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ALONG THE ROAD TO STALINISM: SOCIAL POLICY IN POLAND BETWEEN 1944 AND 1950

This article presents the transformations that occurred in Polish social policy between 1944 and 1950. The aim is to show the evolution of a fundamental reorientation of the ideas, objectives, and activities of Polish social policy, or even the actual dismantling of its many traditional elements, brought about by an ideological rationale. Through this process, the activities of the state authorities, instead of being aimed at solving social issues, became an instrument for supporting the processes of Socialist industrialization. This was yet another element of the socioeconomic transformations that took place in Poland, with the aim of adapting the system to the Soviet model. Towards the end of the period in question, Polish social policy became a part of the Stalinist system. The result was not only the redefinition of its objectives, but also fundamental changes to the way the social activities of the state were undertaken. This led to the use of fewer instruments, and a noticeable limitation to activities aimed at minimizing the numerous postwar social problems.

Keywords: Stalinism, Poland, post-second World War history, social policy.

1. INTRODUCTION

The Stalin's system, introduced at the end of the 40s in the countries of Central and Eastern Europe (which were under the domination of the Soviet Union), brought considerable changes in the political, economic and social life. It also brought dramatic transformations within the social policy. This was of particular importance especially because of the fact that social policy was becoming a significant sphere of influence of the state authorities on social issues in the middle of the 20th century. The Great Depression and, later, the trauma of the 2nd World War made social policy more involved in the processes of solving social problems, which became particularly noticeable after the end of the war effort. After the war, Western countries started to build their own welfare states, following the ideas presented, i.a., in a popular Beveridge Report (1942) and on the basis of the inter-war experience as well as on the Keynesian economic policy (Dziwięcka-Bokun 2000; Książkowski 1999).

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At the same time, along the implementation of the Stalin's system, the social policy, in its existing shape, was being dismantled in Eastern Europe. The disassembly, in the literal sense of the word, brought the institutional changes as well as the marginalization of the scientific research in this area. Under the influence of Stalinism, social policy became unnecessary and the job security system, centralization and planning were going to fulfil the needs of all citizens without the necessity of resorting to the solutions which originated in the Capitalist system and to those who supported it. The Soviet solutions, considered to be perfect by the propaganda, were the model solutions and their duplication became the unquestionable cannon in nearly all aspects of social life in the states ruled by Communists (Auleytner 2002; Inglot 2010; Lancmański 1952; *Nowe prawo pracy* 1950).

The same happened in Poland which was facing a lot of damage after the war. The fact that Communists overtook the full authority in the country resulted in the implementation of the above described scenario. Polish social policy lost its identity which originated from the European traditions and, to a greater extent, reflected the Soviet solutions. It is worth taking a closer look at this process which, in a few years, brought a sudden reorientation of the objectives, methods and institutions used by the state to influence the social sphere. The result was the construction of a new system which had nothing to do with a classic social policy. In order to analyse it, we need to outline the opening balance sheet of that policy after the end of the occupation, the evolution which led to Stalinism and was carried out in the following years as well as the achievements and fundamental problems of the actual influence of the state on the social sphere in the period from the end of the war to 1950 when the process of Stalinization of the Polish social policy came to an end.

2. OPENING BALANCE SHEET

The construction of the social policy system was a complicated but fairly successful process in the inter-war Poland. The main difficulty was the fact that Poland, after the 1st World War, was reconstructed from three separate parts. The advancement of social solutions, to a great extent, differed from one part to another. Polish lands which previously had belonged to the German Empire participated in the development of modern social institutions from the very beginning, whereas on lands under the influence of Russia social security institutions were practically unknown. Therefore, the main task for the creators of the Polish social policy was the territorial unification of binding regulations and to encompass the entire territory of Poland with the institutions necessary from the point of view of the social policy at that time.

What were the results of the processes taking place in the inter-war Poland? It is difficult to give an unequivocal answer to this question. Surely, the creation of the legal and institutional framework of the social policy system, which covered the entire territory of the state, was a success. What also needs to be recognized was a quick structuring of the issues related to work legislation. Modern solutions, such as an eight-hour working day or 46-hour working week, started to be introduced from the very first weeks of the existence of the independent country. With time, the system of fundamental social security was unified and it covered the entire area of Poland. What is more, Poland, as one of the first countries, introduced the insurance against unemployment in 1924. Employment policy was relatively well developed in the 30s and it resorted to the extensive catalogue of animation activities. At the end of the 30s, the Parliament adopted the law on the public health service which encompassed all citizens of the country (Grata 2013).

On the other hand, however, this optimistic image was spoiled by some major problems resulting from the economic, social and financial conditions. Polish social policy of the inter-war period was invariably underfunded, which had an impact on the possibilities of the actual influence on social issues. First of all, the process of encompassing the entire area of Poland with the workers' pension insurance was relatively long (it happened as late as in 1934). What is more, the fact that the social and economic structure was based on agriculture resulted in a very limited availability of insurance provided by the social security (it only encompassed 15-17% of all citizens). Modern work legislation was very often a theoretical value and the problems with the compliance with the law, to a large extent, resulted from underfunding of the Labour Inspectorate (Journal of Laws 1933, no. 51, pos. 396; Grata 2015; Klott 1937; own calculations).

