

SECTION ON EDUCATION AND LEGISLATION, AMERICAN PHARMACEUTICAL ASSOCIATION

WHAT COMPULSORY HEALTH INSURANCE WOULD MEAN TO THE DRUGGIST.*

BY HARRY B. MASON.

Compulsory health insurance would be the severest blow the American druggist has ever had to face. At one stroke it would rob him of three-fourths of his business in medicines and supplies for the sick. But even this is not all. In addition it would compel him to pay 40 percent of the cost of insuring his own employees. And in the third place, as a citizen of the State and the nation, it would double or treble his burden of taxation. To no one, indeed, would this visionary and socialistic scheme of legislation prove more disastrous than to the druggist, and it is not exaggerating the possibilities in the slightest degree to say that with many hundreds and perhaps thousands of pharmacists who operate on a slender margin of profit, compulsory health insurance would mean the difference between success and bankruptcy.

But, some of you hasten to reply, if this form of State insurance is a public necessity, and if it will inure to the greatest good of the greatest number, it is no argument against it that it may threaten the success and even the very life of any one class in the community. This is true, but I believe you will agree with me that compulsory health insurance, while it exhibits some attractive features, is like one of those European harbors that present a smiling surface but are thickly laid with mines underneath.

WHAT IT IS.

First, however, let us ask ourselves: "What is compulsory health insurance anyway, and who are its proponents?"

Down in New York State a group of teachers, socialists, sociologists, and reform workers have combined themselves under the misleading name of the American Association of Labor Legislation. I used the word "misleading" because labor is not represented in the organization and also because the American Federation of Labor is violently opposed to it and its proposals. This Association has drawn up a bill which was introduced two years ago in three State legislatures, and last winter in no fewer than ten or more. Paid lobbyists appeared everywhere in behalf of these measures. Paid orators mounted the platform of public meetings to spread the propaganda. Literature was distributed broadcast, and it cannot be doubted that the whole movement will continue to be pushed with the greatest of vigor and determination during the next few years. We shall make a fatal mistake if we dismiss it as a chimera which cannot possibly become realized in fact.

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What does the bill provide for?

It insures the health of every manual laborer in the country regardless of his wage, and of every other type of worker earning \$1200 or less annually. Let us take the case of a single individual and see what measure of protection it is proposed to give him. If he becomes sick, or is disabled by accident, he will receive two-thirds of his wages during absence from work, and this generous payment will, if deemed necessary, be continued as long as twenty-six weeks in any one year. In the meantime he will be granted free medical service, free surgical and nursing attendance, free medical supplies, free dental work, and free hospital accommodations whenever necessary. If he dies, the actual expense of his funeral is to be paid up to an amount not exceeding fifty dollars.

More than all this, the same group of services will be given to such of the members of his family as are dependent upon him. Whenever his wife undergoes the interesting experience of maternity, "all necessary medical, surgical and obstetrical aids, materials and appliances" are to be provided. If the woman is herself a worker, and therefore insured, she receives the foregoing maternity benefits and also two-thirds of her wages for a period of two weeks before delivery and six weeks thereafter, meanwhile taking things as easy as possible at home.

It can readily be seen that these remarkable benefits mean an enormous outlay and that in every State millions of dollars must be raised. Where will the money come from?

Waiving the case of those whose wage is very small, it may be said in general while the employer will be charged with 40 percent of the cost, the employee with 40 percent, and the State is to make up the remaining 20 percent.

THE DRUGGIST'S BURDEN.

Of this burden the druggist, as already intimated, must indeed carry a heavy portion. First of all he is involved as an employer. All of his employees in the store, unless paid more than \$1200 annually, would inevitably be made beneficiaries of the scheme, and he must, therefore, pay 40 percent of the cost of "carrying" them. In the second place, as a tax payer, the druggist must pay his portion of the burden borne by the State, and I may add that this will be no slight figure. It has been estimated by conservative experts that compulsory health insurance in the State of New York would raise the annual tax levied against real and personal property from \$20,000,000 to \$41,000,000. In Ohio the tax would jump from \$3,300,000 to \$10,400,000, and in Indiana, where we are now gathered, the figure would be increased from \$1,600,000 to \$5,200,000. And this, mind you, is only 20 percent of the estimated cost of compulsory health insurance!

