back home. I would recommend MediBid and Premier Surgical Group to anyone.

Mark  
Wisconsin

### Can the Church solve the country's worst health problem?

by Richard Doster

*Editor's Note: Recently the news media has made much of the rise of health problems caused by the isolation resulting from social distancing. This article—written before the coronavirus came on the scene—offers Biblical perspective on the larger issues.*

**M**ore than half of the U.S. population is lonely, and it's literally killing them.

A recent survey conducted by Cigna, the health insurer, reported that 54 percent of respondents feel like no one actually knows them well; 56 percent said the people they spend time with “are not necessarily with them;” and 40 percent said they “lack companionship,” their “relationships aren't meaningful,” and they feel “isolated from others.”

That's not just sad, it's taking a devastating toll on our health and happiness. In his book *Them: Why We Hate Each Other and How to Heal*, author and U.S. Senator Ben Sasse—who attends Grace Church in Fremont, Nebraska—cites a number of studies that show how loneliness affects the brains and bodies of millions of people.

For example, lonely people get sick more often, take longer to recover from illness, and are at a higher risk of having a heart attack. According to researchers at Ohio State University and the University of Chicago, chronically lonely people are more prone to Alzheimer's

disease and dementia. Other studies suggest that one lonely day does roughly the same damage as smoking a pack of Marlboros.

“Among epidemiologists, psychiatrists, public-health officials, and social scientists,” Sasse writes, “there is a growing consensus that the number one health crisis in America right now is not cancer, not obesity, and not heart disease—it's loneliness.”

This can't surprise us. We've read the book of Genesis countless times. And we know that God Himself, after surveying the splendor of his new creation, observed, “It's not good for the man to be alone” (Genesis 2:18). From the beginning, God revealed that He lives in relationship: Father, Son, and Holy Spirit; therefore we, because we're His image,

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**Sharing Summary from April**

Shares:	\$30,060,654	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:	\$30,060,654	
In Negotiation:	\$9,284,471	
New Needs:	4,850	
Total Needs:	9,671	
New Rewards:	239	
Miscarriages:	23	Member Households: 81,734
Final Rewards:	10	(as of 4/21/20)

**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

**Phone Menu**

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Health Resources

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

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

**Remember:**



**1 SEND A NOTE—**  
Burdens can be lightened emotionally as we encourage one another in the Lord.



**2 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.



**3 ALWAYS STAY ALERT IN PRAYER—**  
Burdens can be lightened spiritually as we unite to call upon the God of the impossible.

## The bioethicist pandemic

by Wesley J. Smith

The increasing outsourcing of healthcare policy to medical bureaucrats during the COVID19 crisis illustrates the dangerous trend away from democratic deliberation in favor of a technocracy, i.e., rule by “experts.” This development could be particularly perilous given how much reliance is placed on “expert” bioethicists’ opinion—many of whose predominant views disparage the sanctity of human life.

How does one become a “bioethicist”? While many universities offer degrees in bioethics, there are no precise qualifications. Indeed, practitioners are not professionally licensed as are attorneys, physicians, and, for that matter, barbers. The most prominent bioethicists are university professors with degrees in philosophy, medicine, and/or law, but even that isn’t a given. For example, because my opinions about bioethical issues are frequently published, I am often called a bioethicist—not a term I choose for myself—even though I took no bioethics courses in school.

### Here is the terrifying problem

The most influential of our would-be healthcare overlords hold immoral and amoral values not shared by most of those who would be impacted by their policy prescriptions. For example, most mainstream practitioners reject the belief that human beings have unique value

and—unless they have a modifier such as “Catholic” or “pro-life” in front of their identifier—embrace a utilitarian “quality of life” approach to medical decision-making, accord-

## Bioethicists have called for “organ donation euthanasia” of COVID-19 patients in places where hastening death by doctors is legal.

ing to which some of us are judged to have greater worth than others based on discriminatory criteria such as cognitive capacity, state of health, and age.

This ideology leads the field’s most prominent leaders into very dark places. In 1997, bioethics professor John Hardwig argued in favor of what is known in the field as the “duty to die.” Hardwig’s advocacy was not published in an obscure corner of the internet of little consequence. Rather, it was presented with all due respect in the Hastings Center Report,<sup>1</sup> the world’s most prestigious bioethics journal. That fact alone means that the “duty to die” has long been deemed respectable in the field.

Hardwig argues that to “have reached the age of say, seventy-five or eighty without being ready to die is itself a moral failing, the sign of a life out of touch with life’s basic realities.” Why? “A duty to

die is more likely when continuing to live will impose significant burdens—emotional burdens, extensive caregiving, destruction-of-life plans, and yes, financial hardship—on your family and loved ones. This is the fundamental insight underlying a duty to die.”