Despite its high level of activity, employment policy was not able to end the structural deficit of workplaces which, together with unemployment in rural areas, affected millions of people. Health protection, not related to sickness insurance, was unavailable to the vast majority of citizens and the main indicators in this respect (the number of doctors, support personnel, hospital beds) were one of the lowest in Europe. Social services, which local authorities were responsible for, was also far from satisfactory. Although in big cities it functioned relatively well, it was only a theoretical entitlement in rural areas. Also in this matter, when compared to other countries, the situation in Poland turned out to be very unfavourable (Grata 2021).

Unemployment and a very limited access to health protection were the most serious and unsolvable social problems in the late 30s. Both issues also became the most important areas of the conceptual work of Polish political circles during the war and occupation. At that time, unemployment eradication and full employment as well as the construction of the public health service, which would encompass all citizens, became a common postulate, regardless of the political orientation. Like in Western Europe, previous experience as well as the war and occupation prejudged the main aims of the social policy.

In the case of Poland, which had to deal with a great war damage and destruction, the aims were broader. The occupation meant the liquidation of the majority of Polish institutions and those which continued their activity had to promote the interests of the occupant. They also incurred enormous human and material losses. After the liberation, it was necessary to reconstruct social security institutions and labour protection, the system of job centres and, last but not least, adequate social care institutions. After the liberation, the scale of the needs was unmeasurable and the number of those who needed support was estimated to reach the level of about 6.1 million, i.e. 26% of the population (AAN, Urząd Rady Ministrów, sign. 5/86; Sprawozdanie 1985).

Remembering the above-mentioned underdevelopment of the health protection system, which resulted from the losses of medical personnel during the war, it needs to be acknowledged that the opening balance sheet of the Polish social policy was very pessimistic after the war. What is more, with time, the situation became even worse due to the political solutions imposed by the East.

3. THE RECONSTRUCTION OF THE SOCIAL POLICY IN THE AFTER-WAR POLAND

After the end of the German occupation, political forces, associated with Communists and supported by the Red Army, were gradually taking the power in the country. By taking away their right to legal activities, they openly fought against traditional groups, which

represented the majority of the society and symbolized the continuity of the country. On the other hand, in the first period after the liberation, Communists and their allies were forced to base their rule on the pre-war legal order which, with time, was more and more modified (Kersten 1990; Paczkowski 1993; Żenczykowski 1990).

The same happened in the case of the social policy whose restitution was based on the institutions and regulations established before 1939. In the summer of 1944, the Polish Committee of National Liberation, which took power on the liberated lands on the east side of Vistula river, established the department of labour and social and health services. Later, within the Provisional Government established by Communists in 1945, there was the Ministry of Labour and Social and Health Services. It carried out the duties which, before the war, had belonged to the Ministry of Social Services and many pre-war officers played important roles there. The substantive range of the responsibilities of the Ministry covered labour protection, employment policy, social insurance, social services and health protection (Grata 2020).

Despite the fact that the legal legacy concerning the social policy of the Second Polish Republic was accepted, derogations from it started to happen relatively quickly. The aim of some of them was to win political support and they included, e.g., changes in the work legislation which favoured labourers (e.g. holiday regulations or working time). That way, new authorities wanted to increase their control over workers' environment, e.g. by issuing the decree on the works councils in 1945. What revealed a new attitude towards employment was the decision of the Provisional Government of 6th February 1945 which ruled out the payment of unemployment benefits, which was against the bidding legal regulations. By assuming that offering jobs to the unemployed was the priority, the government decided that any job was better than receiving benefits and this direction of the employment policy was to be followed in the following years. At the same time, the pre-war initiative related to employment and the Labour Fund was politically marginalized. It didn't fit in the after-war social and political reality and its tasks were taken over by the national employment offices established in September 1945 (Grata 2017b).

An important step towards taking control over another segment of social activities was the decision (Dec 1944) on the liquidation of the Central Welfare Council which had been very successful during the occupation. It was replaced by the new structures of the Central Committee of Social Welfare, dependent on the state administration. The authorities did not try to hide the political aim of that move (Miernik 2010).

Two important decisions of the Provisional Government, made in April and June 1945, were of significant importance. The first one established the Ministry of Health on 11th April, which was to prove that the authorities cared about health protection. The new department very quickly became the protagonist of the systemic changes which not only aimed at establishing the public health service but also at planning and centrally managing this sphere of public life. In June, the Ministry of Education became responsible for social care over children and teenagers, aged 3–18. It was going to support and facilitate the educational process of children who resorted to the institutionalized support. Time would show that this decision was an introduction to the process of the nationalization of support institutions. Also, activities indoctrinating children and the youth were to be easier to implement in the future (AAN, MPiOS, sign. 45; AAN, URM, sign. 23154).

4. THE EVOLUTION OF THE POLISH SOCIAL POLICY

Despite the fact that some organizational changes were introduced as early as in 1945, already existing structures and institutions were mainly in use in the first period after the liberation. This can be proved by the fact that the social insurance institution, insurance treatment and the Labour Inspectorate were successfully reconstructed, employment increased and unemployment was limited. Social services and its institutions were quickly developing and Caritas, a charitable organization associated with the Catholic Church, played an important role. It quickly became the biggest support institution in the country (Zamiatała 2000.).

This apparent stabilization of the social policy could not be permanent under the changing political conditions. Communists, who gradually were taking full control in the country, also wanted to initiate changes in this sphere of the state activity. Although in 1946 the direction of those changes was not fully defined, certain signs could indicate it. Especially because new objectives ahead of the social policy were clearly visible. The centralization of activities and the idea of planning were announced and the solutions related to the model used in the Soviet Russia were more often talked about.