Where the druggist is most immediately and threateningly involved is in the competition that he must face from the State. In the early days, when the proponents of this scheme were feeling out sentiment, they declared that in all the larger cities, and wherever in fact it was feasible, medicines would be supplied at dispensaries organized by the local "funds" or "carriers." This would mean public drug shops operated by the insurance societies in direct competition with the druggist. Later on, thinking that so honest an avowal would arouse opposition, nothing more was said about dispensaries and no reference was made to them in the bills introduced last winter in the various legislatures. This was in perfect

harmony with the policy of keeping out of the measures anything that would be likely to provoke attack, thus rendering it easier for such legislation to be secured.

But don't let anybody think that because certain things are not mentioned in the bill, they will not be achieved afterwards. The measure provides that the whole scheme is to be supervised by a State commission made up of three individuals. Among other things this commission will have the power to frame regulations for the enforcement and application of the law, and the adroit expectation is that the regulations will contain such features of the plan as it is thought wise and politic to keep out of the law itself.

THE ONLY ALTERNATIVE.

But suppose, for purposes of argument, that the dispensary features were not adopted in some cities. What then? There is only one alternative. In Section 7 of the bill it is declared that every "carrier" must provide for its insured members certain things, among which are medical and surgical supplies. How is the "carrier" to provide them? Either by means of a controlled dispensary or hospital on the one hand, or on the other by a special contract with one or more druggists in each locality. If a contract is entered into with one or more druggists, it takes the business away from all the others, and those who get the contract will find that it isn't worth anything because prices will be screwed down to the limit.

This has been the actual experience of "chemists" in Great Britain. There a fixed schedule of prices has been established, but the prices are so low that, when the cost of labor and the expense of doing business are considered, the profit more than disappears. An absurdly low advance on the net cost is allowed on each individual item entering into a prescription, and the druggist is permitted a dispensing fee of four cents for all mixtures up to 8 ounces. Think of it!

The British "chemist," unlike his American cousin, operates at a very low expense, and this is particularly true in the smaller towns. Frequently living in connection with his shop, keeping only one boy or none at all, having large stretches of leisure on his hands, and paying far less for rent and every other expense, he is able in some instances to take this insurance business and make a small profit from it. But it can well be imagined what would happen to the American druggist under the same conditions. Every prescription so filled would be dispensed at a loss, and the greater the business the greater the sacrifice! This is precisely the experience of the large and successful pharmacists in Great Britain—the men who know what their expenses are, and who realize what they must do to make their business yield them a profit.

DISASTROUS RESULTS.

Hospitals form an important part of the scheme, and it cannot be doubted that in the cities of any size all medicines would be furnished either by hospital dispensaries or by the special drug dispensaries. Now what does this mean for the druggist? It must be remembered that three-fourths of all wage earners and their dependents are to be made beneficiaries of this insurance. Three-fourths of the druggist's business in drugs, prescriptions, and medical supplies, therefore, would leave his store and be deflected to public dispensaries. *Does the druggist want to lose three-fourths of his pharmaceutical business on the one hand, and on the other be made to pay three times his normal taxes?*

Doesn't this whole plan mean, indeed, that large numbers of druggists would no longer be independent business men, but would revert to the status of clerks and employees in these public dispensaries and hospitals? Either that, or else the drug stores of the land, like Hamlet played without the Prince, would cease to be drug stores in fact, with most of their drug business gone, and would in effect become general stores competing with other merchandising shops of which there are already far too many. The prospect is scarcely a rosy one. The druggists of America will not, I assume, give up their independence without a fight.

