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SOCIAL POLICY AND WAR

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American writers on social policy usually treat war as a diversion or interruption of progress towards a welfare state. The Progressive era was cut off by World War I, the New Deal was liquidated as a hostile Congress and indifferent President turned their attention to World War II, and the War on Poverty gave way to the war on Vietnam. "War," Max Lerner said in 1940, "generally puts an end to any period of social reform."¹ British writers, however, see it differently. Most have agreed with Bruce that

The decisive event in the evolution of the Welfare State was the Second World War ... The years of active thought and planning were those from 1941 to 1948: these mark an epoch in British history.²

The difference should suggest both the distinct histories of the two countries, and the need for an analytic framework in which to examine more generally the relationship between war, the state, and social policy.

The importance of war in the formation of social policy is perhaps most strongly stated by Richard Titmuss, in his essay, "War and Social Policy":

The aims and content of social policy, both in peace and in war, are thus determined - at least to a substantial extent - by how far the co-operation of the masses is essential to the successful prosecution of war.³

How does he come to this conclusion, and is it correct? After raising some questions about Titmuss's argument (the most informed and stimulating contribution to the question by a major social policy analyst) I will propose a different approach, and suggest how it might be applied to a comparison of social policy in the United States and Britain in World War II. My primary concern will be with the relation of war to social policy, the state's organized efforts to affect the health and well-being of the populace, rather than with war's impact on social or political change in general. I will argue that social policy is pressed out between the needs of capital on the one hand and the struggles of labor (and/or specially oppressed groups such as blacks or women) on the other; and that the impact of war on social policy depends upon the demands it makes on the

state, and upon the balance of class forces. What I offer is a framework for analysis, not a history of social policy in Britain and the United States in World War II.⁴

Titmuss argues that war has become more total. It once was a game played between rulers, risking a few subjects as pawns while most social life was undisturbed. Now it involves the whole society. Industry, agriculture, even family life are affected. All are shaped and organized as part of a war effort, the consequences of which are felt long before and after any actual fighting.⁵ In this progression from limited to total war, Titmuss traces through four stages the state's increasing concern with the quantity and quality of the population:

- (i) with the quantity of troops, leading to census operations;
- (ii) with the quality, or fitness for service, of recruits;
- (iii) with the physical health of the whole population, especially of children, the next generation of recruits;
- (iv) with civilian morale.

These concerns, induced by wars of increasing scale and intensity, have, Titmuss argues, prompted many if not most social policy developments in Britain. Thus the shocking state of health of working class troops revealed in the Boer War led to the establishment in 1906 of the school medical service, meals for elementary school children, and other services. In World War II the state's survival depended upon the mobilization and support of almost the whole population. The Education Act of 1944, the Beveridge Report, the National Insurance, Family Allowances, and the National Health Service Acts were all "in part an expression of the needs of war-time strategy to fuse and unify the conditions of life of civilians and non-civilians alike." The universalism of the postwar "welfare state" reflected the extent to which the "co-operation of the masses" was essential to military success.

Titmuss bases his conclusions mainly on his and his colleagues' studies of British social policy in World War II and on Stanislaw Andreski's theoretical work, Military Organization and Society.⁶ He sees World War II as a typical "modern war", the culmination of a historical development from limited to total warfare. Andreski himself assumes no such progression. His key variable is the "military participation ratio" (MPR), defined as the proportion of militarily utilized individuals in the total population.

When the MPR is high, the ruling group must win the masses over to support the war, convincing them that they are fighting for themselves. Social inequalities will narrow, while the rulers will also need tight control over the population. Such a war will foster both egalitarian and totalitarian tendencies. When the MPR is low, the masses can be left alone, but a privileged military elite will develop and social inequalities will widen. He does not assume a historical progression from low to high MPR. He shows how MPR may rise or decline with inventions such as the stirrup, the long bow, or gunpowder, which require different kinds of military organization. Andreski points out, however, that, with the exception of post-revolutionary France, the major European powers only adopted universal conscription after severe military defeats. The fact that technico-military factors had already made mass armies more effective than professional ones was not enough to lead to adoption of the former. The pressure of military competition was also necessary. (The Russian Revolution showed, inter alia, that ruling classes had good cause to resist mass conscript armies for as long as possible).⁷

