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Treatment of Disabled Persons in Slovenia, Past and Present

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1. Introduction

Through this paper we will take a look at the history of care for disabled persons in the geographical area known today as the Republic of Slovenia. With a population slightly more than 2 million, Slovenia lies at the northern tip of the Adriatic Sea, where Central and Southern Europe meet. Slovenia shares borders with four countries: Italy, Austria, Hungary and Croatia. In the 21st century Slovenia is governed by a parliament comprised of 90 representatives who are democratically elected every four years and who hold seats according to the percentage of votes they receive in general elections. In the past 500 years this territory has changed hands many times. In just the most recent one hundred years the country experienced seven different regimes, achieving full independence in 1991 when it seceded from the Socialist Federation of Yugoslavia. The Habsburgs ruled over what is now Slovenia for almost 700 years. Their hold over the region ended with the defeat of Austria-Hungary in World War I in 1918. During the interwar period, Slovenia became part of the Kingdom of Yugoslavia. During this time, the western part of Yugoslavia, known today as the province of Primorska, became part of Italy. This area accounted for about one third of Slovenian territory. During the Italian occupation which lasted until 1945 ethnic Slovenes in Primorska experienced persecution. During World War II, part of Slovenia was controlled by Nazi Germany until the entry of the Liberation Front led by Josip Broz Tito, who set up a communist regime that lasted until 1991, when Slovenia gained its independence in what is known today as the "Ten-Day War". The Republic of Slovenia joined the European Union in 2004.

2. Historical overview of healthcare

2.1 Origins

Care for the disabled has a long history in Slovenia. One of the first organisations that took in abandoned children, the ill, the disabled and the poor was a hospice established in 1222, in the port city of Piran. This was followed by a similar organization founded in the neighbouring town of Koper, also a port on the Adriatic, forty years later[1]. Named after St. Nazarij, the hospice in Koper was located where the Church of St. Bass stands today. Founded by a commune and given special privileges by Bishop Conrad, the hospice received gifts of bread, wine, oil and small monetary donations from local people whose generosity was encouraged by the bishop through cancellations of taxes.

1 Z. Bonin, 2009, p.8

2.2 From hospices to modern times

In 1859, when Slovenia was part of the Habsburg Empire, the first law was passed to respond to safety concerns at work. This was followed in 1884 by a law that extended such protections to women and child labourers. An earlier law introduced in 1855[2], required employers to provide workers with well-lit, healthy and clean workplaces. It also limited the workday to a maximum of 11 hours.

From the 19th to the early 20th century legislation was adopted to assure a basic level of health care support. According to laws passed in 1820 and 1837 employers were obligated to provide financially for their workers during the first four weeks of any illness or injury. Communal collections, called "registers" were organized by company employees, members of professions, or residents of cities in order to care for the elderly and infirm. The first of these was started in 1854[3] by miners. The funds were set aside for fellow miners who had fallen ill or became disabled as a result of a work injury. The registers also became sources for pensions for people too old to work.

The first city wide collection register that also provided these services was the one founded in Ljubljana, Slovenia's present-day capital. The register was established in 1889 by the municipal assembly. Attendance at the event to mark the founding of the register was very poor, with only seven out of 600 employers showing up. Of 2,666 registered workers none made an appearance[4]. The fund was later maintained through a 3% levy on the monthly wages of workers wishing to participate.

Workers suffering from injury or sickness could count on support for up to 20 weeks. If their condition required medical care, the register would cover costs for up to four weeks. In case of death, the register would pay for the funeral.

2.3 Entry to the 20th century

The break-up of the Austro-Hungarian Empire as a result of its defeat in World War I brought self-government to Slovenia, but the four-year conflict forced the new government of the Kingdom of Yugoslavia to tend to the needs of thousands of wounded and the widows of the many soldiers killed in action.

In 1921 there were 12,000 disabled and 27,000 widows in the new kingdom's Slovenian territories. A law passed in 1875[5] made provisions for assistance to victims of war. A home for the disabled, named after St. Michael, had also been set up.

In 1920, the new Yugoslav state issued a decree by which aid could be provided temporarily to the disabled and the families of those who had died in battle. Shrapnel wounds and the aftereffects of gas attacks had left many men permanently injured and unable to make a living. Until October 1920, the military handled disability payments, however, under the new government the responsibility was transferred to the civil service. Payments were made not only to wounded veterans but also war widows, mothers of fallen soldiers and other relatives, amounts being determined according to social class.[6]

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2 M. Valant, 1978, p.3
3 M. Valant, 1978, p.3
4 M. Valant, 1978, p.3
5 Kresal F., 1998, p.228
6 Kresal F., 1998, p.231

Starting in 1922, a system to provide insurance for workers took over some of the tasks of former registers which had by then become obsolete. The organisation's name was OUZD[7], short for “Okrožni urad za zavarovanje delovcev”, or Regional Workers’ Insurance Office.

2.4 Years after World War II

After the defeat of Nazi Germany in 1945, the Kingdom of Yugoslavia ceased to exist, the king went into exile, and the Slovenian territories became part of the Socialist Federation of Yugoslavia. The new state was to face the exact same issues as the Kingdom of Yugoslavia had in 1918. Wounded, injured and disabled soldiers were returning home from all fronts, in need of help.

