MEDICAL SUPPORT OF RUSSIAN WORKERS IN THE LATE XIX - EARLY XX CENTURY

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The process of medical defense formation of the Russian workers in the end of XIX – beginning of XX century is considered in the article. Methodologically the author proceeded from the fact that understanding extension of production costs phenomenon by capitalists, including medical support, comprises the most significant condition of capitalist labor market formation. Royal authority could not solve the problem of modern medical support system creation by reason of great bourgeoisie Russian opposition and departmental inconformity. But under the working class pressure entrepreneurs and the highest bureaucracy, finally, understood that production costs obligatory should include expenditures for the workers treatment and mainly this comprised the basic element of capitalist labor market formation. Thus, workers medical defense formation from labor capacity loss, peculiar for capitalist epoch, went long and complex way. The fact that was evident for specialists and progressive clerks already in 80-s of XIX century, could not come up to its implementation for long period by the reason of large Russian bourgeoisie opposition and departmental inconformity. But, eventually, under the working class pressure, the entrepreneurs and bureaucracy understood that production costs obligatory should include expenditures on medical defense and workers reward for their labor capacity loss and that this comprised the most important element of capitalist labor market formation. This was reflected in the law from 23 of June 1912 “About workers supplying in case of disease”, which, finally, realized the idea of state medical insurance of workers, taken as agenda some decades before it.

Key words: law, health care, treatment, workers, factory, pension benefits.

The capitalist workers salary is determined, first of all, by production costs and reproduction of their labor power, i.e. expenditures for the worker’s life, his children and family in whole. This is connected with the fact that the only source of capitalist worker subsistence is his salary. Emersion of the other perquisites undermines this mechanism and the salary descends lower than expenses to production and reproduction of labor power. This implies, first of all that proletarian does not obtain its capitalist essence before its emancipation from the significant level of perquisites, secondly, such “perquisite” of the worker as losses payment of his employability from the side of social and private beneficence is under the activity of the given regularity. Knowing about these, entrepreneurs are not interested in wages raising of an individual and collective worker directly or circumstantially through incapacity allowance payment or expenditures on medical defense.

However, everything should occur vice versa in the logic of developed mechanism. Entrepreneurs should defray costs of treatment, offset the loss of earnings or provide existence of those persons, who were supported by the perished worker, to compensate property losses, afflicted to the worker by casualties and professional diseases. Thus, understanding extension of production costs phenomenon by capitalists (due to including them into the expenditure composition for medical defense and reward of the workers for their employability deprivation) comprises the most important condition of capitalist labor market formation. It was especially topical for Russia, where under the conditions of labor supply abundance, strict rejection under which the workers with bodily injuries were not hired for the job was established at the great number of factories [5, p. 240]. Therefore, decrease of the general capital expenses level occurred in the country. All these
peculiarities of the workers medical defense initially were in the centre of domestic scientists’ attention. [29; 6; 7; 27; 2; 3; 14].

The first legalization about help for ill workers is found in the highest approved “Enactment of working people under the imperial porcelain and glass factories” from 19 of January 1860 [17] According to the article 26 of this statement, the ill worker during two months obtained support from the factory: bachelor – in the amount of third part of salary or piece-payment, married without children – a half, married with children – two thirds. Besides, during this time the factory paid the ill worker treatment in the hospital. The given approach was also realized in art.65 of supremely approved “Regulations about metallurgical population of state mountain factories of Treasury department administration” from the 8th of March 1861 [18], however with some changes: a contractual patient больной was contained in the factory hospital; bachelors obtained the third part of salary or piecework pay only in case, if they had the closest relatives in care; a contractual patient could stay in medical institution more than two months till the complete recovery by means of the hospital. Entrepreneur responsibility for diseases, induced by factory work was firstly fixed mainly in this legislative act. However, this did not disturb in some cases to pay aliment of an ill worker in the hospital not by plant management, but form the pay office of metallurgical comradeship [4, p. 123]. After lawful rebellions of workers, the minister of agriculture and government property not only suppressed the current practice, but vice versa, legalized it – 10 of March 1898, he added the existing article with words: “The benefit is given from the pay office (but not treasury), and in case, when the disease is a consequence of factory work”. Thanks to this the following order was formed: lame workers began to obtain benefit and recovery pension from the factory in first two months of disease, and benefit of mediate time was given them from the pay-office [29, p. 14-15].