Andreski's indicators of MPR include extent of conscription or national service, proportion of GNP going to the military and to war production, and actual or anticipated civilian injuries. World War II certainly involved a high MPR, and it strengthened statist and egalitarian tendencies, especially in Britain where the MPR was substantially higher than in the U.S. In both countries, military success required the participation in the war effort of the working class and specially oppressed social groups (women and, in the US, blacks). In both countries these groups made substantial gains in terms of employment, income distribution, etc. which were not completely reversed in the postwar period.⁸ The concept of the military participation ratio, however, must be seen as only one element in a larger explanatory framework. It does not explain why, if the Boer War led to a school meals program in Britain, the US Congress was able to cut heavily a school meals program in World War II despite the evidence of malnutrition revealed by the Selective Service examinations. Moreover, World War II was not typical of later wars, such as Korea or Vietnam. More typical of the present period are inter-imperialist wars fought by proxy (which avoid direct confrontation between major powers) or wars of national liberation (which do not threaten the "mother country"). Korea was arguably a case of the first kind, Vietnam of the second. Be that as it may, the Vietnam war certainly involved a high MPR for the Vietnamese (and produced egalitarian and totalitarian tendencies within that society), but for the US it involved a low MPR, a small proportion of GNP (or even of the total military budget) and low rates of conscription and civilian injury. It was also a regressive war in terms of its effects on social inequalities and the real living standards of workers.⁹

There has been a tendency on the part of both Fabian-type social democrats in Britain and some New Deal liberals in the United States to welcome those aspects of war which strengthen the state. For them, a strong "positive" state is essential to the pursuit of social justice and the modification of blind and ruthless market forces. Such considerations led Fabians into wholehearted support of British imperialism before and during World War I and encouraged New Dealers in the subordination of their domestic goals (including civil liberties) to the US's military effort in World War II.¹⁰ These "social-imperialist" impulses are more than ever misguided in a nuclear age. Not only are contemporary limited wars likely to be socially regressive, but a "total war" in the future would presumably be a nuclear war, and therefore one which would not involve mass mobilization and conscript armies. Indeed, given the present centrality of nuclear weapons in the "defense" of the great powers, it is probable that World War II was atypical in involving a high MPR in those countries.

Titmuss's generalizations about war and social policy are thus based too narrowly on Britain and World War II. They also fail to see war itself as a member of a larger class, namely social crisis. American historians of social policy point to the Great Depression much as the British do to World War II. It too broke down resistance to social and economic planning, strengthened the role of the state, flattened the social pyramid somewhat, and produced the basic legislation of the "welfare state." No one would claim that the social policy of the New Deal is usefully explained as the state's response to an impending major war. It is necessary to distinguish the specific impact of war, and of different kinds of war, from the impact that any kind of crisis might have on a given social structure. Titmuss's claims for war as the major determinant of social policy are too large. A major crisis, whether war or depression, is likely to lead to a new level of state intervention, which then has independent effects in the economy and society which prevent a return to the status quo ante.¹¹

An important element in the explanation of social policy neglected by Titmuss (except in terms of wartime morale), is the response of the state and ruling groups to pressures from below. The reforms of the last Liberal government in Britain are not adequately explained as belated reactions to the Boer War, or as preparations for World War I. They also reflect the attempt to hold and incorporate the rising labor movement within the two capitalist-party system. The Liberals failed in this attempt in Britain, whereas Roosevelt succeeded in holding labor in the Democratic Party and Johnson had similar success with regard to the black movement in the 1960s.¹² The "cooperation of the masses" may become problematic in

circumstances other than war. Capitalism is a highly dynamic, competitive system (war being only the most intense and deadly form of this competition). It generates social costs, dislocations and oppositional movements which force the capitalist class (or sections of it), however reluctantly, to look to the state and its social policy (and/or forces of repression) for solutions.

None of these qualifications of Titmuss's arguments should obscure its implicit point, that ruling groups in a class society will take steps which benefit the health and welfare of the population (i.e. of subordinate classes and strata) when they face a situation in which the needs or demands of that population can no longer be ignored. The needs themselves, however pressing, do not guarantee social provision. Henry Sigerist, the medical historian, pointed out that in ancient Rome war led to the establishment of extensive and sometimes elaborate institutions for the medical care of soldiers when "it was in the interest of the army to restore the wounded as quickly and as thoroughly as possible."¹³ On the other hand, he observes, the lack of war led to the establishment of medical facilities for slaves, since in peacetime there were no prisoners of war to replenish the supply of slaves and "it became profitable to spend money for the restoration of the slaves' health."¹⁴ In either case, the needs of the ruling class, not those of the potential patients, were the determining factor. Unfortunately Titmuss himself obscures this point as a result of his social-democratic conception of the state. The state, in this view, represents the collective interest of society, not merely of the ruling class or group in society. While it may be unduly influenced, or even controlled by dominant groups, the state is essentially above class conflicts. The state intervenes to redress inequalities, to impose "social discipline" and assure a measure of economic security for all.¹⁵ The "social discipline" imposed by war and enforced by the state is seen as being a restraint on individual greed in the interests of the collectivity, rather than, for example, as the price which capital has to pay for the preservation of a system based upon inequality and exploitation. Titmuss certainly conceives of class differences, but he sees classes as groups based upon and defined by gradations of wealth, income, occupation, and so on. By contrast the view implicit in this paper sees the two main classes of capitalist society, the capitalist and working classes, as defined by their antagonistic relationship to each other and their specific relationship to the means of production.¹⁶ For Titmuss, classes are not necessarily in conflict with each other: together they constitute "society" which can function effectively and humanely in its "search for equity" (a recurrent phrase) given sensible and informed legislation.

