

JANUARY 2021

Christian Health Care Newsletter

State of the Ministry

by Ted Pittenger, Founder and President

In difficult times, Christ is still on His throne

IT IS HARD TO BELIEVE that 2020 has already ended. The year was filled with challenges for Samaritan staff and members alike, many of which were related to the ongoing pandemic that seemed to change the world overnight. Through this turbulent season, one thing has not changed and never will change: Jesus Christ is on His throne.

None of the events of the past year caught Him off guard. He is the supreme Ruler of all things, and we can be confident in His faithful provision for His people. This past year alone, Samaritan members have reflected the Lord's faithfulness by sharing \$360 million in medical burdens. Samaritan staff and members around the world have also reminded one another of the Lord's faithfulness through hundreds of thousands of letters, phone calls, chat messages, and emails. As we venture into 2021, I encourage you to turn your gaze away from the fleeting challenges we endure and turn it instead toward our loving Savior. "For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord" (Romans 8:38-39).

As we remember the Lord's faithfulness to us, I would like to briefly share some of the ways in which He has blessed, challenged, and grown His ministry at Samaritan over the past year.

Senior leadership changes

For more than 25 years the Lord has faithfully provided the leaders the ministry has needed at the exact time we needed them. In 2020, we saw the departure of two key senior staff members. We continue to praise God for providing these men for a season, and we are grateful for their years of excellent service, their many accomplishments for the ministry, and their servant leadership.

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Samaritan™
MINISTRIES

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Member Letter:

SAMARITAN'S PRO-LIFE STANCE
ENABLED THIS MEMBER TO
CHOOSE HER HEALTH CARE

Thank you for the news you share about research, treatments, supplements, and ideas of how to get medical help.

I joined Samaritan Ministries years ago because you didn't support abortion. I couldn't find any insurance company that didn't cover abortion. I decided to go without health care rather than support abortion until a Christian friend mailed me information about Samaritan Ministries.

**Chris
WASHINGTON**



Sharing Summary | December 2020

NEEDS

\$27,553,745

IN NEGOTIATIONS

\$0

SHARES

\$28,123,209*

MEMBER HOUSEHOLDS

78,689

*Due to the Lord providing more Shares than Needs, we were not only able to share some January bills ahead of schedule but we also took a rare opportunity to offer a Share reduction of 3 percent.

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.
membership@samaritanministries.

PHONE MENU

1-1
1-2
1-3

Have a Need? Use the Health Resources App on Dash



- Compare quality and cost of health care services in your area using Healthcare Bluebook. Receive a \$250 reward when you send a screenshot showing you chose a green fair-price provider or obtained better than fair price.
- 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 may write a prescription (\$25).
- Access discount tools for prescriptions and lab tests.

Send a note. Pay your share. Always stay alert in prayer.

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The Morning Center Life Award

Matt Larson, right, of the Morning Center presented Samaritan Founder and President Ted Pittenger with this plaque recently in appreciation for SMI's support of the Morning Center.

The plaque reads, *"In recognition of your gifts exceeding \$500,000, we thank you for championing life, caring for moms in need, and desiring to see families renewed and restored through the gospel of Jesus Christ."*

The Morning Center is a charitable maternity ministry founded by Samaritan Ministries to help expectant families in need. It has facilities in Memphis, Tennessee, and Atlanta, Georgia. Matt Larson is executive director of the ministry. ♦♦♦



THE MORNING CENTER EXISTS TO PARTNER WITH THE LOCAL CHURCH TO PROVIDE PRENATAL THROUGH POSTPARTUM CARE TO MOMS IN NEED, IN THE NAME OF JESUS.

morningcenter.org

Samaritan families serve children in need through adoption, fostering

by Samaritan Ministries staff

Couples tell their stories in Sanctity of Human Life Month of how they came to welcome children needing a home

Part 1 of 2

A father to the fatherless, a defender of widows, is God in his holy dwelling (Psalm 68:5).

ADOPTION, AS SAMARITAN

Ministries member Kristine Thomas says, is God's idea. He has adopted us as His sons and daughters purely through grace (2 Corinthians 6:18, John 1:12-13).

When presented with clear guidance from the Lord, adoption and fostering are a great opportunity for us to shower that same love and grace on a child who needs it and to point someone to Christ.

"Adoption is the perfect illustration of what we have been given in Christ!" says Kristine, who was not only adopted herself but has adopted three children, including two as embryos.

