

MINISTER CIAVATTA SPEECH

24th November 2021

Dear Colleagues Ministers and Mr. General Secretary,

The Republic of San Marino has always paid particular attention to the issue of disasters and persons with disabilities, also through the production of documents issued by the San Marino National Bioethics Committee¹ and by the very important role of the CEMEC which has developed informative videos in 6 languages including Russian and Arabic, taking care of their diffusion through the agreement website and other channels for the benefit of the European and non-European population.

Catastrophic events, for the intrinsic "extraordinary" nature and the involvement of a large number of people lead to very critical decision-making situations, on account of the profound ethical values at stake.

When such catastrophic events involve categories of vulnerable subjects, they risk to cause dramatic consequences, if they are not supported by a careful and specific preparation in the pre-emergency phases, taking into account the profound ethical values at stake and the fact that the type of disability is also quite varied, with differences related to sensory and mobility impairments and to intellectual and relational abilities.

EMERGENCY SITUATIONS DUE TO NATURAL AND HUMAN DISASTERS

In emergency situations due to natural and human disasters, the main criticality emerges especially in the phases of first aid as it follows:

- early warning systems often exclude the deaf or blind;
- triage does not consider disabilities;
- mapping does not respect the privacy of living conditions and the autonomy of people during evacuation;
- first aid is often carried out by people not properly trained;
- evacuation means are often hardly accessible;
- initial reception is not planned to be accessible neither in shelters nor in displaced people's camps;
- services are rarely equipped to meet the needs of persons with disabilities;
- persons with disabilities are hardly included in emergency prevention plans.

EMERGENCY HOSPITAL CARE FOR PERSONS WITH DISABILITIES

In emergency interventions for health conditions, unfortunately, it is common practice to delegate any intervention on people with disabilities to specialists who do not have a complete view of the health conditions of these people.

As a matter of fact, the presence of some pathologies is often associated with particular risk conditions whose knowledge is essential in health emergency interventions.

¹ National Bioethics Committee of Republic of San Marino, [Bioethics of Disasters](#) (2017) and [Humanisation of care and end-of-life support in the event of pandemics](#) (2021).

Another problematic factor is represented by interventions on people with intellectual disabilities, where particular attention in the communicative relationship with patients is required.

THE MANAGEMENT OF PERSONS WITH DISABILITIES DURING THE PANDEMIC

The COVID-19 pandemic has shown that the criticalities resulting from a catastrophic event can be amplified to the point of introducing manifest forms of human rights violations, the more serious the more vulnerable the victims are.

At the beginning of the pandemic, people with disabilities and their families were “hidden” by a veil of invisibility, since they were ignored by the emergency systems. Even today, there are no data on how many persons with disabilities have been affected by the pandemic and on how many of them died, especially in long-stay care homes.

The veil of invisibility was torn by representative associations, which were ready to call for action to meet the needs cancelled by the lockdown policy.

At the beginning of March 2020, in order to “maximise the benefits for the greatest number of people” due to scarce instrumental and human resources, some recommendations were published according to which it would be possible to avoid assisting the elderly or severely disabled persons, especially in intensive care units with a limited number of beds.

Such a proposal was promptly denounced by the Republic of San Marino through a document of its own Committee for Bioethics, which was followed by a condemnation by the entire international community that denounced this proposal as a clear violation of human rights.

The high number of people who died in homes for non-self-sufficient elderly people and for people with disabilities shows us that it is required to rethink the “protective” welfare system intended for categories of vulnerable people and which has shown all its shortcomings during the pandemic, leaving them without of any kind of protection.

PROPOSTE OPERATIVE

I would like to stress here the importance of cooperation between States and the importance of the Mediterranean Major Hazards Agreement.

Unfortunately, the fact that human history has been marked by a long series of pandemics has not been sufficient to prompt science, medicine and society to take adequate measures to deal with any return of such health “scourges”, despite the undoubted scientific progress made so far.

What has emerged from the current pandemic must not be ignored; we can no longer afford it! It must, instead, constitute a valuable wealth of experience useful for planning the entire facility of the Health Service in the light of new organizational criteria:

- The current welfare system, based on maximum protection but often inadequate to achieve full respect for human rights, should undergo a critical review in favour of a welfare based

on inclusion and participation, in which people remain in their own communities and are appropriately supported;

- While complying with risk prevention measures, and isolation, distancing and individual protection provisions, in hospitals and in care homes for non-self-sufficient elderly persons or persons with disabilities, or in any other care facilities, spaces should ensure the closeness of a family member and/or personal assistant, as well as relations with relatives, in order to guarantee essential levels of both care and communication and relations through appropriate technical and/or IT solutions;
- The care protocol should provide for an integrated management between hospital and territorial services to ensure continuity;

Thanks for Your attention.