The state, in this conception, ideally represents the mutual collective interests of all classes, of society as a whole. Thus, when talking of the state's response to war he easily slips into the first person plural: he talks of "our concern for communal fitness" and how it has followed closely upon "our military fortunes." Talking of civilian morale in World War II he emphasizes that "millions of ordinary people" had to be convinced that "we had something better to offer than had our enemies."¹⁷ How are "we" going to convince "them"? Titmuss cites the famous post-Dunkirk editorial in The Times, a call for social justice which reveals the consciousness, unevenly shared in the British ruling class circles to whom the newspaper is addressed, that if "we" are to convince "them" to continue the fighting and the sacrifice, "we" are going to have to make substantial concessions. The significance of Dunkirk for the timing of this editorial is not that this near-disaster led to a great upsurge of cross-class national solidarity but that, on the contrary, morale among both civilians and troops was then in a quite precarious state.¹⁸ As Arthur Marwick observes with regard to the blitz:

The expressions of exultation and of social solidarity are to be found almost exclusively in the diaries and comments of middle- and upper-class people... The expressions of hostility to an established system which had failed to provide adequate protection and post-raid services, are to be found among the working class, and also among the more socially conscious of their betters.¹⁹

World War I had ended, in many countries, in strikes, demonstrations, and revolution. This fact was not lost on Britain's rulers in World War II. As Quintin Hogg put it in the parliamentary debate on the Beveridge Report (17 February, 1943): "If you do not give the people reform, they are going to give you social revolution. Let anyone consider the possibility of a series of dangerous industrial strikes, following the present hostilities, and the effect it would have on our industrial recovery..."²⁰ Wars often begin by masking the contradictions of a class society with widespread patriotic fervor and solidarity; but if they are at all long or difficult they are bound to expose and sharpen those contradictions.

In the course of this discussion of Titmuss's essay, several points have emerged: the demands or needs of the subordinate classes, and the extent to which rulers are forced by war (or other circumstances) to respond to them, the need of rulers for a healthy military and workforce to support them, the relationship of the state to different classes. The problem now is to relate these elements in an analytic framework which will make it

possible to understand more clearly the differential impact of World War II on social policy in the United States and Britain, as well as being of more general application. Since, like Titmuss, I am using "social policy" to refer to certain activities of the state, such a framework must also define a conception of the state.

How then, is the relationship of social policy to different social classes and to the state, to be conceptualized? Social policy in a modern, capitalist society reflects the needs of capital for a workforce with an adequate level of health, education, and economic and social security.²¹ Labor costs and the indirect expenses of production have been increasingly socialized, that is paid as taxes and delivered in the form of state-provided benefits or services, rather than being met entirely through the paycheck or provided by individual employers. At the same time, workers have organized to demand not only higher wages, but also higher social benefits. Their demands do not necessarily stop at what would be from a capitalist perspective the optimum point, the minimum level at which no loss of efficiency occurs. Social policy, as well as repression, may also aim at social order, conditions which allow the accumulation of capital to proceed in a relatively harmonious and predictable environment. Thus, it may be directed not only at workers and their families, and those temporarily out of work, but at those on the margins of the workforce or outside it altogether.

Just as workers' pressure for higher wages compels capital to rationalize production and raise productivity, so workers' pressure (exerted through their class organizations - unions and parties - and through strikes, demonstrations and other actions) for decent health, education, housing, and economic security compels capital to rationalize the provision of these, through the state if necessary. Indeed the processes are not merely analogous but interrelated. Wage pressure induces technological innovation to maintain competitiveness, and these new conditions in turn require a more reliable, healthy, educated workforce, and measures to deal with the social dislocations carried in the wake of rapid technological change. From this perspective, an analytic framework may be developed which sees social policy as being pressed out between the needs of capitalism (in particular the need for a regulated supply of efficient labor-power, and for social stability and order), and the struggles of the working class for adequate income, health, education, housing, social security, etc. What results may be seen as an "unstable equilibrium of compromises".²² The nature and content of those compromises depend - as does the question of whether they involve real sacrifices or concessions on the part of capital, or merely capitalist rationalization - on the balance of class

forces at a particular conjuncture. Such an equilibrium in no way implies equivalence of power, still less equal participation in the actual policy-making process.

