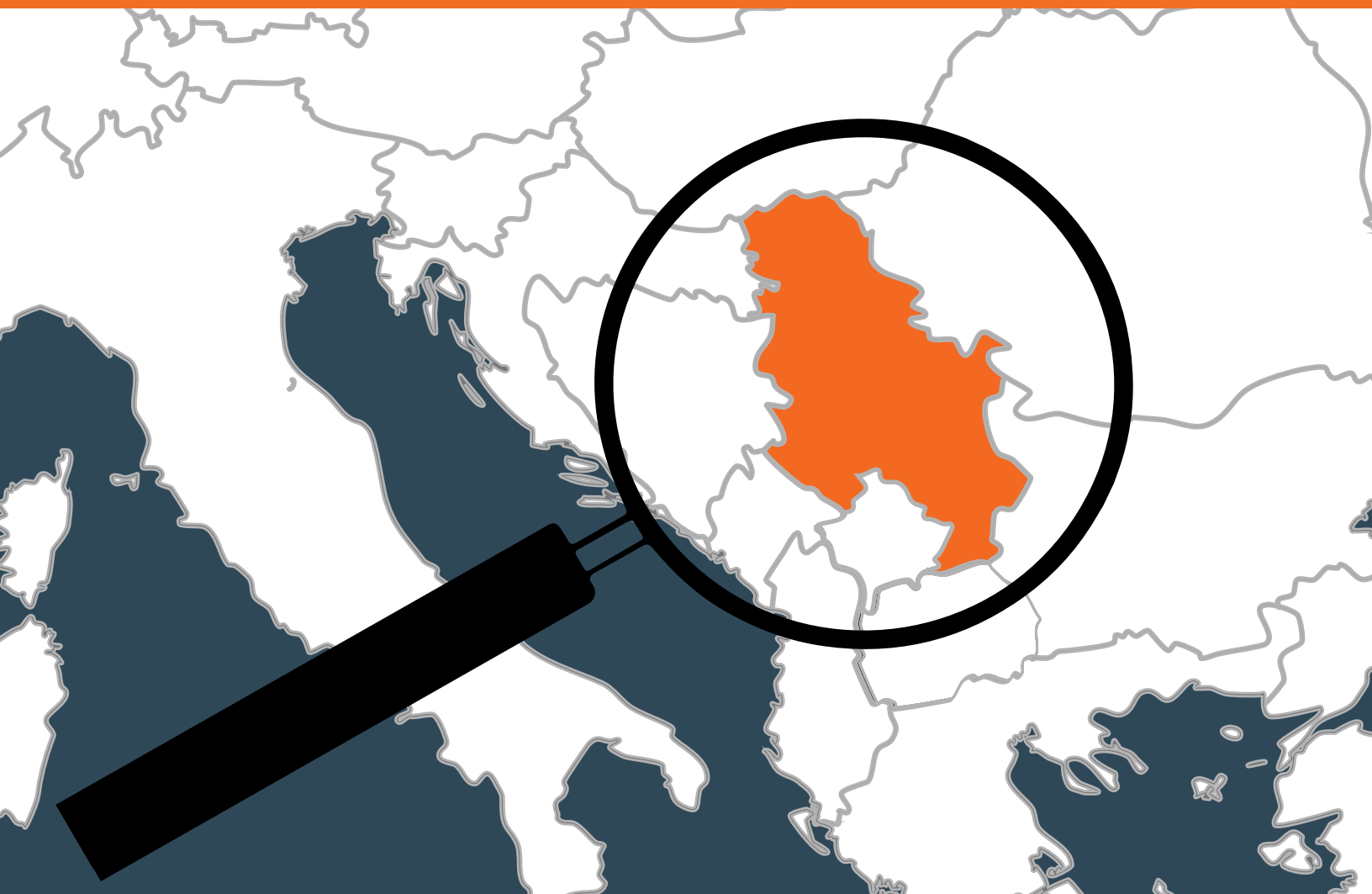


REPORT ON THE POSITION OF ROMA MEN AND WOMEN DURING THE COVID-19 PANDEMIC IN SERBIA



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Milena Reljić and Marina Simeunović

**REPORT ON THE POSITION OF ROMA
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PANDEMIC IN SERBIA**

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INTRODUCTION: BRIEF OVERVIEW OF THE STATUS OF ROMA MEN AND WOMEN IN SERBIA



National minorities make up 16.98% of the total population in Serbia. According to the data from the latest census, Roma are the second-largest national minority, accounting for 2.05% of the total population. The official number of Roma in Serbia is 147,604, while unofficial data from Strategy for Improvement of Status of Roma, indicate many more Roma, even 500,000.¹

Given that the position in society is replicated by generations, individuals who manage to exit this matrix represent isolated cases and do not significantly affect the general improvement of the status of Roma men and women. In addition, the recent deterioration of the status of the Roma community is influenced by the growing strengthening of the right-wing option in the region and Europe, extreme intolerance and discrimination against Roma, as well as frequent attacks resulting from anti-Roma propaganda freely spread by extreme right-wing movements and organisations without sanctions.

