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SOCIAL PRIVILEGES IN THE SECOND POLISH REPUBLIC

The Second Polish Republic developed an advanced and, in many ways, modern system of social care; however, the services which the citizens were entitled to seemed to be privileges available only to a small part of the population. The origins of this situation are to be found in the specific social and occupational structure of the population, low industrialization rate and the modest financial capabilities of the state and local governments. These resulted in a limited number of people with access to social insurances, a limited scope of public health care, a selective nature of access to unemployment insurance or radical differences in access to social care. And it is this unavailability of the social offer which determines the consideration of those benefits in Poland as privileges rather than commonly available rights of the Polish citizens.

Keywords: *social privilege, social security, health care, social care, the Second Polish Republic*

doi:10.1515/sho-2015-0002

In the reality of *welfare state*, social privileges are usually understood as rights or services that all citizens, foreigners or workers migrating within the European Union are unconditionally entitled to as long as they comply with specific requirements. Their range is diverse, but the principle of universal access to social benefits of a given state seems indisputable. The Second World War put an end to the world in which the situation (especially in less developed part of Europe) was dramatically different. Back then, the word “privilege”, when referring to social activities of national and local authorities, was understood literally. This was also the case in Poland, a country which had to be rebuilt after more than one hundred years of subjection. Poland did create its own system of social policy – which in many ways was advanced, well-developed and wide-ranging. However, a specific social and occupational structure of the population,

a low industrialization rate and modest financial capabilities meant that social benefits that citizens were entitled to were in fact social privileges, usually available only to a marginal part of the population.

Naturally, in this respect Poland was years behind the most developed states in Western Europe. Nonetheless, the scope of the privileges present in the Polish social policy in the years 1918-1939 (who was entitled to them, what they were and where they applied) is worth investigating. When we identify the social and professional groups included, we will be able to outline the image of society, where the privileged minority benefited from opportunities offered by the state and local authorities that the majority could not even dream about. Furthermore, even within the privileged group, one can clearly see differences, which were the result of belonging to specific professional and social categories, which means that the notion of social privilege is also quite broad and the range of related services was in many cases incomparable.

THE OBJECTS OF SOCIAL PRIVILEGES IN POLAND IN THE YEARS 1918-1939

Any attempt to identify the notion of social privileges in the years 1918-1939 should take into consideration how the idea of social policy was understood back then. Within the tradition which had been created in the previous decades, this concerned unemployment, social services and insurance, and health care. Those areas should be investigated when identifying the more or less visible differences in the social activities of the authorities towards particular groups of citizens. As it has been noted, those differences resulted to a large extent from the social and occupational structure of the population. However, the scope of social benefits which were granted in compliance with the existing legislation was also quite important. As a consequence of the differences existing between the former partitioners of Poland (Prussia, Russia and Austria), this scope was very heterogeneous, which directly influenced the access of citizens to social benefits offered by the state and local governments.

Bismarck's era brought the principle of universal access to social insurance. Therefore, in this field any differences should be the least visible. And yet, the situation was completely different, and social insurance became relatively universal as late as 1934, 15 years after Polish independence had

been regained. A decree from 1919 provisionally solved the problem of access to health insurance among workers (those rights were confirmed with an act of May 19, 1920). However, in the case of all remaining elements of the social insurance system, the legislative process was much more drawn out. And whereas the scope of insurance was territorially limited as a result of the underdevelopment of the social insurance system in one part of the country, any delay in the unification process and extending relevant regulations to the whole Polish territory resulted in late introduction of appropriate protection against further life hazards.¹

It was not until 1924 that the former Russian-occupied territory was subjected to Austrian regulations on occupational accidents insurance, while the issue of retirement, disability and life insurance had to wait almost ten more years to be solved. Although a presidential regulation which guaranteed protection in those fields for white-collar workers was published in November 1927, blue-collar workers, who were excluded from insurance under both the Russian and Austrian regulations, had to wait much longer – the so-called Reunification Act was adopted by the parliament in March 28, 1933, and entered into force in the beginning of 1934. Unemployment insurance, based on contributions and subsidies from the state budget, was an entirely new element in the system of protecting workers, unknown in the period of partitions. It entered into force pursuant to the act of July 18, 1924 and guaranteed to the workers an obligatory benefit paid in case of unemployment, upon complying with certain conditions stipulated in the act.²

Along with protection against life hazards in the form of insurance, the state also offered some free benefits to particular groups of citizens. In the early 1920s the problem of social security of state employees and professional army men was regulated. Benefits financed by the employer (the

