

# The Center for Medical Missions'

## *e-Pistle*

### November 2009

---

Happy Thanksgiving! From the fullness of His grace we have all received one blessing after another. John 1:16. May you be mindful of the innumerable blessings you have enjoyed throughout this year. We pray you will have a wonderful time with family and friends as you celebrate the bounty of Gods goodness in the next day or two.

In case you have not heard, we had another remarkable Global Mission Health Conference in Louisville, KY a couple weeks ago. The participants' enthusiasm for finding the Lord's will and following Him in it was inspiring. Be encouraged. There are many young people who are anxious to join you in ministry. We will stay in contact with those we met and try to keep them focused on the goal. Thanks for praying for us as we seek to serve in this way.

In this issue of the e-Pistle, Dave Stevens continues sharing his thoughts on America's healthcare reform. I know this subject may not be important to everyone who receives this newsletter but I hope those ones will hold on for one more month. (No December e-Pistle) I think Dave will finish this series in January, then get back to sharing his thoughts on management/administrative issues.

I think you will find Rev. Key's devotional challenging. I know I did. Dr. Koteskey's article is appropriate for the month – Thankfulness. I hope you enjoy these. If you have comments or questions, please don't hesitate to write to Susan Carter at [susan.carter@cmda.org](mailto:susan.carter@cmda.org)

Here is the complete list of content in this month's e-Pistle:

- [Healthcare Reform - Part 2](#) – by Dr. David Stevens
- [Cura Animarum](#) – by Rev. Stan Key
- [Thankfulness](#) – by Dr. Ron Koteskey

---

### **Healthcare Reform - Part 2**

**By Dr. David Stevens**

Since I wrote last month a 1,990 page healthcare reform bill passed the House 220-215 with 39 Democrats and one Republican voting against it. The last minute pro-life Stupak amendment, that instilled the same language as the annual Hyde amendment, assured its passage when pro-life Democrats got on board. Other aspects of the bill are so bad that you can't help but wonder if it would have been better if the logjam had not been broken so that the whole thing would have gone down in flames. What aspects?

- Funny Money – The bill starts collecting added taxes and reducing Medicare benefits in the first year, but expenses do not start until after the third year when the programs activate (also after the next presidential election). That makes the cost artificially low at \$1.1 trillion dollars. They also excluded \$240 billion dollars in cost for increasing doctor's reimbursement. The actual cost is closer to \$2 trillion dollars for the first ten years.
- Taxes, Taxes Everywhere - \$729.5 billion dollars in new taxes on small businesses, individuals and other employers. These are job killers.
- The Bureaucracy Bear – This bill expands or creates 43 new entitlement programs and 111 new offices, bureaus, commissions and programs. Remember last month I told you we already spend one out of four healthcare dollars on bureaucracy. Now we will spend more.

A Senate bill came out last week and garnered 60 votes to start the debate. It perfects the use of the “new” math to come to \$848 billion in cost and triumphantly projects a \$125 billion lowering of the deficit over ten years. It includes \$370 billion in new taxes on cosmetic procedures, high cost health insurance plans, employers and individual. It cuts \$491 billion from Medicare for the elderly. Senate Democratic leaders reached these rosy projections using ten years of taxes to run the program for only five years. Outside groups put the true cost at around \$2.5 trillion over the first ten years it is fully operational. It is a fiscal house built on sand.

Okay, with that cheery news, let me get back to the second principle or ruler to evaluate any plan. Last month we covered “**Affordability.**” The next principle is:

**Accessibility** – Accessibility means getting the healthcare you need when you need it and getting the right level of care for your need. You do not need a high cost emergency room visit to take care of a routine immunization or a common cold and you do not want your acute myocardial infarction taken care of in a primary care office.

The main reason we have trouble with access is cost. The most common reason for personal bankruptcy in the US is unpaid healthcare bills. Many uninsured do not go to the doctor because they can not afford it and the uninsured pay many times more than patients with insurance for the same service - more on that issue when we discuss the principle of justice.