GENERAL ASPECTS OF THE MOVEMENT.

I have so far discussed this whole question more or less exclusively from the standpoint of the druggist. But of course, as already intimated, if this movement is to be defeated, it must be defeated because it is against public policy, and not because it may wipe the drug stores of the country out of existence. Is it against public policy?

It certainly is, and for reasons so numerous that I cannot hope to discuss them all in a brief address. In the first place it is almost enough to say that the beneficiaries themselves are for the most part to be found arrayed against the proposition. The scheme has been devised ostensibly for the protection of the American laboring man, but the American laboring man doesn't want it. Here and there a labor association, it is true, has supported the idea, but the great majority of such organizations have declared themselves against it. The American Federation of Labor, which speaks authoritatively for union labor, is particularly opposed to the scheme, and Samuel Gompers himself has time and time again declared himself in no uncertain terms.

As a matter of fact, the laboring man sees a great menace concealed behind this adroit and ingenious suggestion. He is instinctively afraid of the political machine that will be developed in every State to take care of compulsory health insurance. He realizes that what protection he gets will cost him far more than it is worth, and that waste and extravagance will accompany the whole business at every step. He senses the vital fact, too, that employers of labor, once they must carry this great burden, will see to it that it is reduced as much as possible and that employment is given only to the young, the fit and the strong; men who are likely to become expensive risks will go vainly from one factory to another in search of work and will find it nowhere. And lastly, the American laboring man, like every other American, wants to have the free and unrestricted right of choice left to him, and doesn't want to be compelled to do anything against his will.

UN-AMERICAN COMPULSION.

One of the greatest arguments against the plan, indeed, lies in its compulsory element. The proponents of the idea insist that it will be a failure if it is not made compulsory, and yet, when it is made compulsory, it becomes un-American to the last degree. Three people out of every four in the community are involved and they must pay for this insurance whether they want it or not—whether they can afford it or not. They must patronize certain physicians whether they prefer them or not. They have no choice in the matter—there is no alternative. The money is taken out of their pay envelopes every Saturday and there is no help for it.

This represents one side of the proposition, but there is another side as well. Not only are three people out of every four compelled to accept such protection more or less against their inclinations, but the fourth individual in every group of four persons must largely contribute toward the protection forced on the other three. In other words, one-fourth of the population, not beneficiaries because not manual laborers or because earning more than \$1200 annually, must dig down in its pockets in order to have the other three-fourths provided with something that they may or may not want. Some of us are to have charity forced on us, and others of us are to contribute this charity against our wills. Does this sound like American liberty, or is it European paternalism run mad?

Here, too, is one result of compulsion as it has worked out in Great Britain. I know personally of a manufacturing establishment employing something like seven hundred intelligent people, the great majority of whom are beneficiaries of the plan. They are compelled to stand their portion of the expense. But do they use the panel physicians and do they avail themselves of the inferior drugs which are provided by the administrators of the act? The majority do not. They continue to consult their own private physicians and to purchase drugs in which they have confidence. I am informed that this same situation exists all over the country, and thus we have presented to us a picture of the poor working man compelled by the State to pay twice for what he gets.

Furthermore, it is an idle dream to suppose that this great burden of expense is going to be nicely and accurately divided—40 percent paid by the employee, 40 percent by the employer, and 20 percent by the State. You and I know exactly what will happen. The employer will pass along his tax to the consumer as he does every other tax. He must contribute 40 percent of the cost of protecting his own employees, and he must also contribute his portion of the 20 percent carried by the State. The sum total he will consider as an addition to the expense of doing business, and he will increase the selling price of his products accordingly. The consumer will pay the tariff as he always does, and in the last analysis, therefore, compulsory health insurance will hark right back to the average man. He is supposed to get something for nothing, but will he? He will find himself paying three prices for what little protection he secures.