The difficult position of Roma men and women is especially evident in the areas of employment, housing and when it comes to violence. According to a regional survey on the socio-economic position of Roma conducted by the United Nations Development Programme (UNDP) in 2011 and 2017, comparing the position of Roma with the position of the neighbouring majority population, the number of employed Roma is two to three times lower in relation to the majority population, and in the case of Roma women, this number is up to ten times lower.² Although it is envisaged that national minorities are employed by applying special measures, which are adopted in order to achieve real equality of national minorities and are prescribed

as measures for exercising the right to representation, they are largely not respected. Also, although the law prescribes quotas in employment (representation of the Roma national minority in institutions of 2% in relation to the total population, Law on Protection of Rights and Freedoms of National Minorities, Article 4), it is not implemented or, if it is, Roma men and women are employed in public utility enterprises and on other low-skilled jobs that are not in line with their qualifications.³

In addition, housing is one of the key problems for the Roma community and the least progress has been made in this area in recent decades. In 2015, the Department for Housing Policy of the Ministry of Construction, Transport and Infrastructure established a database called Geographic Information System (GIS) for substandard Roma settlements, which was supposed to enable monitoring of the condition of Roma settlements, and on that occasion, 583 substandard Roma settlements were mapped. (According to the UN definition, substandard Roma settlements are characterized by: inadequate access to drinking water; inadequate access to sanitation and other relevant forms – sewerage system or septic tanks, traffic network, water supply network and other utilities; poor quality of housing units – housing units built using inadequate building techniques and/or poor construction materials, housing units that are decrepit due to poor maintenance and alike, which are potentially hazardous to the safety of residents; overpopulation in terms of average population density per unit area of the settlement, or in terms of large number of household members and uncertainty of legal status the houses on the respective plots,

1 Strategy for Social Inclusion of Roma for 2016-2025, available at: <https://www.minrzs.gov.rs/sr/dokumenti/predlozi-i-nacrti/sektor-za-medjunarodnu-saradnju-evropske-integracije-i-projekte/strategija-za-socijalno-ukljucivanje-roma>.

2 Regional Roma survey 2017, available at: <https://www.eurasia.undp.org/content/rbec/en/home/library/roma/regional-roma-survey-2017-country-fact-sheets.html>.

3 Article 21 of the Law on the Protection of the Rights and Freedoms of National Minorities is even more restrictive as it only prescribes the following: "When recruiting in public services, including the police, account shall be taken of the ethnic composition of the population, the appropriate representation and the knowledge of the language spoken in the areas of the authority or service." According to the latest amendments to the Law on the Protection of the Rights and Freedoms of National Minorities, Article 21 has been deleted.

including unresolved property ownership rights over houses and land in the settlement). It is estimated that more than half of all Roma in Serbia live in such settlements.

Although certain progress has been made education and health care in recent years, the very COVID-19 pandemic has shown how fragile this progress is and how much more effort is needed for Roma* to have the same rights as other Serbian citizens in these domains.

HOW DID COVID-19 AFFECT THE DETERIORATION OF THE STATUS OF ROMA AND THE INABILITY FOR THEM TO EXERCISE THEIR RIGHTS?

As stated by YUCOM in its research, *“the Constitution of Serbia allows that, when the state of emergency is declared, the government can adopt measures that limit certain human and minority rights. We cannot tell in advance which rights would be restricted since everything will depend on the circumstances of the situation that caused the state of emergency to be declared. What we do know is that there are rights for which restriction is not possible in time of the state of emergency.”*⁴

A state of emergency was declared in Serbia on 15 March 2020, and since then, the government has adopted a series of measures that should prevent the spreading of coronavirus in Serbia. The most important measure, which also affected the citizens the most, is the restriction and ban on movement. The purpose of adopting measures should be to protect the citizens themselves; however, the reality is different. What happens to those who do not have equal starting positions in the race for a better position in society and achieving full equality?

The virus (the disease COVID-19) also affected the Roma communities across Europe, causing significant damage and health risk since Roma are a sensitive group on many grounds. This especially refers to the limited access to clean water and sewerage, cleaning products, and the possibility to implement self-isolation measures in multigenerational families.

Many Roma live in deep poverty and do not have access to drinking water; they are not provided with adequate health care and do not have timely information on protective measures and procedures for exercising their rights and access to health and social care services. Although the Roma community in Serbia varies in status, ranging from those who are integrated into their local communities to those who are on the very margins of society, the majority of male and female members of this community are those with social and other problems that deeply link them to ghettoized and deplorable Roma settlements. According to the research conducted during the pandemic in Serbia by the Social Inclusion and Poverty Reduction Unit, eight out of ten Roma respondents said their household lived on a maximum of 100 euros a month, so it is not surprising that during the assessment of the consequences of the pandemic, 95% of respondents from the Roma community stated that during the pandemic there was a deterioration in the quality of their food. These and other factors affect the speed of the spreading of the pandemic and the number of corona patients in Serbia, and, as one of the female participants in the focus group would say, *“The poor get help last, and then they are to be blamed for spreading the virus.”*⁵

Although in the last few years, through the means of the pre-accession funds of the European Union IPA (Instrument for

⁴ Article, *Otvorena vrata pravosuđa*, 15 March 2020, Šta znači uvođenje vanrednog stanja za ljude u Srbiji?, available at: <https://www.otvorennavratapравosudja.rs teme/ustavno-pravo/sta-znaci-uvodenje-vanrednog-stanja-za-ljude-u-srbiji>.

*The term is used without discrimination in relation to gender.

⁵ Focus group organised with women activists from Valjevo, Kragujevac, Ljubovija, Kostolac, Vranje and Mladenovac, 11 December 2020.

