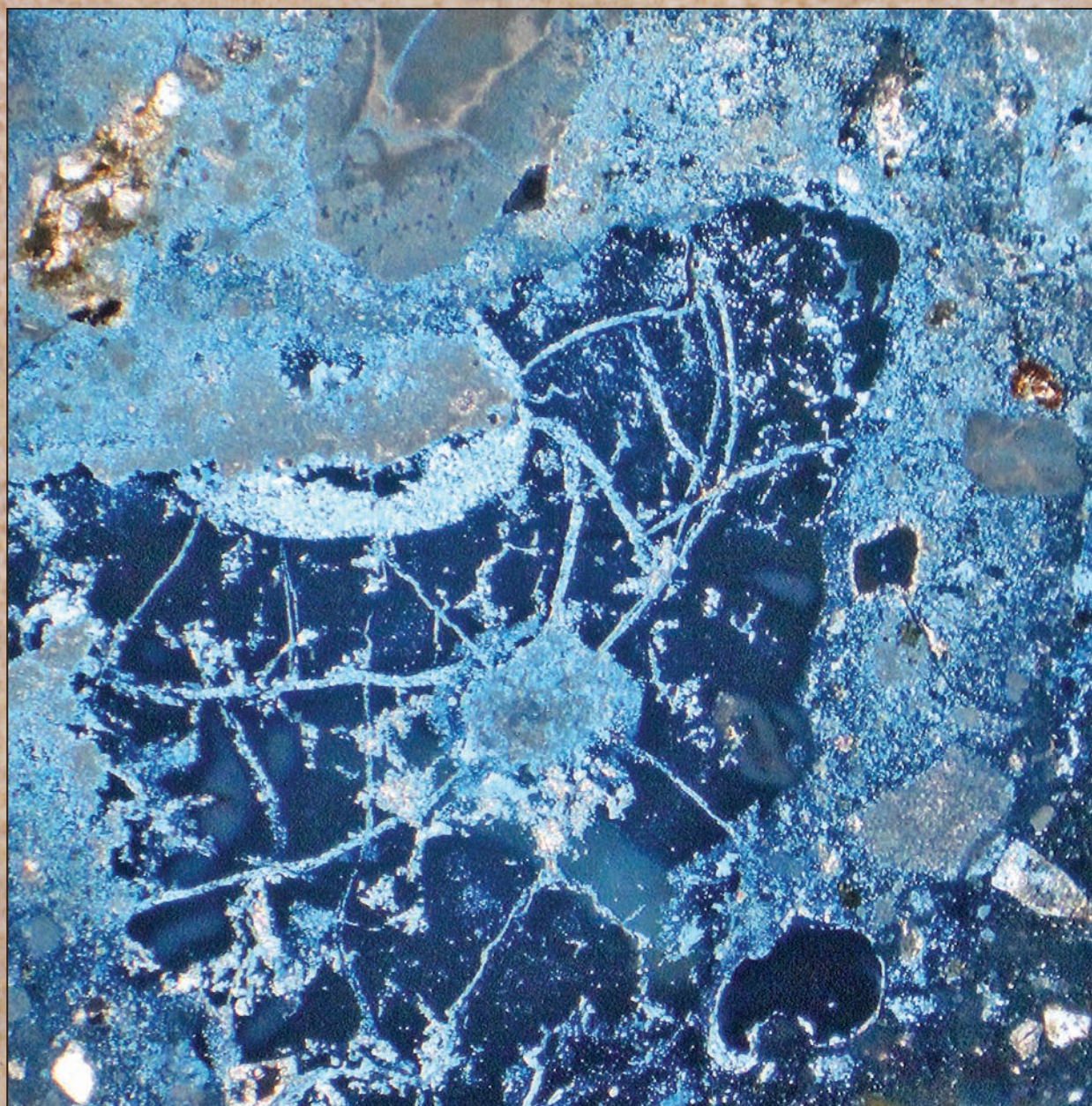


ANNALES

Anali za istrske in mediteranske študije
Annali di Studi istriani e mediterraneei
Annals for Istrian and Mediterranean Studies
Series Historia et Sociologia, 32, 2022, 4





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COMPARISON OF SOCIAL INSURANCE LEGISLATION OF THE AUSTRO-HUNGARIAN MONARCHY AND THE KINGDOM OF YUGOSLAVIA – LEGAL INHERITANCE

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ABSTRACT

This paper compares the social insurance legislation of the Austro-Hungarian monarchy with the postwar general social insurance legislation of the Kingdom of Serbs, Croats and Slovenes/Yugoslavia. The social legislature within the labour legislature was set up after the First World War and represented an important step towards the development of the social institutions in Yugoslavia. Similarities and differences in the development of the pillars of modern social states will be represented by a comparative analysis of the legislation in the field of health insurance through several aspects: differences between inherited social laws in the Kingdom; share of the Habsburg legislature in the new unified Law on Workers' Insurance (1922) and implementation of the law.

Keywords: Kingdom of Serbs, Croats and Slovenes/Yugoslavia, Austro-Hungarian monarchy, social insurance, workers legislation, Central Office for the Insurance of Workers, the interwar period

CONFRONTO TRA LA LEGISLAZIONE DELLE ASSICURAZIONI SOCIALI DELLA MONARCHIA AUSTRO-UNGARICA E DEL REGNO DI JUGOSLAVIA – EREDITÀ LEGALE

SINTESI

L'articolo mette a confronto la legislazione sulle assicurazioni sociali della monarchia austro-ungarica con la legislazione generale sulle assicurazioni sociali del primo dopoguerra del Regno dei Serbi, Croati e Sloveni/Jugoslavia. La legislatura sociale, all'interno della legislatura del lavoro, istituita dopo la Prima guerra mondiale, ha rappresentato un passo importante verso lo sviluppo delle istituzioni sociali in Jugoslavia. Le somiglianze e le differenze nello sviluppo dei pilastri dei moderni stati sociali saranno rappresentate da un'analisi comparativa della legislazione nel campo dell'assicurazione sanitaria attraverso diversi aspetti: le differenze tra le questioni sociali ereditate nel Regno; la parte del legislatore asburgico nella nuova legge generale unificata sull'assicurazione dei lavoratori (1922) e l'ulteriore implementazione della legge.