"These children have done nothing to merit our favor, yet we have chosen them and brought them into our family. They share full rights of being called our sons and daughters, and all that comes with being in our family. They are full heirs to all we have. That is the beautiful picture of salvation! Believers have been given that



The Thomas family

which we do not deserve through Jesus Christ and are joint heirs with Him!"

As one way to mark Sanctity of Human Life Month, we spoke with several members of the Samaritan Ministries Community Facebook Group ([facebook.com/groups/samaritanmin](https://www.facebook.com/groups/samaritanmin)) about their experiences being an adoptive or foster family. Here are their stories.

Kristine and Tom Thomas

As a pro-life woman and an adoptee herself, Kristine had always wanted to adopt, but her three biological children kept her busy enough. After her first

husband passed away and she was unable to conceive with her second husband, Tom, they prayed and studied Scripture. They decided to adopt through a Christian website that matched families with moms in crisis pregnancies.

"Tom and I were in the room when Luke was born," Kristine says. "We watched this precious mother make the gut-wrenching decision to give her child up."

The adoption has been open, meaning the adopting family and the birth mother keep in contact. The Thomases and Luke recently

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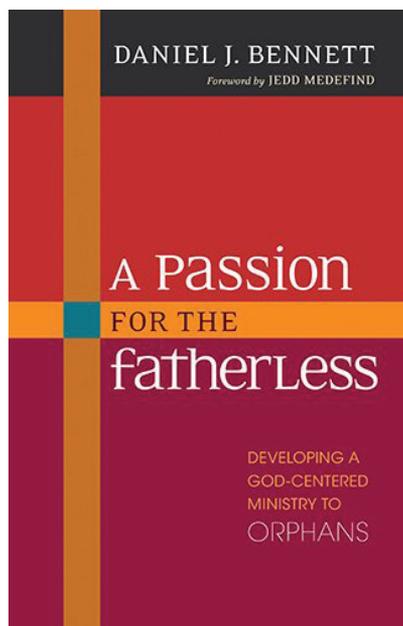
A Passion for the Fatherless

by Daniel Bennett

The following is an excerpt from *A Passion for the Fatherless: Developing a God-Centered Ministry to Orphans* (Kregel, 2011). The author, Daniel Bennett, is currently the teaching pastor of Bethany Community Church in Washington, Illinois (www.bethanycommunitychurch.org). He wrote the book while serving as a family pastor at Bethany Baptist Church in order to help motivate and prepare families to care for orphans in a God-glorifying way. By God's grace, families at Bethany Community Church have adopted 44 children and hosted numerous children through foster care and Safe Families. In the first chapter, Bennett discusses the unique motivation that drives Christian adoptions.

WHEN WE ADOPTED Ellie, we stayed at a hotel that was right next to the U.S. embassy. There were about five other families staying at the same hotel, all of whom were adopting children. When we went to our embassy appointment, about twenty more families were there with the children they wished to bring back to the states.

As we talked with some of the families who were adopting, we encountered people from diverse walks of life. Some were from the Northeast, some from the Southwest, some were old, some were young, some were married, and some were single. Each had a desire to welcome a new child into



their home. I am confident that they all intended to love that child and provide him or her with the necessities of life: food, clothing, shelter and a place to belong.

My point is that caring for orphans is not a strictly Christian phenomenon. There is nothing unique to Christianity about providing for orphaned children. Every day, unbelievers care for orphans. They visit orphanages. They donate to UNICEF. Every day, unbelievers bring children into their home. They provide for them, they care for them, and even love them as they commit to sacrificing of themselves for the benefit of their children.

The uniqueness of Christian orphan ministry flows from the

uniqueness of the Christian's understanding of the purpose of his or her life. In Ephesians 1:3-14, we see that God is the agent of grace, we are the recipients of grace, and—here is the crucial part—the purpose of all that he does is to magnify his glorious grace. Let me say this in a different way for greater clarity and emphasis: God's ultimate purpose in saving you is not your redemption but his glory! Fortunately, the two are not mutually exclusive. The former is a means to the latter.

A mother holds her adopted baby in her arms for the first time and experiences profound joy. Imagine you were to try and analyze why she was so happy at that moment. You ask her: "Has the child done something for you? Did he promise to someday pay you back? Is he going to get back some of your attorney's fees?"

"Of course not," she replies. "I am filled with joy because he is my son."

And then you look at the baby and you see that he too seems pretty happy. He coos and holds his new mother's finger and giggles as she uses the index finger on her other hand to tickle a spot on his neck. Her smile grows wider. "Why are you more happy?" you ask the mother. "How does his happiness make you happy? Shouldn't you just focus on your own happiness

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spent a weekend celebrating his 10th birthday with his birth mom and her parents.