The Ministers Committee regulations on the hiring of workers for the execution of state, public or state work, which was supremely approved on March 31, 1861 [19] established that with the number of workers less than 1,000 people, the contractor had to create a warm infirmary at his own expense (one bed for 40 employees), supply him with necessary medicines and housewares, and maintain an experienced doctor with a sufficient number of paramedics. According to the paragraph 12 of state council highly approved opinion “About input discipline of free people to factory work and employment at private mountain factories and mines, of unforced contract with plant management” from 4 of June 1862 [20], workers who sustained injuries and other damages at factory and mine works, the factories were obliged to support for their own expense till the full recovery. This article was recalled in 1892, when Standing order about industry was spread on private mountain factories and trades and replaced with the article 102 of Standing order about industry, which obliged entrepreneurs to render free assistance to their workers. Eventually, the workers treatment at gold and platinum fields was laid on a capitalist, but the workers obtained salary or day-to-day loans only in case of injury, occurred in consequence of gold miner non-admission of precaution measures, accepted by mountain standing order (note to the art. 661 of Standing order, p. 36) [24, t. XI, p. 757; t. VII, p. 113].

The industrialists were obliged to render medical assistance for the workers at the oil-fields according to the art. 599 of mountain Standing order [24, t. VII, p. 61]. Ship-workers had right to free medical assistance at the cost of the owner only in case of injuries, obtained in extreme cases according to the art.329 of transport routes Standing order [24, t. XII, p.l, p. 28]. Medical assistance in factory-plant industry began to be regulated, in connection with cholera epidemic in Moscow and Moscow region, by the highly approved 26 of January 1866 circular order of Ministers Committee of governor about organization of medical rooms under factory-plant industries in calculation: one bed per 100 working people. In 1867 State council on presentation of Home Secretary found
that the activity of specified resolution was not restricted by any locality and, consequently, spread to the whole empire. However, this order was published by the decision of Senate in Congregation legalized only in 1887 in the article 126 under the title “About hospital accommodations organization in factories and plants in Moscow province”. Consequently, spread of its activity to Russia began to have legal basis only from this moment [16, p. 127; 5, p. 219-220]. On this basis, it would be wrong to conclude that this law is not applicable or ineffective. Despite on all disadvantages, it appeared to be motivation in medical assistance organization by entrepreneurs and became the foundation for issue of a row of local stringent regulations [5, p. 221-222]. For instance, every sugar factory of the south of Russia with the average number of 300-400 people had the hospital with three big wards per 12 beds that comprised 3% concerning the number of workers, though juridically required 1%. Ambulance station was in every hospital. Alimentation of all medical part for factories annually on the average cost 4,5 rub. on every worker. The workers, entered in hospital, were treated free, but sick days were not counted into the number of worked days. Outpatients obtained medicines and bandages free and practically everywhere. In the beginning of 1890-s 12% of sugar plants workers were treated in hospital in average 10,7 days [28, p. 123-127]. 27 hospitals and 15 waiting rooms with 450 beds and 46 500 of workers were at the mine according to the information of miners council conference Statistical Office of south Russia in 1899 [1, p. 17].

According to the law of 3 of June 1886 payment charging for medical assistance from the workers was forbidden. However law did not enclose indication on treatment duration, but in practice only 2 weeks treatment course of sick workers was formed, as the contract could be broken by the worker under the condition of hiring for a period of indefinite term for two weeks [6, p. XV]. Standing order about industry permitted engagement contract dissolution in case of worker infective disease revelation. Such sick people received lay-off pay and were left from the enterprise without treatment.

All the workers, who fell ill in the consequence of their professional work, had right to claim their losses from the owners on the general basis according to the art.658,650 and 683 of civil laws code [25, t. X, p. 70, 71, 73]. In case of proof in court that illness or injury occurred due to the fault of entrepreneur (in the consequence of his actions or default), the worker received expenditures for treatment, on cure during the illness, on alimentation of family during worker’s disease, and also expenditures for funerals. Paradox was in the fact that factory-plant workers were forced to testify guilt of plant managements, and workers at railways and steamers did not do this, as guilt presumption was laid on management.