Parole chiave: Regno dei Serbi, Croati e Sloveni/Jugoslavia, monarchia austro-ungarica, assicurazioni sociali, legislazione sui lavoratori, Ufficio centrale per l'assicurazione dei lavoratori, periodo interbellico

INTRODUCTION

The social policy encompasses a whole range of activities from practical social activities to teaching discipline in education.¹ Definitions of social policy are therefore numerous and different and depend on the context of usage, along with a range of concepts and categories such as social organization, social health, child care, social rights, social insurance, social services, the welfare state, social security, and laws, etc. From a historical perspective, the emergence of social policy is related to the introduction and development of worker's protection and labour legislation on the part of the state, followed by the insurance system of health care, social retirement system invalidity, etc. (Milosavljević, 2007; Titmuss, 1968; 1974).

During the second part of the 19th century, in the wake of growing industrialization and the strengthening of the working classes, social insurance constructs became an increasingly important political component of social rights. Compulsory social insurance was first introduced in Germany in the early 1880s as a social and political measure to improve workers' positions in certain fields of the economy.² Social policy and social rights³, including health insurance and employment security, have come a long way from its inception in the late 19th century. Initially, employment rights only covered basic job protections, though today they include a whole range of social issues. From a contemporary perspective, social rights discourse was important in the formation of the welfare system after WW2 in Europe. Today, The Universal Declaration on Human Rights, adopted by the United Nations General Assembly in 1948, guarantees rights to social security, the right to work, the right to rest and leisure, the right to an adequate standard of living, the right to education, and the right to benefits of science and culture (MacMillan, 1986; Garland, 2015).

In the period between the First and Second World Wars, social insurance was narrower and relied on

pre-war social, political, and economic systems, which varied in type, scope, and coverage of social insurance between European countries. In the Kingdom of Yugoslavia, social insurance⁴ assumed insurance in case of illness, accidents, exhaustion,⁵ old age, death, and unemployment. Legislation in 1922 regulated social insurance enacting the *Law on Workers' Insurance* (Zakon o osiguranju radnika, 1922). In addition to just mentioned *Law*, there were also a series of laws that covered various professions ranging from miners and traffic employees to private/state clerks. (Glaser, 1925a, 66; Perić, 1931, 6).

Social legislation was largely inherited from the Austro-Hungarian monarchy's legal system. We will focus here on comparing the Austro-Hungarian general social insurance legislation (insurance covering illness and accidents), and the Yugoslav *Law on Workers' Insurance* from 1922. Aiming to understand the problems of social security and its (dis)continuity, we will also discuss the existence of laws on social insurance for workers that were not included in the aforementioned laws and the legal implementation of main social insurance laws.

The general context will be presented, as well as the guidelines for three problematic questions: differences between inherited social legislations of the Kingdom of SCS; the contribution of the Austro-Hungarian legislation in the new unique social legislation of Yugoslavia; and the legal implementation of the *Law on Worker' Insurance*. Comparative analysis between laws of the three Countries – Austrian, Hungarian-Croatian and Yugoslav, as well as the legal implementation of certain laws on the regional level in the Kingdom, will show similarities and differences of each State's social insurance constructs.

* * *

The Kingdom of Serbs, Croats and Slovenes inherited different systems of social insurance with existing funds. The territories under the Austro-

1 This paper is a result of a project in The Institute of Recent History of Serbia financed by the Ministry of Education, Science and Technological Development of the Republic of Serbia, according to the Agreement on Realization and Financing Research and Development in 2022. Nr. 451-03-68/2022-14/200016 from 4. 2. 2022.

2 Prussian laws represented the bases for social insurance in Europe and the first of such laws was implemented in 1845. It scheduled auxiliary treasuries for apprentices and auxiliary workers in case of illness. The Law on Illness Insurance was passed in 1833 providing accident insurance in factories in 1884 and the Law on Insurance in case of exhaustion in 1889. The German example of compulsory insurance was followed by governments in Austria (1887, 1888), Hungary (1891), Italy (1898, 1906), Kingdom of Serbia (1910), Great Britain (1911), and Russia and Romania (1912) (Glaser, 1925a, 66–67; Kresal, 1970, 212; 1998; Perić, 1931, 17).

3 In literature the term social rights is synonymous using with "human rights," "welfare rights," "social and economic rights," "rights to well-being" or "positive rights" (MacMillan, 1986; Garland, 2015).

4 The question of Yugoslavian social legislation (Pešić, 1957), especially health insurance in the period between the wars, was discussed by various authors across a broad spectrum of workers' rights questions (Milenković, 1999; Milenković, 1981; Milosavljević, 1972; Kolar Dimitrijević, 1973; 1982) or in the works about social questions with a focus on singular territorial units (Kresal, 1970; 1973; 1998; Kolar Dimitrijević, 1973; 1982; Petrović, 2011; Čalić, 2004)

5 The term "exhaustion" in this case is defined by Yugoslav law from 1922: it implies a person who, due to illness, old age or other disabilities, is unable to earn a third of what a healthy person earns for the same or similar work. In the case of one's exhaustion, the law provided for the receipt of a disability pension (Zakon o osiguranju radnika, 1922, § 66, 146).

