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Undiagnosed: The Impact of Racial Discrimination on Roma Health

Savelina Danova/Russinova

THE HEALTH STATUS of a community is the simplest direct indicator of the access this community has to the goods and benefits a society provides for its members. When disparities in health status overlap with racial or ethnic boundaries, a myriad of other divisions along racial or ethnic lines are implicated.

Although scarce, existing research on Roma health status indicates serious inequalities between Roma and non-Roma. In addition to frightening data pertaining to differences in infant mortality, Roma are also generally more likely to die prematurely than non-Roma and to be affected by communicable diseases. While some evidence is already available, the basis of these disparities remains poorly studied and explained.

According to the dominant views among researchers and policy-makers, poverty is the central determinant of poor health among Roma. These views oversimplify the issue and tend to ignore or underestimate the particular, independent obstacles posed by racial discrimination. On the one hand, racial discrimination – past and present – has predetermined to a large extent the socioeconomic status of Roma. In general, Romani communities are disproportionately exposed to substandard living conditions and hazardous environments. Roma also have fewer educational opportunities than non-Roma. Racial discrimination in health care – direct and indirect – magnifies already existing inequities establishing separate and independent barriers for Roma to enjoy the right to the highest attainable standard of health. Thus, health disparity of Roma is the cumulative result of both past and current racism.

Racial barriers to health care are exhibited in the systemic disadvantages facing Roma in access to health. Certain general policies and administra-

tive procedures have an adverse effect on Roma. Systemic disadvantages are visible in the disproportionate numbers of Roma excluded from health insurance; the large number of Roma living in neighbourhoods without health care facilities; the large number of Roma living in settlements not covered by general practitioners; the severe underrepresentation of Roma in the medical profession. Furthermore, barriers to quality health care manifest themselves in the disparate impact of the intersection of race and gender. Discriminatory treatment based on the compounded influence of race and gender magnifies the difficulties Romani women face in gaining equal access to quality health care. Coercive sterilisations of Romani women in Slovakia and in the Czech Republic documented by the European Roma Rights Center loom as an extreme example among a plethora of daily manifestations of this phenomenon. The unique experiences of Romani women have been largely ignored by the health care system. Finally, Roma are subjected to medical treatment of inferior quality based on their race and not related to their socioeconomic status. Again, what has pierced the curtain of indifference to this problem has been only the most egregious and therefore visible examples of negligent treatment or malpractice that has caused serious harm or death of the patients, while many other practices denying quality health services to Roma remain undisclosed. There can be no doubt that widespread discriminatory and segregatory practices in the provision of medical services – whether intentional or resulting from other processes, influence in no small degree the disparity in health status of Roma.

In their everyday work, human rights practitioners focusing on Roma rights witness and document these barriers with a frequency which invalidates attempts to deny their existence. Systematic research on the deleterious effects of racial discrimination on Roma health, however, is almost non-existent. Lack of data

on the adverse impact of certain policies on Roma health as well as on the quality of health care services received by Roma perpetuates the problem. Moreover, the interference that racist stereotypes have on the quality of treatment Roma receive is vehemently opposed by medical practitioners and often covered up by public authorities. In some cases it appears that public officials are more concerned with preserving the honour of medical professionals than with eliminating the barriers for Roma access to quality medical services. In this issue of Roma Rights, the ERRC presents a summary of a survey on Roma access to health care commissioned by the Hungarian Ministry of Health but never published, presumably due to opposition to its conclusions. These included documentation of structural and individual influences diminishing the quality of health care provided to Roma and impairing Romani access to health.

The issue of discrimination of Roma in health care has come up in a number of previous editions of Roma Rights focusing on individual cases of malpractice and disparate treatment of Roma. This edition of Roma Rights takes the theme a step further, revealing several aspects of the problem of access of Roma to health care: (a) the pervasiveness of the stereotype of pregnant Romani women; (b) health care that is disproportionately inaccessible and undignified; and (c) the multifaceted impact of racial discrimination on health. These themes encompass social, political, and economic factors affecting the experiences of Roma in health care and mandate further investigation and intervention. Future ERRC activities will increasingly focus on health research and legal action to remedy discrimination of Roma in the health care system.



“Gypsy Rooms” and Other Discriminatory Treatment Against Romani Women in Hungarian Hospitals

Rita Izsák¹

THROUGHOUT 2003, the European Roma Rights Center (ERRC) conducted field research aimed at documenting practices of discrimination against Romani women within the health care sector in Hungary. The research focused on Szabolcs-Szatmár-Bereg, Hajdú-Bihar and Borsod-Abaúj-Zemplén counties. Based on the interviews with 131 women, the ERRC documented the following:²

- ✧ Forty-four cases of so called “Gypsy rooms”, i.e. segregated maternity wards,
- ✧ thirty cases raising concerns about negligent treatment of Romani women by medical professionals,
- ✧ twenty-two cases of verbal abuse,
- ✧ sixteen cases in which Romani women were provided with health care services by medical professionals whose level of qualification was apparently lower than required by the condition of the patient, (i.e. nurses were involved in providing health care services expected from doctors),
- ✧ thirty-one cases involving the practice of “paid doctors” – informal supplementary fees required by doctors in order to expedite care, or for the provision of service above the minimum standard.

Segregated Maternity Wards

The ERRC documented forty-four cases in which Romani women were reportedly placed in separate hospital rooms from non-Romani

women. In Miskolc (Borsod-Abaúj-Zemplén County), in the Vasgyári hospital, according to the testimony of one Romani woman, despite the fact that there was a free bed in a room with five other non-Romani women, the Romani woman was placed in an empty room all by herself. She stated that this was humiliating and that she felt offended. Another Romani woman from the same hospital said that the separate “Gypsy room” was not cleaned during her stay in the hospital and that the Romani women in the room had to clean it themselves. The women stated that the phenomenon of separate rooms (the so-called “Gypsy rooms”) had not existed during Communism when all women were treated equally.

In Ózd (Borsod-Abaúj-Zemplén County), a Romani woman stated that she was put in a separate room within the maternity ward of the local hospital. Even when the nurses distributed sweets and pastries to the patients, they did not bring any to the Romani women in the “Gypsy room”. The nurses reportedly ate the pastries themselves.

Szilvia S., 26, from Nagyecséd (Szabolcs-Szatmár-Bereg County), reported that room No 8 in the Mátészalka hospital was a “Gypsy room”. M., a young Romani woman from the same town told the ERRC that, on both occasions when she went to the hospital to give birth, she was put in room No. 8. When she asked the nurse if she could change rooms, she was told that there were no other beds available. The nurse also said that women in room No. 8 were not allowed to bring stereos or television sets whereas this was allowed for non-Roma in other rooms.

¹ Rita Izsák is ERRC legal monitor. The present article summarises the results of ERRC research conducted by the following ERRC staff and interns: Kerieva McCormick, Lydia Gall, Rita Izsák, Orsolya Szendrey and Angela Wu.

² Some Romani women agreed to testify to the ERRC but were reluctant to have their names disclosed.

When asked about the existence of separate rooms for Roma, István Keresztényi in the hospital of Nyíregyháza (Szabolcs-Szatmár-Bereg County) stated that “There is no such thing, but still, it may have occurred and if so, room No. 10 in the maternity ward could be one.” When asked about the possibility of a Romani woman changing rooms, the doctor stated that if she asked for a transfer it would be granted. Moreover, the doctor stated that “The placement of a woman in room No. 10 is based on her lifestyle, not on ethnic criteria.” Doctor Csaba Sándor in the Miskolc hospital stated that at times discrimination is in the best interest of Romani women “because they are spared abusive attitudes”. He told the ERRC that in one instance the husband of a non-Romani woman visited her in the maternity ward and, when he recognised one of her roommates to be a Romani woman, he started abusing her verbally. According to this doctor, the patients’ social status can also justify separation. Poorer women have, at times, asked to change rooms because they did not feel comfortable in the same room as richer women.

A number of domestic laws in Hungary prohibit discrimination on racial/ethnic grounds in access to health care. Article 76 of the Civil Code³ says that discrimination on grounds of “gender, race, ancestry, national origin, or religion; violation of the freedom of conscience; any unlawful restriction of personal freedom; injury to body and health; contempt for or insult to the honor, integrity, or human dignity of private persons shall be deemed as violations of inherent rights”. The Hungarian Health Care Act⁴ includes a non-discrimination clause which reads as follows: “All patients shall be entitled – within the framework prescribed by law – to receive (...) non-discriminative health services.” The Anti-Discrimination Act⁵ says that all health care providers have to act and proceed according to the requirements of equal treatment.⁶ Article 25(1) reads as follows: “The requirements of equal treatment shall be

secured in the health care system especially in providing services such as (...) b) healing-prevention services c) in the use of places provided for patients.”

Concerns Related to the Conduct of Medical Professionals

The ERRC documented thirty cases giving rise to serious concerns about the judgement and professionalism of the doctors concerned.

One case involved B.L., a 22-year-old Romani woman from Hajdúhadház (Hajdú-Bihar County) who, while in labour, started bleeding heavily. The obstetrician, instead of using sterile gloves, reportedly wrapped the sheet the Romani woman was lying on around her hand and proceeded to examine the labouring Romani woman’s womb.

In another case, L.T., a 26-year-old Romani woman from Kisvárda (Szabolcs-Szatmár-Bereg County) was allegedly forced to leave the hospital a few hours after having undergone a caesarean section (C-section), although she felt dizzy and could barely stand because she was still experiencing the effects of the anaesthetic.

The ERRC also documented a case in which L.S., a Romani woman from Vásárosnamény (Szabolcs-Szatmár-Bereg County) was treated in the hospital of Fehérgyarmat (Szabolcs-Szatmár-Bereg County) in connection with an abortion in unsterile surroundings. There were reportedly pools of blood on the floor and the remains of aborted fetuses in bowls.

A., a 26-year-old woman from Miskolc (Borsod-Abaúj-Zemplén County) told the ERRC that due to an extra-uterine pregnancy, the doctors had to remove one of her ovaries but did not inform her about it. She had not been aware of this until she had to undergo the removal of her

³ 1959/IV. Act.

⁴ 1997/CLIV. Act.

⁵ 2003/CXXV. Act.

⁶ Article 4 (k)

second ovary in connection with another extra-uterine pregnancy.

A woman from Ózd (Borsod-Abaúj-Zemplén County) reported to the ERRC that she delivered her baby with only the help of nurses. The doctor visited her only once the child had been born.

In Ózd, the ERRC interviewed a Romani woman with five children, the youngest of whom was seven months old. She reported that when she was admitted to the maternity ward, she was left on intravenous drips for two days, alone and without any medical personnel around to help her. The doctor reportedly told her that “if the baby comes, then it comes”. She told us that the doctor was waiting for money and that was why he did not help her. She was put into a separate room with only Romani women. While she was in labour pains, the midwife went to sleep on a bed next to her only to be replaced in the morning by the midwife doing the dayshift. In the morning they raised the amount of the intravenous drip, which eventually helped her to deliver the baby.

A 20-year-old Romani woman from Ózd told the ERRC that during her delivery, the doctor was reportedly watching television and did not help her at all. A midwife was with her during the delivery and although she called the doctor several times, he did not come. Finally, the midwife reportedly had to drag the doctor from the television. By this time, the woman had already experienced serious ruptures. After the delivery, she was not allowed to eat solid food for nine days due to the stitches and had to stay in the hospital. As a result of this she has problems to date, but is afraid of going back to the same doctor for examination.

Verbal Abuse

The ERRC documented twenty-two cases of verbal abuse directed at Romani women by medical personnel.

H.I. (31), a Romani woman from Dombrád (Szabolcs-Szatmár-Bereg County) told us that a local doctor refused to treat her stating: “I am f*cking fed

up with Gypsies” and “what the hell is wrong with you?!” Ms Balogh, the wife of the local Roma Minority Self-Government’s representative said, “doctors speak to you like you would speak to a dog”.

In Szatmárcseke (Szabolcs-Szatmár-Bereg County), the ERRC learnt that some doctors addressed Romani women in obscene language while they were screaming during delivery. In the same town, H.V. (21), a Romani woman reported that when the ambulance came to pick her up, the ambulance personnel stated: “do you f*ck at this young age – now you will get to know the God of the Gypsies.”

In Miskolc (Borsod-Abaúj-Zemplén County), in the Semmelweis hospital, a non-Romani woman was reportedly told by a midwife when six months pregnant: “You stink and you are dirty.” The woman believed that she was verbally abused by the midwife because she came to the hospital for her examination with her husband who has darker skin. However, when in hospital for delivery, the same midwife apologised for her previous behaviour.

A 20-year-old Romani mother reported that the nurses in Miskolc hospital (Borsod-Abaúj-Zemplén County) were not attentive and used demeaning language such as “are you giving birth to your children in order to get child allowance?” In the same hospital, a Romani woman with three children reported that during her first pregnancy, she was treated badly by the nurses. The midwife reportedly stated: “My daughter is twenty and she is still a virgin”, apparently suggesting that the Romani woman had done something wrong.

A doctor in Ózd (Borsod-Abaúj-Zemplén County) asked a Romani woman with five children: “Why do you give birth to so many children, who will feed them?” and said: “I don’t want to see you here again!”

Involvement of Nurses Instead of Doctors

The ERRC documented sixteen cases in which nurses and/or training nurses were involved dur-

ing delivery instead of practising doctors.⁷ According to the testimonies of Romani women, medical students often experiment on Romani women and are more often used to assist Romani women than non-Romani women.

In Sajószentpéter (Borsod-Abaúj-Zemplén County), the ERRC interviewed one woman who said there was no doctor present during her delivery, only a midwife.

In Kazincbarcika (Borsod-Abaúj-Zemplén County), the ERRC interviewed a 28-year-old Romani woman with two children. She did not have a general practitioner. According to her, health care was a matter of race; doctors and nurses did not pay much attention to her. She stated that she practically had to give birth on her own. The midwife only came around to give her an intravenous drip and some painkiller injections. The midwife reportedly showed up twice in nine hours.

Dr. C.S. in Miskolc told the ERRC that students are not allowed to take care of patients on their own. A delivery doctor has to be present and perform all medical tasks; medical students are not allowed to take part in the medical procedures at all.

We should note that the above testimony has come from ordinary women who, like the overwhelming majority of Hungarians, have low medical competence and a habit to submit to medical paternalism. What is important in the above statements, however, is the Romani patients' feeling that they have been mistreated and humiliated because they are Roma. While it is difficult in each concrete case to prove the abuse in terms of non-observance of healthcare regulations and medical malpractice, the attitude of medical personnel towards Roma is itself a cause of concern.

Extortion of Money from Romani Patients

The ERRC documented thirty-one cases in which Romani women had allegedly given money to doctors hoping to receive better treatment. According to the Hungarian Health Care Act,⁸ patients and women in particular are entitled to choose their physician, including obstetrician and/or gynecologist.⁹ Those who have medical insurance do not have to pay for maternity consultations and delivery. In practice, however, the delivery is not free of charge. Women are usually expected to offer informal payment to the doctor ranging between 5,000-20,000 HUF (approximately 20-80 Euro). The ERRC has documented cases in which doctors refused to treat Romani women before they were provided with supplementary monetary payments.

In one case, a doctor in Nagyecséd (Szabolcs-Szatmár-Bereg County) demanded to be paid 20,000 HUF (approximately 80 Euro) for a C-section. In the doctor's cabinet there was reportedly a price list for various surgical interventions which is illegal. When the Romani woman gave the doctor only 500 HUF (approximately 2 Euro) (all her money), the doctor reacted disapprovingly. Eventually, however, the woman paid the "standard" amount (20,000 HUF, approximately 80 Euro) for both of her C-sections and 50,000 HUF (approximately 203 Euro) for her last C-section combined with sterilisation.

Four different Romani women – M. from Nagyecséd, R.S., L.S. and P.S. from Vásárosnamény – told the ERRC that although they had given some money to their doctors, the doctors demanded higher amounts.

A woman stated that one doctor in Ózd (Borsod-Abaúj-Zemplén County) would say "If you have money – you will have a baby, if you don't have

⁷ According to Ordinance 60/2003 of the Hungarian Ministry of Health, Social and Family Affairs on the Necessary Professional Minimum Requirements in Providing Health Services, the presence of medical doctors is required during delivery.

⁸ Act CLIV of 1997 on Health.

⁹ Chapter II, Title 2, Section 8.

money – you won't have a baby". Another Romani woman from the same town stated that she was not allowed to see her newborn baby before paying 2,000 HUF (approximately 8 Euro) to the doctor.

Summary

The complaints described above indicate possible abuse of the principle of equal treatment in the provision of health care services to Romani women. Romani women are humiliated by being segregated from non-Romani women in maternity wards; in many cases they are subjected to less qualified treatment and sometimes to negligent treatment; finally, they experience constant verbal abuse on racial grounds by both nurses and medical doctors. Apart from the lack of access to equal standards of health care due to discriminatory treatment by medical personnel, Romani women are exposed to the risks of less qualified treatment due to the fact that they cannot afford to offer doctors tips for better health services. Evidence of numerous cases of egregious human rights violations by medical professionals such as coercive sterilisation of Romani women like the ones documented by the ERRC in Slovakia and the Czech Republic, is not available in Hungary. However, the existence of cases of interference with the Romani women's reproductive rights

cannot be precluded. Indeed, an ERRC/NEKI complaint on behalf of a Romani woman who was sterilised without full explanation about sterilisation in a public hospital in the Hungarian town Fehergyarmat, is pending before the UN Committee on the Elimination of Discrimination against Women.¹⁰

Filing legal cases against hospitals or medical staff involved in abuse of Romani women, however, in the ERRC's experience has proven difficult. The main reason for that is the Romani women's fear of retaliation by doctors. Romani women appear to be more willing to endure discriminatory treatment than to undertake actions which may threaten their relationship with local doctors and therefore possibly risk their own – and their children's – health.

A new prospect for litigating discrimination in health care is opened with the adoption of the Hungarian anti-discrimination act, Article 20 of which allows for non-governmental organisations (NGOs) to litigate in their own capacity if the violation complained of affects a large number of people. This opportunity potentially opens new possibilities for eliminating racial discrimination in the health care system and providing equal opportunities to all patients regardless of their origin and economic or social status.

¹⁰ See ERRC/NEKI press release, February 12, 2004, at: <http://www.errc.org/cikk.php?cikk=355>.



Differences in Access to Primary Healthcare – Structures, Equal Opportunity and Prejudice

The Results of an Empirical Study

In the period September-December 2003, the Hungarian Delphoi Consulting research group conducted a survey commissioned by the Hungarian Ministry of Health, Social and Family Affairs, on Roma access to primary health care entitled “Differences in Access to Primary Healthcare – Structures, Equal Opportunity and Prejudice – The Results of an Empirical Study”. In this issue of Roma Rights the ERRC reproduces the authors’ summary of the survey’s findings translated into English.¹

ONE OF THE PRIMARY PURPOSES of our research is to establish whether or not various groups in society, including Roma and others that suffer multiple social and economic disadvantages, have full and equal access to primary healthcare services. If there is unequal access to basic services, what are the causes of this inequality, and what are the actual differences in access among the various groups? Because our research focuses partly on the access of Roma, when determining which doctors and health visitors we would question (that is, the actual group that would constitute the subject of our survey) we selected settlements where, on the basis of authoritative estimates,² the percentage of Roma inhabitants equalled or exceeded 1%. Consequently, the results are representative only of those general practitioner (GP) practices and health visitor districts that are located in these settlements.

General Practitioners

Structural issues

In the beginning we sought to establish, on the basis of the national statistics, whether the pres-

ence or absence of a GP in a settlement is in any way related to the settlement’s social standing, the number of its inhabitants, the age distribution of those living there, or to the ratio of unemployed persons or of Roma within its population.

The data suggests that settlements with multiple disadvantages do not offer local practitioner services directly. These settlements, mostly because of an ageing population and the lack of local funds also tend to be lacking in other basic institutional services. If we look at the national picture, we find that the number of pensioners is generally higher in settlements that do not have a local GP. However, the older segment of the population, with its greater health concerns and higher health risks, suffers from the lack of local health services only to a slightly greater extent than does the population as a whole. This slight difference, however, is significant when we look at the actual number of pensioners affected: approximately 128,000 out of over 2 million.

The ratio of the Romani population shows a dramatic difference. Excluding Budapest, 18.6% of the country’s total Romani population lives in a settlement without a local GP.

¹ *The translation into English of the survey’s findings was commissioned by the ERRC to the Budapest-based Impact Training Ltd. The full text in English is available on the ERRC’s website at: <http://www.errc.org/db/00/CC/m000000CC.doc>. The original document is available at: <http://www.delphoi.hu>.*

² *Based on Gábor Kertesi – Gábor Kézdi: The Roma Population in Hungary (documentation and data, Socio-typo, Bp., 1998), and László Hablicsek: The Demographic Indicators of Roma, Experimental Forecast for 2050. Central Statistical Office (KSH) Institute of Demographics, 1999.*

The social and material conditions of Roma and pensioners living in settlements where there is no local GP are significantly worse than average, especially since the social and economic circumstances of these small settlements tend already to be among the worst in the country. The social disadvantages may well compound the problems arising from a lack of direct access to a local GP.

We know that the high rate of health problems among Roma is due directly to poverty, and in this regard, the Romani population of the poorest small settlements – amounting to more than 100,000 individuals – is in an especially grave situation: It simultaneously suffers from poverty, a high incidence of health problems, and the lack of direct and immediate access to the services of a local GP.

To summarise the local inequalities of access to healthcare on the basis of the national statistics, the country is “divided” in terms of the population of smaller settlements, especially small villages. Small settlements with a local GP are well supplied in respect of the patient/doctor ratio, despite the fact that the population of smaller settlements tends to be older, have higher unemployment rates and inadequate funds, and to suffer from poverty. In settlements where there is no GP or where the GP post is unfilled, the ratio of Roma among the general population tends to be significantly higher, and the number of pensioners is also high. The inhabitants of these settlements suffer multiple disadvantages: they are affected by the unfavourable position of the settlement with all its consequences, and by the lack of local and immediately accessible healthcare.

The analysis of national data shows that the significant inequality of access based on location also adds to the doctors’ workload. While a little over 80% of doctors work in one settlement and less than 10% work in two settlements, the maximum number of settlements served by one doctor can be as many as eight, according to our data.

The characteristics of a settlement, and the administrative status and size of settlements, fundamentally determine the access of their inhabitants

to health services, as well as the workload of their GPs. Just as there are considerable differences in access among patients, so there are significant differences between GPs in terms of their workload, how many patients they serve directly, how long their office hours are and how many hours they are on call.

The distribution by age of doctors is not consistent among practices with considerably differing workloads. The oldest GPs can afford to avoid practice with a higher workload. The youngest ones do not choose practices with higher workloads but are forced to take them in the absence of other options.

An aspect of structural inequalities is the amount of time (attention and work) a GP can spend on a patient. We have observed great differences, which are a result of structural inequalities.

GPs’ offices also differ in how well equipped they are, and we have found considerable differences. However, the causes of the presence or absence of equipment are not structural. The practices of the youngest doctors are significantly more well-equipped, middle-aged doctors’ practices are more often moderately well-equipped, the offices of older doctors are more often than not below average in equipment. The analysis demonstrated that age is a factor but education is not. Younger doctors have better-equipped offices even when their level of training is lower.

Socially disadvantaged, poor or Roma patients tend to be taken care of by GPs who belong to the younger generation because in settlements where the number of Roma is higher doctors tend to be young. Because young doctors have better-equipped offices, Roma patients are usually served by better-equipped practices. However, the structural advantages or disadvantages seem to be stronger and more significant than, for example, the equipment of a doctor’s office.

Equal Opportunity and Social Status

In analysing doctors’ attitudes, the issue of whether equal or unequal access is provided to

patients of different social status seemed to us more widespread and more complex than simply an issue of prejudice. In our research we considered prejudicial attitudes as a sub-system of mechanisms that promote inequality. We did so because it is obvious from our analyses thus far that one of the most important bases of inequality is structural.

According to our data, indirect discrimination against various social groups, which may not be a result of prejudice, is more frequent than direct discrimination.

Certain GPs offer less expensive medical services to the poor, the unemployed, the Roma or other socially marginalised patients than to others. Their communication with these patients is below average, and conflicts occur with greater frequency than average. The social deprivation of these patients is a causal factor because, among other things, doctors believe that these patients' potential to reduce health risks is low. GPs perceive these patients on the basis of their socio-economic and socio-psychological status, while certain significant dimensions of a GP's practice are defined by these differences in status and not by the patient as a human being.

In addition, GPs determine the level of institutional care³ on the basis of patients' social and socio-psychological status, and therefore the level of institutional care is determined by status and not by a selected protocol.

A certain number of GPs provide therapy at a lower institutional level to patients that are socially marginalised. The social deprivation of patients, as we have seen in relation to the cost of examinations, is a contributing factor. The low assessment of patients' potential to reduce risk to their own health is also an important factor in this regard.

GPs' compassion, or lack thereof, in terms of their taking into consideration the cost of

medicine is an independent dimension and has an independent effect on the affordability of the cost of medicine paid by socially disadvantaged patients. A number of GPs can be shown to lack this type of compassion.

A significant number of GPs are not at all or not sufficiently familiar with the considerably higher incidence of disease among Roma and the risks associated with this. Consequently, they do not regard the Romani community as more eligible for increased screening and prevention or intervention which might reduce the incidence of disease among them.

Anti-Romani sentiment or the lack thereof is a measurable factor that impacts the perception of Roma and the level of services provided to them. The causal impact of rejecting anti-Romani sentiments is significant and explains whether a GP has a more or less clear picture of the level of health problems among Roma. It can be proven that the primary cause of the lack of information about the higher incidence of disease among Roma is common and average – not extreme – level of anti-Romani prejudice. On the other hand, it is identified that rejection of anti-Romani feelings is the cause of the clear understanding among doctors of the incidence of Romani health problems.

Anti-Romani sentiments have an impact on medical practice extended to Roma and the attitude towards Roma is to some extent independent of how doctors generally relate to their socially marginalised, poor, and socially disadvantaged patients. This may not be that surprising, since the propensity for anti-Romani feelings appears to have “a life of its own” and is becoming increasingly widespread in society.

Certain versions of anti-Romani feelings do not necessarily result in detrimental situations for Roma with respect to primary healthcare. Even among GPs whose anti-Romani prejudices are strong, there are few who, in comparison with doctors who do

³ *This is a question of whether the doctor offers therapy on the spot in his own office, or after the local therapy he refers the patient to a higher institutional and competence level, or refers the patient to a higher institutional level immediately after the diagnosis. We measured this independently from the effects of disease, the patient's age, etc., exclusively in the context of the patients' social and socio-psychological status.*

not share such prejudices, provide a lower level of services to their Romani patients.

Anti-Romani feelings have a negative, even though not significant, impact on the Roma-doctor relationship. Certain doctors with anti-Romani feelings do not provide the same level of services to their Romani patients as they do to others. However, according to our study, anti-Romani feelings are not a significant factor in primary healthcare services because they can be modified given the right methods.

More important than the damaging effect of negative attitudes towards Roma is the marginalisation of poor, disadvantaged segments, regardless of ethnicity.

We would like to make the following note in closing. It cannot be proven that the apparent inequalities between the level of care received by the social elite and the disadvantaged respectively are caused by direct and open discrimination. In addition, a study conducted among doctors providing the services cannot demonstrate the actual chances for recovery and rehabilitation of socially deprived patients. We can only assume that if the cost and institutional level of care provided to them is lower, if follow-up among them is more infrequent, and the affordability of medications is not always considered, their chances of health maintenance, recovery or rehabilitation will be negatively affected.

Our research has shown, however, that the basic principle that each citizen must receive the same level and the best possible service regardless of social status or ethnicity, suffers.

Recommendations

The writer of this study faces the difficult problem of having to recommend solutions that would ameliorate structural disadvantages and the different degree of disadvantage suffered by healthcare patients in relation to their social status.

The difficulty lies in the fact that structural disadvantages are primarily caused by the structure

of settlements in this country, as well as by the resulting economic inequalities, and eliminating them would require considerable long-term inter-ministerial cooperation.

The differences arising from the social status of the patients, namely that certain GPs offer a lower level of services to socially disadvantaged patients, indicate a fundamental deficiency in the solidarity among the various segments of society. Analyses have shown that the number of specialisations or the years of training doctors have, has no bearing on how they relate to socially disadvantaged groups. The level of post-graduate training does not affect the level of anti-Roma feeling either, because it is influenced by deeper causes of socialisation. With that said, we have the following proposals.

- ✧ The level of social solidarity demonstrated by GPs should be improved. Each GP, without exception, should regard the members of socially disadvantaged groups as equally valued recipients of services, on a par with the members of the elite who can stand up for their rights. Therefore, courses that focus on the causes and consequences of social stratification must be mandatory (and not elective) in basic and continuing medical training. For this purpose, academic workshops (e.g. ELTE's social work faculty, etc.) and outstanding scholars on poverty in Hungary must be commissioned to prepare targeted course material for basic and continuing medical training. The introduction of suitable course material into medical training must be considered an urgent matter.
- ✧ In order to improve the services offered to Roma, new training courses must be prepared and introduced in the framework of continuing education in order to inform GPs of the actual conditions, and the health and social problems of Roma. Concurrently with this effort, a bulletin must be compiled on the basis of available information and research that provides information to GPs about the actual social and health conditions of Roma, including their underlying causes. This bulletin must be distributed among GPs, especially in those settle-

ments where, as far as we are aware, some of the inhabitants are Roma.

- ✧ Because it is to be expected that certain GPs will contest the data or claim that all patients receive the same level of services, it is advisable to organise and moderate debates with the participation of appropriate experts (either directly or by creating a specifically targeted Internet portal) which will assist GPs in processing and approving the results.
- ✧ Independent of training courses, programs that are effective in creating long-term changes in attitude and in decreasing the existing negative feelings towards the poor and the Roma must be prepared and adapted, after gaining an overview of the relevant international experience.
- ✧ Since the most effective way of combating prejudicial attitudes is to penalise the prejudicial behaviour, and the discrimination to which it gives rise, a measuring and monitoring system must be developed for regular application among doctors and patients which is capable of rendering these negative phenomena transparent. Transparency must be followed by indicating that these attitudes are socially unacceptable (socio-psychological punishment).
- ✧ A PR programme must be developed which can effectively portray in the media the situation of Roma, as well as the harmful consequences of prejudicial attitudes.

Health Visitors

The designation of health visitors' districts, and the number of health visitors in the various counties and settlements, fail to meet statutory requirements, and in some cases actually contradict them.

Health visitors' tasks are unevenly distributed. While the majority of health visitors work in one settlement on average and perform one basic task at low or moderate levels of intensity, one fifth

of health visitors perform several tasks at a high level of intensity in a number of settlements.

Behind the distribution of health visitors' districts within counties and settlements are very serious inequalities in access caused by a structural imbalance. In disadvantaged, poorer areas consisting of small villages, a smaller number of health visitors carry higher workloads and perform extra services, while counties and settlements in more favourable positions employ more health visitors with lower workloads.

More than one fifth of all the health visitors studied carry high workloads and also care for a high number of Roma.

In most cases the high number of Roma is a simple accompanying feature of the settlements' characteristics. The reason why health visitors work with so many patients and in several settlements is not because Roma live there, but the opposite: Roma tend to live in such settlements where health visitors already have a higher workload.

However, the differences between workloads resulting from serious structural imbalances do not mean that health visitors with higher workloads invest less energy in their work or attend fewer training courses. Health visitors in districts with high percentage of Roma did not participate in more hours of training than in other places, and the high number of Roma does not (so far) indicate a greater participation in training.

Therefore, the distribution of health visitors' districts points to serious structural inequalities. In many cases the actual number of patients is three times the optimum number specified in the relevant government regulations (quite apart from the other work commitments). It is a fundamental problem that the local distribution of health visitors' districts and the fluctuating number of patients are both contrary to the letter and the spirit of the law, and do not serve the principle of equal opportunity and equal access.

Health visitors' training and their attitude towards their patients determine the extent to which they take into consideration the needs of

their patients. Counselling, the communication of basic information and health-related advice that comprise a health visitor's tasks are interactive processes that greatly depend on the health visitors' attitudes (and not so much on the characteristics of their patients). This observation, however, is more relevant to their attitude to Roma patients than to others.

A fairly large percentage of health visitors are well-trained, care for many persons and are also committed to what they do, which means that they have an excellent grasp of their patients' needs.

A higher percentage of highly trained health visitors who are tolerant towards Roma understand that their Roma patients have numerous healthcare needs.

On the other hand, health visitors with lower levels of training and who are unable to perceive their patients' needs, and health visitors who have some form of anti-Romani attitude have a lesser understanding of their Roma patients' needs. This "blinkered" attitude hinders the true perception of Roma patients' healthcare needs.

The occasional lack of understanding with respect to patients' needs interferes with the provision of equal services because counselling is an interactive activity, which is performed through communication between the counsellor and the patient. If a counsellor creates a communicational space that the patient perceives as inadequate in assessing his/her real needs, the counsellor will be unable to help because an atmosphere of mistrust has been created (towards the potential help).

Health visitors who display some form of anti-Romani attitude have been proven to be less effective in meeting their patients' needs. As a result, on the basis of our knowledge of the communicative dynamics of service-oriented professions, these health visitors are less effective than average in assisting their Roma patients.

A brief summary of our recommendations, aimed at improving, and sometimes creating,

equal access to health visitors' services, is as follows:

- ✧ Because inequalities in access are fundamentally structural in nature, a new distribution of health visitors' districts must be created which complies more strictly with the stipulations of the relevant decree and is better adapted to the patients' location demographics and socio-economic conditions, as well as to health visitors' work capacity.
- ✧ We have two proposals in relation to training which are aimed at improving health visitors' performance with regard to Roma patients: We need to ensure that most health visitors participate in general training courses that encompass all aspects of a health visitor's work, consisting of at least 150 hours of training spread out over a minimum of 5 years. In addition, training courses must be developed and introduced that provide information on the health status and social problems of the Roma population (on the national and local level). These training courses must also increase health visitors' ability to perceive the actual needs of Roma patients (even though they may not be explicitly stated) and to provide appropriate responses for these needs.
- ✧ Independent of the training courses, programs must be developed and/or adapted (after gaining an overview of international experiences) that can effectively and permanently modify attitudes and reduce anti-Romani feelings. We emphasise that these programs should be independent of the trainings because the relevant literature, experiences and hypotheses suggest that modifying purely cognitive content and obtaining new information has no bearing on prejudicial attitudes.
- ✧ Since the most effective way of combating prejudicial attitudes is to penalise the prejudicial behaviour, and the discrimination to which it gives rise, a measuring and monitoring system must be developed for regular application among doctors and patients which is capable of rendering these negative phenomena transparent. Transparency must be followed by

indicating that these attitudes are socially unacceptable (socio-psychological punishment).

- ◇ A PR programme must be developed that can effectively portray in the media the situation of Roma as well as the harmful consequences of prejudicial attitudes.

Anti-Romani Attitudes

We examined anti-Romani attitudes among three groups: general practitioners and health visitors who work in settlements where Roma account for more than 1% of the local population, and medical students in Hungarian medical schools.

We treated anti-Romani attitudes as a complex system of attitudes consisting of three basic issues: negative stereotyping of Roma, attitudes to discrimination against Roma, and an emotional distance towards Roma. This concept of measuring anti-Romani sentiment is based on national and international tests that examined prejudicial attitudes against minorities by the majority population.

During the study we identified five markedly different groups. 6.3% of the people studied strongly reject all types of anti-Romani attitudes, 21% do not have anti-Romani attitudes, and 28.3% have no propensity towards accepting discrimination. Consequently, 55.6% cannot be characterised by any form of anti-Romani attitude.

Therefore, only less than half of the people studied have some form of anti-Romani attitude. 14.1% of the people in the study can be characterised as having strongly negative attitudes towards Roma, which means that they engage in negative stereotyping, approve of discrimination, and

have a marked emotional distance. Thirty percent have a tendency towards anti-Romani attitudes, which means that they can be characterised by all three components of anti-Romani attitudes but to a lesser degree than those who have strong anti-Romani feelings.

Causal analyses suggest that the tendency towards anti-Romani attitudes is fairly deep-seated in society, and is more widespread among the younger generation than the older. The people we studied belong to the social elite and practice or prepare for service-oriented professions. Therefore the extent, deep roots and pervasiveness among the younger generation of anti-Romani attitudes presents a scary picture.

The intensity of anti-Romani attitudes among GPs and health visitors, in other words those who actively practice a service-oriented profession, is lower than among medical students.

Nevertheless, working with a larger or smaller number of Roma does not have an effect on anti-Romani attitudes. Anti-Romani attitudes are primarily the result of deeply ingrained social values such as intolerance.

Managing and decreasing anti-Romani attitudes is an urgent social problem and is not solely the concern of a particular profession or institution. Because the fundamental cause of anti-Romani attitudes is not lack of information but ingrained, socialised values, decreasing anti-Romani attitudes is not primarily a matter of education. We must create conditions with the help of regulation and education that make anti-Romani attitudes socially unacceptable in both everyday life and in relation to social attitudes. Only then can we expect the prevalence of anti-Romani attitudes to diminish among the next generation.



Healthcare Policy and Provision for Roma in Slovakia and the Czech Republic

James Grellier and Katarína Šoltésová¹

THERE IS A GENERAL CONSENSUS among international organisations, state governments and non-governmental organisations (NGOs) that Roma have a lower health status than majority populations in the region. There is much less consensus as to the causes behind their poor health status, and a considerable ignorance of the degree to which general discrimination within healthcare may be to blame. The poor health status of a high proportion of Roma contributes to their raised poverty risk and compounds the effect of the other problems which they face. Alongside education, empowerment and vulnerability, health counts as a very significant non-income dimension of poverty: it ‘interacts and reinforces these other factors, thus exacerbating the deprivation experienced by the poor.’² Despite being a very heterogeneous group, the Roma constitute both the largest ethnic minority in Europe and are subject to the highest degree of poverty risk in Central and Eastern Europe.³

Policy developments in the sphere of healthcare issues relating to the Roma in Slovakia and the Czech Republic appear to be predominantly determined by reactions to reporting from do-

mestic and international NGOs, and subsequent international pressure and funding allocation. In theory, evidence of appropriate responses to these international pressures should be present in the national-level policies and it would be expected that measures (i.e. concrete projects or programs) are already in place in achieving these goals. Many NGOs, however, echo the sentiment that ‘a lot of the time there are many things written down on paper but the practice is often very different’⁴ and that few measures actually have any effect on the average person.

This observation is reflected in the tone that governed the regular pre-accession reports issued by the European Commission on the state of each accession country with respect to their progress in the necessary reforms and policy.⁵ In the case of Slovakia, the report issued in 2002 was in fact the first that expressed a positive evaluation of the country’s fulfilment of the required political criteria⁶ and yet still noted that ‘the situation of the Roma minority has remained difficult’, that ‘access [of Roma] to health care remains of particular concern’, and that the ‘majority of persons belonging to the Roma community continue to be exposed to social inequalities, and continue to

¹ *This report is the result of research commissioned by the ERRC and conducted by the authors in Slovakia and the Czech Republic between 12th August 2004 and 2nd October 2004. James Grellier works as an environmentalist in Slovakia. Katarína Šoltésová is an Open Society Institute researcher based in Hungary.*

² *World Bank. Europe and Central Asia Poverty Team Newsletter. Issue 2, April 2003. Poverty, Security and Empowerment.*

³ *World Bank. Europe and Central Asia Poverty Team Newsletter. Issue 2, April 2003. Poverty, Security and Empowerment.*

⁴ *Interview with Vanda Durbáková, Senior staff attorney and project coordinator at the Centre for Civil and Human Rights (Poradna pre občianske a ľudské práva), Kosice, Slovakia.*

⁵ *Commission of the European Communities. 2002 Regular Reports on Progress Towards Accession. <http://europa.eu.int/comm/enlargement/report2002/>.*

⁶ *Commission of the European Communities. 2002 Regular Report on the Slovak Republic’s Progress Towards Accession. <http://europa.eu.int/comm/enlargement/report2002/>.*

experience widespread discrimination in education, employment, the criminal justice system, and access to public services.’ The fact that discrimination within healthcare provision was not mentioned in the document is of particular significance since firstly, it has been typical of the stance of the Slovak Government to have paid little attention to this issue. Secondly, and more importantly, this went on to shape the making of subsequent Roma healthcare policy. The 2002 European Commission report on the Czech Republic has been far less critical and makes no remark about the Roma’s access to healthcare, which may be a sign that as there is little information about the health situation of Czech Roma, it simply was not considered to present any particular problems.

In one of the final steps of preparation for accession, the Czech (winter 2003) and Slovak (spring 2004) governments both prepared a Joint Inclusion Memorandum together with the European Commission. The priorities identified in the Joint Inclusion Memoranda were, subsequent to accession, used to produce the Czech and Slovak National Action Plans on Social Inclusion 2004–2006 (NAP). These plans represent an attempt by the national governments to implement the EU common objectives relating to poverty and social exclusion into national objectives and programs.

Mounting pressure is also being exerted by other international organisations operating in the spheres of human rights, minority rights, health and justice. Both the Czech Republic and Slovakia are members of the World Health Organisation (WHO) and are thus signatories to its ‘health for all’ policy under the Health 21 program, developed in 1999. This program suggests policy recommendations for closing the health gaps within countries listed under a series of subheadings namely: the poor; the unemployed; gender inequity in health; ethnic minorities, mi-

grants and refugees; the disabled. Owing to the social position of many Roma in Slovakia and the Czech Republic, the compound effect of many of these problems is potentially very high. The Health 21 report states that ethnic minorities’ ‘needs receive far less attention, and they cannot always be reached through the usual health and welfare channels.’⁷ The report also focuses on the provision of outreach services for minority groups, which improve access to vulnerable groups by removing the barriers ordinarily presented to them.

Following the Millennium Summit held at United Nations in September 2000, Slovakia and the Czech Republic signed up to the Millennium Development Goals (MDG) program.⁸ There are strong links between this program and the EU’s social inclusion agenda, such that the focus is on solving problems of access and inequality. The goals themselves – as well as the time-bound targets and quantifiable indicators that their achievement requires – are intended to address global development challenges. Both countries were encouraged to draw on their own EU reporting frameworks and other national-level policies in order to set their respective targets, and worked with the UN in setting their own goals. Of the total of eight goals, three are of relevance here: the reduction of child mortality; the improvement of maternal health; and combating HIV/AIDS, malaria and other diseases. Since the majority populations of both the Czech and Slovak republics experience relatively high levels of health (compared to the Roma minority), many of the targets within these three goals – whether tacitly mentioned or not – are effectively aimed at improving the Roma health situation.