One of the examples was the program by the Ministry of Labour and Social Services formulated in April 1946 in which it was declared that the traditional tasks of the social policy would no longer be carried out. Instead, new aims would be achieved with the use of the methods known from the experience of the Eastern neighbour. Despite the visible tendencies for maintaining a certain balance between the old and new approach, it is worth mentioning that there was a vigorous pursuit to walk away from charity and philanthropy towards strict state control or employing the idea of productivisation of the disabled, so popular in the Soviet Union (AAN, URM, sign. 5/86)².

The ideas of the Plan of Reconstructing the Economy for 1947–1949 (so called the Three-Year Plan) went even further. Next to the conventionally defined intensions related to the assumed increase of standard of living above the pre-war level, a fundamental transformation of the specificity of the social services was also planned. As in the case of the activities in favour of the disabled, its task was to prepare dependants to undertake employment. This limited the provision of support only to those with permanent or 100% inability to work. All other adult dependants were to undertake employment, which was the element of the pursuit to achieve the state of full employment of the available workforce (AAN, MPiOS, sign. 261; Jarosz 2008; Orlewicz 1947 Grata 2022a). However, the final shape of the systemic political and economic solutions was still unknown. Therefore, the officers of the Ministry of Health, involved in the reconstruction of the relations in the health service, said that “solving the problems of the health service depends on the shape of the economic model” (AAN, KRN, sign. 46: 7; AAN, MZ, sign. 2/17).

Although the road was still long in 1946, January 1947 brought a fake election victory of Communists and their full control in the country quickly resulted in entering the road of the construction of the Stalin’s system. At that time, the changes in the social policy clearly accelerated, but they were still more visible in the conceptual and political rather than legal and institutional sphere. Planning, present both in employment and support policy, was becoming more important, which Helena Radlinska, a prominent expert on that issue, warned against. Despite this, further development of the social policy was already clearly

² It is worth noticing that Edward Osobka Morawski, the prime minister, by announcing further major reforms in the social security system in the State National Council on 26th April, declared that people living in rural areas would be covered by it (see: Sprawozdanie Stenograficzne 1946).

defined and the best summary of the situation was provided by Kazimierz Rusinek, the Minister of Labour and Social Services, who declared that “a big and important section of the social policy decisively joined a firm plan of the construction of the right path for the Polish People’s Republic” (AAN, URM sign. 1/11; Radlińska 1947).

What confirmed the ongoing processes was the fate of the legislative project on the public health service, which had been prepared from the middle of 1945 and whose aim was to create a common system of healthcare. In Autumn 1947, its place was taken by a totally new proposal, i.e., a decree project on the planned economy in the health service, which assumed uniform state management based on planning which used centralized administrative structure (AAN, MZ, sign. 2/17; Protokół... 1948).

5. A SHIFT TOWARDS STALINISM

1948 is, for a good reason, regarded as a turning point in the systemic transformations taking place after the 2nd World War in the countries controlled by the Soviet Russia and ruled by the Communist parties. The emergence of the Cominform and the decisions made within it, defined the directions of the ongoing processes. The same happened in Poland which, in 1948, entered the road to Stalinization practically in all aspects of political, economic and social life. The centralization and unification of management as well as the introduction of the planned economy became its foundation and its symbol, in the global dimension, was, so called, unification of workers’ parties and the foundation of the Polish United Workers’ Party as well as the beginning of work on the Six-Year Plan, officially called The Plan of Constructing the Fundamentals of Socialism. Its aim was to implement the Soviet model of industrialization in Poland, similarly to the remaining countries in the region (see: Garlicki 1993; Jarosz 2010; Werblan 1991; Skrzypek, 2002).

Inevitably, social policy became one of the elements of the construction of the new order. Minister Rusinek openly confirmed it by saying that the objective of the Ministry of Labour and Social Services was the implementation of the slogan: “Socialism as the case of a man”. It was based on the intensification of the activities in favour of centralization, planning and indoctrination which would result in the creation of “a new man”. Support activities were going to be fully controlled and state entities were going to play more important role, making social charitable institutions less and less visible.

At this point, however, it is worth pointing to the pragmatism of the authorities in this respect. An example of that was tolerating the existence of Caritas, closely related to the Catholic Church, and the reason for that was the apparent inability of the state to substitute it with its own institutions. Despite this, the process of taking over or closing down social support institutions was accelerating. The nationalization happened to the institutions which previously had belonged to the Central Committee of Social Services (closed down in 1949) as well as to other social organizations, including Caritas whose situation was becoming more and more difficult at the end of the 40s. Along the liquidation of some of the institutions, the condition of social services infrastructure and the access to support activities was deteriorating (for example, in 1948, as the result of the reduction of the network of orphanages, it was necessary to reduce the number of beds. Orphans already living in orphanages had to be requalified which resulted in some of them being given back to their parents) (AAN, MO, sign. 3583; AAN, URM, sign. 2/34; Grata 2022b; Zamiatąła 2000).

Passing the act on social healthcare institutions and planned economy in the health service (on 28th October 1948) can be regarded as the symbol of entering the road to

Stalinism by the Polish social policy. Not only was it going to create the foundation to planning in the health service but also to guarantee full subordination of diversified health structures to the Minister of Health, or even the obligation of doctors to work in social healthcare institutions. What is more, the act assumed compulsory relocation of doctors who exceeded employment standards in a given institution to the areas where there was a shortage of medical personnel. Another result was the nationalization of the majority of hospitals which previously had not been dependent to the state or local authorities (Journal of Laws 1948, no. 55, pos. 434; 1949, no. 38, pos. 277; Grata 2017a).