Pre-Accession Assistance), 7.5 million euros have been allocated for the improvement of the position of Roma, and there is an ongoing project worth 20 million euros which will be implemented in the next year and a half, the status of Roma living in informal settlements is particularly difficult. The invested funds have largely not justified their purpose so far, especially if we consider decades of investment. However, the state assistance was not adequate and did not recognize the specifics and problems of the Roma community in the health crisis but also economic crisis.

The research conducted in cooperation with Roma coordinators, health mediators and other local institutions on a sample of 14 municipalities in Serbia (Aleksinac, Bor, Bojnik, Vladicin Han, Vajska, Vranje, Pavlovac, Prokuplje, Pirot, Niska Banja, Lebane, Subotica, Smederevska Palanka, Zajecar), has shown the very inadequacy of measures and support to the Roma community.⁶

The research shows that as many as 90% of respondents are engaged in informal occupations for which the state has not adopted economic measures. This group also includes musicians, who were unable to do their job due to the closure of all hospitality businesses and the ban on holding events with a large number of people, and the state did not take into account that musicians, with measures adopted by the government, will not have income during the pandemic. Musician Aleksandar Antic from Vladicin Han states: *"We will not die of the corona, we will die of hunger"*, and his colleague Stojan Velickovic, a trumpet player from Grdelica, says: *"We don't play, we don't have weddings, gatherings are forbidden"*.

At the time of the lockdown of the entire country due to the pandemic of the COVID-19, these occupations were the ones that were affected and those families whose members are engaged in music, trade, collection of secondary raw materials and the like were left without income. As for the families that used to receive social assistance, those that were in the process of renewing the documents before the quarantine, found themselves in trouble at the time when they had to be quarantined, and the procedure with the documents was not completed. At 14 locations, 111 families were left without social assistance because they did not manage to renew the documents, and the state did not anticipate this situation. The research also touched on discriminatory treatment in hospitals, where 13.1% of respondents stated that Roma received different treatment.

Observing the data before and during the pandemic of the COVID-19, we can understand that the state was not familiar with the situation on the ground and that economic measures that helped the Roma community are scarce. Two measures that have helped the Roma community are a one-off aid of 100 euros and humanitarian packages.

During the pandemic, epidemiologists have pointed out the importance of prevention and hygiene, which would mean that everyone must have access to water and electricity in this situation since this access means life, being a prerequisite for hygiene and observation of the imposed measures. However, according to the OSCE (Organization for Security and Co-operation in Europe), there are currently five thousand Roma families in Serbia without access to drinking water.⁷

6 Article, Opre Roma Serbia, 16 October 2020, Gde smo mi (Romi) kad je počela pandemija COVID.19, available at: <http://opreromaserbija.rs/news/24-gde-smo-mi-romi-kad-je-pocela-pandemija-covid-19>.

7 Radio Slobodna Evropa, 16 May 2020, Romska zajednica u Srbiji: 'Pandemija lekcija, da smo možda još na početku', available at: <https://www.slobodnaevropa.org/a/romska-zajednica-pandemija-srbija/30614076.html>.

Poor infrastructure and limited access to the health system, poor awareness on preventive measures (good awareness is not even possible because families do not have a TV or Internet), high population density in settlements that involve several generations living together, which prevents self-isolation – are just the beginning of a bottomless abyss which affected Roma even before the appearance of the SARS-CoV-2 virus. With the pandemic, the problems are deepening even more.

When it comes to teleworking, Roma rarely work from home, their job often requires staying in public and busy places, given that many Roma are engaged in collecting secondary raw materials, trade, music and day labour. Government measures in relation to self-isolation have affected Roma income, leading to increased poverty and starvation in the Roma community. In the dialogue with the Roma community organised by the Opre Roma movement, we found out that many members of the Roma community are borrowing money from loan sharks at high interest rates, and are deeply worried about how they will pay it off.

Due to the spreading of the SARS-CoV-2 virus in March 2020, people were quarantined and forced to stay in their homes. This virus has not only brought about job loss and concern for one's health but meeting all existential needs has been called into question. Roma women, who often take care of three generations in one house, are particularly affected.⁸ Roma who were forced to leave their homes to provide livelihoods for their families, thereby violating the self-isolation, faced government sanctions and were called irresponsible citizens. In addition to the standard anti-Roma sentiment, many Roma are currently exposed to a particular stigma: countries

such as Slovakia, Romania and Bulgaria, in addition to general restrictions, have taken additional measures for Roma settlements – they are preventively quarantined or blocked and surrounded by police forces. So far, the majority of society has ignored the fact that unemployment among Roma is not good for the whole economy and that attacks by right-wing extremists on Roma are bad for democracy.⁹

⁸ Article, Danas, 12 April 2020, Predrasude prem Romima izraženije od početka pandemije, available at: <https://www.danas.rs/drustvo/predrasude-prema-romima-izrazenije-od-pocetka-pandemije/>.

⁹ Article, Deutsche Welle, 05 April 2020, U doba korone Romima preti humanitarna katastrofa, available at: <https://www.dw.com/sr/u-doba-korone-romima-preti-humanitarna-katastrofa/a-53021283>.

METHODOLOGY

For the purposes of this report, researchers Milena Reljic, who is responsible for the part on access to drinking water and the right to education, and Marina Simeunovic, who dealt with the topic of the right to health care, used various instruments to provide valid data.

In addition to desk research, which included an analysis of the content of international and domestic regulations governing relevant topics, the data from the media were also used. An analysis of the reactions of independent institutions was made, as well as an analysis of measures taken by individual civil society organisations, which were implemented during the pandemic in order to mitigate the consequences of the pandemic.