Back in 1997, Hardwig’s denigration of people he deemed “burdens” was a minority view in bioethics. But, over the years, as the field gained increasing influence, its premier practitioners grew more pronouncedly ideological in the Hardwig manner—arguing often and repeatedly for reducing the moral status of the most vulnerable among us, in some cases even going so far as to redefine helpless human beings as mere natural resources ripe for the harvest. Here are just a few examples.

practitioners grew more pronouncedly ideological in the Hardwig manner—arguing often and repeatedly for reducing the moral status of the most vulnerable among us, in some cases even going so far as to redefine helpless human beings as mere natural resources ripe for the harvest. Here are just a few examples.

### Paying women to gestate and

**abort:** Bioethicist Jacob Appel argued in the Huffington Post that pregnant women who want to abort should be paid to gestate longer before terminating so that fetal organs could be harvested and used in transplant medicine. That would increase the number of abortions, he admitted, but he said a market in fetal organs could “bring solace to women who have already decided upon abortion, but desire that some additional social good come from the procedure.”<sup>2</sup>

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## Bob Starnes: Brentwood Studios

by Brittany Klaus

**B**ob Starnes has a passion for children's content that is full of fun and Biblical truths.

In his job as a partner at Brentwood Studios ([brentwoodstudios.net](http://brentwoodstudios.net)), which works with products like *The Slugs & Bugs Show*, Bob and his team strive to help create and market content that serves today's families through a deep respect for children and how they spend their time.

"What kids and families watch or read matters, and it's important that it's a ton of fun, age appropriate, and intentional," Bob says.

"If we cannot provide a fun and entertaining experience for a child

and a family, then lessons or themes in the stories will fail to connect. It's not about providing a spoonful of sugar to help the medicine go down, it's about seeing the sugar and the lessons as one and the same. This is a pretty challenging creative exercise, but it's something families so appreciate. You know it when you see it."

Brentwood Studios has partnerships both inside the Church and outside, and they range from larger entertainment companies to individual creators.

"I find it a privilege to model my faith no matter what our business context is," Bob says. "Each day provides a new opportunity to demonstrate to the people around me what it looks like to follow Jesus."

Recent projects that have Bob excited include a silly song album from Slugs & Bugs called *Modern Kid*, which debuted May 1. The Slugs & Bugs brand also released a 13-episode TV series called *The Slugs & Bugs Show* last year, available on DVD at [SlugsandBugs.com](http://SlugsandBugs.com) and several digital outlets.

Brentwood Studios, based in Franklin, Tennessee, was started in 2007 "to advance the next generation of children's entertainment brands that kids love and parents appreciate," says Bob.

"Each story we work on does not have to be a Bible story, but the model of how Jesus lived is in everything, so whether it is direct, entertaining, or allegorical, it still comes from that worldview," he adds.

Herschend Family Entertainment, the company known for Dollywood



Bob and Sara Starnes

and Silver Dollar City, is one such brand. Six years ago, Brentwood Studios partnered with Herschend to launch an initiative with the non-profit Operation Christmas Child to provide Christmas gifts and core needs to kids around the world.

"We brought Herschend Family Entertainment together with Operation Christmas Child to start a new program called The Shoebox Challenge."

The Shoebox Challenge has helped serve millions of kids all over the world.

"Every time I think about what's been accomplished, I can't help but get excited," Bob says.

Before co-founding Brentwood Studios, Bob worked as vice president of licensing and publishing at Big Idea Entertainment, creator of *VeggieTales*, for many years. Prior to that, he was having an impact on children and families through his work in his own kids retail chain that was voted "One of the top up-and-coming retailers of the '90s" which



he won along with FAO Schwarz. Bob's career also included Christian retail with Lemstone Books, and he was an executive with Target Stores.

A few months after Bob started Brentwood Studios, his oldest son, Brock, joined the venture and today is also a partner.

RightNow Media, Slugs & Bugs, The Wingfeather Saga by Andrew Peterson, Superbook, and The Nighty Nights by Michael W. Smith are just a few of the brands Brentwood Studios has partnered with and helped develop over the years.

Brentwood Studios finds partnership opportunities in a variety of ways. Bob and his colleagues watch the market every day to see what's being created for kids in general as well as from a faith-based perspective. Invaluable relationships have formed over the years with producers, creators, and publishers, leading to many projects. Other times, Brentwood will be approached by people who want to connect them with a new children's author or evaluate their current line-up of products to see what is missing, as

they have helped to build and grow kids brands around the world.

While Bob works more on the operations side at Brentwood Studios, he also enjoys the creative aspects.

**“Each day provides a new opportunity to demonstrate to the people around me what it looks like to follow Jesus.”**

“I love hearing the dreams of brands and organizations and then together finding solutions that allow their brand to grow and impact families around the world. That is very fulfilling,” Bob says.

Another of Bob's passions is helping those who will follow him.

“There are some amazing young entrepreneurs out there who need seasoned professionals to walk with them, appreciate their passion, and love them through the learning years,” he says.

Bob also has a heart for those struggling with a job loss, which he says happens more frequently in entertainment than in other industries.

