

# Grassroots Medical Freedom Group Seeks to Replace 'Conveyor Belt' Medicine

*CCHF aims to restore critical thinking and heal the doctor-patient relationship*

PREMIUM HEALTHCARE SYSTEM



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Twila Brase, 2023 (Courtesy of Twila Brase)

As medical freedom continues to flatten under the weight of bureaucratic paperwork, an organization advocating for independence from restrictive insurance regulations is seeking to restore critical thinking in health care. Its goal is to heal the doctor-patient relationship by removing the “conveyor belt method” of treatment—the product of an increasingly socialized medical system.

Twila Brase is a nurse and co-founder of the Minnesota-headquartered Citizen’s Council for Health Freedom (CCHF), and founder of [The Wedge of Health Freedom](#). She is the author of [“Big Brother in the Exam Room: The Dangerous Truth about Electronic Health Records.”](#)

“Our organization is building a new framework for health freedom, a parallel system of cash-based care at every level, including a return to real insurance—the indemnity policies that pay the patient, who uses those dollars to pay the doctor and hospital, with no outside interference,” Brase told The Epoch Times.

The new framework is designed to return to the personalized doctor-patient relationship, currently diminished by mandated, standardized protocols that have hijacked the physician’s autonomy as a practitioner and have reduced the patient to a mere source of data.

## Big Business Takes Over Medicine

“The mission of medicine has been overtaken by the business of health care,” Brase said.

Brase details where this process began in her 2001 article, [“Blame Congress for HMOs.”](#) She charts how—after the 1965 enactment of Medicare and Medicaid—“literally overnight, on July 1, 1966, millions of Americans lost all financial responsibility for their health decisions.”

Since that time, the freedom of doctors to maneuver through the narrowing walls of the administrative labyrinth has only lessened, while the cost to the patient for medical care has continued to rise.

According to Brase, the propagation of HMOs (health maintenance organizations), stemmed from a financial crisis caused by the launch of Medicare and Medicaid.

“Offering ‘free care’ led to predictable results,” Brase writes in her article. “Because Congress placed no restrictions on benefits and removed all sense of cost-consciousness, health-care use and medical costs skyrocketed. Congressional testimony reveals that between 1969 and 1971, physician fees increased 7 percent and hospital charges jumped 13 percent, while the Consumer Price Index rose only 5.3 percent. The nation’s health care bill, which was only \$39 billion in 1965, increased to \$75 billion in 1971. Patients had found the fount of unlimited care, and doctors and hospitals had discovered a pot of gold.”

## ‘Under the Thumb of Government’

Those in favor of universal coverage used the financial crisis to advocate for HMOs, which Brase called “a more corporate version of [socialized medicine](#) under which individual control over health care decisions was weakened.”

“The HMO system was a step closer to a national health care system,” Brase said, “or what the public would decades later often call the [Affordable Care Act](#) of 2010, which mandated health plans—the new name for the HMO—for almost everyone.”

“Doctors have been put under the thumb of government and its collaborative partner, which are the health plans making out like bandits in [this arrangement],” Brase said.

Big government does not want to return to paying the medical bills—at neither a state nor a federal level, Brase said.

“It wants the health plans to do it,” she said. “It wants health plans to ration the care and to keep the health care costs [down], but it’s really the tail wagging the dog.”

According to Brase, it’s the health plans that are in control, not Congress. Further, it was the Affordable Care Act that endowed the health plans with the largest payoff in what has become an intricate swindle.

## 'A Wedge of Freedom'

What COVID-19 brought to light was how restricted doctors have been for decades when it comes to treating patients, Brase said.

"COVID really showed the need for this new framework," Brase said. "Patients have asked for [hydroxychloroquine](#) and ivermectin, and what they've been told is: 'It doesn't fit the protocol.'"

In 2016, The Wedge of Health Freedom foundation was launched to—as Brase described—provide a wedge of freedom, or a zone of deregulation, which health care providers and patients can enter when the government-controlled health plan says 'no.'