The whole research is based on a descriptive method, and a survey was used as the main research method. For the purposes of the research, a specially designed questionnaire was made. The questionnaire was filled in with representatives of the Roma community most affected by the crisis.¹⁰ The additional value of the method of case analysis in this research is the authentic testimonies and personal experiences of the inhabitants of Roma settlements and the main settlements players. It has required the trust of members of the Roma community, which the researchers gained through many years of community work experience. Documented cases were collected in telephone interviews and in field research, conducted in accordance with the preventive measures prescribed by the World Health Organization (WHO), during visits to Roma settlements in the period between June and November 2020. In this way, over 80 members of the Roma community in 13 municipalities in the Republic of Serbia were surveyed (Aleksinac, Bac, Smederevska Palanka, Bor, Zajecar, Krusevac, Prokuplje, Vladicin Han, Nis, Surdulica, Vranje, Pavlovac

and Pirot). The sample of respondents was designed in such a way to meet the objectives of the research to the extent possible under the various constraints caused by the COVID-19 pandemic.

Because of the circumstances in which the research was conducted and the aim of gathering information, an online focus group was established with Roma women activists working in Valjevo, Kragujevac, Ljubovija, Kostolac, Vranje and Mladenovac on 11 December 2020. Also, on 14 December 2020, telephone interviews were conducted with five Roma health professionals (two doctors, one nurse, a medical technician and a pharmacist), which provided insight into the attitude of particular health care institutions towards Roma patients, but also health professionals and their associates during a pandemic.

Following the discussion with all the players involved in this research, several case studies were singled out. These cases' analysis provided a more in-depth insight into the challenges related to the implementation of domestic and international regulations and into the testimonies of members of the Roma community about the violation of Roma men and women's rights in the Republic of Serbia during the COVID-19 pandemic.

After collecting all the data, they were processed in a software to create tables and summarise the results.

¹⁰ Research conducted by Opre Roma Serbia on access to water, 2020.

ACCESS TO DRINKING WATER

INTRODUCTION: RIGHT TO WATER

According to the United Nations (UN) documents, the right to water is explicitly protected as a specific human right. Water is a scarce natural resource necessary for human life and health, and the rest of the living world on the planet. According to the World Health Organization, almost one billion people live without access to drinking water, while more than two and a half billion people worldwide are facing a lack of sanitation systems. The human right to water was first explicitly recognized in a report from the 1977 United Nations Conference on Water, which stated that all peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs. In the current situation, entire categories of the population in certain countries are deprived of sources of healthy drinking water. The right to water is explicitly protected by the 1979 Convention on the Elimination of All Forms of Discrimination against Women, whereas the 1989 Convention on the Rights of the Child requires states to provide conditions for access to clean water sources. A Special Protocol on Water and Health was adopted in 1992 with the Helsinki Convention on the Protection and Use of Transboundary Watercourses and International Lakes. In addition to this international document, a Protocol was adopted in London in 1999, which “contains the broadest provisions that indicate the connection between the three topics”. The aim of this Protocol is to promote

the protection of human health and well-being at all appropriate levels, national, cross-border and international contexts.¹¹

ROMA ACCESS TO DRINKING WATER DURING THE COVID-19 PANDEMIC

There are currently 25,000 Roma in Serbia without access to drinking water. The research conducted at 14 locations shows that 37 Roma families (the largest number in Pirot, Vranje and Vladicin Han) do not have a connection to the water supply network, and these are data referring to the period before the pandemic as well.¹² At some of the locations, municipalities provided a water tank. The families concerned are not connected to the water supply network because they cannot afford to pay the water bills. Some of the families get water in different ways – they take it from their neighbours (from residents who have a connection to the water supply network) several times during the day, buy water or get water from a nearby well. What is worrying is the quality of the water from the wells that Roma families are supplied with, which have not been checked by the water management company. The survey mapped 74 Roma settlements and streets without access to the water supply network.¹³

CASE NO. 1: JELENA USAINOVIC, ROMA SETTLEMENT IN ZITORADJA

The prevention of the virus infection in the times of the pandemic means maintaining hygiene, and this family does not have access

11 Milan Palević, Milan Rapajić, Right to water as a human right and administrative-legal regulation in Serbia, *Herald of Law* UDK:341:351, Faculty of Law, University of Sarajevo, available at: <http://www.jura.kg.ac.rs/index.php/sr/1912.htm>.

12 Article, Opre Roma Serbia, 16 October 2020, Gde smo mi (Romi) kad je počela pandemija COVID.19, available at: <http://opreromasrbija.rs/news/24-gde-smo-mi-romi-kad-je-pocela-pandemija-covid-19>.

13 Survey conducted by Opre Roma Serbia, 2020

to water. According to the interviewee, the fact that they do not have access to water and that they cannot maintain hygiene led to them getting scabies. In addition to the impossibility of maintaining hygiene, the problem is that the family does not have drinking water, so they borrow it from the neighbourhood. *“We don’t have water for basic hygiene, we got scabies, we don’t have drinking water, we borrow it from our neighbours,”* says Jelena.

In addition, in the village of Recica, which belongs to the municipality of Zitoradja, water is a source of various diseases. After the inspection, it was mapped that ten families do not have access to water and that 18 families are using water from wells of worrying quality due to the floods that hit this place.

