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SOCIAL SECURITY IN THE POLITICS OF THE POLISH STATE IN THE YEARS 1918–1939

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The process, by which social security gained importance in the state's security system was extended over time. The twenty-year interwar period formed an important, but still preliminary period of development of such activity of the state. This was particularly visible in Poland of the time, where the still very traditional social and professional structure of the population, based on the domination of agriculture and rural inhabitants, left most of them by definition outside of the social security system.

Irrespective of that, the category of social security was clearly present in the politics of the Polish state, however, its subjective scope, and in certain areas, its objective scope, remained decisively insufficient. Despite the relatively enlightened goals, particularly in the second half of the 1930s, the modern, and in certain instances quite extensive legislature, and the developed institutional paradigms, the level of social security provided by the available insurance system was rather humble. Its most defining characteristic, and at the same time, its greatest flaw, remained the selective character of the social security offered to the citizens (approx. ¾ of the population had no access to the system).

Key words: social security; social insurance; healthcare; social care; Second Polish Republic.

Introduction

The multidimensionality of the concept of security is currently appreciated and understood by all researchers and professionals dealing with it. This has become the case as a result of the long-term development of the understanding of the category of security, as a result of which, beside the defensive and military area traditionally associated with it, issues of political, economic, information, ecological, social, cultural or ideological security have also moved to the foreground [4, p. 7–8].

A material component of the concept of security is social security. It is understood as the condition of freedom from threats, the effect of which would have been a lack or shortage of the means to support oneself. Among these threats are included typical social risks, primarily illness, accidents at work, professional diseases, disability, old age, loss of employment, parenthood or finally the death of the provider of the family. Considering social security defined in such a way, its provision is closely tied to the category of social insurance, the goal of which is the reduction and compensation of the effects of the indicated social risks [21; 20].

The process, by which social security had gained importance in the security systems of states, was long-term and stretched out over time, and the spotlit position that social security takes at present was only taken up by it after World War II. Despite this, it is worth it to consider the mode of how social security was treated at a still less advanced stage of development of social policy, meaning, in the 20-year

interwar period. The subject of the analysis will be the Second Polish Republic, meaning, a state rising after over a century of foreign rule, needing to create its structures from the ground up, including these taking care of social issues, striving to model itself on the best Western examples in this regard. An attempt at describing the issue of social security in the politics of that Polish state encompasses the most important questions related to social insurance and its objective and subjective scope, and in the end – the effectiveness of the implemented policy in the context of the peoples' social security.

Social security on the declarative level

The term of social security had not been in common use during the interbellum, however, attempts to ensure it were clearly expressed both in public declarations by persons responsible for the state's social policy, as well as in the substantiations of the drafts of acts of law that were the most fundamental from its point of view. What's more, in the 1930s, issues of at least some areas of social security were starting to be very directly related with the then-contemporary understanding of the care for the security of the country.

In the first years of independence, the basic goal of Polish social policy was to strive to cover by appropriate security of social groups, which at such a stage of development of social activity of a state usually had such guarantees in Europe. Thus, these were first of all labourers, and the care to protect them from social risks was to be reflected in the social insurance system. Subsequent prime ministers, as well as labour and social insurance ministers, consequently reminded of these efforts, and an example of such an attitude were for instance the words of Prime Minister Wincenty Witos, who on June 1st, 1923, stated that «the government is not only planning not to limit the rights of workers, provided to them in the protection and insurance laws, but will attempt to even deepen and broaden them, especially in terms of social insurance» [19, p. 34; 26, p. 11].

Over the years, it was specifically social insurance that were considered to be the basis of social guarantees offered to the people, the proof of which was also the attitude towards the risks that were outside of the scope of influence of the insurance laws. It was particularly noticeable in terms of the work on the act on social care conducted at the beginning of independence. It was in effect to become a joint responsibility of the communal unions and the state, but it was assumed from the very beginning, that this particular act should have a temporary character. With time, the individual areas of social care were to be replaced by social insurance, because it was specifically «obligatory insurance that was considered the most ideal form of care» (with only rare cases, which could not be covered by these, were in the future to continue to be the subjects of classic care activities) [2, p. 376–377].

