

**Polish Digital Resilience Agenda 2040**  
a model of strategic preparedness  
for the antinomies of digitalisation.



# Scenario: Hybrid reality

**strategic area: Social and health policy**

The welfare state as a platform (2025–2040)

# Starting point: "digital dummy"

The standardisation and integration of systems have not been completed

The focus has been on a 'cheaper' integration of existing systems → which, in practice, is extremely problematic

A lack of funding in the public sector is preventing a decision to 'stop and start again from scratch'

Social impact: a disconnect between official statements and everyday reality ('the reality of life')

# Social response from below: local autarky and the "second circulation"



# Technology as a neutral medium (but not a neutral effect)

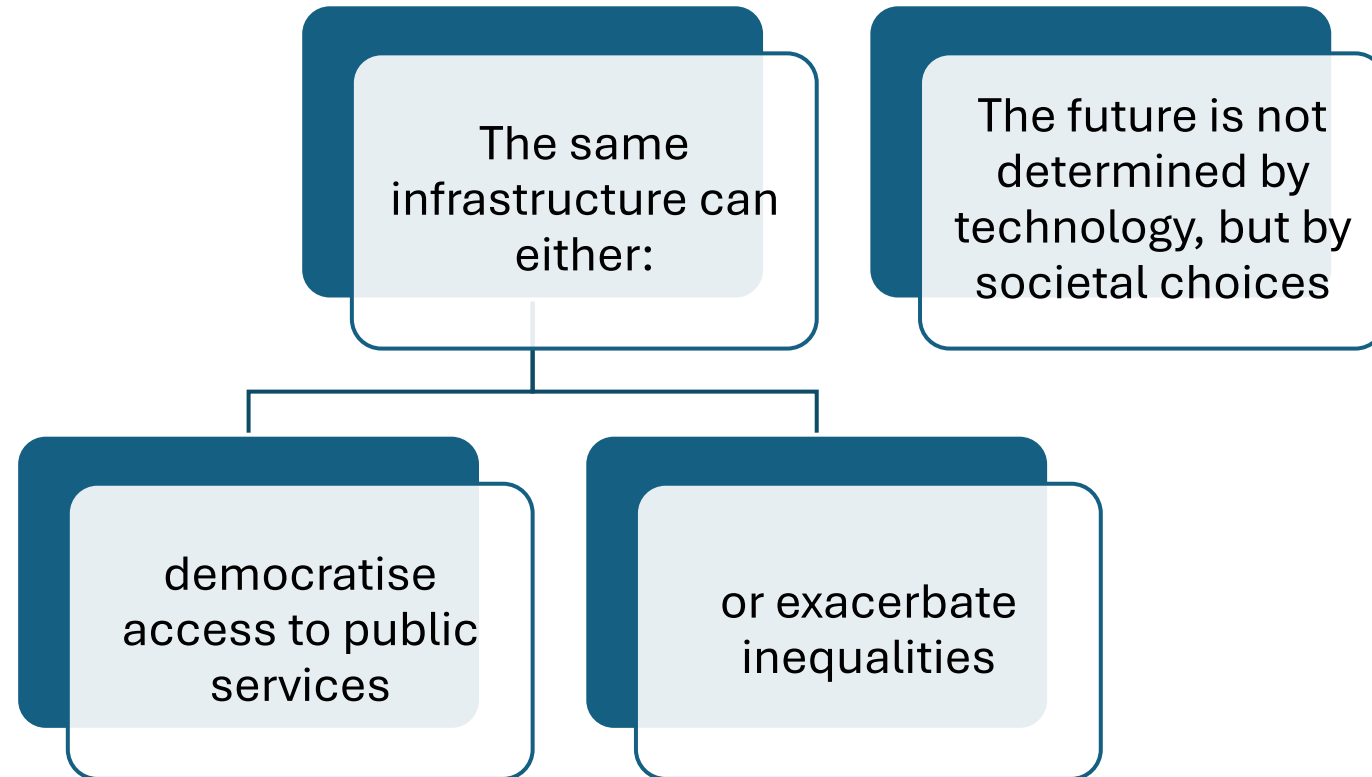
By 2040, automation and digitalisation will not replace social and health policies

