

# Compulsory Health Insurance Wrong in Principle

**Experience of Germany and Great Britain Show It of Doubtful Use and a Failure in Practice—Does Not Improve Health Conditions—Prevention of Disease and Not Social Insurance Needed.**

At the hearings of the Workmen's Compensation Board in Vancouver on the subject of Compulsory Health Insurance, Mr. William Thompson, president of the Insurance Federation of British Columbia, and representing practically all those in the Province who gain their livelihood in whole or in part in one or the other of the various branches of insurance, presented a strong statement of the position of the companies and the best business thought on this subject. His statement of the case is worthy of the thoughtful consideration of the entire business interests of the Province and all those who participate in the support of the Government, either directly or indirectly, through the payment of taxes. The full statement of Mr. Thompson without exhibits follows:

**Public Nursing.** It would appear to us that an extension of the splendid work done by the Victorian Order of Nurses, in conjunction with the hospitals of the Province, could be arranged so that any in need, should receive, and without delay, the attention necessary, to restore them to complete health, as quickly as possible.

**Mothers' Pensions.** In our opinion, mothers should be placed in the position to adequately provide for their children, when they are mentally, morally and physically fit to care for, and bring up, their children.

**Maternity Benefits.** In England, maternity benefits have not had any appreciable effect in reducing maternal or infantile mortality, but have undoubtedly enabled many mothers to make better preparation for their confinement. (Dr. Brend, page 20.)

**Maternity Benefits and Infantile Mortality.** Experience shows that such benefits are peculiarly inefficient to reduce infant mortality. In 1910, infantile mortality in Germany, after 27 years of health insurance, was 16.2 per cent. of births, whereas in England and Wales, without any health insurance then, it was only 10.5 per cent., and in Massachusetts in 1913, it was only 11 per cent.

Experience in Australia confirms this British and German record. In Australia a maternity bonus has been paid since 1912, aggregating £662,035 in 1916, and although it was generally accepted, 36 per cent. of all births were unattended by a physician, and in the five years, 1911-1915 inclusive, the infantile mortality was but slightly reduced, falling only from 68.49 per 1,000 births in 1911, to 67.52 in 1915.

In New Zealand, thanks to a vigorous campaign of public health education, and the establishment of women's and children's hospitals, without any insurance or any money payment, in the same period, 1911-1915, the infantile death rate fell from 56.31 to 50.05 per 1,000, the lowest infantile mortality rate in the world. (New York National Civic Federation Report, October, 1919, Fo. 16.)

An Australian commission, studying the problem, has recently recommended that their compulsory system be abandoned, in favor of the New Zealand preventive methods.

**Compulsory Health Insurance.** There is not a concrete proposal placed before us by the Provincial Government in regard to Compulsory Health Insurance to which we can give specific study, but judging from Acts now in force elsewhere, any measure of health insurance which might possibly be suggested for this Province would not materially affect the insurance men, who are now writing this class of business, except in a very few cases, and except in so far as it might curtail possible expansion of the business, along the lines indicated.

In the past, when there has been a call for service in connection with patriotic or humane endeavor, such as

campaigns for Victory Loan, Tubercular Clinic, Hospital Finance, etc., insurance men have taken a very prominent part, and it is this spirit which prompts us at the present time.

In addition, we have a very full knowledge of the subject of health insurance, and as public spirited citizens, we are here to protest most strongly against the enactment of any legislation which shall include any scheme of compulsory health insurance.

The present movement, and nearly all previous movements in this direction, have undoubtedly obtained their principle impetus from false beliefs as to the success of European experiments in this line of social insurance, and the evidence we now submit, has already been considered by other commissions, which have finally decided to report against Compulsory Health Insurance.

Compulsory Health Insurance does not, and will not improve the public health, because it does not get at the root of the evil.

There is no direct relationship between poverty and sickness. Poverty, short of absolute destitution and consequent starvation, exercises a hostile influence on health, mainly by compelling a person to live in an unhealthy environment, and legislation for the improvement of living and working conditions would accomplish in the cheapest and most direct way, all that is claimed by theorists would be accomplished by compulsory health insurance, without the enormous cost and enslavement of the people, which must result from such paternalistic measures.

There is not a particle of valid evidence to indicate that the vital question of prevention of illness, has progressed any faster in Great Britain and Germany, with compulsory insurance, than in the United States, without compulsory insurance.

It stands to reason that it would be more difficult for the Province to provide the means for an adequate campaign of prevention while its resources are being drained to support an expensive measure of insurance relief.

The British Act was indirectly the outcome of the Report of the Royal Commission on the Poor Laws—both the majority and minority reports called attention to the association of poverty with sickness, but neither recommended national insurance as a remedy, nor took the view that poverty was the main cause of ill-health. (Dr. Brend's Report, Page 3.)

That the British Health Insurance is not deemed efficient and of low cost, by the intelligent and well informed, is indicated by experience with the voluntary contributors.

Some 2,000,000 adult working people—the self-employed and the higher paid have not been brought under Health Insurance by compulsion, but have been invited, and urged, to come in, and offered for 7d. per week, insurance now costing 11d. per week. It was estimated in advance that 800,000, or 40 per cent. of them would accept, but in fact, according to the figures given out by the Insurance Administration, only a little over 20,000, or 1 per cent. have come in, the remainder apparently concluding that the insurance is not worth even that cost.

The British system certainly does not supply the needs of those most requiring help, as is conclusively shown by the last report of the Local Government Board for England, reading: "Of the number of tuberculosis applicants at Metropolitan dispensaries, 3,168 were insured, and 13,660 were not insured; and of the applicants at non-Metropolitan dispensaries, or those located outside of London, 25,865 were insured, whereas 34,644 were not insured." (New York National Civic Federation Report, October, 1919.)

German Vice-Chancellor Delbrück, announced in the Reichstag in January, 1914: "We are not yet out of the dark as regards the results of the existing social insur-