The Decade of Roma Inclusion developed as a result of the conference “Roma in an Expanding Europe: Challenges for the Future” held in June 2003.⁹ Representatives of both the Czech

⁷ *Health 21: the health for all policy framework for the WHO European Region. European Health for All Series No. 6, 1999.* <http://www.who.dk/document/health21/wa540ga199heeng.pdf>.

⁸ <http://mdgr.undp.sk>.

⁹ *The Decade will run from 2005 to 2015 and its objective was clearly defined to promote social inclusion and economic status of Roma through a process of setting national-level goals, developing and implementing action plans and regularly monitoring progress relative to these goals.*

and Slovak republics attended this high-level conference, and made a political commitment to close the gap in welfare and living conditions between Roma and non-Roma. At the first meeting of the International Steering Committee of the Decade (ISC) in December 2003, four broad areas of priority were adopted: education, health, employment and housing. These priority areas were to serve as the basis around which national Governments would build action plans featuring goals, targets and indicators with which to monitor progress. It was clear that ‘each participating country’s action plan will identify goals and targets in these four areas.’¹⁰

Roma health issues have not initially been included in the plans of both the Czech and the Slovak governments for the Decade and it appeared that officials in the respective ministries were unprepared to meet their commitments made at the Budapest conference in 2003. The Slovak Ministry of Health (MZSR) coordinator of PHARE projects and structural funds, Jana Škublová, was sent as the Slovak delegate to the Budapest workshop on Roma health in June 2004 in order to speak on Slovak health policy regarding Roma. At that point in time, Slovakia had not included health amongst its priorities for the Decade. Ms Škublová reportedly enquired at the office of the Plenipotentiary for Roma communities as to why this priority had been left out of Slovakia’s commitments, and was informed that the Slovak Government had the possibility of choosing only three of four priorities. Some time after the Roma health workshop in Budapest, she received a letter from Deputy Prime Minister for European Integration Pál Csaky which advised that health would be included as a priority and that this would have to be drafted in the following one month. In January 2005 the implementation of the Decade should begin, and according to Ms Škublová “this is a very short

time away for the amount of work that needs to be done [at the MZSR].”¹¹

While carrying out fieldwork in the Czech Republic, the authors were repeatedly referred to the Health Assistants Program Coordinator, Libuše Nesvadbová, a medical doctor and researcher, who was also sent as a delegate to the Budapest conference. In response to the question what she thought about health not being included among the Czech Republic’s priorities, she commented, “... why health wasn’t included into the Decade I really don’t know. I was just told that I had to attend the conference, so I went.”¹² Delegates representing the Czech Republic at the conference on Roma health – a key subject within the framework of the Decade – held in Budapest in June 2004 openly admitted that they had been selected at the last minute for the conference and knew very little about their expected roles as such. This is a very good example of poor communication between government, ministries and other offices of the administration. Czeslaw Walek, the head of the Office of the Council for Roma Affairs, claimed that the health priority was left out from the Czech Republic’s Decade plans owing to lack of capacity to deal with it at the ministerial level and due to other, more pressing necessities such as education, unemployment, or housing. Such reasoning hints on a total misinterpretation of the aims and functioning of the Decade. The Decade is only meant to complement existing programs and projects and stimulate further developments in the Roma inclusion policy of all countries: if the Czech Republic does not yet have enough capacity to deal with the Roma health problem, then it is high time to address that problem. The Decade is in many ways the appropriate opportunity to instigate certain changes in the way that Roma health is dealt with at the Ministry, particularly in terms of reallocating funds within the Government’s budgetary structures.

¹⁰ *Decade of Roma Inclusion Fact Sheet. 2004. Open Society Institute. <http://www.eumap.org/library/static/libr0/0/h/2qw73y4.doc>.*

¹¹ *Interview with Ms. Jana Škublová, Ministry of Health, Slovak Republic. Bratislava, Slovakia. August, 2004.*

¹² *Interview with Libuše Nesvadbová, Adviser and researcher to the Ministry of Health, Czech Republic. Ostrava, Czech Republic. August, 2004.*

Czech Policy and Associated Programs/Projects

With respect to Roma health, the Czech National Action Plan on Social Inclusion 2004-2006 sets out objectives in accordance with international health programs of the EU, WHO and OECD.¹³ A second, major written policy document is the Government 2004 Concept for Roma Integration¹⁴ which was adopted in June 2000 and has since been regularly updated.

In order to secure equal access to health care, the National Action Plan (NAP) establishes a strategic approach, within which it is necessary to combat poverty and social inclusion and 'support groups experiencing increased health care needs, among them people with disabilities and older people. Special attention must also be paid to groups which are disadvantaged in access to health care, such as the homeless and people from socially and culturally disadvantaging environments (for example the Roma).'¹⁵ Policy measures are also outlined as part of the WHO program Health for All for the 21st Century within the national-level document Long-term Programme for Improvement of the Population's State of Health - Health for All in the 21st Century; these measures are based on the Strategy to Promote Access to and Quality of Health Care in which 'basic public standards in the health area were specified to ensure minimum levels of care as to quantity and quality.' In this context, legislative measures have been taken to 'provide guarantees for an improved organisation of health services and strengthening of the roles of regions and municipalities.'¹⁶

The tasks for the Ministry of Health (MZČR) with regard to Roma health set forth in the first Czech government Concept for Roma Integration

included the creation of conditions to prevent racial discrimination, legal provisions providing a basis for positive action to eliminate disadvantages experienced by members of the Romani community and research into the health of the Roma population. The subsequent, annually updated versions of the Concept contained few specific tasks for the MZČR, neither in terms of preventative, educational or anti-discriminatory measures, nor as concrete steps that would acknowledge the importance of quality, hygienic housing.¹⁷ It is not surprising that in the course of interviewing various stakeholders in the Czech Republic, there was not only a lack of consensus as to what constituted 'government policy' on Roma healthcare, but also a general response that there is no coherent government policy that might be used as a coordinating material for regional or local activities.

The updated 2004 Concept for Roma Integration document is in many ways the first to present concrete steps forward in the consideration of health issues, essential for the development of the Romani community. This document draws attention towards the need to establish communication between the patients and the doctors by means of a program of health assistants for Romani communities. A second, less direct description of written preventative health policy details the state's establishment and support of 'half-way houses' for those young adults leaving state care institutions such as children's homes; such half-way houses are intended to prevent these young adults from succumbing to drug abuse or prostitution. However, this particular measure was not referred to by anyone during interviews relating to health policy which suggests there is no coherent understanding of the issues constituting health as such. As a final point, the 2004 Concept document reiterates the need to pursue sociological research.

¹³ http://www.mpsv.cz/files/clanky/5467/NAPSI_eng.pdf.

¹⁴ http://wtd.vlada.cz/files/rvk/rzrk/koncepce_integrace_en.pdf.

¹⁵ National Action Plan on Social Inclusion 2004-2006; http://www.mpsv.cz/files/clanky/5467/NAPSI_eng.pdf (accessed 28.9.2004).

¹⁶ National Action Plan on Social Inclusion 2004-2006; http://www.mpsv.cz/files/clanky/5467/NAPSI_eng.pdf; (accessed 28.9.2004).

¹⁷ http://www.eumap.org/reports/2002/minority/international/sections/czech/2002_m_czech.pdf. 'Assessment of the Concept of Governmental Policy Toward Members of the Roma Community Supporting their Integration into Society'. *Minority Protection in the Czech Republic*. Open Society Institute 2002.

Health Assistants as Part of the Social Field Workers Program

A proposed comprehensive program of field health assistants ties into the social field workers program, itself classified as an 'equalisation measure'.¹⁸ Officially part of this social field work program, the pilot health project consisting of a single one health assistant co-operating with a paediatrician has been in operation for three years in the city of Ostrava.

The main role of health assistants will be to serve as a means of improving communication between patients and doctors. Given the problematic housing situation faced by many Roma – including the issue of people living in different places to those in which they are officially registered – the health assistant is to “keep track of families and make sure that reminders relating to infant vaccinations are delivered”¹⁹ and inform Romani families about fundamental hygiene, nutritional and health issues. It also aims to establish trust between the doctor and the patient. At present, these tasks are performed by NGO workers.

Over the past few years, however, the Czech Ministry of Health had reportedly been unresponsive of any positive measures taken with respect to the Romani community. According to Czeslaw Walek, head of the Office of the Council for Roma Affairs, and confirmed by Lydie Poláčková, member of the Council for Roma Affairs and a Romani Advisor, the launching of the pilot project was a “victory which was possible only thanks to the support and initiative of a private hospital in Ostrava.”²⁰

Currently, plans for enlarging the pilot scheme are being discussed as part of a major revision of the Concept for Roma Integration for the period 2005-2007. Implementation of the enlarged program will depend on the actions of regional and local government offices. There will be an open tender process for projects under the enlarged program. It is questionable whether this formalised framework of selection will function in the present vacuum surrounding Roma health issues. As one of the members of the Council for Roma Affairs said, “we seem to be unable to make the local council understand what the advantages of a social field worker are and I imagine that the attempt to establish a health assistant will meet with no less suspicion.”²¹ Many municipalities do not rank investment in social work as particularly important among their commitments, often because they have little information that might suggest otherwise; in many cases the chief problem is that they cannot see such a budgetary investment as being profitable – either financially or politically.

With respect to the problem of substance abuse, the Council for Roma Affairs in cooperation with the Council of the Government for Drug Policy Coordination²² supports and monitors a number of programs running under the auspices of a number of civil organisations. While these programs frequently have an educational basis, rather than a basis in general health – indeed they are not explicitly mentioned in the health section of the 2004 Concept although it is likely that they are implied in the need of establishing more ‘half way houses’ – they do constitute an important aspect of health. Civil organisations Sananim (Prague),²³ HOST (Plzen) and Hvezda (Prague),

¹⁸ *The Program of Field Social Work was initiated in 1999 and was aimed at providing families with a guide who could assist them with access to local services and activities as well as could help initiating communication between clients and providers.*

¹⁹ *Interview with Lydie Poláčková, member of the Council for Roma Affairs and a Romani Advisor. Ostrava, August 2004.*

²⁰ *Interviews with Czeslaw Walek, head of the Office of the Council for Roma Affairs, and confirmed by Lydie Poláčková, member of the Council for Roma Affairs. August 2004.*

²¹ *Telephone Interview with Radek Horvát, member of the Council for Roma Affairs in the region of Central Bohemia. September, 2004.*

²² <http://www.drogy-info.cz/english>.

²³ <http://www.sananim.cz/en/index.php>.

are the major three cooperating bodies involved in programs reaching out to provide better training for Roma and non-Roma field workers in order to prepare them for team activities and direct work with clients and provide them with the means of carrying out preventative work and research.²⁴

Further Needs to Extend Roma Health Policy

Mention of Romani women in the 2004 Concept for Roma integration is scant. Education on sexual and reproductive health currently depends on the capacities of NGOs and the good will of field workers. As one of the Regional Coordinators for Minorities noted, educational activities do not, however, solve the problem of exclusion, which Romani women encounter in under-equipped doctors' facilities and clinics. The revised Concept for Roma Inclusion for 2005 will apparently focus on women's health as a specific issue and will include a number of suggestions regarding reproductive and sexual health. Whether it will be possible to consistently formulate and implement the future policy on reproductive and sexual health is however highly questionable for 'owing to the lack of statistics no objective data are available on specific problems of Roma women.'²⁵ The question thus arises whether the policy-making body deems NGO's qualitative knowledge of the situation to be as valuable and relevant as the lacking quantitative data. According to a staff member of the Prague Open Society Foundation Gender programme,

it is also believed that there can be little hope that this aspect of health will become a matter of direct concern unless, by means of a public discussion of problematic and alarming cases, the government is made responsive to this issue. A case in point is the recent debate in the Czech society on the issue of coercive sterilisations of Romani women,²⁶ which may bring reproductive health more into the forefront of policy-making.

While educational projects may be effective in partly improving the health situation of the Roma, NGO leaders point out that there is considerable need to invest directly into domestic infrastructural developments. Hygienic conditions are very closely connected to quality of housing. Lydie Polačková, a member of the Council for Roma Affairs in Ostrava, herself having worked in health care, stated: "our priority is the building of social housing in Ostrava. One cannot only advocate for health when people don't even have a suitable place to live... We have even registered our own company in order to start solving the housing situation." There is a general tendency to point out that the situation among the Czech and the Slovak Roma is different, since the former live in urban areas while a large proportion of the Slovak Roma live in isolated settlements. For both, however, the poor health situation presented by life in severely overcrowded housing can only really be solved through decreasing the level of overcrowding and providing necessary sanitary infrastructure. Access to clean and safe drinking water, infrastructure providing power for cooking, heating and lighting, and functioning waste and sanitary facilities

²⁴ *In cooperation with other organisations, the organisation Hvezda runs the project Roma Field Work (ROR – Roma Out Reach), and a project Baterie which includes the creation of a cartoon about Romani and non-Romani field workers, clients, their families. Organisation Sananim participates in the activities of the Sastipen Network whose objectives are to acquire "updated and systematic information on the health status of the Roma in Europe; information that allows for the design of action plans and programs tailored to the needs of these groups. Furthermore, the idea is to use this tool to evaluate the changes that occur within this sector of the population."* Website: <http://www.fsgg.org/sastipen/isirs-en.htm> (accessed 4.10.2004).

²⁵ Joint Inclusion Memorandum (18 December 2003, Brussels). <http://www.mpsv.cz/files/clanky/5150/memo.pdf> (accessed 20.9.2004)

²⁶ *For more information on the issue of coercive sterilisation of Romani women in the Czech Republic, see: European Roma Rights Center: UN Committee against Torture Urges the Czech Republic to Investigate Alleged Coercive Sterilisation of Romani Women, at: <http://www.errc.org/cikk.php?cikk=1988&archiv=1> and article on coercive sterilisations of Romani women in the Czech Republic by Claude Cahn on p. 105 as well as the response of the Czech Government Commissioner for Human Rights to ERRC action on coercive sterilisations of Romani women in the Czech Republic on p. 111 of this issue of Roma Rights.*



A Romani child in Pätöracka, eastern Slovakia, where approximately 500 Roma have made their home amid an abandoned iron and mercury mine.

PHOTO: JULIE DENESHA

affect health and many other aspects of lifestyle. Domestic sanitary standards and overcrowding increase the risk of diseases like hepatitis. Genito-urinary problems affecting many women in areas with poor sanitary infrastructure (such as housing equipped with normal flushing toilets with no connection to water, or outside latrines) can be solved simply by developing the sanitary provisions available. Respiratory problems are caused by a number of factors, the majority of which relating to the domestic environment, particularly to poor ventilation and mould growth, both of which are common in poor quality housing.

According to the 2004 Concept for Roma Integration, in the field of housing, “the Government has only limited opportunities of influencing this situation because the issue lies mainly in the domain of local elected authorities”. According to the Act on Municipalities, these are bound to create conditions that would satisfy the needs of inhabitants. While a Program of Supported Housing is seen by the government as a form of affirmative action in this context and is to include provisions of social services, it is striking that the impact of hygiene conditions on emerging health hazards for the Roma community should not be addressed as part of a housing policy.

The 2004 Concept states that a fundamental revision of the Concept is in process and will reflect the new possibilities and duties that arise from both the Czech Republic being an EU member and from the new framework created by the Czech reform of public administration. The 2004 Concept document points out that its primary deficiency is the ‘absence of tools to influence the attitude of local Governments towards Roma communities.’ In order to tackle this problem, one of the priorities for the revised Concept was to propose a draft of an implementation agency which will be a ‘body of people who will approach the local Governments and will motivate them to taking positive action, with regard to financing as well as community planning. They will work together with mayors and other local part-

ners and elaborate community plans and programs for Roma inclusion.’²⁷ Whether this agency will be successful in the future depends on the will and capacities of individual people. It also depends, however, on the formulation of a larger national policy capable of serving as a guideline for more specific local policies.

Slovak Policy and Associated Programs/Projects

Faced with the reported low level of Roma health, poor access to healthcare and mounting pressures from a number of both international organisations and Slovak NGOs in the mid- and late 1990s, the Slovak Government responded with a number of documents relating to Roma health issues. In 2002, the Strategy for the Solution of the Problems of the Roma National Minority and the Set of Measures for its Implementation – Stages I and II was drafted by the Government. The first stage outlined a set of general measures to be implemented, including the area of health. The second stage specifically listed tasks to be carried out in achieving specific goals. Well into 2002, a report issued by the Open Society Institute (OSI) criticised the Government for their lack of commitment to the Strategy and noted that ‘in many cases, implementation either has not started or is still in progress and there has been little evaluation of results to date.’²⁸ The report continued to note that the Strategy does not effectively address serious healthcare problems associated with poor living conditions or limited access to healthcare. It also criticises the Strategy for not having responded to allegations of discrimination in the healthcare sector. The fact that the Strategy did not propose any strategic research or analysis is still fairly representative of the stance of the Government at the time of its publication.

Since the Strategy was ineffective in many areas, and reports of the low level of Roma health and poor access to healthcare continued to be

²⁷ C. Walek, *Head of the Office of the Council for Roma Affairs. Interview on <http://www.romove.cz/cz/klanek/20042> (accessed 30.9.2004)*

²⁸ *Minority Protection in Slovakia. An Assessment of the Strategy for the Solution of the Problems of the Roma National Minority and the Set of Measures for its Implementation – Stages I and II. Open Society Institute, 2002.*

reported by a number of international institutions (such the EU, World Bank, and the UNDP) and Slovak NGOs, the Slovak Government prepared a document entitled 'Basic Theses of the SR Government conceptual policy in the integration of Roma communities in 2003'. This document lists a number of specific tasks and the associated projects or programs designed to achieve them. Most of these projects are already supposed to be in progress, or completed, as indicated in an appraisal document issued by the Government;²⁹ many of these projects are evaluated as their 'task currently being fulfilled' despite the fact that in a number of cases – the most significant being a PHARE funded project described below – certain tasks have ground to an absolute standstill. Thus, the Basic Theses are also a long way from being a representative written 'policy concerning healthcare of the Roma minority'. Other materials available to the public via the website of the Slovak Ministry of Health (MZSR) are very limited in scope and individual project documents make scant reference to their particular position within a larger policy concept.

The Slovak National Action Plan on Social Inclusion 2004-2006³⁰ (NAP), released on the 14th July 2004, is perhaps the document closest to being an up-to-date written policy for Slovakia. It is, therefore, very interesting that while this document includes a section on Roma communities, it does not list healthcare as one of its 'key challenges': instead the list comprises unemployment, educational disadvantage and integration. Under the section on health, the word 'Roma' is missing. The document lists one target relating directly to Roma health: '– to improve the access of the Roma living in segregated settlement to the provision of healthcare services'.³¹ There is no target relating to fighting discrimination within the health service and this is a particularly important point, since this single issue alone is enough

to hamper any other projects and policies aiming to improve the health status of Roma. The NAP document importantly concedes that although a Government strategy for solving the problems of Roma was written and a set of measures for its realisation passed in 1999, the implementation of these policies under the Comprehensive development programme of Roma settlements (2002) and the Basic theses of the SR Government conceptual policy in the integration of Roma communities (2003) is still insufficient. The Basic Theses still best represent the planned concrete actions of the Government at the present time. This is in spite of the fact that a new document 'Priorities of the Slovak Government on the integration of Roma communities 2004' has been formulated, since it does not make any mention of improving healthcare for the Roma.

Programs and Projects

The single largest program currently being implemented by the MZSR is the pilot project 'Improving the access of the Roma living in segregated settlements to the provision of healthcare services' which, if successful, is intended to be broadened out to a much larger scale. Funded primarily by PHARE, the project is supplemented by a financial contribution from the Slovak Government and it runs in conjunction with a program of field health assistants. The project includes providing educational materials to Roma, providing medical equipment and refurbishing ten health centres, purchasing of ten mobile health units with associated equipment, training field health assistants and their subsequent employment in the segregated communities, as well as training local doctors and other local healthcare representatives. The overall aims of the program have been to improve levels of hygiene and general health in the most isolated Romani communities and to

²⁹ *Vládna príloha: Vyhodnotenie základných téz koncepcie politiky Vlády SR (Evaluation of basic 'theses' of the conception of the policy of Slovak Government) Odoslané dňa: 04.07.2004 20:54 <http://www.rnl.sk/modules.php?name=News&file=article&sid=1100>.*

³⁰ Slovak National Action Plan on Social Inclusion 2004-2006. *Report produced by the Ministry of Labour, Social Affairs and Family of the Slovak Republic, Bratislava, 14th July 2004.*

³¹ Slovak National Action Plan on Social Inclusion 2004-2006. *Report produced by the Ministry of Labour, Social Affairs and Family of the Slovak Republic, Bratislava, 14th July 2004.*

reduce their exclusion from healthcare. Since beginning to select municipalities to be included in the project, the total number of these – and the number of field health assistants to facilitate in them – has been considerably increased: current plans suggest that 54 municipalities should be included in the program and these should be served by 38 assistants. The roles of these assistants are to provide education on issues of basic hygiene and health, to collect statistical data, provide basic healthcare, to help with visits to the doctor, and to communicate between the doctor and the patient – for instance, in issuing reminders about child vaccinations.

The project has been stalled at the point of selection of the villages due to financial management problems within the government. According to the MZSR representative responsible for its implementation, “the project was approved to start in November 2004, but the relevant Slovak institution (‘implementation agencies’) within the Ministry of Finance responsible for the implementation of PHARE funds was [...] found in an European Commission audit in June [2004] to be incapable of carrying out its task.”³² This has totally disabled the project: the MZSR must now wait for reassessment of the relevant financial institutions before funding can be made available for this project. It is expected that this will be carried out in November 2004, although no official date has been set. Since the pilot project is set to run from January 2004 to December 2005, this setback presents serious organisational and timing problems to the MZSR.

An external adviser to the MZSR, Peter Tatar criticises the prevailing EU project-funding system, in which he sees responsibility for such programs lost. He makes the point that “the government has been forced into spending half of the project budget on what are unnecessary mobile health units.”³³ In his opinion, these

mobile units are useless because in bad weather they will not be able to reach the settlements and that they would only slightly improve inhabitants’ health, which is mainly influenced by their surroundings.³⁴ Dr Eugen Nagy, an adviser at the MZSR, also voiced opposition to this aspect of the program. He claims that Slovak doctors are not in a position to carry out all kinds of health operations in the field. He stated that, for example, “if doctors are expected to work in the field vaccinating children and a child has an allergic response, the necessary equipment to deal with such an incident may not be available. The doctor concerned is then at risk of being blamed.”³⁵ It is hard to imagine positive results from a project harbouring such a lack of consensus between donor organisations’ decisions and those implementing the project.

According to both the NAP and the Basic Theses, the Ministry of Health shall support several minor educational projects for marginalised Roma communities focused on sexual health (education for reproductive health and family planning, prevention against sexually-transmitted diseases and other issues). It is noted that this education would be carried out in the official language (i.e. Slovak) ‘and in case of need also in the languages of national minorities’. All funding for this program was awarded to the MZSR by the Slovak Government Office. Ms. Škublová from the MZSR explained that initial plans had been for a campaign project but funds awarded for the implementation of the tasks detailed in their application totalled 300,000 Slovak Crowns (approximately 7,500 Euro), herself referring to this amount as a “laughably small sum”. It was then decided that the best use of this money would be designing a small grant scheme, for which NGOs and civil organisations could apply. Of 19 applications, three projects were selected in Detva, Chminianské Jakubovany and Kremnica. At the time of writing, a detailed budgetary summary was available for only one of

³² Interview with Jana Škublová, coordinator of the PHARE project and structural funds, Ministry of Health, Slovak Republic. Bratislava, Slovakia. August, 2004.

³³ Interview with Peter Tatár, August 2004.

³⁴ Interview with Peter Tatár, August 2004.

³⁵ Interview with MUDr Eugen Nagy, Ministry of Health, Slovak Republic. Bratislava, Slovakia. August, 2004.

these projects and, according to a representative of the MZSR, a lawsuit was soon to be filed against the other directors of the project who were apparently no longer replying to the Ministry's letters and email, nor answering their telephones. The authors were advised by the same representative not to attempt to make contact with the directors of this project and were only provided with contact information for the other two with the proviso that it would probably not be worthwhile.³⁶ In any case, attempts by the authors to speak to anyone working on these projects were not successful.

Two educational projects have been designed by the Ministry of Health: 'Intensive education of health workers', mainly GPs, focused on the cultural differences mainly in regions with raised concentrations of Roma communities, and a Complex program of systematic education on human rights for health workers and students preparing to work in this field. With respect to the former, the MZSR had no detailed information on the project design and referred the authors to the Faculty of Public Health (FPH) at the Slovak Health University, the responsible party for implementing the project. In response to the authors' request for information, the FPH stated that there are a number of postgraduate courses in which yearly about 1500 practicing healthworkers take part, and that the issue of Roma health is included in the material taught. Roma healthcare also constitutes a part of certain courses for graduate students of various disciplines. Neither numbers of participants, effectiveness of the courses, nor their content is monitored by the MZSR, which makes an evaluation of the courses impossible.

The second of the MZSR projects on human rights was designed by the FPH and was finally entitled 'Systematic education of healthworkers in the field of prevention of all forms of discrimination, racism, xenophobia, anti-Semitism and other expressions of intolerance.' The project was aimed at practicing healthworkers taking part in postgraduate courses, Roma assistants,

students of public health and nursing, and Slovak citizens. The aims of the project are listed as achieving equality in health for all groups of citizens, elevating the level of knowledge of all categories of healthworkers such that they can inform patients of concepts of informed consent, providing health-related information, and information on the rights and obligations of patients, as well as on "disease-prevention among minority groups". Despite a detailed description of project aims, goals, target groups and indicators, the MZSR has not yet provided funding for the implementation of the project. In theory, the implementation of this action plan should begin in January 2005.

Another project proposed by the FPH aims to gather detailed information about the health situation and lifestyle and environmental conditions of inhabitants of selected Romani settlements in the central and eastern regions of Slovakia. On the basis of an analysis of the data, the FPH intends to elaborate a number of health educational activities and materials for Roma in these areas.

In 2004, as part of the Comprehensive Program for the Development of Roma Settlements, the Slovak Ministry for Work, Social Affairs and the Family (MPSVRSR) began both coordinating and financially supporting the project 'Establishing Personal Hygiene and Laundry Centres'. Financial support from the same Ministry was also provided for the Program of Social Field Workers. The project's duration is not fixed: for 2004 financial resources of 18.6 million Slovak crowns (466,000 Euro) have been allocated, of which 6.6 million Slovak crowns (165,000 Euro) was allocated to the social workers program.³⁷ As of March, municipalities were invited to apply for funds for setting up and equipping 'hygienic centres', up to a ceiling of 80% of purchase costs of the centre.

Although many municipalities applied for these funds and began the process of setting up the centres, the program has been fraught with

³⁶ Telephone conversation with Iveta Krbatová. Ministry of Health, Slovak Republic. August, 2004.

³⁷ Slovak National Action Plan on Social Inclusion 2004-2006. Report produced by the Ministry of Labour, Social Affairs and Family of the Slovak Republic, Bratislava, 14th July 2004. National Action Plan.

problems. First of all, the decision to obtain the funds is the responsibility of the mayor and his delegates, and all subsequent decisions on financing and implementation also rely on their discretion. In cases where these centres have been built, financing has often been slowed down by municipal political process, by incapability or aversion of delegates and mayors, and by infrastructural problems in buildings concerned.³⁸

No projects are currently running or planned with regards to the problem of substance abuse among Roma. The manager of the Centre for Treatment of Drug Dependency (CLDZ) was keen to point out that although the Centre “does not support any form of positive discrimination”, individual Roma had been supported by the Centre in the past, and the Centre undertook work with Romani NGOs upon their own request.³⁹ These past projects were aimed solely at problems with hard drug abuse. The Centre has not worked specifically with toluene abusers for “there is no point in keeping volatile substance abusers in an institute for two months and sending them straight back home. Projects would have to be done ‘in the field’ long-term to have any effect.” Surprisingly, the respondent also stated that “in the Romani settlements there are some problems with volatile substance abuse” but claimed that it is also a problem in general for the lower classes and not just among Roma. This seems to be at odds with informal reports from social workers in Romani settlements, who consider volatile substance abuse a serious problem. The fact that there is no government policy on this whatsoever (i.e. neither for Roma or more generally) is somewhat indicative of a general acceptance of the problem as being a ‘lost cause’.

The one example of current research focused on Roma health, funded by the Slovak National Program for the Support of Health, is an investigation into nutritional habits of the

Hungarian and Romani minorities in Slovakia. Despite being mentioned in various government documents, and its seemingly ‘unofficial’ availability to a number of people, this report is not available to the public. Attempts to contact its author, Dr Ginter, have not received a response. The state of provision of such information to the public is severely hampered by such organisational problems within and between the MZSR and research institutes.

Health Reform

A recent article in the Slovak newspaper SME discusses the problem of Roma access to healthcare and that according to a report written by the International Organisation for Migration (IOM), healthcare is simply not available for many Roma. The report claims that new social and health reforms in Slovakia have worsened the health status of Roma and that Romani children are frequently undernourished. Healthcare is inaccessible to many Roma as a result of the implementation of per visit payments and the health system reform. Mr Roman Krištof of the IOM stated, ‘it has come to the point where a child has died due to an ear infection, although this is a banal illness’. According to him, the problem is due to a lack of both money and ‘social inability to decide to go to the doctors on foot’ and as such, Romani children remain without medical care.⁴⁰

Access to health care is also obstructed by discriminatory attitudes of doctors. According to the MZSR coordinator of the PHARE project and structural funds, Jana Škublová, “There are currently some districts with high Roma populations where doctors are totally absent”. This state of affairs results from doctors not being willing to work in areas where Roma live. Such problems are potentially much more complex and larger scale than can be fixed through direct provision

³⁸ Interview and fieldwork with Martin Fotta, project manager at the *Nádacia Milana Šimečku*, Bratislava, Slovakia. August 2004.

³⁹ Telephone interview with MUDr. Lubomír Okruhlica, manager at the Centre for Treatment of Drug Dependency (*Centrum pre liečbu drogovú závislosť*), Bratislava, Slovakia. September 22nd, 2004.

⁴⁰ Sprava: zdravotníctvo je pre Romov nedostupné. (Report: Healthcare is not accessible to Roma). Page 3. SME 30th September 2004.

of funding through PHARE or structural funds. Both she and Peter Tatár believe that health reform could solve both this problem and go some way towards solving the problem of discrimination. The reform should initiate a system within which the doctors will be paid according to the number of appointments held in their practices and the numbers of patients receiving healthcare, i.e. it would not be a case of just having names registered at their practices.⁴¹ The new system would possibly offer higher pay for doctors working in certain conditions or places where currently no doctors want to work. In such a system, management of the healthcare providers (in this case, particularly GPs) would fall upon the insurance companies.⁴² This ought to result in selective contracting which would encourage doctors to apply for jobs in those understaffed regions such as Rimavská Sobota and Banská Bystrica. It is difficult to know in advance whether financially rewarding doctors for working in Romani communities would truly encourage them to work in these areas, or whether anti-Romani aversion would prevail. The question remains whether or not a system of financial reward may enable individuals to overcome their negative attitudes towards Roma.

An additional factor compounding healthcare problems amongst the Roma is the way in which drugs are prescribed by doctors in both the Czech and Slovak republics. Acting under the pressure of large multinational drug companies, doctors frequently prescribe expensive versions of otherwise potentially common, inexpensive medicines. Under the current system, pharmacists are in no position to advise the patient on a less expensive version of the prescribed drug. While this impacts on society in general, it may have a greater impact on poor Roma, who as a result must either gather the money for the drugs or simply go without it. Additionally, a lack of information relating to these issues leads to Roma having a lower chance of asking the doc-

tor for a cheaper medicine in the first instance. A paragraph in the Czech NAP reads, 'Health care in the CR is provided to all citizens irrespective of social, ethnical, religious, or other status of a patient. Access to health care is guaranteed to all by the fact that each health care unit has an obligation to provide urgent and life saving care. Access to medication is ensured by the existing arrangement whereby in each group of drugs and health appliances there are items which are fully covered by health insurance.' According to Kumar Vishwanathan of the non-governmental organisation 'Life Together', "Romani patients are not always informed about the cheapest alternative as to the prices of drugs which prevents them from following the course of treatment prescribed." This problem also affects Roma in the Slovak Republic. Reform of the health service here should specifically deal with this problem of 'favouritism' when prescribing drugs, such that pharmacists may offer cheaper alternatives.

Shortcomings of Policy-Making and Data Collection

Demographic data

One key problem that currently plagues most policies and programs targeting Roma, including issues relating to healthcare, is the dearth of information regarding their population size. Estimates vary both between and amongst official and external sources. The Czech Joint Inclusion Memorandum states the number of Roma being 12,000 according to the last census in 2001, but immediately makes it clear that the officially estimated number of Roma is 160,000 to 200,000 – these numbers being elaborated from 1972 and 1989 data.⁴³ The Slovak Government in its JIM document quotes population figures obtained from the UNDP, and offers no estimate of its own. In reviewing the literature on this matter of the Slovak republic, at least

⁴¹ *Interview with Peter Tatar, August 2004.*

⁴² *Interview with Jana Škublová, coordinator of the PHARE project and structural funds, Ministry of Health, Slovak Republic. Bratislava, Slovakia. August, 2004.*

⁴³ *Joint Memorandum on Social Inclusion of Czech Republic. Brussels, 18 December 2003. http://europa.eu.int/comm/employment_social/soc-prot/soc-incl/cz_jim_en.pdf.*

ten different Romani population estimates exist within an assortment of official Government papers, international donor organisations' materials and media sources. Estimates of Roma population vary between 84,000 and 550,000: this represents a difference by a factor of 6.5. While the authors were completing this report, the Slovak Plenipotentiary for the Roma Community, headed by Klara Orgovánová, held a press conference on the issue of Roma population size in Slovakia.⁴⁴ The Plenipotentiary announced the results of research that had been carried out across the country into the number of Slovak citizens considered by the Slovak white majority to belong to the Roma minority. Numbers were taken from municipal mayors and other representatives in all the municipalities considered to have a Roma population (more than 1,000). The estimates resulting from this research list the number of Roma in Slovakia to be about 320,000.

With respect to the healthcare provision, low levels of Roma identifying themselves as such through declaration of their ethnic status may result in potentially high levels of error in monitoring, epidemiological studies or any large scale healthcare plans arising from these.⁴⁵

Problems with quantitative data also arise on a different scale: according to Kristína Magdolénová, Director of the Roma Press Agency,⁴⁶ a

major problem common in Romani settlements is in establishing a figure for the number of Romani children not vaccinated. Experts within the Government do not agree on what the correct means of collecting data for such research should be.

Lack of Research on Health and Epidemiology

Recent information on the health status of the Roma is scarce, considerably limited in scope and quality and tends to focus on contagious diseases.⁴⁷ International research focusing on the health of Roma children has been at the expense of studies on the health of Roma adults, which has received little attention. In the case of Slovakia, although general information about the health of the Roma is more readily available than in many other European countries,⁴⁸ it is nevertheless scarce and outdated, with much of it published before 1989. Much of what little information is available has been gathered by general practitioners and NGOs in a non-systematic manner, and it focuses on contagious diseases. Most non-communicable diseases have not been studied at all.

The single largest Czech research project, Determinants of health of the Roma in the Czech Republic,⁴⁹ allegedly the basis for the formulation of a Roma health policy, lasted for three

⁴⁴ *Úrad Splnomocnenkyne pre Rómsku Komunitu press conference. Bratislava, Slovakia. 30th September 2004.*

⁴⁵ *See also Bjerkan, L. and Huitfeldt, A. 2004. Roma minorities in the Czech and Slovak Republics: Development of a social survey methodology. Fafo-paper 2004:18.*

⁴⁶ *Interview with Kristína Magdolénová. Director of Roma Press Agency, Košice, Slovakia.*

⁴⁷ *"Most of the published literature dealing with the health of Slovakia's population concentrates on a high dissemination rate of contagious and venereal diseases among Roma." IOM, Social and Economic Situation of Potential Asylum Seekers from the Slovak Republic, 53. See also Hagióff, S., McKee, M., "The Health of Roma People: A Review of the Published Literature". Journal of Epidemiology and Community Health (2000), vol. 54: 864- 869. In On the Margins – Roma and Public Services in Slovakia. Zoon, I. Ed: Templeton, N.E. Open Society Institute, New York, 2001.*

⁴⁸ *According to recent reviews of published literature, 70 percent of all available information on Roma health comes from Spain, the Czech Republic and Slovakia. Hagióff, S., McKee, M., 864-869. In On the Margins – Roma and Public Services in Slovakia. Zoon, I. Ed: Templeton, N.E. Open Society Institute, New York, 2001.*

⁴⁹ *Nesvadbová, L., Rutsch, J., Kroupa, A., Janečková, Hana, Schneiberg, F., Křížová, Eva, Kožnerová, Jana: Determinanty zdraví romské populace v České republice 1999-2001. (The Determinants of the Health of Roma in the Czech Republic 1999-2001), in Praktický lékař, 2003, roč. 83, (3).*

years and was completed in 2001. The research presents a number of problems. First of all, it was originally aimed at finding out a correlation between social status and ethnicity, but according to the researcher responsible for this work, the main problem in the Czech Republic is the lack of demographic data, and as such it is difficult to guarantee the representativeness of any of the results. Secondly, the final presentation of the research is largely criticised both in terms of the 'epidemiological' and sociological issues treated and in terms of its recommendations for future action. In a similar vein, this research has been criticised by those working in the sector as academic and unrelated to the immediate problems facing Roma with respect to health.

Additionally, it would appear that although this document is ostensibly the only concrete state-funded research on which health policy, outlined in the Czech 2004 Concept for Roma Integration, is based, there is in fact very little correlation between these two documents. It is possible that other sources may have been used in preparing the 2004 Concept, but the authors' experiences of being repeatedly referred to same person responsible for the research (who, incidentally, does not seem to be willing to be so much involved in the follow-up of this research and seems uncomfortable with the role of an advisor on Roma health issues) suggest that there is a lack of human capacity in the state structure and a communicative/coordinative problem between the various institutions.

The Czech National Plan on Social Inclusion 2004-2006 states that 'a lack of relevant and verified information' about the Roma communities is a major problem with respect to improving the national, regional, and local policies. In order to tackle this situation, the government was only recently provided with a long-term plan of comprehensive sociological field research directed at mapping situations in Roma communities. However, it is not clear

whether this plan incorporates any research that would provide more comprehensive information on Roma health than the Determinants of the Health of Roma in the Czech Republic.

The continued lack of research on non-contagious disease among Romani populations is covering serious health problems within some communities. According to a social worker in eastern Slovakia, in one settlement near Prešov, Slovakia, even "...simple things like going to the toilet are painful. Everyone suffers from bladder and urinary infections... the Roma are not aware of its being curable since all of them have the same problems. Only if it really hurts do they take some tablets... And the doctors are not interested."⁵⁰

Owing to the lack of hard data concerning health problems facing Romani communities, certain themes may gain significance in state policies, despite that they may not in fact be related to the situation in the field. For example, the final report to the Slovak government as part of the PHARE Twinning program comments that one of the risk factors dictating the poor health status of the Roma is 'sprawling drug dependence resulting in higher risk of HIV infection and B and/or C hepatitis.'⁵¹ Another government document published the same year also refers to this spread of drug dependency and associated HIV risk.⁵² In both reviewing the literature and carrying out interviews with social workers in several villages in eastern Slovakia, very little mention was made of injected drug dependence and, in one case, it was pointed out that anti-drug campaigns in high schools focus on injected drug dependency. In the case of Hermanovce, such a campaign was seen as having totally missed the point, since Romani children had no exposure to intravenous drugs. In this particular settlement, substance abuse problems among the youth were confined almost exclusively to volatile substance abuse, specifically toluene sniffing.⁵³ Extremely harmful, addictive and severely debili-

⁵⁰ Interview with Paula Tománková, a social worker in Hermanovce, Slovakia. September, 2004.

⁵¹ Phare Twinning Covenant 'Improvement of the Situation of the Roma in the Slovak Republic'. Final Report. December 2003.

⁵² Basic theses of the SR Government conceptual policy in the integration of Roma communities in 2003.

⁵³ Interview with Paula Tománková, a social worker in Hermanovce, Slovakia. September, 2004.

tating, volatile substance abuse particularly affects impoverished and isolated communities and yet does not feature in school anti-drug campaigns, any government materials, or programs on the state of health of the Roma.

Lack of Acknowledgement of Discrimination

Although outright racism towards the Roma is not disguised at all in certain Slovak hospitals (e.g. hospitals with segregated wards for Romani and non-Romani women; ‘journalists who visited hospitals saw how Roma women were grabbed and physically coerced by a doctor into telling the journalists how ‘well’ she was looked after by him’⁵⁴), in the Czech Republic, discrimination is much less openly visible and thus potentially operates at quite a different level.

A non-discriminatory approach to healthcare, which assumes equal treatment of all in its provision, constitutes a state obligation under international law. The Organization for Security and Co-operation in Europe High Commissioner on National Minorities noted in a report in 2000 that, despite the heterogeneous nature of the problems facing Roma, one problem that faces them ‘is plainly warranted: discrimination and exclusion are fundamental features of the Roma experience.’⁵⁵ A publication prepared by the European Monitoring Centre on Racism and Xenophobia suggests that ‘various Government strategies attribute the poor state of Romani health almost entirely on the Roma, appearing to ignore the cumulative significance of discrimination for limiting access for Roma to a wide range of goods and services.’⁵⁶ The report then uses as an example the ‘Strategy of the Government of the Slovak Republic for the Solutions of the Problems of the Roma National

Minority’, which attributes the poor health status of the Roma to their lack of education, their dietary habits, and substance abuse. The strategy fails to acknowledge that discrimination may play a major part in the poor health of the Roma and, perhaps more importantly, does not address the fact that in not tackling discrimination, the effectiveness of any state implemented program or project is severely hampered. The document entitled ‘Basic theses of the SR Government conceptual policy in the integration of Roma communities in 2003’ also has a very limited scope for coming to terms with the role played in healthcare by discrimination against Roma. A list of ‘major determinative factors contributing to a lower health status of the Roma population’ includes lower educational level, low standards of personal and communal hygiene, unhealthy eating habits and substance abuse. Although a considerable portion of the same document highlights the fact that the Roma are – from human-rights and constitutional perspectives – being illegally prevented from experiencing equality in provision of healthcare, the document does not directly correlate this to the low health status of the Roma community.