“I most likely can't offer them a job, but I can be an ear and possibly point them in some directions for the days ahead and then check back in on them,” he says. “That is part of how we serve together.”

One change in entertainment he and all of the industry has been dealing with is the switch from physical retail products, like CDs and DVDs, to digital streaming, a format that makes it difficult to maintain a profit. Bob is taking a positive approach, though.

“It's a challenge,” Bob says. “But there's a handful of us that are out there saying, you know what, we're not going to complain about the problem. Instead, we're going to be

*Continued on page 13*

## **Why SMI?**

**Bob Starnes and** his wife, Sara, were tired of high health care costs and decided to look for different options that would help them should they have a medical need.

“Samaritan Ministries lined up with our family in more ways than one,” says the co-founder of Brentwood Studios.

They enjoyed telling other people about SMI after joining, but Bob says they were able to get the full picture of health care sharing after having a Need.

“Now we can tell others in full detail,” he says. “It was handled so well.

“But the greatest experience with SMI comes from the special Needs posted each month. My wife hand-delivers a check most every month to anyone who lives close to us and meets new friends along the way. Last month she even delivered one to our son's high school Bible teacher, which was a huge treat.”

Bob is grateful for how his faith is able to play out even through health care by being an SMI member.

“We respect the leadership of SMI where we see the leadership making sound but tough Godly decisions on the behalf of all of us,” he says. ♦

## How do you know if you got a good deal?

by Jed Stuber

One of the questions Samaritan members often ask is, “How do I know if I’m getting a good deal on health care?”

The short answer is that you should start by using Healthcare Bluebook’s fair pricing tool in your Dash account, but let’s consider *why* that is so important.

Often people asking this question are looking for a percentage of discounts they should aim for, which is important, but not necessarily getting to the heart of the matter.

For the sake of argument, let’s say that we all agreed that a 40 percent discount is a “good deal” and that is the percentage discount we should all go after.

But what if Provider A is charging \$15,000 for a foot surgery and Provider B is charging \$1,500 for exactly the same surgery? A 40 percent discount off Provider A’s \$15,000 price results in a bill of \$9,000, which is six times more than what you would have paid if you had gone to Provider B.

That’s a real-life example with actual numbers from the founder of Healthcare Bluebook, Dr. Jeff Rice,

when his son needed foot surgery. The price variance occurred in a city where that minor outpatient surgery could be done by the same surgeon at two different facilities that were only three blocks apart!

Consider another example, this time for major hospital expenses.

### Pricing information forces providers to compete with one another and gives you the ability to compare before your treatment.

You get a bill for \$100,000 and are offered a 40 percent discount, resulting in a bill of \$60,000. Is this a good deal? What if that discount is based on something called a “charge master” that virtually no one ever pays? What if other payers—Medicare or insurance companies—typically pay only 30 percent of this master price? That is, they

would only pay \$30,000 for the same services you are expected to pay \$60,000 for.

This very common scenario was brought to America’s attention by lawyer Steven Brill in his famous *Time* magazine article titled “Bitter Pill: Why Medical Bills Are Killing Us.”

Toby Meisenheimer, a Samaritan member and a financial adviser, described in a recent newsletter article why he would not accept a 25 percent discount from a hospital.

“I got a taste of what health care is charging these days, and how they are using the cash-payers like us to pay for their new hospital wing and landscaped courtyard,” he wrote.

Toby persisted until he got a 60 percent discount. Here’s how he summed up the experience:

“All along, I kept coming back to this thought: Is it Christian to just pay what they are asking, and be nice, or to politely pick away and have our voice be heard, whether it is our own money or shares from fellow members?”

“At the end of the day, it’s all God’s money, and I believe you have to feel led to either pay with gratitude, or roll up your sleeves and risk

### Why isn’t pricing information available from health care providers to begin with, the way it is in most industries? Here are links to few articles from previous newsletters on that topic.

1. “Anesthetized debate”  
by Thomas Sowell  
<[bit.ly/andebate](http://bit.ly/andebate)>
2. “The immorality of government mandated health care”  
by Paul A. Cleveland  
<[bit.ly/healthim](http://bit.ly/healthim)>
3. “100 years of US medical fascism”  
by Dale Steinreich <[bit.ly/100regs](http://bit.ly/100regs)>
4. “The free market had nothing to do with our health care crisis”  
by Steward Donovan  
<[bit.ly/fmnothing](http://bit.ly/fmnothing)>
5. “Removing state-based obstacles to affordable health care”  
by Dr. Jeffrey A. Singer  
<[bit.ly/remobs](http://bit.ly/remobs)>
6. “The case for being uninsured”  
by SMI member Dr. Jane Orient  
<[bit.ly/caseforun](http://bit.ly/caseforun)>

## Member Letters

being a bit difficult. To my fellow Samaritan members who fight, win, and turn the discounts into more Samaritan needs being met and future increases postponed, my family thanks you.”