The locus of this equilibrium is the state, and it is in the state's social policy that the compromises are crystallized. The capitalist state is the institution whose primary function is to maintain order and harmony in the relations of production. Carrying out this function is by no means a simple or obvious task. It is not always clear what policy will further this system-maintenance function, nor, if it were, would it necessarily be possible to carry it through against resistances, even within the state itself. The state is far from monolithic, even under fascism, reflecting divisions and conflicts of interest and ideology within the capitalist class as well as the differentially "felt" pressures of subordinate classes and strata. The state may thus appear as a battleground of "warring principalities", as Moynihan describes the departments of the federal government debating the War on Poverty.²³ (Howard Dratch paints a comparable picture of the disputes within the executive branch over federally funded child care in World War II.) But the state is also distinct from the capitalist class or any section of it, and is unable to function adequately to the extent that it is directly subjected to control by particular capitalist interests. It is a capitalist state in the sense that it is structurally bound (its strength and survival depend upon capital, if only for the source of its revenues) to the function of aiding, organizing, co-ordinating, the accumulation of capital and ensuring the social conditions in which that accumulation can take place, even at the expense of short-term or sectional capitalist interests. The state's social policy, then, may involve the enforcing of concession or sacrifice (or rationalization) upon part or all of the capitalist class, in spite of its hostility, in the general interests of maintaining the system. Moynihan is also correct in this sense when he talks (within a different theoretical framework, of course) of the state's ability to "assume an innovative and responsible role in the resolution of social conflict and inequity".²⁵

The more threatened the capitalist class, in general, the less able it is to solve its problems by "voluntary" means, and the stronger the role the state has to play. Major wars and depressions are crises in which the state is forced to assert its authority against the prerogatives of individual capitals, and the capitalist class is forced to submit, or both may perish. Such crises impose new needs on capital and the state, and at the same time render them more susceptible to pressure from below. This does not imply that state organs are independent of and above specific interests and pressures in times of crisis.

On the contrary, there is likely to be an accelerated corporatist trend, a partial integration of employers and trade union bureaucrats into parts of the state machinery. This constitutes a partial negation of the separation of the political and the economic which, in principle, characterizes capitalism (a negation which nevertheless takes place on the basis of that separation, just as "monopoly" develops on the basis of competition and only partially negates it).

With the aid of this framework (which draws upon an extensive recent Marxist literature on the theory of the state)²⁶, it is possible to see World War II as a crisis which, like the Depression, threatened (or made vulnerable) the national capitalist classes and necessitated the emergence of a "strong state" capable of encroaching on the prerogatives individual capitalists and overcoming their suspicion and hostility towards it. The "threat", or vulnerability, in the case of World War II, may be seen as in part internal, taking the form of a heavy dependence on the active support of, and participation in the war effort by subordinate classes and strata. This vulnerability to pressure from below (pressure which although partially offset by suppression of dissent and tight control over the population, is not fully relieved even by very high levels of repression) is present in any war where there is a high MPR.²⁷ In the case of World War II, however, "military participation" must be understood in a broader sense, for it represents the culmination of a two-century trend towards the integration of the productive forces and the armed forces.²⁸ The technico-military demands of the war imposed on the state the need to subordinate the entire economic life of the country to the war effort, the need to determine what would be produced, by whom, and often for whom. Planning and controls over many aspects of economic and social life were raised to new levels.

What were the results for social policy? Perhaps the earliest and most urgent area of need to be identified by the state in both Britain and the US was that of health. As war has become more technological, so armies have raised the standards of health for their soldiers. Health standards have been significantly higher for the military than for industrial production, as draft rejection rates have dramatically revealed. In war-time, however, the health of workers (especially those with skills needed for essential production) becomes much more important than at other times (including, of course, a depression) due to the shortage of labor - and the situation is exacerbated by measures taken to meet the health needs of the military.

Of the first 2 million men examined for military service in the United States, half were rejected as unfit for service, a result which caused considerable alarm, especially in view

of the low minimum requirements, the Army's expectation of only a 20 percent rejection rate, and the fact that those examined presumably constituted the healthiest part of the population.²⁹ The Selective Service examinations revealed, among other things, serious problems of malnutrition, as the National Nutrition Conference for Defense noted as early as May, 1941. Attention was also focused, both in social policy and business journals, on the tremendous loss to industrial production (running at about 400 million "man days" annually) due to illness.³⁰

The war, then, exposed these and other health problems or, more accurately, made them a problem for the state. It also aggravated the situation. The shortages and maldistribution of health care professionals and services were exacerbated as physicians and nurses entered the armed forces. By 1943, there was only one physician for every 100 servicemen, but one for every 3,500 civilians. The poorer rural areas of the country with greatest shortages often overfilled their quotas for the military while more urban and prosperous areas failed to meet theirs, so increasing the maldistribution. The physicians who continued to tend civilians were likely to be older or sicker than those in the army. The situation was especially bad in the war-boom towns, where thousands lived and worked in dangerous, crowded, and unsanitary conditions.³¹

In spite of these problems, the war produced a substantial improvement in health status and health care in almost all fields, whether measured by public and private expenditures, hospital beds, number of physicians and other health personnel, life expectancy, infant mortality, or incidence of most diseases.³² Much of this improvement was, of course, an unintended side effect of the war, derived from the general improvement in the living standards of the population as labor scarcity (gradually and unevenly) replaced mass unemployment. People could afford to eat better and to spend more on health care - and they did both. In part, however, it reflects the conscious recognition, within the state and among business leaders, that the national health had become too important a matter to be left to the succession of reports and conferences which, with the exception of a few relatively minor New Deal programs (food stamps and grants -in-aid for maternal and child health programs), had characterized the previous decade.