Advocates of compulsory health insurance frequently refer with gratification to the conditions in certain European countries where State health insurance has obtained for some years. Now nothing is more common than the ease with which half a dozen theories may be proved from the same set of facts. Not only do fifteen or twenty religious cults, differing more or less vitally from one another, draw evidence of the accuracy of their philosophy from the same Bible, but even a mental vagary like Christian Science is made to rest on the same foundation. Desiring, if possible, to avoid this common error, and to get at the real truth of conditions in Great Britain, I wrote to an unprejudiced and impartial observer in London who I thought could brush away all misleading facts and figures and give me the heart of the situation.

THE BRITISH ACT.

He writes me that the national insurance act of Great Britain was originally framed as a vote-catching move, pure and simple. It was put through for that

special purpose at a particular time, and with no financial provisions whatever. Once enacted, all interest in it was suddenly dropped by the promoters, and for some years it has been more difficult to get the act mentioned in Parliament than to get a camel through the eye of the traditional needle. Moneys for the practical application of the law have not been forthcoming in sufficient measure, and the whole business has been hampered at every step. The promises originally made in connection with the bill still remain unfulfilled after several years of experience.

More seriously yet, my informant tells me that Great Britain has experienced what was inevitable in connection with socialistic legislation of this sort. A host of administrators were required, and at once the vast majority of them set about seeing what they could get out of the situation at the expense of anybody and everybody. The poor insured person entirely escaped consideration in every instance.

Now this is the view of a student who has observed conditions with a neutral eye from the very beginning. It is possible to take isolated facts and figures and to arrive at the conclusion that the national insurance act in Great Britain has been most salutary in its effects, but I prefer to accept the opinion of an able observer who is familiar with all the conditions and who knows what he is talking about.

Now let me reason by analogy. In Great Britain the benefits provided are very much smaller than are proposed in this country. Only those earning less than \$800 annually are beneficiaries, whereas here the figure is \$1200 for office help while every manual laborer is included regardless of his wage. In Great Britain the maximum cash benefit a week for men is \$2.40, and for women \$1.80. The maternity benefit is limited to \$7.20 exclusive of medical attendance. The amount paid for drug supplies and for medical service is also small in comparison, and it may be said in general that the benefits there are not more than 20 percent of what is proposed here. If, nevertheless, with benefits relatively so small, graft of every sort could arise in an old and well-established government like that of Great Britain, what would happen in the United States with spoils four or five times as great made available?

Isn't it plain that we should build up a political machine that would magnify all the evils with which this country is now afflicted—a machine that would use the cloak of charity to conceal its nefarious designs? Millions upon millions of dollars would be wasted annually, and the chief beneficiaries would be the army of politicians who desire nothing quite so much as to fatten themselves at the public trough.

Of course plausible and moving pleas have been made for compulsory health insurance. Some very excellent people are heartily in favor of it. Humanitarian sentiment seems to rest at the bottom of it, and people with large hearts and generous impulses want the ills of humanity relieved as much as possible. But theory often has a habit of running away from facts, and the glamor which surrounds many reforms will not stand the cold light of reason. Moreover, many of the advocates of this panacea are in it for what they can get out of it. Much of the sentiment which flows so eloquently from their lips is made to conceal the hope of profit which regulates their desires.

THE MEDICAL PROFESSION.

In the medical profession opinion is divided. Some medical associations have declared for the proposition; others have declared against it. Within the last year a number of physicians, some of them members of the American Pharmaceutical Association, have declared the movement a public-spirited one and have argued that druggists should support it though it drives us into the sea. We should be willing to sacrifice ourselves on the altar of humanity.

But it is easy for the physician to assume this lofty position. The medical profession is very efficiently organized, and in the event that compulsory health insurance obtains in any State the doctors will be strong enough to force recognition for themselves. Already, indeed, they have had written into the bill certain features which afford them ample protection. They are assured of proper compensation in the event of success, and one reason why so many physicians favor compulsory health insurance is that it will greatly increase the earnings of the rank and file of the profession. The average income of American doctors is about \$900, and it has been estimated that this figure would jump to about \$2000 if compulsory health insurance became a fact.

