

he was “young and dumb, ignorant and full of hatred”. Anderson’s family rejected the death penalty, sparing the young man’s life.

Tremendous gains have been made since the Emmett Till murder. The motel’s surveillance camera captured Dedmon’s assault on James Anderson. The 911 dispatcher recorded the actions of Zimmerman. In a press conference at the White House, a Black president called the killing of Trayvon Martin a tragedy. A Black U.S. Attorney General will investigate Trayvon’s murder. Norton N. Bonaparte, Jr., Sanford, Florida’s City Manager, is a Black man, from New Jersey. This is progress, hard-fought, every inch of it. Despite the passage of time, the Emmett Till murder still haunts this country. No one will ever know exactly what transpired between Emmett Till and Carolyn Bryant in that Mississippi store over 50 years ago. As with Emmett Till, the Trayvon Martin case cries out for justice.

If not now, when?

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Chapter 6 - Obamacare and the Wizards of Odd Behavior

By Yanick Rice Lamb

America has a love-hate relationship with Obamacare.

Supporters of the 2010 Patient Protection and Affordable Care Act call it Obamacare as a term of endearment, but opponents spit out the word like sour milk.

No wonder America is confused. Even the media are confused.

In a rush to judgment, CNN and Fox News erroneously reported this summer that the healthcare legislation was dead — on the air, on the ‘net and in retweets zipping around

the world.

In actuality, the U.S. Supreme Court hadn't stabbed Obamacare in the heart, gutting the individual mandate that gave it life. The justices simply decided that the mandate requiring health insurance for all was a tax and therefore constitutional.

It was an understandable mistake, given that many reporters had already made up their minds months ago even when the justices hadn't. Take the three days of arguments in the landmark case in late March. At the end of each session, journalists would rush outside for live shots on the steps of Supreme Court, against a backdrop of towering Corinthian columns with the ambient sound of the Tea Party raising hell on the sidewalk. The sound bite du jour was that health reform as we shortly knew it was "dead in the water."

That's not what I heard and saw in the chambers for three days running. Silly me. I kept insisting that the Supreme Court vote could go either way, that it was too early to call and that Chief Justice John Roberts Jr. could be the swing vote. Silly me. Some of my fellow journalists reminded me of the munchkins in "The Wizard of Oz," gleefully singing "Ding-Dong! The Witch Is Dead." Silly me. I imagined that they envisioned the evil witch of health reform with her black-and-white striped legs crushed and sticking out of red shoes made for someone else's feet.

No wonder America is confused — so many speculators speculating, so many protestors protesting, so many myths to mystify them. Death squads? For real?

People who don't understand the Affordable Care Act — and even those who do — portray it as "the terrible awful." You can say a lot of things about Obamacare, but it won't kill off your grandma or let you go blind in one eye before allowing treatment.

Liars and flyers and scares, oh my!

It wasn't this ugly when President Clinton tried and failed to push through universal health care or when Gov. Mitt Romney implemented a mini version of Obamacare in Massachusetts. Some of the opposition is rooted in race.

America's Kumbaya moment started dissipating shortly after Obama placed his hand on the Bible and officially became president. Since then, the cacophony has been deafening from detractors who wouldn't take water from President Obama if they were dying of thirst in a scorching desert. That's how many Americans who would benefit from Obamacare are acting.

"Obama is likely to encounter some degree of prejudice-fueled opposition to his policies across the board," Brian Lowery, an associate professor of organizational behavior at Stanford University, predicted in 2009.

Lowery and fellow researchers conducted a series of studies on unconscious racial bias before and after the 2008 presidential election. In one study, they gave volunteers identical health-care plans, linking one to President Clinton and one to President Obama. Those who had previously tested higher for racial bias tended to choose the plan attributed to Clinton.

"Many people are influenced by race, and either will not admit it or don't know it,"

Lowery said in a statement.

To be sure, race isn't the only factor. The Obama administration still has lots of questions to answer regarding the implementation and hidden costs of the Affordable Care Act. However, medical professionals and patient advocates claim that the pluses greatly outweigh the minuses. And they say the benefits will stretch across racial, ethnic and socio-economic lines.

“The law provides a safety net to catch vulnerable patients who fall through the cracks,” said Cedric M. Bright, president of the National Medical Association. These days, more people need that net, notes Bright, who stood outside Supreme Court with two dozen physicians — all clad in white lab coats — as a show of support for the health-reform plan.

Some opponents of Obamacare have been likened to rebels without a cause — or at least rebels without a clue or a care for anyone else. Some people with insurance literally say, “I've got mine; it doesn't matter if you don't have yours.” The reality is that they've got insurance ... for now. Back in the day, if you had a job, you typically had insurance. Today, not so much. Even companies demanding college degrees among their laundry list of qualifications are skimping on health benefits.

The ranks of the 50 million uninsured have not only grown with the rising unemployment rate, but also from cutbacks on coverage for those who have jobs. From 1968 to 1980, the majority of Americans under 65 had some type of private insurance. As more and more companies began to cut back on coverage, the insured population fell from 79 percent to 67 percent by 2007, according to a half-century analysis by the National Center for Health Statistics. Employer-sponsored coverage dropped from 71 percent to 62 percent during this period. It's now at just 57 percent, the Kaiser Commission reports.