However, since the family's biological children were much older, Tom and Kristine wanted more children so that Luke wouldn't be, in essence, an only child. The adoption website they had used was closed, but Tom had found out about embryo adoption, in which frozen embryos left over from an in vitro fertilization effort are implanted in another woman's uterus for her to carry to term.

"Ever since I found out that there were 'snowflake babies,' I wanted one, two, three, 10 ..." Kristine said.

The first two "transfers" of embryos did not develop. "God ushered those children into His presence in His timing," Kristine said. But a third transfer took, and Kristine gave birth to twins in 2012.

"Definitely pursue embryo adoption," Kristine said. "Just be open to the Lord's leading and what He has for you. It's an amazing experience."

It's also a pro-life action, since frozen embryos are at risk of never being given the chance to develop in the womb, especially if the technology keeping them frozen fails.

Kristine warns that adoption also comes with sometimes unknown challenges, since all children may have behavioral or physical needs that don't appear until they start growing up.

"But I don't want to be a stumbling block to someone in the Body the Lord is calling to adopt," she said. "When God calls you to something, He also equips you. He will provide."



The Wright family

Christopher and Rebecca Wright

Adoption was something Christopher and Rebecca knew they wanted to do even before they were married. They also knew they wanted to adopt "someone who has been overlooked their whole lives," Rebecca says.

They were looking for a child at least over age 4 but closer to 11 to 13 years old.

"We went in with the mission to change somebody's life and give them a second chance," Rebecca says.

The percentage of children becoming adopted after age 4 goes down. By age 10, the number is cut in half, and, by the time a child hits age 17, it's less than 1 percent. With those odds it would seem reasonable to believe that adopting an older child would be easy, but Christopher and Rebecca kept getting rejected.

After taking a break in their

search for a bit, they attended an adoption event. And there he was, a tall, skinny kid with a broken arm playing basketball. Aaron was 17 years old, and, when he was told Christopher and Rebecca wanted to talk with him, his eyes filled with tears. For two hours the couple sat and listened as Aaron filled them in on his past, and they knew this was the child for them.

It took months of prodding and pleading with the adoption agency to give them a chance. They were told he wasn't a good fit because they weren't certified to handle someone with Aaron's multiple placements, followed by running away from those placements. They were told to move on, that there would be other children. Finally, after four months of begging by the Wrights, Aaron was placed in their home as an emergency foster placement to ensure that they could petition for adop-

tion before he became too old. Two weeks before his 18th birthday, Aaron was adopted after spending years in and out of foster care.

In 2019, the Texas Alliance of Child and Family Services named Christopher and Rebecca Adoptive Parents of the Year.

"We were floored because for us we weren't doing anything spectacular," Rebecca says. "We were just doing what was right. This is our calling."

One of the greatest blessings for them has been watching Aaron not only graduate from high school, something he was told he would never be able to do, but graduate early, get a full-time job, and start living on his own.

"If you're pro-life, you care for all life, not just babies and the elderly but all walks of life and all ages," Rebecca says.

Lon and Diane Mapes

Lon and Diane Mapes had a desire to adopt from the beginning of their marriage.

"We didn't need our child to come from our genes," Lon says. They were open to adopting early on or in the future, possibly after having a few children biologically.

It turns out God was working in their hearts for the road ahead.

Diane developed a health condition that, according to doctors, would require in vitro fertilization treatment if the couple wanted to try to conceive. The other option was adoption, and the Mapes felt this was the Lord urging them to pursue adoption. After all, Diane says, "It was in my heart to adopt even before I got sick."

In 2005, Lon and Diane adopted

Kylee when she was 8 months old. Two years later, they brought 22-month-old Ashley home. Both girls, now 16 and 15, respectively, were born in China. The one-child-per-family policy was



Lon and Diane Mapes with their daughters

still being enforced in China at that time, and because of societal pressures to have a male child many baby girls were being abandoned.

The Mapes are passionate about adoption, including special needs adoption. Their youngest daughter, Ashley, was born with a bilateral cleft palate that has required surgeries and years of therapy. Living next door to a large medical center put things into perspective for them.

"We thought, 'We have the resources and relationships needed to help a child here at home with a condition that might otherwise go untreated in their birth country,'" Lon says.

"You can't change the world for everyone, but you can change

the world for a child you adopt," Diane adds.