Hungarian monarchy had the most thorough and longest insurance, while the territories under the Kingdoms of Serbia and Montenegro remained on a declarative level or there was no social insurance at all. As a part of Austria, Slovenia (without Medimurje and Prekmurje) and Dalmatia first introduced laws legislating social issues in the mid-19th century. The employees of mines, state-run railways, and civil/private servants were given social insurance in the form of health, accident, and pension guarantees through fraternal funds that were gradually introduced during the 19th century up to the First World War⁶ (Glaser, 1925b, 10–11; Kresal, 1970, 210; 1973; 1998, 22, 187). General compulsory accident insurance for, mostly industrial workers, was introduced in 1887⁷ followed closely by illness insurance in 1888.⁸ Until the First World War, labour protection was further strengthened by changes through new laws and amendments, the last of which covered social insurance for maritime workers in 1913 (Glaser, 1927, 431; Kresal, 1998, 19, 23; Kresal, 2005, 162; Milenković, 1981, 110; Dobaja, 2009).

In the territories of Croatia, Slavonia (with Srem), Banat, Bačka, Baranja, Prekmurje and Međimurje, general compulsory social insurance for illness was introduced through Article XIV of the mutual Hungarian-Croatian Parliament “on the support of the trade and factory workers in the case of illness” in 1891. Certain professions had insurance before the enactment of Article XIV in the aforementioned territories, for example: miners had insurance based on the *General Mining Act* (1854) as well as insurance in case of disease for craftsmen based on the *Trade Act* (Obrtni zakon) of 1872 and amended in 1884. which did not fully take effect. The next step in general compulsory social security in these territories was the enactment of Article XIX in 1907. Article XIX improved illness insurance as well as enlarging and modifying accident insurance. (Zakon o osiguranju obrtnih, 1909, 13–14, 24–25; Pešić, 1957, 26–29) Due to the specific status of Croatia in Hungary, minor differences in insurance were present. The most important difference owed to the fact that in Hungary, as well as Banat, Bačka

and Baranja, insurance for agricultural workers⁹ was introduced in 1900 (Glaser, 1927, 431; Milenković, 1981, 113).

In Bosnia and Herzegovina, part of the Habsburg Empire from 1878, miners were considered as a special group of workers that already had illness and pension insurance based on the *Mining Law* of Bosnia and Herzegovina enacted in 1881. This law, like all other mining laws of the era, required the establishment of a Fraternity Fund which designated monetary help for injured or killed miners and their families. A law implementing compulsory illness insurance for workers in commerce, industry and trade was introduced on 15 February, 1909, inspired by the Austrian illness insurance format (Glaser, 1927, 431; Helebrant, 1925 51; Milenković, 1981, 113–114; Perić, 1931, 156; Pešić, 1955, 50).

The Serbia *Shops Act* (*Zakon o radnjama*) was introduced in 1910 and its articles 85–97 covered compulsory insurance in case of injury and illness of the workers, and voluntary insurance in case of exhaustion, old age and death. The Act was never applied due to political and military reasons, with the exception of the miners and state railway workers who had illness insurance, old-age pensions in fraternal funds. Officers and certain state officials also had pension insurance. The territories which were incorporated into the Kingdom of Serbia after the Balkan wars 1912/1913, and the Kingdom of Montenegro, as an independent state, had no regulations or laws on social insurance and protection of workers (*Zakon o radnjama*, 1910; Perić, 1931, 155; Pešić, 1955, 65–73; Milenković, 1981, 120–121).

* * *

The period from the establishment of the Kingdom of Serbs, Croats and Slovenes (hereafter the Kingdom of SCS), until the passing of the *Law of Workers' Insurance* in 1922, can be characterized as a transitional period for social insurance. With the separation of territories from the Austro-Hungarian monarchy, a series of problems arose in the field of social security. Primarily this was in the form of separate legislative

6 Insurance for the case of illness of workers of the Austrian state railways and the Society of Southern Railways has been carried out since 1858 through hospital support funds (Bolniške potporne blagajne), insurance for accidents at work since 1869, and pension insurance in Slovenia since 1844/1854. Fraternal fond as social security institutions were legislated by the Mining Act of 1854 in Austria, which marked the introduction of social insurance in Slovenia for miners and smelters (Kresal, 1998, 181, 188; Pešić, 1955, 5–6, 8; Keber, 2011).

7 Zakon od 28. decembra 1887, 1888., Amended by-laws from 20th July 1894, 9th August 1908, 29th April 1912, 11. February 1913 (for sailors), 30th December 1917 (Helebrant, 1925, 49).

8 Zakon od 30. marta 1888, 1888. The Law was amended several times and came into force on 4th April 1889, 11th February 1913 (for sailors), 20th November 1917 (Helebrant, 1925, 49).

9 Insurance for agricultural workers was based on *Legal Article II. 1898 on the regulation of legal relations between employers (landowners) and agricultural workers* (Zakonski članak II. 1898. o regulisanju pravnih odnosa između poslodavaca (zemljoposjednika) i poljoprivrednih radnika). It implied the existence of a concluded contract between the employer and the worker (there were two types of workers), and landowners had to take care of sick workers, but no longer than 8 days. If the illness lasted longer than 8 days, he was obliged to report the case to the municipal authorities. Also, the threshing workers were insured in case of accidents, which was paid for by the employer (Milenković, 1981, 119–120).

insurance except that the territories were left without insurance carriers and funds. To maintain continuity, social insurance was regulated by inherited legal norms and post-war laws of central and provincial governments (Milenković, 1981; Perić, 1931, 95–98). Along with these temporary laws, the government – more precisely the Ministry of Social Policy, worked on the Labour Insurance Act, which was supposed to be unique and general for the entire territory of the Kingdom of SCS.

