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Reproductive Rights of Romani Women in Bulgaria

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CHALLENGING DISCRIMINATION PROMOTING EQUALITY

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Introduction

The presumption that Romani women in Central Eastern Europe suffer from rights violations, amongst others, in the field of maternity care, is supported by the results of social science research and human rights fact finding.[1] In 2016, the ERRC launched an initiative, in cooperation with the Bulgarian Helsinki Committee (BHC), to address the reproductive rights of Romani women in Bulgaria. The present report is aimed at presenting the outcomes of this initiative: firstly, a fact finding investigation that was implemented by the BHC regarding the experiences of Romani women with maternity services in public hospitals, and a 'testing' conducted with the aim of revealing the discriminatory practice of segregated maternity wards. Then, based on these findings, the ERRC submitted a collective complaint against Bulgaria in 2017 to the European Committee of Social Rights (ECSR).

This report is based on research the ERRC commissioned from the Bulgarian Helsinki Committee and edited by Lídia Balogh and Judit Gellér.

1 Helen L. Watson – Soo Downe, Discrimination against childbearing Romani women in maternity care in Europe: a mixed-methods systematic review, *Reproductive Health,* 2017, Article 1, **https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-016-0263-4**.

The Situation of the Roma in Bulgaria

Demographics and health status

According to the data of the last population census, the number of Roma living in Bulgaria is 325,343,[2] however the estimates published by the Council of Europe (CoE) are much higher: between 700,000 and 800,000.[3] Roma make up 4.9% of the general population according to the official statistics, or double that figure using the CoE estimate. Based on the official figures, the concentration of Roma is highest in the regions of Montana (12.7%) and Sliven (11.8%), followed by the regions of Dobrich (8.8 %) and Yambol (8.5 %).[4]

The average life expectancy of Roma is estimated to be 10 years less than that of the majority population. Substandard living conditions contribute to the prevalence of communicable diseases, such as tuberculosis and hepatitis, amongst Roma. Due to a number of factors, Romani women are at a higher risk of complications during pregnancy than the majority population. According to the situation analysis of the Bulgarian National Roma Integration Strategy, 12.6% of the Romani population, including children, have at least one form of disability or suffer from a serious chronic disease. A significant proportion of Romani people aged 45–60 years, one-third of Romani men and two-fifths of Romani women in this age group, suffer from poor health affecting working ability, either fully or partially.[5]

Social disadvantages

The Romani population is severely disadvantaged in Bulgaria (as is the case in many other Balkan countries); they face disproportionately higher levels of poverty, lower levels of educational achievement, and are affected by long-term unemployment, with little or no access to training or jobs. The situation of Romani women, who may be affected by intersectional forms of disadvantage, and may be more vulnerable to violence, is even more worrisome. According to 2014 research by the Fundamental Rights Agency of the European Union (FRA), the average situation of Romani women in core areas of social life, such as education, employment, and health, is worse than that of Romani men.[6] Based on the data of the

2 Bulgarian National Statistical Institute, *2011 Population Census* – Main results, available at: **http://www.nsi.bg/census2011/PDOCS2/Census2011final_en.pdf**.

3 Council of Europe, *Estimates on Roma population in European countries*, Support Team of the Special Representative of the Secretary General of the Council of Europe for Roma Issues, available at: **http://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680088ea9**.

4 Bulgarian National Statistical Institute, *2011 Population Census* – Main results, available at: **http://www.nsi.bg/census2011/PDOCS2/Census2011final_en.pdf**.

5 National Roma Integration Strategy (2012–2020), available at: **https://ec.europa.eu/info/sites/info/files/roma_bulgaria_strategy_en.pdf**.

6 FRA, *Discrimination against and living conditions of Roma women in 11 EU Member States*, 2014, available at: **http://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-roma-survey-dif-women-2_en.pdf**.

Roma Inclusion Index 2015, only 46% of Romani women in Bulgaria finish primary education, only 7% of them finish secondary education, and only 1% finish tertiary education.[7]

Social exclusion

Moreover, Roma in Bulgaria face widespread discrimination and harassment in many fields of life, including healthcare.[8] Many non-Roma in Bulgaria are unwilling to share public spaces such as swimming pools, cafes, and schools with people of Romani origin. In its 2016 Human Rights report for Bulgaria, the US State Department described "the marginalisation of and societal intolerance towards the Romani minority" as "the country's most pressing human rights problem".[9] A 2016 study by the Open Society Institute in Bulgaria found that Roma were most frequently the target of hate speech, accounting for 92% of all reported cases.[10]

7 Decade of Roma Inclusion Secretariat Foundation, *Roma Inclusion Index 2015*, September 2015, available at: **http://www.rcc.int/romaintegration2020/files/user/docs/Roma%20Inclusion%20Index%202015.pdf**, page 37.

8 European Commission, *Country Report for Bulgaria*, 2015, available at: **http://www.equalitylaw.eu/downloads/3711-2015-bg-country-report-ln-final**.

9 Available at: **https://www.justice.gov/eoir/page/file/946916/download**.

10 See the 2016 report of the Open Society Foundations, available (in Bulgarian) at: **https://osis.bg/wp-content/uploads/2018/04/Hate-speech-ENG-2016-interact_final.pdf**.

The Legal Framework in Bulgaria

Anti-discrimination

The Bulgarian Constitution includes the principle of equal treatment on the basis of ethnicity, sex, and personal or social status.[11] The Constitution also provides for the right to health insurance guaranteeing affordable medical care, and the right to free health care in accordance with conditions set by the relevant laws.[12]

As a Member State of the European Union, Bulgaria has transposed the Race Equality Directive (2000/43/EC) through the adoption of the Protection against Discrimination Act which ensures everyone's right to equality before the law, equality of treatment, and equal opportunities to participate in the life of society, as well as effective protection against discrimination. This Act prohibits direct discrimination, indirect discrimination, and harassment, as well as racial segregation,[13] and recognises discrimination based on multiple grounds.[14] In terms of material scope, the Act guarantees equal treatment, *inter alia*, in the area of social protection, including social security and healthcare as defined by the Race Equality Directive.