Who has trouble with access? It is not those who can not work or will not work and are poor. They qualify for Medicaid. It is the working poor, those that work for small businesses that cannot afford the high cost of health insurance and those that work for minimum wages. For some young people it is not poor pay but that they don't want to pay high insurance premiums when they have low risk for disease. It is also illegal aliens that work for cash and are off the social welfare grid. It is people between jobs who will not or can not pay the high cost of COBRA coverage.

If you subtract illegal aliens and those temporarily out of work from the 30 million uninsured, the actual number is about 12 million or 4% of the population. Access is a problem, but not as big a problem as it is blown up to be by those using it to justify a single payer system. Everyone can get health services without a credit or bank account check by walking into an emergency

room. Many do so; as do Medicaid patients. This is the most expensive place to receive care. Low acuity adult visits in Florida ER's in 2006 ranged from \$965 to \$1597 rising with age.

We need fundamental changes to provide cost effective comprehensive healthcare at the appropriate point of care. Not only would it save lots of healthcare dollars, and lower the overall cost of healthcare, people would be healthier.

Expanding Medicaid eligibility to 150% of the poverty level, giving federally subsidized insurance to the working poor (proposed for families with incomes up to \$88,000!) and creating a government insurance program will increase access, but also dramatically increase cost especially if there is no element of personal responsibility involved.

**Just and Fair** - The healthcare system should not operate like a sleazy used car salesman looking to see which customers it can take advantage of by charging different prices for the same product or charging for things it does not deliver.

Let me give you an example. I know a young recently married couple. The young girl had some adenopathy clinically thought to be benign. Due to her anxiety, she wanted it biopsied. It was done on an outpatient basis with local anesthesia and the hospital bill totaled over \$10,000 dollars. (It would have been much cheaper to go overseas and have it done at a mission hospital!) Why? Because she did not have an insurance company that had negotiated a discount for the services she received. Without anyone in her corner, the hospital gave her its highly inflated rates raising her cost from one to two thousand dollars to five times that amount. They even required that an anesthesiologist offer her general anesthetic. She stated she did not want it but when she got her bill she had a large fee for an anesthesia consultation. Her father-in-law, a physician went over her bill and found many supplies and service charges that she did not receive.

It is not just to charge those with the least means the most. The Bible calls this usury and condemns the use of "unjust scales" in our relationships with the poor.

After the couple paid thousands of dollars and the physician threatened to reveal the hospital's fraud, they relented and canceled the rest of the bill. Most of the working poor would have not had that kind of advocate. This type of billing is done in just about every hospital in the country and by many doctor's offices.

The insurance industry does this with employers and with practices. A large industry has much more clout to get favorable insurance premiums than a small one. Instead of pooling all their clients to determine premiums, an insurance company rates each small company based on their experience with their few employees. If a number of them get a serious illness or have accidents in one year, the company's premiums skyrocket the next year irrevocably. There is no correction for a year when there are fewer claims. Small practices also lack the clout to negotiate payment rates of large hospitals or multispecialty practices. This increasingly drives private practices and small groups out of business.

Add to these lifetime caps on insurance reimbursement for catastrophic illnesses and the inability of individuals to get insurance for a preexisting condition. All of these injustices need to be corrected in reform.

New inequities should not be created in a reformed system. For example, the reform proposed prohibits insurance companies from charging the elderly more than twice the premiums of the young. Great for older people but not really fair to young people who have very limited financial resources as they start their careers. Their premiums will go up dramatically.

Okay, enough for this month. Coming up next month we will discuss the principles of maintaining quality, ethics, prevention and personal responsibility.

Oh, one more thing. The tides of public opinion are shifting on the reform proposals on the table. A Rasmussen Poll today revealed that 56% of people oppose the healthcare reform bills in Congress and only 38% support them. That is a 5% - 6% increase in opposition since the last month. Some are predicting that politicians will be walking the plank on non-re-election if they continue to support these bills.

Stay tuned.