"I recently asked an audience in Texas how many of them remembered when the insurance company paid you the money, and then you used it to pick your hospital, pick your doctor, and pay them," Brase said. "The oldest people in the audience were [the ones] who raised their hands."

It wouldn't be rocket science to return to this model, but it's unfamiliar because so many people don't remember it, she said.

"It's either go back to this or have a fully socialized health care system," she said. "But I think doctors are clamoring for freedom, affordability, and confidentiality."

Confidentiality itself has been set aside by the electronic health record (EHR), which became the "command and control system" ordering how a doctor can treat a patient, Brase said. "Everything is dictated" by the government-mandated EHR, she added.

The COVID-19 protocols that are in the computer don't allow for early treatments like ivermectin or hydroxychloroquine but tell the patient to go home until symptoms worsen, she said.

"By then, in terms of COVID, you've passed into the cytokine storm, which is really dangerous territory," Brase said.

After the inevitable hospitalization, the patient undergoes a series of treatments that provide payoffs from the federal government, she said. However, as many have [reported to The Epoch Times](#), these protocols frequently result in death.

The [CARES Act](#), which increased Medicare payments to hospitals treating COVID-19 patients, created a lucrative reimbursement plan. It allowed hospitals that [adhered](#) to government protocols to reap, potentially, hundreds of thousands per patient: beginning with a positive COVID-19 test, the use of government-approved antivirals, putting the patient on a ventilator, and ending with the hospital listing COVID-19 as the cause of death on a death certificate.

Meanwhile, hospitals that did not adhere to government protocols faced [financial consequences](#).

## Eight Principles

Though the rising cost of treatment is frequently attributed to the advancement of medical technology, Brase argued that it's the third parties and their regulations that have made health care expensive; whereas, in a cash-based system, procedures like surgeries could be 50 to 90 percent lower than they are in a system of co-pays and deductibles.

Doctors, clinics, surgical centers, dentists, and other health care facilities that wish to join the network engage in a "voluntary collaborative venture" between third-party free practices—who have no insurance or government contracts—and the CCHF.

To be added to [The Wedge's map of providers](#), health care facilities must offer transparent, affordable pricing; a cash-based system of payment; a protected patient-doctor relationship; the freedom to choose; patient inclusivity; and true patient privacy.

In addition, a health care provider must not engage in government reporting or allow outside interference from third parties, according to [The Wedge's list of principles for practitioners](#).

Because it's a zone of deregulation, The Wedge itself has no requirements for how physicians treat patients, other than the above principles, Brase said.

In this zone, one doctor may push the COVID-19 vaccine, another may not, she said. It is the individual doctor's choice. That is not an option under the current system.

"There have always been disagreements among doctors about how even a symptom like an ear infection should be treated," Brase said. "That just shows how, as individuals, we are all unique. And patients are unique down to their DNA."

Patients also have different family relations, time constraints, jobs, belief systems, and side effects, Brase said. All those things affect treatment.

### ‘This Isn’t the Way It’s Supposed to Work’

Instead of going to a doctor who will adhere to a one-size-fits-all protocol, patients need doctors who will work with them as individuals, Brase said. It is an art that has become lost in the standard of care.

“Doctors need their freedom to practice and use their own critical thinking to come up with ideas that might not even be protocol yet,” Brase said. “There are ideas that haven’t even been thought of,” she said, but in a new situation—like treating COVID-19 with ivermectin or hydroxychloroquine—many doctors can’t address it properly because “it’s an anomaly to the computer.”

Doctors and patients have been put on a metaphorical conveyer belt, Brase said, which leaves no time for investigation, research, and innovation.

In this conveyer belt system, patients aren’t known by their names, but by their identification numbers.

“It’s just wrong,” Brase said. “This isn’t the way it’s supposed to work. That’s why the solution is to go back to patient-centered care and do away with the third parties.”



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