Healthcare

The Bulgarian Constitution protects motherhood[15] and guarantees free obstetric care for mothers.[16]

The Bulgarian Health Act[17] stipulates that the State shall ensure the protection of the reproductive health of its citizens through special measures. Every Bulgarian woman is provided with preventive check-ups, screenings, and obstetric care.[18] According to a by-law adopted in 2007, which sets out a list of free-of-charge services accessible to uninsured women and services they can receive if they pay, pregnant women without health insurance are entitled to one pre-natal consultation free of charge[19] in a public health centre of their choice, and they can

11 Constitution of the Republic of Bulgaria, Article 6.

12 Article 52(1).

13 Protection Against Discrimination Act, 86/30.09.2003 (in force from 01.01.2004), Articles 2, 4, 5, and 7.

14 Protection Against Discrimination Act, Article 11.

15 Constitution of the Republic of Bulgaria, Article 14*: "The family, motherhood and children shall enjoy the protection of the State and society".*

16 Constitution of the Republic of Bulgaria, Article 47 (2): *"Mothers shall be the object of special protection on the part of the State and shall be guaranteed prenatal and postnatal leave, free obstetric care, alleviated working conditions and other social assistance".*

17 Health Act, 70/10.08.2004 (in force from 01.01.2005).

18 Health Act, Article 81(1)(2).

19 Order for the provision of obstetric care of women who lack public health insurance and the conducting of medical tests for children and pregnant women outside the scope of the compulsory health insurance, 26.14.06.2007, Article 19.

also choose the hospital where they wish to give birth; medical and care services connected to the delivery are also free of charge .[20]

It should be noted here, however, the prevalence of corruption within the healthcare system; according to the results of a cross-country comparison of data from 2010–2011, based on national representative samples, informal payments related to hospitalisation are quite extensive in Bulgaria.[21]

Roma in the Bulgarian Healthcare System

According to the Roma Inclusion Index 2015, the proportion of the uninsured was 52% for the general Romani population (older than 16-years of age), and 53% for Romani women.[22] The results of the FRA's Second European Union Minorities and Discrimination Survey (published in 2016) showed that the proportion of the uninsured among the Roma in Bulgaria was 55%.[23] Moreover, according to a FRA report, published in 2014, 51% of Roma in paid work claimed not to be covered by any kind of health insurance in Bulgaria, and this proportion was significantly lower (21%) among the non-Roma in a similar situation in Bulgaria.[24]

In relation to healthcare, the overall objective of Bulgaria's National Roma Integration Strategy (for the period of 2012–2020) is "[e]nsuring equal access to quality healthcare services and preventive programmes". The Strategy mentions both the need to provide *"preventive care for mothers and children"* and the need to ensure *"equal access to healthcare services for disadvantaged persons belonging to ethnic minorities"*. Moreover, the Strategy sets the clear goal of *"[i]ncreasing the number of health insured persons of the ethnic minorities in disadvantaged position, by launching legislative initiatives relating to health insurance of low-income people, including the ones durably unemployed"*. The Guiding Principles of the Strategy explicitly state that any efforts will *"take into account the needs and status of Roma women"*.[25] The Action Plan of the Strategy (for the period of 2015–2020) outlines a programme for *"early registration of pregnant women, monitoring during pregnancy, and timely hospitalisation of birthing mothers"* through a system based almost entirely on health mediators and mobile health units. Meanwhile, the Plan does not include measures aimed at increasing

20 Order for the provision of obstetric care of women who lack public health insurance and the conducting of medical tests for children and pregnant women outside the scope of the compulsory health insurance, 26.14.06.2007, Article 5.

21 Tetiana Stepurko, Milena Pavlova, Irena Gryga, Péter Gaál, Wim Groot, Patterns of informal patient payments in Bulgaria, Hungary and Ukraine: a comparison across countries, years and type of services, *Health Policy and Planning* 32(4) December 2016, DOI: 10.1093/heapol/czw147.

22 Decade of Roma Inclusion Secretariat Foundation, *Roma Inclusion Index* 2015, September 2015, available at: **http://www.romadecade.org/cms/upload/file/9810_file1_roma-inclusion-index-2015-s.pdf**.

23 FRA, *Second European Union Minorities and Discrimination Survey: Roma – Selected Findings,* 2016, available at: **http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_en.pdf**.

24 FRA, *Poverty and Employment: The Situation of Roma in 11 EU member states*, 2014, **http://fra.europa.eu/sites/default/files/fra-2014-roma-survey-employment_en.pdf**.

25 National Roma Integration Strategy (2012–2020), available at: **https://ec.europa.eu/info/sites/info/files/roma_bulgaria_strategy_en.pdf**.

the health insurance coverage rates among the Roma.[26] The European Commission's assessments (in 2012[27] and in 2014[28]) of the Bulgarian Strategy have directly addressed the issue of low health insurance coverage of the Roma as the "main challenge" or "key problem" in the field of health equality. However, this systematic problem, i.e. the very high rate of uninsured among the Roma, continues to go unaddressed by state policies.

26 Available (in Bulgarian) at: **https://ec.europa.eu/info/sites/info/files/roma_bulgaria_strategy2_bg.pdf**.

27 Available at: **https://ec.europa.eu/info/sites/info/files/2012_0.pdf**.

28 Available at: **https://ec.europa.eu/info/sites/info/files/bulgaria_en_0.pdf**.

Fact Finding

As was already discussed in the introduction, a significant proportion of Romani women are left out of the health care system in Bulgaria. Moreover, reports from several sources found that Romani women were placed in ethnically segregated maternity wards in certain public hospitals; the sanitary and material conditions in these wards were said to be inferior, and, according to the reports, the medical staff of these hospitals paid less professional attention to the Romani women and newborns.[29] In 2016, the Bulgarian Helsinki Committee (BHC), with the support of the ERRC, implemented an interview-based fact finding about the experiences of Romani women with maternity services provided by the public health care system. Additionally, the BHC conducted phone call-based testing, in order to reveal the discriminatory practice of segregated maternity wards in public hospitals.

Interviews: Method and Sample

The fact finding is based on 63 in-depth interviews with Romani women from five different locations – three small towns in the region of Pazardzhik: Septemvri, Vetren, and Rakitovo, and two cities: Sliven and Varna. These locations, chosen randomly, are characterised by Romani communities of significant size and cover three administrative regions. The interviews were conducted during a 6-day period of time in 2016: in Septemvri on the 4th of April (11 interviews); in Vetren on the 4th of April (9 interviews); in Rakitovo on the 5th of April (11 interviews); in Sliven on the 11th of April (14 interviews); and in Varna on the 12th, 13th and 14th of April (18 interviews).

All the interviewees were mothers who had given birth to their youngest child in a public hospital within the last three years. The interviewees were selected randomly during the field visits; they agreed to contribute to the fact finding voluntarily. Twelve of the interviewees were girls between 14 and 18 years of age, while the others were adults. The oldest respondent, a 46-year-old woman, was a mother of 11 children (ranging from 2 to 28 years of age). Most of the interviewed mothers had one or two children (twenty-two and twenty-one women, respectively); six of the interviewees had three children, and eleven had four children. One of them was a mother of five children, and there was a mother with eight children. Six of the respondents had lost a child in the postpartum period (because of illness and/or malnutrition). Two-thirds of the interviewed women gave birth for the first time as a minor (under the age of 18 years).