This attitude is also extended to a lower level of the major health program in Slovakia: the Standard Summary Project Fiche issued for the project ‘Improved Access to Health Care for the Roma Minority in the Slovak Republic’⁵⁷ claims to propose solutions that will ‘improve the access of Roma in the target regions to health care’ and ‘enhance their knowledge and consciousness about healthy lifestyle.’ In describing the causes of poor health amongst the Roma, the report cites ‘lack of education, segregation, and poverty’. While this document recognises the existence of discrimination in the healthcare system, instead of conceding that such discrimination may represent one of the most important key barriers

⁵⁴ Interview with Vanda Durbáková, Senior staff attorney and project coordinator at the Centre for Civil and Human Rights (Poradna pre občianske a ľudské práva), Kosice, Slovakia, September 2004.

⁵⁵ Report on the Situation of Roma and Sinti in the OSCE Area. *Organization for Security and Co-operation in Europe High Commissioner on National Minorities, 2000. p 3.*

⁵⁶ Breaking the Barriers – Romani Women and Access to Public Health Care. *European Monitoring Centre on Racism and Xenophobia. European Communities, 2003. p 94.*

⁵⁷ *Standard Summary Project Fiche (CRIS number: 2003-004-995-01-06) Prepared by the Ministry of Health SR, 2003.*

in establishing communication and improving the health situation of Roma, it considers the discriminatory approach of health workers as merely adding to the problems.

A number of problems relating to discrimination in healthcare provision are exacerbated due to the system by which individual hamlets in Slovakia are registered at hospitals of municipalities that may actually be further than a hospital of an alternative municipality. In Richnava, a settlement to which Roma complain ambulances often do not come when called, 'inhabitants are registered under the authority of Gelnica, but this is much further away than the hospital in Krompachy. Instead of going to the further hospital, they go to Krompachy. They are not turned away because the law prohibits that, but it is made clear to them by the negative attitude and behaviour of the staff that they are particularly not welcome there.'

Low health status among Roma is frequently ascribed by the state and the media to lifestyle and cultural factors. For example, a community of Roma might be described as having 'low levels of personal hygiene' instead of describing the lack of sanitary amenities available to them. This effectively serves as an attribution of blame onto the Roma themselves, and acts as a smokescreen for the discrimination and racism that may underlie poor provision of healthcare or lack of sanitary infrastructure in a Romani community. This approach serves to distract policy makers from the very real issue of discrimination within health services. The attribution of blame is compounded by a culture – amongst both Roma and majority alike – that very seldom criticizes its health professionals. For a number of historical and cultural reasons, doctors are frequently held to be incontestable in their decisions, and infallible in their deductions. Where health professionals hold racist motives for their poor provision of services to the Roma, it is very unlikely to be accepted by the majority that such an attitude might be wrong; it is also likely that Roma patients treat-

ed in such a way would seek to inform someone about the doctor's behaviour.

In Slovakia, expressions of blatant racism on the part of the doctors have often been described by Romani patients, human rights activists and NGOs. In the Czech Republic, the majority of the Czech respondents denied that open racism would be a crucial obstacle in communication between doctors and Romani patients, but as a member of the NGO Drom in Brno noted, "there is a certain ethical codex adopted by medical practitioners, yet certain people have more experience with how easily it can be forgotten."⁵⁸

One particular point in case of discrimination and distrust is in children's healthcare. A number of the Czech respondents, mainly – though not exclusively – NGO workers, agreed that mothers are often unwilling to take their children to doctors or leave them in quarantine because they are afraid of having them taken away and put into state care. It may be this vicious circle that prevents some children from obtaining proper treatment. One NGO respondent highlighted a case in Krompachy, Slovakia, in which 'complaints circulated about the brutal treatment of Romani children by a certain medical practitioner. People started to avoid seeing him and began to prefer to address medical problems themselves.'⁵⁹

Communication of Policy and Projects to the Public

There is a serious problem with information provision to the public. The Czech and Slovak populations receives all information on Roma issues via the majority press, which tends to portray the health problems of Roma as a problem for the majority only in terms of increased risk of communicable disease. The health ministries of both the Czech and Slovak Republic so far have made little attempts to present to the public results of research or the value of improving healthcare policy for ethnic minorities.

⁵⁸ *Member of the NGO Drom in Brno. Respondent wishes to remain uncited.*

⁵⁹ *Interview with Vanda Durbáková, Senior staff attorney and project coordinator at the Centre for Civil and Human Rights (Poradna pre občianske a ľudské práva), Kosice, Slovakia.*

There is no central point of access to information or documents in the Slovak or Czech Republics relating to Roma and health, and very limited materials in the Romani language. The Slovak JIM states that: Public awareness of the Roma issue as a question that concerns society at large is still not very apparent. This results in deepened prejudice against the Roma people and in the separation of the Roma from the majority society. This in turn increases discrimination and makes the implementation of any programme more difficult. Future priorities include the development of programmes up to the point of implementation, and the extension of such programmes to include all members of the Roma ethnic minority who are at risk. At the same time, legal provision should be made for dealing with discrimination directed against the Roma in society.⁶⁰ In terms of healthcare issues relating to the Roma and programs or projects implemented in the effort of solving them, communication to the public appears to be extremely limited. Other than some documents relating to these programs having been made available on the Internet, no provision has been made to communicate these projects to the public at large.

Communication problems are not only visible in the way that information on policy and programs is not passed on to its potential recipients. Lack of communication is striking between the central decision taking bodies and local representatives; as is the case in many newly decentralizing states, information not always reaches local government representatives but also, as the head of the Office of the Council for Roma Affairs Czeslaw Walek himself stated, there is no feedback to the ministerial-level, or information provided on the effectiveness of programs and activities that are being decided by municipal-level Government.

As for communication between the doctor and the patient, a seemingly logical necessity, many NGO workers pointed out that a majority of Roma patients are unable to orient themselves in the ever-changing healthcare system and their confusion is hardly ever met with patience on the

part of the doctor. While active NGOs in both of the countries have high hopes with respect to the future health assistants, it is questionable whether the situation will change in small municipalities with less emancipated Roma populations and no active NGO presence. Local authorities may be considerably discouraged from working on projects relating to the improvement of Roma health specifically for the reason that this area has such a low profile.

Conclusions

Monitoring of Roma access to health services must be improved in both Czech Republic and Slovakia. The state of affairs at the current time is seriously affecting both effectiveness and appropriateness of research and project proposals, it is obscuring the true importance of Roma health issues, and it encourages continued, poor majority-media representation of the Roma. In the current absence of high-quality quantitative data, research yielding quantitative information must be carried out by responsible parties and be focused on relevant topics. In both the Czech and Slovak republics, the transition to needs-led research within academia is still far from complete: the small degree of work carried out at the present time is poorly funded, and is supported by a culture of research for research's sake. Personal authorial responsibility for research that has been carried out is essential, particularly when work has been carried out with government funds or as a constituent part of a state project. The authors met with considerable difficulty on several occasions in obtaining reports summarising project findings, and those responsible for these reports were reticent to discuss their research, unavailable for comment completely, or had a very limited amount of interest in the way in which government had subsequently used their findings in future policy-making.

The means of communication between those managing projects and the field and those coordinating projects in the ministries needs to be reconsidered. As the coordinator of PHARE

⁶⁰ Joint Inclusion Memorandum. Slovak Republic.

projects at the Slovak Ministry of Health pointed out, all official communication must be carried out by post, which takes a considerable amount of time. Streamlining of the communication process between field project managers and civil servants could lead to better timeliness in project implementation, greater efficiency in the use of financial resources and a clearer idea of any individual project's process relative to its goals.

Improved communication between the various ministries and governmental levels is essential

in improving the effectiveness of healthcare policies on Roma. Projects and programs are all too often slowed down by a lack of appropriate planning and cooperation between different government bodies. As the current plight of Roma becomes clearer through appropriate research, efforts to support integration and lower levels of poverty-risk should become a priority at all levels of government; improved levels of health status and equality in access to healthcare provision should serve as keystones in this broader development process.



Reflections on the Access of Roma to Health Care

Ivan Ivanov¹

HEALTH IS A COMPLEX PROCESS and should not be seen only as condition of absence of diseases. One concept of health launched by the World Health Organization (WHO) at the 1986 Ottawa Conference defines health as including the following components: “the capacity for each human being to identify and achieve his/her ambitions, satisfy his/her needs and be able to adapt to his/her environment, which should include decent housing, normal access to education, adequate food, stable job with regular income and sufficient social protections”.²

Social exclusion of Roma in Central and Eastern Europe is a major factor which conditions their lack of access to the prerequisites for good health as defined by the WHO. Moreover, widespread prejudice and discriminatory treatment by medical practitioners and health authorities has a significant role in depriving Roma of access to adequate health care. Access to health care should not be seen as something which Roma should apply for or something which depends on the good will of the health authorities. Access to health care is a basic human right and a key element in ensuring better health. Ensuring an equal standard of health for Roma is a process which cannot be separated from eliminating the barriers to access to adequate housing, social protection, education and employment. This process is achievable only through a multi-sectoral approach to the issue of Roma health, meaning that access to all other basic human rights should be ensured as well.

In this article I will outline some major barriers for Roma equal access to health. I have become aware of them both in the course of my medical

practice and in my work as an ERRC attorney, dealing among others with cases of discrimination of Roma in access to health. As a paramedic working at an emergency unit in my hometown of Haskovo, Bulgaria, I was responsible for three villages with high numbers of Roma. The main problems I have identified were poverty among Roma and a reluctance to seek medical help due to fear of negligent treatment and/or humiliation by non-Romani doctors. Once I diagnosed a health problem of a Romani patient, I would prescribe a medicine. The Roma would often ask me how much the medicine cost and if possible to prescribe something cheaper because he or she could not afford to buy a costly medicine. Then I faced the dilemma: should I prescribe a cheaper medicine which is less effective but affordable for my patient, or a more expensive one, which is also more effective but in order to get it, the patient would have to walk 3 kilometers from the Romani settlement to the village and then take the bus for another 20 kilometers to the city pharmacy? In many cases I chose to prescribe the cheaper medicine although the treatment would take longer and it was likely that the patient would question my professionalism in case there was no immediate effect. In this case, however, I was sure that the Romani person would buy the prescribed medicine, while I knew that if I prescribed the expensive medicine, the Romani patient would not go to the city because he/she cannot afford the cost of the medicine and the transportation, and most likely the illness would become a chronic condition.

In a number of cases, when I diagnosed a Romani patient and recommended that he/she seek specialised medical examination or labo-

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² *Toward a New Public Health, Ottawa Conference, WHO, Geneva, 1986.*

ratory test, I realised that my patients were reluctant to do so due to fear of humiliation and an arrogant attitude on the part of the medical personnel. For example, Ms G.A., a Romani woman living in a village near Haskovo, was pregnant for a second time when I advised her to visit a specialist in the main hospital of the city. She refused to go because every time when she went to the hospital for regular medical control she was verbally abused. She complained that the medical staff made humiliating jokes about her and sometimes they even slapped her on the face when she was trying to resist because of a strong pain during the examination.

In another case, a Romani man who injured his hand at his workplace went to the clinic in Haskovo to seek medical help. The doctor was rude to him and told him that Roma are irresponsible, drink all night and in the morning go drunk to work. The man was offended. He tried to explain that he did not drink at all, but the doctor became aggressive and told him that he did not believe him and that Roma did not take care of their own health. After this incident, this Romani man always refused to go to this hospital and asked me to treat him in my office.

High levels of poverty among Roma have a deleterious effect on their health status, not only because Roma do not have enough money to buy medicines. Poverty affects their entire life, causing permanent stress as a result of the insecurity of a life without means; many Roma suffer chronic poor nutrition and live in precarious housing conditions. Romani settlements have substandard and sometimes inhuman living conditions which are often themselves the cause of diseases. Romani settlements are usually located on the outskirts of the city or village with no infrastructure and limited access to public services. They lack clean water, electricity, sewage system and access to roads. Moreover, for some isolated Romani communities, health care facilities are practically out of reach due to lack of such facilities in the settlement and lack of public transportation connecting the settlement to the nearest town or village. Such settlements are not regularly visited by health care workers, because of poor roads and

often because of the refusal of the medical staff to work with Romani patients.

In some countries health insurance policies have created great barriers for Roma and have a disproportionate impact on Roma. In Bulgaria for example, for the socially vulnerable health insurance is contingent on the system of social benefits. As long as a person is entitled to social benefits he/she is also entitled to health insurance provided by the state. Many Roma do not receive social benefits, regardless of the fact that they fall in the category of the socially vulnerable, and consequently do not qualify for health insurance from the state either. Many unemployed Roma for example are not registered as unemployed in the respective services due to a range of reasons, including discriminatory refusal by the respective authorities to register them. Such persons also do not have access to health insurance. Roma who do not have health insurance avoid seeing a doctor because they cannot afford to pay for the check-ups. The lack of adequate information and knowledge among Roma is one of the main reasons for Roma to be administratively invisible.

Roma access to health care is further limited by unprecedented discriminatory attitudes on the part of many medical practitioners. Often the perception among non-Roma is that Roma are the main source of infectious diseases or that they are more exposed to infections than other groups and are responsible for spreading these diseases. Many doctors, nurses and other medical workers feel hostility towards Roma. It is a real problem in some Romani communities where GPs refuse to assign Roma as their patients. Roma who do not have personal doctors have very limited access to specialised medical treatment. In Bulgaria for example, if specialised treatment is not prescribed by a GP, the patient should pay for it. In most cases the cost of such treatment is prohibitive for Roma.

Segregation of Roma in medical facilities is also a serious barrier to effective and adequate medical treatment. Segregation in hospitals and maternity wards is a common practice in many countries in Central and Eastern Europe. Romani



*Romanian Roma who were expelled from
the camp on Via Di Carafa in Rome, Italy,
on June 10, 2003.*

PHOTO: STEFANO MONTESI

patients are often placed in Roma-only rooms and sometimes use different bathrooms and eating rooms than the non-Romani patients. Many Roma complain that they have been intentionally segregated by the hospital staff and they believe they receive lower-quality medical treatment and less attention than non-Romani patients.

Cultural differences can also raise barriers between Roma and the health care institutions. Roma who are not fluent in the majority language are at an automatic disadvantage in accessing health care.

To date, governments in Central and Eastern Europe have not undertaken to implement comprehensive programmes to tackle exclusion of Roma from health care. Government

action tends to focus on preventive health care such as vaccination campaigns or training of medical personnel. The structural problems affecting Roma health, however, remain largely unaddressed. Governments should take a multi-sectoral approach to addressing discrimination, as well as to tackling problems related to social benefits, education, living conditions and housing.

Discrimination in access to health services should be prohibited by law and the implementation of anti-discrimination law vigorously pursued. The approach for elimination of barriers to health care will be more effective if governments include Roma in the process of conceiving, designing, implementing and monitoring the policies and programs aimed at improving their health situation.



Improving Access of Roma to Health Care through the Decade of Roma Inclusion

Heather Doyle¹

Decade of Roma Inclusion

Early 2003 was marked by widespread public debate surrounding the issue of coercive sterilisation and other extreme human rights abuses in relation to Romani women's health. Research by non-governmental organisations determined that the practices of coercive sterilisation systematically applied by the Czechoslovak government in the period of the 1970s until 1990 have not been terminated in the post-communist period. There is significant cause for concern that Romani women in Slovakia and in the Czech Republic are still subjected to coercive sterilisations.²

The health situation of Roma in Central and Eastern Europe is a clear demonstration of the sometimes murky intersection between health and human rights. It is simple to draw a direct link between discrimination within health systems and the health of individuals in such egregious cases as described above. However, as horrid as this abuse of human rights and dignity is – the health of Roma across Central and Southeastern Europe is likely more affected by systematic exclusion from social, economic and political systems. Health is ensured only when there is freedom from discrimination, the right to information is realised, and the right to participate in the social

and civil life of the larger society is guaranteed and recognized by everyone.³

In an attempt to redress these inequities and close the gap between Roma and non-Roma, the Open Society Institute (OSI), and the World Bank proposed the Decade of Roma Inclusion (2005-2015) at a major international conference “Roma in an Expanding Europe: Challenges for the Future,” hosted by the government of Hungary in June 2003. The conference was organised by the Open Society Institute, the World Bank, and the European Commission, with support from United Nations Development Program (UNDP), the Council of Europe Development Bank, and the governments of Finland and Sweden.

At this high-level conference, prime ministers or their representatives from eight countries – Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Romania, Serbia and Montenegro, and Slovakia – formalised political commitments to close the gap in welfare and living conditions between the Roma and the non-Roma and to break the cycle of poverty and exclusion. As part of this commitment, governments agreed to establish specific goals, targets and indicators in four priority areas of education, employment, health and housing. It is expected that by the end

¹ Heather Doyle is Program Coordinator with the Open Society Institute's Network Public Health Program based in New York.

² See in particular: Center for Reproductive Rights and Poradňa pre občianske a ľudské práva. Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom in Slovakia, at: http://www.crlp.org/pub_bo_slovakia.html; European Roma Rights Center. Written Comments Concerning the Slovak Republic for Consideration by the United Nations Committee on the Elimination of Racial Discrimination at its 65th session, August 2-20, 2004, at: <http://www.errc.org/db/00/AF/m000000AF.doc>; and European Roma Rights Center. UN Committee against Torture Urges the Czech Republic to Investigate Alleged Coercive Sterilisation of Romani Women, at: <http://www.errc.org/cikk.php?cikk=1988&archiv=1>.

³ World Health Organization: 25 Questions & Answers on Health & Human Rights. Health & Human Rights Publication Series; Issue No. 1, July 2002.

of 2004, governments will finalise their commitment in Decade Action Plans. The Decade of Roma Inclusion will officially be launched in January 2005.

As national governments and other key stake-holders prepare for the Decade of Roma Inclusion, the time is opportune to explore what has been implemented in the field of health and how these lessons could be applied to Decade implementation.

Health Situation of Roma

Despite the continual lack of solid data, there is general agreement among health and policy experts that Roma suffer from poorer health than the general population. Various studies documenting the health status of Roma have shown a higher rate of vitamin deficiencies, malnutrition, anaemia, dystrophy and infectious diseases than the majority population.⁴ Rates of infant mortality are substantially worse and the life expectancy of Roma is on average ten years less than that of non-Roma. In 2004, UNAIDS announced that Eastern Europe and Central Asia regions were experiencing the fastest growing HIV epidemic in the world. International and national health experts predict Roma will be disproportionately affected by AIDS due to high poverty rates, high mobility, and limited access to social services in comparison with majority populations.

The lack of access to quality medical care continues to contribute to the poor health of Roma. This includes both documented discrimination against Roma in health care settings across Eastern and Central Europe as well as perceptions by Roma of unequal treatment and discrimination. This discrimination and marginalisation is further reflected in the fact that Roma are far more likely to be less educated, unemployed, and live in substandard housing than the majority population in each of these countries. It is these socio-

economic characteristics that are the strongest determinants of Roma health status.

Attempting to address these larger social determinants of health in order to close the gap in health status between Roma and majority populations is an enormous challenge. It is especially complex for governments still struggling with major systems transformations with extremely limited financial resources, including money for health programs. Even if strong willingness exists on the part of the government to address these inequities, it must be recognised that major hurdles exist in the widely entrenched discrimination against Roma in all segments and social strata of these societies.

OSI Network Public Health Lessons Learned in Roma Health

Working in collaboration with the Soros Foundation network in the region, OSI's Network Public Health Program (NPHP) has supported programmes working to improve the health of Roma since 2000. NPHP began activities in Roma Health by sponsoring the seminar Roma Access to Healthcare. Since then, the program has supported nearly twenty local organisations implementing projects to improve the health of Roma in Bulgaria, Macedonia, Romania, Serbia & Montenegro and Slovakia.

Activities supported by NPHP include research projects, community health education initiatives, and the training and integration of health mediators at health centres and hospitals. The program has increasingly recognised that the most effective way to impact Romani health is to work towards comprehensive policy change and implementation that is cross-sectoral and holistic in its approach.

As governments consider programs to meet their Decade of Roma Inclusion goals, it might

⁴ *Save the Children. "Roma Children in Romania. Research Report. Summary." In Final Report to the International Workshop on Roma Children in Europe. Bucharest, 1998, p. 82. Open Society Foundation-Sofia. "Common Health Problems Among Roma – Nature, Consequences, and Possible Solutions."*

be useful to consider some of the lessons that OSI/NPHP has drawn from the past four years of working on Roma health in Central and Eastern Europe.

Pro-Equity Health Policy

First, genuinely pro-equity health policy is needed. A pro-equity health policy is comprehensive and involves ensuring equal access to quality health services. This involves consideration to the delivery of clinical services, management of health information systems, and in the relationship between the health sectors and other policy areas.⁵ A collaborative inter-sectoral approach is crucial to this end. The health of individuals is largely determined by factors outside of the traditional responsibilities of the health sector. For instance, the nutritional state of children is worsened by water-borne diseases as a result of lack of access to potable water. The Decade of Roma Inclusion addresses such challenges through national level Decade working groups. The working groups use a comprehensive approach that could help policymakers respond to the interaction of different sectors and their impact on Romani health. The working groups also provide a mechanism to ensure collaboration and coordination among the Decade's priority areas of health, education, employment and housing. By paying careful attention to the Decade Action Plans for all four sectors, policymakers can ensure that major determinants of health are effectively addressed.

Research and Data Analysis

Policy formulation needs to be based on sound research and consistent data analysis. There have been a number of studies documenting disparities in health conditions between Roma and non-Roma. Research efforts, however, need to be scaled up and study methodologies must include the active participation of Roma communities in design and implementation. National health systems need to incorporate mechanisms

to disaggregate data based on ethnicity into their current census systems. UNDP has convened a Data Experts Group as part of the Decade of Roma Inclusion. This group brings together appropriate government and civil society groups, including national census experts, to put data collection systems into place to monitor Decade Action Plans. More importantly, the Decade has highlighted the necessity to have national census systems capture information on the health status of vulnerable populations so that government planners can make resource and policy decisions based on valid data.

Capacity Building

Building the capacity of Romani organisations and civil society needs to be emphasised and given serious attention. This development principle has received an enormous amount of attention across the international development community. Yet true capacity-building requires substantial time and resources, and donors and governments have not been as successful putting capacity building principles into practice. Representatives from Roma civil society are active participants in most country level Decade working groups and Roma organisations have been consulted in the preparation and planning for the Decade. However, continual efforts must be made to ensure that participation by Roma civil society is genuine and not just token representation. Further, by endorsing the Decade Action Plans, governments will publicly commit themselves to the stated goals, targets and indicators. This provides a mechanism by which civil society can monitor progress and develop advocacy efforts to promote policies that are truly equitable.

Gender and Discrimination

Finally, all programs working to improve Roma health need to address aspects of gender and discrimination in their design and implementation. These two issues are identified as cross-cutting themes of the Decade of Roma Inclusion,

⁵ Vega, Jeanette and Alex Irwin. Tackling Health Inequalities: New Approaches in Public Policy. *Bulletin of the World Health Organization*. July, 2004, 82 (7).

and government working groups have tried to incorporate mechanisms to assess the impact of discrimination as well as differences in health gaps between Roma men and women into the proposed targets and indicators. Other key stakeholders need to ensure that these issues are at the forefront of program planning and implementation. The emphasis on addressing the impact of gender and discrimination should be a key facet in evaluations to ensure that programs are having the intended impact.

Conclusion

There are more than five million Roma in Central and Eastern Europe. Decades of social exclusion and discrimination have resulted in poorer health for Roma than other members of society, leaving Roma more vulnerable to illness and preventable deaths. The process of EU Accession has provided an opportunity for governments and

civil society to capitalise on accession criteria requirements to address these disparities. In many cases, however, these changes have not translated to the expected gains in health and social status for Roma.

The Decade of Roma Inclusion provides a mechanism for governments, civil society and other key stake holders such as the European Union to collaborate on developing a holistic and multi-sectoral approach to address the social exclusion of Roma. The health of Roma depends on equitable policies and programs based on sound research and data analysis. Policy makers need to foster real collaboration with Romani communities and make capacity building a priority with dedicated resources that match its importance. By taking these actions, policymakers and advocates who implement the Decade of Roma Inclusion will do much to establish principles and practices that clearly recognise the fundamental connections between health and human rights.



The Health of Foreign Romani Children in Italy: Results of a Study in Five Camps of Roma from Macedonia and Kosovo

Lorenzo Monasta¹

Introduction

The human rights situation of the Roma and Sinti populations in Italy is, from several perspectives, attaining crisis proportions. The plight of the Roma who arrived from Eastern and Southern Europe throughout the 1990s is of particular concern. The majority of them continue to live in unofficial or official camps throughout Italy.² The precarious conditions within the camps, the lengthy wait for regularisation of status and integration into Italian society, and the lack of co-ordination in policies undertaken by various local administrations call for thorough research into Roma access to social and economic rights in Italy.

Thousands of foreign Roma in Italy live in extremely precarious conditions. Whether they live in official or unofficial camps, Roma often find themselves in highly unsanitary environments. If one takes into account all of the foreign Roma now living in camps or other settlements within Italy (whether originally from ex-Yugoslavia or from other Eastern European countries) the total number of foreign Roma probably stands at over 20,000. Of these, Roma from Macedonia and Kosovo represent some 25-30 percent.

The camps for Roma are often located in squalid conditions on the outskirts of towns and cities. The majority of the camps lack sufficient

personal hygiene facilities and most of the residents live in self-made shacks built out of waste materials. Moreover, it is difficult for many of the Roma to obtain documents which could give them access to housing and other social services available to Italian citizens and long-term residents. These factors have serious health implications for the residents of the camps and in particular for children.

In March 1999, the UN Committee for the Elimination of Racial Discrimination published a report in which the Italian government was criticised for their inadequate efforts to combat racial segregation and social discrimination of the Roma population who are excluded from access to basic services and participation in economic and social activities.³

Few epidemiological studies have investigated the relationship between the prevalence of diseases and the precarious sanitary conditions in the camps. What is more, no epidemiological studies have been found that include camps located in different Italian cities to allow for a comparison. There are studies regarding the various situations of 'gypsies' or 'nomads' in a particular city, but there is little common ground between them with regards to culture, life-style and living conditions. Researchers tend to lump Italian Sinti, Italian Roma, and foreign Roma of different nationality under the terms 'gypsies and

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² Official camps are those formally recognised by municipalities and usually have basic services like water, electricity and toilets. To live in an official camp does not guarantee a decent standard of living or protection in the case of families without a regular residence permit, but it is usually a guarantee against eviction. Unofficial camps are tolerated illegal settlements, often with no services at all, where no protection is granted against eviction and expatriation.

³ United Nations Committee on the Elimination of Racial Discrimination. *Concluding Observations, Italy. 54th Session, 1-19 March 1999. CERD, 1999.*

nomads'. The very use of such terms does not allow for a full understanding of the culture and history of the aforementioned groups. For these reasons, it therefore became important to conduct a study on a population that was as homogeneous as possible, located in various Italian cities.

The results set out in this article are taken from a community epidemiological study on the relationship between living conditions and the state of health of children from 0-5 years of age living in five foreign Romani settlements inhabited by Khorakhané Romá originally from Macedonia and Kosovo.

Population and Methods

Mapping out of all the foreign Roma settlements in Italy gave rise to a list of camps from which those included in the study were selected.⁴ The study was carried out in five camps, chosen for their different characteristics so as to represent the diversity of the country. These settlements, therefore, should not be taken as a representative sample of the various situations in which foreign Roma in Italy live. However, this selection allowed for a comparison between the living conditions and the state of health of the children in different environments and provided a basis for analysing specific policies relevant to the different conditions in the camps. In order to ensure that the population involved in the study was as homogeneous as possible, the only settlements taken into consideration were those inhabited by Roma from Macedonia and Kosovo.

The settlements chosen were: the camp in Via del Poderaccio in Florence, the camp in Via Rovelli 160 in Bergamo, the farmhouse called 'Camafame' in Via Chiappa in Brescia, the San Giuliano camp in Mestre/Venice and the Castel Firmiano camp in Bolzano.

The five camps studied are different in many ways: The time they were set up (ranging from 1990 for the camp in Florence to 1996 for the

camp in Bolzano); their space (from 1500m² in Bergamo to 7500m² in Venice); the number of inhabitants (from over 300 in Florence to 80 in Brescia); the type of housing structure (brick structure in Brescia, self-built wooden bungalows in Bolzano and shacks in Bergamo, Venice and Florence); and the availability of sanitary facilities (unusable communal facilities in Bergamo, facilities for groups of families in Florence, and prefabricated units for individual families in Bolzano).

In gathering information various instruments were used. Before commencing the fieldwork, living in a camp was deemed necessary in order to strengthen contacts and knowledge from the inside, and from this to carefully prepare the research, the definitions and the instruments to be utilised. The fieldwork in the camps was carried out from the 10th of December 2001 to the 7th of March 2002 with a view to reducing the impact of the change in seasons on health conditions. The author conducted all of the interviews.

The main instrument was a questionnaire for a household survey. The questionnaire format was designed to allow the collection of epidemiological information regarding the health of the children, the habits and housing conditions of the families and access to health services.

The mother was the preferred interviewee in each family with children aged between 0-5 years. If the mother was not available, the interviewee chosen was the person who could most fully answer all the questions relating to the children. Where there were no children in this age group, a person was interviewed who could most fully answer the questions in the first part of the questionnaire which contained general questions about the habits of the family and the characteristics of the home. In each city, the interviews were carried out over a period of two or three days to ensure that the period referred to was clearly defined and limited.

Efforts were made to include all the families living in the camps covered by the study. In Florence,

⁴ *Monasta L.* Mappatura degli insediamenti di cittadini non italiani di etnia Rom sul territorio nazionale. *Rapporto di ricerca del progetto. Dipartimento di Studi Sociali, Università degli Studi di Firenze. Giugno 2002.*

Mestre, Bolzano and Brescia some families were not included in the study because it proved impossible to locate them during the period in which the fieldwork was conducted. In Bergamo, several families were left out due to the degree of tension and severe instability – caused by overcrowding and poor hygienic conditions that permeated the camp and obviously hindered the research [Table 1].

unsanitary conditions. Furthermore, precarious housing structures don't always prevent the entry of rats, especially at night, and several attacks on children have been reported. The areas in which the camps were set up were often very poor prior to the construction of the camps and only aggravated the effects of the poor planning, lack of basic services and overcrowding in the camps.

Table 1
Number of families interviewed, of people officially at the sites and covered by the study, by city

City	Interviewed families		People officially at the sites and covered by the study		
	Number	Percentage*	Official	Interviewed	Difference
Florence	52	38%	314	304	-10
Bergamo	16	12%	156	85	-71
Brescia	13	9%	80	75	-5
Venice	24	18%	165	148	-17
Bolzano	32	23%	130	125	-5
Total	137	100%	845	737	-108

* The column indicates the percentage of the total number of families interviewed.

A focus group, in which a guide comprised of eight questions was used, was held in each of the five cities with the mothers of children who had not yet reached their sixth birthday. This technique was used in order to look more closely into the health and illness of children and mothers' attitudes towards health issues. These issues cannot fully be tackled with techniques such as questionnaires and can benefit from assessments made in an interactive setting such as a focus group. These meetings were held in each camp after the interview work had been fully completed. The mothers of the children were identified during the interview and then invited to take part in the meeting.

Main Results and Discussion

Almost all of the camps considered in this study presented degrees of squalor. With regards to Florence, Brescia and Venice, the dumpsites were cleared next to the settlements only after the camps were set up. Aggressive and dangerous rats were seen in Florence, Venice and Bergamo, indicating

The overcrowding in the camps of Bergamo and Florence was not simply a problem of habitability but also of safety. In the limited space of the housing units, highly inflammable materials and poor wiring systems could cause any domestic accident that would be fairly insignificant in a normal house to turn into a tragedy involving dozens of families. A camping gas burner that is knocked over, an electric heater that short circuits or a pan of boiling oil that tips over can destroy an entire settlement in an hour.

All of the camps were equipped with electricity, although in the Florence and Bergamo camps the wiring systems were in critical condition.

Only 39 percent of families had running water at home. Bathing was almost impossible in Bergamo where only two showers in dreadful condition were available; in Florence no showers were provided and in Venice showers were communal. In these three camps there were also serious problems regarding availability of hot water. During winter in Florence, the water pipes often froze, leaving the camp for days without water supply.



Roma in the Largo Camesena camp in Italy, July 23, 2003.
PHOTO: STEFANO MONTESI

Throughout the research work being conducted in the five camps under consideration, 137 families were interviewed [Table 1]. In total, 737 people were included with an average of 5.4 people per family. Fifty-two percent of the people covered in the study were female (380/737).

On average, those interviewed had lived in these settlements – temporary camps both by definition and structure – for almost six years. This is enough time for children to be born, to grow, and to start going to school while their families continue to experience uncertainty regarding their status in Italy and the prospects of their integration into society at large.

The number of minors aged between 0-5 years was 167, distributed amongst 97 families. The age distribution of the children covered in the study is fairly regular, as is the gender distribution, with 48 percent males (80/167) and 52 percent females (87/167) [Table 2].

cording to reports by UNICEF and the World Health Organization (WHO), the percentage of children born underweight in the period 1995-99 was 5 percent. For comparison, countries with 10 percent of children born underweight include Egypt, Iran and Zimbabwe.⁵

The interviewees were asked whether, in the previous 15 days, the children had suffered from diarrhoea, coughing, skin complaints or other illnesses and whether and where the children had been taken to see a doctor with regards to each symptom.

Thirty-two percent of the interviewees (53/165) stated that their child had suffered from diarrhoea in the 15 days prior to the interview. The highest percentage was recorded in Brescia (50 percent, 10/20), while the lowest was in Bergamo (14 percent, 3/21) [Table 3].

No comparable data was found on the child population of Italy, but to provide an example,

Table 2
Demographic characteristics of the children in the study from zero to five years, by city

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Age						
0	14(20)	6(29)	3(15)	6(17)	4(21)	33(20)
1	10(14)	6(29)	3(15)	10(28)	3(16)	32(19)
2	9(13)	3(14)	6(30)	3(8)	4(21)	25(15)
3	16(23)	2(10)	2(10)	7(19)	3(16)	30(18)
4	13(18)	3(14)	4(20)	5(14)	2(11)	27(16)
5	9(13)	1(5)	2(10)	5(14)	3(16)	20(12)
Sex						
Male	34(48)	13(62)	8(40)	17(47)	8(42)	80(48)
Female	37(52)	8(38)	12(60)	19(53)	11(58)	87(52)
Total	71(100)	21(100)	20(100)	36(100)	19(100)	167(100)

Birth weight was recorded in 147 out of 167 children. Ten percent of the children had a birth weight of less than 2.5 kg (14/147). In Italy, ac-

a study of more than 15,000 children under the age of five carried out in Bangladesh in 1999 produced a result of 9 percent (1424/15321).⁶

⁵ *Unicef. La condizione dell'infanzia nel mondo, 2001 – Prima infanzia. Unicef 2000.*

⁶ *Cockcroft A., Monasta L., Onishi J., Karim E. Baseline Service Delivery Survey – Final Report. Health and population sector programme, 1998-2000. Bangladesh. June 1999.*

Table 3*Children who had diarrhoea in the 15 days prior to the interview, by city*

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	23(33)	3(14)	10(50)	11(31)	6(32)	53(32)
No	46(67)	18(86)	10(50)	25(69)	13(68)	112(68)
Total	69(100)	21(100)	20(100)	36(100)	19(100)	165(100)

Seventy-four percent of all the children who had suffered diarrhoea in the 15 days prior to the interview had been taken to see a doctor (39/53). Use of health services was highest in Bolzano and Florence with 83 percent, while Brescia had the lowest use at 50 percent (5/10) [Table 4].

[Table 5]. However, it should be pointed out that the flu was widespread among the children in Brescia and gave rise to diarrhoea, coughing and vomiting.

A lesser number of children were taken to see a doctor in reference to coughing and bronchitis

Table 4*Children with diarrhoea taken to see a doctor, by city*

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	19(83)	2(67)	5(50)	8(73)	5(83)	39(74)
No	4(17)	1(33)	5(50)	3(27)	1(17)	14(26)
Total	23(100)	3(100)	10(100)	11(100)	6(100)	53(100)

With regards to diarrhoea, without considering the San Giuliano camp in Venice,⁷ the survey indicates that the proportion of children with diarrhoea in families that have lived in the camp for more than five years is greater than in those families which have lived in the camp for a shorter period. This result is uniform across all of the children's age groups and in all the remaining four cities. It would therefore be worthwhile to reflect on the possible effects a prolonged period of life spent in a camp would have on health, behaviour and habits.

Fifty-five percent of children had suffered coughing in the fifteen days prior to the interview. The percentage was highest in Brescia (70 percent, 14/20), and lowest in Bolzano (37 percent, 7/19)

(71 percent, 64/90) [Table 6] than with regards to diarrhoea, even if, or perhaps precisely because, coughing is more common than diarrhoea.

Both coughing and diarrhoea are very common symptoms throughout the camps and do not particularly affect children with certain characteristics.

In order to explore the prevalence of asthmatic bronchitis and asthma in general, the interviewees were asked if the children had ever exhibited wheezing or other respiratory difficulties, how many times the problems had arisen in the last 12 months, whether or not the child had ever been taken to see a doctor and what diagnosis had been made.

⁷ *In the case of the San Giuliano camp, the data regarding the number of years spent at the camp does not reflect the real situation: in fact, at the time fieldwork was being carried out, numerous families were transferred to the San Giuliano camp from other camps in the city as a result of a policy of gradual closure of the camps and concentration in one place of families not previously placed in camps.*

Table 5

Proportion of children with coughing in the fifteen days prior to the interview, by city

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	44(64)	10(48)	14(70)	15(42)	7(37)	90(55)
No	25(36)	11(52)	6(30)	21(58)	12(63)	75(45)
Total	69(100)	21(100)	20(100)	36(100)	19(100)	165(100)

Table 6

Proportion of children with coughing who were taken to see a doctor, by city

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	33(75)	6(60)	8(57)	11(73)	6(86)	64(71)
No	11(25)	4(40)	6(43)	4(27)	1(14)	26(29)
Total	44(100)	10(100)	14(100)	15(100)	7(100)	90(100)

Twenty-three percent of the interviewees stated that the child had had wheezing or respiratory difficulties during his or her lifetime (38/165). The highest percentage was recorded in Florence (29 percent, 20/69), followed by Bolzano (26 percent, 5/19) [Table 7].

the most from overcrowding and have the worst health-and-hygiene conditions.

Of the children who suffered from wheezing or other respiratory problems, 92 percent (35/38) had been taken to see a doctor; all the children

Table 7

Children who have had respiratory difficulties or wheezing during their lifetime

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	20(29)	5(24)	3(15)	5(14)	5(26)	38(23)
No	49(71)	16(76)	17(85)	31(86)	14(74)	127(77)
Total	69(100)	21(100)	20(100)	36(100)	19(100)	165(100)

Seventy-four percent of these children (28/38) had had respiratory difficulties or wheezing at least once in the last year, while 21% had had at least four ‘attacks’ (8/38).

in Bergamo, Brescia, Venice and Bolzano and 17 out of 20 in Florence had seen a doctor. This information is significant, both to understand the importance attributed to this symptom and to find out what diagnosis was made.

The percentage of children affected by respiratory difficulties in the previous 12 months is clearly linked with the camp of origin, with the risk increasing by five times if the child comes from Florence or Bergamo. These camps suffer

Of the 35 children who were taken at least once to see a doctor, 14 (40 percent) received a positive diagnosis of asthma or asthmatic bronchitis while another 2 were diagnosed with allergic

bronchitis. All of the other children's respiratory difficulties were attributable to non-chronic health conditions.

Cross-referencing the variables on the diagnosis and on the number of times the child has had respiratory problems in the past year, one can obtain an indication of the prevalence of what is known as 'active asthma': this definition includes all those who have had an asthma diagnosis and have had respiratory difficulties in the past 12 months. In total, 12 out of 165 children are implicated (7 percent) [Table 8].

dren's illnesses. Answers were analysed by category and listed in order of importance. [Tables 9 and 10]

The perception of the inhabitants with regards to the relationship between the health of their children and the living conditions is very clear. On the basis of the camp of origin, the interviewees' answers vary as to the number and the types of "factors of diseases" not sure what this means. The more precarious the living conditions, the greater the number of factors of disease identified.

Table 8

Children with 'active asthma'

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Yes	5(7)	3(14)	0(0)	3(8)	1(5)	12(7)
No	64(93)	18(86)	20(100)	33(92)	18(95)	153(93)
Total	69(100)	21(100)	20(100)	36(100)	19(100)	165(100)

The prevalence of asthma recorded in the camps, as well as the persistence of asthma symptoms, is higher than the nationally recorded data.⁸ Cohort studies have shown that the degree of persistency of asthma symptoms during childhood is linked to the degree of decreased pulmonary function and to the asthma prognosis of the adult.⁹

What is more, the percentage of children with asthma varies according to the housing conditions. The lowest percentage of asthma cases were recorded in Brescia and Bolzano. These are settlements in which no presence of rats was reported nor cases of skin disease. Bergamo, which is the most crowded camp and has the poorest hygiene facilities, also exhibits the highest percentage of asthma cases, followed by Venice and Florence.

Interviewees were asked their opinion with regard to the most important causes of the chil-

As can be seen from a summary of the factors that the interviewees hold to be the causes of illness, there is a wide range of opinions and a good analysis of the factors that could affect the health of children and adults alike. This is an important point as it underlines the fact that the residents have a good understanding of the problems that exist in the camps and therefore it should be easier to promote efforts to improve conditions.

It should be underlined that these categories were created after collecting, and on the basis of, the answers given by the interviewees.

With a few exceptions, the interiors of the living quarters were extremely well looked after and clean. Maintaining one's dignity in the squalid environment of a camp such as some of those studied can be an almost impossible undertaking that requires constant mental and physical commitment.

⁸ *Monasta L.* Studio epidemiologico in cinque insediamenti di rom stranieri: difficoltà respiratorie e prevalenza d'asma in bambini da zero a cinque anni. *Epid Prev (forthcoming)*.

⁹ *A child with asthma but without persistent symptoms will have a higher chance of not having asthma in his/her adulthood compared with a child with asthma and persistent symptoms.*

Commitment is also required in looking after the children who, as pointed out by the mothers during Focus Group meetings, are difficult to keep inside the home. The mothers claim that it is very easy for a child to fall ill in living conditions such as those existing in the camps.