These examples show us that thinking of good prices in terms of a percentage discount doesn't tell the whole story. The variance in prices is simply too great.

In fact, Healthcare Bluebook's research shows that it is common for the same health care services in the same area to vary in cost by as much as 400 percent! That means that a \$20,000 bill at one facility is a \$100,000 bill at another facility.

The search tool from Healthcare Bluebook, which is available to every Samaritan member on Dash, allows you to search for a procedure, doctor, or hospital in your area, and to get quality and cost ratings. That's why it is so powerful. Knowledge is power.

Pricing information forces providers to compete with one another and gives you the ability to compare them before your treatment. Members can also use Healthcare Bluebook's information to negotiate with providers after service.

But what about our original question, “How do I *know* if I got a good deal?” Here's the honest answer: Because price information isn't readily available in health care, you may never know for sure. But, you can know if you used the leverage available to you with Healthcare Bluebook and other tools available in the Health Resource Center.

Again, knowledge is power, but only if you put it to work. ♦

**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 others 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.

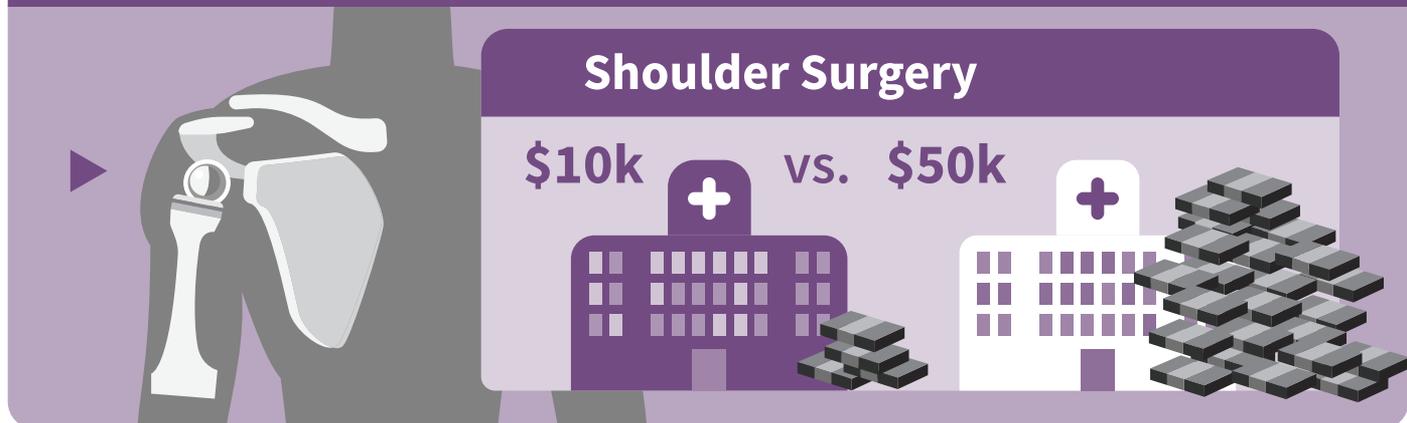
*Larry & Jill  
Kansas*

## Are you getting a good deal?

If only health care was this transparent.



Costs can vary up to 400%.



“When my 12-year-old son needed outpatient foot surgery, I checked prices at two different facilities just three blocks apart. One of them charged **\$1500** and the other between **\$15,000 to \$25,000!** This happens every day to patients all across the United States.”

Dr. Jeff Rice



# Knowledge is power.

## Get the best *quality* and *price*

Knowledge is power. Connect with **independent services** that give you the information you need.



Such as...

## Healthcare Bluebook

Compare quality and cost of health care in your area.



You can get there on your Dashboard:



## Health care sharing is counterintuitive

by Michael Miller

*The following is an excerpt from Sharing the Burden: The Samaritan Ministries Story by Senior Communications Specialist Michael Miller. You can buy the book at [bit.ly/sharingburden](http://bit.ly/sharingburden).*

**H**ealth care sharing is counterintuitive. After all, there are no guarantees. In its place comes trust . . . trust in God and the Body of Christ. Longtime members insist this is a better way of taking care of health care needs.

Illinois Samaritan Ministries member Robert Rutan said he and his wife, Kelly, joined despite the lack of a guarantee from SMI that their needs would be met. This trust proved reliable, with their needs met even in the face of steep medical expenses for cancer treatments. “We know the stability and the dependability of the members,” Kelly said.

And it’s a “more responsible way to manage our own health,” she added, referring to the freedom Samaritan grants her to visit whichever health care providers her family chooses. Still, participation in a health care sharing ministry includes responsibilities. Members must learn to negotiate lower charges for medical services, something people with health insurance rarely think about. But when you’re responsible for how much money other brothers and sisters in Christ will have to send, you become more aware of what you’re spending, whether it’s necessary, and whether the treatment is available elsewhere for a lower cost.