Most of the interviewed women lived in a house; these houses were typically small, with only a few rooms and constructed without building regulations approval in predominately Romani neighbourhoods. Usually several families shared one house, where each family occupied one of the rooms. Some of these houses lacked sanitary facilities and running water. Two of the interviewees lived in unstable, improvised shanties, and one interviewee was temporarily placed in a municipality-run hostel with her family (these three women were recently evicted from their homes).

29 See, e.g., Ina Zoon: *On the Margins: Roma and Public Services in Romania, Bulgaria, and Macedonia,* Open Society Institute, 2001, available at: **https://www.opensocietyfoundations.org/sites/default/files/romania_bulgaria_macedonia.pdf**; ERRC: *Ambulance Not on the Way: The Disgrace of Health Care for Roma in Europe*, 2006, available at: **http://www.errc.org/uploads/upload_en/file/01/E6/m000001E6.pdf**.

The respondents gave birth to their most recent child in six public hospitals of five cities: twenty women in a hospital in Pazardzhik;[30] ten women in a hospital in Velingrad;[31] fourteen women in a hospital in Sliven;[32] eighteen women in two hospitals in Varna;[33] and one woman in a hospital in Sofia.[34] (In the case of Varna, hereinafter the abbreviation "MPHAT Varna" will refer to the Multi-profile Hospital for Active Treatment, and "SHATGO Varna" to the Specialised Hospital for Active Treatment in Gynaecology and Obstetrics).

Out of the 63 interviewed women, 56 claimed to have had at least one prenatal consultation. It was not possible to arrange regular check-ups and screenings for several women, due to numerous reasons; lack of health insurance, lack of financial resources to pay out-of-pocket for services, and in some cases the lack of general health literacy was the reason for not seeking prenatal health services. Those women who had at least one prenatal consultation were provided with some medical documents to be presented to the medical staff when arriving in a hospital for delivery. Two of the women who did not see an obstetrician during their last pregnancy gave birth at home, without medical assistance; after delivery they were transported to a hospital by ambulance.

The Findings

SEGREGATED WARDS

The vast majority of the interviewees – 54 of 63 women – claimed that they were placed in rooms separately from the ethnic Bulgarian patients, together with other Romani women or with members of other ethnic minority groups such as Turks and Pomaks.[35] In the public hospital of Sliven, Romani women were often placed into so-called "isolator" rooms. According to an investigative report, connected to the topic of the BHC's fact finding, these rooms would be for women with registered or suspected infectious diseases, or poor hygiene, to keep them under quarantine, and, as an employee of the hospital explained the situation, disproportionally more Romani women are placed in these rooms because *"they often do not have health insurance and have not, therefore, undergone essential medical examinations during pregnancy that would identify whether they were carriers of infectious diseases"*.[36] This explanation, i.e. the lack of health insurance as a basis for segregation, was given by the hospital staff to one of the interviewees as well, who gave birth in this hospital. Another interviewee was told in the Varna hospital that Roma are ethnically segregated because *"you have lice and you steal"*. The other interviewees, who experienced segregation, were neither given any kind of explanation, nor the opportunity to negotiate their placement: "*They do not explain anything. Wherever you are put,*

30 Multi-profile Hospital for Active Treatment in Pazardzhik.

31 Multi-profile Hospital for Active Treatment in Velingrad.

32 Multi-profile Hospital for Active Treatment "Dr. Ivan Seliminski" in Sliven.

33 Out of the eighteen, fifteen women gave birth in the Specialised Hospital for Active Treatment in Gynaecology and Obstetrics in Varna, and three women in the Multi-profile Hospital for Active Treatment "St. Anna" in Varna.

34 University Multi-profile Hospital for Active Treatment "St. Anna" in Sofia.

35 An ethnic group, characterised by Muslim religion.

36 See the article published on the website of the Balkan Investigative Reporting Network (a network of local human rights NGOs in Southern and Eastern Europe): Mariya Cheresheva. Roma Segregated in Bulgarian Maternity Wards, *Balkan Insight*, December 18, 2017, available at: **https://balkaninsight.com/2017/12/18/roma-segregated-in-bulgarian-maternity-wards-12-17-2017/**.

you stay there" (Pazardzhik); "*It is not possible to ask for transfer to another room*" (Sliven). One of the interviewees mentioned a case when, apparently, segregation was instead based on poverty (not ethnicity): *"In our room, the personnel also placed an ethnic Bulgarian woman who appeared to be dirtier"* (Pazardzhik).

The situation of segregation was described by some interviewees: *"Our rooms were situated in the far end of the corridor, so it was as if there were two separate wards"* (SHATGO Varna); *"We were close, but we were forced to stay separately – Bulgarians with the Bulgarians, Roma with the Roma"* (Pazardzhik).

In some cases, the interviewees claimed that their mobility was limited during their stay in the hospital: "*They made us stay only in the rooms"* (Pazardzhik); *"They did not allow us to enter the rooms of the Bulgarians because they said that the gypsies would steal"* (Pazardzhik); "*We were allowed to move around only when there were visits"* (Sliven).

Some women claimed that they had not experienced segregation as there had only been Romani women in the maternity unit of the Velingrad hospital during their stay. The explanation for this phenomenon may be, according to the explanation given by other interviewees, that there are actually two maternity units in this hospital: the "old department" where Romani women are usually placed, and the "new department", where the material conditions are better.

Some of those few interviewees who did not experience segregation were placed alone, or with accompanying family members, in comfortable private rooms (in SHATGO Varna and in Velingrad); apparently, they could afford to pay for this arrangement. The only interviewee who gave birth in the capital city of Bulgaria, Sofia, had positive experiences in an ethnically mixed maternity ward: "*I felt really good, because the staff was treating me as if I was Bulgarian – without any difference*".

INFERIOR MATERIAL CONDITIONS

Many of the interviewees could not assess the differences between the rooms occupied by Romani and non-Romani women in terms of material conditions, as they only had access to the "Roma rooms". However, some interviewees claimed to have observed differences, for example that the rooms occupied by ethnic Bulgarian women were "wider" (in Sliven) or "bigger" (in MPHAT Varna).