The adoption process was "a lot of work," the Mapes say, but are quick to add, "It's so worth it."

Diane encourages those who

are considering adoption or going through the adoption process to remember that adopting a child "is not some random thing or accident." If God wills it, it will happen.

Marcia and Thomas Bisel

Before they even had biological children of their own, both Marcia and Thomas Bisel had a heart for adoption.

"It was unique," Marcia says, "as most couples don't both share in the desire to adopt. Many times, it is one or the other spouse."

However, even though the Bisels knew from the start that they wanted to bring children who were

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not their own into their home and make them their own, it took many years of waiting and praying.

"We really feel it was the Lord that gave both of us the desire to adopt, and we did not really know why," Marcia says. "We just felt that it was something that God had really given both of us and that someday it might start to happen. You do start to doubt it though, because it was so many years later when it finally happened. But you just have to start taking those steps of faith and that direction that if this is what God is really calling you to—which it sure felt like He was calling us to for a really long time—then we just have to trust that it will play out, and it certainly did," Marcia says.

At the end of 2016, God brought an 8-year-old daughter and a 2-year-old son as foster children to the Bisels. The family adopted them in 2017.

"We were the anomaly," Marcia says, "because we wanted older children."

Nearing 50 years of age and with their biological children of their own then 16 and 20 years old, Marcia and Thomas were past the baby and toddler stage.

"It is a rarity that someone wants to adopt an older child or a sibling group, but those kids are just as much in need of a home and a family, too," Marcia says. "I really want to encourage people to consider adopting an older child.



The Bisel family

That certainly brings along with it a lot of things, like trauma, but there are resources and support to help with that, and it is so worth it to be a part of God's work of redemption in these children's lives, as well as His work in our lives. It is truly our joy and gain."

With the adoption of older children, of course, loss is involved. And the older the child is when he or she is removed from his or her biological family, the more trauma and the more grief there is going to be.

"Loss is such a big part of adoption," Marcia says. "In your excite-

ment and joy, you have to remember that this child has experienced so, so much loss."

Nonetheless, Marcia says that loss is balanced by tremendous joy.

"One of the highest highs of adoption is getting to be part of these kids' stories and watching first-hand what God is doing in their lives, and then be able to be some small part of that," Marcia says. "It blows my mind every day. I think, 'Why did you pick me, God?'" ♦♦♦

Kathryn Nielson, Brittany Klaus, Andie Dill, and Michael Miller contributed to this story.

"One of the highest highs of adoption is getting to be part of these kids' stories and watching first-hand what God is doing in their lives."

Explore your options for childbirth

by Chandra Lattig of Pregnancy By Design

There are four things you can do right now to reduce your risk for unnecessary birth interventions.

First in a series.

EVERY MOM LOOKS forward to meeting her baby with happiness and excitement. However, given COVID-19 fears, bringing your baby into the world can be a bit unnerving.

But it need not be this way! Now more than ever is a great time to explore your options for childbirth.

Here are the four key things you can do right now to help reduce your risk for unnecessary birth interventions and put you and your baby in the best position for a positive and healthy birth.

1. Person (YOU)

Why are you, the person giving birth, so central to the process?

We believe this is God's intended design for growing families. If you are pregnant, you are the one who was given the special job of carrying and delivering your baby. You are built and designed to do this!

The key to having a successful birth—one that gives you and your baby the best start possible, and is not traumatizing—is choosing a Provider, a Place, and creating a birth Plan that all work together around you, the Person giving birth. Your values, your history, and even your personality all play a large role in your decisions and in how you

communicate those decisions to your birth care team. Your mental "game" during birth also plays a significant role in how you cope and make decisions during labor. Many women don't realize how important these "inside" factors are until they've been through the birthing process once already. If you haven't yet explored your underlying thoughts, feelings, hopes, and fears about birth, this article will help point you in the right direction.

2. Plan

Why plan? The sad reality is that just hoping things will go well without any plan is not enough when navigating today's maternal health care system.

Our culture doesn't do a good job of preparing women with the information needed to have healthy, normal pregnancies and births. Most expectant couples are unaware that:

- 32 percent of women in the U.S. will have a C-section. This is double the World Health Organization's recommended rate of 10-15%.
- The number of women dying in childbirth each year has nearly doubled in the last two decades!

- 1 out of 3 women today are experiencing traumatic births, and many more are disappointed and unhappy in the outcome of their births.

These are pre-COVID-19 statistics and shed light on the fact that the U.S. maternity care system was in crisis long before the coronavirus pandemic. Now, maternity care is being further affected by COVID-related restrictions that can negatively affect a mother's timely access to care and the support people she needs during birth.