It is worth noting here that the decisive majority of tasks in the scope of social care was ceded by the state to the local governing bodies, and it was these that became responsible for this area of social security. The case was similar with protection from the risk of illness. Even if in fact a part of tasks in this regard was covered by illness insurance, but it was inaccessible to the majority of the citizens, as a result of which, it became necessary to attempt to organise a health care system aimed at this majority. According to the fundamental sanitary law of the year 1919, the care for the health of

the people was taken over by local authorities, with the central government to intervene only in cases, where the local bodies were not able to cope with the situation [5, p. 15/207; 29, p. 727–728].

The assumptions formulated with respect to what we contemporarily call social security, formulated at the outset of independence, survived in practice all the way up to the 1930s, when, the persisting crisis resulted in a certain reorientation of social policy of the state. Its first component was the prioritisation among social risks of the issue of unemployment, experienced by hundreds of thousands of citizens. It had become the issue considered to be definitely the most important among all social issues, and the provision of work and the means to survive for the unemployed with the help of public works and temporary aid, became the basic component of the state's social policy. A different important component of the evolution taking place was the turn in terms of care policy. Earlier on, the provision of care to children, which have been abandoned for various reasons, was based on closed facilities, however, budgetary difficulties of the state and the local authorities influenced the changes in this part of the activities aimed at social security. The local authorities, supported in this regard by the ministry of social care, began to utilise the entity of the surrogate family to a gradually larger extent, which not only was far cheaper to maintain, but was also considered to be a much more modern form of care for the abandoned child [8, p. 66–69].

The most visible change, at least on the declarative level, took place in the 1930s in terms of the efforts to achieve security of the people in terms of health. In the second half of this decade, the state not only noticed the problem of three quarters of society remaining outside of the illness insurance system, but also undertook attempts aiming at the creation of so-called public health care, which was planned to cover the needs of the general public. Moreover, the issue of health was at that time directly related to the issues of defensive and mobilisation capabilities of society, thus making a direct connection to the category of state security as understood at that time. Theses concerning health care policy were formulated just before World War Two by the governing Camp of National Unity (Pl. Obóz Zjednoczenia Narodowego), and the Polish minister of social care, Marian Kościałkowski, spoke in parliament in February of 1937 that a person in perfect physical health can drive Poland forward, and be a good soldier if war would necessitate this [27, p. 15; 28, p. 77].

Legal basis of social security

The goals and aims of Polish social policy spanning the provision of certain components of social security, as stated by its authors, were not always expressed in the activities actually conducted, and this reservation can be directed both to the legislative layer, as well as the organisational layer and the practical implementation of these legal provisions. In case of the latter in particular, a material problem was the issue of delaying of the implementation of solutions necessary in terms of the legal guarantees of social security. It suffices to say that in the area of so important social insurance, it was only the issue of insurance from illness that was solved in an immediate manner by the decree of January 11th, 1919, and the act of law of May 19th, 1920. In terms of further components, the situation progressed far worse, because provisions extending the guarantees of protection in case of work accidents on

the area of the former Russian partition of Poland were only passed on January 30th, 1924, with the risk of old age of workers, and disability related to it, was protected by insurance only in the Prussian partition up to the year 1933. It was only the passing of the social insurance law of March 28th, 1933 (called the unification act, in Polish «ustawa scaleniowa»), meant that workers across the entire country were covered by this type of insurance. Some time earlier, in the year 1927, such insurance was introduced for white-collar employees. In the year 1923, old-age pension rights provisions were unified by state employees and the professional military, and in turn even in the year 1921, the war-disabled, distinguished in the struggle for independence, were covered by social security [5, p. 9/122; 6, p. 44/272; 7, p. 32/195; 8, p. 6/46; 9, p. 16/148; 10, p. 106/911; 11, p. 51/396].

Theoretically, it was faster to draw up the basic acts of law regulating issues of social care, and health care that was unrelated to the insurance system. The fundamental sanitary law passed by the Sejm already in July of 1919, however, was very general in character, and the lack of appropriate introductory laws caused that it did not come into force in the former Prussian partition. The case was very similar for the social care act passed by the Sejm in August of 1923. In this instance, it was but a framework regulation, for which a part of appropriate introductory acts was missing in the subsequent years (this act of law also did not come into force in the former Prussian partition) [5, p. 63/371; 8, p. 92/726; 16, p. 125].