Some women who gave birth in Sliven stated that the equipment in their rooms was more worn-out compared with the rooms occupied by non-Romani women. In Pazardzhik, the equipment in the "Roma rooms" was said to be obsolete. Interviewees who gave birth in Velingrad claimed that there was less furniture in their rooms and, moreover, that their rooms were not equipped with TV sets, unlike the rooms occupied by non-Roma; the latter difference was mentioned by interviewees regarding the hospital in Sliven as well.

Interviewees who gave birth in Sliven claimed that *"11-12 Roma women had to share one bathroom and one toilet"* while the rooms where the ethnic Bulgarian women were placed had private bathrooms. An interviewee claimed that this was the situation in the MPHAT Varna as well; i.e. that Romani women placed in segregated wards were supposed to use shared toilets and showers, unlike non-Romani women. According to the account of one interviewee, who experienced a similar arrangement in the hospital in Pazardzhik, this inconvenience caused her further troubles: *"Because I gave birth via a C-section, I was in pain and there was only one bathroom for all the Romani*

women in the ward, I could not go to the bathroom very often. The personnel, however, told me and the other women to shower more often, because we, Romani women, stink."

INFERIOR HYGIENIC CONDITIONS

According to the interviewees who gave birth in Pazardzhik, the "Roma rooms" were much dirtier than the "Bulgarian rooms": the floor was "filthy" and the tiles were very dirty as these rooms were cleaned with less frequency by the cleaning service of the hospital. Regarding this hospital, an interviewee claimed that she and the other women in the room had been told by the hospital staff to: "*Clean the room by yourselves! It is not that you are children or something!*" In Velingrad, some women mentioned that there were cockroaches in the maternity ward. An interviewee who gave birth in Sliven claimed that: "*The Roma rooms were dirtier, and they were not cleaned. There was a bad smell. There was no hot water, soap, and toilet paper. The toilet was also older.*" (However, according to another interviewee, there were some renovation works done in that maternity unit recently, and since then, the hygiene has improved.) An interviewee stated regarding the SHATGO Varna: "*The Roma had to clean their rooms by themselves while the Bulgarian rooms were cleaned by the staff. They did not change my bedsheets for seven days, and when I asked for clean ones, they told me: 'Do you think this is a hotel?*"". Another interviewee claimed, regarding the same hospital, that: "*We were washing the toilet with shampoo by ourselves, otherwise the smell was too bad*".

According to the accounts of some interviewees, requests by Romani women for cleaning services led to offensive reactions from the hospital staff: *"When a Roma woman asks for a clean bed gown, the answer is: 'Do you think this is a market?"* (Velingrad); "*You are like pigs here, but still you expect someone to clean up after you, as though you were in a hotel"* (Pazardzhik).

LIMITED CONTACT WITH VISITORS

Some interviewees complained about limitations on visits imposed by the hospital staff: *"My relatives were not allowed to enter* [the ward]. *The partners of the Bulgarians, however, were allowed."* (Pazardzhik); *"*[Visits in the ward were] *allowed after discussions with the staff. For Romani women, permission for such visits were much less frequently given and for shorter periods of time."* (Velingrad); *"There were Bulgarians who entered the ward. For the Roma, this was not allowed." "If you have connections – you can enter."* (Sliven); *"The Bulgarians were allowed to have visitors any time and their relatives were never turned away. Roma women, on the contrary, had to leave the ward* [in order to meet their relatives]*, and their relatives were often turned away, when they were trying to see them"* (SHATGO Varna). This was experienced in another hospital by another interviewee, who interpreted the phenomenon as follows: *"Bulgarians pay, so their partners are allowed to enter* [the ward]*."* (Velingrad).

LACK OF ACCESSIBLE INFORMATION

Several interviewees claimed that they had signed documents in the hospital without understanding the content of those documents; in some cases, due to linguistic barriers (they could not read Bulgarian). None of these women were provided with an explanation (in an accessible manner, necessary for informed decisions) by the medical staff.

According to the accounts of most of the interviewees, it was their general experience in the hospital that they were not provided with adequate and sufficient information by doctors or

nurses about their (and their babies') health conditions, or about the (planned) medical procedures. An interviewee, who gave birth in Pazardzhik, was not informed about the health complications of her newborn for two days after delivery. She was then sent home without her baby and without any information about the condition of the baby, because the medical personnel "*did not have time*" to brief her. (She learned of it six days later, when she was called by the hospital to collect her baby).

NEGLECT BY THE MEDICAL STAFF

Numerous interviewees claimed that they felt neglected by the medical staff in comparison with the non-Romani mothers: "*There was a huge difference. The Bulgarians received much more attention than us. For the staff, we were 'dirty gypsies'*" (Pazardzhik); "*The nurses and the doctors paid attention only to non-Roma women*" (Pazardzhik); "*The Bulgarians received more attention from the staff. The personnel spent more time on the Bulgarian women, and they explained to them everything in detail*" (Velingrad); "*The staff paid more attention to the Bulgarian women. When it comes to the Romani, only if the women are 'clean'*" (Sliven); "*The Bulgarians received more attention. To us, the Roma, doctors only paid attention during round visits, and not even every time*" (Sliven).

According to the account of an interviewee, who gave birth in Velingrad, she had to wait for three days for some sanitary supplies, while ethnic Bulgarian patients were served with supplies without delay. Another interviewee claimed that: *"When I wanted to ask the personnel about something, they told me to go to the room and wait there"* (SHATGO Varna).

An interviewee claimed that her request had been explicitly rejected, then she had been subjected to an insult: *"When I asked a member of the personnel to give me some sanitary materials, the answer was: 'Of course, I will not give you'. In addition, she insulted me by telling me that, we, Romani women, have our children with the seagulls, as if we are very promiscuous and have lots of children."* (SHATGO Varna). Another interviewee tried to meet the expectations of the hospital, but she was still insulted: *"The personnel had told me to buy sanitary paper towels in advance, which I did. A nurse from the hospital, however, gave mine to another woman. I saw this and told the nurse that these towels were mine. She, however, told me: 'Admit, that you do not really have them! You, the gypsies, just come here and lie all the time!' I started crying because of this maltreatment"* (Sliven). An interviewee, who gave birth in the same hospital, cited a stereotypical statement made by a member of the hospital stall: *"You, dirty Gypsies, you come here without anything – without clothes, without bed sheets, without bandages or baby nappies!"*

BREACHING OF CONFIDENTIALITY AND HUMILIATION

Some interviewees claimed that their privacy (and their right to the protection of sensitive personal data) was violated by doctors and nurses who discussed the details of their (and their babies') medical condition aloud, in the presence of other patients or of uninvolved members of the hospital staff.