Instead, they will become their dominant medium (implementation platform)

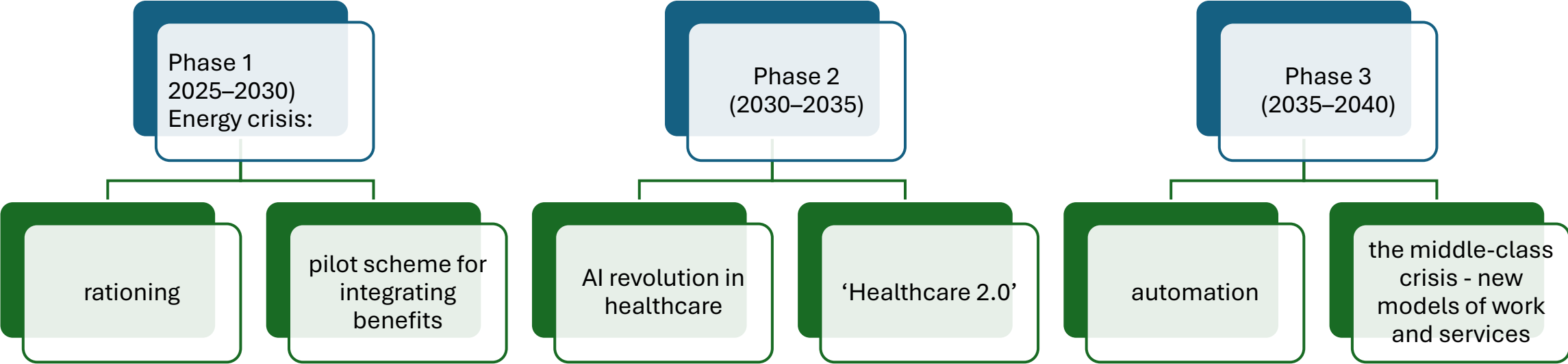
Technology is 'neutral'. The consequences depend on:

- implementation (how?)
- governance (who controls it?)
- values (why and for whom?)

# Emancipation and support against domination and surveillance



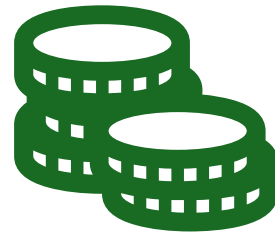
# Three phase mechanism



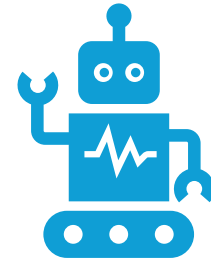
# PHASE 1 (2025–2030) Energy crisis as a catalyst for the reconstruction of the state



Energy rationing introduced: a digitally monitored system



Energy is beginning to 'replace money' as a universal store of value



This forms the basis of the concept of 'algorithmic resource management'

# The birth of the "Citizen's Digital Wallet" (version 1.0)

A unified, algorithmically managed digital citizen's wallet is being developed

It integrates the following into a single ecosystem:

- family allowances
- social benefits
- housing benefits
- energy allowances

The promise: consistency, automation, and less 'friction' in public services

# Geopolitical disintegration and national specializations

In the background: geopolitical fragmentation (fewer common standards)

Countries are developing unique export capabilities

Poland: 'rapid response medicine' as a speciality

Export of 'disaster medicine 2.0':