Even if in terms of social care, subsequent acts of law did little in terms of progress of extending of social security guarantees, in case of health care, a chance for progress was the ordinance of the President of the Republic of Poland of March 22nd, 1928, on health care facilities, obliging the local authorities to maintain such facilities as appropriate for their relevant needs. On the other hand, however, these provisions were not supposed to be in force in the former territory of Galicia, and in addition, acts of law were missing guaranteeing the actual implementation by the local authorities of the obligations imposed upon them. Real progress in the normative area was only supposed to come towards the end of the 1930s, when the Parliament passed two important acts of law that were a clear result of the changes taking place within the government with respect to the issue of care for the health care needs of the general populace. The first of these was the novella of the provisions on medical practice of July 30th, 1938, which, while aiming to improve health care access for rural dwellers, required young medical doctors to complete a two-year medical placement in rural areas or minor towns. A second fundamental step towards the assurance of health security of the people was to be the public health care services act of June 15th, 1939, imposing on the communes the duty to form and keep health care facilities as well as communal medical doctors tasked with taking care of the health of the locals. The fundamental provisions of this act were to enter into force only in April of 1940, however, it is worth noting that its aim was to provide health care for all of the inhabitants of the country, which, from the point of view of assurance of social security, could have posed a very important step towards its provision [12, p. 57/449; 13, p. 54/342].

The scope of insured social risks

The scope of social risks insured as part of the social security system is, by definition, one of the key factors in the evaluation of the level of social security guaranteed in a particular country. In interwar Poland, however, this was not exactly the case, because a part of the social guarantees set forth in the acts of law, or even the constitution, remained but never implemented announcements, not finding any sort of transformation into actual support by the relevant institutions. In general, one can state that the scope of insured social risks was uncommonly broad in Poland at that time, and that its coverage made practically all kinds of such situations finding a response in the form of appropriate actions of the state, local authorities or social institutions.

The most clear guarantees were those related to the social insurance system covering workers and white-collar employees under employment contracts. Its scope covered the insurance against risks related to health and parenthood, accidents at work and professional illness, as well as old age, disability and death. However, it must be noted at this point that old age insurance for wage workers was introduced with great delay, which by its very nature must have strongly limited the positive image of this system as a whole. A further component was unemployment insurance, introduced in the year 1924, constituting protection against a further life risk being the subject of interest of politics aiming towards the assurance of social security in the country. Guarantees of support in situations of the gravest risks in life were also received in interwar Poland by representatives of a few other specific professional and social groups. State officials and the professional military were insured for cases of old age, disability and illness, the war-disabled also received similar guarantees. In their case, the state guaranteed not only financial benefits, but also aid in rehabilitation, prosthetics, employment support schemes, finally – institutional care in situations necessitating it [22, p. 27–33; 20, p. 274–278].

Even if insurance from the social risk factors indicated above was at its core unconditional, the situation looked very different in the context of health care and social care not related to the insurance. On the one hand, the lists of situations, in which the state or local authorities were supposed to provide security to the citizen were very broad in both areas, with a part of these even finding their way into the constitution, on the other hand, practical implementation always depended on the actual possibility of implementation of the fundamentally very general provisions of the law by the relevant authorities. In theory, the social care provisions guaranteed «coverage, through public funds, of the necessary life needs of such persons, which permanently or temporarily by their own material expenditures or by their own effort are not able to do this, as well as the prevention of occurrence» of such conditions. On the basis of the fundamental sanitary law of the year 1919, the duties imposed on local authorities covered the formation and maintenance of necessary sanitary and technical equipment, hospitals, shelters, isolation houses, bathing facilities, as well as the staffing with medical personnel pursuant to the relevant provisions and standards. The scope of risk factors insured in this regard was listed in the public health care services act of June 15th, 1939, where, in the first article, the legislator not only stated that «public health care is tasked with caring for the health of the people», but also

described are broad guarantees stemming from this fact [5, p. 63/371; 8, p. 92/726; 13, p. 54/342].

Level of compensation of lost income

The issue of social security and insurance from life risks is closely tied to the issue of compensation of income lost as their result. In the case of the Second Republic of Poland, its analysis should refer to issues of social security based on the insurance and provision techniques. In the context of the former, one should focus on the benefits paid out as part of retirement, accident and illness insurance for workers and white-collar employees, in terms of provision benefits, the issue applied to state retirement benefits and disability benefits, both techniques had budget-financed unemployment benefits in common.

In general it can be stated that the level of compensation for income lost as a result of social risks was very varied in Poland. In case of old age, worker benefits could reach up to 80% of their former income, whereby white-collar employees and retired state officials could even hope for full coverage guaranteed after they reach a certain age or having worked for a specific period of time (state employees were entitled to full compensation already after 35 years of employment). Widow's pensions from old age insurance usually amounted to half of the benefits, to which the insured was entitled [18, p. 409].