¹ Journal of Laws [Dz.U.] 1920, no. 44, item 272: Act on partitioners' regulations concerning social insurance, see: e.g. Lgocki Jan, *Rozwój i kierunek organizacji ubezpieczeń społecznych w Polsce* [Development and direction of social insurance in Poland], Towarzystwo Ekonomistów i Statystyków Polskich, Warszawa 1936, p. 1-3; Łazowski Jan, *Ubezpieczenia społeczne w Polsce w pierwszym dziesięcioleciu Niepodległości* [Social insurance in Poland in the first decade of independence] [in:] Zaleski Stefan [ed.] *Bilans gospodarczy dziesięciolecia Polski Odrodzonej* [Economic assessment of the first decade of reborn Poland], vol. 2, Gebethner i Wolff, Poznań 1929, p. 383-384.

² Journal of Laws [Dz.U.] 1924, no. 16, item 148; no. 67, item 650; 1927, no. 106, item 911; 1933, no. 51, item 396; Grata Paweł, *Polityka społeczna Drugiej Rzeczypospolitej* [Social Policy in the Second Polish Republic] [in:] Żarnowski Janusz [ed.], *Państwo i społeczeństwo Drugiej Rzeczypospolitej* [The state and society of the Second Polish Republic], Instytut Historii PAN, Warszawa 2014, p. 195-196.

state or a state company) were guaranteed by the act of December 11, 1923, which was preceded by earlier acts modifying the Prussian, Russian and Austrian regulations formerly in force. However, the issue of a single rule for protecting local government employees, who were also benefiting from similar privileges, was not legally regulated before the Second World War. Rights resulting from the act on providing for war veterans and their families of March 18, 1921 were a specific element of the social security system. This act granted disability and health benefits for war veterans who had fought for independence.³

Another area of interest of the state in the social issues was social care. After the First World War, it functioned based on the act of August 16, 1923 and a few other legal acts, important from the social policy point of view. The act served as a framework, making a majority of tasks the responsibility of local governments. The state was to intervene only in those cases when local authorities were unable to resolve a given issue or when it was difficult to determine the institution obliged to provide help. The state also took care of those people who were entitled to "special public care". The act stipulates that social care aims at:

[...] satisfying from the state budget the necessities of those individuals who are permanently or temporarily unable to do that with their own financial resources or with their own work, and to prevent similar situations from occurring.⁴

When the tasks of social policy are defined this way, one can hardly see clearly defined social privileges within its framework; however, regarding the implementation of the 1923 act, one must consider this field of social policy as privileging certain social groups as well.⁵

Rules regulating access to health care point to differences in treating particular groups of citizens more visibly. In this case, a unified health care system was virtually non-existent, and particular elements of the system were hardly compatible. The fundamental legal act defining the role of the state and regulating this area was the Sanitary Act of July 19, 1919. The act stipulated that the state is to supervise health care issues, but the imme-

³ Journal of Laws [Dz.U.] 1921, no. 32, item 135; 1924, no. 6, item 46; Muszalski Wojciech, *Zaopatrzenie emerytalne funkcjonariuszy państwowych w Polsce (1918-1954)* [Retirement benefits for state employees in Poland (1918-1954)], *Studia i Materiały z Historii Ubezpieczeń Społecznych w Polsce*, no. 6/1988, p. 20-33.

⁴ Journal of Laws [Dz. U.] 1923, no. 92, item 726.

⁵ *Ibidem*; Caro Leopold, *Zasady nauki ekonomii społecznej* [The principles of social economy], K. S. Jakubowski we Lwowie, Lwów 1926, p. 510-512.

diate care of citizens' health was the responsibility of local governments. They were also expected to maintain the necessary medical equipment and facilities, including clinics and hospitals. Medical treatment provided by local governments was the first pillar of the Polish health care system. The second pillar was health care based on insurance, for those included in health insurance regulations. There was also a separate system of health care for public officials. Apart from that, there were also private practices. This system, although elaborate, was in no way unified or commonly available, and those qualities are a signal that access to health care should also be considered one of social privileges existing in Poland back then.⁶

RETIREMENT INSURANCE

The fact that nearly all solutions mentioned above concerning social benefits for citizens only applied to a portion of the society means that Poles were clearly divided into the privileged minority and the discriminated majority with no access to most social benefits offered by the system. This problem was observed in practically all areas of state social policies, most notably in the field of social insurance and health care. The most fundamental reason of this state of affairs was the social and occupational structure of the population. As insurances were limited to hired laborers and their families, rural citizens, who constituted the majority of the Polish population, must have been excluded from the system. This fact in itself constitutes evidence that insurance was a social privilege available only to a small part of the population. Furthermore, for many years, the differences between the formerly occupied territories in this field remained an important factor influencing the availability of insurances.