Reported breaches of privacy amounted in certain cases to humiliation: *"During my admission to the hospital, one nurse asked whether I was 'clean down there'. I answered – yes, but she did not believe me and made me remove my pants while I was still in the corridor, and there were other people around, so that she could make sure that I had shaved my genital area."* (SHATGO Varna); *"The hospital staff, during the process of admittance, checked only the Roma women whether we had shaved ourselves down there and whether*

we had lice. They called us gypsies, instead of Roma." (SHATGO Varna); *"Only the Romani women were checked whether they had shaved themselves and whether they were infected with lice."* (SHATGO Varna).

VERBAL INSULTS

There were numerous accounts shared by interviewees on verbal insults against Romani mothers, in many cases, during labour and delivery.

Some interviewees were subjected to insults regarding their sexuality in general: "*The only thing you, the gypsies, know is how to fuck and give birth"* (Pazardzhik)*; "You do not know when you are expected to give birth, but you know how to open your legs up"* (Velingrad).

Some others were insulted because of alleged sexual promiscuity: *Who knows with how many men you have slept in order get pregnant with this baby"* (Velingrad); *"You, the Gypsy women, you have children from god knows what kind of men"* (Velingrad); *"While talking between them, the members of the personnel were calling me 'that little girl who just fucks around"* (Sliven).

In many cases, the young age of the mother was targeted with uninvited comments, ranging from patronising remarks (*"You are a beautiful and young girl, you do not have to give birth"* – Sliven), through sarcasm (*"A member of the personnel asked my sister-in-law why she was in the maternity ward and not in the paediatric one."* – Velingrad), to rude offensive remarks *("You are so young, but you already think about fucking men."* – Pazardzhik). A lot of similar, judgmental, or offensive comments were cited by the interviewees: *"Why do you, Roma women, get pregnant so young? How are you going to take care of them?"* (Pazardzhik); *"You, Gypsy women, you give birth when you are young and after that you do not know what to do with your children."* (Pazardzhik); *"Children give birth to other children"* (Velingrad); *"Go home to play!"* (Sliven); *"You are supposed to play with dolls, but now you will play with your children"* (Sliven).

Some Roma mothers were insulted because of their low social status: *"You do not even have a house, but you make children'."* (Pazardzhik) *"You, gypsies, are poor and just collect garbage. When you do not have money, why do you still give birth?"* (Velingrad).

A number of interviewees were accused to be "welfare exploiters": *"If it was not free of charge, would you still be going to give birth?* (Pazardzhik); *"You, gypsy women, you just want to give birth and eat for free!"* (Pazardzhik); *You have children, just so you can receive social benefits, right?"* (Pazardzhik); *"You, Roma women, just give birth in order to receive money"* (Pazardzhik); *"You do not have insurance, but at the same time you dare to have claims."* (Pazardzhik); *"You gave birth to this child, just so you can receive social benefits, right?"* (Velingrad).

Some interviewees claimed that they have been harassed in the hospital because of their mother tongue: *"The personnel banned us from speaking in Romani: 'Speak in Bulgarian! You will speak Gypsy in the Gypsy neighbourhood!"* (Sliven); *"You are able to have a child, but you are unable to speak in Bulgarian"* (SHATGO Varna); *"The personnel scolded me and shouted at me, demanding that I speak in Bulgarian"* (Pazardzhik). (Moreover, according to an interviewee, those women who did not understand Bulgarian were hit by the staff of the hospital in Sliven.)

Many interviews claimed that they were insulted verbally during childbirth, because of the way they had been behaving, especially for being too 'loud': *"When you were sleeping with men*

you felt good, right? And now you are yowling." (Velingrad); *"When you fuck, you feel good, right? So, why are you screaming now?"* (Sliven); *"You, the Gypsy women, give birth to so many children, but still you shout!"* (Sliven); *"When you were screwing with a man, you did not shout like this, right? Do you think this is your Gypsy neighbourhood?"* (SHATGO Varna); *"Why did you not shout like this, when you were fucking, but you are shouting now?"* (SHATGO Varna); *"You, Gypsy women, you just know how to make babies, but you keep on screaming now."* (Sliven); *"Come on, you Gypsy woman, stop screaming and just push. The baby will not come out because of your shouting."* (Pazardzhik); *"You, Gypsy women, are not able to give birth properly"* (Velingrad).

Some interviewees claimed to have been subjected to intimidations during delivery: *"Come on, you Gypsy, push! Hurry up, because we will not wait for you"* (Velingrad); *"We will leave you alone during delivery!"* (Sliven); *And what if I hit you, you Gypsy woman?"* (SHATGO Varna).

According to the accounts of several interviewees, their competence was questioned by various abusive ways in the hospital: *"The staff used 'illiterate' as an insult for the Roma women"* (Sliven); "*They called me 'a worthless Gypsy woman"* (Pazardzhik); and they were subjected to verbal offensive remarks: *"You do not understand anything because you are gypsy!"* (SHATGO Varna); *"Shut up and do not talk! You, gypsies, you just talk bullshit."* (Pazardzhik); *"You, gypsy women, are stupid!"* (Sliven).

Moreover, very often Romani women are abused with derogatory, racist labels, swear-words, and dehumanising slurs: *"You, the Gypsies, are dirty and filthy!"* (Sliven); *"*[They shout:] *You, dirty Gypsy woman!"* (Pazardzhik); "*You stink, you ugly blind Gypsy scumbag!"* (Sliven); "*I witnessed how one of the Romani women in my room was crying, because the personnel treated her in a very rude way calling her names – 'fatty swine'*" (Pazardzhik); *"They called me: 'whore', 'bitch', 'dumbass', 'dirty, sleazy Gypsy woman'"* (Velingrad). One of the interviewees considered the context as significant: *"The personnel told me that I am a 'dirty Gypsy woman' but this was four years ago. This time the attitude was much better, because I had medical insurance"* (Pazardzhik).

OBSTETRIC VIOLENCE

Numerous interviewees stated that they have been immobilised during delivery: *"The staff tied my hands before administering the anaesthesia"* (Pazardzhik); *"They tied my hands because I was nervous and I was pushing them"* (Pazardzhik); *"The personnel tied my hands and legs without explaining to me why. It was not permitted to scream"* (Pazardzhik); *"They tied my legs during the delivery"* (Pazardzhik); *"They tied my hand with a belt"* (Sliven); *"When I was giving birth to my third child, they tied my hands with a belt, told me to shut up, hit me on the legs and pinched me"* (SHATGO Varna).