That freedom to choose and the encouragement to take responsibility

for one’s choices impresses Grace-Marie Turner.

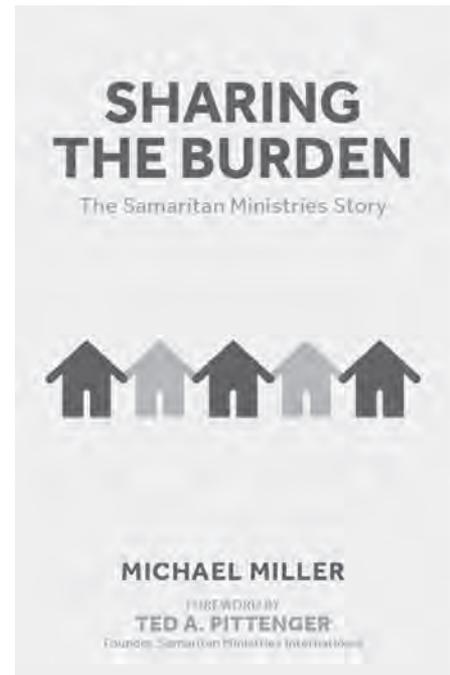
Turner is founder and president of The Galen Institute, a public policy research organization focused on health care. During a visit to Samaritan headquarters in 2010, she said the ministry is “a really wonderful example of giving people the option to make their own decisions about health care and to be responsible in their health spending, as well as their consumption of health care overall.”

“It’s a community of people who know they are sharing the costs together, and those costs are visible to them,” she said. “I think it’s absolutely a model for what the rest of the health care system needs to learn: a community of people who exercise individual responsibility in taking care of themselves and their family and also who recognize that any excess spending on their part increases health care costs for the whole community. We don’t have that in the rest of the health care sector.”

Jason Morris, former Member Services Manager and now Director of Member Experience and Strategic Relationships, echoed Turner.

“It’s a better way to do things,” he said. “There’s the community element [and] personal responsibility.”

Jason said he took “great pleasure” in walking into a hospital after the birth of one of his daughters and paying a \$7,000 bill with the cash he received from other members. He had two goals in mind, starting with wanting to see the dollars the hospital charged (which he called unreasonable). Secondly, he wanted



to show this provider that insurance isn’t an indispensable element of health care.

“We had help, but there’s still that sense of, ‘I was responsible for this even though you didn’t think I was going to be,’” Jason said. “There’s something liberating about that.”

As attorney Brian Heller points out, “It’s a witness to the world and a call to the true Christian believers, saying, ‘Hey, there is a way to live more Biblically and faithfully, whether it’s tithing or not going into debt—those kinds of Biblical principles that are hard for the average American to live out.’”

One of the challenges of issuing that call to Americans is explaining what Samaritan Ministries *is* rather than what it *isn’t*.

“We’ve found ourselves over the years explaining what we aren’t more than what we are,” Ray King said.

“People ask, ‘What do you do?’ And we say, ‘Well, we’re not this and we don’t do this, and we don’t have premiums.’ People will ask, ‘Well, what do you cover?’ Well . . . we don’t cover anything.”

Samaritan is always learning how to convey what it does in a world that doesn’t understand “and can’t even relate to the approach we take,” Ray said. “When we explain why we’re not insurance and don’t ‘cover’ anything, it sounds even more undependable.”

When representing Samaritan at a trade show or conference and someone asks what SMI does, Ray responds that it’s a way “for Christians to help each other with health care needs without using health insurance.”

“Our message has been that God is more dependable than anyone else,” Ray said. “He’s where we should be putting our faith for our health care needs. When we try to be independent of God, we don’t get to experience His care.”

### **Shifting one’s paradigm**

The health care sharing concept is still hard for many Christians to assimilate. Although it has a relatively short lifespan in the annals of the nation’s history, health insurance still maintains a stranglehold on the minds of most Americans (including Christians). General Counsel Brian Heller said dependence on insurance is “so built into the American thought process that it takes a jolt to get people out of that, even if they’re intrigued by health care sharing.” Sometimes it takes an individual mandate forcing Americans to buy health insurance to make people question the norm. Whether

gradual or sudden, it can take a price increase in the worker’s share of premiums to open some people’s eyes. Others experience an awakening after starting their business and facing sole responsibility for health care premiums. Sometimes a working mom whose job pays in health benefits will decide it’s better to stay at home with her growing children than remain in the workforce; when she quits her job, coverage ceases.

At first, however, health care sharing is often “so out of people’s realm of thinking that it doesn’t even register,” Ted Pittenger said. “I’m sure it’s like homeschooling was when it revived in the 1980s. People said, ‘You’re going to do what? Public education seems to be working okay.’ It’s just such a weird paradigm shift.”

Bob and Kelly Rutan were in the midst of such a shift when they joined Samaritan in 2002. Bob was on his way out of the public school system, where he had taught for several years.