# PHASE 2 (2030–2035) “Healthcare 2.0”: AI as a primary care physician



The maturity of AI and the cloud: a radical reduction in IT costs



AI handles 70–80% of cases as the first point of contact



Full digitisation of documentation + predictive diagnostics

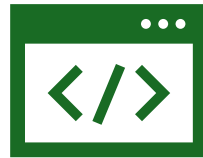


More ‘personalised’ medicine, available 24/7

# New role for the human doctor: "premium consultant"



**Doctors are shifting towards a 'premium' role for complex cases**



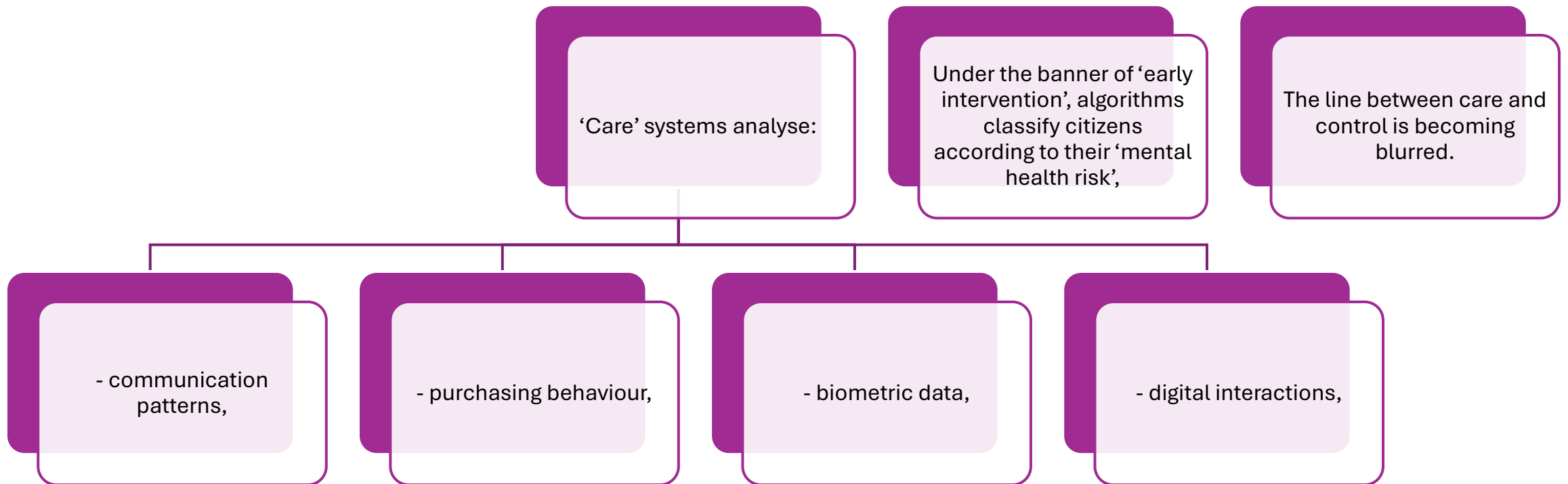
**At the same time, the system is becoming:**

more accessible (AI without queues)  
more exclusive (human contact as a luxury)