The concern of employers with the health of their workforce was expressed in many ways, from the handing out of vitamin pills, to provision of physical examinations, hot meals, improved health and safety conditions (especially where women were employed), and most significantly for the long term, involvement in various forms of health insurance. Perhaps the most conscious industrialist

in this field was Henry J. Kaiser, who not only saw the importance to production of a healthy workforce and supported prepaid medical care for all, but instituted his own prepaid group medical care scheme (with the assurance of federally guaranteed profits from war contracts) in the face of intense AMA opposition.³³

The state's response to the health problem also took many forms. Some sixteen million servicemen and their dependents were provided with a program of socialized medicine, albeit a short-term one. Many pre-existing conditions were treated (especially defects of teeth and eyesight) and about 2 million men were salvaged for military service as a result of induction examinations. Many servicemen received good medical treatment and a balanced, adequate diet for the first time in their lives. In the war boom towns the federal government financed the construction of hospitals and clinics, and in many cases the US Public Health Service provided more and better services than had existed before the war.³⁴ A long-term effect of the war was a substantially increased government role in health care financing, especially in the fields of hospital construction, research, education, and mental health.

In Britain a similar pattern emerged: 1) serious problems of health, and of health care organization and financing, 2) exigencies of war which rendered these problems visible and immediate while at the same time aggravating them, and 3) a response by the state and employers (in this case, primarily the state) which, in conjunction with other factors, led to improved health, a rationalization of the health care system, and a substantial increase in the state's role.³⁵ There are, of course, important differences. These have to be explained within the framework of the differential impact and nature of the war and the different society (i.e. the distinct conjuncture of economic, political, ideological, and social conditions) upon which the war impacted.

As Titmuss documents in his Problems of Social Policy, the Emergency Medical Service had very early to recognize that war-time planning must include provision for civilians. A much higher casualty rate for civilians was expected than actually occurred, but civilians still suffered a higher number of casualties than the armed forces until the third year of the war. The special treatment and privileges which soldiers and veterans receive in wars with a low MPR had to be extended to the whole population, culminating in this case in the provision of a universalist National Health Service. Again, as Titmuss shows, the dependence of the war effort on the support and sacrifice of the working class undermined or made intolerable many of the class distinctions and privileges of pre-war Britain, and made possible a degree of universalism in social policy in

the 1940's from which successive governments of both parties have steadily pulled back.³⁶

In the United States the state was less seriously threatened from outside than Britain (the only major European country not to be defeated in the course of the war). It was therefore less dependent upon the enthusiastic support and sacrifice of the whole population. Concessions and benefits, consequently, were directed more selectively at the pressure points, particularly toward the military and skilled and/or organized labor. The military/civilian distinction remained intact (despite heavier casualties in war industries than in the armed forces), and the substantial gains made by soldiers and veterans, in health, education, and welfare provision were not extended to the population as a whole. Veterans' benefits were, as Wilensky puts it, a back door that did not in this case open to the rest of the population.³⁷ As a result of these social policies, World War II veterans became a relatively privileged part of the population.³⁸ This selectivity³⁹ of provision was, of course, facilitated by a politically weak labor movement which, despite the trade union gains of the 1930's, had failed to organize an independent labor party. In Britain, on the other hand, the social-democratic ideology of the Labor Party lent itself admirably to the carrying out of a substantial program of capitalist rationalization by the state which included some real benefits for the working class, under the guise of an advance towards socialism, or at least towards social justice.⁴⁰

The relative weakness of the threats from outside and below in the US made it possible for the professional monopoly of the American Medical Association to withstand the pressure of organized labor for adequate health care, or rather to divert it into private and localized channels. The conjuncture of AMA opposition, the needs of capital, the pressures of labor, and the interventions of a state at war are interestingly reflected by Somers and Somers in this conclusion to their chapter on the growth of the "Ubiquitous third party":

It was entirely fortuitous that the American Medical profession's successful campaign against public health insurance during the late thirties and forties coincided with the vast expansion of organized labor and collective bargaining. But the implications of this fact were great. From the end of World War II, the growth of private health insurance and of industrial "health and welfare" plans were inextricably interrelated. Enlightened management's increasing concern for "human relations" in

industry, the wartime wage stabilization program with its encouragement of "fringe benefits", and the effect of National Labor Relations Board and the United States Supreme Court decisions in making such benefits a routine matter for collective bargaining all helped to accelerate the "shotgun" marriage of medical care and industrial relations.⁴¹