Financial benefits from illness insurance, in line with the act of law of 1920, amounted to 60% of the income, and could be paid out beginning with the third day of illness, over a period of up to 39 weeks. A reduction of the guaranteed illness benefit level came with the passing of the unification act in the year 1933, in which not only the income compensation level was reduced to 50%, but the maximum period, over which it could be received, was reduced to 26 weeks. Post-natal benefits, closely tied to illness insurance, guaranteed for a span of several years full income compensation for a period of eight weeks, however, in this case as well, the critical context of the unification act influenced the reduction of this benefit to half of one’s former income [25, p. 18–40].

Much more varied was the range of income compensation in terms of accident insurance. The disability pension, depending on the disability level, could, in case of complete inability to work, amount to two-thirds of one’s former income, with the widow’s benefits amounting to 20 %, and, beginning in the year 1934, 30 % of the former income of the deceased. Much higher than those paid out by accident insurance were pensions received by the war-disabled, however, in this instance it is difficult to speak about any level of compensation for lost income, but rather about provisions received depending on the disability level and family situation. It is worth noting that in an instance of similar loss of the ability to engage in gainful employment, the benefits of the war-disabled were even three times as high than benefits received due to accident insurance [14, p. 28–33].

Availability and quality of social services

The scope of social services theoretically offered as part of the social security system was uncommonly broad, as beside health services due to illness insurance, it guaranteed the care for health stemming from the duties of the state and local authorities in this regard, as well as a rich catalogue of care services set forth in the

social care act. The entire scope of services was rounded off by benefits due to work accident victims and the war-disabled. While, however, in case of insurance-based health care and support for the entitled disabled, one could raise no great objections as to the availability of social services (with the quality of professional medical care frequently criticised), in both other areas the situation was drastically different.

Access to medical care for the uninsured was by far insufficient, and this is confirmed by the numbers of medical doctors, general nurses, delivery nurses or hospital beds per ten thousand inhabitants being very low (ranking among the lowest in Europe). Moreover, despite the small number of the latter, hospital beds often remained unused due to the limited financial capabilities of potential patients. Open-access care was in a similar situation. Halfway through the 1920s, there operated across the entire country just 93 outpatient clinics that were supposed to prevent infectious and social diseases. The number of facilities for mothers and small children didn't even reach a hundred at the end of that decade. The improvement in the availability of health care only came in the 1930s, with the expansion of the network of health care facilities that were supposed to guarantee access to public health care for the general populace. Despite the fact that just before the war, the number of facilities across the country was 650, it was still far from sufficient to make a noticeable improvement in the availability of medical services [1, p. 29–30; 3, p. 39–40].

The characteristics of access to care services were similar. Constant shortages of financial resources determined from the very outset limits of the range of aid activities to all but those most urgent (care for children and adults unable to work), with other forms of support often left to the scope of activities of social organisations. It was even difficult to speak about any sort of visible progress, with the sole exception being the expansion of support for the unemployed, which took place in the 1930s. Thanks to public works and programmes of provision of additional meals, even up to several hundred thousand people per year gained access to this part of the social offer of the state and local authorities. Similarly visible as in the case of health care, was the division between urban and rural regions in the area of social care. Real access to care services was in practice only available to urban dwellers, particularly those from large cities, whereas in the country, institutionalised care work was almost non-existent outside of the former Prussian partition. Offers for the unemployed was also practically unavailable for persons living in rural areas, which meant, with an estimated level of even up to a few million people living within the area of hidden unemployment, a broad shortage of care services [15, p. 210–217; 30, p. 33].

The subjective range of social security

The ultimate of the fundamental determining factors of the placement of social security within the policy of the Polish state should be the subjective range of those benefiting from the components making up the entirety of social security. The image emerging from the available statistical data clearly indicates a still very initial stage of the construction of the system as a whole, and the insular character of social security. Social insurance, which, it was assumed, were supposed to form its core in the greatest extent, covered barely just over two million citizens, and if their family members would be included to varied levels, the population of the insured would number

around 4.5 million of the country's inhabitants. To this number should be added about a half million of those insured pursuant to employment for the state, state companies and local authorities, as well as about two hundred thousand receiving benefits due to war disabilities. So in total, classic social security spanned just over five million out of over thirty million of the country's population, meaning, just over ten per cent. A large part of these were city dwellers, whereby those living in rural areas, treated as a whole, remained outside the system. It is worth to note at this point that the indicators describing the subjective scope of social security were in fact markedly lower than those registered in developed Western countries, but were comparable to those found in other states in Central Europe, which were characterised by a social and economic structure similar to that of Poland. The objective scope was of unemployment security was much narrower, even discounting in this regard hidden unemployment in the country, because it encompassed, due to the excluding nature of the legal provisions, about a million to one and a half million people, meaning, just around 40 % of those employed outside of agriculture [17, p. 23–30].