“It wasn’t hard to understand how [health care sharing] works, once you have thoroughly examined it and understand how everything should work,” Bob said. “It takes a commitment to understand a new way of thinking. Once I did, it was easy for us.”

It wasn’t easy for extended family, though. His parents, and Kelly’s, expressed concern that such a ministry would fail to adequately meet their expenses. They finally stopped fretting when shares fully paid for one of Kelly’s childbirths.

“Our parents don’t know how it all works, but they know that it worked,” Bob said.

Another family, David and Lisa Gordon of the state of Washington,

joined Samaritan in January 2011 even while still wondering “if this really works.” Then, after sending shares to other members for 18 months, one of their daughters needed treatment for skin issues, and the Gordons had to submit their first need.

“The process was very simple,” Lisa said in a July 2012 letter. “We have been so blessed by seeing our financial need met by other members and [having] our daughter lifted up in prayer. And the answer to our question at the beginning of our membership is . . . ‘Yes! Samaritan works.’”

Ted said he can’t be too hard on Christians who don’t accept the health care sharing way of handling medical expenses. He points to the marketing adage that people need seven exposures to a new idea before they embrace it. Samaritan leaders are also patient when it comes to the Body of Christ understanding the advantages of health care sharing, because they understand God works in His own good time. And they see their work as God’s work, since health care sharing—and the prayer and expressions of love that accompany it—are ways to further The Kingdom of God.

Ted, who, along with Ray King, closes his letters with “For The Kingdom,” says, “In a sense, we’re literally taking back the earth through the dominion mandate of taking ground for Jesus. We’re spreading His Kingdom here on earth. It says in Psalms that the earth will be His footstool. I see what we’re doing at Samaritan Ministries as furthering His Kingdom, furthering His dominion in the world.” ♦

**Forcing caregivers to starve dementia patients:** Prominent bioethicist Thaddeus Mason Pope (and others) want dementia patients to be allowed to instruct future caregivers to deny them spoon-feeding when they become incompetent. In such cases, they want caregivers to be legally bound to starve their patients to death. This would apply even if the patient willingly eats. In other words, starvation as the new “death with dignity.”<sup>3</sup>

**Experimenting on cognitively disabled “non-persons”:** Writing in the *Kennedy Institute of Ethics Journal*, bioethics bigwig Thomas Beauchamp opined that some cognitively disabled human beings should not be viewed as “persons,” meaning that they could “be treated in the same way we treat relevantly similar non-humans. For example, they might be aggressively used as human research subjects and sources of organs.”<sup>4</sup>

**Transplanting organs of unconscious humans into animals:** Several authors argued in the *Journal of Medical Ethics*—based at Oxford University, so it is not a tinfoil-hat internet site—that unconscious patients should be able to be used in xenotransplantation experiments—e.g., removing the human’s organs and replacing them with those of animals (usually pigs). They write, sickeningly, “As the autonomic and vegetative functions of PVS [permanent vegetative status] bodies can often be maintained for years, their use would allow the opportunity to fully test the long-term consequences of a solid organ xenotransplantation.”<sup>5</sup>

**Harvesting hearts as a form of euthanasia:** An advocacy article

published in the *Journal of Heart and Lung Transplantation* argued that patients who wish to be euthanized be killed by having their hearts removed for transplantation. The authors write that “‘living donation’ is the correct term to use, even though this is normally used for people who donate their kidney, and do not die as a result of donation.” Yes, indeed: Stripping a beating heart out of a patient’s body will be 100 percent fatal.<sup>6</sup>

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**The most influential of our would-be health care overlords hold immoral and amoral values not shared by most of those who would be impacted by their policy prescriptions.**

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**A temporary hold?**

One would think that in the midst of an unprecedented pandemic, bioethicists would place their dehumanizing advocacy efforts<sup>7</sup> at least on temporary hold. No such luck. *The Journal of Medical Ethics* just published a piece explicitly aimed at COVID-19 patients by the internationally prominent bioethicists and Oxford professors Julian Savulescu and Dominic Wilkinson. First, the authors want a license to permit seriously ill COVID-19 patients to be consensually experimented upon—even if the research is dangerous. From, “Extreme Altruism in a Pandemic”:<sup>8</sup>

Competent people now, or in the early phase of their illness when they retain competence, should be able to make advance directives for extreme altruism. This might take the form of consenting now to trials of dangerous drugs. They could also consent in advance to other interventional studies of significant risk, if they would imminently die.

That might seem reasonable—assuming the tests would be aimed at saving their lives. But the bioethicists want to include potentially lethal experimentation in the license that would not benefit the patient:

When a patient will certainly die [Smith: a sometimes mistaken diagnosis] they should be able to consent while competent to experimentation being performed on them for others, even if the experimentation may itself likely or possibly end their life sooner ... even if it would not benefit the patient and may even hasten their death.