With time, limitations began to be defined by Polish independent legal regulations. However, before that happened, the differences in terms of access to insurance had already been striking even within the hired workers' group. It is enough to say that before 1934, the privilege of the retirement, disability and life insurance was available only to those working in the former Prussian-occupied territory, while others were not eligible. This

⁶ Journal of Laws [Dz.U.] 1919, no. 63, item 371; Frankowska Leontyna, *Ubezpieczenie na wypadek choroby (kasy chorych)* [Health insurance], Księgarnia Robotnicza, Warszawa 1929, p. 10-19; Hilarowicz Tadeusz, *Zarys polskiego prawa sanitarnego* [The outline of the Polish sanitary law], Wydawnictwo „Lekarz Polski”, Warszawa 1926, p. 4-5.

means that in the late 1920s, only 0.9 million of industry and agriculture workers had retirement insurance, while medical and accident insurance (much more prevalent and comprising the whole Poland) covered 2.7 million and 3.8 million, respectively. In the years of the economic crisis, the number of people covered by retirement insurance dropped below 0.7 million, among whom 0.5 million were not farmers. When the Reunification Act entered into force it was possible to multiply the number of beneficiaries of this insurance – so vital when it comes to securing one's income in the old age. Since 1934, the number of workers covered by insurance (excluding those involved in agriculture) increased threefold, peaking at 1.6 million. What is important, 1.2 million were workers insured under the new insurance regulations (in 1938, the number of retirement insurances exceeded 2 million).⁷

It is worth noting that not all categories of workers were entitled to insurance and therefore allowed to benefit from social privileges understood this way. Such privileges were not available primarily to agricultural workers. They were entitled to insurance in the former Prussian territory due to Prussian regulations, but this was reduced with the implementation of the new act. Not only did those old regulations not include the rest of the Polish territory – agricultural workers were also deprived of health insurance in Greater Poland and Pomerania (the old regulations only were maintained in Silesia in this respect). Farmers did not receive access to retirement insurance, even though the Reunification Act obliged the government to prepare an appropriate bill (the bill was drawn up in 1934, but it was not put to parliamentary session). This way, in the fundamentally privileged group of hired workers with access to insurance against life hazards, a large, 1.3 million group of agricultural workers was excluded. They were not entitled to retirement, disability or life insurance.⁸

⁷ *Mały Rocznik Statystyczny 1939* [Short Statistical Yearbook], Główny Urząd Statystyczny, Warszawa 1939, p. 306; Grata Paweł, *Polityka społeczna Drugiej Rzeczypospolitej. Uwarunkowania – instytucje – działania* [Social policy of the Second Polish Republic. Conditions – institutions – actions], Wydawnictwo Uniwersytetu Rzeszowskiego, Rzeszów 2013, p. 156-158.

⁸ Journal of Laws [Dz.U.] 1933 no. 51, item 396; *Mały Rocznik Statystyczny...* [Short statistical yearbook...], p. 259; Dyboski Tadeusz, *Ubezpieczenia społeczne w Polsce w ostatnich latach* [Social insurance in Poland in recent years], Instytut Spraw Społecznych, Warszawa 1939, p. 17-18; Mamrotowa Wanda, *Rządowy projekt ustawy o ubezpieczeniu robotników rolnych na wypadek niezdolności do zarobkowania i na wypadek śmierci* [The government bill on life and disability insurance for agricultural workers], *Przegląd Ubezpieczeń Społecznych*, no. 3/1934, p. 148-151.

This type of protection was available to white-collar workers after the regulation of 1927 entered into force. This group was much smaller than blue-collar workers (about 300-350 thousand people were insured); nonetheless, also this group should be considered privileged in this respect. What is more, the terms and conditions regarding retirement insurance were much more favorable for white-collar workers. While blue-collar workers could obtain the so-called disability benefit at the age of 65 (60 in the case of miners and foundry workers) or in the case of losing $\frac{2}{3}$ of their ability to work, with regard to white-collar workers the retirement age was 65 for men and 60 for women, and could be lowered by 5 years if a man has worked for 40 years, or if a woman has worked for 35 years. Also the way the benefits were calculated was much more advantageous in the case of white-collar workers. Blue-collar workers could receive 80% of their previous income at most, while white-collar workers (provided they have worked 40 years) could enjoy 100% of their previous income. In a situation where pensions were dependent on previous income, the differences between benefits paid out within of both systems became so significant that the average pensions of former white-collar workers were even several times higher than those paid out to former blue-collar workers.⁹