The problem with the connection to the water supply network arose with the change of authorities in that place. Pipes for the water supply network were laid. However, when the authorities changed, the ones in charge suspended the works. The head of municipality was contacted, and a meeting was scheduled, but it has not been held until today.

RIGHT TO EDUCATION

INTRODUCTION: RIGHT TO EDUCATION

The right to education is a fundamental human right. It is guaranteed by numerous international legal acts, and the legal framework of the Republic of Serbia. However, some children do not have access to education – whether due to a pandemic, geographical location, poverty, cultural or other reasons. The Law on the Education System Foundations stipulates that every person has the right to education and preschool upbringing, and that the citizens of the Republic of Serbia are equal in exercising the right to education and preschool upbringing.¹⁴

RIGHT TO EDUCATION BEFORE THE COVID-19 PANDEMIC

According to the 2002 census, 29% of Roma students completed only primary school, 7.8% completed secondary school, and 0.3% acquired higher education.¹⁵ We can say that the share of middle and highly educated Roma men and women has increased over time under affirmative action measures. However, long-term efforts and investments in education and the creation of highly qualified staff within the Roma community itself were interrupted by the pandemic.

Since the beginning of the pandemic, the regular work of preschool, school and higher education institutions has been suspended. Classes were held online, through the RTS 3 television channel, the RTS Planet platform,

and online learning platforms. The universal response to the crisis was the use of distance education and digital educational tools without insight whether all the students were technically equipped. Although these measures benefit most students, the absence of a systemic plan to ensure access to education for all children could significantly deepen the already existing differences in education. Online teaching involves conducting classes through technical devices – phones, tablets or laptops, which require internet connection and electricity. However, as far as the connection to the electricity network is concerned, 91 Roma families do not have electricity at the 14 locations¹⁶, the majority of them in Pirot (30), Subotica (20), Vladicin Han and Niska Banja (15). Families are not connected because they do not have the financial means to pay the debt. In some locations, the municipality lent a hand and turned on the electricity during the quarantine, and after that, it again blocked access to electricity.

The position of children and youth in the Roma community is such that they did not have the opportunity to follow classes. They missed a lot of schoolwork during the pandemic because they did not have not only smart devices for attending classes, but also no Internet or electricity. The whole framework that completely changes the current way of education and learning leads to the fact that students cannot follow the classes. With the cessation of regular classes for a large number of Roma students, classes ceased altogether.

14 Law on Foundations of Education System, Official Gazette of the Republic of Serbia no, 88/2017, 27/2018, 10/2019, 27/2018, 6/2020, available at: https://www.paragraf.rs/propisi/zakon_o_osnovama_sistema_obrazovanja_i_vaspitanja.html.

15 Social inclusion and poverty reduction unit, Analyses of application of affirmative measure in the field of education of Roma men and Roma women and recommendation for improvement, 2016, available at: <http://socijalnoukljucivanje.gov.rs/wp-content/uploads/2016/07/Analiza-primene-afirmativnih-mera-u-oblasti-obrazovanja-Roma-i-Romkinja-i-preporuke-za-unapredjenje-mera.pdf>

16 Article, Opre Roma Serbia, 16 October 2020, Gde smo mi (Romi) kad je počela pandemija COVID.19, available at: <http://opreromasrbija.rs/news/24-gde-smo-mi-romi-kad-je-pocela-pandemija-covid-19>.

CASE NO. 2: SETTLEMENT WITHOUT ELECTRICITY

Aleksinac, settlement of Solunska

In the municipality of Aleksinac, in settlement of Solunska, there are two problems that Roma students have been facing when it comes to education. One of the problems is that they do not have access to electricity, which further complicates the learning and education processes of Roma students from this settlement. The families of these students occasionally illegally connect to the neighbours' electricity connection, which does not solve the problem because the children cannot study whenever they want, considering that electricity is turned on only occasionally. In addition, students do not have their own room to learn: when they write homework or study, they do it in the same room where they live with their family members, which leads to a diminishing of their attention.

The fact that students do not have electricity is reflected through their school achievement, which is low compared to students who have access to electricity, Internet and computer. During the pandemic, classes for these students stopped. The only support they had was the support of a pedagogical assistant, who printed and took school materials to the students' homes. Another problem that the students from this settlement encountered was that they did not have devices in order to access to online education.

CASE NO. 3: STUDENTS HAVE ELECTRICITY, BUT NOT A DEVICE ON WHICH THEY CAN FOLLOW THE LESSONS

Role of a pedagogical assistant in Bor

According to UNICEF, 5% of all school children in Serbia, mostly from low-income groups, did not participate in online classes due to poverty, lack of electricity, Internet, devices for access to online education and inadequate living conditions. Most of them are Roma children living in informal settlements without technical equipment, some of them without electricity.

Even when a Roma student has access to electricity, they do not have access to technical devices to follow classes, so the consequences on student education are similar to those when a student does not have electricity. There are also examples that one of the family members has a mobile phone, through which the student could communicate with the teachers, but to a limited extent, only when the owner of the phone is at home.

With the help of the team leaders from the Roma communities, all students who are at a disadvantage in the sense that they do not have a device for following classes were mapped.

Thanks to the efforts of the Opre Roma Serbia movement and the Open Society Foundation, they had the opportunity to receive a tablet computer and school supplies. In addition, additional summer classes were organised in subjects with which students have had difficulty in order to make up for the curriculum they missed during the pandemic.