At the beginning of 1949, the centralization and subordination to the state was also initiated in the system of social insurance. On the basis of the 1st March act, previously separate insurance funds were consolidated and the unified insurance premium was introduced. At that time, social insurance was already perceived in a totally different way than before. It ceased to be an institution which guaranteed a certain equivalent of the lost income. Instead, its main task was to “improve life standard of the working class”. The aim of the regulation amendment was “including problems with insurance in our planned economy” (Journal of Laws, no. 18, pos. 109; Krygier 1949).

This type of „incorporation” had happened much earlier within employment policy. It was regarded as natural because the pursuit to eradicate unemployment and to achieve the state of full employment had been present soon after the war in practically all countries of Europe and it was difficult to perceive it as an integral element of the policy of the Communist party. William Beveridge had been already talking about it in his report during the war. According to him, one of the fundamental responsibilities of the state was the provision of work to citizens. In 1947, Waclaw Szuber, an outstanding Polish social politician, expressed an opinion that the aim of the employment policy was no longer the fight against unemployment but the pursuit of “the full use of productive forces”. On the other hand, the creators of that policy in Poland openly put *iunctim* between the systemic transformations in the country and the introduction of planning in the activities in favour of the development of employment (Beveridge 1942; Szubert 1947; Pragierowa 1947).

What is important, it did not end with declarations only. From 1947, the action of the professional activation of the unemployed was implemented (so called PA action), which was mainly directed at the unemployed women. There was also an attempt to introduce a job clearing which was set on relocation of free workforce resources. In 1949, the PA action, based on the creation of jobs for qualified women, adopted the features of the planned activity. However, along the preparation to introduce the socialist industrialization, this format started to be perceived as inadequate to the needs of the changing reality. It was to be replaced by the mass recruitment of workforce, initiated in 1948. Like in the Soviet Russia, this channel of the distribution of workforce resources was going to provide an adequate security of the economic needs. As early as in the first two years of its functioning, it encompassed (yearly) about 100 thousand people recruited to work in the branches which needed workforce the most (construction, mining, state agriculture) (Talejko 1949).

6. FINALIZATION OF THE PROCESS OF STALINIZATION OF THE SOCIAL POLICY

The first year of the implementation of the Six-Year Plan meant the finalization of the process of the transformation of the social policy which in 1950, and 1951 at the latest, fully complied with the Soviet example in the majority of the aspects. Most importantly, it was going to be used to achieve totally different aims than before. Its responsibility was no

longer solving social issues (which, by the way, were going to be non-existent in the new system), but supporting the industrialization processes in the country, visible practically in all areas of the social activity of the state.

The above-mentioned reorientation was visible in the most traditional sphere of the social policy, i.e., work protection. Significantly, the changes were heading towards the reduction of its outreach and the limitations imposed on employers were regarded as a serious obstacle in the process of the socialist industrialization. Under the conditions of the nationalization of ownership and along the propaganda which proclaimed that the conflict between the capital and work ended, the role of the incapacitated and subordinated administration of the Labour Inspectorate was less and less significant. On the other hand, the foundation of, so called, social labour inspectorate in 1950 was symptomatic. For many years, it had “successfully” functioned in Russian factories and it was based on the principle that the controlling functions were to be carried out by workers themselves. In the same year, separate labour judiciary was closed down as it was regarded as the unnecessary institution under the new system conditions (Journal of Laws 1950, no. 6, pos. 52; no. 49, pos. 446; Kołodziejczyk 2003; Gan 1950; Zieliński 1951).

What summarised the dismantling of the work protection system under the Stalinist conditions were the legal changes related to working women and working youth, made in February 1951. In the name of “allowing” women to do the jobs which had previously been unavailable, the list of prohibited jobs was greatly reduced, although it had not been respected for many years. At the same time, the ban on night shifts for women, which had been binding for over 25 years, was removed. Another proof of the progressing devastation of the protective legislation was the decree of 2nd August 1951 on work and professional training of the youth conducted in workplaces. Although the minimum age for work was increased from 15 to 16, in practice, 14-year-olds were employed under the disguise of learning profession (Journal of Laws 1951, no. 12, pos. 94, 96; no. 41, pos. 311; Jarosz 2000; Puławski 1951; Rusinowa 1951).

The changes taking place in the second classic area of the social policy, i.e., social insurance, were equally extensive, although their aims were slightly different. On one hand, they were organically connected to the process of the full centralization of the health service management, on the other hand, their aim was to take over the financial resources of insurance funds for the purposes of industrialization. In July 1950, together with passing the act on the Workers’ Treatment Centre, the Minister of Health ended his strive to take over the structures of insurance treatment which were in the hands of social insurance companies which had many years of experience. At the same time, insurance companies were also closing down. What is more, with the act of 20th July 1950, the financial separation of the insurance system was no longer binding and all premium incomes were merged with the state budget. That way, they became yet another element of, so called, socialist primary accumulation. Still, it was not the end of the changes in social insurance. In 1955, the Social Security Office was closed down and its functions were taken over by trade unions, closely related to the Communist party (as early as in 1955 they had a dominant influence on social insurance boards) (Journal of Laws 1950, no. 36, pos. 333; 1955, no. 6, pos. 31; Garlicki 1950).