Now there are a great many objections to be urged against compulsory health insurance as it is proposed at the present time. I won't trespass upon your patience to enumerate them all. Probed to the bottom, the whole scheme is nothing but socialism—pure, simple, and unadulterated. It would put the State into the field now occupied by private enterprise. Is this what we desire? Is there any more reason for the State to sell health insurance or drugs or medical service than for it to sell shoes or groceries or clothing? Do we want to encourage this entering wedge? Do we want the State to take over business activities one by one? Are we anxious to destroy the individual initiative, the business genius, which has made America great? Are we desirous of sacrificing and discarding private enterprise and becoming wards and paupers of the nation?

And this thing is worse than almost any other form of State business would be, because it is made compulsory. We must take it and pay for it whether we want it or not. We have no choice in the matter. Isn't this the worst possible form of oppression? Isn't it autocracy instead of democracy?

SPECIOUS CLAIMS.

The fathers of the idea say that sickness is a public evil and that compulsory insurance would lessen it. But it hasn't been lessened in Europe. They say that the cost of health protection would be lowered. But it hasn't been lowered in Europe. They argue that the poor man, unable to protect himself, must be protected by the State. But the man who most needs protection won't be protected at all by this plan.

Who is this man? Is it he who is employed at a good wage and has a steady position? No. He can take care of himself. Who is he, then? He is the man who, once compulsory insurance goes into effect, loses his job, either because he is too old, too sickly, or has habits which make him a bad physical risk. Employers, in self defense, are going to get rid of all such men, and once they lose regular employment they are no longer beneficiaries of the scheme. For it is notorious that what are called "casual workers" and men without jobs are left

out of the reckoning. What, then, becomes of the claim that the plan protects those who most need protection?

I repeat that the whole proposition is full of objections—so full that hours would be required to discuss them all. It would tend to destroy individual enterprise. It would start us on the uncharted sea of socialism. It would pauperize the very people who became beneficiaries of it, while failing to reach those most in need of protection. It would substitute governmental oppression for personal liberty. Heralded as an economic measure, it would waste millions of dollars annually. Presented as a specimen of efficiency, it would do more than anything else to fasten upon this country a reign of graft, incompetency, and malfeasance in public office.

A WARNING.

My purpose today is to issue a warning against this vital danger. If we do not organize against it, we shall certainly live to rue the day. If compulsory health insurance becomes a fact, it will not only be a public menace but it will be the greatest blow ever suffered by the drug trade of America. I am speaking of the plan in its present form. If it can be so modified and improved as to become a public benefit instead of a public danger, and particularly if the compulsory feature can be eliminated, druggists and other public-spirited citizens will desire to support it. The National Drug Trade Conference and the American Drug Manufacturers' Association have declared their opposition to the movement until time could be afforded for a more careful study of the situation, and this is the attitude that should be taken by the American Pharmaceutical Association and by all other branches and divisions of the trade. In the meantime, as these bills present themselves in the different State legislatures next winter, and succeeding winters, they should be opposed with all the vigor at our command.

In fighting them to the last ditch we shall not only be rendering a public service but we shall be protecting our own calling from the danger of partial if not complete extinction.

ABSTRACT OF DISCUSSION.

J. H. BEAL: I have tried to make a study of this subject for some years. I am more and more impressed, not only with the defects and objections to the bill, but with the enormous organization that has been constructed to thrust it down our throats whether we want to accept it or not.

It has been customary for pharmacists all during my life and experience to sit still in their chairs until some very objectionable piece of legislation has been enacted and then awake to do a lot of grumbling when it will do no good; but I say, for heaven's sake, if there is any way to awaken the American drug trade to the importance of this particular proposition, let us do it now, because it is going to be forever too late when these bills become a part of the laws of the land.