The mothers complained of the lack of opportunity to bring up their children in a more dignified way, in a real house; in their own words, like 'Italian children'. The results of this study identify how entire families who have lived in highly precarious health and hygiene condi-

Table 9

Answers regarding causes of children's illnesses at the camp

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Causes	49(94)	15(94)	7(54)	21(87)	13(41)	105(77)
Nothing	1(2)	0(0)	5(38)	3(13)	13(41)	22(16)
Don't know	2(4)	1(6)	1(8)	0(0)	6(19)	10(7)
Total	52(100)	16(100)	13(100)	24(100)	32(100)	137(100)

Table 10

Categories of answers regarding causes of children's illnesses at the camp

City	Florence N(%)	Bergamo N(%)	Brescia N(%)	Venice N(%)	Bolzano N(%)	Total N(%)
Dirtiness	33(31)	12(35)	4(27)	21(44)	5(21)	75(33)
Cold	34(32)	8(24)	0(0)	9(19)	11(48)	62(27)
Precarious home	4(4)	4(12)	5(33)	8(17)	4(17)	25(11)
Presence of rats	20(19)	1(3)	0(0)	2(4)	0(0)	23(10)
Unclean air	8(7)	4(12)	1(7)	3(6)	1(4)	17(7)
Over-crowding	4(4)	2(6)	2(13)	4(8)	2(9)	14(6)
Stagnant water	4(4)	3(9)	3(20)	1(2)	0(0)	11(5)
Total	107(100)	34(100)	15(100)	48(100)	23(100)	227(100)

Washing a child becomes problematic in view of the difficulties connected with the unavailability of hot water or the fact that the outside bathrooms are unheated.

The camps are seen as a source of squalor and instability, which makes it difficult to raise a family and to look after children as one would wish. The quality of the housing, the humidity, the difficulty in keeping children and the home clean, the lack of playing space for the children, and the difficulty in finding a permanent job while living in the camp are all obstacles faced on a daily basis.

tions, after many years in Italy, plead for normal integration into society. These conditions have a deleterious impact on the health of the children who were born into and grow up in such environments. The critical conditions of life inside the camps create difficulties and increase the degree of prejudice toward the Romani population. Over the years, the rights of these children, and in particular their right to the highest possible standards of physical and mental health, have been systematically infringed.

Since 2001, no systematic actions have been taken by national authorities to solve the

problem of Romani camps in Italy. Some improvement of the living conditions in the camps included in this survey was introduced in 2002 and 2003.¹⁰ However, the general situation of foreign Roma in Italy has not improved in any significant way. New immigrants, mainly from Romania, are being placed again in official and unofficial camps.

In Bolzano, there has been no major change in the last two years. In July 2004, a fire destroyed three bungalows and damaged one. The families that remained without shelter received public housing apartments and one family received funds to repair the bungalow. The actual plan is to intervene and restructure the camp following a proposal from the Fondazione Michelucci from Florence.

¹⁰ *In Florence a new camp, with prefabricated houses, was set up in July 2004 for the families of the Poderaccio camp: the new “village”, still a temporary solution, less than 100 metres away from the old camp, has not been accepted well by the Roma. In the last two years, some families have been able to move to public housing apartments. The Poderaccio camp, a “transitory” solution that lasted 14 years, will be demolished and rebuilt to host the families who are now living in the Masini illegal camp. In Bergamo there has been a slow process of allocation of public houses that solved the overcrowding problem. In February 2003, new toilet facilities were built, but the hygienic conditions remain critical. In Venice, the San Giuliano was closed in 2003 concluding a project that demonstrated that a sustainable way out from “campland” was possible when institutions and NGOs work and plan together with the Roma. In two years, starting in 2001, two camps have been closed and housing solutions – public, private, renting and loans for buying – for all of the families have been found. The Camafame farmhouse in Brescia was closed in early 2003. It was declared uninhabitable after a fire. Some families were moved to another camp and some in regular apartments. Despite this, at the time of this writing, the general situation in Brescia remains precarious and tense, also because of the arrival of Romanian Roma in the last few years. In Bolzano, there has been no major change since the fieldwork in early 2002. In June 2004, though, a fire destroyed three bungalows and damaged one. The families that remained without shelter, received public housing apartments and one will get funds to repair the bungalow. The actual plan (September 2004) is to intervene restructuring the camp following a proposal from the Fondazione Michelucci from Florence.*



Roma in Finland

Janette Grönfors¹

Background

The largest traditional ethnic group in Finland, the Roma, has been studied extensively from different angles, often to clarify their social, educational and cultural status. With a few exceptions, the studies and surveys have been conducted by non-Roma.

Roma have lived in Finland since the 1500s and perhaps precisely for that reason we feel ourselves to be very Finnish. We have taken part, alongside other Finns, in all of the wars the country participated in. Our mother tongue is Finnish and we are Finnish citizens. We also obtained the status of a traditional Finnish minority in the 1990s.

At the moment, at least 10,000 Roma reside in Finland. In addition, approximately 3,500 Finnish Roma live in Sweden. Regardless of their small number, Roma have been able to preserve and maintain their distinct cultural traditions.

The status of Roma has traditionally been very different from that of the majority. Roma were persecuted in Finland, too, from 1600 to 1800. Efforts to improve the living conditions of Roma began about 100 years ago, when two state committees were created to handle Romani affairs. The committees submitted their findings in 1900 and 1955. Both studies concluded that only an assimilation programme would make the Romani population acceptable for society. This stemmed from a general view that the cultural features of the Roma, such as their language and way of life, were so drastically different that they were not to be supported or maintained. The idea of

promoting diversity, and maintaining the Romani culture, came about much later in Finland.

In 1956 an Advisory Board for Gypsy Affairs was established within the Ministry for Health and Social Services (presently the Advisory Board for Romani Affairs). The most important issues the board dealt with included housing and education, as well as the status of the Romani language and culture. The social and educational status of the Roma has also been supported by the establishment of the Romani Education Unit of the National Board of Education in 1994. Its main goal is to represent expertise in education and culture, and to influence the planning and implementation of educational programs so that the basic and vocational education of Roma could be realised on an equal basis. The National Romani associations (Romano Missio, The Finnish Romani Association, The Finnish Free Romani Mission) have played a key role in improving the status of Roma in Finland.

Roma and Health

The health affairs of Roma have not received the same attention as education and culture. Due to the fact that there are few Roma with higher medical education, there are hardly any studies or surveys on health issues created by Roma themselves. Traditionally, Roma find hospital environments frightening and accept to be treated in hospitals only in emergency situations. The fear stems from the fact that many of us find hospital environments strange and foreign. Even today, many Roma do not use health services as much as the rest of the population, partly because of

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a lack of information. Some Roma tend to keep children at home, partly because mothers tend to stay home themselves. By school age the children have to be sent where? with the rest of the population which is difficult for many families.

It is only during the past 10-15 years that Romani mothers have started using the services which the Finnish state provides for childcare, but still only a small portion of Romani children attend pre-school. This fact may create an obstacle to children's progress at the beginning of their school career.

The effects of the difficult housing situation of the Roma in the 1960s and 1970s can still be seen today on the condition of our elderly and middle-aged. General diseases include (no specific data) cardiovascular diseases and pulmonary problems. On the other hand, we must keep in mind that all cultures see illnesses in a different light. In general, the Roma tend to ignore minor health problems and think of themselves healthy unless illness makes their everyday life too difficult.

An interesting point is that hospital care is regarded as a last resort. It is still part of the Romani tradition that families take care of their sick. The same applies to the elderly or the handicapped; sending them to an institution is uncommon.

It is vitally important that Roma receive enough information on how to take care of their own and their loved ones' health. For Romani women, the National Board of Education's Romani Education Unit, has arranged national health education days which are very popular. The next one will be in the fall of 2004. Even though there are no cases of discrimination in health care, the health care professionals do need topical information on ethnic groups, their cultural characteristics, and how to take them into consideration in their work.

Equality Legislation in Finland

During the 1970's the Finnish society finally started to accept Roma as a national minority. Since that time, the society has taken special

measures to enhance the social and educational status of Roma. Support for Roma culture was provided simultaneously. A general change in attitude is visible in the national legislation: Article 5 of the Constitution that took effect in 1995 has a universal prohibition of discrimination: "No one can be treated unequally on the grounds of gender, age, origin, language, religion, conviction, opinion, health, disability or other reason relating to the person." In addition, Article 14(3) of the Constitution guarantees the right of minorities to their own culture: "The Sami as an indigenous people and the Roma and other groups have the right to maintain and develop their culture and language."

Discrimination has been criminalised since 1995 in Finland. Article 11(9) of the Criminal Code states that if a public official or servant does not treat everyone equally, regardless of their race, national or ethnic origin, skin color, language, gender, religion or other comparable reason, he/she shall be issued a fine or convicted to serve a prison term of up to six months. The Criminal Code at Article 47(3) also provides for punishment of discrimination in employment.

Despite existing anti-discrimination provisions, Finnish law does not meet the standards set by the EU equality directives. The transposition of the directives was seriously delayed and in February 2004 the European Commission opened infringement proceedings against Finland for failure to communicate actions for the transposition of the directives.

Discrimination of Roma in Finland

Roma in Finland are faced with discrimination in their everyday lives.

Early education reveals deficiencies in the training of pre-school professionals when it comes to minorities. There is no sufficient material on Romani culture.

At school, the curriculum, and the teaching material do not include enough information on Roma and their culture either. Often, the knowl-

edge of the teachers about Roma is also inadequate, and this fact is a source of tension between them and the Romani children at school.

Furthermore, in Finland as elsewhere in Europe, Romani children have been placed in special education on insufficient grounds.

Discrimination against Roma also manifests itself in a lack of service, or restricted access, to stores and restaurants.

In employment discrimination is also present. The traditional dress of Romani women sometimes raises prejudice, which leads to double discrimination, both on the grounds of sex and ethnic origin.

Media holds a key role in promoting positive attitudes. A negative image of Roma in the media will naturally increase prejudice.

In conclusion

Racism and discrimination based on racial or ethnic origin is prevalent all over the world, and Finland is no exception. Tolerance and equality between the diverse ethnic groups in society need to be protected by law as well as by efforts to eliminate barriers erected between the various groups whether due to lack of information about each other, or the spread of biased information. Ethnic diversity can only enrich society.



Discrimination against Romani Women in Spain

European Roma Rights Center Submission to the UN Committee on the Elimination of Discrimination Against Women

*Cristi Mihalache*¹

DURING ITS 31ST SESSION, held July 6-23, 2004, the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) has reviewed Spain's compliance with the Convention on the Elimination of All Forms of Discrimination against Women. On the occasion of the review, the European Roma Rights Center (ERRC) has provided the Committee with written comments on the human rights situation of Romani women in Spain.²

The ERRC submission stressed that Romani women in Spain have been subject to intersectional discrimination on the basis of, most significantly, gender and ethnicity, creating particular obstacles above and beyond problems posed by racial discrimination alone. The report submitted by the ERRC draws the attention of the CEDAW to violations of Articles 2, 4, 5, 7, 10, 11, 12 and 16 of the Convention, and highlights the following specific concerns:

- ✧ Romani women face discrimination in the criminal justice system. One of the consequences is the disproportionate overrepresentation of Romani women in Spanish prisons;
- ✧ Policies to combat domestic violence and other gender violence have not yet had significant impact among Spanish Romani communities; when Romani women are subjected to domestic violence, they are often reluctant to use mainstream mechanisms for combating gender violence due in part to lack of support for such actions,

as well as a range of other reasons not yet addressed by adequate policy measures;

- ✧ The Governmental policy on Roma has downplayed gender concerns. Similarly, the Spanish government's Fourth Plan on Equal Opportunities for Women and Men does not address any concerns that are specific to Romani women, such as that Romani women face particular and significant barriers in accessing employment;
- ✧ Romani children suffer discrimination in the Spanish educational system. A disturbing tendency of segregation of Romani children in public schools has been reported. Moreover, a disproportionate number of Romani girls drop out of school after elementary school, while incidents of vehement opposition to the admission of Romani children in schools by non-Romani parents have also been reported from Spain;
- ✧ Roma in Spain tend to be employed in the informal economy: as street-vendors, garbage collectors, domestic workers and so on. All research suggests that Romani women tend to be more unemployed than Romani men. Significantly, research also shows a great deal of prejudice on the part of employers and co-workers towards employing Romani women, so much so that some of them claim to be non-Roma from Latin American countries. Women tend to be concentrated in lower paid jobs than men. Unfortunately, the State Report and other government document focus on

¹ *Cristi Mihalache is ERRC Advocacy Officer.*

² *The ERRC submission is based on research commissioned by the ERRC to Ms Begoña Pernas and Ms Daniel Wagman, researchers based in Spain, as well as on extensive material from the ERRC archives.*

training for women, ignoring the role of discrimination in employment;

- ✧ Romani women tend to be more unhealthy than women belonging to the general population and women's life expectancy is lower in Romani communities as research suggest. Moreover, child mortality rates are higher among girls than among boys. Romani women have complained of the hostility they have experienced at the hospitals and also of the tendency to segregate all Romani women together in some health care facilities;
- ✧ Romani marriages are not recognised in Spain and the consequences of this are borne disproportionately by women, given that many of them are unemployed;
- ✧ Romani women's participation in public life, such as occupying high profile positions, inclusion on mainstream party lists, etc., is rare.
- ✧ The Spanish anti-discrimination body does not meet the international standards in terms of its independence, being only a subsidiary body of a Ministry. The independence of anti-discrimination bodies has been stressed as a compulsory factor towards adequate protection and remedy against discrimination by a number of international human rights bodies. Moreover, implementation of the recently adopted Spanish anti-discrimination law remains to be assessed.

In view of the above, the ERRC recommended that the Spanish Government undertake the following:

1. Collect and publish in a form readily comprehensible to the public disaggregated data on the basis of sex and ethnicity on the situation of Romani men and women in the fields of education, housing, employment, health care, and other relevant sectors.
2. Without delay, ratify Protocol 12 to the European Convention for the Protection of Human Rights and Fundamental Freedoms. Without delay, ratify the Additional Protocol to the European Social Charter, providing for a Collective Complaints mechanism.
3. Ensure that the "Council for the Promotion of Equal Treatment and Non-Discrimination of People on Grounds of Racial or Ethnic Origin" is a fully independent body, that is adequately staffed and funded, and that it is competent to examine issues related to inter-sectional discrimination.
4. Officially recognise Roma as an ethnic minority.
5. Encourage and provide incentives for the inclusion of women from minorities, particularly Romani women, in the national and local administration, law-enforcement bodies and the judiciary.
6. Devise comprehensive programmes for the rehabilitation of women prisoners who have completed their terms. Provide long-term sustainable measures to ensure that they are fully reintegrated into society.
7. Reconceptualise the Roma Development Plan as a programme of positive action to ensure equality in practice, taking into account the history of discrimination of the Romani community in Spain and the continuing impact of racism at all levels of Spanish society.
8. Require that gender concerns are mainstreamed and greater participation of Romani men and women is ensured in designing, implementing and monitoring of projects under the Roma Development Plan.
9. Require the Institute of Women's Affairs to develop programmes targeted at Romani women and girls that aim to improve their access to health, education, employment and political participation and also provide services to combat violence against them. Facilitate the development of links between Romani women's organisations and mainstream women's organisations.

10. Undertake urgent measures to remedy the under-representation of Romani women in public institutions.
11. Address on a priority basis the disproportionately high rates of school abandonment among Romani girls.
12. Take urgent measures to put an end to the overrepresentation of Romani boys and girls in public schools and provide comprehensive measures to ensure that all Romani children in Spain enjoy full and unimpeded access to mainstream education. In this regard, pay particular attention to how compensatory education programmes have led to segregation of Romani children.
13. Ensure that teachers receive adequate training on the cultural specificities of minority communities in Spain, and on the obligation not to discriminate, in particular in those schools with a significant number of Romani pupils.
14. Investigate levels of unemployment among Roma women and develop and implement initiatives to address the root causes of their limited access to employment.
15. Develop and implement effective programmes aimed specifically at improving the access of Romani women and girls to healthcare; replicate instances of good practice in provision of health education, such as the training of Romani women health mediators, which is being successfully implemented in other countries.
16. With a view to ensuring that Romani women and girls do not suffer discriminatory treatment in accessing healthcare, provide information to medical personnel on minorities in Spain, particularly as regards the Romani minority, and training on the legal obligation not to discriminate.
17. Provide training to both public and private actors in Romani history, cultural practices and the contributions of the Romani community to Spain.
18. At the highest levels, speak out against the problem of anti-Romani sentiment, which particularly affects the capacity of Romani women to fully enjoy all their rights. Address the problem of widespread racism, and gender stereotyping by developing resource materials and conducting comprehensive training for national and local administration, educational institutions, law-enforcement authorities, the judiciary, health-care providers, media, and other key institutions.

The full text of the ERRC submission is available on the Internet at: <http://www.errc.org/db/00/AE/m000000AE.doc>.

In its Concluding Observations on Spain, released on July 26, 2004, the CEDAW took note of the problematic situation of Romani women in Spain, expressing concern that “Roma women remain in a vulnerable and marginalized situation, especially with regard to education, employment, housing and health”, and recommended that the State party “promote and protect the human rights of Roma women, in particular with regard to their access to education, employment, housing and health.”

As regards education, the Committee noted that “despite the progress made by women in education in recent years, [it] remains concerned about discrimination in this area, in particular about early drop out rates from school of Roma girls”, and recommends that “the State party intensify its efforts to promote the access of Roma girls to education and their retention in the system. It recommends that the State party conduct research into the subject and, on the basis of its findings, provide incentives to Roma parents to encourage them to ensure that their daughters attend school.”

The full text of CEDAW’s Concluding Observations on Spain can be found at: <http://www.ohchr.org/tbru/cedaw/Spain.pdf>.



SNAPSHOTS FROM AROUND EUROPE

News Roundup: Snapshots From Around Europe

The pages that follow include Roma rights news and recent developments in the following areas:

- Deaths of Roma under suspicious circumstances implicating police in **Hungary** and **Ukraine**;
- Police Violence against Roma in **Macedonia**;
- Continuing racist violence against Roma in the **Czech Republic** and **Slovakia**;
- UNHCR finds serious security threats for Roma, Ashkalia and Egyptians in **Kosovo**;
- ERRC testifies about police violence, denial of justice and other discrimination facing Roma in **Russia** before the US Congress;
- Forced evictions of Roma in **Italy** and **Slovakia**;
- Discrimination of Roma in access to employment in **Hungary** and **Serbia and Montenegro**;
- Courts find discrimination against Roma in **Bulgaria**;
- Court orders Hungarian school to compensate Romani students educated in special classes without expert opinion;
- European Commission against Racism and Intolerance reviews **Czech Republic, Germany** and **Greece**;
- Council of Europe Commissioner for Human Rights reviews **Denmark**;
- UN Committee on the Elimination of Racial Discrimination reviews **Slovakia**.

BULGARIA

❖ **Bulgarian Roma Most Vulnerable to Exclusion from Health Care Services**

According to a September 28, 2004 press release of the international organisation Médecins Sans Frontières (MSF), as many as two million people, in large part Roma, face exclusion from Bulgarian Health Services as of October 2004, though most people have not been informed. The possible exclusion of such a large number of people from Bulgarian Health Services will be a result of failure to pay health insurance in the past four years since the change of the health system from a tax-based to an insurance-based system, MSF reported. According to the press release, more than two thousand and six hundred residents of the predominantly Romani ghetto Fakulteta in Sofia face de-registration from health services if they do not pay their health contribution arrears by October 1, 2004.

At their press conference, MSF urged an amnesty for people who cannot afford to pay back the large sums of money they owe in arrears in order to preserve the health situation of affected people, who, in many cases, already suffer from poor health. MSF predicts the inundation of medical clinics – such as the one in Fakulteta that services some twenty thousand Roma – from out of poor neighbourhoods to wealthier areas where people can afford to pay for health services. An MSF survey of nearly one thousand patients of its Fakulteta clinic revealed that 66 percent of respondents did not know they faced the possibility

of being cut off from health services. According to MSF, most of the respondents were social aid recipients who believed this covered their insurance costs – 77 percent of the people surveyed claimed to be unaware that they were required to make a contribution of 12 Bulgarian leva (approximately 6 Euro) per month to the health system. Ninety-five percent of the people surveyed stated that they could not afford to pay back their debts. (MSF)

❖ **Anti-Romani Hate Speech by Bulgarian Trade Union Leader**

In an August 20, 2004 press release, the Sofia-based non-governmental organisation Human Rights Project (HRP) publicised explicitly anti-Romani statements made publicly by Mr Konstantin Trenchev, president of the Podkrepa Labour Confederation. According to the HRP, on August 10, 2004, Mr Trenchev called for the formation of a national guard composed of former military personnel to “protect the population against the raids of Roma”, which have been “transformed into a real scourge on the rest of the population”. He also called for a loosening of the Law for the Possession of Firearms so that citizens might protect themselves against Roma. The call was reportedly a reaction to an earlier clash between forest rangers and a group of Roma from Samokov, west central Bulgaria, who allegedly were caught cutting wood illegally.

In his statement, Mr Trenchev stated, “Gypsies systematical-

ly commit robberies in villages, engage in pickpocketing in cities, are engaged in prostitution and do not pay for the goods they consume”, according to the HRP. Mr Trenchev also reportedly accused Roma of selling their children.

Romani and human rights organisations in Bulgaria have denounced the racist calls of Mr Trenchev, insisting that he apologise to the Bulgarian Romani community and resign his post as president of the Podkrepa Labour Confederation. They have also called on the Public Prosecutor to start a criminal investigation into the statements of Mr Trenchev for incitement to racial hatred. On September 8, 2004, the Sofia-based Romani Baht Foundation sent a complaint against Mr Trenchev, alleging violation of Article 162 of the Bulgarian Criminal Code, which prohibits incitement to racial hatred. On the same date, Romani Baht Foundation, with support from the ERRC, also filed a civil complaint against Mr Trenchev under the Law on Protection from Discrimination. The first hearing in the civil case took place on October 20, 2004. A second hearing was scheduled for November 24, 2004. As of October 2, there had been no response regarding the criminal complaint. (HRP, Romani Baht Foundation)

❖ **Bulgarian Courts Find Discrimination against Roma**

Since the new anti-discrimination legislation came into force in Bulgaria on 1 January 2004, the

European Roma Rights Center (ERRC), acting alone or together with Romani Baht Foundation (RBF) and/or the Bulgarian Helsinki Committee (BHC), has filed a number of civil actions alleging discrimination against Roma. As of September 2004, not yet a year since the entry into force of the law, the ERRC and local partners have obtained five landmark judgements from Bulgarian courts. (See details on pp. 99-100)

➤ On July 12, 2004, the Sofia District Court issued a finding of indirect discrimination against the Bulgarian Electric Company in a case brought by the ERRC and local counsel on behalf of Mr Rumen Grigorov, a Romani resident of Sofia's Hristo Betov Romani neighbourhood. Mr Grigorov's case was filed after the Bulgarian Electric Company had repeatedly rejected his application for electricity supply over a five-year period, on the grounds that he was not hooked up to the network and that he had not signed a supplementary agreement with the company. Mr Grigorov put forth that he had refused to sign the agreement because only Roma were required to sign such agreements, which contain provisions unfavourable for the signatories – for example a provision stating that electric metres are to be installed on poles nine metres above ground – and is not in line with the company's regular practise. The Court found that the plaintiff has suffered indirect discrimination as defined by Article 4, paragraph 3 from the Law on Protection from Discrimination. On

the basis of his ethnic background, the plaintiff was subjected to a practice that placed him in a less favourable situation compared to other individuals. The practice to which he had been subjected did not have a legitimate aim and the means for the realisation of this aim were not necessary and appropriate. Mr Grigorov's request for compensation was, however, rejected by the Court. Mr Grigorov appealed court's refusal of compensation. (BHC, ERRC, RBF)

➤ On 6 August 2004, in a separate case concerning an almost identical situation, the Sofia District Court ruled in favor of Mr. Kocho Kochev and five other Romani plaintiffs, all residents of "Filipovtsi", a segregated Romani settlement in Sofia, and in so doing found that the respondent state-owned electric company had committed an act of discrimination. Importantly, despite the fact that the new anti-discrimination law was enacted after this case had been filed, the court applied the new provision on the shifting of the burden of proof to the respondent and explained that being of a procedural character it was applicable to already pending cases as well as to those which have been filed following the entry into force of the new law. The court considered the plaintiffs' claim of discrimination as sufficiently substantiated to shift the burden of proof onto the respondent. The respondent ultimately failed to establish that other – non-Romani – consumers had been treated

similarly or indeed that its actions had served any legitimate purpose. Accordingly, the Court found that the six Romani individuals had suffered discrimination, and ordered the company to remove the electrical metres and to re-locate them at a height where they would be accessible, as well as to pay the plaintiffs compensation.

➤ On 13 August 2004, the Sofia District Court adopted a decision in the case of Mr. Anguel Assenov v. Kenar Ltd. The lawsuit was filed in order to challenge the refusal of the company to allow Mr. Assenov to attend a job interview, solely due to his ethnic origin. Acting to test reports that the company in question pursued discriminatory hiring policies, Mr. Assenov, a young Romani man, placed a phone call to the office of the respondent company, a food producer and distributor, to inquire about a job announcement publicised by the respondent. One of the persons employed in the company answered the plaintiff's call and informed him about the requirements for the job. The employee of the company also asked Mr. Assenov to come for an interview. The plaintiff then inquired whether his Romani identity would be a problem for his application. In response, the employee stated that this was indeed a problem. Moreover, the plaintiff was told that there was consequently no need for an interview, since the company has a strict policy of not hiring Roma. The phone con-

versation took place through a loudspeaker, and was therefore heard by two other witnesses who later testified in court. In the lawsuit, the plaintiff requested a finding of discrimination, the award of compensation, as well as an order from the court obliging the respondent to refrain from similar hiring practices in the future. Ultimately, the Sofia District Court decided in favour of the plaintiff and in doing so granted all of the above-requested remedies.

➤ On August 19, 2004, the Sofia District Court ruled against the Sofia Electric Company, finding it responsible for indirect discrimination against Roma clients of the Company from the Romani neighbourhood “Fakulteta” in Sofia. The ERRC joined the proceedings as an “interested party”, i.e. an intervener in the public interest. On 9 January 2004, a breakdown in the power grid in the segregated Romani neighbourhood of “Fakulteta”, Sofia, discontinued the power supply to more than 100 Romani families. The provider re-

fused to repair the network for more than two months, contending that many of the affected consumers had unpaid debts to the company. Along with the debtors, however, more than 30 Romani households with no outstanding debts had also been denied restoration of their power supply. The Court found that the failure of the Sofia Electric Company to repair the electricity grid for about a month, as a result of which the consumers from the Romani neighbourhood who had valid contracts with the Company have been deprived of electricity supply, constituted more unfavourable treatment. The Court judged that the Company failed to justify the need to discontinue the electricity in Fakulteta neighbourhood for a period longer than 48 hours – the maximum period for which, according to the Law on Electrical Supplies, electricity supply can be interrupted.

➤ On July 23, 2004, the Sofia District Court ruled against a company called VALI EOOD, and awarded 600

Bulgarian leva (approximately 300 Euro) compensation to Ms Sevda Nanova, a Romani woman, in non-pecuniary (moral) damages suffered as a result of having been discriminated against in access to services, solely on the basis of her race. Local council brought the case, acting on behalf of the ERRC and the Sofia-based non-governmental organisation Romani Baht Foundation (RBF). Through its employees, VALI EOOD, which operates a clothing shop in a Sofia marketplace, refused to provide services to Ms Nanova and banned her from its premises. In doing so, the company’s staff threatened Ms Nanova with violence and repeatedly resorted to extreme forms of verbal abuse with respect to her Romani origin. The Court found that such conduct amounts to direct discrimination based on ethnic origin and is therefore in violation of Bulgarian law. The ruling was the first by a Bulgarian court based on the country’s new comprehensive anti-discrimination law. (ERRC, RBF, BHC)

CZECH REPUBLIC

✧ Rulings of Uneven Quality in Roma Rights Abuse Cases in the Czech Republic

In a hearing on August 24, 2004, Judge Dušan Jedlička of the Jeseník First Instance Court delivered a decision in which three neo-Nazi youths – Petr Blajze, Martin Jaš and Martin Hejný – charged under Articles 221 (in-

jury to health), 198 (defamation of a nation, race or conviction), 196 (violence against a group of citizens or an individual) and 202 (disturbing the peace) of the Czech Criminal Code, received suspended sentences. Mr Petr Gábor, a Czech Romani man, received a suspended sentence of two-years imprisonment in accordance with Article 202, according to information provided

by Mr Václav Zástěra, a social worker from Jeseník.

The sentencing was in relation to a violent clash in February 2004 between Mr Blajze, Mr Jaš and Mr Hejný on the one hand, and Mr Gábor and his partner Ms Marta Čorejová, also Romani, on the other. The Czech daily newspaper Mladá Fronta Dnes (MFDnes) report-

ed on July 20 that in February 2004, Petr Blajze, Martin Jaš and Martin Hejný attacked Mr Gábor and Ms Čorejová at the bus terminal in Jeseník. On September 6, 2004, Mr Gábor testified to the ERRC, working in partnership with the Romani organisation Association of Roma in Moravia, that on the day in question, Mr Blajze, Mr Jaš and Mr Hejný arrived at the bus terminal where he and Ms Čorejová met their friend Angelika and her children. Upon seeing them, the three skinheads began giving the Hitler salute and shouting such things as “Gypsies to the gas chamber”. The group tried to ignore the neo-Nazi youths, but Angelika eventually left with her children. Mr Gábor and Ms Čorejová waited for their bus. Ms Čorejová went to get a drink for Mr Gábor and on the way, Msrs Blajze, Jaš and Hejný called her a “black bitch”. Mr Gábor made a comment to the three youths and one of them pushed Ms Čorejová then hit Mr Gábor. Mr Gábor testified that he went to help Ms Čorejová and one of the youths pushed him to the ground near a coffee machine and kicked him in the head. Several other men arrived and helped the three youths as they continued to beat Mr Gábor. According to Mr Gábor, a number of police officers were present but ignored what was happening for some time. Eventually, several police officers performed tests on Mr Gábor and Ms Čorejová to determine whether or not they were drunk. Mr Gábor and Ms Čorejová were then reportedly taken to the police station where they were sepa-

rated and interrogated for several hours. After a while, Ms Čorejová was released but Mr Gábor was held in police custody for three days. According to Mr Gábor, he was not informed of his rights, including the fact that he had a right to talk to a lawyer.

MFDnes reported that the attackers claimed that Mr Gábor and Ms Čorejová started the incident, and that Mr Gábor kicked one of the youths during the incident. Mr Zástěra also informed the ERRC that during the trial on August 24, a witness testified that Mr Gábor had initiated the violence. Mr Gábor and Ms Čorejová told the ERRC/Association of Roma in Moravia that Mr Gábor did not initiate the incident. Mr Gábor, however, decided not to appeal the decision.

Mr Blajze and Mr Jaš have a history of perpetrating violent attacks against Roma in Jeseník and, indeed, have appeared before the Jeseník First Instance Court in a very similar case in which they also received suspended sentences (background information on the case is available at: <http://www.errc.org/cikk.php?cikk=1864>). A huge public outcry by Romani activists in the country followed the first sentencing and the case was subsequently sent back for retrial. As of October 6, 2004, the case was pending for retrial.

Earlier, on June 2, 2004, the Regional Court of Ostrava issued a finding of discrimination against R. Company, a private firm, which refused to rent a flat to Ms I.L., a Romani woman, solely on the ba-

sis of her ethnicity, according to the Prague-based non-governmental organisation Centre for Citizenship/Civil and Human Rights (Poradna). Poradna reported that in July 2003, Ms I.L. and a Romani friend visited the office of R. Company and asked whether any flats were available for rent. Ms I.L. stated she could pay immediately, but was informed by an R. Company representative that there were no vacancies and, indeed, that there was a list of people who had been waiting for flats for 20 years. Immediately after Ms I.L. and her friend left the office of R. Company, a non-Romani male and female representative of Poradna reportedly went to R. Company's office and requested a flat, offering the same terms as Ms I.L. The non-Romani pair were shown a free flat and offered to move in that day provided they paid a security deposit and the first month's rental fee. Both groups recorded their encounters with R. Company's representatives with hidden recording equipment; the recordings were submitted as evidence during the trial.

In filing her complaint, Ms I.L. sought an apology from R. Company and non-pecuniary (moral) damages. According to Poradna, as R. Company was not able to justify its differential treatment of the two pairs, the Regional Court ordered R. Company to send a written apology to Ms I.L. and to pay damages in the amount of 50,000 Czech crowns (approximately 1,575 Euro). (Association of Roma in Moravia, ERRC, MFDnes, Poradna)

✦ **Continuing Violence against Czech Roma**

According to the Czech national daily newspaper Lidové Noviny of May 20, 2004, a group of ethnic Czech youths from the northern Moravian town of Opava attacked with iron bars three Roma in the eastern Czech town of Krnov on May 7, 2004. At the time of the attack, 20-year-old Ms Judit Toračová, 16-year-old Milan Tökoli, and 16-year-old and pregnant Martina Tokárová were practising driving in an open space near a dump when the three attackers, wearing balaclavas, attacked them and hit their vehicle with bars. As a result of the attack, Ms Toračová sustained an injury to the back of her neck, where she was hit with an iron bar, and Milan Tökoli sustained bruises and scratches. Ms Tokárová was uninjured. Damage to the car was estimated at 5,000 Czech crowns (approximately 160 Euro). The daily reported that the police were treating the assault as having been planned in advance and racially motivated. Three youths had reportedly been charged in accordance with Articles 196(2) (violence against a group of citizens or individuals with a racial motive) and 202 (disturbing the peace). According to the online news source Romano Vodi of August 4, 2004, seven people had been charged in connection with the attack. (ERRC, Lidové Noviny, Romano Vodi)

✦ **European Commission on Racism and Intolerance Issues Third Report on Czech Republic**

On June 8, 2004, the Council of Europe's European Commission

against Racism and Intolerance (ECRI) made public its Third Report on Czech Republic. In its Executive Summary, ECRI noted, "A number of recommendations made in ECRI's second report, however, have not, or not fully, been implemented, notably as concerns the issue of combating discrimination and inequality at the local level, an issue which is of special concern to ECRI." An extensive discussion of the situation of Roma follows in the body of the report, followed by recommendations to Czech authorities, including:

"12. ECRI recommends that the Czech authorities take the necessary action to resolve the remaining difficulties in acquiring citizenship encountered by Roma who were citizens of former Czechoslovakia and have been long-term or life-long residents on Czech territory. [...]"

61. ECRI recommends that further efforts be made to improve the employment situation of the Roma community. It considers that, given the widespread and endemic nature of disadvantage and discrimination faced by Roma on the labour market, special measures (affirmative action) should be implemented aimed at overcoming the high levels of unemployment among Roma communities. [...]

62. ECRI encourages the Czech authorities in efforts to adopt legislation in the field of employment and recommends that it provide effective remedies for instances of discrimination at all stages of the employment process. [...]

88. ECRI expresses deep concern at the deplorable situation of Roma at the local level. Roma communities continue to suffer from a cumulation of social and economic disadvantage, aggravated by changing economic conditions, discrimination and a lack of willingness by local officials and communities to adopt the necessary measures to improve the situation. There have been few detectable improvements since ECRI's second report. Instead, Roma communities are being increasingly pushed out of Czech towns into ghetto-like neighbourhoods where their condition of marginalisation intensifies. [...]

93. ECRI deeply regrets that the majority of local authorities seem not to be motivated to take actions to improve the situation of Roma as such actions are reportedly not popular with local communities and can be politically costly. On the contrary, some local leaders attempt to reap political gains through exploiting racism and taking actions that exclude Roma from local communities. This is all the more worrisome as local authorities have been given jurisdiction over most fields of life influencing the daily existence of Roma communities, either through the execution of their own competencies or through the execution of 'transfer' powers, delegated from the central level. [...]

99. ECRI recommends that the Czech authorities urgently put in place additional means

of supervising municipal actions to ensure that they act in accord with Constitutional guarantees of equality and non-discrimination. [...]

100. ECRI stresses the urgent need for the Czech authorities to develop appropriate mechanisms to ensure that local authorities implement national strategies and policies [...]. ECRI also recommends that widespread targeted training be aimed at public officials in different sectors of life working at the local level, involving not only general anti-discrimination training, but also awareness raising of legal obligations as concerns equality and non-discrimination as well as relevant national priorities. [...]

103. ECRI considers that the principal objective of housing and social policies should be to maintain and foster Roma communities living as part of majority communities. Urgent measures therefore need to be carried out to prevent further evictions, including appropriate and coordinated intervention by social care agencies and measures to put an end to and sanction discriminatory practices at the local level in both the private and public sectors. As

far as those Roma communities who are already segregated from the majority society, resources need to be devoted to re-integrating these persons into majority society. ECRI also stresses the need for efforts to combat the negative attitudes and stereotypes within the majority population that sustain these discriminatory practices.

104. ECRI recommends that resources also be devoted to improving the housing situation of Roma, and particularly to ensure that Roma families who are currently living in substandard conditions are provided with a decent standard of housing and infrastructure. Measures should also aim to assist families to break the cycle of poverty and dependence in which they find themselves. [...]

115. ECRI recommends that the Czech authorities urgently step up their efforts to ensure that Roma students who are not mentally disabled are not placed in special schools for the mentally disabled.

116. ECRI recommends that the Czech authorities ensure that the new School Act does not create a new form of separated education for Roma children.

119. ECRI also stresses the importance of awareness raising measures to the general public, local school directors as well as teachers concerning the importance of integration. ECRI also recommends that teachers and school directors receive further anti-discrimination training and training in multicultural education.

120. ECRI encourages the Czech authorities to extend successful initiatives such as preparatory classes and Roma teaching assistants to all areas of the Czech Republic where the need exists. ECRI also encourages the Czech authorities to monitor the manner that these and other initiatives are carried out on the local level.

121. ECRI urges the Czech authorities to take positive steps to ensure that Roma children have equal opportunities to continue on to higher levels of education.”

The full text of ECRI's report on Czech Republic can be found on the Internet at: http://www.coe.int/t/E/human_rights/ecri/1-ECRI/2-Country-by-country_approach/Czech_Republic/Czech_Republic_CBC_3.asp#TopOfPage. (ERRC)

DENMARK

✧ **Danish Authorities Find Romani Classes Illegal**

On September 13, Copenhagen's State County Board of Control issued a decision to end so-called "Romani classes" in the municipality of Helsingør, according to the decision provided the ERRC by Johannes Busk Laursen and Henrik von Bülow, following a complaint submitted in December 2002 by the Danish Romani organisation Romano, Mr Laursen and Mr von Bülow. Mr Laursen and Mr von Bülow are independent activists involved in Romani issues. In the decision, the Copenhagen's State County Board of Control gave the municipality until September 27 to terminate the illegal classes. The decision was made on the basis that the reason for the classes is not in line with the provisions of the Primary Education Act related to special education: Namely, special educational classes in Denmark are to be formed to promote the educational development of pupils with special learning needs, determined on the basis of professional pedagogical and psychological evaluations, whereas the Romani classes were initiated for pupils who had been absent from school for prolonged periods, without any formal testing having been undertaken. Copenhagen's State County Board of Control however stated that there was insufficient evidence to prove racial discrimination as the municipality had insisted the only reason for the classes was the prolonged absence of the children from school and that any students, regardless of ethnicity, could attend the classes.

According to the decision, the Borupsgård elementary school, which currently houses the Romani classes, was to report at the city council meeting on September 27 as to the actions they intend to take with regard to closing the Romani classes. On September 14 Mr Per Tórsbøl, the mayor of Helsingør, announced during a broadcast of the Danish radio station DR4 that the municipality was considering keeping open one of the racially segregatory classes until the pupils reach the 9th grade. According to the website of the Helsingør Municipality, at a meeting on October 10, 2004, the city council decided to apply to the Ministry of Education to set aside the decision of the Board. (ERRC)

✧ **Human Rights Commissioner Weighs in on Denmark**

On July 11, 2004, a report on the human rights situation in Denmark by the Council of Europe's Commissioner for Human Rights, Mr Alvaro Gil-Robles, to the Committee of Ministers and the Parliamentary Assembly was made public. In his report, Mr Gil-Robles highlighted several issues of concern with respect to ethnic minorities, immigrants, refugees and asylum seekers, and also devoted specific attention to the situation of Roma. As regards the situation of Roma specifically, Mr Gil-Robles was, "particularly concerned [...] to hear of difficulties faced by Roma children in accessing education. My attention was drawn in particular to the situation in Elsinore Municipality,

where there are reportedly special Roma-classes, which are defined in the municipality's report as classes for 'Roma pupils who cannot be in a normal class or in a special class'." According to Mr Gil-Robles,

"Such classes give rise to three problems. Firstly, I find it difficult to understand, why those Roma children, who are in need of special education, cannot be placed in the regular classes offering special education referred to above, and receive an education better tailored to their needs. Such segregated classes give rise to serious doubts as to the equality of access to quality education. It is, secondly, of evident concern, that part of the criteria for the placement of children in such classes is their ethnic background. Such segregation may lead to Roma children with no special needs having to attend these classes, with a curriculum inferior to regular classes, with inevitably detrimental effects for their prospects for future education and employment. Thirdly, such a policy is very likely to increase the exclusion of the Roma children from the mainstream society. I therefore strongly encourage that alternative solutions be considered."

On immigration, refugees and asylum-seekers, issues of particular concern given the high number of Romani immigrants and asylum-seekers in the country, Mr Gil-Robles found that "the majority of the legislative amendments relating to immigrants, refugees and asylum-seekers are of res-

trictive nature that risk polarizing this issue still further and, in certain cases, running counter to efforts to promote greater integration.” He further found that “the lack of clarity of the Aliens Act, and the frequency of the amendments, risk jeopardising the principle of legal certainty, and make it difficult for the persons concerned to make sustainable plans for their future. Some of the provisions [...] may, moreover, prejudice the effective enjoyment of certain rights guaranteed in the European Convention of Human Rights and other international treaties.” Under the 2002 Aliens Act, the

right to family reunification was replaced by the right to a residence permit for the purpose of family reunification with a person living in Denmark. A residence permit will only be granted after both parties reach 24 years of age (except in exceptional circumstances); places certain economic requirements on the family; and provides that the spouses’ aggregate ties with Denmark be stronger than their aggregate ties with another country. Mr Gil-Robles found, “The requirement that the spouses’ aggregate ties with Denmark are stronger than those with another country, hits immigrants

and second-generation immigrants particularly hard, including those who have lived in Denmark for most of their lives and have become well integrated in society.” In this respect, he also expressed concern that, “the legislation treats in a different manner Danish citizens depending on the period during which the person has held citizenship.”