At that time, the employment policy headed directly towards the implementation of the economic objectives of the country. In fact, the evolution of its activities had been taking place for many years already. The mass recruitment of workforce, which aimed at meeting the employment needs, encompassed 140 thousand people in 1950. On the other hand, the right (from the point of view of the interest of the authorities) allocation of the new

resources was to be guaranteed by the regulations of the act of 7th March 1950 on the employment of vocational school and university graduates. Its aim was the planned “distribution” of graduates to social workplaces and to allow youngsters to join the construction of Socialism in Poland (AAN, MPiOS, sign. 31; sign. 572; Journal of Laws 1950, no. 10, pos. 106; Rakowiecki 1950; Szymańska 1951).

The process was also enhanced by the social services whose tasks were very similar to the tasks of the employment policy. The changes in this sphere of the social activity of the public authorities were taking place on two fundamental planes. The first one concerned the institutions, the second one the practice of support activities. What summarised the process of the nationalization of social services institutions was taking over the Church organization, Caritas, in 1950. Before that, other important entities had been liquidated, e.g. the Central Committee of Polish Jews. What is more, the organizations responsible for taking care of children were forced to merge (the Friends of Children Association was founded). In 1949, foreign entities, organized as the Foreign Charity Association Board which had been present in Poland practically till the end of the war and which played a major role in support activities, left Poland. What completed the centralization of the social services was passing the act of 20th March 1950 on the liquidation of the remaining territorial self-governments. According to it, the support activity (on the local level) was subordinated by the state via adequate presidiums of national boards (Grabski 2015; Jarosz 2002; Kelm 1983; Zamiatała 2000).

In the sphere of practical activities, along the construction of the new reality, the aims related to the common productivisation of dependents were coming into life. Assuming that the Socialist system ended the main source of poverty, i.e., unemployment, social support was based on two fundamental principles. The first one proclaimed that every man had the right to work and the second one, which followed the Soviet solutions, originated from the scriptures of St. Paul who said that “who does not work shall not eat”. That way, only those who were 100% unable to work had the right to receive benefits. All others, including the majority of the disabled, should be prepared to undertake employment. The result of such an approach was the fundamental change in spendings on support activities (shifting the centre of gravity towards professional training) and in the level of financial input on support activity which, inevitably, was limited, as was the range of the activity itself. This, again, proved the thesis on the dismantling of the social policy in the discussed period (Łopato 1991; Rusinek 1950).

It has already been mentioned that in the summer of 1950 there were fundamental changes in the health system, which was the actual implementation of the announcement included in the act of October 1948. According to the act of 20th July 1950, the Workers’ Treatment Centre, subordinated to the Ministry of Health, took over insurance treatment which previously had been independent from the department. This, together with the final stages of the process of the nationalization of hospitals, ended the process of the centralization necessary for the introduction of planning in the health service, so important in the new reality (a year later, the Workers’ Treatment Centre was closed down and this form of treatment was directly taken over by the board of the Minister of Health and local administration). Along further systemic changes, the process of subordinating medical environment to the authorities continued. One of its element was the liquidation of the Medical and Dentistry Boards, which constituted the body of the professional self-government. This was done by the means of the act of 18th July 1950. At the same time, the activities aimed at the indoctrination of the environment and politicisation of the work of social healthcare institutions intensified. Vice-managers of hospitals for political issues

were responsible for it (Journal of Laws 1950, no. 36, pos. 326–327; *Kronika...*, 2005; Grata 2017a; Jastrzębowski 1993).

The most definite confirmation of a new, often ideological, approach to the issues related to health protection was the adopted direction of the activities related to the health service in rural areas, which had already been neglected before the war. From 1945, its reconstruction was perceived as one of the priorities for the Minister of Health and the idea was to make the public health service more accessible to people living in rural areas. In the meantime, ongoing political processes and the pressure put on the collectivisation of agriculture brought dramatic changes. Instead of common and available health service, Communists offered “class-like” approach to the problem. As early as in 1949, the Vice-Minister of Health directly spoke about the concept of the health service which would take into account the order of priority of respective social groups. The first confirmation of that was the act on hospital payments which landless villagers and smallholders were exempted from and which were imposed on those with more land. A year later, the department openly connected the development of health service infrastructure in rural areas with the progress in collectivisation by declaring that, in the first place, it would start founding health centres in the areas where agricultural cooperatives were set up (Journal of Laws 1949, no. 25, pos. 174; Lewandowski 2008; Szarejko 1950; Sztachelski 1949).

7. “NEW” SOCIAL POLICY IN PRACTICE

The political and ideological layer fiercely determined the direction of the evolution of the Polish social policy in the late 40s of the 20th century. From the point of view of the public perception as well as great social needs and responsibilities ahead of the state, problems related to the effectiveness of minimizing the results of numerous social problems in the society destroyed by the occupation were equally important. Therefore, what can help to present the entire image of the “new” social policy on the brink of Stalinism is the answer to the question about the effectiveness of the social policy in the discussed period, together with the knowledge on the institutional changes taking place within it.

The assessment of the actual achievements of the after-war social policy in Poland should theoretically take into account the factors which would become their reference point. They included the way of the implementation of the tasks within this field before the war, the extent of challenges resulting from the war and occupation, the extent of financing the social tasks carried out by the public authorities, the progress in the impact and effectiveness of the respective detailed policies, the dynamics of the ongoing processes, their adequacy in relation to the objectively identified social needs and, last but not least, the comparison with other countries which had already been unfavourable for Poland before 1939.