I want to call attention to a very adroit game that the proponents of this proposition are playing when they introduce a bill into the legislature. They know very well they can't slip a thing of that sort through at one session or are not likely to, so they profess to be animated by a very public spirit and ask that it be referred for thorough investigation as to its desirability, and that \$8,000 or \$10,000 (and I believe in one case \$75,000) be appropriated to make a thorough investigation, and along with this they submit certain questions which are to be answered by the commission. The purpose of the questions will be appreciated by every one who has ever heard a smart lawyer examine witnesses when he asks questions which are calculated to bring out the kind of an answer he wants to get before the jury. The questions to which the commissions are to secure answers are something like this: "Is it a fact that a serious spell of sickness,

depriving a laboring man of the power of earning wages, is a hardship and a disaster to such laboring man?" Who would need \$75,000 or an investigation committee to answer that? Another question is: "Is it a fact or is it not a fact that there are large sums of money lost annually due to loss of wages during sickness?" Still another: "Is it or is it not a fact that there are a great many people deserving better medical attention than they are now able to get?"

The whole thing is shaped so that the answers will be either "yes" or "no," focussing to one final conclusion, which is, that this particular measure of compulsory health insurance is the great panacea for all the evils from which we suffer in this world.

Now I hope that every member of this Section will take pains to study the subject. I have a bale of material already, expressions pro and con, and if any of you who have occasion to deal with this subject before legislative committees this winter, and you will give me time enough, I will see that you get copies of whatever material I have.

Compulsory health insurance presents a serious menace—the most serious that has ever come before the American Pharmaceutical Association. You can stop talking about higher standards and you can stop talking about prerequisite laws; you can stop talking about cut prices, and so on, because none of those things will interest you. There won't be enough left of your business to make these subjects worth discussing if public health insurance becomes a fact throughout the states of this Union.

ALFRED B. HUESTED: I wish to call attention to the necessity for immediate action from the fact that medical societies in different parts of the country are taking action with reference to this measure, many of them in favor of it, and have been doing so for some time past.

OREL JONES: Mr. Mason makes the statement that the doctors expect to increase their average income from \$900 to something like \$2,000. I would like to know how the British law has worked out as to the income of the medical profession?

HARRY B. MASON: The benefits in Great Britain are only about one-sixth of the proposed benefits here. Therefore the physician gets relatively little. The panel physician is paid a flat fee per patient per year. I have forgotten what it is, but I think it is only two or three dollars, and therefore the British physician isn't giving the patient very much attention. But the American doctors who favor the scheme say: "We can profit by the British experience and fix this thing right," and the model bill has been so framed as to guarantee them good fees.

OREL JONES: There is another thing I would like to mention here if it is permissible. Dr. Beal has requested early publication of Mr. Mason's paper in our JOURNAL. Wouldn't it be permissible to ask other journals to copy it so as to get it into general distribution?

F. H. FREDRICKS: Mr. Chairman, my mind turns to the practical side of this question. As the reader of the paper has pointed out, there are now 13 states in which bills of this kind have been introduced. In other states commissions have been appointed who have for their needs all the way from ten to seventy-five thousand dollars, and these commissions are going to be busy doing their work and earning their money during the next two years. Now it is up to the pharmaceutical interests to get in touch with these commissions, and they can do it best, of course, through drug associations in the different states and through the branches of this Association that are now in many of our larger cities. This is an exceedingly important thing, because these commissions will be guided largely by those who come to them and who are either for or against the movement.

It seems to me exceedingly important that there be one central drug committee or body from which proper, reasonable, and logical argument will issue. I say we should be prepared, and it is the duty of this parent organization to frame the argument for the people, that will go to these various commissions, and I would point out to you, Mr. Chairman, that we have two men in our Association who are splendidly fitted to prepare that argument if they can be induced to give their time to it. I take the liberty of mentioning Mr. Mason and Dr. Beal. If the various associations in the drug trade could be induced to take up this matter with these commissions, with the arguments prepared for them, there wouldn't be any other industry so well prepared to head off this legislation.

