

# Compulsory Insurance Help to Medical Science

It Would, the Writer Says, Give New Impetus to That Most Important Work in Medicine, the Prevention of Disease

WHEN a community is attacked by an epidemic disease, especially one like infantile paralysis, which has dramatic elements of mystery and terror, a score of agencies, imperfectly correlated, are roused to meet it. Physicians and hospitals do their part. Charitable organizations try to help individual cases of distress. Experts, public health officers, and investigators commissioned by endowed institutions seek for cause and cure. Society exercises its police function in the form of quarantine. But there has never been in America, even during the recent panic, any broad or deep public consideration of the economic problem of health and disease.

There have been in New York, New Jersey, and New England probably as many as 15,000 cases of infantile paralysis, and the end is not yet. About one-fourth of all cases are fatal; about one-third of the rest result in permanent invalidity; and in many other cases recovery follows a long and uncertain struggle.

Aside from the burden of grief and pain the cost of an epidemic is enormous. The expense of medical attendance and of funerals, the loss involved in the death or disablement of potential workers, the actual loss due to the quarantining of wage-earning parents, would add to an incalculable amount. How is this loss paid? How is it distributed? In America this is almost a new question.

How new it is is indicated by the fact that of the few American contributions to the problem of health insurance the three most authoritative have been published within a few months. These are "Standards of Health Insurance," by Dr. I. M. Rubinow; "Brief for Health Insurance," issued by the American Association for Labor Legislation, and a bulletin of the United States Public Health Service. The final report of the United States Commission on Industrial Relations, published last year, recommended a Federal system of sickness insurance. During the present year bills for compulsory insurance have been presented to the legislatures of Massachusetts, New York, and New Jersey. In Massachusetts and California commissions have been appointed to study the question. But we have not passed beyond the first stage of discussion. In this country no State, municipal, or other unit of Government, provides for, or aids, health insurance. In this matter America has the dubious distinction of standing alone. Every other important industrial nation has in force some form of health insurance subsidized by the Government.

The tentative draft of an act prepared by the Committee of the American Association for Labor Legislation embodies the main principles of health insurance, which may be briefly summarized as follows: Compulsory insurance shall extend to all persons employed at manual labor under any form of wage contract and to other employees who earn less than \$100 a month. Persons exempt from

compulsory insurance are provided for under a system of voluntary insurance. Benefits are to be paid in any case of sickness, accident, or death, not covered by workmen's compensation. Medical benefits include surgical, medical, and nursing attendance, supplies and hospital treatment. Cash benefits amount to two-thirds of the weekly wage of the insured during the period of disability, but it is provided that no person shall receive a cash benefit for more than twenty-six weeks in a year. The maternity benefit includes medical service and cash payments for insured women and wives of insured men. There is also a funeral benefit of \$50.

The committee proposes that the cost of insurance be borne by the State, the employer and the employe, the State to pay 20 per cent. and the rest to be equally divided between employer and employe, except that when the worker receives less than \$9 a week, the employer's contribution shall be increased. The question of the distribution of the cost of insurance is the most difficult. Every man is cheerfully in favor of "benefits" for himself or for the other fellow. But when he is asked to pay every man becomes more cautious, if not less cheerful. Obviously there is no absolute "justice" or "right" to determine how the inflexibly absolute 100 per cent. shall be divided. And the answers of experience differ. In Great Britain employers pay one-third, employes four-ninths, and the Government two-ninths. In Germany employers contribute one-third and employes two-thirds; the Government bears the cost of supervision and administration. In Hungary employer and employe contribute equal amounts. In Norway the insured pays 60 per cent., the employer 10 per cent., and the Government (local and national) 30 per cent.

Though there may be doubt as to how the cost shall be distributed, there seems to be no doubt as to the three units that should share the burden: employes, employers, and the State, (that is, Government, public, community, or "society.") For all three are immediate or ultimate beneficiaries.

That the insured should participate in the cost of insurance seems self-evident, and only extreme radicals have suggested that the working class be insured without direct payment of premiums. The expense would not be great. The total cost of all the items that can properly be included in health insurance is from 3 per cent. to 5 per cent. of the total wages. This is Dr. Rubinow's estimate for America and it is the fact for Germany, which has had the longest experience. The working class as a whole would pay only two-fifths of the whole cost, and the poorest paid workers would pay little or nothing.