Despite the natural tendency to refer to the pre-war period, it is difficult to rely on it when it comes to the assessment of the changes in the Polish social policy in the first years after the occupation. Such thesis can be proved by the transformation of the socio-professional structure of the population and its smaller number, which resulted from the change of boundaries. Also, by the population loss during the war which was dramatic as it reached 6 million of people. As the result, at the beginning of 1946, the number of the population reached only 24 million and was lower by 11 million, that is by 30% when compared to 1939. On the lands which formerly had belonged to Germany the industrial infrastructure was much better than on Eastern borderlands. Moreover, the number of

people living there was smaller. Therefore, it was possible to think about the reduction of unemployment, perceived as the structural phenomenon before the war, and the increase in employment outside agriculture. This resulted in the greater access to social insurance and, thus, health protection as well as to the social services whose outreach, due to the higher degree of urbanization, was broader and which, traditionally, was better developed in the cities.

Due to the changed conditions, it is more important to define the degree of accessibility of respective services offered within the social policy and the effectiveness of the activities, assessed in the confrontation with the visible needs as well as the quality expectations, so important from the point of view of beneficiaries. The criteria of such an analysis must be diversified. It seems, however, that on the basis of the collected source material not only is it possible to be carried out but it also makes it possible to assess the impact of the systemic transformations (in the late 40s) on the way the tasks of the social policy were implemented.

As the result of the above mentioned conditions, the implementation of the tasks in the sphere of employment, which had been regarded as impossible to stabilize, turned out to be the easiest. After removing the most enormous war destructions and opening the majority of industrial factories, the employment quickly increased. In 1946, it reached the level of 1.2 million workers in the industry, exceeding the level recorded in 1937 by 40%. The following years brought, along the progressing reconstruction and new investments, further increase in the number of workers both in the industry as well as in the entire sector outside of agriculture. In the middle of 1949, 1.7 million people found employment in the industry and crafts and 3.9 people outside agriculture. On the other hand, it is worth noticing that such rapid increase was related to a very high staff intensity. This can be proved by the fact that the size of industrial production within new borders was exceeded as late as in 1950. However, it happened at the expense of employment being higher than 45% in comparison with the pre-war period (AAN, PKPG, sign. 3014; sign. 3021; Rocznik Statystyczny 1949; Rocznik Statystyczny 1950; Chumiński 2015).

The result of the rapid increase in the number of workers was the reduction of unemployment which, in the discussed period, was not even close to the pre-war indicators. Obviously, there were no reliable statistical data as the benefits were not paid to the unemployed and, therefore, they did not register with job centres. Despite this, the unemployment rate was not high, especially in the 30s when it exceeded the level of 30% during the crisis. In Autumn 1947, the department of labour and social services estimated that it was on the level of 3–9%, depending on the region, and two years later it reached the level of 5%. In 1950, unemployment officially ceased to exist (at least for some time) and this was facilitated by the rules on the registration of job seekers introduced around that time. Thanks to that, it was possible to register those who received a job referral and the unemployed who did not accept the offered job. Therefore, Boleslaw Bierut, the leader of the Polish Communists, could proudly declare that the eradication of unemployment was “the result of overthrowing the Capitalist system and the increase in manufacturing forces” (AAN, MPiOS, sign. 578; Rocznik Statystyczny 1948; Rocznik Statystyczny 1949; Bierut 1950).

Along the higher number of the employed, the number of the insured increased as well. Before the war, the low number of people covered by the insurance against life risks was yet another unsolvable problem of the Polish social policy. Thanks to the broader range of sickness insurance and a quick increase in the number of workers outside agriculture, there was a major progress in this matter. At the end of 1946, the number of the insured was already higher than before the war. A year later, together with family members covered by

insurance, it reached 7.2 million. In 1950, the number of the insured was nearly 6 million and, together with family members, it amounted to 10.5 million. This meant that insurance covered 42% of the citizens and, together with state social workers and pensioners, it covered nearly half of the entire population of the country. Family insurance, introduced at the beginning of 1948, became an important backup for the employed. It guaranteed benefits to their children and unemployed family members and it was perceived as “the greatest trophy of the labour reality (AAN, ZUS, sign. 1/8; Journal of Laws 1947, no. 66, pos. 414; Radzimowski 1964; Krogulski 1951).

What cast a deep shadow on this optimistic image of the development of the social insurance system was the implementation of liabilities to citizens. In the case of long-term insurance, despite the fact that the number of people entitled to receive benefits increased by several times, the level of their payment was appalling. Soon after the war pensions were estimated to be ten times lower than in the 30s when benefits had already been regarded as low. In 1945, pensions were so low that people were discouraged to apply for them! The attempts to raise their level, made in the following years, were not successful. During the discussed period, the level of pensions was dramatically low in relation to incomes and it amounted to only 17–18% of the salary, which was regarded as beggarly (AAN, MPiOS, sign. 200; Radzimowski 1991).

The situation of the most important element of the system, i.e., insurance treatment was not any better. Also in this case, the fundamental problem was very low expenditure, which was reflected in a very limited access to doctors and their severe overworking. The increase in the number of poorly paid doctors working for social insurance companies was never high enough to meet the needs of the increasing number of people entitled to receive treatment. Between 1945 and 1949, the number of doctors increased by 60% but, in the same period, the population of those entitled to make use of their service increased three times. As the result, the access to treatment and the quality of health protection was, in the case of sickness insurance, unchangeably low. Also, what proved that doctors worked too much was the fact that, in 1948, they saw six patients per hour on average. In some places the average was ten patients per hour and some doctors were able to see even 50–60 patients a day (Rocznik Statystyczny 1950; Janiak 1948; Ordyłowski 1991).