Definitely the most privileged people in terms of retirement insurance were those employed by the state and by state enterprises. Including the employees of the Polish Rail, it means that 0.5 million people were awarded special guarantees by the act of 1923 amended in 1932. In their case, the disability benefit could be paid out at the age of 60 – or even 55, provided one has worked for 35 years. Furthermore, the right to state pension was obtained after 10 years of service (from 1932, after 15 years) and the pension became equivalent to 100% of the previous income after 35 years of work. In a situation when salaries in this group of privileged were the highest, their benefits were also high. In the second half of the 1930s, with a similar number of (state) pensioners and beneficiaries of disability benefits, 130 million PLN were spent on those for blue- and white-collar workers, while 300 million was spent on state employees.¹⁰

⁹ Journal of Laws [Dz.U.] no. 106, item 911; 1933, no. 51, item 396; Sasorski Stanisław, *Ubezpieczenie pracowników umysłowych* [Insuring white-collar workers], *Praca i Opieka Społeczna*, no. 2/1932, p. 147-151.

¹⁰ Journal of Laws [Dz. U.] 1924, no. 6, item 46; *Mały Rocznik Statystyczny...* [Short statistical yearbook...], p. 309; Piątkowski Marek, *Świadczenia emerytalno-rentowe ubezpieczeń społecznych w okresie międzywojennym* [Pensions and disability benefits in social insurance

At this point, one should recall the total number of beneficiaries of this undoubted privilege – the retirement insurance. In 1938, it covered nearly 2.1 million blue-collar workers, 350,000 white-collar workers and around 0.5 million of (broadly understood) state and local government workers. In total – 3 million beneficiaries of social care. One should also add at least another 3 million members of families entitled to benefits in case of the breadwinner's death, and around 200,000 people receiving war veteran benefits (which included living war veterans and the families of the deceased). This gives the total number of 6 million citizens of the Second Polish Republic who were entitled to retirement, health and life insurance. This means that in the late 1930s, 17-18% of the population, or one in six citizens, benefited from this privilege.¹¹

ACCESS TO HEALTH CARE

The problem of providing Poles with access to health care was no less complicated than the problem of retirement, disability and life insurance. As it has been noted, there was no single system here, and flaws present in the so-called public health care system determine the exclusive character of yet another field of the state's social activity. Its underlying principle in the years 1918-1939 was treatment insurance, and this meant that, similarly to retirement insurance, the scope of those entitled to benefits was fundamentally limited to a minority of citizens employed outside agriculture. A system which would also include other citizens, especially those in rural areas, began to form in the 1930s, however the outcomes of this action remained modest until the next world war. In a situation when access to private medical practice was determined by the financial resources of a usually poor population, the services offered by insurance institutions were the most basic, but also the most unavailable form of treatment.

Again, the most fundamental indicator of access to health care (yet another undoubted privilege) is the number of people insured against ill-

in the years 1918-1939], *Studia i Materiały z Historii Ubezpieczeń Społecznych w Polsce*, No 1/1983, p. 47-48.

¹¹ *Mały Rocznik Statystyczny...* [Short statistical yearbook...], p. 294, 307, 356; *Ubezpieczenia społeczne w Polsce w latach 1934-1938* [Social insurance in Poland in the years 1934-1938], Zakład Ubezpieczeń Społecznych, Warszawa 1940, p. 60; Grata Paweł, *Polityka społeczna Drugiej Rzeczypospolitej. Uwarunkowania...* [Social Policy of the Second Polish Republic. Conditions...], p. 160-161; own calculations.

ness. In this case the situation was better, because access to this type of security in the whole country was ensured right after the independence had been regained. It took a few years to create the structure of national health services, but in the mid-1920s, the number of insured reached 1.8 million and in the late 1920s – almost 2.7 million people. If we consider the fact that according to the Health Insurance Act, treatment was also available to family members of the insured, the number of those eligible reached 5 million people in its peak.¹²

In subsequent years, as a result of the crisis and also the Reunification Act which took away the right to health insurance from agricultural workers, the number of the insured was slightly reduced. Around 1935, this comprised around 4.5 million people, including family members. One should add here the state employees and their families, who were also included in health insurance system (about 1 million people), and those regularly seeing private practitioners. According to the estimates of the Social Insurance Company director of the time, Jan Lgocki, the privilege of access to health care was available to a total of 7.5 million people. Apart from that, about 1.4 million people were taken care of by the system of medical facilities which was under development back then. This way, the number of citizens with access to medical treatment could reach 9 million. One should, however, remember that medical centers and clinics operating there were mostly occupied with preventing infectious and social diseases, while treatment was less emphasized.¹³

No matter what estimates one assumes, in the second half of the 1930s, health care was available to slightly more than 20% of the population, which, if one considers how important those services are for the quality of life, must be considered extremely unsatisfactory. This thesis is even more justified if the massive territorial diversity in terms of availability of health care insurance, one of the foundations of the system, is considered.