Health was only one, if a major, social policy concern of American and British governments in World War II. The demands of the draft, war production, and labor scarcity produced tremendous physical nobility in both countries. Existing family arrangements were put under severe strain by the dispersal of family heads and, especially, by the absorption of women into the armed forces, auxiliary services, and civilian employment. The need for women in production conflicted with domestic functions normally performed by women and sometimes depending upon neighborhood networks - functions of the "social economy" which are unpaid, and, in terms of their importance for the economy as a whole, usually unrecognized. Consequently, as Ferguson and Fitzgerald put it in their volume in the U.K. Civil Series of the official History of the Second World War, families became less self-reliant in war-time and "(w)hat family and neighborhood could now no longer do for themselves, the State had to help them do".⁴² The state "had to" make some provision because of the nature and demands of the war.

In this area of social policy we find a pattern similar to that discussed with regard to health. The war exposed the weakness of existing arrangements, aggravated them, and elicited a response from the state which amounted to an unprecedented level of state intervention in economic and social life. In comparing Britain and the United States, again we find a similar pattern: a more severe "war threat" (producing a higher MPR despite the same military technology) and more thoroughgoing state intervention with more lasting results in Britain. In the United States, the controversy over federally funded group child care, explored in detail by Dratch, shows a decentralized and divided state, one that could afford to be so because of the strength of the capitalist class and the weakness of internal and external threats to it. The U.S. Children's Bureau, with its traditional child welfare ideology, led the opposition to the Federal Works Administration, which was more concerned about employment and production than about keeping children with their own mothers or in individual foster arrangements during the working day. Federal funding was provided for group child care, but as an emergency measure, under the 1940 Lanham Act, so that its discontinuance at the end of the war was assured.^{43,44}

In view of the considerable disparity in the effect of World War II on national social policy, it is not surprising that British and American writers have viewed the relationship of war and social policy so differently. While these differences in part reflect the serious neglect of the importance of World War II for American social policy developments, they also reflect real variations of historical experience. I have attempted to develop a framework within which both national experiences can be understood. The framework takes account both of the nature of the war and the demands it makes upon the state (in particular, the MPR), and also the nature of the society (that is, the balance of class forces at a particular historical conjuncture) upon which the war impacts.

The Boer War, as Titmuss says, led to the provision of school meals in Britain, because the health of the next generation of recruits was a matter of concern to the State. In the United States, however, the evidence of widespread malnutrition revealed by the Selective Service examinations did not prevent Congress from cutting the subsidies for the school lunch program almost to nothing. The connection between the Boer War and school meals program in Britain depends upon the interaction of the needs of the state for a healthy military (although the MPR alone is obviously insufficient as an explanation), the need of capital for a healthy workforce, and the pressure exerted by a working class with a measure (at the time growing) of ideological and organizational independence. The reaction of the US Congress to school lunches has to be explained within the context not only of a state engaged in a major war involving a high MPR, but also of a capitalist class which resists the incursions of the state unless its need for them is inescapable, and of a labor movement which, despite tremendous gains in adverse conditions, had failed to establish an independent political party, even a bureaucratic one like the British Labor Party, which accepted the exigencies of capitalism as setting the limits of reform.⁴⁵

NOTES

1. Max Lerner, "The State in War Time," in Willard Waller, ed., War in the Twentieth Century, N.Y.: Dryden Press, 1940, 414.
2. Maurice Bruce, The Coming of the Welfare State (4th edn.), London: Batsford, 1968, 326.
3. Richard M. Titmuss, "War and Social Policy," ch. 4 of Essays on 'The Welfare State', London: Allen and Unwin, 1958, 86. Emphasis added.
4. Such a comparative history would have to deal with many contingencies essential to the understanding of specific events in their full complexity. But that, though related, is another task. Nor do I deal with the long-term political-economic outcomes of wars themselves - results (with major social policy implications) such as the break-up of feudalism or of Japanese isolation, or the establishment of US hegemony, or the spread of the Stalinist social system, for example. Although the balance of class forces is discussed as a determinant of war's impact on social policy, I do not discuss war's impact on class struggles. The question of how reforms are won (granted from above or grasped in struggle) is of central importance here, but it goes beyond the scope of this paper.
5. Titmuss shows, for example, that many draft rejectees become clients of the social services, and that many premature retirees of the early 1950s were casualties of World War I. Titmuss, loc. cit.
6. Richard M. Titmuss, Problems of Social Policy, London: HMSO and Longmans, Green, 1950; Sheila Ferguson and Hilde Fitzgerald, Studies in the Social Services, London: HMSO and Longmans, Green, 1954. Both these works are part of the History of the Second World War: United Kingdom Civil Series, edited by Sir Keith Hancock. Stanislaw Andreski, Military Organization and Society (2nd edn.), Berkeley and L.A.: Univ. of California Press, 1968.
7. Andreski, op. cit., 68-70.
8. For white male workers, however, the gains are less obvious. In absolute terms, gains were substantial, not only in fringe benefits but also in real wage rates (despite wage controls). Economic Report of the President, Washington, D.C.: Govt. Printing Office.