It was difficult to talk about the positive effects of exercising the rights granted by the binding regulations on work legislation. In this aspect of the social policy, objective reasons, resulting from the war damage and destruction which, for a long time, made it impossible to provide adequate working conditions, overlapped with the above mentioned practice of the marginalization of safeguard provisions and the activities of the Labour Inspectorate which acted as their guardian. The number of the recorded instances of breaching the safeguard provisions quickly increased and, in 1949, it was three times higher than before the war. The majority of those instances were related to health and safety, however, equally important were the problems related to complying with the regulations which protected youth and woman employment. Although the number of violations was relatively low, it mainly resulted from the increasing liberalization in this respect and from not adhering to the principle of many binding standards (the same happened with the regulations on working time which were notoriously breached by state employers) (AAN, MPiOS, sign. 737; sign. 740; own calculations).

The worst situation developed in the context of observing the regulations on woman employment. Night shifts, prohibited by the act of 1924, became a standard practice after the war and there was no indication that the situation would change. In 1948, 10% of all employed women worked at night. A year later, the number increased to 13%, i.e. nearly

80 thousand women. 29% of women worked at night in the traditionally feminized textile industry and 35% in the steel industry. The regulations on working time of women and the ban on their employment under particularly difficult conditions were also notoriously breached. For example, in 1946, 32 thousand of women, i.e. 18% of all women working in the industry, did the jobs which were prohibited by the regulations. With time, fewer and fewer people paid attention to the situation and such devastation of the regulations led to the above mentioned legal changes introduced at the beginning of 1951 when the binding regulations were simply adopted to the after-war practice of woman employment (AAN, MPiOS, sign. 670; Rutkowska 1947).

In spring 1945, it was announced that health protection, which was the biggest problem for the Polish social policy in the inter-war period (next to mass unemployment), was relatively quickly going to become a widely available commodity to all citizens. This was going to be achieved by the legislation changes as well as by the plans of the health department to set up a network of health centres across the entire country. Initially, what came across as an obstacle was the deficit of medical personnel, especially doctors, 40% of whom died during the war. Even with the smaller size of the population, it resulted in the decreased indicator for their availability per 10 thousand citizens, which had already been poor before 1939 (from 3.7 in 1938 to 3.2 in 1946). In the following years, the number of medical personnel was increasing, however, it only resulted in going into the state of saturation (in 1950) which equalled to the level before the war (this was not achieved in the case of dentists) (Rocznik Statystyczny 1947; Rocznik Statystyczny Ochrony Zdrowia 1945–1967).

Personnel deficit, together with the lack of realistic financial possibilities, made the promise of establishing 1.2 thousand new health centres in 1946 impossible to fulfil (in 1938 there were about 650 of them). As it turned out, the number of health centres did not exceed the level of 1.2 thousand by the end of the discussed period, which meant that the needs of people, especially in rural areas, were not satisfied. What is more, along the ongoing political changes, the aims of their functioning also changed. At the turn of the 40s and 50s, health centres became institutions which supported the activities of insurance treatment and they did not guarantee meeting the health needs based on the collectivisation of farmers. In 1950, it was openly announced that health centres should be made available to “the insured in the first place”, which completely contradicted the initially formulated principles behind their establishment (AAN, MZ, sign. 2/21; Rocznik Statystyczny 1947; Rocznik Statystyczny 1949; Rocznik Statystyczny 1950).

The situation in hospitals was different. Western and northern lands, acquired from Germany, were much better equipped in inpatient treatment infrastructure than, so called, former lands, i.e., the lands which had belonged to Poland before the war. Thanks to that, despite the war destruction, the number of hospital beds was equal to the pre-war level as early as in September 1945. The newly acquired lands were home to 40% of hospitals with 1/3 of all hospital beds in the country. The number of hospitals reached the pre-war level at the end of 1946 (about 630), however, in the following years there was a planned reduction of their network; the smallest institutions were closed down as they were perceived as unnecessary (in 1950 there were 516 hospitals). Although the number of available beds went up from 85 thousand in 1945 to nearly 100 thousand in 1950, a quick increase in the number of the population meant that the progress was minimal (from 3.8 beds per 10 thousand citizens to 4.0 in 1950). Importantly, like before the war, the indicator was much poorer than in other European countries (soon after the war, the indicator in Czechoslovakia was 6.9, in Denmark 10.0 and in Switzerland 14.8) (AAN, KRN,

sign. 263; AAN, MZ, sign. 2/18; Szarejko 1948; Rocznik Statystyczny Ochrony Zdrowia 1945–1967).

Considering a lethargic character of the available infrastructure and the continuing deficit of medical personnel, it was difficult to expect a considerable progress in the context of the effectiveness of health protection. What can be considered as the success was the improvement of the situation in the field of communicable diseases, so dangerous in the after-war period, which was achieved thanks to the implementation of extraordinary actions. It was far more difficult to expect results in meeting the conventional health needs of the society. Primarily, access to treatment was not granted to all citizens. Along the development of social insurance, the number of people entitled to receive treatment increased a few times, however, uninsured citizens, especially in rural areas, remained outside the system, as was the case before the war.