The contribution of the workers to health insurance would not be a great additional charge, for they now pay, and pay dearly, for sickness benefits, medical aid, funeral insurance, and idleness due to disability. Health insurance would give them better service for less money. Aside from the cash question of

value received for money spent, there are psychological and social advantages which the workers can realize only by paying their part. A service that is paid for is free from the taint of charity. A worker would regard his weekly income in time of sickness, or the care of his wife during confinement, not as benefactions, but as earned rights. Moreover as a dues-paying member of a vast democratic institution he would take an interest in its administration and learn the lessons of co-operation.

The employer's contribution is justified broadly by the fact that it is profitable to him to maintain and improve the health of his employes. This is true of the employer as a class, if it is not true of every individual employer and every type of business. The employer would not pay personally, but would transfer the expense to the industry. This is just, because the industry itself is responsible for a large share of the illness existing among wage-workers. Some enlightened employers maintain sick funds for their workers, and many subscribe to the support of hospitals and other charities. Such provisions would be standardized and made universal by a system of insurance, and the neglectful employer would have a new motive for safeguarding the health of his workers.

The third interested party is the public. The "public" includes wage-earners and employers, and it also includes millions of citizens whose only way of exerting influence on the conditions of the workers is through the medium of government. Social and medical science recognize as never before that everybody's health is everybody's business. Government has long since assumed complete or partial control over sanitation, housing, and some diseases. A person suffering from smallpox is required to forego the right of a free and equal citizen to roam about at will. Society, even democratic society, has taken it for granted that in matters vitally affecting its welfare it has a right to command the individual.

Compulsion is a matter of necessity, not of political theory. Some Americans sniff tyranny in the idea of "compulsory" health insurance, but the new and strange idea is health insurance itself, not the element of compulsion. That is as old as the oldest leper colony. Very old, too, is the principle of exercising governmental authority in the interest of the health of employes. As early as 1798 Congress enacted a law which taxed all vessels in the merchant marine 20 cents a month for each man and provided for the deducting of this amount from the men's wages; the money was appropriated for the relief of sick and disabled seamen and constituted the marine hospital fund.

Health insurance would give new impetus to the most important work of medical science—the prevention of disease. We all know that it is cheaper to be well than to be sick, and we would gladly pay to prevent disease from attacking us and those dear to us. But when the illness of a man we never heard

of costs us an extra penny, we are a little more keen than pure humanity or disinterested science can make us to have that man made well and kept well.

The old life insurance companies, as a matter of business, established the Life Extension Institute, the purpose of which is to help in the work of preventing disease. If society constitutes itself a health insurance company on a practical business basis, the dollar motive will impel it to organize its limitless resources to exterminate disease and so to make such gains in human happiness as cannot be measured by dollars. If that is too vast to be convincing, advocates of health insurance are content to point out two or three obvious ways in which it will tend to preserve life and health.

It will give the employer, who must contribute to the insurance funds, an added reason for keeping his shops safe and clean. The money benefit will enable the sick worker to take plenty of time to recover. The uninsured worker, harried by poverty, often goes back to the shop before he is fit. Moreover, many of the poor do not receive medical aid even in severe cases, and they are easy victims of quacks and nostrum vendors. A survey of the City of Rochester, made by two physicians for the Metropolitan Life Insurance Company, showed that two-fifths of the sick poor had no physician in attendance. However low one rates the skill of the average doctor, it is probable that a hard-headed insurance actuary would place his bet on the 60 per cent. of cases where there was some sort of medical attendance. Insurance at least gives the doctor a chance to do what he can.

Health insurance would go far toward making the physician what he ought to be and tries to be—a public servant. Probably most modern doctors would agree with Surgeon General Rupert Blue, President of the American Medical Association, that "health insurance is the next great step in social legislation." An adequate system of assured medical aid would help to liberate the doctor, both as a breadwinner and as an investigator and contributor to his science. The spectacle of the young doctor, or the less brilliant doctor, scrambling to make a living from his private practice, and at the same time giving service and receiving necessary experience at semi-public dispensaries and hospitals, is not reassuring. The problem is to make sure that the physician shall reach the patient that needs him and treat that patient under reasonably good conditions either at home or in hospital.

Individual hospitals may be perfect, but the hospital service as a whole in our industrial centres is far from adequate, and that means that patients are neglected and doctors are hampered and inefficient. Though health insurance would not solve the problem of the physician as a social servant, it would urge the civilian doctor toward something like that organization which has already been achieved in the medical service of the army. If Panama can be cleaned up, why not New York?