

Testimonies from the field

The case of Roma communities by ERIO

The key issues for this target group when exercising their right to health

High infant mortality rates and a much-reduced life span are among the most salient features testifying the poor health condition of Roma in Europe. But this is just the tip of the iceberg. The health status of the Roma is characterized by the prevalence of chronic diseases such as cardiovascular illnesses, epidemic infections such as poliomyelitis and tuberculosis.

Poor living conditions including unhealthy housing and physical environment, malnutrition or starvation as well as discrimination with regards to access to health services are the main factors which contribute to the abysmal situation faced by Roma, but there are also other factors associated with the social exclusion of Roma such as the low level of education and widespread anti-gypsyism.

UNICEF reported in 2001 that the life expectancy of the Roma is the lowest of any group in Europe. More recently the UNDP Report "Avoiding the Dependency Trap" in 2003 describes the dramatic impact of poor health on child mortality and life expectancy:

"Roma children are a special risk group in terms of health. Infant mortality data are scarce due to the lack of consistent monitoring by ethnic groups. Still, various, albeit fragmentary, data show large discrepancies between majority and Roma populations. These data suggest that Roma child mortality rates in Romania are 3 to 4 times higher than those for the majority population or other ethnic groups. In the Czech Republic, Slovak Republic, and Hungary, Roma infant mortality rates are roughly double the national averages. In the Czech Republic, Roma children represented 2.5 percent of all live births and accounted for 4.9 percent of infant deaths; in Slovak Republic, these figures were 8.4 percent and 17.8 percent, respectively. The situation in Bulgaria is even worse: in 1989, the infant mortality rate for Roma children was 240 per 1000, compared to the national average of 40. These figures contrast dramatically with the average infant mortality rates for the five countries ... and are probably among the strongest arguments for more active sub-national MDG monitoring and initiatives in pre-accession countries."

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Real life examples of challenges faced



16 year old Irina is dying in the last stages of AIDS. Many years ago she went to the hospital for a blood transfusion and was given contaminated blood. The other children in the garbage dump like her a lot, and come to her to play and for her protection. She is usually with a baby or small child in her arms. Irina and the other over 130 people (7 families) live in conditions far worse than you can imagine in the garbage dump at Mofleni, outside of Craiova, a large city in Southern Romania. Her hands, face and clothes are filthy as she spends most of her time scavenging through garbage to help support her single mother who also has AIDS and her siblings, one also with AIDS. She lives in a tiny shack with just three walls and a cardboard roof, along with 7 other people. Irina receives medication to keep her healthy from a charity organisation in Belgium. When the medication runs out she gets sores which won't heal. Then she goes to the hospital in Craiova where they quickly send her away with medication which does little to help her.

The smell in this area is terrible. When they burn the garbage the air is thick and sticky. Animals corpses rot just metres from the crooked shacks, where the children play. When it rains, the floors of the houses become mud. The rooms are full of flies and there is no electricity or running water.

Tirana, Albania

There were 8 children living in a shack, three of them have died in the last 4 years. The floor is made of horse manure, insects and rats are pets for the kids to play with. Their life expectancy is 25 to 30 years less than that of other Albanians. Eight year old Elvis looks like a child half his age. He has a worrying cough but they didn't take him to the hospital. His home was demolished in January 2005.

Pristina, Kosovo

The kids play in the old cars, there are lots of them lying around. Fleas, rats and cockroaches are companions in their daily play. The garbage dump is 100 meters away. Most of the children have open wounds and show effects of lead poisoning.

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What improvements or developments are needed?

a. Eliminate discrimination of Roma with regards to access to health

- Ensure equal access and treatment to health services for Roma. Targeted programs ensuring access to basic health services should be set up in place based on the available positive examples (see joint report on social inclusion 2004).
- Adopt proper legislation, which makes sure that there is no discriminatory treatment in terms of access to health and quality of the services provided and provide appropriate instruments for its implementation. Provide specific training for doctors and other health personnel to raise their awareness on specific aspects of Roma culture and living conditions that may have an incidence on health. Include clear and severe repercussions for racist behavior in the work contracts of health personnel.
- Provide a full and independent documentation of cases where the physical integrity and the patient rights were abused by doctors on racist grounds for example the forced sterilization of Roma women in Slovakia, Czech Republic and other countries. Make the culprits liable for legal punishment.
- Establish ombudspersons at every stage of the health system including at the level of the ministries who can deal with the many issues affecting the access to health of Roma.
- Commission reports on the health situation of Roma, meant to give a correct overview of the situation of Roma health by taking in consideration the multiple factors contributing to the generally much poorer than average health of Roma. Inclusion of Roma and Roma experts in the team conducting the needed research should be a priority in order to reduce the often-present bias from reports examining Roma's health.

b. Improve the healthcare situation of Roma

- Ensure proper basic healthcare free of charge for everyone. Initiatives with clear targets should be urgently implemented to establish inclusive basic health care system for Roma.
- Support the establishment of healthcare centers providing basic services in remote Roma settlements where the access to hospitals and doctors is difficult.
- Address the insalubrious housing conditions of Roma ghettos, one of the main reasons for the persistence and spread of infectious diseases.

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c. Involve Roma in the health process (Capacity building)

- Establish affirmative action programmes aimed towards attracting Roma to health related jobs.
- Switch the actual focus of training programs for Roma in the field of health from health mediators to more ambitious targets. Roma should be encouraged to embrace professions such as those of nurses and doctors as it is here where they will be able to make a real difference.
- Appoint Roma mediators at the level of hospitals able to function as reliable links between doctors and patients and also capable of receiving and dealing with complaints about undue and discriminatory treatment.
- Assure a proper representation of Roma at any stage of the health system including at the level of ministries and other public institutions in charge of public health.
- In countries with a significant Roma population earmark specific funding for the improvement of the health situation of Roma.
- Organize public information campaigns and eventually health care training on issues such as basic health care, childcare, pregnancy and contraception, domestic violence, drug abuse and communicable diseases.