[Back to top](#)

---

## **Cura Animarum**

**By Rev. Stan Key**

Of all the excuses people offer today for unbelief, none is more common than this: *How do you expect me to believe in a God who is silent and invisible? If only he would show himself to me, then I'd believe. The problem is his absence, not my unbelief!*

A few months ago *The Washington Post* tried an experiment. The editors arranged for the world-renowned violinist Joshua Bell to play in a Washington, DC subway station. He wore jeans, a T-shirt and a baseball cap. He stood near a trash can not far from the turn-stiles. He placed the open violin case at his feet and tossed in a few bills and coins to prompt the morning commuters to pause, listen and give.

Only three days earlier, Bell had played to a sold-out crowd in Boston's Symphony Hall. In that setting people were willing to pay big money for the sheer privilege of hearing him play. Average tickets went for \$100, but a Washington Metro station is not where one expects to find a maestro. And who has time to enjoy music while rushing off to work?

That morning, playing his \$3 million Stradivarius violin, Joshua Bell serenaded the streaming masses with Mozart and Schubert. No crowds gathered. No one applauded. Few people even seemed to notice. After 45 minutes of a virtuoso performance, about \$32 had been placed in his case.

The purpose of the experiment, explained the editors of *The Washington Post*, was to discover whether beauty would transcend the banal setting and the inconvenient time of a subway station. Alas, it didn't.

When Jesus came he did not make his appearance at symphony hall. Born in a barn, raised by village peasants and trained as a carpenter, Jesus simply was too ordinary for most people to notice. Yet the music he played was like none the world had ever heard.

No, the problem of unbelief today is not the absence of the Master, but rather the petty distractions of those who pass by. We are too busy, too stressed, and too focused on ourselves and our concerns to notice who has stepped into our subway! The melody he is playing is simply drowned out by the noise of our mundane routines.

Friends, Jesus always comes in ways we don't expect and at times that seem inconvenient. Yet no one plays music like his! This morning, break free from the tyranny of the urgent. Disengage from your mundane preoccupations long enough to listen. Maybe, just maybe, the melody of grace will enrapture your soul!

*He who has ears, let him hear! (Matthew 13:9)*

[Back to top](#)

---

## **Thankfulness**

**By Ron Koteskey**

It is one of those days! When you leave the house in a hurry, your car will not start. After a crowded bus ride one of your colleagues meets you at the door to the building and tells you how one of the nationals has been lying about you. When you open your door, the office is a mess because someone had broken in during the night and trashed it looking for valuables that were not there. A few minutes later your spouse calls to say that two of your kids just woke up with high fevers.

Looking for some sympathy and encouragement, you approached a friend and began to tell what had happened. Before you could finish, your friend said: "Remember that Paul, an early missionary, wrote to the people in one of his churches, '*Give thanks in all circumstances, for this is God's will for you in Christ Jesus.*'" (*1 Thessalonians 1:16-18*).

You began to ask questions. Why be thankful? What if I don't feel like I have anything to be thankful for? Whom do I thank? What else does the Bible say? Let us consider these questions and more.

### **Why be thankful?**

Of course, one answer to that question is that the Bible says to. However, in recent years Robert Emmons, one of the leading scholars in positive psychology, and his colleagues have studied the

effect of gratitude on individuals. They have found that gratitude, wanting what you have, can measurably change people's lives for the better. Thankful people have the following characteristics.

- More alert and enthusiastic
- More determined and attentive
- More energetic and optimistic
- More progress toward goals
- More exercise and better sleep
- More forgiving and helpful to others
- Higher immune response/less illness
- Closer family ties
- Less stress and envy
- Less resentment and greed
- Less bitterness and depression

### **What does the Bible say?**

Since Paul was a missionary, what did he say in addition to telling people to give thanks in all circumstances? He was most often thankful for the nationals, even though they were far from perfect.

- *1 Thessalonians 1:2: "We always thank God for all of you."*
- *Philippians 1:3: "I thank my God every time I remember you."*
- *Colossians 1:3: "We always thank God...when we pray for you."*
- *Ephesians 1:16: "I have not stopped giving thanks for you."*
- *1 Corinthians 1:4: "I always thank God for you."*

### **What does it mean to be thankful?**

Being thankful means much more than children writing obligatory thank-you notes to Grandma for their birthday presents because their mothers insisted (Grandma may not give such a nice one next year). It is also more than the warm feelings one has upon receiving a gift.