The authors then boldly plunge even deeper into the utilitarian swamp to urge “organ donation euthanasia” of COVID-19 patients in places where hastening death by doctors is legal:

Organ donation euthanasia could possibly apply to some cases of COVID-19 where life prolonging medical treatment is either withdrawn or withheld. In those jurisdictions where euthanasia is legal (Netherlands, Belgium, etc.), euthanasia could occur by surgical removal of vital organs under deep anaesthesia.

Savulescu and Wilkinson also want to allow experimentation on nursing home patients—even if they are not sick:

Some residents in nursing homes and care facilities are competent. Some of these may choose to take on significant risks in the war on COVID-19.... They could also be allowed to consent, with full disclosure of risks and no pressure, to take part in risky research which would accelerate the discovery of vaccines or treatments.

To prevent unwanted burdening of medical resources if the patient becomes ill, the authors would restrict the experimentation to patients who had “completed a living will indicating that they would not wish for invasive medical treatments in the event of becoming seriously unwell,” meaning nursing home patients could be intentionally infected with coronavirus and then, if they became seriously ill, simply allowed to die.

### **A duty to die**

Meanwhile, back at the Hastings Center Report, bioethicist Larry R. Churchill—who is himself age 75—advocates a type of duty to die upon the aged. From “On Being an Elder in a Pandemic.”:<sup>9</sup>

Does being elderly incur duties others do not have? I believe the answer is, yes, and foremost among these is an obligation for parsimonious use of newly scarce and expensive health care resources.

Here’s Churchill’s awful idea. Elderly patients—in other words,

those most at risk from the current plague—have the moral duty to go to the back of the line for receiving life-saving medical treatment and, when available, vaccines. If that causes them to die when they might otherwise have lived, that’s OK, because it illuminates “the integrity of elderhood.”

Enough. My point in writing this isn’t to merely highlight the many dehumanizing and invidiously discriminatory proposals—believe me, I have just scratched the surface—that have been made over the years by luminaries in the bioethics movement. Rather, it is a warning of how profoundly the “do no harm” principle of the Hippocratic Oath has been corroded by the so-called experts—meaning that if we yield control of our health-care public policies to a bioethical technocracy, these are the immoral values likely to be imposed on all of us. For our own safety and that of those we love—particularly the elderly, people with physical and developmental disabilities, and the seriously ill—we must societally isolate from the bioethicist pandemic. ♦

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*Award-winning author Wesley J. Smith is a chair of the Discovery Institute’s Center on Human Exceptionalism and a consultant to the Patients Rights Council. He is the author of Culture of Death: The Age of Do Harm Medicine.*

#### **Sources:**

1. [bit.ly/36j0ZmD](http://bit.ly/36j0ZmD)
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9. [bit.ly/3cNFEhN](http://bit.ly/3cNFEhN)

part of the solution. We have such a passion to be able to create content for our grandkids and their kids and others that we find the importance of it outweighs the risk that it takes for us to put a lot of money into this.”

In 2019, Brentwood Studios had a client list of over 50 organizations. In fact, the desire to work with such a wide variety of brands and platforms was the reason Bob and another *VeggieTales* executive decided to branch out on their own.

“*VeggieTales* was a wonderful place to be,” Bob says, “but in January 2007, we decided to start Brentwood Studios with the intent of helping all of the other kids’ brands that came to us for assistance in building their brand, but we never had enough time to do it well.”

They had their first client within 24 hours, and Brentwood Studios has remained busy since and making a difference in families with content that points kids to their Creator. ♦

## 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.*

### **Iran releases prisoners**

Although many Christian prisoners remain held in Iranian prisons, including Pastor Youcef Nadarkhani, others have been released to help stop the spread of COVID-19 in the facilities. Voice of the Martyrs-Canada reports that Rokhsareh (Mahrokh) Ghanbari, who was serving a one-year prison sentence, was released on March 2 and told on April 2 that she does not need to return. Amin Khaki also received word in April that he would not have to return. *Praise God that these believers are free and safer from infection. Pray for safety and good health for all Christians still imprisoned in Iran.*

### **Online worship interrupted**

Six Early Rain Covenant Church leaders were taken away from their homes during an online worship session of the Sichuan, China, church on Easter, April 12, International Christian Concern reports. The church has not been allowed to meet together since December 2018. The detained believers have been released. *Praise God that the members have been released. Pray that*

*Early Rain’s leaders will continue to find ways to share the Word with church members despite harassment from Chinese authorities.*

### **Chinese pastor arrested**

Pastor Zhao Huaiguo of Bethel Church in China’s Hunan province was arrested on April 2 on subversion charges, ICC reports. The house church has been frequently harassed and raided after refusing to join the Communist-approved Three-Self Church. *Pray for Zhao’s well-being and his ability to spread the Gospel as a result of his detainment.*