¹² VII Rocznik Ubezpieczeń Społecznych w Polsce 1931 [7th Social Insurance Yearbook in Poland 1931], Zakład Ubezpieczeń Społecznych, Warszawa 1931, p. XV; *Rocznik Statystyki Rzeczypospolitej Polskiej 1930* [Statistical Yearbook of the Second Polish Republic 1930], Główny Urząd Statystyczny, Warszawa 1930, p. 330; *Rozwój ubezpieczeń społecznych przed kryzysem* [The development of social insurances before the crisis], *Polska Gospodarcza*, no. 32/1934, p. 4.

¹³ The Archive of New Registers (AAN) Ministry of Social Care (MOS) 1918-1939, sign. 12, p. 29-30; *Mały Rocznik Statystyczny...* [Short statistical yearbook...], p. 298; Lgocki Jan, *Podstawy prawne i organizacyjne ubezpieczeń społecznych w Polsce* [Legal and formal principles of social insurance in Poland], *Związek Zawodowy Pracowników Instytucji Ubezpieczeń Społecznych*, Warszawa 1937, p. 23; Danielski Jan, *Pomoc lecznicza na wsi* [Medical aid in rural areas], *Praca i Opieka Społeczna*, no. 4/1938, p. 434-437.

On average, this system was available to less than 20% of population overall; however, in Silesia and Warsaw provinces more than 50% were eligible, while in the East and South-East only some 4% were "lucky" enough. If we compare the Polish system to those of other countries, this only confirms the exclusive character of health care in Poland back then. In 1932, the health insurance rate (family members excluded) was 8% of the general population, while in more developed countries it was several dozen percent (Great Britain - 42%, Switzerland - 35%, Germany - 30%). On the other hand, it is worth noting that in some Central European countries the figures were similar to the Polish ones (e.g. in Hungary 10% of the population was insured, in Latvia - 8%).¹⁴

To sum up, it is worth noting that the group of citizens who could enjoy health care was slightly larger than the group entitled to retirement, disability and life insurance, and it amounted to 20-25% of the population. On the other hand, the specific nature of this type of social services, related to the frequency of using them meant that leaving out 75-80% of citizens was much more dangerous for the society than leaving an even larger group out from the retirement insurance. In a traditional rural society, the lack of financial security in the old age was not such a severe problem, as basic needs were satisfied by the families, while lack of access to medical care directly translated to a higher illness rate and, therefore, mortality. With time, the authorities also noticed that, and in the second half of the 1930s engaged in promoting medical care in the countryside.¹⁵

UNEMPLOYMENT INSURANCE

Another part of the social offer of the public authorities which can be treated as a form of a privilege, available only to some participants in the labor market, was unemployment insurance, introduced with an act of July 18, 1924. In this case, there were two levels of privileging. The first one was based on the rules of insurance included in the act, the other was re-

¹⁴ Arnekker Edward, *Ubezpieczenie chorobowe w różnych krajach Europy* [Health insurance in various European countries], *Przegląd Ubezpieczeń Społecznych*, no. 2/1937, p. 89; Bujalski Jerzy, *Uwagi o leczeniu w zakładach w ubezpieczeniu na wypadek choroby* [Comments about hospital treatment in the Sickness Insurance], *Przegląd Ubezpieczeń Społecznych*, no. 9/1936, p. 634.

¹⁵ Szymanko Roman, *Pomoc lecznicza na wsi* [Medical assistance in rural areas], *Przegląd Ubezpieczeń Społecznych*, no. 6/1939, p. 332-335.

lated to the program of public works, broadly developed in the 1930s and financed by the Labor Fund.

