The people of Oregon do not want single-payor healthcare, and it is not the only way to achieve universal coverage. Germany, the Netherlands, and Japan all have universal coverage far superior to single payor countries such as Canada and the UK, but they do not have single payor.

Single payor systems universally lead to rationing and dissatisfaction, and a state-level single-payor system is fundamentally incompatible with federal income tax law. The best path forward is to build on the Bismark plan of the ACA but remove the insurance profit motive. This can be done by revoking the corporate charters of for-profit insurance companies and re-chartering them as not-for-profit and chartering public options similar to the state's successful worker's compensation enterprise, SAIF.

As for the empty slogan, "medicare for all" - it's important to note that prior to the creation of Medicare and Medicaid, the United States had a functioning universal healthcare system based on sliding scales and charity care. The average individual with full insurance had 5 doctor visits per year, but the average uninsured individual still had 4.1 visits per year on average. The creation of government programs in retrospective analysis "primarily lead to the transfer of wealth from lower and middle class workers to middle and upper class healthcare professionals." These programs also lead to bloated salaries in the healthcare sector and the cost estimates for the creation of Medicare were wildly underestimated.

The Oregon Medicaid expansion experiment proved that giving people health insurance does not improve health outcomes. In fact, newer analysis of the data correcting for surrogate markers such as cholesterol levels that have now been found to be invalid shows that giving Oregonians the Oregon Health Plan made them SICKER. The reality is most of the modern allopathic medical establishment causes net harm to patients. Most preventative care is worthless. Psychiatric drugs only cause harm, the entire Cancer industry is a failure, Vaccines increase all-cause mortality and cause chronic autoimmune conditions, Screening for disease leads to overtreatment and iatrogenic harm, and a recent evidence based review of the practice of an annual checkup found it to cause harm. There are a few bright areas such as progress made by the cardiologists - but most healthcare could be easily limited to urgent care and emergency medicine without a detrimental effect on the population. An Institute of Medicine study recently found the #4 cause of death was medical malpractice, and the #3 cause of death in the US is prescription drugs used as directed - in other words, the #1 cause of death in the US is Medicine.

I fear the secret motives behind expanding an already bloated and harmful healthcare industry via a massive wealth transfer may be more sinister. That doesn't mean everyone who supports the concept of single-payor is in-on-it, but that's part of the game: push a policy seemingly on behalf of society, recruit supporters who you quietly control, then weaponize them to your own ends. Supporters of single payor come off as authentic because they truly believe in it to the point they can't look at it critically or question the motives of their leaders. When you open up the Rockefeller-Institute model of doctor training and medical regulation with its heritage in the Flexner report, you start find the ugly heads of eugenics and population control. It's not surprising that in Nazi Germany, Doctors were the #1 profession to join the NASDP and the #1 represented profession in the SS. The type of person who becomes a doctor and excels in our modern training system (which turns doctors into unthinking technicians) is also the type of person who would implement something like Action T4 or conduct the Tuskegee experiment or kill patients with Remdesivir because Anthony Fauci says so. In a single payor system, the doctor doesn't work for the patient.