The state did not provide the necessary teaching aids, nor did it organise additional classes for students who did not have regular access to online classes. This was left to Roma NGOs, whose efforts prevented the emergence of an even more significant educational gap. The research was conducted by the pre-test/post-test analysis.¹⁷ Based on all data collected through measuring instruments, data collected in the evaluation of the summer school from

¹⁷ Research is still ongoing.

the teachers' meetings, descriptions and a questionnaire filled out by students and their parents, findings were obtained indicating that significant results were achieved with students who participated in additional programs.

The role of pedagogical assistants was especially important during the pandemic. Pedagogical assistant Sasa Kamenovic from Bor, states:

"The situation since March was such that I, as a pedagogical assistant, had strong cooperation, primarily with parents, but also with Roma students, from 1st to 8th grade, where I mainly provided advisory support as well as a kind of actual support, to say technical in nature – if parents had an existing problem with an application, its installation, because they had constant meetings with teachers, communicating through the Zoom application and Viber group. So, a number of students did very well, but there are also students who did not have the opportunity, where I, as a pedagogical assistant, brought specific printed material to the addresses of the families.

Also, there were just a few difficulties with those homework assignments because, to be honest, not everyone was able to do those specific homework assignments because they didn't have technical support, or the phone was bad or the camera was bad or their father or mother who are working at the time took the phone. Those were some of the problems that existed.

The children were mostly left to deal with it themselves, but again to some extent, whenever their parents could, as they at least told me, after returning from those jobs, they got involved as much as they could and, as far as they were able to help with the assignments. The children specifically cooperated with their

teachers. However, the children, as well as the Roma families, had my phone number, they wrote to me on social media, Facebook, if they had any difficulty with an assignment or an issue, or if they made a poor quality photos of the assignments they had to send. The teacher would ask me why some boy didn't send his homework, he would tell me that he did, but in fact he didn't, so in that sense they had some communication."

RIGHT TO HEALTH CARE

On 11 December 2020, researcher Marina Simeunovic organised an online focus group with women Roma activists from Valjevo, Kragujevac, Ljubovija, Kostolac, Vranje and Mladenovac, who work in the field. On 14 December 2020, she conducted online interviews with five Roma health professionals (two doctors, one nurse, a medical technician and a pharmacist).

INTRODUCTION: RIGHT TO HEALTH

In international law and according to human rights standards, the right to health is a broader concept than what is meant by health care, so the corpus of the right to health includes all socio-economic factors necessary for leading a healthy life. This corpus certainly includes nutrition, way of living and living conditions, drinking water, provided sanitary conditions, safe and healthy working conditions, as well as a healthy environment.

The Universal Declaration of Human Rights in Article 25 provides that *everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Also, Article 7 emphasises that everyone is equal before the law and are entitled without any discrimination to equal protection of the law; everyone are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.*¹⁸ As one of the most important documents guaranteeing

human rights, the Covenant on Economic, Social and Cultural Rights of 1966, in Article 12, paragraph 1, when defining the “highest attainable standard of health”, takes into account the biological and socio-economic preconditions of the individual and means available to the state. The right to health is interpreted as the right to enjoy various forms of assistance, products, services and conditions necessary to achieve the highest attainable standard of health. The right to the highest possible standard of health belongs equally to all people.

The Resolution “Health for All”, which was adopted in 1977, can be considered the most important document adopted by the WHO during its existence. The goal of this resolution was to achieve such a level of health that will enable every inhabitant of the world to lead a socially and economically productive life. In response to numerous changes at the end of the 20th century (population ageing, the dominance of mass non-communicable diseases, poverty and growing inequality, urbanisation, environmental changes, ecological problems, etc.), in 1995, the process of innovating the Strategy and drafting the document “Health for All in the 21st century”¹⁹ began. Taking into account all global changes, as well as previous experiences, new individual goals were defined as well as policy directions for their realisation, and in 1998 a new document, “Health for All – Policy for the 21st Century”, was adopted. The basic goals of this global policy are: *increasing the length of healthy life for all people, providing access to adequate and quality health care for all and equality in health between countries and within countries.*

In 1998, the WHO Regional Office for Europe

¹⁸ Universal Declaration of Human Rights, United Nations General Assembly; available at: https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/cnr.pdf.

¹⁹ Resolution “Health for All”, World Health Organization; available at: http://www.izjzv.org.rs/app/soc.katedra/Kat_socMed_Strategija_zdravlje_z_XXI%20vek.pdf.

defined a policy framework for “Health for All in the 21st Century”, which refers to Europe, and contains 21 goals for the 21st century, and these goals were to be achieved by 2020. This document emphasises in its target 2. *the importance of achieving health equity by reducing inequities between social and economic groups within the Member States by at least ¼ through the means of significantly improving the health levels of all vulnerable population groups.* The ethical basis of this plan and document consists of three basic values: 1) health as a fundamental human right, 2) equity in health and solidarity in action between and within countries and their inhabitants and 3) participation and accountability of individuals, groups, institutions and communities for continuing health development.

At the end of 2000, the United Nations set the *Millennium Development Goals*, to express the political commitment of nations to widely accepted international development goals that can be used to guide certain countries towards their own long-term development priorities. Of the eight Millennium Development Goals, four are directly related to improving the health of the population by reducing the child mortality rate of children up to five years of age, reducing maternal mortality and preventing the spread of HIV/AIDS, malaria and other globally threatening diseases and ensuring a sustainable environment, while other goals are directly related to achieving better health and quality of life.