The full text of Mr Alvaro Gil-Robles’ report is available on the Internet at: [http://www.coe.int/T/E/Commissioner_H.R/Communication_Unit/CommDH\(2004\)12_E.doc](http://www.coe.int/T/E/Commissioner_H.R/Communication_Unit/CommDH(2004)12_E.doc). (ERRC)

GERMANY

✧ **European Commission on Racism and Intolerance Issues Third Report on Germany**

On June 8, 2004, the Council of Europe’s European Commission against Racism and Intolerance (ECRI) made public its Third Report on Germany. In its Executive Summary, ECRI noted, “[...] in spite of the initiatives taken, racist, xenophobic and antisemitic violence continues to constitute an issue of concern for ECRI in Germany, affecting particularly asylum seekers, members of the Jewish communities, Roma and Sinti. Members of visible minority groups appear to be particularly susceptible to such violence. [...] Antisemitism and Islamophobia, and prejudice and discrimination vis-à-vis visible minority groups and Roma and Sinti continue to pose seri-

ous challenges.” A number of observations and recommendations to German authorities followed, including:

“68. Members of Roma and Sinti communities continue to face serious social disadvantage and to be confronted with prejudice and discrimination, including in some cases blatant direct discrimination, in such fields as employment, housing and education. Roma and Sinti have also continued to be the victims of racist attacks and harassment, and the subject of racist propaganda on the Internet. Desecration of monuments and activities of extreme-right wing groups around Roma and Sinti memorial sites have also been registered. As mentioned below, some media have contributed to the perpetuation of prejudices about this part of the German population and to their stigma-

tisation. [...] Once again, Roma and Sinti who are not German citizens appear even more vulnerable to problems of racism and discrimination. In many cases, their situation is worsened by their status in Germany, as they often only possess tolerated status. [...]”

74. ECRI recommends that further steps are taken to improve the situation of Roma and Sinti in Germany in order to combat and prevent racism and racial discrimination vis-à-vis this part of the German population. [...]”

The full text of ECRI’s report on Germany can be viewed at: http://www.coe.int/t/E/human_rights/ecri/1-ECRI/2-Country-by-country_approach/Germany/Germany_CBC_3.asp#TopOfPage. (ERRC)

GREECE**✧ Stereotypical Romani Images Portrayed in Greek Olympic Closing Ceremony**

According to ERRC research, conducted in partnership with the Athens-based non-governmental organisation Greek Helsinki Monitor (GHM), officials in charge of the 2004 Olympics in Greece deemed to include non-Romani artists portraying very stereotypical images of Roma in the closing ceremonies of the 2004 Olympics in Athens on August 29, 2004. At the closing ceremony, several non-Romani women danced around a car full of watermelons to Romani music; the purported contribution of Roma to modern Greek culture. The exclusion of Roma themselves from the closing ceremonies mirrors the actual state of Romani/non-Romani relations in the country.

The situation of Roma with respect to the Olympic Games received widespread international media coverage; focusing on the adverse impact of the Games on the housing rights situation of Roma and the lack of improvement in this area despite promises. (ERRC, GHM)

✧ Circular Bans the Use of Derogatory References to Roma by Greek Police

In follow-up to an August 3, 2004 meeting with representatives of the ERRC and its Athens-based partner organisation Greek Helsinki Monitor (GHM), Mr Nikolaos Tasiopoulos, Chief of Staff of the Hel-

lenic Police Headquarters informed the ERRC/GHM, via its Information Note issued on August 20, of its perspective on investigating racially motivated crimes. According to the Information Note, Greek legislation currently contains no provisions stipulating special investigation into possible racial motives for crimes; under the current law, investigation into possible racial motives depends on the facts available and the capacity of the investigating officer to find evidence of such.

In the Note, however, the Hellenic Police Headquarters “highly recommended that certain rules be laid down, defining cases in which the examination of the racial motive should be mandatory. This proposal however should not be interpreted as signifying that in all other cases, the review of racial motive should be excluded from the wider investigation into the motives.” Hellenic Police Headquarters stated,

“[...] it is imperative that the existence of racial motive be investigated in depth and that all evidence of probative value be collected: When the alleged perpetrators confess to having committed the offence; When the victims and the witnesses of an offence make allegations of racial motive; When, according to probative evidence acceptable by the Code of Criminal Procedure, there are inferences of racial motive; and when the alleged perpetrators and the crime victims designate themselves as or are members of racial etc. groups.”

It was further stated that such rules should apply throughout the entire procedure to all officials in the justice system and that investigators, police officers and judges should undergo anti-racism training.

Earlier, on August 4, 2004, Mr Tasiopoulos issued a circular banning the use by Greek police officers of derogatory references to Roma. The circular, No. 7100/26/5, entitled “Identification of members of the vulnerable group of Roma”, states, “[...] when there is a need to identify a member of the vulnerable group of Roma, in correspondence, written and oral statements of the Agencies and your staff, you make use exclusively of the international terms Rom (Roma) or of the term Gypsy (Tsiganos in Greek). The use of derogatory terms, like “athigganos”, etc., is not allowed”.

The issuance of both the Information Note and the Circular followed a meeting with ERRC and GHM representatives during an ERRC visit to Greece in late July/early August 2004. The meeting, along with meetings with representatives of several government ministries, followed visits to several Romani communities in Athens, Spata and Aspropyrgos with Ms Livia Jaroka of Hungary, the first Romani Member of European Parliament and Mr Vasilis Paiteris, special advisor on Romani issues to the Greek Deputy Minister of Culture. A joint statement issued by Ms Jaroka, Mr Paiteris, the ERRC and the GHM is available on the Internet at:

http://www.greekhelsinki.gr/bhr/english/organizations/ghm/ghm_02_08_04.doc. The ERRC and the GHM welcome the issuance of the Information Note and the Circular by the Hellenic Police Headquarters. Both organisations hope that the sentiments expressed therein will be acted upon and enforced. (ERRC, GHM)

✦ **European Commission on Racism and Intolerance Issues Third Report on Greece**

On June 8, 2004, the Council of Europe's European Commission against Racism and Intolerance (ECRI) made public its Third Report on Greece. In the Executive Summary, ECRI noted "[...] many of the recommendations contained in ECRI's second report have not, or not fully, been implemented. There remain stereotypes, prejudices and incidences of discrimination targeting members of minority groups, particularly the Roma community and minority religious groups, as well as against immigrants. Criminal law is not enforced to a sufficient extent to curb racist acts, and existing civil and administrative law provisions are insufficient to effectively prohibit discrimination. [...] The measures taken at national level to combat racism and intolerance are not always replicated at the local level." The following is a non-exhaustive list of the recommendations to Greek authorities by ECRI:

“24. ECRI recommends that the Greek authorities adopt comprehensive legislation against racial discrimination as swiftly as possible. [...]

41. ECRI strongly encourages the Greek authorities to review all legislation and practice regarding access to public services such as health and state allowances, together with access to employment, so as to identify and eliminate whatever discrimination may exist. [...]

48. ECRI strongly recommends that the Greek authorities foster equal opportunities in access to education for children from minority groups by organising, inter alia, support courses of Greek language, backup courses, and mother tongue education for the children concerned. [...]

67. ECRI notes with concern that since the adoption of its second report on Greece, the situation of the Roma in Greece has remained fundamentally unchanged and that overall they face the same difficulties – including discrimination – in respect of housing, employment, education and access to public services. [...]

73. ECRI urges the Greek authorities to raise the awareness of local authorities, such as municipalities or local administrative agencies, to the need to respect the rights and the culture of the Roma. It

strongly recommends to the Greek authorities to impose sanctions on municipal councillors who make racist remarks or do not comply with the regulations and decisions that bind them.

98. ECRI recommends that the Greek authorities alerting media professionals to the dangers of racism and intolerance. In cases where racist articles have been published, it strongly encourages the Greek authorities to take every step to prosecute and punish the culprits. [...]

105. ECRI expresses concern over serious allegations of ill-treatment of members of minority groups, such as Roma and both authorised and unauthorised immigrants. The ill-treatment in question ranges from racist insults to physical violence and is inflicted either at the time of arrest or during custody. ECRI is particularly concerned over the existence of widespread allegations of improper use of firearms, sometimes resulting in death. It is equally concerned over reports of ill-treatment of minors and expulsion of non-citizens outside of legal procedures.”

The full text of ERICI's report is available on the Internet at: http://www.coe.int/t/E/human_rights/ecri/1-ECRI/2-Country-by-country_approach/Greece/Greece_CBC_3.asp#TopOfPage. (ERRC)

HUNGARY**✧ Romani Youth Dies in Unclear Circumstances During Police Pursuit in Hungary**

According to the Budapest-based Roma Press Center (RSK) of August 2, 2004, forensic examinations were underway to determine the cause of death of 19-year-old Mr Jakub Richárd, a Romani male, who died while being chased by three police officers in the central Hungarian town of Kecskemét early on the evening of July 25, 2004. On the day of the incident, the officers reportedly spotted Mr Richárd, for whom an outstanding arrest warrant existed, outside a grocery store in Kecskemét and a chase ensued. One of the officers caught Mr Richárd and pinned him to the ground, faced-down, pressing down on his back with his knee. Mr Richárd died on the ground. Upon hearing of Mr Richárd's death, several family members gathered at the scene, surrounding his body and refusing to allow police to remove him.

Mr Richárd's body was eventually taken away for examination. The RSK reported that according to the preliminary expert report of the Budapest Central Police Station, Mr Richárd died as a result of a pre-existing heart condition, exacerbated by the physical and psychological stress of the chase. Mr Richárd's family denies that he had a heart condition. However, the RSK reported that several pieces of information have arisen that cast doubt on the truth

of the initial police findings. Reportedly, Mr Richárd sustained injuries to his windpipe, had sand in his throat and two decilitres of serous liquid had amassed in his brain. Ms Anita Hajnal, witness to the coroner's examination for the authorities, was quoted in an RSK report of August 10 as having stated that, "[...] his face, neck and head were read while his mouth was totally blackened. I saw bruises above his left eye and scarfskin injuries on his right leg. There was also one bruise on the middle of his back which was obviously caused by the policeman who kneeled on his back". Ms Hajnal had also reportedly witnessed the struggle between Mr Richárd and the officer. Mr István Farkas, another witness to the death, testified to the RSK that the morning after Mr Richárd's death the site had been ploughed over.

The RSK also reported that several of Mr Richárd's family members had received racist hate letters from an anonymous author, postmarked from Miskolc. The letters reportedly stated, "Roma should not be breeding, but should be deported from Hungary". On August 19, the RSK reported that the final forensic analysis confirmed the findings of the preliminary analysis. The officers involved in the death of Mr Richárd remained on duty as of the same date. The family was reportedly considering legal action in the case but, as of October 5, 2004, the ERRC was unaware of any actions taken by the family. (RSK)

✧ Hungarian Court Orders School to Compensate the Families of Romani Students Educated in Special Classes

After three years, on June 1, 2004, the Borsod-Abaúj-Zemplén County Court ordered the Tiszatarján and Hejőkürt local governments to pay 3,650,000 Hungarian forints (approximately 14,680 Euro) compensation plus interest to nine families – Romani and non-Romani – whose children were unlawfully placed in segregated classes at the Tiszatarján Elementary School and taught a special curriculum between 1994 and 1999, despite not being mentally disabled and without the required expert opinions having been procured in a school under their authority. The families of the students were all of low income. According to the court's decision, the school had established the special class ten years earlier and since that time the school's principle had directed students he found incapable of completing the requirements of regular classes there. The judge concluded that the act of segregation will constitute lasting psychological damage to the children, who were denied quality education and were stigmatised and ridiculed as a result of their placements in such classes. Further, the special class teacher, an unqualified student teacher, forced the children to perform degrading actions such as kneeling on corn and also locked them in the room. As a result, according to the decision, the children exhibited fear, low self-confidence and

withdrew from their peers. The court found that by segregating the complainants, the school and the local authorities were in breach of the Act on Public Education. The complaint was filed in 2001 by attorney Lilla Farkas as part of a joint strategic litigation project undertaken by the Legal Defence Bureau for National and Ethnic Minorities (NEKI) and the ERRC. The defendants appealed the decision of the court. (ERRC, NEKI)

✧ **Romani Job-Seekers Discriminated Against**

When applying for a job at Pro-Terminal, a Budapest-based security company, Mr Zsiga, a Romani man from Budapest, and his friend, were told “we do not employ anyone above 50 years or Roma”, reportedly because of “superior orders”, according to a report of the Budapest-based Roma Press Center (RSK). Pro-Terminal provides security services to the supermarket chain Tesco. Mr Zsiga maintains that the two, who appeared for interviews with all the necessary documents and met all the requirements, were told they would be informed whether or not they would be hired later that afternoon, RSK reported; however, no one called. The following day, Mr Zsiga called Pro-Terminal and was informed of the so-called “superior order”.

The RSK spoke with Mr György Tóth, the Pro-Terminal employee conducting interviews for the positions, who stated that he had not interviewed Mr Zsiga and his friend and, indeed, had not met them until after they

made allegations of discrimination. According to Mr Tóth, there are no regulations prohibiting Roma from accessing employment at the company. However, according to the RSK, another Hungarian news agency had obtained a voice recording in which a Pro-Terminal employee states the company does not hire Roma. Mr Zsiga reportedly approached the Budapest-based Legal Defence Bureau for National and Ethnic Minorities (NEKI), which will provide legal representation in the case. (RSK)

✧ **European Commission on Racism and Intolerance Issues Third Report on Hungary**

On June 8, 2004, the Council of Europe’s European Commission against Racism and Intolerance (ECRI) made public its Third Report on Hungary. In its Executive Summary, ECRI stated, “[...] the progress made in the field of legislation and governmental policy in dealing with the problems of racism, intolerance and discrimination remains limited in a number of respects. [...] ECRI recognises the positive initiatives that the Hungarian authorities are beginning to take in the field of Roma education but it considers that the segregation of Roma children in education remains an important issue of concern. Moreover, initiatives taken at national level to combat racism and discrimination do not always successfully filter down to local level”. The following is a non-exhaustive list of the recommendations to Hungarian authorities by ECRI:

“66. ECRI recommends that measures be taken to ensure that members of Roma communities enjoy equal access to health care. ECRI also recommends awareness-raising and training initiatives aimed at health care personnel to combat stereotypes and prejudices that can lead to discriminatory treatment of Roma patients. [...]”

67. ECRI also considers that the appointment of assistants who speak the Romani language and who can serve as mediators between Roma patients and health care personnel would be a positive step. [...]

69. ECRI recommends that further efforts be made to improve the employment situation of the Roma community. It considers that, given the long-term and endemic nature of the disadvantage Roma experience on the labour market, special measures are necessary to place them in a position in which they can compete on an equal footing with members of the majority population.

73. ECRI recommends that urgent measures be taken to improve the housing situation of Roma, and particularly to ensure that no arbitrary forced eviction of Roma families takes place.

74. ECRI strongly encourages the Hungarian authorities to develop a social housing policy which could benefit members of the Roma community living in poor conditions. In particular, ECRI

- recommends that Roma families who are currently living without access to even basic amenities are provided with a decent standard of housing and infrastructure.
75. ECRI also stresses the need to address the problem of segregation of Roma communities from the majority community, and the attitudes on the part of the majority community which have contributed to such segregation, and considers that the principle objective of housing policy should be to allow Roma communities to live as a part of majority communities.
76. ECRI expresses its concern at information according to which initiatives taken at the national level to improve the situation of the Roma community may not always filter down to the local level to be implemented in practice. [...]
77. ECRI reiterates its recommendation that discrimination by local authorities should not be tolerated by national authorities. It is essential to ensure that national policies and legislation in favour of the Roma community are understood and applied at local level. [...]
78. ECRI recommends that further emphasis be placed on ensuring that the Roma community is involved at all stages of the planning and implementation of measures which concern them, at as local a level as possible. [...] ECRI stresses the importance of encouraging projects and initiatives which emanate from the Roma community itself, through the on-going provision of funding and the widening of successful projects to other areas. [...]
83. ECRI strongly encourages the Hungarian authorities to strengthen their efforts to carry out awareness raising campaigns on the problems of racism and intolerance [...] particularly, in small local communities and less populated regions. [...]
90. ECRI stresses the importance of setting up an independent investigatory mechanism distinct from the public prosecution offices, to conduct enquiries into allegations of police misconduct and where necessary, ensure that the alleged perpetrators are brought to justice. [...]
101. ECRI urges the Hungarian authorities urgently to take further steps to end the overrepresentation of Roma children in special schools, including the preparation and implementation of means of assessment that are not culturally biased and the training of teachers and other involved persons to ensure that they are making appropriate decisions. ECRI recommends that measures be taken to facilitate the integration of Roma children currently in special schools into the mainstream school system. [...]
104. ECRI urges the Hungarian authorities to take all necessary steps to end the segregation that results from certain catch-up or remedial programmes involving the channelling of Roma children into separate special classes in mainstream schools.
105. ECRI recommends that the authorities closely monitor the new preparative programme in order to ensure that this programme results in Roma children being fully integrated into mainstream schools. [...]
107. ECRI recommends that the Hungarian authorities closely examine the situation as regards mainstream schools mainly attended by Roma in order to develop measures to foster integrated schools. [...]
109. ECRI urges the Hungarian authorities to closely monitor the decision-making process of registering children as private pupils in order to assess its possible discriminatory effects and to take all necessary measures to ensure that this system is not used as a means of taking Roma children out of schools. [...]
112. ECRI recommends that the Hungarian authorities develop and restructure kindergarten education to ensure that all Roma children attend kindergarten. Measures which could be taken to achieve this aim may include increasing the number of kindergarten schools in regions where a high proportion of Roma live, appropriate awareness-raising and training of kindergarten staff and the appointment of Roma mediators in kindergartens in order to create a link between the Roma families and the school authorities. [...]

116. ECRI recommends that further measures be taken to encourage the participation of Roma children in education at the secondary and tertiary level. Such measures should include financial subsidies to ensure

that children from poorer families are able to continue their studies, as well as awareness-raising initiative among Roma communities concerning the importance of education for their children. [...]

The full text of ECRI's Third Report on Hungary is available at: http://www.coe.int/t/E/human_rights/ecri/1-ECRI/2-Country-by-country_approach/Hungary/Hungary_CBC_3.asp#TopOfPage. (ERRC)

ITALY

✧ **Italian Authorities Evict Another Romani Community**

According to the Verona-based association Cesar K, at 5:45 AM on July 8, 2004, Italian police evicted a community of twelve Bosnian and Romanian Romani families living in Verona. The eviction followed a fire on June 30, which destroyed the Romani homes, after which the Verona Civil Protection Office provided tents for those families left without shelter; the mayor of Verona signed an urgent order to evict the twelve families from their temporary shelter. Cesar K informed the ERRC that the Roma had lived at the site since April 2003 when the Mr Tito Brunelli, the person responsible for political and social affairs in the district, provided municipal land on which the nine Romanian and three Bosnian Romani families could reside. The eviction order was issued without any consideration for the past decisions of municipal authorities to host the families.

At the time of the eviction, only three men with regular residence permits, their wives and minor children and a two-months pregnant woman (under the Italian immi-

gration law, pregnant women and women with children up to the age of 6 months have the right to a health permit that permits her to reside in Italy) were present, according to Cesar K. After seven hours at the police headquarters to verify their documents, the families with residence permits were housed temporarily in apartments owned by the municipality, where they remained as October 22. After an analysis to verify the pregnancy of the Romani women revealed that the baby had died four days earlier, the woman was not offered any support, as it was not deemed necessary by the Social Services. Facing the obligation of trying to regularise her situation at the police headquarters without any assistance from social service workers and risking a deportation order, the Romani woman left the apartment to join her hidden husband. Cesar K noted that the woman lost her child in the days after the fire and before the eviction was executed, in an atmosphere of high tension due to the circumstances.

Cesar K informed the ERRC that the rest of the residents had left the area prior to the eviction and hid for fear of deportation, hoping for the opening of negotiations with the

municipality. They reportedly considered the decision of the municipality to evict them to be arbitrary after having offered them the area in the first place. The nine families, comprising thirty-eight people without permits were, as of August 29, hiding in fear and without hope for a solution. (Cesar K, ERRC)

✧ **Firebomb Attack on Romani Home in Italy**

At around 11:30 PM on June 14, 2004, five ethnic Italian men threw a firebomb at the camper of a Romani family in the Italian town of Lugagnano di Sona, injuring a 7-year-old girl, according to the Verona-based daily newspaper L'Arena di Verona of June 16. At the time the firebomb was thrown, the family of eight were sitting outside their camper. A vehicle reportedly approached slowly and, once in front of the camper, two bottles full of gasoline and lit on fire were thrown from within, hitting the young girl. The girl, who sustained burns to her face, was taken to the hospital in Busolengo, where she was held overnight for observation and then taken to another clinic for twenty-one days treatment. According to the daily, the police had recovered one of the bottles

from the scene and were conducting an investigation.

According to the daily, earlier on the day in question, there had been an altercation between a youth from the Romani family and one of the men involved in the attack at a local mall. In reporting on the inci-

dent, Italian media sources laid heavy emphasis on the “good families” the perpetrators came from and referred to the incident as a “prank”, excluding a possible racial motive. On June 17, L’Arena di Verona reported that five men between the ages of 19 and 22 had been charged with the making and possession

of weapons, causing personal injury with aggravating conditions. On June 18, 2004, the Verona-based association Cesar K held a press conference in which it condemned the media for its coverage of the incident and highlighted the racial aspect of the attack. (L’Arena di Verona)

KOSOVO

✧ **UNHCR Finds “Very Serious Security Threats” Remain for Kosovo Roma, Ashkaelia and Egyptians**

In August 2004, the UNHCR issued its Position on the Continued International Protection Needs of Individuals from Kosovo (hereafter “Position”), following renewed violence as a result of ethnic tensions in March 2004. In its Position, the UNHCR noted, “Kosovo Serbs and Roma are particularly vulnerable in terms of their security, but Ashkaelia and Egyptians also continue to face very serious security threats” and reiterated that members of all four ethnic groups should benefit from international protection in their countries of asylum. The UNHCR stated that, “the fragile position of [Roma, Ashkaelia and Egyptian] communities was clearly evidenced by the fact that even in locations where minority returns have taken place with the involvement of the majority population, security incidents still occurred before March 2004.” The UNHCR stressed that, regardless of ethnicity, claims of fear of persecution should be carefully considered in the determination of individual persons need for international protection. It also stated, “It is paramount that the

safe, dignified and sustainable return of members of the Serb, Roma, Ashkaelia, Egyptian and Kosovo Albanians in a minority situation as described in this paper takes place on a strictly voluntary basis and in a coordinated and very gradual manner, supported with re-integration assistance.”

Earlier, in June 2003, the UNHCR published its Update on the Kosovo Roma, Ashkaelia, Egyptian, Serb, Bosniak, Gorani and Albanian communities in a minority situation, in which it stated, “the conditions in Kosovo are not yet conducive for the return of ethnic minorities.” The UNHCR stated that following the violent clashes in March 2004, “inter-ethnic relations in Kosovo remain tense, and further violence is possible.” It stressed that freedom of movement has been severely restricted since March 2004, which in turn is affecting the economic situation of members of ethnic minorities.

In response to increasing calls by Western European governments currently hosting Roma, Ashkaelia and Egyptian refugees and displaced persons to repatriate said persons to locations in Serbia and Montene-

gro outside Kosovo, the UNHCR issues a statement entitled The Possibility of Applying the Internal Flight or Relocation Alternative within Serbia and Montenegro to certain Persons Originating from Kosovo and Belonging to Ethnic Minorities There in August 2004. In its statement, the UNHCR found,

“the implementation of the internal flight or relocation alternative to these minorities would not necessarily, depending on the individual circumstances, be either relevant or reasonable. One of the key considerations is the legal status of those displaced which serves as an obstacle to their accessing basic rights and services. Given this as well as the already overstretched absorption capacity in a country already hosting over 220,000 IDPs, forced return is likely to lead to further internal displacement rather than a durable solution. Moreover, the application of internal flight or relocation alternative can appear to condone ethnic cleansing and thus contradict the spirit of Security Council Resolution 1244 of 10 June 1999 which emphasises the safe and unimpeded return of all refugees and displaced persons to their homes.”

MACEDONIA**More Violent Acts Towards Roma by Macedonian Police**

At around 11:00 PM on July 5, 2004, three police officers beat Mr Trajan Ibrahimov and Mr Bergiun Ibrahimović, Romani men from Skopje, after approaching Mr Ibrahimov's home in search of a fugitive, according to information provided to the ERRC by attorney Aksel Ahmedovski. Mr Ahmedovski reported that Mr Trajan Ibrahimov and Mr Bergiun Ibrahimović, and a young girl named Aisha Ibrahimova, also Romani, were sitting on porch of Mr Ibrahimov's home, when the three officers approached, asking, "Are you the Gypsy who escaped from Idrizova prison?"

Mr T. Ibrahimov responded that he had never been in the Idrizova prison before, at which point one of the officers moved towards him hold-

ing a truncheon and stated that he would see if Mr Ibrahimov was that person or not. The officer reportedly proceeded to beat Mr Ibrahimov on his head and all over his body then a second officer grabbed him by the hair and also bet him with a truncheon.

At this point, Mr Ahmedovski reported, the third officer reportedly told the other two officers not to beat Mr Ibrahimovic because it was possible that he was not the man they were looking for and because he did not want to be involved in something that might create problems in the future. The third officer then left Mr Ibrahimov's home. The two officers continued beating Mr Ibrahimov until Mr Bergiun Ibrahimović and Aisha tried to stop the officers' assault. According to Mr Ahmedovski, one of the officers handcuffed Mr Ibrahimović and proceeded to beat him, also with a trun-

cheon. When the officers finished beating the two Romani men, they placed them in their car. Aisha begged the officers to let the men go, but was pushed aside roughly. Her right hand was injured as a result. The officers then took the Romani men to the police station where they were held for more than a day before being released. According to Mr Ibrahimov's medical certificate number 1694 issued on July 8, 2004, he suffered injuries to his head, eyes and body.

On behalf of Mr Ibrahimov and Mr Ibrahimović, the ERRC and Mr Ahmedovski filed a criminal complaint of maltreatment in the execution of a public function with the Public Prosecutor's Office in connection with the incident. The victims also filed a private criminal complaint against the officers involved in the incident for inflicting bodily injuries. (ERRC)

ROMANIA

❖ Romanian Government to Establish New National Agency for Roma

According to an October 7, 2004 communication of the Romanian government spokesperson, the Romanian government will establish the National Agency for Roma. The National Agency for Roma will replace the Office for Roma Issues currently under the supervision of the General Secretary of Government's Department for Inter-Ethnic Relations. The National Agency for Roma is to be established directly under the General Secretary of Government as an autonomous body, which will assume responsibility for the implementation of the Strategy of the Government of Romania for Improving the Condition of Roma, including budgetary administration and monitoring and evaluating the activities of local and central public administrative bodies in relation to the Strategy. Eight regional offices will support the work of the National Agency for Roma. (ERRC)

❖ Romanian Mayor Announces Intention to Evict Romani Families

According to the Romanian daily newspaper Monitorul de Piatra Neamț of September 8, 2004, the office of the newly elected mayor of the northeastern town of Piatra Neamț announced its intention to evict Romani families living in the Gara Veche and Darmanești neighbourhoods to an area called Valeni, near a garbage pit and a shooting range. According to research undertaken by the ERRC and the Romanian Romani organisation Romani CRISS on September 11 and 12, some of the families from the Darmanești neighbourhood are to be transferred to social housing, formerly a chicken farm owned by Avicola Company. In addition, local authorities had informed twelve Romani families currently living in the housing at the former site of Avicola Company that they would be evicted due to unpaid rent and electricity

On September 11, 2004, the Romanian national televi-

sion station RTV quoted Deputy-Mayor Vasile Ouatu on its website as having stated that local authorities had discussed where to move the Romani families at length "so that the surrounding population would be less affected". According to Mr Ouatu, twenty-eight converted railway wagons are to be placed next to the Avicola Company warehouse for the families, "guarded by community police".

The announcements are reminiscent of actions of Mr Ion Rotaru in 2001, then-mayor of Piatra Neamț, who attempted to build a Romani ghetto on the same site. On October 1, 2004, Romani CRISS filed a complaint against the Mayor's Office for its stated intention to evict the Roma from the town and restrict their freedom of movement with the National Council for Combating Discrimination. As of October 22, 2004, there had been no response to the complaint, nor had the eviction taken place. (ERRC, Romani CRISS)

RUSSIA**❖ US Congress Hears Roma Rights Abuse Concerns in Russia**

On September 23, 2004 ERRC Executive Director Dimitrina Petrova, Open Society Institute consultant Leonid Raihman and the Russian Romani activist Alexander Torokhov testified at a briefing on Roma in Russia before the US Helsinki Commission in Washington DC, a body comprised of US Congresspersons engaged on human rights in US foreign policy. At the hearing the ERRC Director presented a summary of the main conclusions of ERRC monitoring, contained in a 36-page document submitted to the Helsinki Commission prior to the hearing. (The full text of the written submission on the human rights situation of Roma in Russia, provided to the US Helsinki Commission, is available at: http://www.errc.org/Advocacysubmission_index.php). Issues documented in the course of ongoing ERRC research include:

- Torture and Ill Treatment of Roma by Law Enforcement Officials
- Arbitrary Police Raids on Romani Settlements
- Abduction and Extortion of Money by the Police
- Racial Profiling by Police and Other Officials
- Discrimination against Roma in the Criminal Justice System
- Denial of Fair Trial in Cases in which Roma are Accused of Crimes
- Denial of Access to Justice
- Hate Speech against Roma in Russian Media

- Lack of Personal Documents
- Obstructed Access to Social and Economic Rights
- Blocked Access to Education
- Denial of Access to Adequate Housing

A selection of the most recent cases of violence and discrimination against Roma in Russia documented by the ERRC follows:

- In early September 2004, according to information provided to the ERRC by local monitors, law enforcement officials invasively and without regard to fundamental rights and civil liberties conducted a sustained campaign of surveillance and intrusion in several Romani communities in Rostov-on-Don in southern Russia. Police officers searched anyone who left their houses and arbitrarily took Roma to the police station. The operations were allegedly carried out in the context of fighting terrorism, in the wake of the September 1-3 school hostage bloodshed in Beslan, North Ossetia. According to ERRC sources, due to the massive police presence in the Romani settlements, at the time of this writing, Roma live in terror and do not dare to leave their homes. Several Romani families have called local Romani leaders and human rights activists to ask for their help in providing them with essentials such as food. Unidentified police officers allegedly state that the reason for the police presence in the Romani communities is intelligence information that terrorists are disguised as “Gypsies”.

➤ According to information provided to the ERRC by the Ekaterinburg-based organization “Roma Ural”, on August 26 and 27, 2004, police and Special Purpose Police Units (OMON) carried out two successive raids on the Romani community in the city of Revda, Ekaterinburg region:

At around 11 PM on August 26, armed men in civilian clothes stormed into all of the houses in the Romani neighborhood, breaking doors and windows and using foul language. The attackers pointed automatic rifles at the residents, struck them with the butts of their rifles and forced everyone – men, women and children – to lie face down on the floor. The attackers did not identify themselves, nor did they present any search warrants. Roma who asked about the identity of the attackers who raided their homes were allegedly beaten and verbally abused in response. One Romani man was shot in the leg when he attempted to defend his family, by threatening the attackers with a toy-gun. Several attackers then forced the man to the floor and beat him with the butts of their rifles. The man’s invalid mother was also hit when she approached the attackers and pleaded with them to stop beating her son.

Without asking any questions, the attackers rushed around the houses and detained an unidentified number of Romani men. After the attackers left the Romani settlement, Romani women – the wives and sisters of the detained – went to the lo-

cal police to look for their relatives. They were not provided with any information about the whereabouts of their relatives. Romani women interviewed by “Roma Ural” testified that while waiting in front of the police, they could hear people crying out from inside, apparently as a result of being abused physically. They also witnessed police officers entering the building of the police station with bottles of vodka and beer. At around 4 AM, all detained Roma were released.

When the raid on the Romani houses began on August 26, some Roma thought that the attackers were gangsters and called the police. The police allegedly refused their requests for help. After the raid, Roma claimed that valuables including mobile telephones, as well as personal and other documents were missing from their houses. On August 27, some Roma attempted to seek help from the local hospital. When doctors understood that the Roma had been beaten by the police and security forces, they allegedly refused to treat them.

On the following night – August 27 – the police conducted a second raid in the same Romani quarter. Between 11 PM and midnight, police officers arrived in the Romani neighborhood. Many Roma, fearing another night of sustained violence, had left their doors open to prevent the police from breaking them again. The officers, again in plain clothes, stormed the houses and forced people to lie face down on the floor, but this time they did not beat anyone. No one was de-

tained and the police left shortly afterwards.

According to the testimony of Roma from Revda, several days after the raids, they learned that the police had been looking for a young Romani man suspected of the murder of one Russian woman and an 8-year-old Russian girl. Witnesses to the murders had allegedly testified that the perpetrators were a Russian man and a Romani youth. Inhabitants of the neighborhood said that during the previous year there had been a similar raid, following the murder of a Russian man. Later, it was found that the perpetrator was of Russian ethnicity.

➤ On March 4, 2004, the district court of Promyshlenny district of Smolensk sentenced Mr. Roman Kozlov, 26, Romani man from Smolensk, to 14 years imprisonment for murder. The decision of the court was appealed on March 4, 2004 by the attorney, Mr. Suhih, before the regional court of Smolensk. On May 25, the regional court of Smolensk repealed the decision of the first instance court and ordered the first instance court to try the case again with a new jury.

The case related to a killing in 2002 in Smolensk. On April 30, 2002, an unknown person stabbed Ms. Polyakova to death and seriously injured her son, Mr. Igor Polyakov, as well as Mr. Mikhail Tarnavskiy, in the house of the Polyakovs in Smolensk. On September 28, 2002, Mr. Tarnavskiy identified Mr. Roman Kozlov as the perpetrator of the murder. Before the court, Mr. Tarnavskiy

stated that prior to the identification procedure he had been given Mr. Kozlov’s photo by the police and this fact had influenced him to identify Mr. Kozlov. At a later stage of the investigation, Mr. Tarnavskiy retracted his initial testimonies and declared that he had made a mistake when he identified Mr. Kozlov as the perpetrator of the murder. In written statements submitted to the Prosecutor General of the Russian Federation, the President of the Russian Federation, the Human Rights Commissioner of the Russian Federation, and the media Mr. Tarnavskiy declared that Mr. Kozlov had not committed the murder. In a letter to Mr. Lukianov, Russian MP, Mr. Tarnavskiy stated that he had been subjected to psychological pressure and harassment by the police and the prosecution organs once he had decided to state that he had made a mistake when he identified Mr. Kozlov as the perpetrator of the murder. He filed complaints to the district and regional prosecutors’ offices of Smolensk pertaining to his victimization by police and prosecutors.

Furthermore, Mr. Igor Polyakov, the second witness –who himself subsequently died of his wounds inflicted by the perpetrator – in his testimony provided on May 1, 2002, shortly before his death, did not identify Mr. Kozlov as the offender. According to the description provided by Mr. Polyakov, the offender’s name was “Sasha” and the offender was well known to Mr. Polyakov. According to Mr. Polyakov, the perpetrator was between 30 and 40 years old, while Mr. Ro-

man Kozlov was 26 at the time of the killing.

In addition, an eyewitness confirmed that on the day of the murder, he and Mr. Roman Kozlov had been fishing in a nearby village. The prosecution did not refute Mr. Kozlov's alibi.

From the case file, it is evident that Mr. Kozlov's fingerprints were found on a glass jug in the house approximately one year after the murder, following an order from the prosecution dated April 7, 2003. According to an expert invited by the defense, fingerprints cannot be discovered one year after they have been left on an object, unless the object is examined in a special laboratory test. No such test was undertaken during the instant case.

In addition to the controversial evidence presented by the prosecution as purportedly attesting to the guilt of Mr. Kozlov, the criminal investigation was thwarted by numerous procedural violations, but the defense lawyer's complaints about these violations were ignored. For example, on June 16, 2003, prior to the court hearing scheduled on that date, Mr. Tarnavskiy, who had been subpoenaed to testify

before the court, was abducted. According to Mr. Tarnavskiy's testimony, the kidnapping was carried out by police officers. The abduction allegedly had as its purpose postponing the court hearing until the entry into force of expected amendments to the Russian Criminal Procedure Code allowing the admissibility of witnesses' and victims' testimonies provided during the investigation, even in the absence of the consent of the person concerned. Furthermore, the two witnesses assisting the police during the identification procedure were not independent from the police as stipulated by the Criminal Procedure Code of the Russian Federation. One of them had been an intern in the police department and was appointed to the department on the very day of the identification, and the other one was a plaintiff in a case being investigated by the same police department. The identification procedure itself had allegedly been biased. Mr. Tarnavskiy, who was charged with identifying the perpetrator, was presented in the police line-up with three persons – Mr. Roman Kozlov and two individuals of Azeri origin. The Azeris' physical appearance was completely different from that of Mr. Kozlov.

Both the lawyer and the family of Mr. Kozlov believe that Mr. Kozlov is innocent and that the police, the prosecution and the court have collaborated to fabricate a case against Mr. Kozlov. According to Mr. Kozlov's family, the police picked Mr. Kozlov because of his Romani ethnicity. The ERRC also learned that Mr. Kozlov's first defense lawyer was forced to abandon the case because of threats he had received by telephone.

On August 26, 2004, at the time of the meeting between the ERRC and Mr. Kozlov's lawyer, the mother of Mr. Tarnavskiy called to say that her son had been found unconscious on the staircase in front of his home. According to the mother, Mr. Tarnavskiy was injured on the back of his head. Mr. Tarnavskiy was in emergency care in the hospital and still unconscious when the ERRC left Smolensk. He died of his head injury on September 8, 2004.

The ERRC also presented oral and written submissions on the human rights situation of Roma in Russia at two OSCE conferences in September. Materials gathered under ERRC Russia programming is currently being compiled for an ERRC Country Report. (ERRC)

SERBIA AND MONTENEGRO

✦ **Legal Action in Romani Cases in Serbia and Montenegro**

On August 6, 2004, the ERRC, together with its Belgrade-based partner organisations Humanitarian Law Center (HLC) and Minority Rights Center (MRC), filed a criminal complaint against six residents of the GEOGRAPHY village of Lužane, accusing them of expelling thirty-six Roma from the village, and against two police officers for failing to take appropriate action during and after the ethnically motivated incident.

The Halić family, Muslim Roma, lived in Lužane until August 9, 2003, when they were forced to leave their homes and move to another village. Soon after the cessation of NATO bombing in 1999, the family became the target of threats and slurs against their ethnicity and religious affiliation by non-Romani neighbours. During the afternoon of August 9, several non-Roma, including R.Đ., M.Đ., G.Đ., and Z.M., began throwing stones and bricks at the houses of the Roma and entered their compound. After a brief argument, the assailants began to disperse but, according to an eyewitness, one of the attackers, Ž.S., urged them to stay, saying “Where are you going? It’s now or never! Here are sticks and metal bars. Kill them! Set fires! Let’s get it over with finally!” He began tearing up fence posts and gave one man a metal bar. The assailants

went back into the compound and indiscriminately beat everyone with whom they came into contact. One of the Romani women called the Aleksinac Police Station and was told that police would soon arrive. However, by the time the police came to Lužane, only one of the attackers, B.V., was still at the scene. The police wrote an incomplete and inaccurate report according to which the whole incident took place on the road. It is not mentioned in the police report that B.V. was in the compound when the police arrived nor the role played by Ž.S. While the police were writing their report, several of the attackers returned and continued to insult the Roma. One of the women pointed this out to an officer, who replied, “Of course he’s insulting you when you’re just standing there. Get away from here!” The Roma asked for police protection because of the threat to burn their homes down, to which one of the officers said, “Don’t worry. We have a fire brigade. If you’re scared, move in with your fellow Roma in Tešica.” Afraid and understanding that they would receive no protection from the police, all thirty-six members of the Halić family left their homes and property. The village of Lužane is now without any Romani residents.

Earlier, on August 3, 2004, the ERRC/HLC/MRC filed a criminal complaint against two police officers for abusing a Romani man and insulting him on ethnic grounds. On February 24, 2004, Bekim Šaini and

his relatives Saša Ilijevski, Šami Haškaj, and Sebastijan Šaini went to a shopping centre in the Novi Beograd district of Belgrade. Mr Ilijevski, who had a large sum of money with him, parted from the rest, but did not return at the agreed time. Mr B. Šaini, Mr Haškaj and Mr S. Šaini began looking for him, running through the mall, shouting his name. A police officer stopped them and, after checking their identity cards, asked Mr B. Šaini where he had stolen the jeans he had just purchased. Mr B. Šaini told the officer he had paid for the jeans and, using slang, asked to go so he could continue looking for Mr Ilijevski. Considering Mr B. Šaini’s use of slang offensive, the officer led him into a store where there was another police officer. Mr B. Šaini was taken to the centre’s security office where one of the officers hit him on the head, causing him to fall down. The officer used abusive language and cursed Šaini’s “Gypsy mother”. Mr B. Šaini asked why he was being mistreated and the officer accused him of cursing his mother. When he denied doing so, the officer tried to push him into the toilet but Mr B. Šaini resisted. Mr B. Šaini was then released and told never to enter in the shopping centre again. On February 25, Mr B. Šaini filed a complaint against the two officers with the Belgrade Police Department. He later learned that a disciplinary hearing had been conducted at the Novi Beograd Police Station. (ERRC, HLC, MRC)

✦ **Romani Woman Claims Discrimination at Work**

According to a July 20, 2004 Press Release of the Belgrade-based non-governmental organisation Humanitarian Law Center (HLC), on May 13 Ms Jasmina Nikolić, a Romani woman from Belgrade's Železnik suburb employed by Belgrade Bakeries (BPI) in the area, was transferred to a plant on the other side of Belgrade, for no reason. An employee since 1996, Ms Nikolić purports to being regularly subjected to racist harassment by her supervisor, Ms Kristina Marković, who called her "Jasmina the Gypsy"; other non-Serb employees reportedly experienced similar treatment.

In Železnik, near her home, Ms Nikolić's started work at 6:00 AM. Her shift on the other side of the city starts at 5:00 AM, despite the fact that Ms Nikolić has to make several transfers from bus to bus. She is now also required to move of heavy materials. The HLC reported that Ms Nikolić is in poor health and on May 11 began haemorrhaging and has been on sick leave since then.

During the month of June, Ms Nikolić twice requested to be informed of the official reason for her transfer. Thereafter, her legal representative, of the HLC, received a letter which stated that employee transfers were the decided by

supervisors and were customary practice. According to the HLC, Article 16 of the Law on Basic Labour Relations states that the transfer of employees to another workplace is possible only if the interests of the organisation specifically require this and if the new job is in accordance with the professional qualifications of the transferred employee and his or her capabilities. The order must also contain the specific reason for the transfer.