Many interviewees stated that they have been subjected to physical abuse in the labour room: *"During the delivery, they were pinching me to make me push harder and they were pressing my stomach the whole time in order to force me to give birth"* (Pazardzhik); *"During the delivery, one of the nurses was pinching me on the legs and the hands to make me push more. This was my first pregnancy and I did not know that I had to push."* (Pazardzhik); *"The members of the staff were slapping my legs to make me push. In the delivery room, I saw how the doctor was hitting another woman on the butt. However, I thought that no one would believe us, even if we shared this"* (Velingrad); *"When I was in the maternity ward, many other women were complaining about how they were hit or slapped by the doctors on their legs during the delivery"* (Velingrad); *"During the delivery, a nurse pinched me and slapped me in the face, because I did not push enough, according to her"* (Sliven); *"During the delivery, the doctor hit me on the inside of my thighs and*

slapped me on the face, because I did not push hard enough" (Sliven); *"Everyone is afraid of Dr. K. He hit women who are giving birth for the first time"* (Sliven); *"Someone from the staff was hitting me continuously with their elbow during the delivery"* (Sliven); *"The staff was pushing me with their elbows on the stomach"* (SHATGO Varna). One of the interviewees shared a particularly severe case: *"The doctor who was assisting me during the delivery was drunk. He started to pull my legs and to hit me on the face and all over my body. Due to the violence of the attack, I fell on the ground. The head of the baby had just come out and her head hit the floor. The doctor kept on hitting me. At some point, I lost consciousness and I do not remember anything after that. When I woke up, I was covered with swellings and my leg was broken. The baby also had swellings on the forehead and the face. When I went to the hospital to give birth to my next child, I was shaking from fear, hoping not to meet this doctor again"* (Pazardzhik).

Several interviewees claimed that after a vaginal birth they were not provided with anaesthesia for the perineal stitches: *"The personnel did 7-8 stitches without anaesthesia. I was screaming because of the pain. I told them how painful it was, but they answered me: 'Deal with it!'"* (Pazardzhik); *"I was stitched without anaesthesia. When I told them that it hurts a lot, they told me: 'It was you who wanted that child, so now, just deal with it, you Gypsy woman!'"* (Pazardzhik); *"After the delivery, they did three stitches on me without anaesthesia. At the same time, I saw how they gave anaesthesia to the woman next to me, who was ethnic Bulgarian. When I questioned this, the nurse just told me that it was almost done"* (Sliven) *"I was stitched without anaesthesia. When I complained about the enormous pain, the doctor told me: 'Of course, it is going to hurt. What else do you expect?'"* (Sliven).

CORRUPTION

Many of the interviews referred to the prevalence of informal payments during maternity services. According to the accounts of numerous interviewees, doctors and nurses often force the patients and their companions to pay informally: "*The nurse told my mother-in-law: 'Give me 50 leva or else I will abandon her'. She gave her the money."* (Pazardzhik); *"They blackmailed us in order to let our relatives visit us in the ward"* (Velingrad); *"In order for my relative to be able to see the baby, the personnel wanted us to pay."* (Sliven); *"After the delivery, they asked for money, so that my partner and my mother could come and see my child."* (Pazardzhik); "*The doctor asked for 500 leva to perform a caesarean section. One half before the delivery and the other half after that."* (Sliven); *"The staff of the state hospital take a lot of money from us – they want money for anaesthesia, after the delivery, if you need to be stitched."* (Pazardzhik); *"The doctor warned me that I had to pay. I do not know how much exactly, but we gave about 200 leva just to the doctor."* (Velingrad); *"They asked me to give them money for medicines, injections and to assist me during the delivery".* (Pazardzhik); *"The nurses who assisted me during the delivery asked me for 50 leva, so that they do their job"* (Pazardzhik); *"When they discharged my baby, they also wanted us to pay.* […] *The staff asked for money from my partner, my mother-in -law and my mother and my father"* (Sliven). One of the interviewees claimed, that in the hospital in Pazardzhik, "*They hit the women who do not have money"* (Pazardzhik).

In several cases, the interviewees claimed that the hospital staff expected 'in kind' donations: *"'After the delivery, you will treat us'. They told me what to bring – original Coca-Cola, sweets, candies, chocolates. They also wanted cakes. It was the nurse who asked for all of this at the time of my release from the hospital."* (Pazardzhik); *"'She is about to give birth, so you have to treat us.' The staff asked for Coke, candies and sweets in order to let my relatives inside"* (Sliven); "*You have to buy sweets' – so we bought sweets and flowers"* (Sliven); *"I heard that someone said: 'She is about to give birth, so it is about time that you treat us to something'"* (Pazardzhik); *"Money, coffee, cigarettes, a bottle of whisky. All the personnel ask for money – the nurses and the doctors"* (Pazardzhik).

An interviewee was requested money in the hospital in a subtle way: *"The personnel did not ask for money openly, but they just stay next to you and wait. I was told: 'Tell us when your relatives arrive'. That is how you know that you need to pay them"* (Velingrad).

A few interviewees reported that they opted to pay informally: *"I gave 20 leva so that they would treat me well. No one asked me to do so, but I gave the money because I wanted to do so"* (Pazardzhik); *"My mother-in-law gave 500 leva when they admitted me to the hospital so they would treat me well and take care of me"* (Pazardzhik).

INDIVIDUAL PERCEPTION OF DIFFERENT TREATMENT

Most of the interviewees reported that they have experienced discrimination in the hospital, based on their Romani ethnicity. Underage mothers added that they have been discriminated against because their age, and some of the women also referred to their low economic status as a basis for disadvantageous treatment. Moreover, many of the women opined that they have been discriminated against because they spoke Bulgarian with an accent, or they had difficulties with reading and writing in Bulgarian.

Phone Call-Based Testing

In addition to the findings of the interview-based investigation, the Bulgarian Helsinki Committee (BHC) decided to collect more evidence, in order to reveal the systemic nature of maternity ward segregation in public hospitals across the country. The use of the method of phone call-based testing for the purposes of strategic litigation was deemed to be necessary by the BHC, since *"no Roma women who said they had been subject to segregation in maternity wards would entertain the idea of lodging complaints or testifying as witnesses in any court action*" as they are *"wholly dependent on their local hospitals for paediatric and maternity care in the event of future pregnancies"*.[37]

During the testing, male members of the BHC's legal team called 79 of the country's 81 public hospitals with maternity units, introduced themselves as fathers-to-be, and asked whether their (imaginary) partners would be placed in a room together with Romani women (if they chose that hospital for delivery). They called each of the hospitals twice: the first time, they spoke with a random member of the medical staff who answered the phone, and the second time they asked for the head of the department to whom they posed the same questions. Additional members of the BHC team were documenting the phone conversations. The testing confirmed the practice of ethnic segregation in 78 hospitals (out of the 79 hospitals included into the testing, and out of the 81 relevant hospitals countrywide). During the testing, representatives of hospitals made claims like: *"People of colour are separated. Completely separated"; "God, no, please, don't talk nonsense. How could she be in a room with Roma women?"; "Never in a lifetime would we put them* [together - the Roma with ethnic Bulgarians]. *We have the opportunity to select patients."*

37 Mariya Cheresheva. Roma Segregated in Bulgarian Maternity Wards, *Balkan Insight*, December 18, 2017, available at: **https://balkaninsight.com/2017/12/18/roma-segregated-in-bulgarian-maternity-wards-12-17-2017/**.