The facts of the enactment of the *Law on Workers' Insurance* necessary for a full understanding of the model and influence on the *Law*, are only partially available. The archival materials of the Ministry of Social Policy, the creator of the *Law* and thus the relevant body, are incomplete and insufficient for understanding of this issue (Ašković, 1978).

The enactment of the general, unified, *Law on Workers' Insurance*, proceeded relatively rapidly. At the end of January 1919, the Ministry of Social Policy drafted the *Basic Law on Workers' Insurance*. The *Basic Law* provided mandatory insurance for workers in case of illness and accidents, while other types of insurance were to be implemented successively. The revised *Basic Law* was presented to workers, entrepreneurs, and institutions such as universities, medical associations, and various ministries. In December 1920 it got its final form, and was proclaimed as the *Regulation on the insurance of workers in case of illness and accidents* on June 27, 1921 (Pešić, 1957, 106–110). The *Regulation* was the basis for the *Law* brought up later. During the same period, the Vidovdan Constitution was enacted. Its articles 31 and 33 enabled special law on insurance of workers at the territory of the Kingdom of SCS “in cases of accident, illness, unemployment, invalidity, old age and death” (Glaser, 1927, 432; Zakon o osiguranju radnika, 1922, 209–210). Finally, the *Law on Workers' Insurance* was adopted on May 14, 1922, promulgated in the Official Gazette on May 30, 1922, and come into force on July 1, 1922 (Glaser, 1924, 226; Helebrant, 1925, 52–53; Petnaest godina Središnjeg, 1938, 3–9; Zakon o Osiguranju radnika, 1922). Certain aspects of the *Law on Workers' Insurance* had been changed over time by the amendments, and various decrees. Amongst them are regulations on payment of hospital expenses, exemption of postage, state subsidy, taxes, etc. (Petnaest godina Središnjeg, 1938, 22–45; Radnička zaštita, 1940, 157; Kresal, 1998, 51).

Enactment of the *Law on Workers' Insurance* was a part of a set of laws from the domain of workers' legis-

lation, such as the *Regulation of the 8-hour Work Shift* (1919), the *Law on Work Inspection* (1921), the *Law on the Protection of Workers* (1922), etc. (Milenković, 1999, 108; Nikolić, 1994, 71; Rafailović, 2014). It should also be pointed out that national social policy was influenced by new social changes in the times of discontinuity and restructuring after the First World War. The Treaty of Versailles, new international institutions (League of Nations and the International Labor Organization), and The Washington Conference held in 1919 were all influential.¹⁰

Law on Workers' Insurance, as we will see, basically contained the principles of both Austrian and Croatian-Hungarian legislation. In his exposition, the Minister for Social Policy, Vjekoslav Kukovec, stated that the *Law* was regulated on the basis of Article XIX from 1907 because

it adopted a system that was applicable to the largest part of our current territory: Vojvodina, Croatia, and Slavonia. That system seemed to be modern and more conservative than the one in Slovenia and Dalmatia, where workers had 2/3 of the management, and the employers had one-third. Croatia and Vojvodina have ruling parity. I adopted this second principle in an agreement with business representatives from the Chamber of Labor [...] in my opinion, they rightly pointed out that our country is not yet economically developed enough to be able to put workers' insurance in the hands of workers' representatives only, [...] so that principle was adopted in an agreement with conservative business circles. (Stenografske beleške, 1922, 391; Pešić, 1957, 111–113)

The basic principles of social insurance as proclaimed in the *Law on Workers' Insurance* were: the broadest compulsory insurance and complete unification of all kinds of insurance; centralization in one institution along with self-governing organizations based on equal representation of employers and employees in all bodies of the institutions; universality, territoriality, and reciprocity of insurance; state monitoring by the Ministry of social policy and the courts of labour insurance (Mudrinić, 1938, 230). According to Milan Glaser (Humski & Dimitrijević, 1998), the leading expert on social insurance and the director of Central Office for Workers' Insurance (Središnji ured za osiguranje radnika, SUZOR) since 1924, “all principles of modern

¹⁰ The basic institution to monitor the implementation of the labour legislation and to direct its development was the International Labor Organization, established upon the 13th part of the Versailles Peace Treaty as a part of the League of Nations. The first General Labor Conference was held in 1919 in Washington and its conclusions were the basis of the workers' goals in the period between two world wars (about 8-hour work day; unemployment; employment of the women before and after childbirth; night work of women, minimal age (14) of children to be employed and night work of children in factories) (Adžija, 1925, 167–177; Perić, 1931, 77–94; Rodgers et al., 2009, 1–15, 172–178; Čalić, 2004, 216; AJ-MTI 65-46-246).

insurance have been adopted, and as a result, it is possible to implement workers insurance in a way that it will be able to fully delivery in all circumstances" (Glaser, 1925a, 69). However, there were also some problems that characterized the law, such as: postponing the implementation of insurance for exhaustion, old age and death until 1937; exception from the obligation of Law a number of categories of workers (state, municipal, city and village administration, private clerks, mining workers...); reduction of state subsidies; little or no financial support to servants and domestic workers and vague categorizations of seasonal workers in the case of an accident, etc. (Petnaest godina Središnjeg, 1938, 61–68; Čalić, 2004, 217–218).

