

The ObamaScare

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Ask a cancer patient about the need for affordable health care. The issue of healthcare quality is very personal to me. As a former cancer patient, I couldn't believe the out-of-pocket expenses that drastically affected my monthly budget! But affordable is only one aspect of the equation. Affordability should not produce poor quality. Yet it often does.

The debate over Obamacare is unlikely to be settled anytime soon. Even as the exchanges made their debut, we heard horror stories of crashing websites and confusing user interfaces. Fans of the law saw this as proof of its popularity, while opponents viewed it as evidence of incompetence. But for all the hours spent arguing about the law, it would seem that journalists, politicians and citizens alike are still confused about what it all means. This goes not only for the details of the law itself, but also for the state of healthcare in the United States.

Certainly, there are many aspects of our healthcare system that can and should be reformed and improved. However, just because you change something does not mean you improve it. We have changed education many times in our nation, but whether or not we have improved it is certainly up for debate. The bottom line is this: what changes will actually improve health outcomes for Americans?

As I have shared in my new book, *You Were Born for More*, in 2006 I woke up in the intensive care unit of the world-famous Johns Hopkins Hospital in Baltimore. I had been asleep for over twelve hours. I soon learned that the seven and a half hour surgery to remove a golf-ball-sized cancerous tumor and most of my esophagus had been successful. The problem was that I was still in intensive care. I had needed an emergency procedure to prevent blood clots from circulating through my body, and I had a severe case of heart arrhythmia. So I was not out of the woods yet.

On paper, I went into surgery with a 10% chance of survival. I had already suffered a stroke and another near-fatal incident during the initial phase of my treatment. Yet because of world-class doctors and treatments, I am still here more than seven years later.

During my treatment at Johns Hopkins, I encountered people from all over the world. They spoke every imaginable language and suffered from all kinds of unusual diseases and conditions. But they were all there for the same reason I was: to get the highest quality healthcare for their problems.

Why did all those individuals travel to the United States for treatment? Why don't wealthy Americans travel to Canada or Europe to receive healthcare for life-threatening diseases? We often hear that for as much as we spend on health care, the life expectancy of Americans is unimpressive: we usually rank somewhere around thirty-third. But the real story is far more complicated. If you remove fatal car crashes and suicides from the equation, the United States actually has the best life expectancy in the world. That means that for the situations where the healthcare system has a real chance of making a difference, our system ranks

number one.

Another number thrown around in the healthcare debate is infant mortality. Most public health experts agree that a low infant mortality rate is correlated with a high quality of life in a nation. And according to the United Nations, the United States ranks a mediocre thirty-fourth in infant mortality rates. But these numbers fail to account for the fact that doctors in the United States strive to save every baby—even very premature babies, or those at very high risk for other reasons. In many other countries—including some highly developed nations in Europe and Asia—the criteria for “live birth” may exclude babies that die within 24-48 hours of delivery. Even the World Health Organization admitted in 2006 that “among developed countries, [infant] mortality rates may reflect differences in the definitions used for reporting births, such as cut-offs for registering live births and birth weight.”

So the statistics we’ve heard thrown around in the debate over healthcare quality don’t necessarily tell the whole story. But would a centrally controlled healthcare system improve access to healthcare even if it didn’t improve quality? Not necessarily. When Washington Redskins quarterback Robert Griffin III tore his lateral collateral ligament and anterior cruciate ligament during a playoff game against the Seattle Seahawks on January 6, 2013, he had surgery to repair his knee less than 48 hours later. When the captain of the Canadian women’s gymnastics team tore her ACL in May of 2012, she had to wait until August to have her knee surgically repaired. Canada—which uses a single-payer system for healthcare—has a population close to 35 million, compared to about 314 million in the United States. Yet the wait times for medical procedures in Canada is typically between 18 and 40 weeks.

There is much about our healthcare system that can and should be improved, but we must not compromise top quality care. And we certainly shouldn’t take our cues from systems that are even more broken than our own.

This article is an adapted excerpt from Bishop Jackson’s latest book *You Were Born for More: Six Steps to Breaking Through to Your Destiny* available at amazon.com.