

# Identifying the Enemy Within: Rejecting the Hobson's Choice

Sheila Page, D.O.

---

Almost every physician today has been conditioned to follow protocols, cloaked as evidence-based medicine, and often pushed by electronic health record systems. The exams we take in school, modules for Maintenance of Certification (MOC), or hospital safety training modules all present us with choices that often are not very good. We are pressured to make a decision that is not in the best interest of the patient in terms of timing and options of diagnostics and treatment. Pre-authorizations present another challenge in which the options are not best for the patient but are the “covered” options. Time and again, we are asked to choose from a set of predetermined options that are undesirable. Yet, out of habit, we reluctantly choose the least objectionable of the set. The truth is that these are not real choices. This is known as a Hobson's Choice.

The Merriam-Webster definition of a Hobson's Choice is: 1) an apparently free choice when there is no real alternative; 2) the necessity of accepting one of two or more equally objectionable alternatives.

Reflecting on all that has occurred since the COVID-19 crisis of 2020 that directly affected the medical care that patients receive, there are many lessons to be learned. Decisions were made during the COVID crisis that were destructive to people, psychologically, physically, and financially. These decisions often affected whole communities. They were, however, still choices that were freely made. Although coercion was used in terms of lockdowns and COVID shot mandates, people still had choices. Choices made under duress were sometimes tragically made by persons hoping to avoid consequences they felt would be unbearable. One young woman I know made the decision to take a COVID shot so that she could continue in nursing school. Unfortunately, she immediately became very ill, and within 2 weeks was unable to walk and could not concentrate on her studies. She had to withdraw from school. She truly was given a Hobson's Choice that robbed her of her future, both in terms of career and disability.

The nursing school also made a choice to threaten the students with an end to their chosen career if they did not comply. I wonder what the school's alternative was. There was no law; the Centers for Disease Control and Prevention (CDC) does not have lawmaking authority. That exists only in the minds of those who act as though it does.

This concept of a Hobson's Choice has become embodied by our political structure. By all appearances, we have a cognitively inept President and an oppressive government at every level down to the local school boards—after a historically large voter turnout. We are expected to believe that this is what people voted for, and that another big turnout will bring improvements. We generally believe we have two choices, Republican or Democrat, and that they represent extremes of political ideology. However, when they are in office, politicians behave as if they belong to the same club, making backroom deals and compromising on legislation that never helps the people. They hand over the fruit of people's labor along with their personal data to business cronies. The people are offered solutions by the perpetrators who created the problem.

Physicians have a similar experience as a constituent group, and they are probably more vulnerable to manipulation. They

are distracted, typically overburdened with busywork, and demoralized. Collectively they are often plagued by greed and inflated ego. They have become tools for tyrants in many ways. It is predictable that physician lobbying includes payment reform as a priority, reinforcing the public image of doctors as driven by greed.

Physicians have accepted the Hobson's Choice of either abiding by ridiculous regulatory burdens or refusing to treat the senior population. They resort to groveling at state capitals and in Washington, D.C., begging for a bit of relief or even the smallest pay increase to get by until the next legislative session.

In my efforts to advocate for our patients and protect the integrity of medical care, I had the opportunity to observe over a period of several years how the state medical societies operate. They support legislation that enriches and empowers the corporate medical overseers but damages the practice of medicine. It seemed they lied to doctors with complete ease, misrepresenting the text of a bill as helpful, not harmful. They ask for doctors' support, which is gladly given (after all, the associations are our friends, right?).

When the bill passes and becomes law, and the harm is felt, it is rarely recognized as connected to what was sold as a good bill. If the doctors do notice and protest, a simple excuse is made followed by an appeal for trust and more money to keep up the good fight.

Unfortunately, the doctors fall for it repeatedly—they are too busy, after all. It is hard to watch, especially when some realize they were duped but accept the Hobson's Choice of either standing against the oppression or keeping their “place at the table.” The phrase “we need to keep our place at the table to avoid being on the menu” is repeated ad nauseam, entirely missing the obvious: the profession is on the table already being carved up. Who is being served at this “table”? I believe it is the middlemen, cottage industries and corporate groups like insurance and hospital monopolies, often called stakeholders. The patients are the dogs under the table getting the crumbs. How many times have we been told we must choose the lesser of two evils? Either choice is still evil!

## Identify the Enemy Within

A successful restoration of the integrity and public trust of the profession of medicine will not be possible without identifying the enemy within. Some may complain that this is divisive, but they are mistaken. The medical community will not be whole while an enemy within is breaking it apart. This is more difficult and often painful, because those enemies have been masquerading as our friends, and we don't readily see it. None of us wants to admit we were fooled. Betrayal is a terrible experience. The deceivers have learned how to speak our language: they agree with us on issues that are near and dear to us. They know our grievances and our loyalties. What else would you expect from successful communists? They are masters of deceit, and we should not be surprised when they employ those skills.

Our current circumstances may be traced back to where we could discover how infiltration has occurred. Dianne Marshall explained the psyop (psychological warfare) well in her blog “The

Marshall Report” on Oct 30, 2022.<sup>1</sup> The methods employed include efforts to traumatize the targeted victim by creating difficulties such as damaging his reputation or income, or threatening his licensure, by any means possible. Bogus accusations are made, and the victim is set up to appear guilty. Then, rescuers are sent to bond with the person at a very vulnerable point. The “bonders” are part of the psyop. The victim opens up to them, believing them to be the only ones who can be trusted although the bonders absolutely cannot be trusted. The psyop is designed to break the person’s mental stability down under emotional overload, possibly causing behavior that supports the allegations made against him.