* * *

As already mentioned, on the territory of the former Austro-Hungarian monarchy, two different general legislation systems in the field of compulsory social insurance were in use - Austrian (1887, 1888) and Hungarian-Croatian (1907). There were also special insurance laws for different professional groups. On the following pages, the most important issues of these two general legislations will be compared with the *Law on Workers' Insurance* (1922). The legislators themselves emphasized several fundamental subjects - which we will also refer to - what types of insurance should be implemented, the scope of insurance, the amount of support and the cost coverage, and the organization of insurance (AJ 65-1008-1896). The structure of the *Law on Workers' Insurance* was similar to the Hungarian-Croatian model, with certain modifications, and a more modern approach in some of the articles. The *Law on Workers' Insurance* had a total of 213 articles divided into 5 parts – 1. actual regulations 2. organization of insurance 3. resolution of disputed issues; 4. supervision 5. various penal, transitional, and final provisions (Zakon o Osiguranju radnika, 1922). The Hungarian-Croatian law had 209 articles and almost identical 4 units: 1. actual institutions 2. organization of insurance 3. procedure for resolving conflicting issues and supervision 4. various provisions regarding penalties, transitions and other institutions (Zakon o osiguranju obrtnih, 1909).

The Yugoslav *Law on Workers' Insurance* anticipated insurance in Article 1 in case of illness, accidents, exhaustion, old age and death (insurance for the insured's family), and Article 2 predicted insurance in case of unemployment (announced as a later regulation, but has never been implemented in the form of insurance, only through other social institutions). Of the above mentioned, only the illness and accident insurance were clearly defined and implemented from the day the law passed. Insurance in case of exhaustion, old age and death (pension and insurance for the

insured's family) according to the *Law on Workers' Insurance* from 1922, was supposed to be carried out by 1925, but it was postponed until September 1, 1937, when the *Decree on the implementation of insurance for workers in case of exhaustion, old age and death* was passed (Pešić, 1957, 149–153; Kresal, 1998, 51, 152, 153; Mudrinić, 1938, 230–234; Glaser, 1925a, 66). Austrian law provided special legal solutions for accident insurance (*Zakon od 28. decembra 1887*, 1888) and illness (*Zakon od 30. marcija 1888*, 1888). Hungarian-Croatian law, i.e. article XIX from 1907, defined and regulated insurance in case of illness and accident, but not retirement insurance. (*Zakon o osiguranju obrtnih*, 1909)

Insurance eligibility was defined as "all persons who, in the territory of the Kingdom of SCS, permanently or temporarily based on any employment relationship, lend their physical or mental strength, regardless of sex, age and nationality" (*Zakon o siguranju radnika*, 1922, § 3). According to the Austrian law, illness insurance covered all workers in the industry, trade, commerce and mining, as well as in the Hungarian-Croatian law (*Zakon o osiguranju obrtnih*, 1909; *Zakon od 30. marcija 1888*, 1888). None of the three laws provided for the insurance of agricultural workers and day labourers; the Yugoslav one excluded prison inmates, houseworkers and certain occupations (Krajčević, 1937, 26; *Zakon o osiguranju radnika*, 1922, § 6). Specific to all three laws is that the staff of state transportation institutions, along with miners, civil servants and some other professions, had special insurance, which will be discussed later.

From the financial aspect, insurance costs in the Kingdom of the SCS were determined according to the salary of the worker and the type of insurance. All workers were insured regardless of their salary, but their salary was insured up to 48 dinars per day. The insurance contribution was paid based on the earnings of insureds (guaranteed wages) and according to the category of salary classes prescribed by the Ministry of Social Policy. The number of wage grades varied from 12 to 18 from 1922 to 1940, with a minimum wage of 2.50 dinars. The amount of contribution per insured person in case of illness was 6%–8% of the insured wage. For accident insurance, contributions were paid based on the guaranteed wage, according to the percentage of risk, and based on a certain tariff, which amounted to 5%–8% of the daily guaranteed wage for 100% risk. The prescribed insurance costs were paid by the employer, and the contribution was divided in half by the employee and the employer so that the employer can deduct half from the employee's salary. In case of an accident at work or occupational disease, the insurance contribution was borne exclusively by the employer (*Zakon o osiguranju radnika*, 1922, §§ 21–44; Glaser, 1925b, 50–51; Gojković, 1936, 77–81, 91–106).

A similar principle of the financial basis existed in the Austrian law, which was valid in the territory of Slovenia and Dalmatia. Insurance cost was based on a salary range, and according to the worker's qualification. There were 5 pay grades that mostly corresponded to real earnings in a particular field. Two-thirds of the amount was paid by the workers, and one-third by the employers, with the workers' contributions not being allowed to amount to more than 3% of their wages (Kresal, 1970, 216, 217; Zakon od 30. marta 1888, 1888, §§ 26, 24). Accident insurance was separated from health insurance under Austrian law and thus separately organized. There were insurance institutions where employees were insured in the form of premiums that were borne 90% by the employer and 10% by the employee. Contributions were calculated according to the tariff determined by the insurance company and approved by the state, according to the employee's wage and the assessment of job risk. (Bratož, 2018, 121; Kresal, 1970, 216; Milenković, 1981, 113; Zakon od 28. decembra 1887, 1888, §§ 16–17).

In Croatia, there was a somewhat different insurance financing system. Similar to the previous two laws, the contribution was paid based on the "cross-wages class", but the classes were determined by the State Treasury for the support of sick workers, especially for workers under 18 years of age. According to Article XIX of the Law, since 1907 workers paid for a membership card; then workers and employers paid half of the contributions for insurance in case of illness. The contribution at the expense of the worker could not be lower than 2% nor higher than 4% (The maximum contribution was 8 Kruna), and employers paid contributions for accident insurance (Zakon o osiguranju obrtnih, 1909, §§ 24–40, §§ 41–49).