The fundamental problem related to protection against the effects of unemployment resulted from section 1 of the act of July, 1924. It stipulated that all workers over 18, employed in companies employing over 5 people, were subjected to insurance. One has to remember that the Polish industry was quite fragmented and the role of Polish craftsmanship was quite important, which meant that a substantial portion of workers were excluded from the scope of the act which would guarantee financial support. Therefore, although Poland introduced universal unemployment insurance as one of the first countries in the world, it was also a form of social privilege unavailable to the majority of people employed outside agriculture. Also important was the age limit included in the act, as it meant that all legally employed adolescents between 15 and 18 were excluded.¹⁶

In the late 1920s, an attempt was made to change those sections of the act which excluded some people. However the success of parliamentary opposition in this respect – adopting the amended act on March 25, 1929 – turned out to be an extremely bitter victory. According to the new law, the range of unemployment insurance was stretched to those working in all enterprises and the eligibility age was lowered to 16. Those changes were to be introduced within a year from the adoption of the bill. However, the deteriorating economic situation caused the authorities, who were partially responsible for financing the insurance, to once again delay the implementation of new regulations by two more years in 1930 (presidential regulation of November 29, 1930). Amendment act of March 17, 1932 meant that fundamental changes were postponed into undefined future, and the only tangible compromise made for those employed in small enterprises was covering those working in enterprises employing at least 5 people, and not (as before) more than 5 people.¹⁷

Therefore, until 1939, the group who could enjoy the unemployment insurance constituted a minority of those employed outside agriculture –

¹⁶ Journal of Laws [Dz.U.] 1924, no. 67, item 650; Chylak Karol, *Systemy ubezpieczeń na wypadek bezrobocia w Polsce międzywojennej* [Systems of unemployment insurance in Poland in the years 1914-1939] [in:] Żarnowski Janusz [ed.], *Państwo i społeczeństwo...* [State and society...], p. 224-225.

¹⁷ Journal of Laws [Dz.U.] 1929, no. 3, item 18; 1930, no. 82, item 646; 1932, no. 39, item 399; Grata Paweł, *Rola parlamentu w kreowaniu polityki społecznej Drugiej Rzeczypospolitej* [The role of the parliament in creating social policy of the Second Polish Republic], *Przegląd Sejmowy*, no. 4/2014, p. 131.

the privilege was available to about 40% of workers. In the period of economic boom in the late 1920s, about 1 million blue-collar and 200,000 white-collar workers were covered by unemployment insurance. What is also significant, in this case, too, the latter group obtained better terms than the former. According to the presidential regulation of November 24, 1927, in the case of white-collar workers, everyone over 16 was eligible for insurance, regardless of the size of the enterprise.¹⁸

The exclusive nature of this form of security was even more visible in the context of the commonly noticed problem of "hidden" unemployment in the country. Its size was never clearly defined and the estimates provided differed, but this was undoubtedly the most important social issue in Poland at the time. It is enough to say that a secret document of the Security Department of the Ministry of Domestic Affairs in 1936 estimated that the group of redundant people in the countryside (so essentially – the unemployed) was about 5-6 million people, and other estimates (based on thorough research) from the late 1930s considered this number to oscillate around 2.4-2.5 million people. This means that also those Poles, even though they did not have any source of income, were excluded from protection in case of unemployment.¹⁹

The problem of hidden unemployment in the countryside is also related to the exclusive character of public works mentioned before, provided by the Labor Fund in the 1930s. In the second part of the 1930s, massively organized employment action gave work to more than 170,000 registered unemployed on average – thus, an opportunity of using this offer was also a form of social privilege. Public works not only allowed one to obtain seasonal work, and therefore earn a modest amount of money, but also to receive a benefit which would allow one to survive during the period of unemployment following the completion of the public works.²⁰

¹⁸ Journal of Laws [Dz. U.] 1927, no. 106, item 911; *Rocznik Statystyki...* [Statistical yearbook...], p. 351.

¹⁹ *Sprawozdanie Referatu Zawodowego Wydziału Bezpieczeństwa Ministra Spraw Wewnętrznych w stanie bezrobocia w Polsce* [Report of the Occupational Office of the Security Department of the Minister of Domestic Affairs on unemployment] (dev.) Drozdowski Marian Marek, *Najnowsze Dzieje Polski. Materiały i Studia z okresu 1914-1939*, vol. 4/1961, p. 218-219; Landau Ludwik, Pański Jerzy, Strzelecki Edward, *Bezrobocie wśród chłopów* [Unemployment among peasants], Instytut Gospodarstwa Społecznego, Warszawa 1939, p. 247; *Młódzież sięga po pracę* [Youth starts working], Instytut Spraw Społecznych, Warszawa 1938, p. 110.