According to E.M. Dementiev data, corrected by S.N. Prokopovich in 1897, sick workers got assistance in hospitals at 4 % of enterprises (28% of workers), in ambulance stations – on 8% of enterprises (32% of workers); assistance was not rendered at all on 88% of enterprises (40% of workers) [6, p. 82-86; 16, p. 130]. At that qualitative medical assistance was only in state and city hospital. In the most part of factory and plant medical centers (hospitals, ambulance stations, waiting rooms) it was forbidden to speak about medical treatment quality because of rare appointments of doctors. E.M. Dementiev according to this case wrote: “Usually the doctor, living far, comes to the factory in a day, two times a week, most often one time a week and “on request”, and, finally, even one time in two weeks or month” [6, p. 106; 10, p. 27-28]. The current situation was conditioned not only by absence of entrepreneurs enthusiasm in this question, but also by nonrationality of the law, which required organization of sick rooms, as at large, so at small factories that certainly broke the last.

Conditions of hospital treatment at the factories of Ural were extremely various. The enterprises where the workers and members of their families were treated also existed. At the others medical treatment was given only to the workers, but attention was paid to all
their diseases. At the row of plants the workers received treatment only in case if they got ill during the work. The owners of French and Belgian mountain societies showed the most negligent relation to the workers health of Ural, hired a large number of utility workers, on whom legislative control of medical defense was not spread [10, p. 28-29].

According to the “Rules about injured persons reward in consequence of casualties of workers and employees, and also members of their families, in the enterprises of factory-plant, mining and metallurgical industry” from the 2 of June 1903 [21], the owners of industrial enterprises were obliged to treat injured workers free and compensate their expenses for treatment: give benefit to all time of the disease in the amount of a half of a real earning; give the difference between benefit and pension in case of receiving the last one; pay 30 rubles to the funeral of old worker and 15 rubles – to juvenile worker. Such responsibilities the entrepreneur bore in case, if the injured worker lost employability more than 3 days and if the reason of casualty was not malicious intent and recklessness of an injured person. In the result, the situation was formed, under which disease fugacity, malicious intent or recklessness could be established only later, but medical assistance was required immediately. As a result decision about medical assistance providing was given to the lease of enterprise administration. Besides, under the enduring working day and hard conditions of labor the recklessness became the direct consequence of them.

Very serious disadvantage of law from 2 of June 1903 appeared that medical assistance and allowance were given only to those workers, who lost employability in consequence of casualty, excluding professional diseases in a quality that looked as a real retrogression in comparison with the law and statement of metallurgical people of state mining plants from 8 of March 1861. The new law spread on enterprises of factory-plant, mining and metallurgical industry, leaving agricultural and housebuilding workers, and also trade clerks out of its influence. All these categories still should have used the art. 658 and 660 of civil laws code. In 1907 under the auspices of factory inspection medical assistance examination at factories and plants was conducted, besides according to the same program that 10 years ago. Eventually it was identified that if in 1897 from 19292 of industrial institutions medical assistance was rendered to 3488, i.e. in 18% from the general number, then in 1907 – already at 5439 enterprises or 38%. The number of workers, taken by the medical assistance grew from 1mln, comprised 26 % from the general number, to 1 528000, i.e. 84,1%. Accordingly, the percent of workers, deprived of medical assistance, decreased from 33 to 15,9 [7, c. 7-22]. Entrepreneurs expenditures on medical assistance significantly grew: from 4mln of rub. in 1897 to 9 464180 rub. in 1907 (from 3,91 rub. to 6,19 rub. by calculation per one worker), i.e. on 58,3%.

In many large enterprises, free medical care was provided not only to workers, but also to members of their families. In total, the number of workers’ families living by factories increased from 189,410 to 293,600. Along with this such method of the workers treatment as home treatment began to come into the medical assistance practice [7, p. 7-22]. However under this the situation stayed to be rather alarm. For instance, in 1908 the half of enterprises of Moscow south-east did not have any medical organization, the others in its turn did not have the constant doctor, 1-2 beds were in waiting rooms [27, p. 43, 49]. Approximately the same situation was formed at the enterprises in St. Petersburg [30] and Donbass [9, p. 26]. According to the data of department of trade and industry in 1907 from every 100 fabricators only 8 contained the hospitals, 23 - waiting rooms and ambulance stations, and 2/3 of fabricators did not render any assistance to the workers[2, p. 81].