In a broader sense, the *Law on Workers' Insurance* from 1922 forward, differentiated between benefits for illness, childbirth and death of employee and minimum benefits for family. In case of illness, insured members had the right to have: 1. free medical care during an illness of up to 26 weeks, with the possibility to extend for another 26 weeks; 2. medicine, bathing, healing waters, auxiliary medical devices (glasses, crutches, artificial legs, foot gaiters), and necessary bandages for 26 weeks. There was the possibility of extending the period for another 26 weeks for treatment devices as well as a food allowance (social allowance during sick leave) if an illness lasts longer than three days, in the amount of 2/3 of the guaranteed wage per day (Zakon o osiguranju radnika, 1922, § 45).

The Austrian law from 1888 provided for free medical treatment from the onset of illness, including obstetric care, as well as necessary medications and other therapeutic aids for a period of 20 weeks. For each day of sick leave longer than three days, the worker received 60% of the specified daily wage. Hospital treatment was limited to 4 weeks, and the costs of hospital treatment alone could not exceed the amount charged if a person had been treated at home (Zakon od 30. marta 1888, 1888, § 6; Kresal, 1970, 216–217). The Croatian-Hungarian law ensured free medical assistance as long as an illness lasts. Up to the twentieth week workers had the right to free medicine, bathing, medicinal waters, and auxiliary medical devices (glasses, crutches, artificial legs ...) also for a period of twenty weeks; food allowance, if illness lasts longer than three days, in the amount of 50% of the guaranteed wage per day, up to 20 weeks (Zakon o osiguranju obrtnih, 1909, § 50).

The laws also provided support in case of childbirth. According to Yugoslav law, mothers-to-be had the right to free midwifery and medical assistance, maternity leave in the period of 2 months before and 2 months after childbirth in the amount of 3/4 of the guaranteed salary; aid for the child's equipment in the amount of fourteenth of the guaranteed salary (if the child was born alive). The assistance for breastfeeding mothers was half of the provided daily wage, but at most 3 dinars per day. Women who did not breastfeed were entitled to child food assistance. According to the law, from 1922, women had to be employed and insured continuously for three months to receive maternity benefits. Later in 1937, the law was amended¹¹ and it was necessary to have 10 months of insured service in one year or 18 months in the last two years (Zakon o osiguranju radnika, 1922, §§ 45 & 49). The Austrian law provided for medical assistance to women in labour for four weeks after childbirth, and the Hungarian-Croatian provided for food allowance for a period of up to 6 weeks after childbirth, if a woman was insured for three months during one year (Zakon o osiguranju obrtnih, 1909, §§ 50 & 53; Zakon od 30. marta 1888, § 6).

Childbirth allowances were particularly criticized by employers in the Kingdom of Yugoslavia. Business owners felt that it was "too much of a burden on our insurance industry..." and that financial assistance to mothers was disproportionately large. They required women to work more than nine months to gain the right to insurance, not only three months as regulated by law. For example, Ante Mudrinić, director of the Zagreb district office,

¹¹ The law regarding grants in the event of childbirth was amended by the Law of 5 December 1931 relating to the granting of grants in the event of childbirth, Official Gazette, 285a, XCIV, 1937 (Radnička zaštita, 1940, 157).

justifying the views of the employers, presented the example of Helena Hudovernik, a worker who gave birth to four children from 1924 to 1927, and who between 1922–1927 earned a total of 1,910.80 dinars, but received 4,319.60 dinars for maternity leave (Zapisnik III konferencije predsjednika ravnateljstva, upravnika i glavnih lekara mesnih organa Središnjeg Ureda za osiguranje radnika, 1927, 567–590).

Family members who lived with the insured person and had no income, had the right to free medical treatment, medications and medical devices for 26 weeks and to maternity assistance 4 weeks before and 4 weeks after childbirth, in the amount of 1.50 dinars per day. They also received support for necessary equipment. According to amendments to the law on workers' insurance from 1931, assistance to unemployed family members was limited to assistance to women after childbirth in the form of medical and midwifery support (Zakon o osiguranju radnika, 1922, § 45). The Croatian-Hungarian law provided for the same type of assistance for unemployed family members of the insured person: free treatment, medications and medical devices for 20 weeks and assistance in case of childbirth (Zakon o osiguranju obrtnih, 1909, § 50).

In case of death of an insured member, the family received support for the funeral in the amount of thirty insured wages (Zakon o osiguranju radnika, 1922, § 45), and according to the legislation of the Austro-Hungarian monarchy (1888, 1906) families had the right to funeral allowances in the amount of 20 daily wages (Zakon o osiguranju obrtnih, 1909, § 50; Zakon od 30. marta 1888, 1888, § 6).

According to the *Law on Workers' Insurance*, the organization and implementation of workers' insurance were under the jurisdiction of the Central Office for the Insurance of Workers (SUZOR) with headquarters in Zagreb (Zakon o osiguranju radnika, 1922, §§ 119–158). SUZOR provided insurance for workers in case of illness and accidents from 1st July 1922 throughout the Kingdom of the SHS, and from September 1, 1937, insurance for all workers in case of exhaustion, old age and death. The mentioned institution originated from the *National Treasury for the support of sick workers and insurance against accidents*, that is, from the Hungarian-Croatian system of insurance. SUZOR was the only insurance carrier for workers included in the *Law on Workers' Insurance*. Insurance was carried out through its local bodies and the district offices.¹² There were also, as local committees of SUZOR, three private social health funds in the Kingdom for

the insurance of clerks and commercial assistants (Beograd, Zagreb and Ljubljana). SUZOR, as well as the district offices, were based on the self-governed principle and were headed by administrative committees, the general assembly, the directorate and the supervisory board comprised of workers and employers (Petnaest godina Središnjeg, 1938; Milenković, 1999, 113–115; Zakon o osiguranju obrtnih, 1909, §§ 119–158).

