



Crash-and-Switch: Three Easy Steps to Single Payer

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This week a [news article](#) is making the rounds from our friends to the north about a 68 year old patient who is recovering from major surgery in the hallway of their local hospital. Unfortunately, it is only one of many such stories we hear about on a regular basis, many of which do not end up being shared on social media.

This article is shocking to those of us who consider this type of treatment barbaric, and not up to the standard of care we are used to seeing in the United States. However, what is more shocking than the article, are the comments in this linked article and in sites where the article is available.

Some of the comments are indicative of the righteous fury you would expect; but what is more disconcerting are those individuals who seem resigned to the situation stating that it is a common occurrence and seemed to be resigned to this type of treatment. The general feeling is more 'it is a shame' and less 'this must not be tolerated.' This is a shining example of the plight of a generation of people who have been subjected to government run healthcare for their entire lives; where recovering in a hospital hallway, with the threat of infection and constant upheaval inhibits recovery, is something they shake their heads at and say how unfortunate it is.

Many are in on the joke that Obamacare was never meant to succeed. It was written in such a way that true compliance is nigh impossible for the vast majority, and the mechanisms it has put in place are entirely unsustainable.

The joke is that the true goal of Obamacare was not actually a bait-and-switch, but a **Crash-and-Switch**. Their Crash-and-Switch plan will be accomplished in 3 easy steps:

1. Set up a way for the government to be involved in all insurance policies and health plans to have access to everyone's health data:
 - a. *Force as many as possible onto the exchanges. (done)*
 - b. *Force insurers and self-funded Plans to feed data to HHS through the use of the new Health Plan ID. (done)*
2. Annihilate the current system:
 - a. *Outlaw health benefit plans that are not generous enough, levy heavy taxes on plans that are too generous. Keep everyone guessing as to what is and is not allowed to be covered so you can fine at will even when the defendant is within the 'spirit of the law' and operating in 'good faith'. (in process)*
 - b. *Bankrupt employers with excessive fees and fines for impossible to comply with regulations in order to force them to drop their employee coverage which feeds back into Step 1. (in process)*
3. Eliminate physician independence:
 - a. *Reimburse hospital employed physicians at a much higher rate than independent. (done)*
 - b. *Outlaw physician owed hospitals so the government friendly hospitals get all the patients. (done)*

This Crash-and-Switch plan is already 2/3 of the way complete. As our country continues debating the validity of a single payer system which, in truth, is a government run system, we must continue to press against the tide and make our voices heard. If we fail in our endeavors to create a thriving free market system, being forced to recover while lying in the hallway of an overcrowded hospital is just one of the benefits we can look forward to in the future.