Therefore, the progress in the availability of treatment resulted from the structural changes in the economy and the increase in employment outside agriculture and not from the planned actions of the Ministry which was responsible for the health policy of the state. Along the shift towards Stalinism and the change of principles underlying the policy towards rural areas, the phenomenon of depriving their residents of the access to health protection became a permanent element of the system and it encompassed nearly half of the population at the beginning of the 50s (43.6% of the society made their living by working in individual holdings). What only confirmed a poor access to treatment was low ratio of the use of hospital beds which, in the last years of the discussed period, was on the level of three quarters. With an indicated low level of resources, it meant that the society remained divided into two parts, of which one, still very numerous, could not benefit from health protection (AAN, MZ, sign. 2/20; Grata, 2017a).

The functioning of the social services can be assessed in a very similar way. At that time, a great number of after-war needs meant that it was impossible to fully satisfy them. However, it was necessary to take actions which would, at least, minimize the scale of problems. In the first period after the liberation, it was necessary to undertake rescue operations aimed at hundred thousand people relocated from the frontline areas (their number was estimated to be about 800 thousand). With time, the majority of those in need received support but it took too much time, which can be proved by the fact that two years after the war the Legislative Parliament set up another committee to examine the situation on, so called, bridgeheaded areas. Despite the fact that the majority of problems was solved, nearly 2 thousand families in kieleckie voivodship still lived in bunkers and huts at the turn of 1948 and 1949 (AAN, URM, sign. 2/34; Miernik 2012).

The conventional forms of support activities were also in dire straits. Like before the war, there was not enough specialist institutions and only at the end of the 40s the number of available places exceeded the level from before 1939. The technical condition of many support institutions was very poor and, unchangeably, one of the obstacles was the lack of premises where such institutions could be set up. What is more, the liquidation of some of private care houses, initiated during Stalinisation, meant that their accessibility was poorer and even created the necessity to dismiss children from the orphanages which, in majority, were state owned. In general, till the end of the discussed period, it was not possible to achieve acceptable state when it comes to the size and the quality of care institutions (inpatient health care). In the case of the outpatient health care, many taken actions made it impossible to meet the social needs (an example was an unsuccessful initiative on limiting the outreach of social pathologies spreading after the war). Ironically, the situation was going to be improved thanks to the introduction of the changes in the approach towards

support activities at the end of the 40s. As the result, the number of those entitled to receive support was going to decrease, which would make it possible to minimise the negative effects of the infrastructure shortages that still existed (Grata 2018).

The major problems with the organization and the functioning of the social services mainly resulted from the shortage of funding in this sphere of public life. Importantly, this factor also influenced the remaining elements of the social policy. There was a lack of money for insurance doctors, the establishment of health centres, higher salaries and insurance benefits which were appallingly low. That way, the extensive range of actions taken in favour of the social policy remained inadequate in terms of the quality or availability. Crucially, along the noticeable development of the range of activities, the budget for this area of public life did not increase. It was relatively the largest soon after the war as it amounted to about 10% of all budget spendings. Later, it remained on the level of 8% which, with the increasing number of tasks and the number of people benefiting from them, revealed the tendency towards stagnation rather than development. The process was summarised by the changes taking place at the turn of the 40s and 50s when, along the reorientation of the aims of the social policy, there was a number of significant structural shifts related to spendings. One of the examples was the increase of the budget allocated to the productivisation of support institution dependants at the cost of support activities. Another example was imposing purposeful constraints on the development of the state health service, which interconnected with allocating the budget of health service infrastructure to insurance treatment, later called labour treatment (Grata 2018).

8. CONCLUSIONS

When summarising the analysis of the transformations taking place in the Polish social policy after the war, it needs to be pointed out that, at the beginning of the 50s, it became a totally different entity than it had been a few years before. It didn't have much in common with its traditional understanding and its new political objectives determined the undertaken activities. What is also important, it performed its roles to a lesser extent than before. The planned reduction of the outreach of the social support, the devastation of labour protection institutions, the nationalization and centralization of the social insurance system, the pro-industrial tasks of the employment policy and, last but not least, the selective and ideologically motivated approach towards health protection were the main features characterising the new social policy.

For the authorities, the social policy was an insignificant addition to the processes taking place in the country; it was an unnecessary factor, regarded as a relic of the Capitalist system. This was proved by the elimination of the scientific research on the social activity of the state as well as the liquidation of the Ministry of Labour and Social Services which was planned to happen in 1951. According to the binding vision of the reality, it was supposed to be replaced by the Ministry of Workers' Reserve (AAN, PZPR, sign. V/11), which seems to summarise the processes related to the social policy in the discussed period in the best possible way. In the end, the Ministry was not closed down, however, the changes taking place at the turn of the 40s and 50s were permanent and even walking away from Stalinism, which happened in the following years, did not change much in this matter.

The confirmation of that was the fact that people living in rural areas received access to free health protection in the Polish People's Republic as late as in 1972, i.e., 30 years after the declarations formulated by Communists during the occupation. The Labour Inspectorate did not regain its position until the 80s when the establishment of the

”Solidarity” movement attracted attention to the existing working conditions. Despite the reactivation of the Social Insurance Institution, the position of social insurance remained unchanged till the end of the People’s Republic. The principle of full employment, favoured in the following decades, not only brought the eradication of unemployment but also low work efficiency, lack of organization and respect towards such easily available commodity, i.e. work in the period of real Socialism.

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