In Slovenia and Dalmatia, hospital insurance was not centralized. Health insurance was provided through independent funding (hospital funds), i.e. health funds, which could be: district, business, co-operative, social and fraternal (for miners) (Zakon od 30. marta 1888, 1888, § 11). An entrepreneur who employed more than 100 workers could establish a health fund, that is, an illness fund. The mentioned funds were independent in their operations, but they were obliged to be members of the Association of health insurance funds, which covered the workers against accidents, and whose headquarters were in Trieste and Graz; the responsibilities of these associations were small. The exception was insurance for private officials which was centralized, with offices in Graz (Carinthia and Styria), and Trieste (Carniola, Austrian Littoral (encompassing Trieste, Gorizia, Gradisca, Istria) and Dalmatia) (Kresal, 1970, 216; Kresal, 1998, 193).

As already mentioned, SUZOR inherited the Croatian-Hungarian model of insurance organization. Accident and illness insurance in Croatia, Slavonia and Vojvodina was carried out through the *National Treasury for the Support of Sick Workers and Accident Insurance*, based in Zagreb for Croatia and Slavonia, and in Budapest for Hungary. The National Treasury worked through the local bodies of the district treasuries for workers' insurance and the entrepreneurs' treasury for the support of the ill. The same as in Yugoslavia, the system was based on the principle of self-government, with an organization of the general assembly, directorate, and supervisory boards in which insured persons and employers were represented in the same number. Insurance was supervised by a special state office for workers' insurance, which resolved all disputes as a last resort (Zakon o osiguranju obrtnih, 1909, 98–155).

* * *

Continuing the practice from the pre-war period, entire classifications of workers were exempted from the *Law on Workers' Insurance* (1922), and had special insurance in the Kingdom

¹² District offices for workers' insurance in the mid-twenties were in Belgrade, Niš, Skopje, Vršac, Veliki Bečkerek, Subotica, Sombor, Novi Sad, Zemun, Osijek, Brod, Bjelovar, Varaždin, Sušak, Karlovac, Zagreb, Ljubljana, Split, Dubrovnik, Sarajevo, Travnik, Tuzla, Banjaluka, Mostar... The largest district office was in Ljubljana with 75,000 members, and the smallest was in Tuzla with 5,000 members (Glaser, 1927, 435).

of Yugoslavia. Certain insurance applied to the entire territory of the Kingdom, and some only to narrower areas. Mining workers were insured by the Fraternity Treasurer according to the *Regulation of the Fraternity Treasurer for the Insurance of Miners and Personnel at Mining Enterprises* from 1924/1925. Miners employed in mining companies, as well as their families, had insurance in case of illness, accident, exhaustion, old age and death (pension insurance), and since 1937 in case of unemployment, according to *The Mining Law*. *The Regulation* was created upon the *Law on Workers' Insurance*, and the hitherto different regulations of inherited mining insurance were unified and extended to the entire country and to accident insurance. Miners were in a slightly better position compared to other workers according to *Law on Workers' Insurance*, in terms of pension rights and the amount of some benefits, but they also paid higher premiums (10% in case of illness). *The Regulation of the Fraternity Treasurer* was amended and changed over the years, but significantly in 1928/1929, 1933 and 1937. Mining insurance was carried out by the Fraternity funds, with headquarters in Belgrade, Zagreb, Ljubljana, Sarajevo and Split and local fraternity funds through three sections – Illness, Disability and Pension Funds (Grčević 1939, 257–258, 251–266; Pešić, 1957, 156–163; Perić, 1931, 179–192; Radnička zaštita, 1940, 157). State traffic personnel also had special insurance. They were insured in case of illness and accident on the basis of a special Order of the Minister of Transport dated in May 1922. From 1923 they had pension insurance per the *Law of State Traffic Personnel*. The insurance was provided through the Health Fund for traffic personnel at the Ministry of Transport (Pešić, 1957, 163–169; Perić, 1931, 179–192).

Officials in civil service, public and private companies were a separate category and had different insurances depending on their position (clerks, banovina clerks, state and banovina diarists, part-time and contractual clerks, municipal clerks, permanent monopoly workers, etc.). For example, civil state servants (except contract clerks and diary clerks) and staff of the National Bank of SCC were excused from the insurance obligation under the *Law on Workers' Insurance* in 1925; employers in public works companies 1922, 1925; workers and officials of water cooperatives 1927, etc. (Helibrant, 1925, 69; Pešić, 1957, 135–138).

The following example also shows the difference in insurance. The pension insurance of private officials was based on legacy insurance that existed in Slovenia and Dalmatia since 1906 (which came into force in 1909). After the War, in January 1919, Temporary General Retirement

Clerks' Fund was established in Ljubljana (instead of the General Pension Institute in Vienna, under the branch in Graz), which was granted to Dalmatia in August 1919. In June 1921, the *Decree on the temporary regulation of the pension insurance of officials in the former Austrian territory of the KSCS* was passed and became *Law* in 1922, and again it was amended and refined in 1933. It was finally regulated by the mentioned law from 1937 on pension insurance of workers. It should also be noted that insurance in case of illness for civil servants was carried out through the private social illness fund: Illness fund of the Belgrade merchant youth, Treasury of the trading and support society in Ljubljana and Illness fund of the society of commercial and private clerks Merkur, Zagreb (these funds were local organs of SUZOR) (Radnička zaštita, 1940, 157; Pešić, 1957, 156–183; Kresal, 1998, 152–153; Perić, 1931, 179–192).