A Complaint Against Bulgaria Before the European Committee of Social Rights

Based on the results of the BHC's fact finding presented above, the ERRC submitted a collective complaint (No. 151/2017) to the European Committee of Social Rights against Bulgaria concerning the segregation and other discriminatory treatment of Romani women in Bulgarian maternity wards.[38]

The European Committee of Social Rights is the expert body of a Council of Europe treaty, the European Social Charter (i.e. the Revised European Social Charter). The Committee's role is to control the compliance between the standards of the Charter and the actual situation in the states that have ratified the Charter, through assessing the periodic reports submitted by the states on the one hand, and through considering collective complaints filed by social partners (trade unions and employers' organisations) and certain NGOs on the other hand.

The collective complaints procedure[39] of the Charter was introduced by the Additional Protocol, adopted in 1995, with the aim of increasing the effectiveness of the treaty's implementation. The collective complaints procedure has strengthened the role of NGOs and social partners, providing the opportunity to apply directly to the European Committee of Social Rights in cases of possible non-implementation of the treaty by states which have ratified both the Charter and the Additional Protocol concerning the related collective complaints procedure.

Bulgaria ratified the Charter and the Additional Protocol in 2000. The ERRC has consultative status with the Council of Europe, and since 2002 is among the organisations that are entitled to file collective complaints under the mechanism of the European Social Charter (i.e. the Revised European Social Charter).

An Antecedent Complaint from 2007

Ten years before, in 2007, the ERRC submitted a collective complaint (No. 46/2007) against Bulgaria to the European Committee of Social Rights, addressing connected subjects: legal restrictions on access to health insurance for socially vulnerable individuals; systemic barriers for the effective exercise of the right to health protection; and discrimination against Roma in the provision of medical care, including systematic discriminatory practices such as segregation of Romani women in maternity wards.[40]

In its decision on the merits of the complaint, the European Committee of Social Rights concluded that the respective situation in Bulgaria constituted a violation of the provisions of the Charter. As for the discriminatory practices against Roma in the provision of medical services, including maternity ward segregation and racist verbal abuse, the Committee considered *"that*

38 *ERRC v Bulgaria,* complaint No. 151/2017, registered at the Secretariat on 22 May 2017, available at: **https://rm.coe.int/cc151casedoc1-en-complaint/1680725339**.

39 See: **https://www.coe.int/en/web/european-social-charter/collective-complaints-procedure**.

40 *ERRC v Bulgaria,* complaint No. 46/2007, registered at the Secretariat on 23 October 2007, available at: **https://rm.coe.int/no-46-2007-european-roma-rights-centre-errc-v-bulgaria-case-document-n/1680740a44**.

these significant cases cannot be relied on to conclude that there are systematic discrimination practices against Roma in the health care system. However, it finds that these specific cases taken together with all other evidence submitted by the complainant serve to reinforce the Committee's overall conclusion that Roma in Bulgaria do not benefit from appropriate responses to their general and specific health care needs". [41]

After assessing the follow-up of the complaint, in December 2015, the European Committee of Social Rights concluded that Bulgaria was still not in compliance with the European Social Charter in relation to health insurance.[42]

The Complaint No. 151/2017

THE ARGUMENTATION OF THE COMPLAINT

The collective complaint submitted by the ERRC raises two main (interconnected) issues, with references to the provisions of the Charter: on the one hand, it alleges the violation of the right to sexual and reproductive health and medical assistance, in conjunction with the right to non-discrimination;[43] and on the other hand, it claims that lack of health insurance and medical assistance serves as a basis for discrimination of Romani women.[44]

The ERRC asked the Committee to rely on the evidence collected through fact finding by the BHC (interviews with Romani mothers, phone-call based testing), emphasizing that uncovering segregation and discrimination in the field of maternity health services is uniquely challenging, as maternity wards are not accessible for investigation and talking about traumatic experiences with Romani women requires time and specific skills from the interviewer. According to the complaint: *"A more extensive survey than the one carried out by the BHC would not be possible and, naturally, the majority of the evidence of the situation is in the hands of public authorities."*[45]

The ERRC claimed that, according to the results of the fact finding regarding access to prenatal health services, the main hindering factor for Romani women was the lack of health insurance. Even those who took advantage of the single free prenatal consultation often lacked the financial resources to pursue further check-ups and screenings due to the prohibitive costs of these services for the uninsured in the form of out-of-pocket payments). Meanwhile, *"lack of health insurance also contributes to (and/or provides a pretext for) the differential treatment of Romani women in maternity wards*".[46]

According to the view of the ERRC, the situation of Romani women in the field of maternity care in Bulgaria can be understood by using the analytical concept of intersectionality, and not applying

41 *ERRC v Bulgaria*, Complaint No. 46/2007, decision on the merits, adoption: 3 December 2008, 50., available at: **https://hudoc.esc.coe.int/eng/#{%22ESCDcIdentifier%22:[%22cc-46-2007-dmerits-en%22]}**.

42 Assessment of the follow-up: European Roma Rights Centre (ERRC) v. Bulgaria, Collective Complaint No. 46/2007, 4 December 2015, available at: **https://hudoc.esc.coe.int/eng/#{%22ESCDcIdentifier%22:[%22cc-46-2007-Assessment-en%22]}**. (The 2nd Assessment of follow-up, adopted on 6 December 2018, provides a similar conclusion; available at: **https://hudoc.esc.coe.int/eng/#{%22ESCDcIdentifier%22:[%22cc-46-2007-Assessment2-en%22]}**.

43 Articles 11 (1) and (2), Articles 13 (1) and (2), Article E of the Revised Charter.

44 Articles 11 (1) and (2), Article 13 (1), Article E of the Revised Charter.

45 Para. 85.

46 Para. 88.

a simple comparator analysis; *"We are not asking your Committee to compare the situation of pregnant Romani women in segregated maternity wards, without insurance, to any other group. Rather, we are asking your Committee to consider the complexity of the factors that contribute to this situation and the resulting impacts."*[47]

The ERRC asked the Committee to consider the complaint under Article E of the Charter, which sets out an open-ended list of the prohibited grounds of discrimination, as a matter of intersectional discrimination based on sex, ethnicity, pregnancy, and health insurance status. The ERRC claimed that the unjustifiably high rate of uninsured among the Roma should be considered as indirect discrimination, and it should be connected to segregation and other forms of direct discrimination against Romani women in the field of maternity care.