1971, Table C-31, p. 233. Relative to capital, however, these gains were largely offset by sharp rises in productivity.

9. A. Dale Tussing, "Social and Economic Results of the (Vietnam) War," in Max Casper, ed., The War and Social Welfare, Syracuse, N.Y.: Central New York Chapter of N.A.S.W., 1971. The Korean War, which took a considerably larger proportion of the GNP, also involved substantially greater gains in real disposable weekly earnings for private non-agricultural workers. Economic Report of the President, Washington, D.C.: Govt. Printing Office, 1976.
10. On the Fabians, v. E.J. Hobsbawm, Laboring Men: Studies in the History of Labor, London: Weidenfeld and Nicolson, 1964, ch. 14, "The Fabians Reconsidered." On New Deal Liberals and the war, cf. Alonzo L. Hamby, "Sixty Million Jobs and the People's Revolution: The Liberals, the New Deal and World War II," Historian, 30, 4 (August 1968), 578-598; Richard Polenberg, War and Society: The United States 1941-1945, Philadelphia, N.Y., Toronto: Lippincott, 1972, ch. 3, "The Waning of the New Deal." For a contemporary critique, v. Norman Thomas, "Totalitarian Liberals," Commonwealth, 37 (1943), 342-44.
11. cf. Gunnar Myrdal, Beyond the Welfare State, New Haven: Yale Univ. Press, 1960, 21-23.
12. cf. Leon Trotsky, On the Labor Party in the United States, N.Y.: Merit Publishers, 1969. On the Great Society and the black movement, cf. Frances Fox Piven and Richard A. Cloward, Regulating the Poor: The Function of Public Welfare, N.Y.: Random House, 1971, ch. 9.
13. Henry E. Sigerist, "War and Medicine," in Milton I. Roemer, ed., Henry E. Sigerist on the Sociology of Medicine, N.Y.: M.D. Publications, 1960, 340.
14. ibid., 341.
15. Where Andreski talks of the totalitarian tendencies stimulated by a high MPR, Titmuss talks of "social discipline" which he treats as a virtue.
16. On these different conceptions of class, cf. Isaac Balbus, "Ruling Elite Theory vs. Marxist Class Analysis," Monthly Review (May 1971), 36-46; also his "The Negation of the Negation: Theory of Capitalism Within an Historical Theory of Social Change," Politics and Society, 3, 1 (Fall, 1972), 44-63.

17. Titmuss, "War and Social Policy," 81, 82.
18. William Rankin, "What Dunkirk Spirit?" New Society (15 November 1973), 396-98; Angus Calder, The People's War: Britain 1939-1945, N.Y.: Pantheon, 1969, 136-139.
19. Arthur Marwick, War and Social Change in the Twentieth Century, N.Y.: St. Martin's Press, 1974, 156.
20. Cited by Nigel Harris, "The Decline of Welfare," International Socialism, 7 (1961), 5.
21. Gaston V. Rimlinger, Welfare Policy and Industrialization in Europe, America, and Russia, N.Y.: Wiley, 1971. cf. Karl Marx, Capital (1967 edn.), N.Y.: International Publishers, 1967, vol. 1, ch. 10, "The Working Day."
22. The phrase is that of Nicos Poulantzas, Political Power and Social Classes (Eng. edn.), London: NLB and Sheed and Ward, 1973, 192. My use of it does not imply a shared theoretical framework or "problematic." Although his influence will be obvious in these paragraphs, I have some basic differences both over what I take to be his structural idealism and over his specific (but perfunctory) comments about social policy and the welfare state.
23. Daniel P. Moynihan, Maximum Feasible Misunderstanding (2nd edn.), N.Y.: Free Press, 1970, lvii.
24. Howard Dratch, "The Politics of Child Care in the 1940's," Science and Society, 38, 2 (Summer, 1974), 167-204.
25. Daniel P. Moynihan, The Politics of a Guaranteed Income, N.Y.: Random House, 1973, 543.
26. The contributors to this discussion include Nicos Poulantzas, Ralph Miliband, Claus Offe, James O'Connor. Their work is to be found in several books published since 1968 in France, Britain, U.S.A., West Germany and in articles in New Left Review, Kapitalistate, and Politics and Society.
27. Andreski, op. cit., 36, argues that the "suppression facility" i.e. the ease with which a population can be kept down, "accentuates the effects of the low M.P.R. and counteracts the effects of the high."