About traumatism and morbidity condition of the workers one can compose and idea according to the data of the South of Russia. There in the beginning of XX century every worker during the year on the average suffered from a disease 2,2 times or 33 days, i.e. 11-16% of the labor ours. Approximately 20 days were left for hospital treatment, to
outpatient treatment – 13[26, p. 68-69]. One can find out about medical assistance rendering to the workers, from the memory of the workers. Thus, M.Zhabko noticed: "Machine, presses, scissors and engines did not have protections, there were not enough stairs, and if they were, they were bad, the straps were worn directly with their hands, and the number of accidents was great: fingers and whole hands were turned off; the workers were bunt and scalded in a blacksmith and foundry..." If the worker sustained injuries in the workshop due to the administration fault and began lawsuit with railway management, then he usually got into hands of hedge lawyers; the lawsuit in such cases continued for years, and since the courts were at the side of railway, then workers often lost. If it happened that the worker won the case, then the lion’s share came to the lawyer, processed the case” [8, p. 26-27].

The workers supplying with medical assistance broadly depended on department participation and size of industrial facility. Expenditures on medical assistance of one worker at the state enterprises of the country in 1913 exceeded the average allussian index for the workers of census industry on 42 %, but comprised 88% from the norm. The similar situation was formed and in hospital beds supplying. Only large state plants possessed a number of hospital beds higher the norm (1 hospital bed per 100 of workers). Free medical assistance was rendered to constant and casual workers only in state metallurgical districts [13, p. 34-35].The workers of small industrial institutions continued to stay in the worst situation. Thus, from 207 factories, having a thousand and more workers, medical assistance was absent only at 16, and from 3 799 factories, having no more than 15 workers, medical assistance was rendered only at 326 or 8,6% of enterprises [7, p. 7-22].

Special successes were achieved by railwaymedicine. From 1900 to 1910 under the growth of railway workers from 554368 of people to 823187 of people, the number of hospitals grew from 63 to 139, and the number of beds in them – from 1 682 to 5 059. Besides, there also were 858 of waiting rooms with 1 324 of beds. In 1900 one could count 547 doctors, 1198 paramedics and 255 midwives, and in 1910 – 925, 1979 and 513, accordingly. The total amount of all expenditures to medical assistance in 1910 was equal to 8 152939,97 of rub. or 9,90 of rub. per one worker [11, p. 4, 17].

Under the influence of revolution 1905-1907 special agreements according to the question of insurance, which were inserted in the engagement contract, began to be contracted between workers and entrepreneurs. Under this in a quality of contracting side the entrepreneurs acted not only individually, but also collectively. In 1906 of July the agreement between all lumbermenof Arkhangelsk and workers of sawmill factories was contracted: timber cutters agreed to give a half of salary to their constant workers during no more than a month in case of disease. Next year execution of an agreement took place between the owners of Orenburg printing offices and the workers about alimentation preservation during disease, if the worker worked in printing office no less than a year, and also – similar agreement between the owners of 44 enterprises of Orenburg province and their workers. A row of agreements took place in Bakinskaya province. In Vladimirskaya province the sick workers more often received allowance in the amount of half of their earning, sometimes together with accomodation allowances. At some factories the sick worker received 5 rub. in a month or 20-40 kop. in a day.There were factories where allowance equaled to the whole earning, but only during two weeks or one month with the further cutting by half. Often the right on allowances receiving was conditioned by the service term, which hesitated from 6 months to 2 years. The amount of allowances depended from the duration of service. Though, in some institutions, medical benefits were allowed, but their amount and the term of payment was not spoken anywhere, and that is why everything was given to the administration discretion. Lump-sum grant on the occasion of delivery was allowed anywhere. Its amount hesitated from 3 to 10 rubles, but
sometimes achieved to 14 rubles. In some cases the maternity patients received a complete content during the month, and sometimes only during 2-3 weeks. There were factories where pregnant workers received the leave only on two weeks before the deliveries and three weeks – after deliveries with preservation of a half of even the whole earning [12, p. 115-116].

