



Written by [Raven Clabough](#) on September 6, 2011

Dr. Good: Medical Care Without Federal Dollars

Most notably, Dr. Eck is one of the founders of the Zarephath Health Center in Somerset, New Jersey, an organization that provides healthcare to the poor and uninsured. Most impressive is that the organization services their patients without receiving a single federal dollar. They are funded solely by donations and rely on volunteers.

Not only does the health center cater to the physical needs of those who utilize its services, but it addresses their spiritual and emotional needs as well.



Dr. Eck has been a leading proponent of free-market medicine and a staunch opponent of ObamaCare. Her facility wonderfully articulates the notion that the federal government is not a necessary component of charity, or of healthcare.

The New American's Raven Clabough had the opportunity to interview Dr. Eck and tour Zarephath Health Center.

The New American: *Your mission statement reads, “The Zarephath Health Center provides free healthcare to the poor and uninsured. The World Health Organization defines ‘health’ as a state of physical, emotional, and spiritual well-being. Our goal is to work on all three levels.” Can you provide the specifics of how your organization meets those needs?*

Dr. Alieta Eck: Physically, we can take care of 90 percent of the patients who come to us, without making outside referrals. That includes high blood pressure, diabetes-related illness, rashes, stomach pain, ear aches, etc.

Likewise, we cater to the emotional needs of our patients by offering necessary psychological treatment. For the most part, we deal with the underlying causes of our patients’ poverty — those that have contributed to the condition in which they find themselves. Sometimes people just need someone to talk to. We have patients that open up to us about their lost job, his or her husband or wife that left them. Some of them have no food for their kids, or are overwhelmed by the responsibility of taking care of their sick relatives. Many of our patients are students as well.

During intake, we try to assess our patients’ spiritual needs as well. We ask whether they attend church or if they have spiritual backing. We are careful not to impose our own faith or pass judgment on those who are not spiritual. We often offer to take part in prayer with the patients.

TNA: *Can you describe for TNA readers what the Acts 4 Project is and where the inspiration for the project was derived?*

Dr. Eck: That is something we’re still working on. The Acts 4 Project is something like insurance, but



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not quite. It's more like Christians helping Christians.

Those involved pay \$300 per year and take a pledge to pursue healthy life choices, including eating right, not smoking, exercising, not abusing alcohol or drugs, etc.

Families in the program are expected to budget for smaller medical services, of which 90 percent of healthcare bills typically fall, which eliminates the expensive middle man. The annual fee allows members access to a support network, and to a website where they can find low cost, quality medical care at negotiated prices.

In the instance that members are faced with larger bills such as hospitalization bills, members of the Acts 4 Project provide voluntary donations for those members that need the assistance.

Non-members who have their own insurance often ask to be placed on a list so that they may be aware of the needs of those involved in the project.

TNA: *On April 28, 2004, you testified before the Joint Economic Committee on the marked changes within your profession, and in particular, on the state of medicine in New Jersey, specifically describing a number of failed insurance programs including the Individual Health Coverage Program. Have there been any improvements in those areas since your testimony, or has the situation worsened?*

Dr. Eck: No improvements at all. Insurance is still extraordinarily expensive. The healthcare in my state of New Jersey has been virtually ObamaCare since 1992, as it operates with community ratings and an inordinate number of mandates.

TNA: *Has Governor Chris Christie taken any steps to improve healthcare in New Jersey?*

Dr. Eck: (laughter) Well Governor Christie has been so preoccupied with the budget and the labor unions that he has not had much time. I imagine it is an area that he would be interested in tackling and may very well do so once he gets those things under control.

TNA: *According to the website for your facility, you were greatly inspired by Marvin Olasky's book The Tragedy of American Compassion. How does that book affect operations at this facility?*

Dr. Eck: Olasky's book outlines what he calls the Seven Principles of Compassion, which are virtually the standards by which we function. The first principle is to be "assertive," and by this we mean that we are actively seeking ways to meet the needs and social ills of our patients. The next principle is "basic." In other words, we believe that those closest to the patient are best qualified to meet that patient's needs, like the family, the church, the community, and then perhaps local and state government. The idea that the federal government is capable of meeting those needs is virtually antithetical to our belief system. The third principle of compassion is to be "challenging." We believe it is proper to apply gentle pressure to those we aid, instead of pampering them, so that they may develop the character to become more self-sufficient and rely less on government aid. Principle four is "diversity." We apply individualized care to our patients, not cookie-cutter care. The next principle of compassion is to be "effective." In other words, we seek to differentiate ourselves from the bureaucracies that practically govern healthcare. Instead, we utilize the unique qualities of our volunteers to help change lives. We are focused not on the quantity of people we treat, as is the case for the bureaucracies, but on the quality of care we provide. The sixth principle of compassion is to provide "faith-based" services. This principle rests on the belief that Christ-centered charities are more effective in combating social ills like poverty than our non-religious counterparts. The final principle is to be "gradual." We continually reevaluate the results of our program to assure that we are doing the best we can for each of our



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patients.

TNA: *How has medicine been impacted, whether negatively or positively, by the passage of ObamaCare?*

Dr. Eck: Any time government gets involved in any particular area, there are problems. They meddle, they coerce, they restrict, and in the case of healthcare, they underpay for the services provided, all while taxing taxpayers beyond their ability to pay. Most of the time, government programs are inefficient. In medicine, federally qualified health centers cost 10 times more. Meanwhile those working in “government charities” make a lot of money, but taxpayers are being fleeced.

TNA: *What do you contend is the best solution to the problems plaguing American healthcare?*

Dr. Eck: The free market. We believe that doctors should consider taking over charity as well, which would have a number of positive consequences. It would revitalize their private practices because once those people who received the charity get on their feet, they will be more inclined to utilize the private practice of those generous physicians. We have already seen a decline in the number of practices owned by physicians from two-thirds to nearly one-third. This would be a positive stepping stone to encourage growth of private practice once again.

Unfortunately, doctors are discouraged from providing pro-bono services because of fear of malpractice suits. This is why one of our biggest drives is for tort reform to help improve the medical profession.

TNA: *How would tort reform help the medical profession, and help to encourage physicians to volunteer their services?*

Dr. Eck: Well, for example, 20 percent of tests performed by doctors are done for liability purposes. Tort reform would certainly lower the cost of Medicare as well as private insurance. Doctors are expected to function properly despite constant fear or threat of malpractice suits.

We are pushing for legislation in New Jersey that would set the stage for a deal between doctors and the state. If doctors donate four hours of service each week, the state would cover that doctor’s medical malpractice. We believe if the state agreed to this, more doctors would volunteer their time and services.

TNA: *Your facility not only seems to personify biblical teachings, but appears to be more successful than government attempts at charitable agencies. Have you worked with other physicians to help them develop organizations or create facilities that operate in a similar capacity to yours?*

Dr. Eck: Yes we have. We are currently working with a physician, Dr. Robert Villare, in South Jersey, who is also running for assembly, which is very exciting. He is looking to start a free clinic. We are also interested in helping a church in Basking Ridge to start a free clinic. The fact that our church has grown from 200 to 2,000 encourages other churches to do the same.

I’ve also appeared on Freedom Watch with Judge Andrew Napolitano on the Fox Business Network, which was an excellent forum for me to talk about our facility and spread the word that things like this can be done, and successfully.

The bottom line is that the culture of caring is very attractive to people, and we find that people are always willing to take part in truly charitable endeavors.



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