Insurance of seafarers was carried out in terms of certain provisions of the *Law on Workers' Insurance*. Various issues of administrative and technical nature were resolved by the agreement with the representatives of shipowners and seafarers. Insurance for sea fishermen did not exist. It was postponed based on Article 6 of the *Law on Workers' Insurance*, because there were neither regular employers nor employees, since the fishermen didn't receive a salary for their work but shared the catch. However, supplementary insurance for seafarers employed on merchant navy ships was mandatory from September 1, 1937, in the case of old age and death (Radnička zaštita, 1940, 161, 247).

The statistical review confirms what has been said so far – social legislation did not equally cover all strata of the working population. It primarily covered employees in industrial, commercial and trade enterprises, state and private administration, miners and traffic workers, excluding the agricultural population. Also, there were cases where workers were employed for most of the year and were never registered, which completely circumvented the social legislation. This was a common case in the construction industry (Izveštaj Beogradske radničke komore o radu, 1932, 211). The number of average insured members, and thus persons with the possibility of health insurance by SUZOR was as follows: In 1923, - 439,164 insured, and by 1931, the number had grown to 609,190, the year the end of the Great Economic Crisis, 1935, there were 564,287, and before the beginning of the Second World War in 1938, 715,186 (Statistički godišnjak, 1934, 412; Statistički godišnjak, 1941, 409). Workers' insurance also did not equally cover the territory of the Kingdom. According to data from

1934, excluding Belgrade as a specific economic entity, the highest percentage of the population was insured in Dravska Banovina - 7.57% of the total population, that is, within SUZOR 15.93%; in Savska banovina 5.39%, within SUZOR 26.77%; and Dunavska banovina 4.27%, within SUZOR 18.74%. Dravska, Savska and Dunavska Banovina were to a lesser or greater extent the territories of the former Austro-Hungarian Monarchy where, it was observed, social insurance had a stronger and longer tradition. These were also the territories that had a higher level of industrial development and thus employed workers (Glaser, 1935, 238).

With the *Law on Workers' Insurance*, all the principles of modern insurance were adopted, at least declaratively, and it represented one of the most important workers' laws in the history of the Kingdom of Yugoslavia. Representing, to the greater extent, an amended and more modern version of the Austro-Hungarian laws from 1887, 1888 and 1907, marked a big step towards the development of economic institutions. The law came to life, but

not entirely, because the institutions in charge of implementing it were not stable and strong enough to carry it out.

Implementing workers' insurance was not an easy task for the ruling circles and SUZOR. *The Law on Workers' Insurance* brought with it a series of difficulties arising both from the inconsistencies of the law and subsequent by-laws and decisions, as well as from the non-enforcement of the law by business circles and some authorities. Among other things, the fact was that the agricultural population, which made up the absolute majority, was not insured. Thus, the labour legislation covered a smaller number of inhabitants compared to millions of peasants who did not get state welfare protection. The other problems related to the *The Law on Workers' Insurance* were: delaying the implementation of insurance for exhaustion, old age and death until 1937; weakness of unemployment insurance; reduction of state subsidies to SUZOR, minimal or no support to servants, domestic workers and vague categorizations of seasonal workers in the case of an accident; exemption from the obligation of *The Law* persons employed in the state administration, private clerks, mining, traffic personnel, etc.

PRIMERJAVA ZAKONODAJE O SOCIALNEM ZAVAROVANJU AVSTRO-OGRSKE
MONARHIJE IN KRALJEVINE JUGOSLAVIJE – PRAVNO NASLEDSTVO

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POVZETEK

Zakon o zavarovanju delavcev v Kraljevini Srbov, Hrvatov in Slovencev/Jugoslaviji je bil sprejet leta 1922. Bil je sodoben zakon z najširšim obveznim zavarovanjem in popolnim poenotenjem vseh vrst zavarovanj; centraliziran v eni ustanovi in je zagotavljal univerzalnost, teritorialnost in vzajemnost zavarovanja; z državnim nadzorom ministrstva za socialno politiko in sodišč za delovno zavarovanje. Združil je vse razlike med podedovanimi socialnimi zakonodajami Kraljevine SHS, ki so se opirale na habsburško zakonodajo – avstrijsko (1887, 1888) in madžarsko-hrvaško (1907). Analizirali smo osnovna vprašanja teh treh zakonov: katere vrste zavarovanj so se izvajale, obseg pravic iz zavarovanja, višina podpore in kritja stroškov ter organizacija zavarovanja. Analiza je pokazala, da je v Zakonu o zavarovanju delavcev iz leta 1922 večina zakonskih rešitev v večji ali manjši meri napisana po madžarsko-hrvaškem vzoru, z določenimi spremembami, dopolnitvami in sodobnejšim pristopom v nekaterih členih zakona. Izvajanje zavarovanja delavcev je prineslo vrsto težav, ki so izhajale tako iz nedoslednosti zakona in poznejših podzakonskih aktov in odločb kot tudi iz neizvajanja zakona s strani poslovnih krogov in nekaterih organov.

Ključne besede: Kraljevina Srbov, Hrvatov in Slovencev/Jugoslavija, Avstro-ogrska monarhija, socialno zavarovanje, delavska zakonodaja, Osrednji zavod za zavarovanje delavcev, medvojno obdobje

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