I don't share this with you to cause fear, but rather to empower you toward a knowledge that God has fearfully and wonderfully designed you to bring your baby into the world. Most of our culture's beliefs about birth as depicted on screens tell us stories of panic and emergency medical interventions. You may have even heard stories from well-meaning friends or family members about how hard and how long their labor was. What we hear and think about birth is powerful in shaping how we believe labor will go for us, too. This is why gaining education about your body's design and ability to give

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birth, and making truly informed choices, is so instrumental. Research has shown that the number one predictor of having a positive birth experience is when women feel supported and have autonomy (play an active role) in their birth decisions.

The best two ways you can begin to play an active role in your birth are to:

- Take a physiologic childbirth class to give you a thorough knowledge base, and
- Write a detailed birth plan reflecting your values and preferences.

Childbirth education makes a huge impact on how you choose

to bring your baby into the world as you learn about how God has designed your body to give birth. The more you learn about how God has created each stage of labor and how it unfolds, the more inspired, amazed, and confident you will be in your ability to give birth. A good natural birth course should help you gain a better understanding of your options and your desired birth preferences. You may consider an online class as you can take it from the comfort of your own home and go at your own pace. It should explore topics like:

- How your body works, how birth works
- Choosing a provider that aligns with your beliefs

- What to expect in the world of maternity care
- The choices and decisions you'll face in childbirth
- Tools to identify what needs you have
- How your spouse can help support you
- Tips and tricks for managing labor
- Confidence and positivity about birth.

Next, you will want to write your preferences down in a birth plan. A birth plan helps you to define and express your birth preferences. Many pregnant women already have preferences that lean more

Pregnancy by Design resources available to Samaritan members

Free Birth Profile Assessment

A personal childbirth questionnaire designed to help you make more informed choices in your birth care. You will learn about the seven key areas that influence your birth experience – your personality, your beliefs about birth, your birthing place, your health care provider, and your birth knowledge. Free through the end of February 2021 with code SMBIRTH2021 at pregnancybydesign.com/courses/birth-profile-assessment/

Beyond the Birth Plan Childbirth Course

A comprehensive childbirth course that focuses on YOU, the laboring person, instead of a one-size-fits-all method for birth. Labor is a unique and individual experience for each woman. The best labor preparation happens

on the inside, using many tools to help you relax, focus, and welcome your baby. pregnancybydesign.com/courses/beyond-the-birth-plan-childbirth-course/

The Complete Guide to Writing a Birth Plan

A step-by-step walk-through of the most important aspects of creating an effective birth plan. pregnancybydesign.com/complete-guide-to-writing-your-birth-plan/

40 Weeks to a Better Birth

Weekly pregnancy tips, updates, encouragement, recipes, pregnancy exercises & more to help you have a happy and healthy pregnancy and birth! pregnancybydesign.com/40-weeks-to-a-better-birth/ ♦♦♦

toward physiologic birth even if they are not acquainted with the term, preferences such as:

- A private, peaceful birth setting
- Being free to eat or drink during labor rather than being restricted to ice chips and clear liquids
- Ability to move around during labor
- Delayed cord-clamping
- Labor pain relief measures other than pain medication, such as birth ball, water birth tubs, shower, etc.
- Time to bond with baby immediately after birth

Provider

Choosing a prenatal care provider is one of the most important factors you can control. Even if you have already chosen a provider, you will want to make sure you are with a provider who aligns with your beliefs and philosophies about birth. Your choice of birth provider is one of the largest factors in whether you will receive the type of care you desire and the likelihood of birthing by C-section.

How do you know if your birth provider is a good fit for you? Often, women don't find out that their provider has a different belief about birth than they do until they are in labor! To avoid this, do some research now: Interview your provider with specific questions and ask around and see if this provider really is supportive of your choices. Know that it is never too late in pregnancy to switch care providers.

As you consider what type of birth care provider to work with, I

strongly recommend interviewing a midwife as one of your options, especially if you are interested in a low-intervention birth. Midwives are experts in normal birth. Studies have found that low- to moderate-risk pregnant women receiving midwifery care (or who have access to collaborative care that integrates midwives) are more likely to experience low-intervention, spontaneous vaginal births, be satisfied with their care, and are less likely to have a first cesarean delivery—which improves outcomes for subsequent births.

In light of COVID-19, a midwife may offer you more accessible, less restrictive options such as an out-of-hospital birth. Many women think midwives only deliver at home, but many also deliver in hospitals and birth centers.