²⁰ *Sprawozdanie z działalności Funduszu Pracy za okres od 1 kwietnia 1936 r. do 31 marca 1937 r.* [Report of the activity of the Labor Fund for the period from April 1, 1936 until March 31, 1937], Fundusz Pracy, Warszawa 1937, p. 33; Grata Paweł, *Polityka społeczna*

However, the access to this instrument for engaging the unemployed was fundamentally limited, and the authorities tried to confirm this principle on a few occasions. As early as 1935, only the unemployed registered in job centers could be employed for works organized by the Labor Fund. This was supposed to protect the urban labor market from an influx of the unemployed from rural areas, and from an increase in the official unemployment rate. In 1937, the Economic Committee of the Council of Ministers issued a decree stating that to only those unemployed who were qualified and referred by public job centers can be employed for any public works in urban areas. Another important element pointing to a fundamental difference in access to this form of support for the unemployed was the spatial distribution of the means spent on public works and of workdays. Areas in a better economic situation, more industrially developed and urbanized, definitely dominated, while the East provinces (but also less industrialized central parts of the country) participated only to a small extent. In the second half of the 1930s, eastern provinces typically received about 1-2% of the means dedicated for public works each, while Łódź, Kielce, Silesia and Warsaw provinces received more than 10% each. This is another proof of the gap between these areas and the so-called "B-Poland" areas.²¹

SOCIAL CARE

Access to social care as a form of social privilege should be considered in slightly different categories. In the case of social, health and unemployment insurance, unequal access to social services was derived from legal regulations, in the case of the Social Care Act any excluding elements are hard to see. As is has been mentioned, social care aimed at satisfying the basic needs of the relevant groups people from public funds, and the range of potential beneficiaries was very broad. It included newborns in need, children, adolescents, mothers, the elderly, the disabled, the terminally ill, the mentally challenged and all those unable to work. It includ-

Drugiej Rzeczypospolitej. Uwarunkowania... [Social Policy of the Second Polish Republic. Conditions...], p. 212-213.

²¹ *Fundusz Pracy w latach 1933 i 1934* [The Labor Fund in the years 1933 and 1934], Fundusz Pracy, Warszawa 1934, p. 49; *Sprawozdanie z działalności Funduszu...* [Report on the activity of the Fund...], p. 38.

ed caring for the homeless, war victims and the severely injured, former convicts; as well as fighting beggary and vagrancy, alcoholism and prostitution. Under section 1 of the act, satisfying the necessities would involve providing food, clothing, shoes, accommodation with heating and light, assistance with acquiring tools needed for work, hygiene and sanitary assistance and restoring the lost or diminished ability to work.²²

Despite a broad range of services, access to them can be also considered a certain form of privilege available to a select few. This resulted from several crucial factors. The first factor was (as already mentioned) the framework nature of the act of August 16, 1923, and the need to adopt many further acts specifying the general statements made therein. And the situation here was not good, as a few legal acts (fundamental in terms of executing the act) were not adopted before 1939, for example the regulations concerning maternity or combatting prostitution. This practically excluded the true and full execution of the commitments made by the public authorities in terms of social care in 1923. Other crucial legal acts were adopted, but again, there were long transition periods for implementing particular regulations in different parts of the country (one example was the presidential decree on beggary and vagrancy of October 14, 1927).²³

The result of an imperfect legal situation existing from 1923 was a delay in the introduction of the Social Care Act in the areas of Poznań and Pomeranian provinces. There, Prussian regulations (much more developed, verified and guaranteeing more access to care) were to remain in force (act of July 25, 1924). Thus, when the act of 1923 entered into force, the Polish population was divided into two parts. The first one was the privileged minority living in the former Prussian territory and enjoying Prussian solutions based on the old claim rights. The second group essentially comprised all the rest, for whom the scope of care and its forms were

²² Journal of Laws [Dz. U.] 1923, no. 92, item 726.

²³ AAN, MOS, sign. 242, p. 6; Journal of Laws [Dz. U.] 1925, no. 26, item 171; 1927, no. 92, item 823; 1928, no. 26, item 232; no. 29, item 267; *Opieka nad macierzyństwem, dziećmi i młodzieżą w Rzeczypospolitej Polskiej* [Caring for mothers, children and adolescents in Poland], Komitet Polski Międzynarodowego Kongresu Opieki nad Dzieckiem, Warszawa 1938, p. 13; for more on attempts to codify the problem of maternity see: Grata Paweł, *Problemy macierzyństwa, dzieci i młodzieży w systemie opieki społecznej Drugiej Rzeczypospolitej* [Issues of maternity, children and adolescents in the social care system in the Second Polish Republic] [in:] Kozak Szczepan, Opaliński Dariusz, Polaczek Janusz, Wieczorek Szymon, Zawitkowska Wioletta [eds.], *Człowiek – społeczeństwo – źródło. Studia dedykowane Profesor Jadwidze Hoff* [People – society – origin. Studies dedicated to Professor Jadwiga Hoff], Wydawnictwo Uniwersytetu Rzeszowskiego, Rzeszów 2014, p. 396-398.