Ms Nikolić and the HLC asked the court to order her transfer back to her former workplace and that she be reimbursed for the court costs. (HLC)

SLOVAKIA

✦ **Judge Refuses to Hear Evidence in Housing Discrimination Case After Entry into Force of Slovak Anti-Discrimination Law**

On July 2, 2004, Ms Zuzana Riganová, a judge with Bratislava's Ninth District Court refused to hear evidence in a housing discrimination case brought by Ms Jolana Sarkezyová, a 70-year-old Romani woman, according to the ERRC's Bratislava-based partner organisation League of Human Rights Advocates (LHRA). The LHRA informed the ERRC that Ms Sarkezyová filed a case against the Municipality of Karlova Ves, which is attempting to evict her from the flat in which she had lived for fourteen years. Ms Sarkezyová, the only Romani tenant in her building, asked the court to quash the eviction notice levelled against her and

order that she be permitted to purchase the flat, as she meets all the requirements.

In November 2003, Karlova Ves municipal authorities presented Ms Sarkezyová with a notice to quit, due to non-payment of rent, which stated that if she did not pay her rental debt in full within three months, she would be evicted. According to the LHRA, her son-in-law, whom the authorities had insisted she accept into her flat had, in fact, incurred the debt. However, Ms Sarkezyová reportedly borrowed money to pay off the debt, and then asked for permission to purchase her flat. On January 14, 2004, Ms Sarkezyová submitted her application to purchase the flat and paid the necessary deposit. Ms Sarkezyová informed the LHRA that a representative of the municipality stated she could pick-up

ownership documents for the flat on January 21. When she returned on the set date, the director of the housing authority informed Ms Sarkezyová that the Mayor of Karlova Ves had torn her application into pieces and stated that she belonged in the "Romani settlement", not among non-Roma. Ms Sarkezyová's rent was then increased from 6,000 to 11,500 Slovak crowns (from approximately 150 to 285 Euro), making her rent the highest of the thirty-five tenants of her building.

According to the LHRA, just after the hearing started, Judge Riganová ordered Ms Sarkezyová not to talk of discrimination because she would not "entertain such nonsense". Judge Riganová also reportedly refused to examine the evidence presented by Ms Sarkezyová's attorney. The LHRA informed the

ERRC that the legal representative of the Karlova Ves municipality then presented its case and stated that it was willing to settle the case out of court on the condition that Ms Sarkezyová were housed in another area. In her concluding statement, Judge Riganová reportedly told Ms Sarkezyová that she would be well advised to cooperate with the municipality or risk being thrown out of her home. Article 5(2(d)) of Slovakia's new Act on Equal Treatment in Certain Areas and Protection against Discrimination prohibits discrimination against persons in access to housing on the basis of sex, race or national or ethnic origin. Attorney Dušan Kleiman took over legal representation for Ms Sarkezyová. On October 5, 2004, the ERRC submitted an amicus brief to the court on the issue of shifting the burden of proof. At a hearing on October 8, 2004, the court issued a judgement in favour of Ms Sarkezyová, declaring invalid the municipality's notice to quit. (ERRC, LHRA)

✦ **Racist Mayor Strikes At Slovak Romani Family Again**

As of September 29, 2004, at least 12 members of the Romani families Šarkozi and Malik from the village of Záhorská Ves, western Slovakia, were living in the streets of Bratislava following the demolition of their accommodation in Záhorská Ves ordered by the local mayor, Mr Boris Simkovič, according to information from the Bratislava-based League of Human Rights Advocates (LHRA) working in cooperation

with the ERRC. There is a history of racist and violent actions between the Šarkozi and Malik families and Mayor Simkovič, who earlier this year expelled the family from the village and registered ownership of a large portion of their land in the name of the village council (background information is available at: <http://www.errc.org/cikk.php?cikk=1885>).

On September 29, at around 10:30 AM, police and private security guards demolished the shack built by Mr and Ms Šarkozi on their own land, in place of their house which had been burnt during a violent racist attack in December 2003. At the time of the demolition, in the shack there were just two of the Šarkozi children. A bulldozer levelled the shack, burying all personal belongings of the family, including all their documents. Then, according to testimony of neighbours to the LHRA, the remains were thrown out. The demolition took place following Ms Šarkozi's rejection of the mayor's proposal, dated August 31, 2004, to sell her land to the village. According to Ms Šarkozi's legal representative, Dr Columbus Igboanusi of the LHRA, she wanted to keep her land, receive help to rebuild her house and live in the village where she had been born and lived all her life. The shack which was destroyed on September 29 had been built by the Šarkozis after a mobile house provided for them by the LHRA was removed from the village on orders from the mayor. According to the LHRA, on August 19, 2004, at about 8 PM, when the mobile house was brought to Záhorská Ves,

the mayor had organised a demonstration on the part of the non-Romani villagers against the settling of the Šarkozi family in the village. The mayor himself reportedly aggressively intervened to prevent the placement of the mobile house. Moreover, he verbally abused Mr Igboanusi, calling him "nigger from Somalia".

The removal of the mobile house and the subsequent destruction of the Šarkozis' home had been preceded by a series of violent attacks on members of the family reportedly aimed at their expulsion from the village. According to the LHRA, at around 12:20 PM on July 3, 2004, the mayor of Záhorská Ves, Mr Boris Simkovič, accompanied four security guards armed with baseball bats, who proceeded to beat the family of Mr Stefan Šarkozi and Mr Marian Rehak, both Romani men. Mr Šarkozi and Mr Rehak were treated at a local hospital due to the injuries they sustained as a result of the attack. Earlier on the day in question, Mr Šarkozi, his wife Olga and their six children were preparing to build a small wooden hut on their land when Mayor Simkovič arrived and ordered them to leave immediately, stating the land was not theirs and threatened that they would see what happened if they did not leave. The Šarkozi's stated they owned the land and continued with their activities. At this point, according to ERRC research, Mayor Simkovič made a phone call and, within minutes, Mr Drahos Jindra, a village resident, arrived with a truck and removed all of the Šarkozi's building materials. Angry, the Šarkozi's went

to the house of their son Dušan followed by Mayor Simkovič. Mayor Simkovič stated that all Šarkozi's should leave the village because they are dirty and cause violence. The family left Dušan's house and went to sleep under a bridge at the Morava river.

The family reportedly awoke suddenly when two cars arrived – one carrying Mayor Simkovič and the second carrying the security guards – and ran away in different directions. The guards chased the family members and beat them with bats: Mr Šarkozi sustained a broken arm as a result; his daughter Olga sustained injuries to her legs; his son Jozef sustained injuries to his face and chest; his youngest daughter, Adriana, was thrown into river; and his son Roman was injured. Mr Rehak was stopped and beaten by the security guards while they were looking for the Šarkozi family.

The incident was immediately reported to the Malacky District Police Department and Dr Columbus Igboanusi of the LHRA intervened with the Ministry of the Interior in Bratislava, which assigned an investigator to the case. That evening, Mayor Simkovič reportedly announced on a local radio station that he would finish all of the Gypsies in the village that night, causing the Romani inhabitants of the village to wait up all night armed with iron bars for protection. Several times since the beginning of July, Mayor Simkovič returned to the land on which the Šarkozi family was building its hut and threatened to

take the land away from them. On August 8, Mr Rehak filed a complaint with the General Prosecutor's Office.

The LHRA reported that on September 6, security guards forced Mr Roman Malik, the Šarkozi's relative, into a car and drove to a forest twenty kilometres outside of Záhorská Ves where they beat him with truncheons. After some time, Mr Malik managed to escape and spent the night hiding in the forest. Mr Malik has since filed a complaint with the General Prosecutor's Office.

In the period September 2003-September 2004 the Šarkozi family had been subjected to violence, intimidation and coercion to leave the village of Záhorská Ves. These actions had been directly ordered or otherwise sanctioned by the village mayor, who on many occasions made inciteful racist statements committing to expel the Šarkozi family from Záhorská Ves. The LHRA in co-operation with the ERRC had filed 9 criminal complaints and 5 civil suits against the mayor of Záhorská Ves and in relation to the racist attacks against the Šarkozis. No legal action had been undertaken by the relevant Slovak authorities. In February 2004, the ERRC wrote to the Prime Minister of Slovakia calling attention to the case and urging him to take action. In May 2004, the ERRC and the LHRA met the Prosecutor General of Slovakia to raise concerns about the situation of the Romani family. The latter made promises to pursue the criminal complaints filed by the victims against the

illegal actions of the mayor of Záhorská Ves and against their assailants. To date, no action has been undertaken by the law enforcement and judicial authorities. (ERRC, LHRA)

♦ Eviction Fever in Slovakia

A wave of forced evictions is hitting Roma in Slovakia, primarily in the eastern part of the country. According to information provided to the ERRC by the Bratislava-based organisation Milan Šimečka Foundation (MŠF), while thus far only several Romani families have been forcibly evicted, many more have been threatened with eviction, and subsequently, homelessness.

In the Stará Tehelňa Romani neighbourhood in the eastern Slovak city of Prešov, on July 8, 2004, eighteen Romani occupants were evicted from their flat after having been served notice to leave their flat in September 2002. As of October 6, the families were reportedly living in the basement of the building and some of their children had been taken away. According to the MŠF, out of one hundred and seventy-six municipally owned flats in Stará Tehelňa, rent was regularly paid for only twenty-six, causing an accumulated rental debt of 3 million Slovak crowns (approximately 74,570 Euro). The complex for "rent non-payers and socially unadaptable persons" opened only at the end of 2001 housing, almost exclusively, Roma, according to research conducted in the fall of 2003 by the ERRC and the MŠF.

According to ERRC research, since 2001, numerous Romani families have been evicted from their municipally owned flats in the southeastern Slovak town of Tornaľa. This year, four families have been evicted and between five and ten additional Romani families face eviction following a municipal council meeting the week of September 12. The municipality reportedly plans to provide the families with three months alternative accommodation. The Romani families concerned were long-time residents of the flats with rental debts of 50,000 Slovak crowns (approximately 1,250 Euro) or higher. The MŠF informed the ERRC that this sum is the equivalent of approximately ten months worth of rental fees. The municipality has housed some of the evicted families in portacabins on the periphery of the town without electricity or water supply. Additionally, on the basis of interviews with several of the evicted Roma, the ERRC believes that at least some of the evictions were conducted in contravention of international standards to which Slovakia has committed itself. The MŠF reported that several of the evicted Romani families received eviction notices dated later than the actual date of eviction. Numerous Roma with whom the ERRC spoke stated that many non-Roma living in municipally owned flats in the town also had high rental debts but were not subject to eviction and resettlement in portacabins without basic services at the periphery of town. Reportedly, the mayor of Tornaľa has also asked some Romani fam-

ilies relocate to the surrounding counties; an idea which has been widely protested by the Romani families and mayors in the surrounding areas. The MŠF also informed the ERRC that some of the flats are owned by a rental agency in Rimavská Sobota: None of the Romani residents of such flats have yet been evicted, but if they are, Tornaľa municipal authorities will reportedly not provide alternative accommodation. The ERRC, together with local counsel, is providing legal representation for the affected families.

The MŠF also informed the ERRC that the tenancy contracts of thirty-two families inhabiting municipally owned flats were terminated in the eastern Slovak town of Čierna nad Tisou: fifteen families have reportedly been served with eviction notices and the municipality has commenced court proceedings to obtain eviction orders for an additional fifteen families. There are reportedly one hundred and twelve long-term rent non-payers in Čierna nad Tisou's municipally owned flats. As of August 20, the municipality had cut the supply of gas for heating and cooking to the buildings in which the flats are located. According to the Slovak daily newspaper *Korzar* of October 6, 2004, the number of terminated rental contracts had risen to fifty-one, forty-two families had been served eviction notices and the municipality had initiated forty-two court proceedings to obtain eviction orders.

Similarly, the MŠF reported that Romani non rent-payers of

municipally owned flats in the eastern Slovak towns of Bardejov and Kráľovský Chlmec were facing eviction. In Bardejov, local authorities refused to renew the rental contract of a Romani family, which was forced to move into another house, while another family reportedly also faces refusal by the municipality to renew its rental contract.

In another case, according to the Slovak newspaper *Korzar* of June 25, 2004, at 6:00 AM on June 24, in the presence of police, bulldozers destroyed five makeshift shacks, which housed thirty-eight Roma, in the village of Furca near the eastern Slovak city of Košice. According to the article, an eviction order, dated June 15, had been delivered to the residents only one day prior to the eviction on June 23. A bus was reportedly at the scene to take the families to their registered place of permanent residence. The families had lived in Furca for some time; for instance, Mr Ondrej Žiga was reported to have lived in the area for four and a half years.

Otherwise, the eastern Slovak cities of Levoča and Spišská Nová Ves have announced plans to sell housing complexes which house non rent-payers – primarily Roma – to private buyers, according to the MŠF. The privatisation of flat ownership threatens to result in mass evictions.

The MŠF pointed out that the Roma who have already been evicted, as well as those currently threatened with eviction, are long-term non rent-payers. Since changes to the social

welfare law in February 2004, the number of persons failing to pay their rent has dramatically increased; for instance, the MŠF stated that in the eastern Slovak town of Trebišov, every Romani resident of a newly built housing complex stopped paying their rent beginning in February 2004. (ERRC, Korzar, MŠF)

✧ UN Committee on the Elimination of Racial Discrimination Reviews Slovakia

Following the end of its 65th Session, on August 24, 2004, the UN Committee on the Elimination of Racial Discrimination (CERD) made public an advanced copy of its Concluding Observations regarding Slovakia's compliance with the provisions of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). The Committee's Concluding Observations were almost entirely devoted to discrimination against Roma in the country. The following is a non-exhaustive listing of the Committee's comments:

"8. While the Committee welcomes the extensive measures adopted by the State party in the field of education aimed at improving the situation of Roma children, including the "Roma assistants" project, it continues to express concern at de facto segregation of Roma children in special schools, including special remedial classes for mentally disabled children.

The Committee recommends that the State party prevent and avoid the segregation of Roma children, while keeping open the possibility of bilingual or mother-tongue tuition. The Committee further recommends that the State party intensify its efforts to raise the level of achievement in schools by Roma children, to recruit further school personnel from among members of Roma communities and to promote intercultural education.

9. While the Committee recognizes the efforts made in the field of employment - including the recent adoption of the amended Labour Code prohibiting discrimination in its Section 13 - it is alarmed by de facto discrimination against Roma as well as by the very high rate of unemployment among members of the Roma community.

The Committee recommends that the legislation prohibiting discrimination in employment and all discriminatory practices in the labour market be fully implemented in practice and that further measures be taken, particularly by focusing on professional training, to reduce unemployment among the Roma community.

10. While the Committee notes the "comprehensive Roma settlements development programme" as well as the "programme of support for the construction of communal rental housing of a different standard", it expresses

concern about the isolation of the Roma community in ghetto-like neighbourhoods and their critical situation in respect of housing conditions, especially in the Eastern part of the country, where the Roma community is mostly concentrated.

In light of its recommendation 27, the Committee recommends that the State party effectively implement policies and projects aimed at avoiding segregation of Roma communities in housing and involve Roma communities and associations as partners in housing construction, rehabilitation and maintenance projects. [...]

11. The Committee is alarmed by the critical health situation of some Roma communities, which is largely a consequence of their poor and inadequate living conditions.

The Committee recommends that the State party continue to implement programmes and projects in the field of health for Roma, bearing in mind their disadvantaged situation due to extreme poverty and low level of education; to this end, the Committee encourages the State party to take further measures to address the issues of drinking water supplies and sewage disposal systems in Roma settlements.

12. The Committee is concerned about reports of cases of sterilization of Roma women without their full and informed consent. In this respect, the Committee welcomes the as-

surances given by the delegation that a draft Law on healthcare that would address shortcomings in the system by specifying the requirement of free and informed consent for medical acts as well as by guaranteeing patient's access to medical files, has been approved by the Government and should be shortly adopted by the Parliament.

The Committee strongly recommends that the State par-

ty take all necessary measures to put an end to this regrettable practice, including the speedy adoption of the abovementioned draft Law on healthcare. The State party should also ensure that just and effective remedies, including compensation and apology, are granted to the victims."

The full text of the Committee's Concluding Observations are available on the Internet at: <http://www.unhchr.ch/>

tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/5f45d8181be0ef1fc1256efb003261fb/\$FILE/CERDC65CO7.pdf. ERRC comments on Slovakia's compliance with the International Convention on the Elimination of All Forms of Racial Discrimination, provided to the Committee in advance of its review, are available at: <http://www.errc.org/cikk.php?cikk=1999>. (ERRC)

UKRAINE

✧ Romani Man Set on Fire in Ukraine

According to the Užgorod-based ERRC partner organization Romani Yag, at around 7:00 AM on August 16, 2004, two ethnic Ukrainian men, Mr V. and Mr I. beat and set on fire Mr Yaroslav Shugar, a 20-year-old Ukrainian Romani man, in the southern Ukrainian city of Užgorod. On the day in question, Mr Shugar's neighbour, Mr V., asked Mr Shugar to wash his car. Mr Shugar agreed and proceeded to wash the car. When he finished, Mr V. asked Mr Shugar to wash two more cars, to which he agreed. When Mr Shugar finished, Mr V. and several friends accused him of having stolen hemp plants growing in the yard. Mr Shugar denied that he had stolen anything and Mr V. and his friend I. began hitting and kicking him all over his body, according to his testimony to the Romani Yag at the end of August. Mr V. and Mr I. then tied Mr Shugar's hands behind his back and continued to harass

him. After some time, according to Mr Shugar, Mr V. retrieved a bottle of paint thinner from his garage and poured the liquid over his head. The solvent began to burn Mr Shugar's eyes so the men cut the rope with which they had tied his hands together and Mr Shugar proceeded to wash the solvent from his eyes. Mr Shugar reported that as he was washing out his eyes, Mr V. put a lighter to the liquid on him and set him on fire. Mr Shugar managed to extinguish the flame with his shirt and ran away, while Mr V. and Mr I., apparently afraid, offered to pay for his medical treatment. When Mr Shugar reached his house, his relatives called an ambulance, which brought him to the regional hospital where he was treated for burns. According to his medical certificate, No 12751/236, Mr Shugar sustained 1st, 2nd and 3rd degree burns to his face and neck. At the behest of his doctor, R.Y. Kuchinka, Mr Shugar's medical file also states that the burns were a result of arson.

Mr Shugar did not initially file a complaint with the police because someone threatened to throw a grenade at his house. However, on August 31, 2004, Mr Vasyl Didychyn, an attorney with Romani Yag, sent a request to the Ministry of Internal Affairs, demanding that an investigation be opened in the case and that the guilty parties be brought to justice. On September 1, Mr Shugar was called to testify before the Užgorod Police Department and was sent for a forensic medical examination. On the date the publication went to press, there was an ongoing investigation conducted by the Užgorod city police department into the allegation of racially-motivated abuse against Mr Shugar. The ERRC and Romani Yag are currently involved in a 3-year Ukraine-wide project aiming to combat human rights abuse of Roma. Funding for the project, which involves a network of fifteen local organisations, is provided by the European Commission and the Renaissance Foundation. (ERRC, Romani Yag)

✦ **Ukrainian Romani Man Dies Under Suspicious Circumstances; Police Involvement Suspected by Family**

In June 2004, Ms Y.A. Dikonenko, a Ukrainian Romani woman, told the ERRC partner organisation Herson Municipal Roma Community that she believed that under the supervision of Officer V.A. Kurbat, head of the Criminal Investigation Department, police officers of the Vysokopolskiy Regional Police Department in Ukraine's Herson Oblast falsified a criminal case against to her 64-year-old illiterate father Mr Yakov Dikonenko and murdered her brother, Mr Ivan Dikonenko.

According to a complaint filed by Ms Dikonenko with the General Prosecutor's Office on April 7, 2003, Officer Kurbat arranged, with the assistance of local drug user Yuriy Parunov, the planting of marked money and drugs in her family's home. At around 7:00 PM on March 18, 2003, more than ten police officers from the Vysokopolskiy Regional Police Department broke into their home and without explanation, began a search. Mr Y. Dikonenko and Mr I. Dikonenko were forced to lie on the ground and the police proceeded to search everyone, including women, and damaged their furniture. Ms Dikonenko stated in her complaint that after the raid, the police took her father to the Vysokopolskiy Regional Police Department where he was detained for three days, though in accordance with the law under which he was detained he should not have spent more than three hours in deten-

tion. Mr Dikonenko's family was not informed of the reason for his detention. Mr Dikonenko was reportedly not provided with food during his detention and was not permitted to use the toilet within a reasonable time of request. Ms Dikonenko repeatedly requested that her father be released but without success.

According to Ms Dikonenko's complaint, on March 19, intoxicated and upset at their father's detention, her brother Ivan grabbed a knife and went to speak to Officer Kurbat and Mr Parunov. When he found him, Ivan started a fight with Mr Parunov, during which he lost his knife. Ms Dikonenko stated that her brother then threatened to take revenge on Mr Parunov's relatives in the nearby village of Olgino for his role in the detention of his father and threatened actions against Officer Kurbat for his role in the planting of drugs. Ivan then drove off towards Olgino, but his car died on the way. He reportedly went to a petrol station and asked Mr Nikolay Pivovarov, an employee, for help. Mr Pivovarov tried to help Mr Dikonenko but they were unable to start the car, so headed back towards the petrol station. On the way, according to the complaint, they met Officer Kurbat, and several other officers, who told Mr Pivovarov to go back to the station. Mr Pivovarov reportedly did not see Ivan after this but the next day, on March 20, Officer Kurbat visited Mr Pivovarov and his wife at their home and tried to persuade Mr Pivovarov to hide the fact that he had seen Ivan the night before.

On March 21 Ivan Dikonenko's dead body was found in the neighbouring village of Zagradovka. According to the complaint, Officer Kurbat went to the scene of crime without any officials from the Prosecutor's Office, though this is required under Ukrainian law. Also on March 21, 2003, Police Investigator A. A. Kucevol initiated the criminal case against Mr Y. Dikonenko related to drugs. On March 22, 2003, Ms Dikonenko hired a lawyer to defend her father, then informed Police Investigator Kucevol of the lawyer's arrival. That same evening, Investigator Kucevol reportedly told Mr Y. Dikonenko that he would be released if he refused the lawyer hired by his daughter and accepted a local lawyer. On March 24, 2003, Mr Dikonenko was released of his own recognisance according to a decision of the Vysokopolskiy Regional Court.

Ms Dikonenko reported in her complaint that until March 24, police officials hid the fact Mr Ivan Dikonenko's dead body had been found and only on that day was a post-mortem examination of the body undertaken. The examination of Mr Dikonenko's body revealed the cause of death to be grave bodily injury and on March 26 a criminal investigation was opened. On March 28, Mr Pivovarov was detained on suspicion of murder as the police alleged that he was the last person to see Mr Dikonenko before he died. Mr Pivovarov's wife then went and informed the Dikonenko family what she knew about the case at Mr Pivovarov's urging. The same day, Ms Pivovarov and Ms Dikonenko filed complaints

with the Herson Oblast Prosecutor's Office and Mr Pivovarov was released later that day.

According to the complaint, several officers informed Ms Dikonenko that Officer Kurbat stepped down from duty

during the investigation, but on April 3rd or 4th, a subordinate of Officer Kurbat threatened that she should stop pressing for the identification of her brother's murderer. On April 7, Ms Dikonenko filed her complaint with the General Prose-

cutor's Office, detailing all of the above. As of the date the publication went to press, Ms Dikonenko had not received any response. The ERRC is considering legal action in the case. (*ERRC, Herson Municipal Roma Community*)

UNITED KINGDOM

✧ Police Call for More Gypsy/Traveller Accommodation Sites in the Wake of Tensions over Illegal Sites

On August 8, 2004, The Observer reported that the Association of Chief Police Officers (ACPO) called for a rash of new official stopping sites for Gypsy/Travellers to alleviate tensions between Gypsy/Travellers, forced to illegally stop on land due to a shortage of sites, and local non-Gypsy/Travellers. According to ACPO, police are experiencing difficulties in handling clashes resulting from Gypsy/Travellers who have built on land illegally because there are no places for them to stop legally, the daily reported. Most residents call for the eviction of Gypsy/Travellers from the land they occupy, supported by claims of increased crime in the area. However, Ms Margaret Wood, ACPO spokesperson on Gypsy/Traveller issues, was quoted as having stated, "You hear things such as 'When the group arrived, crimes soared' and sometimes find that actually in the area of some of these unauthorized encampments crime reduced dramatically". According to The Observer, ACPO

and the Commission for Racial Equality (CRE) are demanding amendments to the housing bill to create a legal duty on local council to provide sufficient sites for Gypsy/Travelers. Ms Sarah Spencer, deputy chairman of the CRE, called discrimination against Gypsy/Travellers "the last socially acceptable form of racism".

Earlier, the BBC reported on July 20 that Travellers had launched numerous appeals against the rejection of seventeen requests for planning permission at the Smithy Fen site near Cottenham in Cambridgeshire, claiming discrimination. Mr Alan Masters, speaking on behalf of the families appealing the decisions, stated that the land in question is not in the green belt, nor an area of outstanding beauty or specific scientific interest; three areas on which the construction of accommodation sites is prohibited by law. Ms Melissa Murphy of the South Cambridgeshire District Council stated the council felt granting permission for additional sites would harm Cottenham and the area. Local residents have fought hard against and increase of sites at Smithy Fen: in March they threatened to withhold taxes and in June

threatened to erect a "Gypsy camp" outside Deputy Prime Minister John Prescott's home (further information is available at: <http://www.errc.org/cikk.php?cikk=1985>). Mr Rick Bristow of the Cottenham Residents' Association was quoted as having stated, "The situation now is that we seek dismissal of all appeals [...] parts of Cottenham Village have been victim to crass anti-social behaviour and appalling incidents of intimidation".

In other news, on June 30 the BBC reported that earlier that morning, about one hundred police officers in riot gear and bailiffs executed a High Court eviction order at a Traveller site in Bulkington, Warwickshire County. In January of this year, police unsuccessfully attempted to evict the group of twenty-one Traveller families from land they had purchased (for background information, see: <http://www.errc.org/cikk.php?cikk=1889>). The families had not sought planning permission before moving onto the site. During the eviction, four persons were arrested, according to the BBC, but were subsequently released without charge. Mr David Wilshaw, legal representative for the families, was quoted by

the daily as having stated that the bailiffs had shown up without any prior warning, though the High Court had stipulated co-operation. (*BBC, ERRC, The Observer*)

✧ **Appeal By Teen Who Killed Traveller Boy in the UK Rejected**

According to the BBC of June 21, 2004, the Court of Appeal rejected 16-year-old Ricky Kearney appeal for a reduced sentence after he was found guilty of manslaughter in connection with the death of 15-

year-old Johnny Delaney, a Traveller. The Chester Crown Court's guilty verdict came in November 2003 after Ricky and 16-year-old Louis McVey kicked Johnny in the head and beat him to death as he lay on the ground while shouting racial slurs in Ellesmere Port, on the western coast of England (additional details can be found at: http://lists.errc.org/rr_nr4_2003/snap42.shtml). The 16-year-olds were sentenced to four-and-a-half-years imprisonment. Ricky Kearney reportedly argued that the sentence was excessive. (*BBC*)



ERRC ACTION



Strasbourg Court Finds Hungary in Breach of Human Rights Standards in a Roma Police Brutality Case

Branimir Pleše

ON 21 JULY 2004, the European Court of Human Rights in Strasbourg found that the Hungarian Government had violated the European Convention on Human Rights in the case of Sandor Balogh v. Hungary. The case concerns abuse in police custody and was filed on 8 April 1999 as part of a joint strategic litigation project undertaken by the Legal Defence Bureau for National and Ethnic Minorities (NEKI) and the European Roma Rights Center (ERRC). In its ruling, the Court held that there had been a violation of Article 3 (prohibition of inhuman or degrading treatment) and no violations of Article 13 (right to an effective remedy), Article 6 (access to court), and Article 14 (prohibition of discrimination). Under Article 41 of the Convention, concerning just satisfaction, the Court awarded Mr. Balogh 4,000 euros for pecuniary damages, 10,000 euros for non-pecuniary damages and 3,000 euros for costs and expenses.

Sandor Balogh is a Hungarian citizen of Romani origin born in 1958. On 9 August 1995 he was taken to Oroshaza police station, where he was interrogated for several hours concerning a number of fuel vouchers which he and others had allegedly stolen. Mr. Balogh claimed that during the questioning one of the police officers repeatedly slapped him across the face and his left ear, while others punched him on the shoulder. Following this ordeal and on his way out of the station, Mr. Balogh was met on the ground floor of the police station by four of his friends, all of whom testified that he had a red and swollen face and that he must have been physically abused.

Having returned to his home in Miskolc, on 11 August 1995, Mr. Balogh consulted a local doctor, who advised him to report to a hospital. On 14 August 1995 an operation was carried out

to reconstruct Mr. Balogh's left ear drum which had been seriously damaged as a result of the police abuse.

Criminal proceedings were initiated against the police officers involved and, on 16 November 1995, a medical expert concluded that it could not be determined whether the injury in question had been caused before, during or after Mr. Balogh's interrogation by the police. On 30 November 1995, the criminal proceedings were discontinued. On 24 January 1996 the investigation resumed. Ultimately, however, the investigating authorities found that it could not be excluded beyond all doubt when the injuries in question had actually been sustained.

As of 1 August 1996, the Mr. Balogh's working capacity was confirmed to have diminished by 50% due to bronchial asthma and impaired hearing. He was therefore unable to have his lorry driver's licence renewed or to obtain employment as a driver. Mr. Balogh applied for compensation with the Ministry of Interior but was unsuccessful.

A subsequent medical opinion found that a traumatic perforation of the ear drum is usually caused by a slap on the ear and that Mr. Balogh's account of how his injury occurred was entirely plausible. In response to this new evidence, Mr. Balogh's counsel requested that criminal proceedings be re-opened. However, the Public Prosecutor's Office declined to do so and explained that it was impossible to substantiate Mr. Balogh's allegations.

In its judgement of 21 July 2004, the Court noted that official medical reports found that Mr. Balogh had suffered a traumatic perforation of the left eardrum and that the most common

cause of such injuries is a slap on the face. Mr. Balogh's four friends confirmed that he left the police station with a red and swollen face, and concluded that he must have been beaten. The Court noted that Mr. Balogh sought medical help several days following the incident, on 11 August 1995, but was reluctant to attribute any decisive significance to this delay. It also took into account that the Hungarian authorities had carried out a reasonably thorough investigation into Mr. Balogh's allegations and that the prosecutor's task was made difficult in view of the absence of independent eyewitnesses. However, the Court then pointed out that the Hungarian Government was unable to provide any plausible explanation for the cause of the applicant's injuries, and that it was believable that they were inflicted in police custody. Consequently, the Court found a

violation of Article 3 of the Convention, but on the same facts held that there was no violation of Articles 13, 6 and 14.

The Court's ruling in the case of *Sandor Balogh v. Hungary* has particular significance in that the Court has made it clear that Roma unfortunately still suffer from police abuse across Europe. In addition, it has stressed that with respect to persons deprived of liberty, any recourse to physical force which is not made strictly necessary by the conduct of the detainee will amount to a violation of human rights standards. Finally, the Court's judgement has underscored that the requirements of a criminal investigation and the undeniable difficulties inherent in the fight against crime can never justify placing limits on the protection of an individual's physical integrity or personal dignity.



Strategic Litigation Undertaken by the ERRC and Local Partners Prompt Bulgarian Courts to Sanction Racial Discrimination against Roma

SINCE THE NEW anti-discrimination legislation came into force in Bulgaria on 1 January 2004, the European Roma Rights Center (ERRC), acting alone or together with *Romani Baht Foundation* (RBF) and/or the Bulgarian Helsinki Committee (BHC), has filed a number of civil actions alleging discrimination against Roma. To date, not yet a year since the entry into force of the law, the ERRC and local partners have obtained five landmark judgements from Bulgarian courts.

In the first judgement, on 9 July 2004, the Sofia District Court ruled against a company called VALI Ltd. and awarded compensation to the plaintiff Ms. Sevda Nanova. Ms. Nanova is a Romani woman and was found by the Court to have suffered discrimination in access to services, solely on the basis of her race. VALI Ltd. operates a clothing shop in a Sofia marketplace. Acting through its employees, the shop refused to provide services to Ms. Nanova and banned her from its premises. In addition, the company's staff threatened Ms. Nanova with violence and repeatedly resorted to verbal abuse with respect to her Romani origin. The Court found that such conduct amounts to discrimination based on ethnic origin and is therefore in violation of Bulgarian law.

In another case, on 12 July 2004, the Sofia District Court adopted a decision in the matter of Mr. Rumen Grigorov v. the Sofia state-owned electric company. The case concerned a Romani plaintiff who had not been allowed to connect his house to the electricity network as he refused to sign an additional agreement which would permit the company to put his electrical metre on a pole 9 metres high. The company's reasoning for the application of such measures was that this was the only way to make sure that "Roma do not ille-

gally connect to the power supply". The fact that the plaintiff was a regular payer, had no history of trying to illegally connect to the power grid, and was unable to check his electricity consumption as result of the unorthodox placement of the electricity metre, was simply not taken into account by the service provider. Having considered the facts of the case, and in particular the fact that a practice of this sort was arbitrary and employed by the respondent in Romani neighbourhoods only, the Sofia District Court ruled that the plaintiff had suffered discrimination, and ordered the respondent company to provide the plaintiff adequate access to and control of the electricity metre as well as to cease with such practices in the future.

On 6 August 2004, in a separate case concerning an almost identical situation, the Sofia District Court ruled in favor of Mr. Kocho Kochev and five other Romani plaintiffs, all residents of "Filipovtsi", a segregated Romani settlement in Sofia, and in so doing found that the respondent state-owned electric company had committed an act of discrimination. Importantly, despite the fact that the new anti-discrimination law was enacted after this case had been filed, the court applied the new provision on the shifting of the burden of proof to the respondent and explained that being of a procedural character it was applicable to already pending cases as well as to those which have been filed following the entry into force of the new law. The court considered the plaintiffs' claim of discrimination as sufficiently substantiated to shift the burden of proof onto the respondent. The respondent ultimately failed to establish that other – non-Romani – consumers had been treated similarly or indeed that its actions had served any legitimate purpose. Accordingly, the Court found that the six Romani individuals had suffered discrimination, and

ordered the company to remove the electrical metres and to re-locate them at a height where they would be accessible, as well as to pay the plaintiffs compensation.

A fourth case won by Romani plaintiffs under the new law relates to employment discrimination. On 13 August 2004, the Sofia District Court adopted a decision in the case of Mr. Anguel Assenov v. Kenar Ltd. The lawsuit was filed in order to challenge the refusal of the company to allow Mr. Assenov to attend a job interview, solely due to his ethnic origin. Acting to test reports that the company in question pursued discriminatory hiring policies, Mr. Assenov, a young Romani man, placed a phone call to the office of the respondent company, a food producer and distributor, to inquire about a job announcement publicised by the respondent. One of the persons employed in the company answered the plaintiff's call and informed him about the requirements for the job. The employee of the company also asked Mr. Assenov to come for an interview. The plaintiff then inquired whether his Romani identity would be a problem for his application. In response, the employee stated that this was indeed a problem. Moreover, the plaintiff was told that there was consequently no need for an interview, since the company has a strict policy of not hiring Roma. The phone conversation took place through a loudspeaker, and was therefore heard by two other witnesses who later testified in court. In the lawsuit, the plaintiff requested a finding of discrimination, the award of compensation, as well as an order from the court obliging the respondent to refrain from similar hiring practices in the future. Ultimately, the Sofia District Court decided in favour of the plaintiff and in doing so granted all of the above-requested remedies.

Finally, on 19 August 2004, the Sofia District Court rendered a decision in a case against the Sofia state-owned electric company concerning a discriminatory denial of electricity to bill-paying Romani consumers. The ERRC joined the proceedings as an "interested party", i.e. an intervener in the public interest. On 9 January 2004, a breakdown in the power grid in the segregated Romani neighbourhood of "Fakulteta", Sofia, discontinued the power supply to more than 100 Romani fami-

lies. The provider refused to repair the network for more than two months, contending that many of the affected consumers had unpaid debts to the company. Along with the debtors, however, more than 30 Romani households with no outstanding debts had also been denied restoration of their power supply. In court, the plaintiffs argued that such actions amount to a collective sanction imposed on debtors as well as non-debtors, that they were discriminatory because they were imposed on residents of a Romani neighbourhood, and that the power supply in non-Romani neighbourhoods is never denied to bill-paying consumers on account of their neighbours' unpaid debts. Having considered the case, the Sofia District Court agreed and held that the Romani plaintiffs had indeed suffered discrimination.

Racial discrimination, as described in these five cases is in breach of numerous international standards such as those contained in the United Nations Convention on the Elimination of All Forms of Racial Discrimination and the International Covenant on Civil and Political Rights. It is also in violation of the Bulgarian anti-discrimination act which, though it does not relate to instances of racially-motivated violence, prohibits discrimination by public as well as private parties in all fields of public life, including the provision of services and employment. It provides for a special legal remedy against discrimination and also grants human rights groups standing to file lawsuits on their own behalf, in the absence of individual plaintiffs, in situations where "the rights of many parties are breached". This provision was utilized by the ERRC and its partners in the last case described above. Perhaps most importantly, the new Bulgarian law provides for the shift in the burden of proof onto the alleged discriminator, once a complainant has established a plausible case of discrimination, relieving victims of a major evidentiary obstacle in obtaining justice. In most of its recent discrimination cases in Bulgaria, including the ones described above, the ERRC has filed amicus briefs for the court's convenience explaining in detail the concept of "the shifting of the burden of proof". The Bulgarian anti-discrimination act was enacted pursuant to the requirements of the European Union Race Equality Directive.



Breakthrough: Challenging Coercive Sterilisations of Romani Women in the Czech Republic

*Claude Cahn*¹

THE WEEK BEGINNING September 13, 2004 caught the ERRC and partner organisations off-guard for what it is now clear has been among its most significant actions to date – the effort to challenge the coercive sterilisation of Romani women in the Czech Republic. That week saw publication of an article by the Czech Press Agency, the state wire service, stating that the ERRC alleged coercive sterilisations of Romani women were ongoing in the Czech Republic. That article began what would soon amount to an avalanche of domestic media attention to the issue, significantly moving the justice agenda along.

From the 1970s until 1990, the Czechoslovak government sterilised Romani women programmatically, as part of policies aimed at reducing the “high, unhealthy” birth rate of Romani women. This policy was decried by the Czechoslovak dissident initiative Charter 77, and documented extensively in the late 1980s by dissidents Zbynek Andrs and Ruben Pellar. Helsinki Watch (now Human Rights Watch) addressed the issue in a comprehensive report published in 1992 on the situation of Roma in Czechoslovakia, concluding that the practice had ended in mid-1990. A number of cases of coercive sterilisations taking place in 1990 or before then in the Czech part of the former Czechoslovakia have also been recently documented by the ERRC. Criminal complaints filed with Czech and Slovak prosecutors on behalf of sterilised Romani women in each republic were dismissed in 1992 and 1993. No Romani woman sterilised by Czechoslovak authorities has ever received justice or even public recognition of the injustices to which they were systematically subjected under Communism.

During 2003 and 2004, the ERRC and partner organisations in the Czech Republic undertook a

number of field missions to the Czech Republic to determine whether practices of coercive sterilisation have continued after 1990, and if they were ongoing to the present. The conclusions of this research indicate that there is significant cause for concern that to the present day, Romani women in the Czech Republic have been subjected to coercive sterilisations, and that Romani women are at risk in the Czech Republic of being subjected to sterilisation absent fully informed consent.

During the course of research, researchers found that Romani women have been coercively sterilised in recent years in the Czech Republic. Cases documented include:

- ✧ Cases in which consent has reportedly not been provided at all, in either oral or written form, prior to the operation;
- ✧ Cases in which consent was secured during delivery or shortly before delivery, during advanced stages of labour, i.e. in circumstances in which the mother is in great pain and/or under intense stress;
- ✧ Cases in which consent appears to have been provided (i) on a mistaken understanding of terminology used, (ii) after the provision of apparently manipulative information and/or (iii) absent explanations of consequences and/or possible side effects of sterilisation, or adequate information on alternative methods of contraception;
- ✧ Cases in which officials put pressure on Romani women to undergo sterilisation, including through the use of financial incentives or threats to withhold social benefits;
- ✧ Cases in which explicit racial motive appears to have played a role during doctor-patient consultations.

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Before the events of September, officials in the Czech Republic acknowledged privately to the ERRC (but not yet publicly) that there is a serious problem of a lack of patients rights culture in the Czech medical community.

Coercive sterilisation is a very serious form of human rights abuse. Coercive sterilisation is a violation of the bodily integrity of the victim and can cause severe psychological and emotional harm. In addition, coercive sterilisation restricts or nullifies the ability of a woman to bear children, and does so without her having been able to participate fully in a decision of such evident import, the consequences of which are in many cases irreversible.

The ERRC first presented the results of preliminary research at an OSCE meeting in Vienna in April 2003. The ERRC also presented substantial parts of its research results to the UN Committee Against Torture, timed for that body's review of the Czech Republic's compliance with its international law obligations in the area of torture and inhuman or degrading treatment or punishment. In June 2004, on the basis of the material presented, the UN Committee Against Torture recommended to the Czech government that it "investigate claims of involuntary sterilisations, using medical and personnel records, and urge the complainants, to the extent possible, to assist in substantiating the allegations".

Some Czech authorities objected to the ERRC's use of international fora to publish research results, and urged us to use domestic procedures for seek-

ing justice. We were, however, for a number of reasons reluctant to file criminal complaints with police or prosecutors in the cases of which we were aware. Among those reasons were awareness of the legacy of action to challenge coercive sterilisations of Romani women in Slovakia. There, throughout 2003, after a number of Romani women filed complaints with police, police investigators undertook insensitive or harassing investigations, in some cases causing women to withdraw complaints and in all cases causing trauma. The ERRC was also constrained from turning over research material to Czech authorities due to the confidentiality in which Czech Romani women had provided information to the ERRC. At the urging of a number of persons in the Czech human rights community, we opened discussions with the Public Defender of Rights – "the Ombudsman" – as to the possibility of filing complaints with that instance. In June 2004, we traveled to Brno to meet personally with the Ombudsman to discuss the matter.