**An ethical dilemma arises: a new equality or a new feudalism?**

# The dark side: mental health monitoring as surveillance infrastructure



# PHASE 3 (2035–2040) Automation and the crisis of the middle class: the problem of stability

Automation is eliminating traditional jobs

It is hitting the middle class particularly hard

With no alternative to work: the risk of impoverishment and social instability

The state is seeking a 'safety net' in new economic models

# New business models: platforms, cooperatives, micro-production, "human as value"

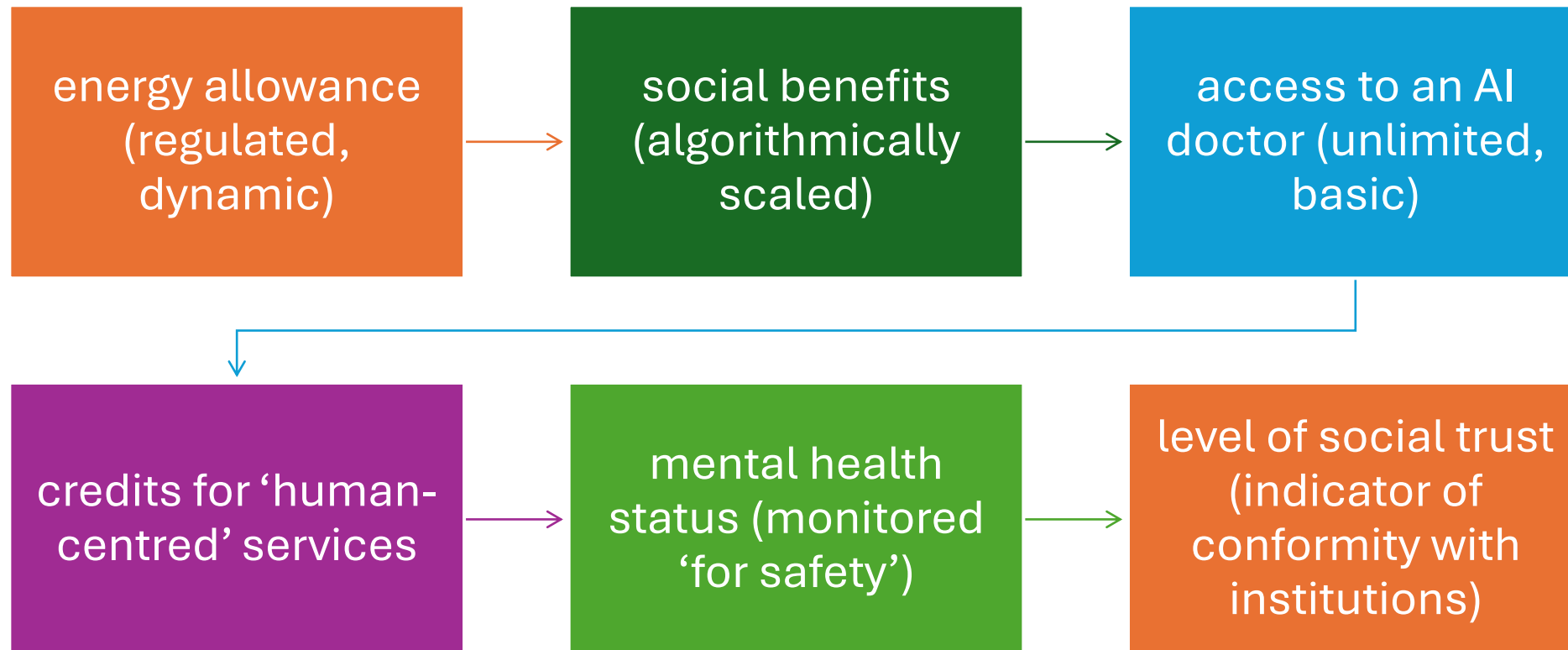
Models are emerging that operate on a different logic to the traditional full-time job:

- cooperative ownership models
- local service platforms
- on-demand micro-production
- sectors where human interaction is an added value

The state supports this as an 'economic presumption':

- tax incentives
- integration with the benefits package
- public procurement

# Citizen's Wallet 2040 - system architecture



# Society and inequality

A new social stratification (3 strata) and  
'medical caste system'

Elites (~5%):

- exempt from monitoring and rationing
- private energy sources, elite healthcare, legal mobility

Middle class (30–40%):