When people are grateful, they recognize that the benefit they received was not earned or deserved; it was given freely by someone out of love or compassion. The word "gratitude" comes from the Latin *gratus*, from which we also get the theological term "grace." When people say that they have received something by the grace of God, they know that they did nothing to deserve it, that it was given out of God's love and care for them. The same is true when people give.

Gratitude researchers point out that being thankful involves recognition and acknowledgment.

- **Recognition.** This means that people must literally re-cognize, that is, think differently about something. For example, they may have resented something that caused suffering,

but they re-cognize the adversity to see that it resulted in growth that would have not been possible any other way.

- Acknowledgement. In addition to thinking about adversity differently, people must accept the good in their lives and affirm that there are good and enjoyable things in the world. They must have the humility to agree that they did nothing to earn or deserve the good that has come their way. Someone has purposely been kind to them, and that kindness has really helped them.

### **What if I feel like I have nothing to be thankful for?**

This is a question most often asked by people who live in affluence. They are people who fail to see the splendor of the rainbows through the rain or the beauty of the “weeds” in their lawns.

This “poverty of affluence” results from two things. First, people adapt to a culture of plenty, and then they need more to make them feel “thankful.” Of course, soon after they get “more,” they want even more. Second, people tend to compare themselves with neighbors who have even more. This comparison makes them feel like they have so little there is nothing to be thankful for. Again as soon as they get what one neighbor has, they compare themselves to a different neighbor, and they are again dissatisfied.

People who are alive and have basic needs met have much to be thankful for. They just need to re-cognize and acknowledge their situation

### **What can I do?**

People cannot conjure up true gratitude at a moment’s notice. No one can try to be grateful and through willpower make it happen. However, people can develop habits that, over time, will result in the disposition of thankfulness.

- Keep a gratitude journal. Each day actually write down the gifts, grace, and good things you enjoy. There is no need to worry about spelling or punctuation or have a fancy journal. Actually writing them down is far more effective than just thinking about them.
- Thank God. The Bible is filled with prayers of thanksgiving in the *Psalms* and other places that you can pray to God yourself. Churches have ritual prayers of gratitude you may want to memorize. Conversational spontaneous prayers are also effective.
- Use your senses. Take time to attend to what you see, hear, touch, taste, and smell. Odors often take you back to earlier good times. Songs bring back memories. Other sensations do the same.
- Take a walk of thanks. Walk through your neighborhood, your house, your school, or your church. What you see, hear, and smell will bring back memories.
- Watch your language. Depressed people often engage in negative self-talk. Thankful people engage in positive self-talk. You can change your attitude by changing what you say to yourself.
- Do something for others. When you do things that benefit others (for which they are grateful), you will find that you will become grateful yourself. Doing something for those who do not like us is particularly effective.

- Thank others. Gratitude is not just thoughts and emotions; it is actions as well. Verbally thank someone. Write a letter of thanks. Send an email of thanks.
- Make a gratitude visit. Deliver your letter of thanks in person rather than sending it through the mail.
- Make a gratitude phone call.

### **In all circumstances?**

Paul actually lived what he wrote. In his letter to the Philippians the words joy and rejoice occur fourteen times in the four chapters. He wrote that letter from prison while awaiting a trial which could result in his death (see Philippians 4:11-12).

For a more complete treatment of this topic as well as other topics please visit [www.missionarycare.com](http://www.missionarycare.com). Also please let your non-medical colleagues know about these free resources.

[Back to top](#)

---

The fastest and most secure way to give to CMDA is through our [secure online giving site](#). Your gifts will be used to continue and expand the critical work of CMDA as we minister to doctors, students and patients.

---

### **Center for Medical Missions**

PO Box 7500  
Bristol, TN 37621  
423-844-1000

[www.cmda.org/cmm](http://www.cmda.org/cmm)

To unsubscribe, send an e-mail to [susan.carter@cmda.org](mailto:susan.carter@cmda.org). Thank you.