The ERRC then returned to the field with partner organisations League of Human Rights,² Life Together³ and IQ Roma Service⁴ and, in September 2004, facilitated complaints by ten Romani women coercively sterilised by Czech doctors during the period 1994-2001. During the same week in which we filed the ten complaints, we also sent a letter to the Ombudsman, copied to the Czech government's Human Rights Commissioner, in which we noted that the ten complaints filed were not the only cases of which we were aware, and that the nature of the issue mitigated in favor not only of justice in the ten individual cases, but also

² *The League of Human Rights is a non-governmental organisation providing free legal and psychological assistance to victims of gross human rights violations, in particular to members of the Roma minority, victims of domestic violence and children. Its mission is to create a future in which the Czech state actively protects the human rights of its citizenry and respects both the spirit and the letter of the international human rights conventions to which it is signatory (further information about the League of Human Rights is available at: www.llp.cz).*

³ *Life Together is a Czech Romani organisation fighting social exclusion and marginalisation in the Ostrava region of the Czech Republic, as well as strengthening Czech-Roma mutual confidence and co-operation. Further information about Life Together is available by contacting: vzajemne.souziti@tiscali.cz.*

⁴ *IQ Roma Service, based in Brno, Czech Republic, is a non-profit, non-governmental organisation active in socially excluded Roma communities. IQ Roma service provides community and social field work, free counseling and law services together with employment support for Roma clients. It also initiates social inclusion strategies for Roma and minority communities on a local level. Further information about IQ Roma Service is available by contacting: iqrs@iqrs.cz.*

of the establishment of a procedure which might make it possible for other victims of coercive sterilisations to come forward. The substantive parts of that letter to the Ombudsman follow here:

“Your office should by now have received complaints filed on behalf of ten Romani women whom we believe have been coercively sterilized. These are not the only cases of coercive sterilization of Romani women in the Czech Republic of which we are aware. They are rather ten cases in which a convergence of factors including but not limited to the willingness of the victim to pursue legal measures under present conditions, our independent assessment of the victim’s ability to endure difficult legal proceedings, as well as a number of other factors, have converged to make formal complaints possible. We are confident that your office will handle these complaints with all due sensitivity and regard for the best interests of the victims and their right to a just remedy.

“As discussed during our meeting in Brno, in order for justice to be done and to be seen to be done for all victims of these practices however, we believe the nature of the issue is such that it will ultimately require a law establishing (i) recognition that practices of coercive sterilization have been prevalent in the Czech Republic; (ii) procedures (including all relevant safeguards for the safety and privacy of the complainant) specific to the issue of coercive sterilization, under which victims of such practices may come forward and claim due compensation.”

Due to the sensitivity of the issue, the organisations undertaking the action agreed that they would not seek media attention to the issue while filing the complaints. However, either because material concerning the earlier UN Committee Against Torture review remained on the ERRC website or (more likely) because of a leak, the article mentioned above appeared in the Czech Press Agency wire. This claimed that the ERRC had presented a statement about the issue at an OSCE meeting on racism in Brussels on September 13. This was not true (our statement at that meeting was on Roma rights in Russia), but has since taken on the status of established fact, repeated widely in a number of media. In any case, the cat was now out of the bag.

Media coverage of the issue early in the week of September 13, following the initial Czech Press Agency article covered the action more-or-less as an issue of “International Organisation Makes Ludicrous and Ill-Founded Claims against the Good Name of the Czech Republic”, quoting a number of public officials. However, by mid-week, media coverage changed. In the first place, the Ombudsman’s office confirmed that that instance had ten serious complaints by Romani women concerning the sterilisation of Romani women. Also, the ERRC and the three partner organisations issued a joint press release on September 16 clarifying the nature of the action and our views on the dimensions of the problem. By the end of Friday, September 17, the story was “NGOs Raise Serious Concerns Related to Czech Medical Practice”.

As public discussion of the issue grew more serious, the role of race in the matter came under scrutiny. The ERRC had presented ten cases of Romani women coercively sterilised to the Ombudsman. Other Romani women who alleged that they had been coercively sterilised had begun to come forward and speak with journalists. However, some non-Romani women also began writing into the Czech press that they too had been sterilised without their informed consent by Czech doctors. Some began to frame the issue as a patients’ rights issue drained entirely of its racial character. Our position was and remains: all women in the Czech Republic have been under threat of coercive sterilisations in the Czech Republic; for a number of reasons including the complex role of racism infecting Czech medical practice, Romani women are under particular threat of coercive sterilisation.

In its September 16 press release, the ERRC and partner organisations has presented publicly recommendations to Czech authorities on the matter. These are:

- ✧ Establish an independent commission of inquiry investigating the allegations and complaints of coercive sterilisations. Thoroughly investigate reported cases of coercive sterilisations, and make available – and widely publicised – procedures for women who believe they may have been abusively sterilised to report the issue. These procedures should ensure privacy rights,

Close Your Eyes, I'm Sterilizing¹

Testimonies of women who have been involuntarily deprived of their fertility

by Jan Kovalik

It sounds like news from the days of totalitarianism: involuntary sterilization of women seems to be taking place in obstetrical wards. The Ombudsman's office is currently trying to confirm the shocking information, but the specific stories of the women and the doctors' responses which have been made available to Respekt show that the allegations are evidently true. It is significant that 10 of the aggrieved women have found the courage to report their cases to the Ombudsman and to fight the obstetrical wards. For the time being their names and the names of the specific hospitals are being kept strictly under wraps in order to prevent any tampering of evidence or influencing of witnesses.

I will not stop fighting

One of these 10 brave women is 27-year-old "Jana", whose tragedy began seven years ago. When she was wheeled into the operating room in great pain, a nurse gave her a form to fill out. "I had just had three injections and I thought I was signing my consent to a Caesarian. At that moment I would have signed anything to get it over with," Jana says. Her joy at the birth of her little girl drove the memory of that signature into the back of her mind. She did not find out what she had actually signed until she visited a doctor after unsuccessfully attempting to have another child. "I was completely shocked, because we had so looked forward to another child. I didn't understand, I didn't know what to do. I had no idea I could seek help for such a personal matter," recalls Jana. Her only chance to have another child today is artificial insemination – a CZK 52 000 (EUR 1 700) procedure for which there is no guaranteed result. She and her partner tried for another child, but the fetus was not viable. "We can try two more times, in January we will try again. I know it can work and I will not stop fighting for another child," Jana says.

Jana's friend Gisela Pacenova has lived through a similar story: When the doctors placed her newborn little boy in her arms six years ago, they simultaneously told her that they had had to sterilize her. Pacenova did not realize that she had signed the consent form just before giving birth. "As a woman I felt like I had no value. The doctors told me that after six months they would reverse the sterilization and that I would be able to have another child," Pacenova says. This hope comforted her when her little boy died several days later of a severe heart defect.

However, when she visited the hospital six months later to reverse the sterilization, she was given the crushing news. "They told me it was irreversible. We didn't want to give up, and when we read about artificial insemination in a magazine, we wasted no time," Pacenova says. Having sold their car to pay for the funeral of their son, they used the remaining money for the operation. Their efforts were rewarded with success, and their healthy little boy is two and half years old today.

What is most arresting in Pacenova's case is that the doctors knew several weeks prior that they were going to have to perform a Caesarian due to the mother's narrow pelvis. Despite this, they gave her a paper to sign agreeing to both a Caesarian and sterilization right before the birth was to be performed. Pacenova explains why she is preparing to join the 10 women whose cases are being investigated by the Ombudsman: "I signed that paper, but I couldn't really take in any information. I didn't even read it. Why didn't someone speak with me about it earlier? This must not be allowed to happen to anyone else."

The burden of proof

The European Roma Rights Center was the first to come forward with the information about these unwanted sterilizations. Together with the League of Human Rights, IQ Roma Servis and Living Together, the Center mapped the practices of obstetricians in this country during this year and last year. "Of course, we have available more testimonies than the 10 that are mentioned, but for the time being only these 10 women have agreed to have their cases publicized," says Jiri Kopal of the League of Human Rights. The organizations submitted this topic to the Ombudsman and intentionally did their best to keep it from the media and the public. "We wanted to keep it secret so that documentation would not be destroyed," says Kumar Vishwanathan of Living Together.

According to Anna Sabatova, the Ombudsman's representative, the investigation of specific cases will take months. As the examples above show, evaluating the dubious steps of the physicians will be difficult, because the women did sign their consent to the procedure. The question is whether a signature put to paper during birth pangs, under stress and the influence of sedative drugs can be considered informed consent.

"Look, when a woman signs something, then she probably understands it. And I don't believe that a woman is so altered by giving birth that she doesn't know what she is signing," says the head of Ob/Gyn at the Fifejda Hospital in Ostrava, Richard Spousta. His ward will probably be one of those which will have to explain its practices to the Ombudsman. Spousta confirms that in acute cases, women in his ward sign their consent to a Caesarian or sterilization on their way to the operating table. "And why not? A second Caesarian would be a risk, and therefore sterilization is an option," says the head obstetrician.

However, not all obstetrical clinics agree. "I have not performed sterilization in such a case for 10 or maybe 15 years. Today, with modern equipment, a second classic Caesarian is not a medical reason for sterilization," says former head of the Physicians' Chamber Bohuslav Svoboda, who today is the head of the Ob/Gyn ward of Charles University's Teaching Hospital III.

Race matters

Despite the fact that all 10 cases being investigated by the Ombudsman concern Roma women – against whom the state pursued racially motivated sterilization prior to 1989 – even the initiators of this investigation reject a merely racial motive today. "This is not primarily a racial problem. This primarily concerns respecting human dignity and allowing people to decide about such crucial matters for themselves," says Vishwanathan. Sabatova is of the same opinion; she insists that the common denominator of these cases is the half-baked medical view of sterilization. "A doctor cannot take responsibility for the patient away from the patient and make such a decision. The psychological side of the matter must also be considered," says Sabatova. According to her, the decision to sterilize should be preceded by a patient interview with an expert and should not be for the doctor to decide. It is head obstetrician Spousta who pushes the case into the racial area all on his own when he says: "We are not racists here, but Roma are really noisy and 10 of them at a time come here to visit their relatives. You can't come to any sort of agreement with that particular group of citizens."

¹ This article appeared in the Czech weekly Respekt on September 27, 2004. Translation into English provided voluntarily by Gwendolyn Albert.

as well as rights related to effective remedy. Provide justice to all victims of coercive sterilisations, including those coercively sterilised under Communism. Conduct *ex officio* investigations to ascertain the full extent of coercive sterilisations in the post-Communist period.

- ✧ Review the domestic legal order in the Czech Republic to ensure that it is in harmony with international standards in the field of reproductive rights and provides all necessary guarantees that the right of the patient to full and informed consent to procedures undertaken by medical practitioners is respected in all cases.
- ✧ Promote a culture of seeking full and informed consent for all relevant medical procedures by providing extensive training to medical professionals and other relevant stakeholders, as well as by conducting information campaigns in relevant media.
- ✧ Undertake regular monitoring to ensure that all medical practitioners seek to attain the highest possible standards of consent when undertaking sterilisations and other invasive procedures.

On Friday, September 24, the Czech Ministry of Health announced jointly with the Ombudsman's office that it would establish a commission to assist the Ombudsman with investigations into cases of coercive sterilisations. The ERRC and partner organisations celebrated this announcement. However, it has also been our concern that a commission comprised solely of Czech officials may lack suitable competence on informed consent issues to provide the full range of expertise required. At minimum, a commission comprised solely of Czech officials will be unlikely to be able to persuade all members of the public that it has been entirely independent. As a result, on September 29, the four partner organisations jointly sent a letter to the Czech Minister of Health and the Ombudsman, copied to the Czech government's Commissioner for Human Rights, urging the inclusion of independent experts on the commission, and offering assistance in providing contacts for relevant experts. That letter states:

"We welcomed news reports beginning Friday September 24 that Czech authorities intend to constitute a commission to assist with investigations into allegations of coercive sterilisations in the Czech Republic. We believe it is of the utmost importance that from the outset the commission include independent experts in human rights, medical ethics and in legal standards relating to informed consent, to ensure that the commission adequately addresses all issues of justice arising in relation to alleged practices of coercive sterilisation in the Czech Republic.

"Toward these ends, we respectfully request that Czech authorities seek the inclusion of the Council of Europe's Commissioner for Human Rights, as well as the Council of Europe's Steering Committee on Biomedical Ethics, august bodies with extensive expertise in matters related to the issue at hand. The organisations listed here note that, in addition to these important expert bodies, Czech authorities can benefit from the inclusion in the commission of other individuals and groups with expertise in the medical ethics, informed consent and other human rights issues with whom we are in contact. We are ready to assist with any and all contacts for relevant experts the Ministry, the Ombudsman, or other persons involved in the investigation may require or request to ensure that all relevant medical, legal and ethical issues are adequately evaluated. We thank you in advance for all efforts in this matter."

To date, these issues have not yet been acted upon, and it seems Czech authorities may try to keep the issue entirely domestic. This may raise serious questions about the independence of investigations.

A further development took place on October 15, when Czech media reported that the Minister of Health had announced a proposal for the creation of a "Hospital Ombudsman" to defend the rights of patients.

As of the date of this writing, there has as yet been no result of investigations into the complaints submitted to the Ombudsman in September. However, there have already been a number of positive results of the action. In the first place, the Czech public has finally opened serious debate on this

Commentary by Petr Uhl¹

Forced sterilization of Roma women? When the government's Special Rapporteur for Human Rights, Jan Jařab, was in Geneva in May at a meeting of the Committee for the Prevention of Racial Discrimination (a UN authority overseeing an international treaty binding on the Czech Republic!), the US member of the Committee asked him: "Mr Jařab, how can you be continuing the sterilization of Roma women, weren't they all sterilized in the past?" The rest of the Committee did not agree with the opinions of this member, a famous feminist fighting against male domination in "postcommunist" countries, but it did recommend the Czech government investigate the suspicion that Roma women are being pressured into sterilization in the Czech Republic. Committee recommendations are binding for the Czech Republic.

The European Roma Rights Center in Budapest has been dealing with these suspicions for several years. Serious Czech civic associations - the League of Human Rights, IQ Roma Servis and Kumar Vishwanathan's Living Together - have filed a complaint along with them. The Ombudsman, a state authority which is independent of the government, has taken up the matter on the basis of the complaints of 10 Roma women, and this is good, since his impartiality cannot be doubted. The Special Rapporteur also has a reputation as a man who is not willing to cover up government iniquities.

It seems that even today, the first-ever sources of the suspicion of forced sterilization of Roma women are the following sentences of a Charter 77 document

from December 1978 entitled The Position of the Gypsies/Roma: "The question of sterilization is especially serious.... The consent of Roma women to sterilization is gained under pressure and there is no guarantee of their receiving objective medical advice. In some districts sterilization of Roma women is performed as a planned administrative practice and the success of staff is evaluated at internal meetings according to the number of Roma women they have convinced to consent to sterilization. Under such conditions any objectivity is automatically ruled out. Many times the consent to sterilization is obtained by exploiting the demagogic tactic of monetary reward. Sterilization is thus becoming one of the approaches of the majority population against the minority aimed at preventing the birth of minority children." This Charter document is very detailed, compiled as it was in cooperation with experts in the field (several were fired from their jobs as social workers with the Roma after signing Charter 77). And that last sentence is written so as to include the definition of genocide. Despite this, back then we decided not to charge the regime with practicing genocide against the Roma, since we knew that the sterilization of Roma women was not centrally administered, but a question of local health authorities and the approaches of individual doctors to their patients. However, a quarter of a century after the Charter document, and 15 years after the introduction of a democratic order accompanied by public control of all areas of life in this society, the ERRC in Budapest is warning of possible cases of not completely voluntary sterilization. Sometimes the consent was alleg-

edly obtained while the woman was giving birth, during labor pains. Sometimes it was given due to an incorrect understanding of the terminology, or after receiving manipulative information. Sometimes no explanation was given of the results and possible psychological effects of sterilization, or no information on alternative methods of birth control was given. The civic associations are also demanding investigation into whether social workers are pressuring Roma women to submit to sterilization by offering them financial rewards or threatening to stop their social support. Finally, what is truly unknown is any possible racist motivation of the doctor who obtains the woman's consent. Czech government representatives are supposed to have admitted to the ERRC that the culture of the Czech medical profession in some instances has not advanced as far as patients' rights are concerned. Special Rapporteur Jařab is said to have admitted that informed consent to sterilization is a problem, but to have downplayed the opinion that it is being performed out of racist motivation. Social Affairs Minister Zdenek Skromach has said the ERRC complaint "concerns only one place, Ostrava, which is a specific case in and of itself" and rejected their concerns as based on "stereotypical, unsubstantiated formulations and information." The ERRC denies both claims.

It seems the Ombudsman can only address one part of this matter. It is of such importance that the Czech government and the health minister should initiate an investigation to either confirm or deny the dubious practices mentioned. The charges are far too serious.

¹ This editorial appeared in the Czech daily Pravo on September 22, 2004. Translation provided voluntarily by Gwendolyn Albert.

issue – an issue which had remained unaddressed throughout post-Communism, despite being among the major legacies of Communism and post-Communism in the Czech Republic. More than one month after the issue was first taken up by Czech media, articles, news features and serious discussions have continued to appear in both print and electronic media. This alone is an issue of significance. Major media outlets in the Czech Republic including the Czech weekly *Respekt*, the Czech dailies *Mlada Fronta Dnes* and *Pravo*, and the Czech state television should be commended for high-quality journalism and the promotion of serious debate on this issue. The ERRC is reprinting herewith two of the best pieces appearing; an editorial by Petr Uhl appearing in the daily *Pravo* on September 22, and an article by Jan Kovalik appearing in *Respekt* on September 27.

Secondly – and perhaps far more importantly – a major watershed has been reached in terms of the confidence of victims to come forward. By contrast with events in Slovakia, in which in many cases victims were hounded into silence by police investigators and media, in the Czech Republic, more and more women have begun to come forward to press claims concerning coercive sterilisations they have undergone. According to information made public by the Czech Ombudsman on November 10, as of that date, more than fifty individuals had submitted complaints to the Ombudsman concerning coercive sterilisations. Two of the complaints reportedly concern non-Romani women and one was submitted by a man alleging coercive sterilisation.

Finally, on November 4, the partner organisations involved in action to challenge coercive sterilisation in the Czech Republic organised a meeting of victims to discuss the possibility of constituting a victim support group. The meeting was hosted by ERRC partner organisation Life Together in the eastern Czech city of Ostrava and was attended by all of the partner organisations, Deputy Ombudsperson Anna Šabatová and colleagues responsible for investigating the complaints, and fourteen women who have submitted complaints to the Ombudsman. At the meeting, the victims decided to constitute themselves into a formal group and to begin undertak-

ing public action to inform other women of their rights related to this issue. The group resolved to meet monthly. Participants at the meeting spoke of their joy at finally being able to discuss in an open forum traumatic issues which they have endured in silence, in some cases for many years.

The ERRC will continue to follow up with partner organisations on this issue in the Czech Republic, both by continuing to facilitate complaints to Czech authorities concerning allegations of coercive sterilisations, as well as by organising support groups for victims. We will also continue to press for the establishment of an abuse-specific procedure such that victims of this practice may come forward in safety, comfort and privacy to press claims and receive due compensation. As in other countries to have addressed similar troubling chapters of their treatment of marginalised ethnic groups – such as Sweden and Switzerland – the matter will likely not rest in full until the government makes a full public accounting of the issue and undertakes significant proactive measures to try to make amends.

Response of the Czech Government Commissioner for Human Rights to ERRC Action on Coercive Sterilisations of Romani Women in the Czech Republic

The ERRC was approached by the Czech Ministry of Foreign Affairs, requesting that we publish a text by Mr Jan Jařab, outgoing Czech Government Commissioner for Human Rights, a response to an item appearing in *Roma Rights 2/2004* (“UN Committee against Torture Urges the Czech Republic to Investigate Alleged Coercive Sterilisation of Romani Women”, on the Internet at: <http://www.errc.org/cikk.php?cikk=1988>). Because the text did not come from Mr Jařab himself, but appeared to be authored by him, the ERRC requested confirmation from Mr Jařab that he indeed wished to see the text submitted published in *Roma Rights*. Mr Jařab requested that the ERRC print an amended version of the text originally sent by the Czech Foreign Ministry. The amended version submitted by Commissioner Jařab, unedited or abridged, follows:

Czech Republic is Determined Not to Tolerate Coercive Sterilisations

The Czech Republic has been criticised for more than two years by the European Roma Rights Center (ERRC) for “continuing involuntary sterilisations of Roma women in the Czech Republic” at every imaginable international forum. Since the claim was first publicly made, the Czech Republic – represented in particular by myself, as the Government Commissioner for Human Rights – has been politely asking the ERRC to provide Czech authorities (i.e., above all the Ombudsman) with information which could lead to a full, adequate and independent investigation of cases of women who claim that they were sterilised without informed consent. Until recently, all our efforts were in vain. Representatives of the ERRC continued repeating their claims without providing any information about the identity of the victims of involuntary sterilisation.

In informal conversations, the representatives of the ERRC made assurances that they trusted the Czech Ombudsman and that they would soon reveal the identity of the alleged victims, so as to enable proper investigations, but they repeatedly failed to do so. Earlier this year, the ERRC supplied several names – without addresses or any further identification or specific information about the case, or indeed a consent of the woman in question – to the Ombudsman’s office.

In September 2004, ten individual cases were finally presented start to the Ombudsman. This move is most welcome, as it enables independent investigation of the cases. It is obvious that action on part of the Ombudsman could have taken place much earlier and that repeated accusations made by the ERRC over the period of two years (against the lack of action on part of the Czech Republic) were unfair. Clearly, the delays in investigation of these complaints were by no means caused by the authorities of the Czech Republic, who simply did not have anything to investigate.

For any final judgement on the problem, it is now necessary to wait for the outcome of the Ombudsman’s investigation. However, as several cases were also presented in the media, it appears that there have indeed been cases in the 1990s where sterilisation was performed in violation of binding legislation by individual doctors and hospitals.

The Czech Republic does NOT carry out any policy of coercive sterilisations towards anyone, and it does NOT continue the attempts of the Communist regime to regulate Romany birth-rates. It is also determined not to tolerate such violations on an individual basis, and to hold those who have committed them responsible for their actions.

Finally, the Czech Republic recognises there is a systemic aspect of the problem. This, however, does not lie in any anti-Romany legislation or policy, but in a deficiency of the legislation regulating “consent” as a legal category in medical care. Although a new draft Medical Care Act defines consent as free, informed and qualified, it has not yet been passed by Parliament, and the existing legislation does not include such a specification of consent, which allows for a rather formal interpretation of the term. The Czech Government is determined to push the new legislation forward as soon as possible.

Jan Jařab
(outgoing) Government Commissioner for Human Rights

The ERRC responds:

The ERRC welcomes Commissioner Jařab’s public affirmation of the Czech government’s position, as well as his determination to see amended legislation on patients rights ratified by parliament.

The ERRC first made public the results of its research concerning allegations of coercive sterilisations of Romani women in the Czech Republic (as well as in Slovakia and Hungary) in April 2003, at an OSCE meeting in Vienna. However, long before this date, the burden of action for investigating the matter and providing justice to victims has resided with the Czech authorities. Under Communism, the Czech dissident group Charter 77 called attention to policies of coercive sterilisation of Romani women. A dissident report in the late 1980s, never published but widely circulated, documented the practice extensively. The authors of the report filed complaints with the Czech prosecutor in 1991, but never received an answer to those complaints; only after inquiry did they discovered they had been dismissed. A 1992 report by Helsinki Watch (now Human Rights Watch) documented the issue extensively and urged the Czech authorities to provide justice to victims.⁵ No such justice has been forthcoming.

In publishing the findings of our research and appealing to Czech authorities to investigate, we have protected the confidentiality of our interlocutors – Romani victims of these practices. In respecting the confidentiality in which information was provided to the ERRC, we have acted according to legitimate and well-established principles of independent human rights research.

In light of the above, it has never been the obligation of the ERRC to undertake the work of the Czech government in ascertaining the extent and dimensions of this issue. As the jurisprudence of the European Court of Human Rights and other tribunals makes clear, that obligation resides with the state.⁶ Indeed, what on earth would the prosecutorial services be for if not to investigate allegations of crimes? The ERRC has repeatedly called Mr Jařab’s attention to these issues, and in discussions more than one year ago, he acknowledged that there was no obstacle to opening *ex officio* investigation. Hence his contention that there has not been, until September 2004, “anything to investigate” is not accurate.

What lies behind the disagreement described above are fundamentally divergent views on the Czech Republic’s record with regard to Roma rights issues generally, and the nature of a just remedy with respect to the coercive sterilisation of Romani women. In the view of Commissioner Jařab, Roma rights matters in the Czech Republic are apparently issues of fine tuning. *Pace* Jařab, the organs of justice work fine now, and have always worked fine. If there are perhaps some individual cases of human rights violations out there, then it falls to the individual to raise them.

Our field research has repeatedly revealed however – until a recent change on the ground as a direct result of the actions of the ERRC and its partners in pressing these matters

⁵ *Helsinki Watch, Struggling for Ethnic Identity Czechoslovakia’s Endangered Gypsies, New York: Human Rights Watch, 1992.*

⁶ *The European Court of Human Rights has repeatedly made this fundamental principle of international human rights law clear. See, for only one example, Assenov and Others v. Bulgaria, (90/1997/874/1086), Judgment, Strasbourg, 28 October 1998.*

– deep reluctance by Romani victims of coercive sterilisation to come forward. And no wonder: no efforts to seek justice in the past on coercive sterilisation matters have ever amounted to anything; the Czech judiciary's record on issues of racially motivated crime and racial discrimination is shameful; and indeed Czech lawmakers adopted a law in 1992 aimed at forcing Roma to leave the country. Why should the victims of a practice involving deep shame and humiliation – and in which they have been apparently in many instances tricked into relinquishing the ability to have children by Czech authorities – have any faith that Czech authorities will act appropriately in the matter, absent any proactive step from the government's side?

On the basis of our conversations with members of the Czech human rights community – including persons who, like Mr Jařab, have chosen to take up positions in the public administration – we know that many share our unease at the repeated failure of Czech authorities to bring justice in Roma rights cases. Indeed, the current head of the Czech constitutional court is on record as stating as much.⁷

The ERRC's first interest has always been its responsibilities to the victims. By law and morality, the obligation to undertake investigations of these practices lies entirely with the Czech state. This fact notwithstanding, on the basis of discussions with Mr Jařab and the Ombudsman, we have worked painstakingly with partner organisations and with victims to facilitate complaints to the Ombudsman's office. We have not, however, ceased using international fora to bring pressure on the Czech Republic on this issue, because in our experience, without international pressure, efforts to bring about justice for Roma in the Czech Republic tend to come to nothing. Indeed, on the issue of coercive sterilisations, to date, even with international pressure on the Czech Republic, there has been no justice.

As Mr Jařab notes, we must now wait for the outcome of the Ombudsman's investigation. However, as noted above, while these individual measures are necessary, they are not sufficient. We believe the nature of the issue is such that it will ultimately require a law establishing (i) recognition that practices of coercive sterilization have been prevalent in the Czech Republic; (ii) procedures (including all relevant safeguards for the safety and privacy of the complainant) specific to the issue of coercive sterilization, under which victims of such practices may come forward and claim due compensation.

⁷ *In August 2003, in an interview with the Czech daily Právo on the occasion of his appointment to head the Czech Constitutional Court, Mr Pavel Rychetský expressed explicit concern about the functioning of the Czech judiciary with respect to allegations of racially motivated crime.*



International Concerns about Forced Sterilisations of Romani Women Prompt Amendments to the Slovak Health Care Act

ON OCTOBER 21, 2004 the Slovak Parliament finally adopted amendments to the Healthcare Act, which will come into force on 1 January 2005. Amendments to Slovak legislation regulating issues such as contraceptive sterilisation, informed consent, and access to medical files, have been prompted by considerable international criticism following reports on forced sterilisation of Romani women in Slovakia throughout 2003. The ERRC, among other organisations, has raised concerns with international organisations about instances of racially-based contraceptive sterilisation of Romani women, without free and informed consent, documented by the ERRC in 2002-2003.

In December 2003, the ERRC examined a draft version of the Slovak Healthcare Act and an accompanying Sterilisation Regulation, and found that these fell far short of meeting relevant international legal standards. On 18 December 2003, the ERRC sent a letter to the Slovak Minister of Health giving a detailed legal commentary on the relevant international standards. For example on informed consent, the European Convention on Human Rights and Biomedicine (ECHR), which entered into force in Slovakia on 1 December 1999, states in Article 5 that “An intervention in the health field may only be carried out after the person has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time.” The explanatory report to this Convention states that “this information must be sufficiently clear and suitably worded for the person who is to undergo the

intervention. The person must be put in a position, through the use of terms he or she can understand, to weigh up the necessity or usefulness of the aim and methods of the intervention against its risks and the discomfort or pain it will cause”.

The ERRC, in its letter to the Slovak Minister, suggested changes to key, deficient, articles in the Slovak draft Act and Regulation. The letter urged the Slovak government to amend the draft Act on Healthcare and Sterilisation Regulation, before they are sent to the Legislative Council of the Slovak Republic, so that any legislation adopted meets Slovakia’s international obligations.

The Health Care Act that was approved by the Slovak Parliament in October 2004, incorporates to a considerable degree the concerns voiced by the ERRC regarding the legal framework regulating contraceptive sterilisation and informed consent. In particular, the Act introduces a separate chapter (Chapter III) on sterilisation, assisted reproduction and medical genetics; thereby eliminating any separate Sterilisation Regulation. Article 40(2) of the Act states that “sterilisation may be carried out only on the basis of a written request and written informed consent”.¹ The information that must be provided to the patient to constitute informed consent is set out in Article 6 of the Act and would appear to meet European Convention on Human Rights and Biomedicine standards. The Act states that information shall be provided by the attending healthcare professional “about the purpose, nature, consequences and risks” of the treatment, the possibility to choose from a range of methods of treatment, and the risks associated with refusal of treatment. This information shall be provided “comprehensively, considerately, without pressuring, and

¹ *Our emphasis.*

corresponding with the mental and emotional maturity and health condition of the person to be instructed, while providing the opportunity and sufficient time to freely decide...”

For sterilisation operations, Article 40(3) of the Act further stipulates, among other provisions, that informed consent should include information on alternative methods of contraception and planned parenthood, and on the medical consequences of sterilisation as a method making infertility irreversible, and that a patient’s circumstances may change since sterilisation was requested.

Under the Act, sterilisation cannot be carried out until 30 days have passed after the informed consent was given. Consent can be withdrawn at any time before the medical intervention is performed. Pursuant to Article 246b of the Act,

illegal sterilisation by a healthcare professional carries a minimum penalty of imprisonment of three to eight years.

On access to medical records, the person authorised on the basis of a power of attorney may consult the person’s medical records, and make notes or copies of the records on site. The law specifically provides that anyone refused lawful access to medical records may reverse this through a court decision. This will hopefully make it easier for victims of forced sterilisation, together with their lawyers, to gain access to their medical records, and thereby bring before the courts the proof that illegal practices had been carried out. The revised Act will hopefully provide a much needed safeguard against any further illegal sterilisation, and bring patients rights to informed consent into domestic legislation.

Written Comments of the European Roma Rights Center to European Commission "Green Paper: Equality and Non-Discrimination in an Enlarged European Union"

IN LATE SPRING 2004, the European Commission (EC) opened for comment a "Green Paper" on "Equality and Non-Discrimination in an Enlarged European Union". The EC Green Paper is available at: http://www.europa.eu.int/comm/employment_social/fundamental_rights/greenpaper_en.pdf. The ERRC joined debate on the Green Paper with a contribution on the problem of the "nationality exclusion" included in 3 key European Union Directives, and in particular in Directive 2000/43/EC "implementing the principle of equal treatment between persons irrespective of racial or ethnic origin" (the "Race Directive"), Europe's premiere document banning racial discrimination. The "nationality exclusion" in the Race Directive sets differential treatment based on nationality for the time being outside the scope of the European Union definition of racial discrimination, by including texts such as "This Directive does not cover difference of treatment based on nationality and is without prejudice to provisions and conditions relating to the entry into and residence of third-country nationals and stateless persons on the territory of Member States, and to any treatment which arises from the legal status of the third-country nationals and stateless persons concerned." With reference to international law, the ERRC argues that the "nationality exclusion" in the Race Directive harms the anti-discrimination *acquis* by arbitrarily cleaving "nationality" from the definition of racial discrimination. The full text of the ERRC's comments to the Commission Green Paper follow below. In addition, the ERRC joined a statement by the recently-established "Coalition for Environmental Justice", a loose network of NGOs focussing on problems of the disparate impact of environmental harms on minorities and minority communities in Central and Eastern Eu-

rope. The statement by the Coalition for Environmental Justice focussed on the need to establish explicit links between EU environmental law on the one hand and EU anti-discrimination law on the other. The full text of the statement by the Coalition for Environmental Justice is available at: http://www.errc.org/Advocacy_index.php.

Introduction

The European Roma Rights Center (ERRC) is an international public interest law organisation engaging in a range of activities aimed at combating anti-Romani racism and human rights abuse of Roma, in particular strategic litigation, international advocacy, research and policy development, and training of Romani activists. The ERRC welcomes the opportunity provided by the European Commission's DG Employment and Social Affairs opening for public debate of a Green Paper on "Equality and non-discrimination in an enlarged European Union".¹

The ERRC takes the opportunity of public discussion of the Green Paper to raise one aspect of concern with respect to the current state of the EU legal framework banning discrimination (including racial discrimination), namely the so-called "nationality exclusion" from the scope of the ban on racial discrimination, as well as the broader failure of the EU to provide adequate guidance as to how to regulate discrimination on grounds of nationality. As elaborated below, the ERRC holds that the "nationality exclusion" included in the Directive 43/2000 "implementing the principle of equal treatment between persons irrespective of racial or ethnic origin" has impermissibly cleaved "nationality" from the definition of racial discrimination as provided under the international

¹ COM(2004)379 final, Brussels, 28.05.2004 (Hereinafter "Equality Green Paper").

law *acquis*, and thus introduced into EU law a partial and insufficient definition of discrimination on grounds of racial or ethnic origin, a definition discordant with international law. The ERRC further believes that the explicit exclusion of the ground of nationality from the ban on racial discrimination, as well as the very limited guidance provided by EU institutions as to how to regulate the ban on discrimination on grounds of nationality, has had pernicious impact in a number of ways, including but not limited to:

- ✧ Opening the possibility for discrimination on racial or ethnic grounds under the pretext that such discrimination is on grounds of “nationality”;
- ✧ Leaving unregulated or at best under-regulated, for the purposes of EU law, the field of discrimination against non-nationals *per se*;
- ✧ Establishing potential dilemmas for Member States’ governments due to divergent approaches between the EU *acquis* and the international law *acquis* in matters relating to discrimination against non-nationals;
- ✧ Inspiring, in some EU Member States, the erosion of domestic law standards which previously banned discrimination against non-nationals.

In light of the precarious situation of many non-nationals in Europe – including in particular dark-skinned and Romani non-nationals – the “nationality exclusion” is currently contributing significantly to social exclusion in Europe.

Discussion

In recent years, the European Union has played a leading role in Europe in the struggle against discrimination, including by enacting a number of binding standards banning discrimination by law on a range of grounds. Worryingly, however, a new corpus of European Union rules has left individuals dangerously exposed to arbitrary treatment, particularly where these individuals are – or are perceived to be – non-citizens of the

country at issue. Particularly at risk are persons who are not citizens of the country at issue or of another EU Member State.

The Green Paper notes in a number of places problems of discrimination faced by “migrants” in today’s Europe, for example in the following passage:

With regard to migrants and ethnic minorities, national measures in the employment and social inclusion field continue to place the main emphasis on the need for migrants to adapt, most notably through integration measures, such as language courses. While these initiatives are important, they should be accompanied by measures that address the potentially discriminatory behaviour, attitudes or practices of the majority of the population, which can prevent a migrant or member of an ethnic minority from accessing a job or service or training course irrespective of his or her qualifications, experience or language ability.²

The Green Paper also notes that the EU institutions have in some areas of law banned discrimination on grounds of nationality, or at least committed to such a ban in principle:

The European Union’s commitment to the principle of non-discrimination was reaffirmed by the proclamation in December 2000 of the Charter of Fundamental Rights.³ Article 20 of the Charter sets out the general principle of equality before the law and Article 21 deals with the principle of non-discrimination.

EU Charter of Fundamental Rights, Article 21:

1. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.
2. Within the scope of the application of the Treaty establishing the European Community

² *Equality Green Paper*, p. 20.

³ http://europa.eu.int/comm/justice_home/unit/charte/index_en.html.

and the Treaty on European Union, and without prejudice to the special provisions of those Treaties, any discrimination on grounds of nationality shall be prohibited.

Article 21 of the Charter covers all of the six grounds listed in Article 13 of the EC Treaty, as well as seven additional grounds (social origin, genetic features, language, political or other opinion, membership of a national minority, property and birth).

[...]

In accordance with Article 51 of the Charter, the principles it sets out should guide the development of policy in the EU and the implementation of these policies by national authorities. The European Court of Justice (ECJ) has consistently held that fundamental human rights, derived from the international instruments to which all the Member States are signatories, form part of the general principles of Community law, the observance of which it ensures.⁴ The Charter has already become an important reference document for the ECJ in its interpretation of Community law.⁵

The principle of non-discrimination on grounds of sex or nationality [emphasis added] has been held on numerous occasions by the ECJ to be a fundamental right under community law, any exceptions to which must be narrowly interpreted.⁶ This jurisprudence will, no doubt, influence the ECJ when it comes to examine the Race Equality and Employment Equality Directives for the first time.

The measures described notwithstanding, recent EU moves to elaborate the ban on racial discrimination by means of a detailed Directive

under the revised Article 13 TEC, as well as the elaboration of directives in other areas relating to discrimination, have increasingly rendered the measures in the field of nationality described above inadequate, especially in light of their comparative weakness with respect to impact on Member States' domestic law and policy.

Strengthening norms in particular in the field of racial discrimination have been noteworthy for the "nationality exclusion", which sets differential treatment on grounds of nationality outside the scope of the ban on racial discrimination for the purposes of EU equality law. This exclusion – appearing in Directive 2000/43/EC "implementing the principle of equal treatment between persons irrespective of racial or ethnic origin" (Hereinafter "Race Equality Directive" or "Directive") – has left non-citizens and others dangerously exposed to the severe harm of racial discrimination, by opening the possibility that discriminators simply ground differential treatment in the pretext that this differential treatment is on grounds of nationality, not of racial or ethnic origin.

In addition, where the EU has adopted an anti-discrimination directive covering more than one ground of discrimination, this has also featured a "nationality exclusion" clause. Thus, although Directive 2000/78/EC "establishing a general framework for equal treatment in employment and occupation" (Hereinafter "Employment Discrimination Directive") appears at first glance to cover a range of grounds, namely (in addition to racial or ethnic origin, covered by the Race Equality Directive) religion or belief, disability, age or sexual orientation, it also includes a "nationality exclusion". As detailed below, the inclusion of "nationality exclusion" clauses in these two directives raises questions about whether the

⁴ E.g. Case 29/69, *Stauder v City of Ulm*, Case 4/73 ECR [1969] 00419, *Nold v Commission*, Case C-60/00 ECR [1974] 00491, Case C-60/2000, *Mary Carpenter v Secretary of State for Home Department* ECR [2002] I-006279.

⁵ E.g. Case C-245/01 - *RTL Television GmbH v Niedersächsische Landesmedienanstalt für privaten Rundfunk* ECR [2003] 0000, Cases T-116-01 & T-118/01-P & O *European Ferries (Vizçaya) & SA v and Diputación Foral de Vizçaya v Commission of the European Communities* ECR [2000] 0000. (*Equality Green Paper*, pp. 9-10).

⁶ E.g. Case C-13/94, *P v S and Cornwall County Council* ECR [1996] I-02143, Case C-55/00, *Gottardo* ECR [2002] I-00413.

European Union anti-discrimination law framework can be said to be fully in harmony with the anti-discrimination law *acquis* under international law. Indeed, at present, the EU anti-discrimination *acquis* and international anti-discrimination *acquis* appear – in terms of approach – to be taking divergent roads, with the UN increasingly developing a rights-by-rights-based approach, examining as it goes whether the individual right at issue is to be enjoyed by non-citizens (of this, more below).

In addition, while the European Union has provided increasing guidance on the ban on discrimination on a number of grounds, the EU has to date not yet rendered explicit how states are to regulate the ban on discrimination on grounds of nationality via an instrument as detailed (and binding) as the anti-discrimination directives.

The “nationality exclusion”, included in several EU anti-discrimination directives and consequently inspiring in the Member States both a void of legal protections as well as glaring opportunities for pre-textual racial discrimination, is of particular concern in light of strong anti-foreigner sentiment in Europe, and widespread reports of discrimination against foreigners – particularly dark-skinned and Romani foreigners. It is also of concern insofar as there are clear indications that in the field of non-discrimination, lawmakers in the Member States currently appear to undertake only the bare minimum required under EU law (and sometimes not even that), and frequently seek to avoid international law obligations altogether. Thus, the failure by the EU adequately to address issues of discrimination as they relate to non-citizens has meant, in practice, an erosion of protections for non-citizens.

