

Obamacare Negatively Impacts Minorities

The Supreme Court ruled Obamacare constitutional, and I'm concerned about its effect on the poor and vulnerable. They are the ones who need quality health care the most.

The Court, of course, was not called upon to determine whether Obamacare, formally known as the **Affordable Care Act**, would actually have its intended effect. While the White House appears to have consulted many experts during Obamacare's formative months, they also hung up twice on Dr. Ben Carson as he offered his advice.

Why did the White House hang up on the world-renown African-American neurosurgeon? Because he admitted to being an Independent, not a Democrat. Dr. Carson, who is director of pediatric neurosurgery at Johns Hopkins, has been openly critical of the U.S. current health care system. He has also made it clear, however, that he thinks Obama's Affordable Care Act is not the answer.

Dr. Carson should understand better than almost anyone in the White House the importance of affordable access to **health care** for the poor and needy. He was born in Detroit and raised by a single mother. He overcame early struggles in his life to graduate from Yale and University of Michigan's Medical School and made medical history in 1987 when he successfully separated the Binder Twins, who were conjoined at the head.

So why doesn't Dr. Carson believe **Obamacare** will provide better outcomes for people in circumstances similar to those of his own childhood? Because countries like Canada and Great Britain have already tried similar plans for decades, and those plans are now failing their patients.

In an April interview with *World Magazine*, Dr. Carson

explained, "Great Britain and some other places with socialized medicine are looking at privatization because they're running out of money. The problem with socialized medicine is that you can't seem to keep up with costs over the course of time, so you have to ration."

In addition to running out of money, the European and Canadian health care systems have poorer results for what they spend. According to the National Center for Policy Analysis, both Europe and Canada have worse cancer survival rates than Americans do under our current system.

Furthermore, Americans are more likely to get screened, and once diagnosed we have faster access to treatment. As someone who survived esophageal cancer, I am grateful for the superior treatment I received here. And every time I entered Johns Hopkins, I saw people from all over the world—including Britain and Canada—who had come to America for higher quality healthcare.

What's more, there is growing evidence that government-controlled systems not only fail to close the health care gap between whites and minorities, but may even exacerbate racial differences in health outcomes. The Centre for Health Services Studies at the University of Kent recently released a study of racial disparities in the British health care system, which has been under government control for more than 50 years. It found that racial minorities still had the highest rates of mortality from coronary heart disease and were less likely than white patients to receive coronary revascularization according to need.

Racial minorities in Britain also have the highest rates of diabetes and diabetes-related mortality, as well as AIDS and other sexually transmitted diseases. Patient surveys also indicated multiple problems with minority access to cancer screenings and treatment.

The Wellesley Institute of Canada recently released a paper called "Colour Coded Health Care: The Impact of Race and Racism on Canadian Health," which raised serious questions about racial disparities in Canada's system. It noted that immigrants come to Canada in generally better health than their Canadian racial counterparts, but shortly after settling there, their health declines significantly.

Studies showed a large disparity between health care providers' perception of racial equality and the actual experience of ethnic minorities in the Canadian health care system: ethnic minorities reported being discriminated against in the healthcare system, whereas the majority of family doctors studied reported that racial differences created no social tensions in their offices. Given these pathetic realities, there is no reason to expect that a government takeover of American health care will have any positive effect on the health of racial minorities in this country.

At the end of the day, Obamacare survived the Roberts Court because its attorneys argued what President Obama specifically denied before the bill was passed: Obamacare is a tax. Not only that, it is the largest tax increase on the middle class in the history of the nation. In such a fragile economy, it will bring harm to people of all races.

Blacks and Hispanics will not only lose financially because of this new policy, but the experience of other countries indicates they will receive inferior care. In other words, the president's crowning legislative achievement will hurt the people he claimed to want to help. Society as a whole will have to pay for an expensive new bureaucracy to administer this inferior care.

Leaders like Dr. Carson warned the White House about these impending problems. The administration's response was to hang up the phone. No one wanted to hear the truth. Politics as usual? No! It's politics at its worst.

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