dependent not on the existing law but primarily on their financial capabilities and the good will of specific local government associations.²⁴

The second fundamental proof of the exclusive character of access to social care was the level of activity of public authorities in terms of social care which was clearly spatially divergent. The most credible indicator was the level of local government expenditure for social activity, which directly shows to what extent citizens in different parts of the country could enjoy social care. Differences between territories of former partitions, as well as the gaps between activities of various local governments, were visible. In the former Prussian partition, expenditure of the local government on social care was on average several times higher than on in the former Russian or Austrian partition territories. This inevitably entailed differences in the availability of social care. It is enough to say that in rural communities, the annual spending per citizen in the former Prussian territory was between 0.55 and 1.96 PLN in the mid 1930s, while in the former Russian territory it was 0.07-0.20 PLN, and in the formal Austrian territory only 0.01-0.02 PLN *per capita* (authorities of the Ministry of Social Care considered 0.12 PLN annually per person a bare minimum of expenditure in the poorest rural communities). Radical differences were present in all categories of local governments except for federal cities where expenditure on social care depended on the wealth of a given city. Thus, differences in this group were lower, but the trend nonetheless existed. One notable exception was the capital, Warsaw, where 8.12 PLN was spent on social care per person. This was even slightly more than in Poznań (8.03 PLN).²⁵

Federal cities spent a lot more on social care and one can see that the citizens of those were the most privileged ones when it comes to availability of social care. Even in the former Austrian partition territory, in similar local government associations 0.82-5.25 PLN was spent per citizen in the mid 1930s. In the case of other local communities the situation was much worse, although also here one could see the advantage that urban communities had. In non-federal cities a lot less was spent on social activity than in the federal ones (in the former Prussian partition territory 3.39-6.30 PLN, Russian – 0.44-1.39 PLN, and Austrian – 0.33-1.2 PLN per capita annually),

²⁴ AAN, Protocols of the Council of Ministers sessions 1918-1937, vol. 25, p. 708-710; Journal of Laws [Dz. U.] 1924, no. 73, item 716.

²⁵ *Mały Rocznik Statystyczny...* [Short Statistical Yearbook...], p. 399; Nakonecznikow Klukowski Bolesław, *Przegląd najbardziej aktualnych zagadnień z zakresu polityki opiekuńczej* [The review of the most current problems in social care], *Praca i Opieka Społeczna*, No 1/1938, p. 20.

however those numbers were a lot higher than in the case of rural communes and county local governments. In a situation where expenditure in communal and county local governments in the former Austrian partition territory was about 0.01-0.03 PLN annually, one can say that people in this part of Poland had almost no access to social support. The situation in the former Russian partition territory was not much better – the expenditure in county local governments was about 0.04-0.12 PLN annually per capita, and in communal local governments only slightly higher (in some provinces this was less than 0.10 PLN per capita annually).²⁶

As a result of the legal and financial conditions described, it is impossible to state that the whole population of Poland had access to the seemingly rich social offer of the state and local governments. Inhabitants of the former Prussian partition territory could definitely enjoy this privilege, as social care was still organized based on Prussian legal and organizational solutions. Also urban populations in need can be considered privileged in this respect, especially the inhabitants of large cities, where expenditure on social care was quite substantial. The majority of the population, especially in rural areas, had practically no access to social care.

CONCLUSIONS

In Poland, the privileging of some groups in their access to social benefits offered by the authorities was clear and, to a large extent, resulted from the social and occupational structure of the population. What is more, only in some cases one could observe any progress, seen in an expansion of the group endowed with particular rights (for example a growing group of those eligible for retirement, disability and life insurance). In other cases, e.g. in the case of unemployment insurance, inclusion of new social groups to the system was regularly blocked by restrictive decisions of the authorities.

This was due to the modest financial capabilities of the state and local governments, which determined the limited applicability of social insurance, the scarce access of the poorer groups to health care, selective access to unemployment insurance or the dramatic differences in access to social care. Differences between territories of former partitions were also an im-

²⁶ *Ibidem*, s. 19-21.

portant factor here. Despite various activities undertaken with a view to unifying the law, the former partitions determined fundamental differences in the situation of the population for a long time. One cannot forget here about the fundamental dividing line among Poles in the context of their capability of enjoying social rights. Urban populations were much more privileged, being virtually the only ones enjoying social insurance, unemployment insurance, social care or public health care. In the countryside, those services were nearly unavailable, and in some areas – even unheard of. And it is this unavailability of the social offer which determines the consideration of those benefits in Poland as privileges rather than commonly available rights of the Polish citizens.

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