After 1945 citizens of the Socialist Republic of Slovenia received healthcare and insurance through the federal government’s office for social security which in 1947 would be replaced by the Ministry of Social Security in Ljubljana.[8] This would in turn be transformed in 1952 into the Office of Social Security. From 1945 to 1967 there were more than 300,000 citizens relying on the Office’s services. Those benefiting included 34,377 disability pensioners and an additional 20,000 recipients of disability payments. However, the numbers of the disabled would reach some 50,000 by 1976[9]. The increase was the result of having to provide financial support simultaneously to disabled veterans of both world wars. Workplace injuries due to poor working conditions and lax safety standards during Yugoslavia’s rapid post-war industrialization further increased the numbers of injured, placing additional burdens on state social services.

Bringing farmers and former landowners into the social security system posed challenges as large numbers of both groups refused to participate in the insurance system. In order to convince the farmers of the benefits of the system the state established cooperatives through which farmers could sell their produce and from which they could receive assistance. Membership in the cooperatives was not compulsory however those who did not join could not obtain any type of insurance coverage and would have to pay for all medical and social services. Thus, the insurance system came to be used to encourage cooperation with the new regime.

2.5 Times of the Republic 1991-2020

Next, we will take a look at the Slovenian law which covers the provision of health care and social services under the new, independent Slovenia.

According to Slovenia’s Office of Statistics, from 12% to 13% of the population suffers from some kind of disability. The European average at present is approximately 15%. The definition of disability today is much more inclusive than it was a hundred years ago which accounts for the rise in numbers. Another factor in disability rates in Europe including Slovenia is population ageing. Lack of a young active work force puts a squeeze on social security systems that rely on worker contributions. Without young workers paying contributions, the system cannot generate enough funds to support pensions for the elderly and the disabled.

The articles below offer a quick guide to the care-related aspects of Slovenia’s present social security system. In the first part, titled general decrees we see that the law defines the system

7 M. Valant, 1978, p.15
8 M.Valant, 1978, p.53
9 M. Valant, 1987, p.53

as an intergenerational charity. The young take care of the old and sometimes vice versa.

ARTICLE 67
This article defines who is eligible to receive a pension and under what conditions. It states that whoever has been injured or hurt on the job qualifies for which category of support[10]. Categories are decided by a doctor who determines the severity of injury from Category 1 to 3.

ARTICLE 75
This article distinguishes between work-related injury and injuries unrelated to one's employment. The former is subject to full coverage while benefits for the latter are limited to 45%[11].

ARTICLE 80
According to this part of the law if a person is unable to continue working in the same field as before sustaining injury then the government is obligated to retrain him or her, if possible, to qualify for employment in another field[12].

ARTICLE 90
This article is a continuation of article 80; it states that while being retrained for employment in another field, a disabled person is entitled to receive 100% of pension payments until returning to work.

ARTICLE 93
If a person qualifies for Category 2 or Category 3 (of injury as determined by a doctor in accordance with provisions in Article 67) and is above the age of 50, the individual can request permission to be allowed to work half-time[13].

ARTICLE 143
The article states that if an injury occurred inside of work and limits physical activity by 30% or if it occurred outside of work and limits 50% of physical activity then the person is eligible to receive a bonus between 10% and 24% of his or her current pension payments.
The above represents a quick overview of the most important sections of the law catering to the needs of the weakest members of our society.

3. Personal experience

When it comes to dealing with the disability of a close family member, I am able to draw on personal experience as I have been living with my 85-year-old grandmother, who suffers from dementia. Though her illness is not physical, it nevertheless prevents her from performing even the most basic tasks such as dressing, cooking and showering.

Speaking with others who take care of people with ailments similar to that of my grandmother, I come to the conclusion that the greatest barrier to a better care is the high cost of services. In severe cases professional help is often needed and that is even more expensive.

10 Kogej M, 2007, p.45
11 Kogej M., 2007, p.47
12 Kogej M., 2007, p.49
13 Kogoj M, 2007, p.53

Hiring a fulltime nurse is out of reach for most low- and medium-income families. I currently keep an eye on my grandmother during afternoon hours as my mornings are taken up with lectures and other daily chores. During the morning, my grandmother goes to an elderly care home. As she only spends half the day at the home, cost of care is somewhat lower, however even the lower fees would be onerous for families who already face financial difficulties. Even though benefits for such illnesses do exist they are often meagre for families whose income is judged as sufficient to afford elderly care. In my opinion, the formula of linking state assistance to family income is unfair as it can result in families whose annual income increases by even a small amount losing all benefits. The increase in annual income can be as little as a few Euros, which in present-day Slovenia barely covers the price of a haircut. Though providing care for my grandmother does place a strain on my family's finances, I cannot imagine how a mentally disabled person could cope alone without the help of family members. The elderly do have the option to sign themselves into an institution which would provide for them, however with pensions being as low as they are the government would force them to sell all their property and, in all likelihood, take a massive chunk out of their monthly pension as well. I find this arrangement difficult to accept. These people worked hard and paid their taxes throughout their entire lives, but now in their old age when they need to rely on elderly care institutions, must pay yet more in order to take advantage of basic services.

I do not feel myself qualified to propose any changes however I do see the need for reform. The elderly are among the most vulnerable members of any society. In Europe today they are becoming more and more visible as a result of declining birth rates. I hope that in the future our leaders will take a second look and propose changes that will aid the elderly in their daily lives.

4. Conclusion

I hope that I have presented a comprehensive overview of the history and development of Slovenia's social security system. From medieval Christianity which inspired giving care to those who cannot help themselves, all the way to the present, we are still trying to find ways to improve our understanding of how to administer to the needs, both psychological and physical, of disabled members of our society. I also hope that you have enjoyed my personal story. It is a small overview of the current situation focusing on what could be improved. I also hope that my short paper shows that everyone of us faces disability either personally or through the lives of those closest to us.

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