In the complaint, the ERRC reminded the European Committee of Social Rights of two of its relevant decisions: the (above mentioned) complaint No. 46/2007, addressing the problems encountered by many Roma in accessing healthcare services in Bulgaria;[48] and the complaint No. 31/2005 addressing the phenomenon of racial segregation of Roma in the area of housing in Bulgaria.[49] In both cases, the Committee found Bulgaria in breach of the Charter.

The complaint refers to the relevant international standards regarding the principle of non-discrimination in the context of maternity health services, including:

- The UN World Health Organization's statement on the prevention and elimination of disrespect and abuse during facility-based childbirth;[50]
- The UN International Covenant on Economic, Social and Cultural Rights, and the related General Comment no. 22 on the right to sexual and reproductive health;[51]
- The UN International Convention on the Elimination of All Forms of Racial Discrimination;
- The UN Convention on the Elimination of Discrimination against Women and the related General Recommendation no. 24 on "Women and health";[52]
- The Council of Europe's European Convention on Human Rights, and the relevant case law of the European Court of Human Rights.

Moreover, the complaint mentions a comment by the Council of Europe Commissioner for Human Rights Commissioner from 2016 ('Protect women's sexual and reproductive health

47 Para. 81.

48 *ERRC v Bulgaria*, complaint no.46/2007.

49 *ERRC v Bulgaria*, complaint no.31/2005, decision on the merits, adoption: 18 October 2006, available at: **http://www.errc.org/uploads/upload_en/file/decision-on-the-merits-by-the-european-committee-of-social-rights-18-october-2006.pdf**.

50 World Health Organisation, "Statement: The prevention and elimination of disrespect and abuse during facility-based childbirth", 2014, available at: **http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1**.

51 General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), 2 May 2016, available at: **http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1a0Szab0oXTdImnsJZZVQfQejF41Tob4CvIjeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TLm%2BP3HJPzxjHySkUoHMavD%2Fpyfcp3Ylzg**.

52 CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), twentieth session (1999), available at: **https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4738_E.pdf**.

and rights') that recognised that segregation of Romani women in maternity wards is an issue of concern in several European countries.[53]

THE DECISION OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS ON THE MERITS OF THE COMPLAINT[54]

The Committee centred its decision around two key issues in the complaint:

- Access to health insurance and its impact on Romani women;
- Segregation in maternity wards of Romani women in public hospitals

As regards the first issue, access to health insurance and health care for Romani women in respect of maternity, the Committee concluded unanimously, that there is a violation of Article E in conjunction with Article 11 (1) of the Charter. The Committee claimed to have taken into account *"the overall lower health status of Roma reflected in official statistics, the higher amount of uninsured Roma as compared to the rest of the population and the difficulties in accessing public hospitals as a consequence of geographical distance and other barriers"*, and considered that *"health care for Roma is inferior to that of the rest of the population"*, thus Bulgaria *"has not fulfilled its obligations in respect of guaranteeing equal access to medical services for Roma, and in particular Roma women's access to maternity services."*[55]

As regards the second issue, segregation in maternity wards, the Committee concluded unanimously, that there is no violation of Article E in conjunction with Article 11 (1) of the Charter. The Committee claims that *"the examples provided of such practices are of a very serious nature, but although very significant, they cannot be relied on to conclude that there is systematic discrimination practices against Roma women* […] *and systematic physical and verbal abuse"*.[56]

From the aspect of minority protection, it is worth mentioning the note of the Committee regarding the allegation by the ERRC, that Romani women's poor access to health services may be exacerbated if they cannot express themselves in Bulgarian. The Bulgarian government claimed in its written reply that *"[c]omplaints about difficulties encountered by Roma women on the grounds of insufficient knowledge of Bulgarian language are not acceptable.* […] *Bulgarian is the official language and Roma women are obliged to know this language, while the medical staff is not obliged to know Roma language"*. [57] As a reaction to this, the Committee recalled that *"language cannot be a barrier to accessing adequate medical services",*[58] and referred to the fact, reported by the Bulgarian government to the Committee in 2017, that there were 195 health mediators appointed by the Ministry of Health throughout the country, charged with the task of *"helping to overcome cultural and communication barriers between Roma communities and the medical personnel in various locations"*.[59]

53 Council of Europe Commissioner for Human Rights: Protect women's sexual and reproductive health and rights, 21 July 2016, available at: **https://www.coe.int/en/web/commissioner/-/protect-women-s-sexual-and-reproductive-health-and-rights**.

54 *ERRC v Bulgaria*, complaint No. 151/2017, decision on the merits, adoption: 5 December 2018, available at: **https://hudoc.esc.coe.int/eng/#{%22ESCDcIdentifier%22:[%22cc-151-2017-dmerits-en%22]}**.

55 Para. 85.

56 Para. 92.

57 Para. 70.

58 Para. 80.

59 Para. 80.

Recommendations

In the concluding section of the collective complaint against Bulgaria concerning segregation and other discriminatory treatment of Romani women in Bulgarian maternity wards, the ERRC recommended the following measures for the Bulgarian government to improve the situation:[60]

- Take immediate steps to end the practice of segregation and differential treatment of Romani women in maternity wards throughout Bulgaria;
- Ensure that sexual and reproductive health services are equally available, accessible, acceptable, and of good quality for all, including Romani women, in accordance with domestic law;
- Establish an appropriate and effective monitoring mechanism to address and eliminate the discriminatory behaviours and practices of medical staff towards Roma, and in particular, Romani women, who attempt to access healthcare;
- Conduct anti-discrimination training for public and private healthcare providers on a regular basis and ensure anti-discrimination training is included in the curricula of medical universities and colleges;
- Expand the scope of health insurance to include those currently excluded from coverage, with a particular focus on Roma in general and Romani women in particular, including, inter alia, ensuring cover for those who are durably unemployed, underemployed, or employed in the non-traditional market."

60 *European Roma Rights Centre's Collective Complaint against Bulgaria concerning the segregation and other discriminatory treatment of Romani women in Bulgarian maternity wards*; pp. 25–26. Available at: **http://www.errc.org/uploads/upload_en/file/collective-complaint-errc-v-bulgaria-22-may-2017.pdf**.