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## Jim DeMint, Bob Inglis field voters' questions on health-care reform

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There was no shouting, brawling or vulgar signs when U.S. Rep. Bob Inglis met with constituents in Greenville on Monday to discuss health care reform.

The 4th District Republican joked that he hasn't yet seen a hanging effigy of himself either, referencing other events across the country where elected officials faced angry voters over the health care debate.

The event was one of several health-care meetings Inglis is holding around the Upstate while Congress is on its summer recess.

U.S. Sen. Jim DeMint held his own meeting Monday in Charleston where he was greeted by a mostly friendly crowd of about 300, according to the *Post and Courier*.

"You don't look like the mob I keep hearing about," he said before spending much of his time outlining his positions on health-care reform, which include allowing insurance companies to compete across state lines and tort reform.

DeMint, who is seeking re-election next year, has come under fire for suggesting that if Obama's health-care reform is blocked, it would be his "Waterloo."

But he said Monday the issue wasn't personal to him, though he added neither the president nor Speaker of the House Nancy Pelosi are pleased with the discussions at other health-care town halls, "which I really enjoy."

Inglis, who also is running for re-election, told the audience of about 60 at Tommy's Country Ham House what he would like to see from reform: mandated coverage to spread the risk and hold down costs, the elimination of pre-existing condition exclusions, and an end to employer-sponsored insurance, which is a drain on business.

He also said he opposes the public option endorsed by the Obama administration, saying it would put private insurers out of business and cost too much. Instead, he said, he wants people to be able to buy insurance anywhere in the country, thereby increasing competition and lowering costs.

Then he heard from residents, who represented a wide cross-section of views, including Laura Godwin, the director of an adoption agency whose attorney husband runs his own business.

Godwin, 53, said her family pays \$1,200 a month for insurance, and she agrees with Inglis' positions on insurer competition, pre-existing condition clauses, and an alternative to employer-sponsored coverage.

"I believe there ought to be a private policy we can call buy into," she said. "A public option would be OK as long as it would be sustainable and not increase our taxes."

Steve Compton, a social worker in private practice from Greenville, said he'd like to see an independent review of all reform proposals — including a Medicare-style single-payer system for everyone, private insurance, and a mixed approach — to see which is most cost-effective.

“We're going to have to pay for health care somehow if we're going to include all Americans and mandate coverage, which avoids that cost-shifting problem,” said Compton, 58. “But I don't see private insurance having an effective mechanism to control costs and provide a decent level of care.”

Insured people pay 129 percent of costs to cover care provided to the uninsured, Inglis said, a policy known as cost-shifting.

Michael Greene, a 43-year-old doctor about to open a practice in Greenville, said he generally supports Inglis' positions. But he added there are ways to save money now that aren't being tackled, such as a universal claims form that would eliminate a lot of waste in the system.

“Everyone I talk to wonders why people controlling the debate don't have the same concerns everyone else has, like insurance companies cutting you out,” he said. “Congress seems to be more responsive to big insurance companies that have huge Wall Street interests behind them and trial lawyers who have driven the cost of medicine up.”

And Marc Bolick of Greenville, who recently spent 10 years in Holland under its mixed public-private system, said there seems to be more politics than rational debate surrounding health care and not enough detailed discussion about containing costs.

“Everyone's covered in Holland, and it seems to work, and their costs are between 40-50 percent less per capita than they are here,” the 44-year-old management consultant said.

“I would like to challenge the people who say we shouldn't have government involved at all to describe how they're going to get health-care costs (down) just by having private insurance companies compete,” he added, “because that's what they've been doing up to now, and all it's done is raise health-care costs more than every other country in our peer set.”

Bolick, who pays a \$600-monthly premium for a \$5,200-deductible plan for his family of three here, added that while some at the meeting said patients in other countries have long waits for care, urgent cases don't wait in Holland, only elective care.

Others talked about ensuring that illegal immigrants aren't covered by any public plan. And one woman called for an end to the “fear mongering” surrounding reform, while another said that if Americans had the same taxpayer subsidized insurance that members of Congress do, costs would go down and access would increase.

And while there was polite applause at a few points in the meeting, a remark from Barbara Keeton of Taylors also drew cheers.

“I downloaded the whole bill, and it took me forever just to trudge through the first quarter of it,” said the 58-year-old retired administrator. “We don't understand it. We need something in plain English.”

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