The further development of medical assistance and benefit payment to the sick people was conducted on the basis of law from 23 of June 1991. “About the workers maintenance in case of disease”[22], which, finally, realized the idea of the workers state insurance, put on the agenda even some decades ago.

The activity of the given law was widespread to all factory-plant, mining, railway, navigable in inland waters and tram enterprises, where constantly were occupied no less than 20 workers and steam boilers or machines, driven with the nature powers or animals, or without machines, but with constantly occupies workers in the quantity no less than thirty.

Medical assistance, according to the law, now was in the form of original assistance under the sudden diseases and casualties, outpatient treatment, obstetrics and hospital treatment with the complete alimentation of patients. It was accompanied with free medicine issue, dressings and other necessary medical materials. It was given at the cost of the owner to the participants of sick-fund, established under the enterprise. With this aim he could contain any medical institution or conclude organization agreements with the owners of other enterprises, with sick-funds, with private medical institutions. He also could (as sick-fund itself) agree with city and country public administrations about using of their institutions for a daily alimentation cost and treatment of a patient, established by presence on the workers insurance cases on two years forward. Sick-funds were obliged to pay the benefits to their participants according to illness or injury, provoking disablement, under delivery – to pregnant women and maternity patients and in the result of death to funerals. In the first case the allowance was paid in the amount till 2/3 from earning of the patient, if a wife and children under 15 years (lawful or unlawful), sisters or brothers, full orphans or direct line ascending relatives were at his expense; from quarter to half of earning – under any other family status.

In case of disease the allowance was paid from the fourth day and till the day of recovery, but no more than 26 weeks; under secondary diseases – as a whole no more than 30 weeks during the year. Allowance on the occasion of delivery was paid to the pregnant participants of sick-fund during 2 weeks till the delivery – during 4 weeks in the amount from the half to the complete earning of the participant. The allowance amount on occasion of death was established from 20 to 30 of divisible daily earning of sick-fund late person. The administration managers prepared corresponding statements, which concretized statutory provisions, for their personal staff, applied to someone other branch. Thus, 28 of June 1912 the statement “About injured persons reward in consequence of casualties of employees, artisans and workers at the railways, opened for general use, and equally to their family members” was highly confirmed [23, p. 341-344]. According to this statement for persons, who served trains and locomotives, shunters, connectors, towermen of hand throw switches, train and station inspectors, field men (brakemen), manoeuvres administrators and greasers allowance was prescribed in the amount of ⅔ from injured person earning, the other categories of employees, artisan and working, including contractors – 2/3 from the given earning. The allowance was paid from the day of casualty till the day of employability recovery or till the day of pension admission.

The pension was appointed in case of constant disablement. In case of complete disablement the first category received ⅔ from annual earnings, the second – 2/3. In case of partial disablement the first category received the amount of employability deprivation degree within the frames of ⅔ from annual earnings, and the second – within the frames of
Professional diseases of railroad men did not give the right to reward according to this formation. Thus, workers medical defense formation from labor capacity loss, peculiar for capitalist epoch, went long and complex way. The fact that was evident for specialists and progressive clerks already in 80-s of XIX century, could not come up to its implementation for long period by the reason of large Russian bourgeois opposition and departmental inconformity. But, eventually, under the working class pressure, the entrepreneurs and bureaucracy understood that production costs obligatory should include expenditures on medical defense and workers reward for their labor capacity loss and that this comprised the most important element of capitalist labor market formation. This was reflected in the law from 23 of June 1912 “About workers supplying in case of disease”, which, finally, realized the idea of state medical insurance of workers, taken as agenda some decades before it.

