



CARE – Objection Handling & FAQ *"Think You've Got a New Challenge? Check Here First."*

Q: Isn't this just government-controlled healthcare?

A: No. CARE is infrastructure, not control. You keep your doctor. The government doesn't make medical decisions—your doctor does. CARE just removes billing chaos and profit layers.

Q: Won't this raise my taxes?

A: No new tax is needed. Most Americans already pay more than \$1,000/month through premiums, deductibles, co-pays, and indirect costs. CARE replaces all of that with a flat ~\$770/month contribution—and no surprise bills.

Q: What if people abuse the system?

A: CARE is designed to make fraud not worth the effort. Every visit is tracked. Patients co-sign care. Peer review panels audit claims. The system rewards honesty—and flags outliers automatically.

Q: How will this affect innovation?

A: CARE incentivizes curing—not treating. Research is funded directly through public channels, not by stretching disease over decades. Cures are celebrated. Exploitation isn't.

Q: Will this destroy private insurance jobs?

A: Some sectors will shrink—but most roles shift. Claims processing becomes care analytics. Compliance becomes care auditing. We're not killing jobs. We're upgrading them.

Q: Won't doctors leave the profession?

A: CARE raises wages, cuts red tape, and lets doctors do what they trained for: heal. The best will earn more. The burned-out will finally breathe.

Q: What if I don't want to participate?

A: Participation is universal, but optional care remains private. If someone wants to pay out-of-pocket for elective treatments or boutique care, that's allowed. But essential care is guaranteed.

Q: Doesn't this sound utopian?

A: No. What's utopian is pretending today's system is working. CARE is not a fantasy—it's functional design. This is what happens when you remove interference and apply logic.

Q: Who decides what care is “essential”?

A: Doctors and peer-review panels—not politicians or insurers. CARE decisions are grounded in clinical logic, not cost suppression.

Q: Why should I pay if I’m healthy?

A: Because you want to stay that way. Because one accident can change everything. Because a system where everyone contributes is a system that’s ready when you need it.

CARE isn’t a handout. It’s a national shield. It protects lives. It preserves dignity. And it’s ready to replace a system that profits from pain.