Under the new health law, Medicaid would be expanded to help cover adults who have lost their insurance and those who never had it. It's no surprise that uninsured people are typically in worse health. They are less likely to receive preventive or ongoing care, especially for chronic conditions. Medical professionals call the really bad ones “train wrecks.”

The lack of insurance not only places lives at risk, it also costs taxpayers money. People who don't have insurance use emergency rooms more often for non-emergencies than for serious medical problems — 80 percent versus 66 percent, based on recent data from the Centers for Disease Control. ERs aren't designed for that. A visit to the ER averages \$922, compared to \$199 for one at a doctor's office, according to the American Hospital Association.

And if an uninsured person is in an accident or develops a health condition requiring long-term care, he or she could end up stuck in the hospital for weeks or months. Rehab centers and nursing homes don't want the growing number of people who can't pay. This costs hospitals at least \$2.9 billion annually, a tab they're more than happy to share with you.

Experts say that Obamacare will end some of these problems and spread expenses around, reducing overall health-care costs to taxpayers across the board. Sick adults can't

be turned down for insurance because of pre-existing conditions or spending limits. Fewer elders will have to skip pills or cut them in half, because they can't afford crucial medication. Uninsured patients can go to a regular doctor for routine care instead of the emergency room. Women won't pay more for being women. And young people can stay on their parents' insurance until they are 26.

Alfred Chiplin Jr., managing attorney at the Center for Medicare Advocacy Inc. in Washington, calls the individual responsibility provision "the heart of the law." The mandate provides an incentive for insurance companies to cover the sickest and poorest patients by gaining a wider pool of healthy people to offset the cost of chronic illness, which often sends families into bankruptcy.

"Everyone has to have some level of insurance, or there won't be a sufficient number of people in the system to make it sustainable," Chiplin explained.

Under the individual mandate, citizens who can afford to pay must maintain basic coverage through private insurance, employer plans or state exchanges being set up to subsidize care. Violators would face minimum \$95 fines. The federal government would also provide tax credits to help small businesses offer health insurance to their employees.

"The health insurance pool has to be as broad as possible to ensure that we can pay for escalating costs," said Brian D. Smedley, vice president and director of the Health Policy Institute at the Joint Center for Political and Economic Studies in Washington.

Calling the Supreme Court's 5-4 decision "a huge victory," Eleanor Hinton Hoyt, president and CEO of the Black Women's Health Imperative, said that it would now be easier for citizens to obtain checkups, mammograms, preventive screenings and treatments. She also welcomes the increase in community health centers and improvements in women's and children's health, including prenatal care and more support for breastfeeding.

U.S. Rep. Elijah Cummings, who led Obama's 2008 campaign in the state of Maryland, said that he had been encouraging the president to talk more about his accomplishments and "continue to argue the passion piece — that we need to take care of our people." This might have helped him demystify some of the myths that have created a ball of confusion.

According to the myth wizards, Obamacare will:

Off your grandma or lead to your early demise. It's hard to believe that anyone believed "death panels" would encourage euthanasia or control end-of-life care for seniors and people who have disabilities. Yet as recently as March, 36 percent of respondents said that's what they thought in a Kaiser Family Foundation poll. Another 20 percent were scratching their heads. Perhaps they saw the myth on Sarah Palin's Facebook page in 2009. This myth scorched PolitFact.com's Truth-O-Meter, earning not only a "Pants on Fire" rating but also "Lie of the Year." Now, what had happened was a provision to authorize payment for patients who actually want end-of-life counseling. That's not a bad thing. Long ago, my parents, siblings and I made our preferences clear. It alleviates lots of drama and

anxiety during emotional family moments.

Ration health care. This refers to the Independent Payment Advisory Board, which was appointed to look at overall policies and recommend Medicare savings. One big-picture issue is the high rate of hospital re-admissions. The board isn't authorized to make decisions about your care.

Kill your health insurance. "Up to 20 million will lose their insurance as Obamacare goes into effect next year," Romney said in the first presidential debate. It's really more about shifts in coverage, and the estimates vary greatly. Some people will change jobs or see changes in their plans, which already happens all the time. Others may decide that the state exchanges (or a spouse's plan) provide a better deal. The bottom line is that people can keep their insurance.

Let you go blind in one eye before allowing treatment. This has led to the statement, "a vote for Obama is a vote for my blindness." It has as much truth as the Palinesque statement on death panels. It's one of those emails gone viral, likely stemming from an old comment about treatment for macular degeneration in the United Kingdom that was taken out of context and heaped on the United States.

Cover undocumented immigrants. They aren't covered, but immigrants who are eligible and legally in the United States can participate in the state exchanges. While immigrants already use emergency room services and contribute to the cost of uncompensated care, they do not account for a disproportionate share of Medicaid and other health-care costs, according to the journal Health Affairs.

Cut \$700 billion from Medicare. This is twisting the truth. Medicare recipients aren't losing benefits nor is the budget being cut. These are cost-savings measures spread out over the next decade, targeting hospitals and insurance companies. One example is lowered payments to hospitals that have too many re-admissions.

Obama is the first president since Theodore Roosevelt to successfully create a national health plan. No matter what you think about President Obama or Obamacare, something is better than nothing. The nation clearly needs a prescription for better health, especially for the 50 million uninsured people who are wandering around for treatment.

It doesn't take a brain, courage or even a heart to realize that there's no place like a medical home.

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