28. To this extent Titmuss is correct in seeing World War II as the furthest point in a historical progression. It was not, however, the end of history (although World War III may be). On the integration of the productive and armed forces, cf. Hans Speier, "Class Structure and Total War," American Sociological Review, 4, 3 (June 1939), 372-80, and "The Effect of War on the Social Order," Annals of the American Academy of Political and Social Science, 218 (November 1941), 87-96.
29. U.S. Senate, 78th Congress. Wartime Health and Education, Hearings before a Subcommittee of the Committee on Education and Labor, Washington, D.C.: U.S. Senate, 1944. Draft rejection rates were alluded to in very many contemporary discussions of the nation's health.
30. Frank G. Boudreau, M.D., "Food for a Vital America," Survey Graphic, 31, 3 (March 1942), 128-129, 156-157. This article forms part of a special issue of Survey Graphic on health in wartime, "Fitness for Freedom." For evidence of business concern, see "Death on the Working Front." A Supplement to Fortune, 26, 1 (July 1942).
31. Office of War Information, Doctor Shortage and Civilian Health in Wartime. O.W.I. no. 2398 (September 6, 1943), Washington, D.C.: mimeographed; Elin L. Anderson, "Organizing the Community for Health Protection in Wartime," Public Welfare, 1, 9 (September 1945), 262-67.
32. U.S. President's Commission on the Health Needs of the Nation, Building America's Health, Washington, D.C.: cf. Monroe Lerner, Odin W. Anderson, Health Progress in the United States 1900-1960, Chicago and London: Univ. of Chicago Press, 1963. Geoffrey Perrett, Days of Sadness, Years of Triumph: The American People 1939-1945. Baltimore, Md.: Penguin Books, 1974, ch. 28. Perrett, however, paints altogether too rosy a picture of health improvements in World War II by ignoring the extent to which they were continuations of trends apparent in the thirties, and by taking as typical of the war years an exceptional figure for one year: the number graduated from medical schools in 1944 was extraordinarily large because of a special program but no other year shows such a jump.
33. Paul de Kruif, Kaiser Wakes the Doctors, N.Y.: Harcourt Brace, 1943.
34. Robert J. Havighurst and H. Gerthton Morgan, The Social History of a War-Boom Community, N.Y.: Longmans, Green, 1951.

35. Harry Eckstein, The English Health Service: Its Origin, Structure, and Achievements, Cambridge, Mass.: Harvard Univ. Press, 1958.
36. cf. Angus Calder, op. cit., 61 et passim. On the decline of the British "welfare state," v. J.C. Kincaid, Poverty and Equality in Britain, Harmondsworth, Eng.: Penguin, 1973, and Jim Kincaid, "The Decline of the Welfare State," in Nigel Harris and John Palmer, eds., World Crisis, London: Hutchinson, 1971.
37. Harold L. Wilensky, The Welfare State and Equality, Berkeley, L.A., London: Univ. of California Press, 1975, 41-42.
38. Davis R.B. Ross. Preparing for Ulysses: Politics and Veterans During World War II, N.Y. and London: Columbia Univ. Press, 1969, 289.
39. "Selectivity" here refers to the focusing of benefits on special groups of the population, rather than the application of a means test within those groups.
40. Anthony Giddens, The Class Structure of the Advanced Societies, London: Hutchinson, 1973, 64, and Harry Eckstein, op. cit., Preface.
41. Herman Miles Somers and Anne Ramsay Somers, Doctors, Patients, and Health Insurance: The Organization and Financing of Medical Care, Washington, D.C.: The Brookings Institution, 1961, 226-27. I do not endorse their "corporate rationalizing" perspective (as Robert Alford called it in Health Care Politics, Chicago and London: Univ. of California Press, 1975). Nor do I wish to imply that the struggles of the stronger unions for whatever economic gains they can make, even on a fragmented and localized basis, is anything but progressive.
42. Ferguson and Fitzgerald, op. cit., 7. On the U.S., v. J.E. Trey, "Women in the War Economy - World War II," Review of Radical Political Economics (special issue on "The Political Economy of Women"), 4, 2 (Summer 1972), 40-57. Concern about the war's effect on family instability, delinquency, etc. is expressed in many contemporary articles and is reflected in the Senate Hearings on Wartime Health and Education, op. cit.
43. Howard Dratch, op. cit. As Dratch says, federal funding for group child care also took the form of war contracts to Henry Kaiser, who developed a program for his employees.

44. In Nazi Germany, of course, the conflict between sexist ideology and demands of a tight labor market was much sharper: German capital and the state were much more "at risk," the labor shortage was much more severe, and at the same time the Kinder, Kirche, Küche ideology was more central to Nazi propaganda.
45. On the British Labor Party, v. Ralph Miliband, Parliamentary Socialism: A Study in the Politics of Labour (2nd edn.), London: Merlin Press, 1973, and Paul Foot, The Politics of Harold Wilson, Harmondsworth, Eng.: Penguin, 1968, ch. 11, "The Futility of Pragmatism."