### **Chinese church demolished**

Even government-approved churches in China are no longer safe from hostile authorities. A Three-Self Church was demolished on Easter Sunday due to “safety concerns,” ICC reports. Donghu Church received approval in 2003 to be a Three-Self Church, but local Communist authorities have harassed the congregation anyway. One ICC representative says, “Under President Xi Jinping, even the Three-Self churches are no longer safe from the crack-down against churches. The government would like all churches to believe in the Chinese Communist Party, not God.” *Pray that all who profess Christianity in China would be able to worship together and that the Communist Party’s efforts to harass the Church would fail.*

### **Church allowed to meet**

A Baptist community in an Azerbaijan village is praising God for being able to legally gather for two hours each Saturday morning, VOM-C says. Pastor Hamid Shabanov received a letter from

the government that said it had “no objection” to the gatherings. *Pray the Aliabad congregation is able to meet after COVID-19 restrictions are lifted without any further government interference and that they will be able to encourage one another at all times.*

### **Woman to be flogged**

An Iranian Christian human rights activist has received a suspended prison sentence of three months for being near a recent protest, ICC says. The sentence for Mary Fatima Mohammadi also included a directive for her to receive a flogging of 10 lashes. She disappeared after her arrest before being discovered in a women’s prison, where, she said, she was beaten and suffered mistreatment, including two strip searches. She eventually was released on bail. *Pray for Mary’s safety and healing if she receives the flogging.*

### **Pastor framed by police**

An associate pastor’s house in Pakistan was entered by police as he was preparing to give his Good Friday sermon, VOM-C reports. When Sarfaraz Raja rushed to the scene, he was forced into a police vehicle and taken to a station, where fabricated evidence was created implicating him and his uncle in illegal alcohol sales. They believe the actions are the result of complaints he made earlier against local police. *Pray that charges will be dropped against Sarfaraz and his uncle and that officials will be convicted by God of their wrongdoing.* ♦

*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))*

are made to live in relationship, too—with family, close friends, and neighbors.

The secular researchers Sasse refers to have figured out that we're social creatures. And after years of study they've identified the four things humans need to be happy.

Not surprisingly, they're things the Bible described centuries ago.

First, they tell us, every human needs a family to love and who loves them. That's a vital part of what a healthy church provides. It's why Jesus once motioned

in the direction of His disciples and explained, "Here are my mother and my brothers! For whoever does the will of My Father in heaven is My brother and sister and mother" (Matthew 12:49-50). It's why Paul told the Roman church, "Love one another with brotherly affection" (Romans 12:10). And why he explained to the Ephesians that they were "no longer strangers, but ... members of the household of God" (Ephesians 2:19). The Church is the family our lonely neighbors long for.

Second, researchers have discovered that we need people we can trust and confide in. It's no coincidence that they echo the writer of Hebrews, who told us centuries ago, "to stir up one another to love and good works," and be constant encouragers (Hebrews 10:24-25). Like the author of Ecclesiastes 4, social scientists now inform us, "Two are

better than one, because they have a good reward for their toil. For if they fall, one will lift up his fellow. But woe to him who is alone when he falls and has not another to lift him up!"

Third, secular researchers have found that to be happy, people

**'Among epidemiologists, psychiatrists, public-health officials, and social scientists, there is a growing consensus that the number one health crisis in America right now is not cancer, not obesity, and not heart disease—it's loneliness.'**

need work that matters. In Sasse's words, they need "callings" that benefit their neighbors. Isn't this why Paul told the Corinthians to, "always [be] abounding in the work of the Lord, knowing that in the Lord your labor is not in vain" (1 Corinthians 15:58)? And it's no surprise that the Bible teaches us to serve others "with a good will as to the Lord and not to man" (Ephesians 6:7). The church is where we labor together, motivated by love, and thereby find meaning.

Finally, researchers have discovered that people need a worldview that makes sense of suffering and death. Said another way, they need to be sure that "[God] will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things

have passed away" (Revelation 21:4). They need confidence that "this light momentary affliction is preparing for us an eternal weight of glory" (2 Corinthians 4:17).

We've known these things for centuries. Still, we should be grateful they're now cast in a new light.

They remind us that the Church possesses everything our lonely neighbors need. Let's be sure they see our fellowship and are joyfully welcomed into the family. ♦

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*Richard Doster is the editor of byFaith magazine and the author of two novels, Safe at Home and Crossing the Lines.*

Indeed, the hour  
is coming when  
whoever kills you will  
think he is offering  
service to God.

*John 16:2b*

Beginning in Genesis and continuing through Revelation, God's people have commonly faced opposition, persecution, and even death. For some reason, we are often surprised when this happens, but, in John 15 and 16, Jesus tells us this happens because the enemies of God also hate us, because they know neither the Father nor the Son.

Near the end of John 16, Jesus warns His disciples that they will all be scattered, each to their own homes. Then

He assures them, "I have said these things to you that in Me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world."

Brothers and sisters in Christ—take heart! We can have peace in Him no matter what we face! Our Lord has overcome the world!

For the Kingdom,



Ray King