Place

The place you choose to give birth is as important as your choice of provider. Not all places are equal! When you choose a place to give birth, your odds of having a C-section are essentially the same as that hospital's C-section rate. Would you prefer to be among the 1 in 3 women having a C-section, or the 1 in 10? A hospital or birth center's C-section rate should be information that you can find ahead of time. As reported by Consumer Reports, C-section rates vary greatly from hospital to hospital, even within the same community. You can find out more about the care provided in each hospital you are considering on the Leapfrog Group ([leapfroggroup.org/hospital-choice](https://www.leapfroggroup.org/hospital-choice)).

Due to COVID-19, many families are seeking out-of-hospital birth

settings and having better-than-average outcomes. Perhaps you are considering the various risks and benefits of giving birth in the hospital, but do not know much about out-of-hospital birth options (homebirth or birth center) or are wondering whether these options are safe for you and your baby.

The safety of birth center care specifically has been demonstrated in several studies including the National Birth Center Study II, the largest study to date, which gathered data from 15,574 women across 33 states who had planned to deliver at a midwifery-led freestanding center birth. The study found that 93 percent achieved a normal spontaneous vaginal delivery, only 6.1 percent had a cesarean delivery, and 84 percent of women gave birth at the birth center with an urgent transfer rate of less than 2 percent. There were zero maternal deaths.

As you plan for your birth, remember that all aspects of your birth preparation should work together toward the birth you desire. It's impossible to guarantee a specific birth outcome. Labor is different for every mother and baby. But the bottom line is that every woman should be given the opportunity to know and prepare herself well and the autonomy to make birth care choices that center around her needs.

Stay tuned in upcoming newsletters as I delve deeper into improving maternal health. ♦♦♦

Chandra Lattig is the creator of the Pregnancy by Design program (pregnancybydesign.com), featuring many resources for expectant families including *40 Weeks to a Better Birth* and *The Complete Guide to Writing a Birth Plan*. Her team includes her husband, Ryan Lattig, Dr. Elizabeth Pearce, PsyD., and Dr. Nicole Bringer, DPT.

The Lord also provided some new senior leaders to the ministry. In February, we welcomed Will Cooper as our new Chief Information Officer. During his short time at Samaritan, Will has already fostered significant improvements to the ministry's data security, interdepartmental communication, and general IT processes. In April, Mark Zander joined staff as our Senior Strategic Planning Advisor. Mark quickly acclimated to our complex organization and has already improved our operating plans and strategic planning efforts so that the ministry's resources will be increasingly focused where they will have the most positive impact for Samaritan members.

We praise God for His abundant provision, and we watch with anticipation for what the Lord has in store for Will and Mark in the years to come.

COVID-19

Samaritan Ministries staff began tracking COVID-19 developments in January 2020. As the virus made its way toward our home state of Illinois, we were increasingly attentive as governmental and medical authorities speculated about the potential severity of the virus and how we might mitigate some of the perceived risks. In March, it became clear that our state was heading toward a shelter-in-place order for all "nonessential" businesses. Given our role in the health care industry, these restrictions did not apply to Samaritan Ministries. However, since so little was known about the virus and its associated risks, we moved 95 percent of the ministry's 400 staff members to

work from home. Thanks in part to the dedicated leadership of our staff COVID Task Force, we were able to make this monumental change in only one week.

One unexpected blessing that came from our move to remote work is our newfound ability to hire remote staff. We have been piloting remote work capabilities for a few years, but recent advances in our technological infrastructure and processes have allowed us to hire new staff members who work remotely from across the country—a first for Samaritan Minis-

This year alone, Samaritan members have reflected the Lord's faithfulness by sharing \$360 million in medical burdens.

tries. This change greatly increases our ability to recruit excellent talent to serve the ministry's members.

Although there are Samaritan members who have contracted COVID-19, we are very grateful that there are few reported cases among membership that have resulted in hospitalization or death. We continue to pray for the many families who have lost loved ones, suffered particularly severe cases of the virus, or experienced unfavorable changes in their careers due to this pandemic. It is my prayer that the Lord would give them a supernatural measure of comfort and peace as they trust

His perfect provision through this challenging season.

Classic deficit-turned-surplus

While we were sending many staff members to work from home, the ministry's members continued to share one another's medical burdens. Although we did not see a significant number of COVID-related Needs submitted for sharing, we did see Needs consistently increase over the first half of the year. By summer, it was clear that Needs in Classic were significantly outpacing available Shares.