RIGHT TO HEALTH CARE BEFORE THE COVID-19 PANDEMIC

The Roma population is, based on available

data, generally a younger population. The entire Roma population in Serbia is, on average, 27.5 years old, which means that it is 13 years younger compared to the general population. At the height of the pandemic, when it is pointed out that the oldest population is the most at-risk group, from this data it could be assumed that a small number of potential victims are from the Roma community. However, the available data on the health status of Roma men and women in Serbia show that the position of Roma men and women is in many respects less favourable than the general population, whereas the latest data do not support this expectation as well.

The research has confirmed the causal link between the quality of life and health of the Roma population because its members, compared to other inhabitants of the Republic of Serbia, live in much worse living conditions.²⁰ For this reason, when it comes to health care for Roma men and women, it is inevitable to talk primarily about living conditions and the context of their regular performance of all life activities within the settlement as a coordinate system in which the lives of most members of this national minority (70%) take place. All research supports the fact that the majority of Roma men and women live in inhumane conditions. As many as one in ten households in Roma settlements live in a temporary house, and 4% of them live in a dangerous environment. Also, other factors that affect the general health image of the Roma population (such as health enlightenment and distance of settlements from health institutions, general poverty, poor nutrition, hard physical work) do not support their longevity even in ordinary circumstances, and especially not at a time of rapid virus spreading.

20 Strategy for Social Inclusion of Roma men and women in the Republic of Serbia for the period 2016 to 2025; available at: <https://www.mgsi.gov.rs/lat/dokumenti/koordinaciono-telo-za-pracenje-realizacije-strategije-za-socijalno-ukljucivanje-roma-i>.

THE ROMA POPULATION HEALTH CARE DURING THE PANDEMIC

Factors which influence the general health status of the Roma population are not favourable for their vitality and longevity even in the regular circumstances, let alone in the times of rapid spreading of the virus. It is important to mention that in the first wave of pandemic, although there was apprehension of the virus penetrating Roma settlements, this did not happen at least not massively as expected. However, in autumn 2020 the situation got extremely worse.²¹

In the Strategy for Social Inclusion of Roma men and women in the Republic of Serbia, as the key document for the improvement of the Roma population situation, the causal link between the quality of life and health of the Roma population has been recognized. The poor quality of housing structures in Roma settlements, lack of access to electricity and clean drinking water and the required level of hygiene, generally living in impoverished circumstances of settlements posed health risks to Roma settlements' inhabitants even before the pandemic, since they have been exposed to a higher risk of infectious, chronic and other diseases. In the last couple of years, the Republic of Serbia keeps receiving recommendations by various mechanisms for human rights protection directed at improving and protecting Roma human rights precisely for this reason. These recommendations

clearly and unquestionably indicate the existence of various challenges, especially in the sphere of health care and housing.

In short analysis of the current circumstances in the majority of Roma settlements, it is easy to guess answer to a question whether and to what extent Roma men and women living in Roma settlements (therefore 70% of total Roma population) have been able to practice specific measures and whether it has been objectively possible for them to protect themselves in their environment to the same extent as the rest of the population in Serbia and globally.

The Roma population access to health and health care during the coronavirus pandemic will be observed through several different aspects, yet it is important to examine whether it has been practically possible to follow the instructions and protective measures from the point of view of the majority of men and women living in Roma settlements.

21 Testimonies from online focus group held on 9 December 2020:

"Two hospitals in our town are full! Many doctors are ill too, if only one gets infected, the entire shift team has to be isolated. Many Roma from Vranje and Vranjska banja are infected, I think, about 1/3 of ours". – Woman activist from Vranje.

"In the first wave 2–3 persons were infected, and then the conspiracy theory happened in the social media, so people became less vigilant. Now in my city with population of about 2,000 Roma there are definitely 30 to 50 infected persons". – Woman activist from Vranje.

"The situation in Kostolac is difficult, many people have died, and we lose minimum two people each day. This infection is huge, almost entire settlement Didino Selo is infected... I think that people mostly brought the virus from work, the coal mines". – Woman activist from Kostolac.

"Officially 371 people are infected in Ljubovija, which is almost 10% of the municipality population. There are two Roma families among people infected with coronavirus". – Woman activist.

"In our town, many people got infected and died. Just recently five people that I have known died on the same day. That is so sad! Many cannot afford the medicaments". – Woman activist from Kragujevac.

From 3 April 2020, under the Professional and methodological instruction for the control of entry and prevention of spreading of the coronavirus SARS-CoV-2 in the Republic of Serbia drawn up by the Public Health Institute of Serbia “Dr Milan Jovanovic Batut”, necessary requirements for home isolation are as follows:

- 1) Separate room for ill person or an option of isolating from other members of household;
- 2) Conditions of keeping to the recommended hygienic and dietary regime and taking prescribed medication;
- 3) Personal hygiene;
- 4) Maintaining phone contact with a doctor.²²

1) Isolating a member of a household to a separate room if it is required to protect other members of the household:

According to the data indicated in the Strategy for Social Inclusion of Roma men and women, the quality of housing structures where Roma men and women live as well as internally displaced persons is of much lower quality than others. An average number of rooms per member of the Roma population household is 0.63, which is almost two times less compared to 1.13 in the general population. This practically means that, in average, at least two persons live in one room. Since in the majority of cases, these housing units are tiny and decrepit with a small number of rooms (in some cases, a whole unit could be only one room) and several members of the household live in the same room, it is estimated that in such conditions the isolation would be hardly

possible. Also, it is important to consider what physical distancing would implicate as well. Since 88% of Roma households use wood for heating and 79% of Roma out of this number of households are forced to keep their dwellings less warm due to insufficient income, it could be assumed that in the winter period it would mean that a family of an infected person potentially even succeeding in organising an isolation space, would have to secure more wood-burning stoves or electric heaters (provided that they have access to electricity). It would be additionally challenging to organise this if, for example, we have a case of an infected mother who is in charge of the household or a single mother.