The Ban on Racial Discrimination Under International Law

Space considerations preclude an extensive discussion here of the ban on discrimination – and in particular racial discrimination – under

international law. Three of the most core instruments regulating the ban – the definitions of discrimination as provided under the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and the International Convention on the Elimination of All Forms of Racial Discrimination follow:

The International Covenant on Civil and Political Rights (ICCPR) states, at Article 2(1): “Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.” Article 26 of the ICCPR further provides: “All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.” In its General Comment 15 on the position of aliens under the Covenant, the Human Rights Committee elaborated that “[...] the general rule is that each one of the rights of the Covenant must be guaranteed without discrimination between citizens and aliens. Aliens receive the benefit of the general requirement of non-discrimination in respect of the rights guaranteed in the Covenant, as provided for in article 2 thereof [...]”⁷

The International Covenant on Economic, Social and Cultural Rights (ICESCR) provides, at Article 2(2): “... the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, birth or other status.” The ICESCR also requires that states may provide limitations to the enjoyment of the rights in the Covenant “only in so far as this may be compatible with the nature

⁷ *United Nations Human Rights Committee, General Comment No. 15: The position of aliens under the Covenant: 11/04/86. CCPR General Comment No. 15. (General Comments), pt. 2.*

of these rights and solely for the purpose of promoting the general welfare in a democratic society.” (Article 4). In its general comments on areas such as health, housing and education, the CESCR has emphasised that the principle of non-discrimination extends also to non-citizens. For example, in its General Comment 13 on the right to education, the Committee stated that “the principle of non-discrimination extends to all persons of school age residing in the territory of a State party, including non-nationals, and irrespective of their legal status.”⁸ Among a number of similar comments in recent years, in its concluding observations on Italy’s third periodic report, the Committee criticised the government for limiting access to healthcare for asylum-seekers only to emergency situations.⁹

Article 1(1) of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) states: “In this Convention, the term ‘racial discrimination’ shall mean any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.” Although at Article 1(2) the ICERD provides that the Convention shall not apply with respect to treatment between citizens and non-citizens, the UN Committee on the Elimination of Racial Discrimination (CERD) has importantly emphasised that protections included in the Convention are to be seen within the broader context of the ban on discrimination included in the major international laws on human rights. In its General Recommendation XI on non-citizens, the CERD held: “The Committee further affirms that article 1, para.2 must not be interpreted to

detract in any way from the rights and freedoms recognized and enunciated in other instruments, especially the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights.”¹⁰

Moreover, the CERD has also emphasised that a number of the rights included in the Convention extend to all persons on the territory of a given state. In its General Comment XX on non-discriminatory implementation of rights and freedoms, the CERD noted: “Whenever a State imposes a restriction upon one of the rights listed in article 5 of the Convention which applies ostensibly to all within its jurisdiction, it must ensure that neither in purpose nor effect is the restriction incompatible with article 1 of the Convention as an integral part of international human rights standards. [...] Many of the rights and freedoms mentioned in article 5, such as the right to equal treatment before tribunals, are to be enjoyed by all persons living in a given State; others such as the right to participate in elections, to vote and to stand for election are the rights of citizens.”¹¹

The CERD later elaborated on this opinion in written response to a questionnaire sent by the UN Special Rapporteur on the rights of non-citizens, dated 20 March 2003, by noting: “As stressed by the Committee in its General Recommendation XX, several of the rights and freedoms mentioned in article 5 ICERD, are to be enjoyed by all persons living in a given state. The Committee is consistently reviewing the situation in State parties regarding the enjoyment by everyone, including non-citizens, of such rights and freedoms.” In its response to the Special Rapporteur on the rights of non-citizens, the Committee also provided a summary of some areas in which

⁸ *United Nations Committee on Economic, Social and Cultural Rights, The right to education (Art.13): 08/12/99. E/C.12/1999/10. (General Comments), pt. 34.*

⁹ *United Nations Committee on Economic, Social and Cultural Rights, Twenty-second session 25 April-19 May 2000 Concluding Observations on Italy’s third periodic report, para 17.*

¹⁰ *United Nations Committee on the Elimination of Racial Discrimination, General Recommendation No. 11: Non-citizens (Art. 1): 19/03/93, pt. 3.*

¹¹ *United Nations Committee on the Elimination of Racial Discrimination, General Recommendation No. 20: Non-discriminatory implementation of rights and freedoms (Art. 5): 15/03/96, pt. 3.*

it had in the past noted particular concerns with respect to treatment of non-citizens, focussing in particular on discrimination in access to housing, education, employment and access to justice, as well as to concerns related to ill-treatment of foreigners by law-enforcement officials.¹²

Finally, at its 64th session, 23 February-12 March 2004, the CERD adopted General Recommendation 30, “Discrimination Against Non-Citizens”,¹³ a document definitively setting to rest the idea that “nationality” can be cleaved from the racial discrimination acquis without significantly damaging that body of law. Key elements included in General Recommendation 30 include the requirement that States “[e]nsure that legislative guarantees against racial discrimination apply to non-citizens regardless of their immigration status, and that the implementation of legislation does not have a discriminatory effect on non-citizens”, as well as that States “[e]nsure that immigration policies do not have the effect of discriminating against persons on the basis of race, colour, descent or national or ethnic origin”. The substantive provisions of General Recommendation 30 elaborate 28 separate items in the areas of “Protection against Hate Speech and Racial Violence”, “Access to Citizenship”, “Administration of Justice”, “Expulsion and Deportation of Non-Citizens” and “Economic, Social and Cultural Rights”. As to the latter, General Recommendation 30 provides, inter alia, that States:

29. Remove obstacles that prevent the enjoyment of economic, social and cultural rights by non-citizens, notably in the areas of education, housing, employment and health;
30. Ensure that public educational institutions are open to non-citizens and children of undocumented immigrants residing in the territory of a State party;
31. Avoid segregated schooling and different standards of treatment being applied to non-citizens on grounds of race, colour, descent,

and national or ethnic origin in elementary and secondary school and with respect to access to higher education;

32. Guarantee the equal enjoyment of the right to adequate housing for citizens and non-citizens, especially avoiding segregation in housing and ensuring that housing agencies refrain from engaging in discriminatory practices;¹⁴

The ERRC appends herewith CERD General Recommendation 30 in its entirety, as an annex to these Written Comments.

In light therefore of the comprehensive nature of the ban on discrimination provided in particular at Article 26 of the ICCPR, as well as in view of the body of commentary by the CERD as to interpreting the Convention, it is evident (i) that non-citizens enjoy equal protection of the law in the realisation of a broad range of fundamental rights, and (ii) that the exclusion of “nationality” from bans on racial discrimination constitutes an impermissible constriction of the definition of discrimination on racial or ethnic grounds, as provided under international law.

Recent European Union Measures Banning Discrimination

In recent years, the European Union has led efforts to combat racism and xenophobia in Europe, in particular by adopting in June 2000 Directive 2000/43/EC “implementing the principle of equal treatment between persons irrespective of racial or ethnic origin” (Hereinafter “Race Equality Directive” or “Directive”). The Directive establishes a framework for the dimensions of laws banning racial discrimination, and set deadlines in 2003 for EU member states to transpose the requirements of the Directive into domestic law, and deadlines of the date of accession for transposition by candidate countries to the European Union, ten of which joined the European Union on May 1, 2004. Insofar as directives are binding

¹² See “CERD response to the questionnaire sent by the Special Rapporteur on the rights of non-citizens: 20/03/2003.CERD/C/62/Misc.17.Rev.3.

¹³ CERD/C/64/Misc.11/rev.3.

¹⁴ *Ibid.*

on Member States, and insofar as the Race Equality Directive provides a very detailed menu as to the content, scope and limits of laws banning racial discrimination, in Europe, the Directive is now bringing about a quantum leap in the dimensions of legal protections available to individuals who have suffered the very serious harm of racial discrimination. A number of Member States governments have transposed the Directive into domestic law, and others are now doing so.

The Preamble of the Directive recognises that “The right to equality before the law and protection against discrimination for all persons constitutes a universal right recognised by the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all forms of Discrimination Against Women, the International Convention on the Elimination of all forms of Racial Discrimination and the United Nations Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights and by the European Convention for the Protection of Human Rights and Fundamental Freedoms, to which all Member States are signatories.” In the general provisions of the Directive, at Article 3(1), the Directive provides that its scope of application shall be “all persons”.

However, Article 3(2) of Directive 2000/43/EC states: “This Directive does not cover difference of treatment based on nationality and is without prejudice to provisions and conditions relating to the entry into and residence of third-country nationals and stateless persons on the territory of Member States, and to any treatment which arises from the legal status of the third-country nationals and stateless persons concerned.” As yet, no body of jurisprudence exists to indicate how the tension between the provisions of Article 3(1) and Article 3(2) should be regulated.¹⁵

The apparent exclusion of nationality from EU regulations on the ban on racial discrimination

– indeed the emphasis on the distinction between the ban on racial discrimination and “any treatment which arises from the legal status of the third-country nationals and stateless persons concerned” – opens possibilities for unequal treatment on grounds of nationality and arguably constitutes a significant erosion of integral parts of the ban on discrimination in Europe. To take the most glaring examples, under EU rules, not only is it apparently legal (absent any indication to the contrary and prior to the existence of a body of jurisprudence with respect to the Race Equality Directive) for an employer, housing provider, restaurateur or for that matter any other service provider in a European Union Member State to provide services to a French citizen instead of an Afghani solely on the basis of the nationality of the persons concerned, but it is also apparently fully legal for the same service provider to discriminate between a Canadian and an Afghani, again solely on the basis of the nationality of the persons concerned. It is difficult to see how such an approach could be harmonious with the anti-discrimination *acquis* as provided by international law. It is also apparent that excluding nationality opens the potential for allowing blatant racial discrimination into play, as long as it is disguised as discrimination on grounds of nationality. Indeed, the EU effort to parse discrimination on grounds of nationality from the corpus of the international *acquis* banning racial discrimination comes precisely at a moment when the UN bodies, as noted above, have sought to emphasise that the ban on discrimination on grounds of nationality is bound intrinsically to the ban on racial and ethnic discrimination, precisely because unequal treatment on grounds of racial or ethnic origin on the one hand, and unequal treatment on grounds of nationality on the other, are often blurred in practice to the point of being fully indistinguishable.

The approach of the European Union in adopting the rules included in the Race Equality Directive is also noticeably divergent from United

¹⁵ *In April 2004, the ERRC and partner organisation Minority Rights Group specifically requested from DG Employment and Social Affairs information as to what written guidance the Commission had provided to Member States as to how the tension between these two provisions should be regulated. The Commission responded that no guidance had been provided as of that date by the Commission to the Member States, and that ultimately this was a matter on which the European Court of Justice would have to rule (communication on file at the ERRC).*

Nations standards – and the developing approach of the CERD in particular – insofar as it fails to examine specific rights individually to determine whether non-citizens should enjoy equal protection of the law in the case of a given right.

Another problem arises from the fact that, in addition to excluding “nationality” from the scope of laws banning racial discrimination, the EU has provided very limited guidance to Member States as to how to regulate issues related to discrimination against non-nationals *strictu sensu*, i.e. where this is not pre-textual racial discrimination, but is actually the denial of services based on nationality. The failure to provide such guidance would seem to suggest that EU lawmakers intend not solely arbitrarily to cleave discrimination on grounds of nationality from the race discrimination *acquis* (as noted above an impermissible move), but actually to leave discrimination on grounds of nationality entirely unregulated for the purposes of EU law. Thus, the EU’s major piece of catch-all anti-discrimination legislation to date, Directive 2000/78/EC “establishing a general framework for equal treatment in employment and occupation”, a law which focuses on one sectoral field (employment) also includes a “nationality exclusion”, despite its focus on banning discrimination in employment on a number of grounds. Directive 2000/78/EC (hereinafter “Employment Directive”) states, at Article 3(2):

This Directive does not cover differences of treatment based on nationality and is without prejudice to provisions and conditions relating to the entry into and residence of third-country nationals and stateless persons in the territory of the Member States, and to any treatment which arises from the legal status of the third-country nationals and stateless persons concerned.

Among other things, the Employment Discrimination Directive, taken together with the Race Equality Directive, cements in place, for the time being at least, a gaping hole in European anti-discrimination law, in which discriminators may (i) freely act out racial bias, so long as they conceal

it within the justification of different treatment on grounds of nationality and (ii) actually legally discriminate on grounds of nationality.

EU institutions might legitimately plead that while EU law does not require a ban on discrimination on grounds of nationality, Member States’ governments are of course free to adopt such a ban, should they so choose. Indeed, it might be argued, the occasion provided by the requirement to amend laws to meet the standards of the new anti-discrimination directives would provide a welcome opportunity also to incorporate a ban on discrimination on grounds of nationality, as required by international law. Some governments, such as the Bulgarian government, have in fact done just this.

However, anti-foreigner sentiment in most of the Member States – the very same force giving rise to serious problems of discrimination against migrants and other non-citizens – has meant that few if any of the Member States will take advantage of the opportunity provided by the requirement to transpose the directives and simultaneously elaborate ban under domestic law on discrimination on grounds of nationality. Indeed, in some EU Member States, the “nationality exclusion” incorporated in the new EU anti-discrimination framework may have actually inspired an erosion of protections available to individuals. Thus, for example, according to a document by Alessandro Simoni, available on the European Union website, in Italy’s new anti-discrimination law, unlike an earlier law adopted in 1998, “The scope of application includes the same fields as those listed in the Directive. Unlike the 1998 Act, discrimination on ground of nationality is explicitly excluded from the scope of application of the decree, as are all legal rules concerning immigration, work, and assistance to citizens of non-EU countries. The exclusion of discrimination on ground of nationality, although permitted by the Directive, raises problems, since in Italy racial discrimination is often disguised as legitimate discrimination against ‘non-EU citizens’ [...]”¹⁶ In general, without explicit EU

¹⁶ *Simoni, Alessandro, “Executive Summary on Race Equality Directive: State of Play in Italy”, 17 October 2003.*

guidance in this area, it seems extremely unlikely that any of the Member States will remedy the lacuna appearing where the ban on discrimination on grounds of nationality should be.

At minimum, the EU framework has not yet been elaborated so as to address a basic cause of social exclusion in Europe: laws and policies explicitly discriminating against non-nationals. To name only one example of the dimension of issues as yet to be addressed in some Member States, according to a website database maintained by the municipal body Wiener Integrationsfond, over one hundred existing regulations in Austria explicitly discriminate against non-citizens. Listed in the database are arbitrary legal provisions such as, for example, a city of Vienna ordinance requiring that persons may not be employed to oversee nature reserves if they are not Austrian citizens.¹⁷

Explicitly anti-foreigner parties have entered government in Austria, Denmark, Italy and the Netherlands and have scored major electoral successes in Belgium, France, Norway and other

countries in Europe. The ten countries which joined the European Union in May 2004 have only very limited experience with migration and migrants, and are today very difficult places for non-citizens – particularly dark-skinned non-citizens – to live lives with dignity. In such an atmosphere, the signal sent by the European Union to member states and the countries joining in 2004 – that on a core concern in Europe today, the European Union is not only indifferent but actually legally speechless – is truly regrettable. There is currently a distinct threat to all Europeans and others living in Europe, as well as to the social peace in Europe as a whole, arising from the failure of the European Union to provide comprehensive and adequate law in the area of the ban on discrimination.

The European Union institutions should quickly act to remedy the gap currently existing under EU law in the area of discrimination on grounds of nationality. The Commission should use all means available to act in this area, in advance of European Court of Justice interpretation of the existing anti-discrimination directives.

¹⁷ *The full list of Austrian laws explicitly discriminating against non-citizens, as gathered by Wiener Integrationsfond, is available at: http://www.livetogether.at/gleichstellungs_site/gleichstellung_pages/gleichstellung2-02.htm.*



European Roma Rights Center Roma Rights Summer Workshop 2004

Larry Olomoofe¹

FROM 5-14 July 2004, the European Roma Rights Center (ERRC) in conjunction with the Canadian Human Rights Foundation (CHRF) held its annual Roma Rights Summer Workshop, aimed at capacity-building for Romani activists and students in the sphere of Roma Rights Advocacy.² The ten-day workshop was attended by nineteen participants from Bulgaria, Canada, Czech Republic, Macedonia, Moldova, Romania, Scotland, Spain, and Sweden. This year's diverse group of participants marked a watershed, since in previous years, the workshop was usually attended by people from mainly Central and Eastern European countries. The diverse backgrounds of the participants was a useful development in terms of providing a vast pool of experiences about what Romani people encounter in different, regional as well as national, contexts. This allowed for a wide range of comparison of experience amongst the participants.

The workshop addressed the fundamental distinctions in terms of approaches to Roma Rights advocacy and activism, focusing participants' attention on the major differences between "rights-based" and "needs-based" approaches to advocacy. Throughout the duration of the workshop, the participants had to grapple with the concept of effective advocacy and how to ensure that their actions would have a lasting impact. It is widely believed by acolytes of the rights-based approach that this method is more effective in addressing the numerous

cases of violations that Romani communities face throughout the region.³

The workshop organisers employed the methodology of group-work (groups of 2, 4 and 19), where participants were divided into individual groups, handed a number of worksheets, and instructed by facilitators to discuss topics amongst themselves. This allowed the topics to be examined in greater detail and provided the participants with the opportunity to acquire a more nuanced understanding of the rights-based approach and how Roma issues fit within this paradigm.

The primary purpose of the Workshop was to develop the capacity of a new generation of Romani leaders and human rights activists to use domestic, regional and international human rights instruments and mechanisms to advance the rights of Romani communities and individuals throughout Europe.

The main objectives of the Summer Workshop were to enable participants to:

- ✧ Analyse issues and situations affecting Roma in their respective countries, based on internationally accepted human rights values and principles.
- ✧ Develop skills in using domestic mechanisms (such as national legislation) and international human rights instruments (i.e., United Nations Treaties, the European Court of Human Rights, etc.) to protect and promote the rights of Roma.

¹ Larry Olomoofe is ERRC Human Rights Trainer.

² The workshop also received financial support from the Roma Participation Programme (RPP).

³ This is based upon an acceptance that all human beings have rights, and it is therefore, absolutely unacceptable that any of these rights are abrogated by anybody or – state institutions such as the police, education or housing authorities or private individuals, etc.

- ✧ Strengthen skills in monitoring and reporting human rights violations and racial discrimination as well as advocating Roma Rights.
- ✧ Increase the capacity to apply their learning within their organisations and their societies.
- ✧ Explore opportunities for networking and developing partnerships with NGOs and government officials to further advance the cause of Roma rights throughout Europe.

In order to achieve these objectives, the ERRC and CHRF devised an integrative training manual for use by the participants throughout the duration of the workshop. The manual (alongside the input from facilitators) ensured that the participants were fully engaged in all the exercises since they had to complete the tasks themselves. The workshop also incorporated a number of presentations by staff members of the ERRC, as well as a day-long examination of the European Convention and European Court of Human Rights conducted by Mr. Luke Clements, a British lawyer. The method of combining presentations and the integrative approach allowed for greater focus by the participants on the various topics that were covered during the training and was a significant improvement on previous sessions of the summer workshop.

The training programme was planned by the organisers such that the activities complemented



each other. Therefore, each day's activity was the basis for the following day's activity, thereby allowing for an incremental development of material and knowledge by the participants. This is especially so in the case of the sessions devoted presentational skills, such as the debating session and the moot court session.



The debate session was a day-long session in the fundamentals of effective debating focusing on the skills involved in (formal) debating. The rationale underpinning this particular segment of the training workshop was that by providing information on the various techniques involved in debating, participants would have a more confident attitude and approach to advocacy work that they may conduct in the future. The organisers hoped that the participants could transpose the skills involved in debating (researching the topic, organising the material, preparation of evidence and effective arguments, constructing a lucid, coherent argument, concise presentation of the facts, etc.) to their own spheres of activity at home. In learning these skills, the participants would be able to subsequently present a dispassionate, objective case/argument in various arenas and fora (courts, tribunals, parliamentary and other committees, etc) thereby becoming more effective in their advocacy work.

Moot Court

This was a day-long session that entailed a detailed examination of the European Convention

on Human Rights, followed by a moot court (role-playing) session by the participants. The moot court session involved a case study and the participants being separated into two legal teams and having to present a case in front of the “European Court of Human Rights”. One team represented the victim(s) of the alleged human rights violations and the other team represented the national government who were allegedly responsible for these violations. This session drew on participants’ debating skills picked up the day before and was a very useful experience for all involved.

During the workshop, participants were also provided with an introduction to the European (European Union and Council of Europe) and broader international (United Nations) human rights legal framework and were presented

with in-depth information on the complex processes each of these spheres of international law entailed. Within the parameters of the various international [legal] instruments to which they were introduced, the participants conducted a number of group activities and discussions aimed at discerning how relevant the processes intrinsic to international law were to the respective Romani issues and communities back in their home countries. There was a useful discussion on the twin issues of women’s rights and cultural issues, in which participants expressed their strongly held opinions on the issues. The main issue that generated sometimes passionate responses was that of cultural identities and practices within Romani communities and whether some practices were recidivist or not and, if so, whether they violated any rights of some of the members of a given community.

Kerleva McCormick, facilitator at the summer workshop.

PHOTO: ERRC



As was mentioned earlier above, there were a number of insightful presentations by members of the ERRC staff, who conducted sessions revolving around their tasks and duties for the ERRC. The main area of interest was that of advocacy, and Mr. Christi Mihalache conducted several sessions on his tasks as Advocacy Officer at the ERRC. In addition to these informative presentations, there were a number of activities outside of the main workshop sessions including a visit to the Holocaust Museum so that participants could learn about the extent to which Hungarian Romani communities were affected during the Second World War, as well as to pay their respects and homage to the many Romani victims who perished during the war.



Luke Clements at the summer workshop. PHOTO: ERRC

The workshop ended with an extensive evaluation session where follow-up initiatives were presented and discussed by each participant. Participants also expressed the intention to continue future collaborative work amongst each other and initial follow-up plans were made.



ROMANI LANGUAGE PUBLICATIONS

Le Anglune Panž Řomane Njerimata tala o Nevo Bulgarijako Zakono pa Egaliteto:

Bulgaricko Krisako Akto Peravel e Diskriminacija Kontra le Řom

STRATEGIJAKE akcijske pasur kataj rig kata ERRC thaj leske partnerja pe `l thana spide la Bulgarijake krisa, te keren le akcije kontra `l diskriminacija, sar akana si ramome ando nevo Bulgarijako akto kontra e diskriminacija. Le krisa anzaren e kompenzacija le řomane žrtvengę thaj viktimonę te vazdinisavol palpale lengi paćiv.

De kana le neve anti-diskriminacijake zakonur line zor ande Bulgarija ando djes 1. januaro 2004 o ERRC korkořo thaj/vaj khetane la fondacijasa Romani Baht (RBF) thaj/vaj le Bulgarijake Helsinki Komitetosa (BHC) vazdine vuni civilni akcije phangle la diskriminacijasa kontra `l Řom. Vi te na nakhlja inke jek berš de kana o zakono lja zor o ERRC thaj le lokalni partnerja panž var njerisarde ande la Bulgarijake krisa.

O angluno krisako proceso ankerdilo pe 9. juli 2004, kana la Sofijaki Distrikoski Kris dořardja e kompanija VALI Ltd. thaj thodja la te poćinel e kompenzacija kaj Sevda Nanova. E Sevda Nanova sđ jek řomaji řuvli haj e kris arakhlja, ke sas la problemur ande `l servizur numa anda kodja, ke sđ voj Řomnji. Ka VALI Ltd. si jek dućano pala `l calja po pijaco la Sofijako. Le dućanoske bućarja ċi kamle te anzaren la Nanovake ċi sosko servizo haj dine la drom anda dućano. E kompanija kerđja sa kodja zorasa thaj le gaže akušle la anda laki řomaji faca. E kris arakhlja, ke kodja sđ diskriminacija pe rasaki sama haj kodolasa phaglja pe vi la Bulgarijako zakono.

E dujto bući pecisajli po 12. juli 2004, kana la Sofijaki Distrikoski Kris dja decizija paj trjaba kata Rumen Grigorov kontra la Sofijaki themeski elektrikaki kompanija. Le Rumenoske ċi dine dozvola te phandel pesko kher la elektrikaka mrjařasa anda kodja, kaj vov ċi dja peski řemnaturata po komplimentarno lil, savo bi delas la kompanijake zor, te thol lesko sato, kaj sđkavel

sode elektrika vov hasnisardja, pe `k kilo ućo de 9 metre. E kompanija argumentisardja, ke numa pe kasavi sama le Řom nařti ilegalno te phanden pe la elektrikaka mrjařasa. O Řom poćinelas regularno peski elektrika, ċi jeg data ċi zumadja te phandel pe ilegalno karing e mrjařa, numa vo nařtisardja te kontrolisil pesko sato, anda kodja, ke kodo sato sas thodo pe bimalado than ali e kompanija ċi lja sama kodolatar. Žanglol pe, ke kasavo fjal bući e kompanija kerel numa ande řomaji mahala thaj la Sofijaki Distrikoski Kris arakhlja, ke o Řom sas diskriminirime thaj dja decizija, te e kompanija putrel jek adekvatno drom karing o sato thaj maj but te na pecin pe kasave trjabe.

Ando 6. avgusto 2004 la Sofijaki Distrikoski Kris dja decizija pa jek aver bući, kaj sas vorta sar e dujto trjaba. E Kris kerđja kodja pe pozitivno sama le Kocho Kochevoski thaj avere panže Řomengi, kaj trajin ande Filipovci, jek řomaji segregirime mahala ande Sofija. E Kris arakhlja, ke e elektrikaki themeski kompanija phaglja o zakono kontra e dikriminacija. Desja importantno sđ, ke makar o zakono lja zor maj palal sar pecisajli kaća trjaba. E Kris implementirisardja e direktiva, thaj maladja, ke o zakono vařil vi pe buća kaj pecisajle maj anglal sar lja vo zor vi pe slućajur kaj pecisajle maj palal. E Kris arakhlja, ke le Řomengi řalba sas maj lařes argumentirime sar e pozicija la kompanijaki. E kompanija zumadja te sđkavel ke vi le aver konzumentur, na numa le Řom, sas tretirime pe sa kodja sama thaj laki bući ċi phagel ċisosko zakono. E Kris maladja, ke le řov řene Řom sas diskriminirime thaj dja e decizija, te e kompanija te huljarel tele le elektrikake satur thaj te thol le pe kasavo ućimos kaj řaj ařesel pe ři lende, thaj vi dja decizija te poćinel pe le Řomengę kompenzacija.

E řarto trjaba njerisarde le Řom le neve zakonsa. Kaća trjaba sas phangli la diskriminacijasa pe sama la bućake thaneski. Ando 13. avgusto 2004 la Sofijaki Distrikoski Kris lja e decizija ande trjaba

katar o Angel Assenov kontra Kenar Ltd. Kaća kumpanija či meklja le Assenovos te avel po intervjuo katar sama la bućaki, numa anda leski ethnija, ke sî vo Ŗom. E Kris kerdja analiza thaj žanglja, ke o terno Ŗom, kaj bušel Assenov mardja telefono ando ofiso la kumpanijako, kaj kerel xamaskę produktur thaj fulavel le. Vov pušlja pala bućako than, kaj e kumpanija anzardja ande reklama. Jek ženo la kumpanijako dja les anglal thaj informacije pa le kondicije, save si trebuime pe bućako than. O gažo mothodja le Assenovoske, te avel pala intervjuo. Athoska o Ŗom pušlja, te si leski řomaji ethnija jek problemo te len les pe bući. O gažo dja les anglal, ke čakimasa kodja kam avel jek problemo thaj phendja vov te na avel pala intervjuo anda kodja, ke e kumpanija ankerel jek striktno politika te na len pe 1 Ŗom pe bući. Kana delas pe дума pa telefono, o Ŗom kerdja te ašundjon le glasur maj zurales thaj sa le svatur ašunde vi le aver žene, kaj maj palal afirmisarde ande kris, ke kodja sas o čakimos. O Ŗom haćarel antrego trjaba sar diskriminacija thaj rodja kompenzacija thaj řudjissardja e kris, te ašavel la dikriminacijaki praktika ande bući la kumpanijaki. La Sofijaki Distrikoski Kris dja decizija, te avel realizirime sa kodja so manglja o Ŗom.

Ando 19. avgusto 2004 la Sofijaki Distrikoski Kris dja decizija ande trjaba kontra la elektrikaki themeski kumpanija, savi diskriminirissardja le Ŗomen, kaj čakimasa počinenas palaj elektrika. O ERRC sas pe kodo proceso sar jek interesuime partja. Po 9. januaro 2004 šindja e kumpanija e maj bari sîrma ande řomaji mahala, anavesa “Fakulteta” ande Sofija, aj kadja ašile bi strujako maj but de ek šel řomane familije. O menedžeri la kumpanjako či desar či kamlja te vortol e bući maj but vrjama sar duj šon, phendindoj ke but žene anda 1 Ŗom či počinde la kumpanijake peske unžilimata. Khetane kukolenca, saven sas le unžilimata, aver tranda řomane familije, saven nas čisoske unžilimata, sas šinde kataj elektrikaki sîrma. Pe kris le Ŗom phende, ke kasave akcije bušon “kolektivni sankcije” kontra došale thaj vi kontra bidošale thaj kodja sî dikriminacija, ke e bući pecisajli ande řomaji mahala thaj ke la elektrikaki sîrma ande 1 gažikane mahale čeg data či šinen la numa anda kodja, ke vuni žene či počinen palaj elektrika. La Sofijaki Distrikoski Kris maladja, ke čakimasa le Ŗom sas diskriminirime kataj rig la kumpanijaki.

La rasaki diskriminacija, sar kaj sîkadjam la ande kodola panž trjabe, phagel but maškar-themutne standardur, save ašen ande UN Konvencija palaj Eliminacija kata sa le Forme la Rasaka Diskriminacijake thaj ande Maškar-themutno Konvento kata Civilni thaj Politikake Čačimata. Kodja diskriminacija sî vi kontra la Bulgarijako anti-diskriminacijako zakono, ande saveste makar naj vorta ramome paj rasaki diskriminacija, sajek vo či permitil diskriminacija vi katar la publikake organur vi katar le individualni žene ande svako fjal la publikake trajosko uključime o anzarimos le servizongo thaj bućake trjabe. Kodja anel karing specialni legalni procedure kontra diskriminacija thaj del dumo le grupenge kata 1 manuškane čakimata, save aven pe kris anda peski inicijativa, kana naj žene, save anen pe kris e žalba, ande 1 situacije, kana sî phagle le čakimata katar maj but grupe. Kasavi methoda sas hasnime katar o ERRC thaj leske partnerja vorta ande paluji trjaba, pa savjate ramosardjam xancî maj opre. Fajma maj importantno sî, ke o nevo Bulgarijako zakono mekel o pharimos te arakhel pe o čakimos pe 1 došarde diskriminatorja, te peli pe lende e doš la diskriminacijaki, thaj či mangel kata le žrtve thaj viktimum la diskriminacijake, von te sîkaven peski čakimaski argumentacija thaj kodolasa te arešen pesko čakimos. Butivar vi athoska kana pecisajle već spomenime trjabe o ERRC kerdja “amicus brief-ur” palaj kris, te detailno sîkavel o koncepto “kon anda 1 partije musaj te dokažil e doš.” La Bulgarijako anti-diskriminacijako zakono implemetirisajlo pala řudjimosa kataj la Evropaka Unijaki Rasake Egalitetoski Direktiva.

E Ekskutivno Direktorkinja kata ERRC, e raji Dimitrina Petrova, analizirissardja kakala panž krisake trjabe thaj maladja: “Kadala decizije peren amenge drago. Le zakonur sî kadići de laše, sode vorta sî implementirime. La Bulgarijake krisa akana sîkade kodja pe paćivali sama. Von hasnisarde o šaipe te implementirin o solidno nevo zakono thaj vortosarde o bićačimos savestar sas dukhade le řomane žrtve thaj viktimum la diskriminacijake. La Bulgarijako eksempla sîkavel, ke e implementacija kataj nevi legalno baza či lel but vrjama, te si ande 1 vas potrebni zakonoske instrumentur.” Palaj maj but detailur pa 1 spomenime krisake trjabe řudjis tumen te kontaktirin: Branimir Plese, ERRC Legalno Direktori (e-mailo: branko@errc.org, telefono: +361 413 2200).

Stepping

Tara Bedard

THREE YEARS AGO, when I joined the ERRC as an intern, I knew little about the situation of Roma in Europe but much about the situation of marginalised segments of the population in other parts of the world. I was a student of development, community development, in my native Canada, and had never in the course of my studies come across the situation of Roma. Some would say this is indicative of the attention paid in the past to Romani issues; I think it is indicative of the ignorance of racism and development problems by people of “developed” countries to problems “in their own yard” – Europe falling amongst the “developed”.

Three years on I feel exactly the same but the opposite. I have abandoned my development roots for the time being, but that is neither here nor there. I understand well racism and discrimination against Roma, as well as the human rights situation of Roma generally. I have stored in my brain for use at the appropriate moment facts and details about a plethora of cases of human rights abuse experienced by individual Romani people. But lately I find myself more and more consumed and upset by my lack of knowledge about any group aside from Roma. I spend hours a day reading newspapers and reports, but almost exclusively for information about Roma. The reading that I do undertake related to events outside the realm of Roma rights is purely of a personal nature and does not impact at all my work at the ERRC. I have no contact with people or organisations that do not work with Roma. And I have the impression that I am not the only person in my

line of work in this situation. I have asked many people I know through the ERRC in a number of countries for information on activists and organisations working with other minority groups in their countries and only a very small percentage were able to offer any information.



Recently I have been involved in a project that has offered an incredible learning opportunity for me. I have had the chance to look at a number of countries in terms of policies, programming and laws as they relate to all ethnic minorities rather than just Roma.

While there is no doubt in my mind that the human rights situation of Roma is worse than that of other groups, other minority groups experience the same problems Roma experience. I believe firmly that Roma experience human rights abuse and discrimination on a greater scale and that the ways in which these phenomena are manifested differ from group to group, but there are common threads.

Therefore I ask myself why I, and apparently others, have not sought alliances with activists and organisations working with other groups. I open this question to other people, both Romani and non-Romani, engaged in Romani issues. As advocates, we, and certainly I in my own work, frequently talk about the value of alliances and coalition building. Why is it that this has only happened within the circle of people and organisations engaged in exactly the same issues as I?

When I look at all of the events in the area of “Roma rights” since I joined the ERRC, I see a lot of growth and a strong momentum in the

Romani movement. I meet more and more extremely talented and knowledgeable Romani activists everywhere I go who are fully immersed in the fight for the equal access of Roma to human rights in practice. Romani issues are firmly on the agenda of the United Nations, the EU, the Council of Europe and, to greater or lesser extents, national bodies. I see Roma and non-Roma (like myself) working well together towards common goals; which I believe is key in a human rights movement. I have the strong feeling that the next important step needed to keep the momentum growing is to step outside the realm of Roma. To seek allies working on other, but somehow similar, issues and to take advantage of the possi-

bilities offered by such coalitions. I do not know why I have not yet done this, but I know it will be my next step.

The advantages just seem too good to pass up – more people to bringing forward the message of anti-racism and anti-discrimination, more people to learn from, more people practising what is preached. This step will also provide people working on Romani issues the very important opportunity to contribute their knowledge, skills and talents to the work needed to ensure that all marginalised people and groups, not only Roma, enjoy all human rights equally and equitably. This, to me, seems a most important step.

Campaigning, Conferences and Meetings

June, July and August, 2004: Three teams of ERRC staff and interns conducted field research into the human rights situation of Roma in various regions of Russia.

June 16-17, 2004: Participated in an OSCE meeting on the relationship between racist, xenophobic and anti-Semitic propaganda on the Internet and hate crimes, Paris.

June 28-30, 2004: Participated in a consultation meeting convened by Minority Rights Group on initiating a two-year anti-discrimination training and advocacy project administered jointly by the Minority Rights Group, the ERRC and the Swedish Ethnic Minority Ombudsman's office, London.

July 2004: Sent written comments to the Romanian and Bulgarian Governments (Ministries of Labour and Social Affairs) and the European Commission (DG Employment and Social Affairs) on the draft Joint Inclusion Memoranda (JIM) to be signed by the two candidate countries and the European Commission in Brussels, October/November 2004, as the basis of future coordinated policies on social inclusion and eradication of poverty.

July 2, 2004: Presented the ERRC activities at a meeting of the Europe-wide umbrella organisation Social Platform, Budapest.

July 7, 2004: Held training for Romani activists in advocacy skills in Lutzk, Ukraine.

July 8, 2004: Provided written comments to the UN Committee on the Elimination of Dis-

crimination Against Women concerning the situation of Romani women in Spain.

July 5-14, 2004: Held the annual ERRC Summer Workshop for Romani activists in cooperation with the Canadian Human Rights Foundation, Budapest.

July 22-23, 2004: Participated in the Social Forum, an event organised within the United Nations Sub-commission for the Protection and Promotion of Human Rights, and noted the situation of Roma in Europe as a discriminated and vulnerable group, Geneva.

July 25, 2004: Held a consultation meeting on initiating a joint project involving the ERRC, the Brussels-based European Roma Information Office (ERIO) and the International Helsinki Federation (IHF), as well as local partners, to focus on documentation and advocacy in the fields of education and employment, Budapest.

July 27-28, 2004: Presented ERRC ethnic data concerns at a conference on the subject convened by the United Nations Development Program (UNDP), Bratislava.

July 30-August 3, 2004: Undertook an advocacy mission to Greece, together with newly elected Member of the European Parliament Livia Jaroka, to press for Roma rights change in Greece, Athens.

August 4, 2004: Served as the host in an online discussion on the situation of Roma in the context of EU Enlargement organised by TOL, Prague.

August 9, 2004: Presented oral and written comments on Slovakia's compliance with the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) at a meeting of the UN Committee on the Elimination of Racial Discrimination on the subject, Geneva.

August 10, 2004: Held a press conference jointly with ERRC partner organisations Milan Simecka Foundation and the League of Human Rights Advocates to discuss ERRC concerns in Slovakia and the proceedings of the UN Committee hearings the previous day, Bratislava.

August 16, 2004: Provided written comments to the European Commission "Green Paper: Equality and Non-Discrimination in an Enlarged European Union", an opportunity offered by the European Commission's DG Employment and Social Affairs for NGOs and the general public to provide their comments on issues related to equality and non-discrimination.

September 2-3, 2004: Participated in brainstorming seminar "Monitoring and Evaluation Methodologies of National programs and Strategies for Roma or Travellers" organised by the Council of Europe, Strasbourg.

September 3, 2004: Provided written comments concerning racial segregation of Roma in Croatian schools to the UN Committee on the Rights of the Child, timed for that body's review of Croatia's compliance with the International Convention on the Rights of the Child.

September 3, 2004: Submitted a letter of concern regarding segregation of Romani children in the Croatian educational system to the United Nations Committee on the Rights of the Child, reviewing Croatia's compliance with the Convention on the Rights of the Child at its 37th session, September 13-October 1, 2004.

September 9-10, 2004: Participated in several meetings with EU officials and members of different DG's to discuss the situation of Roma

form the accession countries (Bulgaria and Romania), the action plan of the governments and the development of the progress report about those countries, Brussels.

September 11-12, 2004: Participated in a European Network against Racism (ENAR) Conference on Combating Racism and Xenophobia as a Crime, Brussels, Belgium.

September 13, 2004: Participated and submitted written statement, as well as delivered oral statement, to the OSCE Conference on Tolerance and the Fight against Racism, Xenophobia and Discrimination, on the serious situation of Roma and Russia, in Brussels.

September 17, 2004: Held a briefing with Romani women's rights activists in Croatia hosted by the Union of Romani Women "Bolja Buducnost"; discussed future field research aimed at collecting information about Romani women's rights for the purposes of submitting a shadow report to CEDAW on the occasion of its review of Croatia in January 2005.

September 20, 2004: Presented materials to the Council of Europe's Advisory Committee to the Framework Convention on the Protection of National Minorities on Roma rights issues in Hungary, Budapest.

September 23, 2004: Testified at a briefing on Roma in Russia before the US Helsinki Commission, Washington DC.

September 20-24, 2004: Conducted an advocacy tour on the situation of Roma in Russia at US governmental institutions, including State Department, the National Security Council, and the USAID, Washington DC.

September 27-28, 2004: Participated and provided input into the Roma Housing Workshop, organised by the Council of Europe in co-operation with the Council of Europe's Development Bank, the World Bank and Open Society Institute, within the larger process of the Decade of Roma Inclusion, Budapest, Hungary.

September 28, 2004: Submitted an ERRC country Report and other information on Poland to the Human Rights Committee, for assistance during the review of Poland's compliance with the International Covenant on Civil and Political Rights (the Covenant), at its 82nd session, October 18-November 5, 2004.

September 28, 2004: Held a training seminar in Warsaw, Poland, for Judges and lawyers on the EU Race Equality Directive.

September 30-October 4, 2004: Undertook an advocacy mission to Macedonia related to the adoption of a government strategy on Roma, anti-discrimination law, and refugee and stateless persons.

September 29-October 2, 2004: Participated in an international conference "New Tactics in Human Rights" organised by the Helsinki Citizens Assembly, Ankara, Turkey.

September 30-October 1, 2004: Acted as a trainer at a regional training for young Romani activists organised by the Swedish Helsinki Committee in Ohrid, Macedonia.

October 1, 2004: Held a roundtable discussion in Warsaw, Poland, for parliamentarians and

senior officials on the EU Race Equality Directive.

October 5, 2004: Participated in the OSCE Annual Human Dimension Meeting, and organised a side-event on "Roma and the right to adequate housing" jointly with the OSCE/ODIHR Contact Point on Roma and Sinti Issues, Warsaw, Poland;

October 8-9, 2004: Participated in the seminar "The social inclusion strategy in a growing Union: NGOs speak up", convened by the European Anti-Poverty Network in Warsaw, Poland.

October 11, 2004: Presented Roma housing rights concerns in Greece, in cooperation with the Greek Helsinki Monitor (GHM) and the Center for Housing Rights and Evictions (COHRE) at a hearing held by the European Social Committee in relation to the collective complaint against Greece filed under the European Social Charter filed by the ERRC.

October 14-15, 2004: Participated in an International Steering Committee on the Decade of Roma Inclusion which discussed the launching of the Decade in 2005 and the Action Plans for the Decade prepared by the governments participating in the Decade.

SUPPORT THE *ERRC*

The *European Roma Rights Center* is dependent upon the generosity of individual donors for its continued existence. If you believe the *ERRC* performs a service valuable to the public, please join in enabling its future with a contribution. Gifts of all sizes are welcome, bank transfers to the *ERRC* account are preferred. Please send your contribution to:

Bank name: **Budapest Bank**
 Bank address: **Báthori utca 1, 1054 Budapest**
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 USD bank account number: **99P00-402686**
 (USD IBAN: HU21-10103173-40268600-00000998)
 EUR bank account number: **30P00-402686**
 (EUR IBAN: HU54-10103173-40268600-00000307)
 SWIFT (or BIC) code: **BUDAHUHB**

October 20, 2004: Participated in Council of Europe's ECRI consultation on the role of ethnic data in combating discrimination, Strasbourg.

October 29, 2004: Participated as a panelist on anti-discrimination legislation at the Annual Conference of the International Lesbian and Gay Association (ILGA), Budapest.

November 4-5, 2004: Participated as a speaker in the OSCE Supplementary Human Dimension Meeting on Internally Displaced Persons and the side event on "Situation of the Roma Internally Displaced Persons in the Framework of the Implementation of the OSCE Action Plan" organised by the ODIHR Contact Point for Roma and Sinti, Vienna.

November 9, 2004: Held a roundtable for city and police authorities and local Romani organisation in Kremenchug, Ukraine.

November 18, 2004: Participated in a high level consultation with the UN High Commissioner for Human Rights, Geneva.

November 22-23, 2004: Participated as speaker in the conference "Equality in a Future Europe" organised by the Dutch Presidency of the EU, the Hague.

December 1, 2004: Held a training workshop for Judges and lawyers on anti-discrimination law in Prague, Czech Republic;

December 2, 2004: Held a training workshop for NGO activists on anti-discrimination measures in Prague, Czech Republic;

December 3, 2004: Held a strategic discussion on specialised equality bodies in Prague, Czech Republic.

December 9, 2004: Participated in an International conference entitled "Human Rights and Education in Combating Discrimination", Bratislava, Slovakia.

EUROPEAN ROMA RIGHTS CENTER

The *European Roma Rights Center (ERRC)* is an international public interest law organisation engaging in a range of activities aimed at combating anti-Romani racism and human rights abuse of Roma. The approach of the *ERRC* involves, in particular, strategic litigation, international advocacy, research and policy development, and training of Romani activists. The *ERRC* is a cooperating member of the *International Helsinki Federation for Human Rights* and has consultative status with the Council of Europe, as well as with the Economic and Social Council of the United Nations.

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