Eventually, after prayer and fasting, the Board proposed a Classic Share increase to the membership. Samaritan Ministries is a member-led ministry, and part of how we live that out is by having members vote on whether their Shares will increase. The proposed Share increase ultimately was not approved, which could have resulted in a season of increased proration and Needs only being partially met through the ministry, but God had other plans.

Right around the time of the share increase vote, we saw a significant decrease in new Need submissions. Health care predictions indicated that we would see a corresponding surge in new Needs a few months later, but so far that surge has not come. In fact, the Lord has provided a miraculous \$26 million favorable swing in our sharing between May and December. Now, instead of a sharing deficit and the likely need for a substantial Share increase, we have been blessed with a sharing surplus and a Share reduction for the month of December. We do not

know what the Lord has in store for the coming year, but we trust in Him to provide regardless of what may come.

Samaritan Given

Early this spring, after a staff-only testing phase, we opened Samaritan Given to a limited number of existing Samaritan members to begin our Beta phase. By mid-summer, nearly 3,000 member households had switched to Given. They helped us test and improve many processes within the program and were gracious when issues arose. By late summer, the program was ready for a more intense test of its infrastructure and processes. We opened the Beta program to the public (i.e., nonmembers) in September and were pleasantly surprised with how many new members joined with little advertising. We began marketing the program publicly in November, which resulted in even more rapid growth.

By the end of November, we found that our infrastructure, staff, and processes were becoming overtaxed by the additional workload that came with rapid growth, so we decided to close the program to new starts on December 15 to allow our teams to focus on serving members well, improve processes where needed, and shore up infrastructure. We now have over 6,500 members in Samaritan Given, and we are grateful for their help as we continue to improve backend processes and support so that more members can join—and have an excellent sharing experience—when we reopen to additional members in 2021.

Slowed growth

Over the course of the year we have seen approximately 2% growth in total membership, which is much slower growth than in years past. Although slowed growth eventually has negative effects on available Shares, it has a more immediate impact on administrative revenues for the ministry. We are grateful for the Lord's provision because cash reserves that were saved during recent years of plenty allowed us to continue serving members to the best of our ability without layoffs and without reducing wages for ministry staff. We are grateful for the staff's positive response to budget cuts that were made in our stewardship of administrative funds.

We trust that the Lord will bring the right members to this ministry in His time, and we are working on our program design and marketing efforts to steward our opportunities for growth well.

Public Policy

2020 appears to have been the beginning of a season of increased public policy and regulatory challenges. In order to steward our administrative dollars well and improve the likelihood of success in the legislative and regulatory realms, we rejoined the Alliance of Health Care Sharing Ministries. We will pursue our common interests with the other member ministries in the Alliance (currently MediShare and Solidarity HealthShare) while we also work on our own for Samaritan-specific situations.

This year, we continued to navigate a significant challenge from the state of Maryland, which

alleges that no health care sharing ministry meets the requirements of their safe harbor legislation and are thus operating illegally as insurance. Samaritan Ministries is not insurance, and we have been working with our general counsel, local counsel in Maryland, and the Alliance of Health Care Sharing Ministries to demonstrate that SMI is lawfully assisting members within the state. For the time being, Samaritan will continue to operate as usual in Maryland.

We anticipate that unfavorable legislation will be proposed in several states in 2021, and we will be addressing those bills as needed in the coming months. Much of the discomfort regulators have toward health care sharing ministries is due to a few organizations that have not been operating transparently or ethically over the past few years. The Alliance of Health Care Sharing Ministries is working on an accreditation process for ministries that would help identify and protect the ministries who are following best practices for our industry and taking good care of their members. We endeavor to lead by example in this industry. You can see Samaritan's Best Practices at samaritanministries.org/about/transparency-legal.

A call to prayer

As you can see, we have many reasons to praise the Lord for what He has done at and through Samaritan over the past year. There are also many matters that we will be steeping in prayer in the

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months to come. We are blessed to have a membership that knows and experiences the power of prayer. We humbly request that you pray for the following items in the coming months:

- That we would all trust the Lord's perfect provision for our health care burdens.
- That staff and leadership would continue to steward the ministry's resources well as they seek to serve SMI members to the glory of God.
- That the Board of Directors and Senior Leadership Team would have wisdom as they lead.
- That SMI membership would be increasingly healthy amid the current pandemic, and that Shares would continue to outpace Needs.
- That Samaritan Given would be an increasingly fruitful venture and the ongoing backend development would effectively improve efficiencies and member experience.
- That Samaritan Classic and Basic would continue to be a blessing to our members and the many who will join in the coming year.
- That the Lord would continue to grow His ministry by bringing new households into membership in the coming year.
- That the Lord would protect the ministry and its members from unjust or overly hostile government regulation.
- That Samaritan Ministries and other health care sharing ministries would be used to spread the Gospel of Christ.
- That the Lord would be glorified through Samaritan Ministries International and its members.