Long-term financial benefits guaranteed by the social security system were taken advantage of before the war of a total of almost 630,000 citizens, of whom just over 411 000 received retirement and pension benefits pursuant to insurance provisions. At that time, 250 000 workers were paid out old age pension benefits, just over 30 000 received similar insurance benefits that were due to white-collar employees, and close to 130 000 persons received benefits for those injured in work accidents. Outside of the insurance system, in the year 1938, 217 000 persons remained, supported by benefits from the treasury and resources of state companies (mainly the Polish railway operator, PKP) [23, p. 356–357; 31, p. 60].

Health protection, constituting an uniquely important component of social security, was based primarily on illness insurance. Beside insurance-backed health care, private practices were also in operation, as well as the public health care system, undergoing gradual expansion and being organised by the state and local governments. According to total estimates, health care halfway through the 1930s was available to about 7.5 million inhabitants, meaning, not even a quarter of the population of Poland. If one would add to this number the 1.4 million persons under care of health care facilities at that time, the subjective scope of this area of social risk insurance increased to about nine million [22, p. 23].

Insufficient in light of the needs was also the subjective scope of social care, despite the fact that certain aspects of open care covered populations numbering hundreds of thousands of adults and children. Full institution-based care was utilised by about 40,000–50,000 children and 20,000–25,000 adults, with ten thousand children finding care in surrogate families halfway through the 1930s. The subjective scope of the most popular forms of open care (supplemental nourishment, summer camps) covered in this period several hundreds of thousands of children in each case, however, the still limited scope of the activities conducted is best underscored by the fact tht both forms of aid were best developed in the wealthiest and best urbanised parts of the country, whereby in the regions that experienced the lowest level of industrialisation, the number of children benefiting of additional supplemental meals

was several times lower than in Warsaw, Silesia or the former Prussian partition [23, p. 291, 317; 24, p. 18–26].

Closing remarks

Summarising the analysis of attempts at the creation of a social society in social policy of the Second Republic of Poland, one should primarily note the fact that the 20-year interwar period still remained a preliminary period of development of this type of activity of the state. This was particularly visible in Poland of the time, where the still very traditional social and professional structure of the population, based on the domination of agriculture and rural inhabitants, left most of them by definition outside of the social security system. Despite the relatively enlightened goals, particularly in the second half of the 1930s, the modern, and in certain instances quite extensive legislature, and the developed institutional paradigms, the level of social security provided by the available insurance system was rather humble, with its most defining characteristic, and at the same time, greatest flaw, remaining the selective character of social security offered to the people.

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СОЦІАЛЬНА БЕЗПЕКА В ПОЛІТИЦІ ПОЛЬСЬКОЇ ДЕРЖАВИ В 1918–1939 РОКАХ

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Процес набуття соціальною безпекою значення в системі безпеки держави проходив поетапно. Міжвоєнне двадцятиліття становило важливий, але все ще вступний етап розвитку цього типу діяльності держави. Це було видно зокрема в тодішній Польщі, де досить традиційна і базована на домінуванні сільського господарства і сільського населення суспільно-професійна структура населення автоматично розміщувала переважну його більшість поза системою соціального захисту.

Незалежно від цього, категорія соціальної безпеки в політиці польської держави була помітно присутня, однак її суб'єктна сфера, а також в деяких елементах предметна, була однозначно недостатньою. Незважаючи на відносно добре усвідомлення, особливо в II половині тридцятих років, цілей, сучасного і широкого, в багатьох випадках, законодавства та опрацьованих інституційних взірців рівень забезпеченої доступною системою асекурації соціальної безпеки був швидше скромний. Найбільш характерною його рисою і одночасно найбільшою вадою залишався вибірковий характер пропонованого громадянам соціального захисту (близько 3/4 мешканців доступу до системи не мали).

Ключові слова: соціальна безпека; соцзабезпечення; охорона здоров'я; соціальна опіка; Друга Річпосполита.