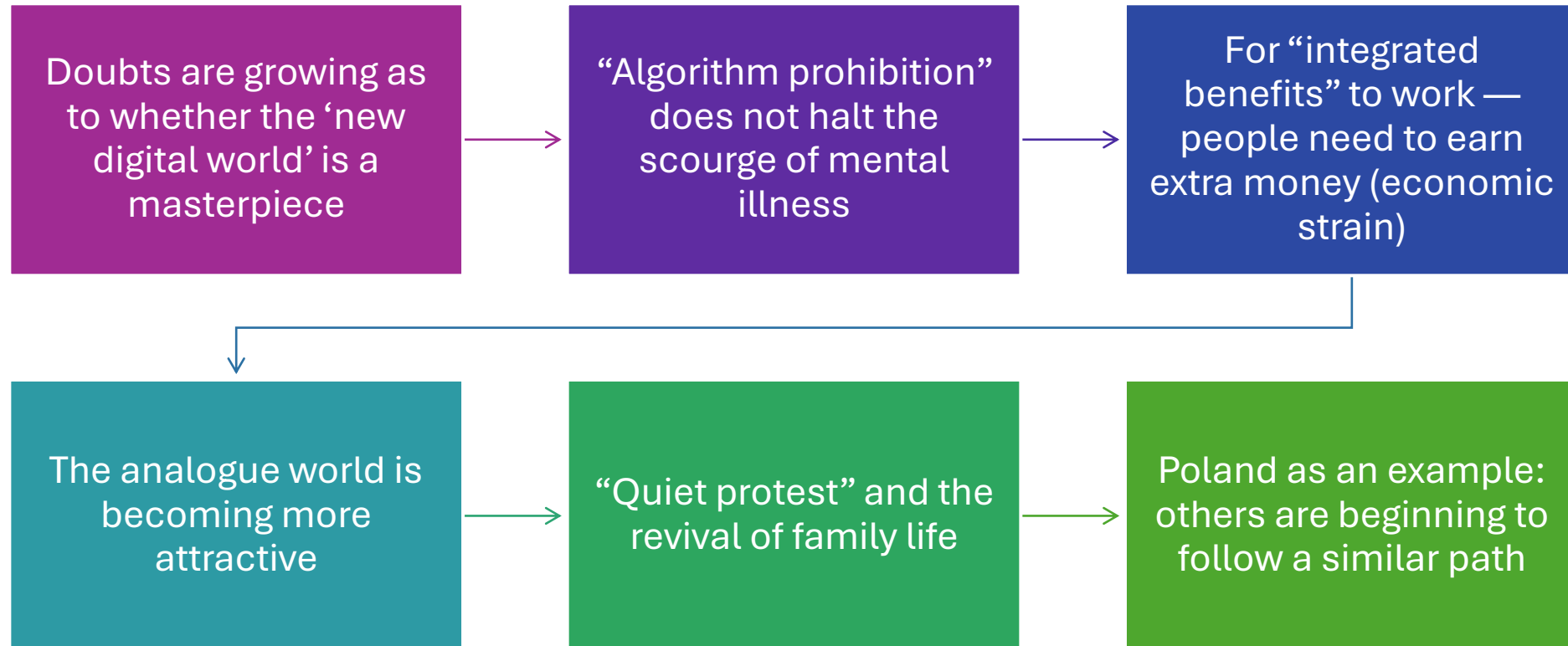
- conformity in exchange for comfort
- selective use of AI doctors
- digital profile management

The working class and the poor (55–65%):

- complete dependence on the system
- total surveillance in exchange for basic services

Paradox: as the availability of services  
increases, so do inequalities (privacy and  
doctors as a luxury)

# Social counterreaction: the return of analog and the crisis of the meaning of the "digital world"



# Redefining privacy



**Consent to health monitoring by an AI doctor does not imply consent to the use of data by:**

the insurer  
the employer



**Privacy as control over the narrative of one's life. The limits of data use.**



**“Embedding” new privacy standards into wallets and institutions**

# Conclusion

- Without an alternative to work, there will be destabilization
- Automation without an alternative means pauperization and instability
- Support for people-oriented cooperatives and local platforms is a must
- The question about the state's project: are we building "transfers" or "conditions for meaningful activity"?

# Postscript: one-page script

The central image of the script is the crack between the digital ideal and real-life prose. The state focused on integrating old systems instead of building new ones - the result is an expensive, faulty dummy of digital modernization. In the gaps in the system, Polish resourcefulness is reborn: the gray zone, the exchange economy, local autarky - almost like the Polish People's Republic, but with algorithms in the background.

Technology is a neutral medium in this scenario – neither savior nor executioner. Its nature depends solely on who implements it and for what purpose. It is this unresolved openness that is at the heart of the narrative: the future is determined not by technology, but by conscious social choices.

## Three phases of transformation

**Phase I (2025–2030) – Energy crisis as a catalyst** Energy replaces money as a carrier of value. A "digital citizen wallet" is being created, integrating benefits, allowances, energy allowances and housing allowances. Poland exports "disaster medicine 2.0" – medical drones + telemedicine + AI as a geopolitical niche.

**Phase II (2030-2035) – AI revolution in healthcare** AI handles 70-80% of medical cases without queues, 24/7. The human doctor becomes a premium luxury. At the same time, mental health monitoring systems are becoming a surveillance tool - algorithms classify citizens according to "mental risk", blurring the line between care and control.

**Phase III (2035–2040) – New work models and the platform economy** Automation is eliminating traditional middle-class jobs. Cooperatives, local platforms, micro-production are emerging - supported by the state as "economic presumption". The digital wallet closes the systemic loop, but around 2040 the system begins to break and society is looking for a new ideological narrative.