Conclusion: The Lord is faithful

As we enter 2021, we can walk with confidence because "Your faithfulness endures to all generations; you have established the earth, and it stands fast" (Psalms 119:90). Let us not live in fear of the days ahead, but instead let us seek first the Kingdom of God and His righteousness. May we all keep our eyes on Him as we strive to love and serve one another.

For The Kingdom!



instead of his as well?"

"Of course not," she replies again. "My joy is increased as he finds delight in me. Our joys are not incompatible with one another."

The success of an orphan ministry in your life or in your church's life hinges upon rightly understanding this purpose of life and seeing how an orphan care ministry fits into that framework.

I would encourage an individual or church to think very carefully about why you want to be involved in caring for orphans. We must scrutinize our motivations and

identify wrong reasons that might compel us to care for a child.

Ultimately, what makes a Christian orphan ministry unique is its focus on the glory of God. No unbeliever approaches an orphanage with the thought of how God will be glorified in that place. No unbeliever cares for an orphan by praying that the worship of God would someday burst forth from the lips of that child.

All proper motivation flows from an all-consuming passion for God's glory. Consider the exhortation and motivation of Colossians

3:23-24: "Whatever you do, work heartily, as for the Lord and not for men, knowing that from the Lord you will receive the inheritance as your reward. You are serving the Lord Christ." Paul's point is that we should get excited as we consider our reward. The inheritance of God seems a paltry compensation for the person who is not passionate about God. For those who are filled with an all-consuming passion for his glory, no reward could be greater! ♦♦♦

Prayer for the Persecuted Church



Photo courtesy International Christian Concern

Terrorist attack kills four Salvation Army workers

A terrorist attack on a Salvation Army service post in central Sulawesi (Indonesia) resulted in the deaths of four Christians on November 27, International Christian Concern says. The terrorists, members of the Eastern Indonesia Mujahideen group, set the post's church on fire, then attacked four of the post's leaders. *Pray for the families who lost loved ones or their homes. Pray also for strengthening of faith for Christians in the Lemban Tongoa area and for their protection.*

Assemblies of God church illegally demolished in Cuba

An Assemblies of God church building in Santiago de Cuba was demolished October 30, allegedly to make way for train tracks, Voice of the Martyrs-Canada says. However, it is the only building in the area that was razed. *Pray for the congregation to find other ways to gather for worship and for wisdom for church leadership as they deal with the government.*

Sri Lankan pastor ordered to stop worship at his church

A pastor in Sri Lanka was ordered to stop worship activities on October 18 at his Assemblies of God church in Bakamuna, VOM-C says. The pastor and another congregant were taken to a police station at the end of a prayer service. They were chastised by the officer-in-charge for continuing worship despite opposition from Buddhist monks in the village. *Pray for this pastor and all Christians who are harassed in Sri Lanka by authorities and Buddhists.* ♦♦♦



Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.

HEBREWS 13:3

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.

FOR MORE INFORMATION ON THE PERSECUTED CHURCH:

International Christian Concern
persecution.org
800-422-5441

World Watch Monitor
worldwatchmonitor.org

In love He predestined us for adoption to Himself as sons through Jesus Christ.

Ephesians 1:4b-5a

Detach and use as bookmark on your refrigerator

THE DOORPOST

DEUTERONOMY 6:4-9; 11:18-21



Blessed be the God and Father of our Lord Jesus Christ, Who has blessed us in Christ with every spiritual blessing in the heavenly places, ... In love He predestined us for adoption to Himself as sons through Jesus Christ ...

EPHESIANS 1: 3,5

THE BELIEVERS WHO FIRST read these words were under Roman rule, and adoption had meaning that we could easily miss. Under Roman law, adoption of a son was irrevocable, his inheritance was guaranteed, and he could never be sold as a slave.

We have the same certainty, having been adopted by our Father in heaven and given every spiritual blessing in our older brother—Jesus. How astounding that God loves us that much!

Praise God that He loves us, adopts us, and blesses us as His sons!



For the Kingdom,
Ray King