Injecting a “hero” in a time of distress is another tactic to gain entry to groups resisting tyrannical abuse. When communists are in the process of taking over, they deal with opposition by leading it. A familiar statement made by communist dictator Vladimir Lenin is: “The best way to control the opposition is to lead it ourselves.”<sup>2</sup>

Instead of fighting the opposition, communists create characters with compelling stories that make them appear to be on the side of conservatives (or whomever the resistance may be). They acquire martyr status while they become viral by design of the same entities who censor truth. These characters are injected heroes—they are intended to take the lead of the opposition before it can effectively organize resistance. When there is “infighting,” it is often staged. It is planned confusion and distraction, well-orchestrated by those who intend to destroy the opposition. They gain the opponents’ trust, then at the right time they make them look like fools and destroy their reputation so that they will not be trusted by the public again. They have presented us with a Hobson’s Choice: join the communists, or follow us. The true resistance is smothered by the staged resistance.

What about the possibility that the same tactics have been used in the medical profession? I participated in several medical association delegates’ meetings, and I recognize these tactics. The body of delegates includes outspoken champions of a certain cause scattered throughout. These champions represent a policy that would not typically be supported by the physicians, but they have strategically planned presentations to make it appear that they espouse a majority opinion. In this way, resolutions are passed quickly without opposition. The activists will even create fake opposition that is weak and lacking credibility, just to give the appearance of a fight.

The medical profession must grasp the extent to which it has been manipulated by pharmaceutical, insurance, and other systems tied to medicine. We have been burdened with regulations and threats to our licenses by the same people who are selling us the solutions.

Think of it as a professional wrestling match—it’s a staged fight, and the outcome is pre-determined. For the cameras, the Ds and the Rs are putting on a show of opposing each other, while behind the scenes they are in the same club, all pushing us incrementally in the direction we do not want to go. Compromise is part of the game—your heroes can always say they tried and made a little improvement or prevented a worse outcome.

This concept applies in the COVID-19 chaos. Those who resisted the initial mandates and therapeutic nihilism were swept into a ready group of freedom fighters who had answers and protocols. Then, high-profile people were thrust into public view with little or no vetting. Clues pointing to possible deception include patterns and networks, money trails, and tactics such as persistent fearmongering.

Is the nation’s tragedy and pain an opportunity for creating

profitable new markets? One does not have to work hard to find the gold-diggers. Well-meaning people can also be easily caught up in the staged opposition. We won’t be fooled by those who are openly communist—it is the enemy within that is the most dangerous.

### **Dismantle Completely and Rebuild**

If our goal is healing and restoration, we have much to overcome. Unfortunately, there is still a lot of deeply embedded sickness that needs to be surgically removed before we can begin to truly heal.

Patching it won’t work. Every institution in this nation has been captured and controlled by Marxists, who are very prominent in our medical schools. They must be removed from their positions of authority. Identifying and calling them out is a start. We will know them by their fruits. If we are blessed with the opportunity to start over rather than building a parallel system under a communist government, it will happen after we have taken courage to bring our enemies into the light of day, expose them, and cast them out of our house.

A master gardener I knew years ago was also a very successful businessman, known for his ability to take failing companies and turn them around into highly successful ones. I asked him what his secret was, and his answer stuck with me: “Sometimes a company is so corrupted and damaged that it cannot be patched. The only remedy is to completely dismantle it and rebuild from the ground up.”

When I observe the mess our profession is in, I wonder whether it would be better to completely dismantle it and start over. It would take a miracle. There is so much investment in the concept of insurance and oversight, and tremendous profit to those who plunder, that it would take an army to wrestle that control away from them.

If the entire medical system were removed from our nation, we would have the patients and doctors back in the same room. The middlemen would be out of the picture, and costs would likely plummet. Restructuring hospitals might be challenging but not out of reach for those determined to rebuild on a solid foundation. It would be refreshing to be able to care for patients without the many intrusions and irrelevant tasks we currently endure. Some might not be willing to let go of the false security built into the system, but many would be relieved to throw off the unnecessary burdens that have been laid on them.

Our nation, our profession, and the world all long for healing and hope. We will not find it in government, science, materialism, celebrities, military might, or educational institutions. We are in a spiritual war, fighting spiritual forces of evil, not flesh. Although it is a difficult perspective to maintain when the enemy is influencing the people around us, especially those who do us harm, it is a frame of mind that allows us to fight back effectively. My own trust is ultimately in Jesus the Messiah. We all will make choices, especially as to where we place our trust. Consider carefully the options placed in front of you, reject the Hobson’s Choice, do the research, and choose wisely.

**Sheila Page, D.O.**, specializes in neuromusculoskeletal medicine. She serves as president of AAPS. Contact: sheilapagedo@protonmail.com.

### **REFERENCES**

1. Marshall D. Psyop exposed. Hidden inside a road show! Part 1. “The Marshall Report; Oct 30, 2022. Available at: <https://diannemarshallreport.com/psyop-exposed-hidden-inside-a-road-show-part-1/>. Accessed Nov 5, 2022.
2. Lenin V. Quotable Quotes. Available at : <https://www.goodreads.com/quotes/38974-the-best-way-to-control-the-opposition-is-to-lead>. Accessed Nov 12, 2022.