Литература

1. Авдаков Н.С. Доклад комиссии, образованной экстренным съездом горнопромышленников юга России // Экстренный съезд горнопромышленников Юга России, происходивший в г. Харькове от 5-го до 11-го мая 1900 года. Харьков, 1900.
2. Александровский Ю.В. Закон о страховании рабочих от несчастных случаев. СПб., 1913.
3. Бертенсон Л. По поводу частного страхования рабочих (К вопросу о вознаграждении рабочих за увечья) // Промышленность и здоровье. 1903. Январь.
4. Богучарский В. Из жизни провинции // Новое слово. 1897. Ноябрь.
5. Быков А.Н. Фабричное законодательство и развитие его в России. СПб., 1909.
6. Дементьев Е.М. Врачебная помощь фабричным рабочим. СПб., 1899.
7. Дементьев Е.М. Врачебная помощь фабрично-заводским рабочим в 1907 г. СПб., 1909.
8. Жабко М. Из далекого прошлого. Воспоминания старого рабочего. М.-Л., 1930.
9. Либерман Л.А. Условия труда горнорабочих в Донецком бассейне // Вестник горнозаводского дела на Урале в санитарном отношении // Промышленность и здоровье. Вестник фабричного законодательства и профессиональной гигиены. 1902. Кн. 1.
10. Никольский Д.П. К характеристике горнозаводского дела на Урале в санитарном отношении // Промышленность и здоровье. Вестник фабричного законодательства и профессиональной гигиены. 1902. №1.
12. Пажитнов К.А. Положение рабочего класса в России. Л., 1924. Т. III.
14. Пресс А.А. Страхование рабочих в России. Объяснительная записка к диаграммам, выставленным в Париже по поручению г. заведующего XVI-й группой Русского отделения Парижской всемирной выставки 1900 г. СПб., 1900.
15. Прокопович С.Н. Бюджеты петербургских рабочих. СПб., 1909.
16. Прокопович С.Н. К рабочему вопросу в России. СПб., 1905.
17. ПСЗ РИ. Собр. 2-е. Т. XXXV. Отд. I. No 35356.
18. ПСЗ РИ. Собр. 2-е. Т. XXXVI. Отд.I. No 36719.
19. ПСЗРИ. Собр. 2-е. Т. XXXVI. Отд. I. No 36793.
20. ПСЗ РИ. Собр. 2-е. Т. XXXVII. Отд. I. No38339.
21. ПСЗ РИ. Собр. 3-е. Т. XXIII. Отд. I. №23060.
22. ПСЗ РИ. Собр. 3-е. Т. XXXII. Отд. I. №37446.
23. Рабен В.А. Сборник правительственных распоряжений, относящихся до службы подвижного состава и тяги железных дорог, со времени образования Министерства путей сообщения по 1 января 1914 года (С указателями алфавитным и хронологическим доведенными до 1 мая 1915 года). Пг., 1915. 1748 стб.
25. Свод законов Российской империи: В 16 т. СПб., 1912. Т. Х. С. 70, 71, 73.
28. Сулима К.П. Свеклосахарное производство в санитарном отношении. Диссертация на степень доктора медицины. СПб., 1892.
29. Тигранов Г.Ф. Горнозаводские товарищества казенных горных заводов и рудников в период с 1897 г. по 1901 год. СПб., 1902.

References

1. Avdakov N.S. The report of the commission formed by the extraordinary congress of miners south of Russia // Emergency Congress of Miners of the South Russia, which took place in Kharkov from the 5 th to 11 th May 1900. Kharkov, 1900.
2. Aleksandrovsky Y. The law on insurance for workers against accidents. SPB., 1913.
4. Bogucharsky V. From the Life of the province // New word. November 1897.
6. Dementev E.M. Medical assistance to factory workers. SPB., 1899.
12. Pazhitnov K.A. The position of the working class in Russia. L., 1924. Vol. III.
14. Press A.A. Workers Insurance in Russia. Explanatory Note to the diagrams, exhibited in Paris at the request of the head of XVI-th group of Russian branch of the Russian branch of the Paris World Exhibition in 1900. SPB., 1900.
16. Prokopovich S.N. For the labor question in Russia. SPB., 1905.
23. Raaben V.A. Collection of government regulations on the service of the rolling stock and traffic of railways, since the formation of the Ministry of Railways on 1 January 1914 (With pointers alphabetical and chronological, brought to the May 1, 1915). Pg., 1915. 1748 col.
29. Tigranov G.F. Mountain partnership of state-owned mining plants and mines in the period from 1897 to 1901. SPB., 1902.
30. Central State Historical Archive of St. Petersburg, the fund in 1229, inventory 1, the case 187, sheet 55; fund 961, inventory 3, the case 195, sheet 71.

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