I am convinced that these various commissions in the different states are anxious to have real information presented to them, and they will be forcibly impressed by it if it reaches them from local men, from men they know, and if it is in order, Mr. Chairman, I would move you that we recommend to the General Session the appointment of a committee, which shall pre-

pare the arguments for the various local committees and associations that are to be presented to these commissions.

C. M. WOODRUFF: We had this bill before the Michigan legislature last year and there was a public hearing at which all interests were represented. There were a good many things brought out at that hearing. The one I want to direct special attention to is this fact, and it was demonstrated at the hearing, that this bill, if it became a law, would virtually destroy the insurance that a great many healthy people were already depending on for protection. The bill was therefore opposed by the Maccabees society and other forces of that kind. The competition of the State would destroy such associations that were carrying hundreds of people who had come to that age that they couldn't get insurance in any other organization or old line company and wouldn't come under the protection of this insurance, and the insurance they had, and depended upon, would be destroyed. That was demonstrated quite conclusively at this hearing.

HARRY B. MASON: I would like to say a practical word. I was impressed with the argument advanced by Mr. Freericks in favor of some central bureau of information and assistance, and, of course, I shall be glad to give any help I can at any time. I may say the secondary purpose I had in preparing the paper was to advance arguments and facts which would be of assistance to legislative committees.

Now, a further suggestion occurred to me as Mr. Freericks was talking, and I would like to ask Dr. Beal how it can be utilized. The danger of this whole proposition will lie in the possibility of state enactments. The bodies that must get active are the state pharmaceutical associations. It is all very well for us to pass resolutions here, but we are more or less of an academic body, and unless what we do is translated into state action it isn't going to amount to anything. When these bills make their appearance in the state legislatures—there are bound to be ten or twelve of them next winter—what can we do to prompt the state associations to become active? That is the point that occurs to me. Yesterday the House of Delegates, I believe, voted to submit to the state associations some question suggested by this body for discussion. Isn't there some way that this particular subject can be presented to the state associations for discussion, and isn't there some way we can tell the state associations of the importance of this movement and the necessity of studying it and getting busy?

J. H. BEAL: I think after we dispose of this pending motion we should adopt one requesting the House of Delegates to lay this particular subject before all the local and state associations. I think we should also pass the resolution proposed by Mr. Freericks, providing for a committee of five, however, and letting the committee get its material ready to send out to the proper bodies and arouse their interest, for a good many of them have not heard of the subject yet. I think the state boards of pharmacy should be included—everybody that has any influence.

The Section on Education and Legislation recommended to the General Session that a committee of five be appointed to prepare arguments in opposition to Compulsory Health Insurance for presentation to state and local pharmaceutical associations, boards of pharmacy and other bodies opposed to such legislation. This was adopted and also the following declaration:

The American Pharmaceutical Association desires to express its disapproval of the Compulsory Health Insurance Bills introduced in different state legislatures during the past winter. It is quite likely that, in the interests of wage earners of very limited income, something in the way of social insurance should be provided under the supervision of the State, but the present plan certainly goes much too far and is open to many vital objections.

It would put the State into the business of supplying health insurance, drugs, and medical service with no advantages of economy or efficiency over present agencies, but with the great disadvantage of waste and extravagance at every step. Involving expenditures of millions upon millions of dollars annually, the cost would inevitably hark right back to the very people whom it is supposed to benefit, and would make them pay dearly for the little protection they secured. En route, moreover, it would fatten an army of state and local employees feeding at the public trough, and would furnish both the motive and the opportunity for the development of a political machine of vast proportions.

In the event that some equitable and judicious plan is later on offered to the American people we should be glad to give it our approval and our support. In the meantime we are unalterably opposed to the proposition for reasons so numerous that they could not well be stated in a resolution of this kind.