2) Conditions of keeping to the recommended hygienic and dietary regime and taking prescribed medication:

The information mentioned before could provide a general illustration of an average Roma settlement, which usually lacks living conditions, as well as a non-stimulating environment for keeping the standard of health enlightenment. During the first wave of the COVID-19 pandemic, there were a number of cases of a theory developed among the inhabitants of settlements that this virus would not infect Roma, that the Roma population was resistant to the disease and others.²³

At first, they refused to wear masks, so they only wore them when leaving the settlements in order to avoid being fined.²⁴ On the other hand, the most impoverished part of the Roma population did not have access to masks and could not wear them since they failed to obtain

²² Professional and methodological instruction for the control of entry and prevention of spreading of the coronavirus SARS-CoV-2 in the Republic of Serbia, Institute “Dr Milan Jovanovic Batut”, 2020; available at: <https://www.sharefoundation.info/wp-content/uploads/Strucno-metodolosko-uputstvo-Batut.pdf>.

²³ “They didn’t want to wear masks, they would say: ‘Corona won’t have us’, and if they had been in a hospital they would act differently” – Female participant of the focus group from Vranje (Focus group was held on 11 December 2020).

²⁴ The fine is 5,000 dinars (about 42 euro)

them from a large amount of the delivered aid distributed through the Red Cross and Roma associations and activists. According to the Report written by the Protector of Citizens in cooperation with NGO A11 Initiative, after visiting ten Roma settlements during the state of emergency, it was established that in the majority of the settlements, the hygienic conditions were poor, yet none of the inhabitants would wear the protective equipment, meaning masks and gloves. In only one settlement, the inhabitants mentioned that the masks were distributed to them at the beginning of the state of emergency.²⁵ Besides, many families could not afford masks since all earning activities had ceased and one mask cost 120 dinars, and it was recommended to wear it for only two hours. Helplessness, fear but also the ability to sacrifice among Roma women during the state of emergency is reflected in the answer of a woman respondent speaking about the position of Roma women: *“They are employed for sure, they assist in collecting secondary raw materials, women work in the farmers’ market, so they are not social aid beneficiaries. Now they cannot earn a single dinar. It is so hard, especially for those who have kids. Their focus is not to keep those children safe; their priority is to be able to feed them.”*²⁶

It is a well-known fact that the majority of Roma representatives earn their basic living by working in the grey area. According to the results of the survey, which the Ipsos Strategic Marketing agency carried out on the request of the UN Human Rights Team with the support of the Office of the United Nations

High Commissioner for Human Rights, the majority of people collecting secondary raw materials had to abandon their activities during the state of emergency, or they had carried them out occasionally. The same happened to men and women selling goods in the farmers’ market, musicians, day labouring cleaning ladies and others, often for these reasons they could not have satisfied their basic needs. Some could not take their regular medications: *“I regularly go to Zrenjanin for chemotherapy in the medical care centre every three weeks. There is no shortage of supplies, but I don’t have money now. The immunotherapy drugs are really expensive, but as I do not have a job now I do not have the funds for them. I took those drugs before. I will take them again, when this is over”*.²⁷

3) Personal hygiene

Keeping personal hygiene at a satisfactory level has been recognized as an issue in the Strategy for Social Inclusion of Roma men and women. In Strategy, we can find data that almost 54% of Roma households do not have a bathroom, compared to less than 10% of non-Roma households.²⁸ In the most impoverished households, 60% of the population use pit latrines, while 7% do not have sanitation facilities.²⁹ Suppose we add to this a large percentage of households without running water service and, in most cases, the obvious lack of health enlightenment and cleaning products. In that case, it is clear that the measures for protecting the Roma population from coronavirus and other infectious diseases are several decades overdue, which

25 Conditions in Roma settlements during the state of emergency and implementation of protective measures due to the coronavirus epidemic (COVID-19), Protector of Citizens Special Report with Recommendations, Protector of Citizens, May 2020, available at Protector of Citizens website.

26 Woman respondent in the survey “Gender Analysis of COVID-19 Response in the Republic of Serbia”, OSCE Mission to Serbia and Women’s Platform for the Development of Serbia 2014–2020; available at: <https://www.osce.org/sr/mission-to-serbia/459391>

27 Ibid.

28 Strategy for Social Inclusion of Roma for 2016-2025, available at: <https://www.minrzs.gov.rs/sr/dokumenti/predlozi-i-nacrti/sektor-za-medjunarodnu-saradnju-evropske-integracije-i-projekte/strategija-za-socijalno-ukljucivanje-roma>.

29 Serbia – Roma settlements, Multiple Indicator Cluster Survey for 2019, Report on Survey Findings October 2020, the Statistical Office of the Republic of Serbia and UNICEF; available at: https://www.stat.gov.rs/media/5611/mics6_izvestaj_srbija.pdf.

cannot be adequately compensated in a short period of time, even if the entire social mechanism is truly committed.

Setting up adequate hygienic conditions is one of the crucial elements of health care protection, but with the appearance of coronavirus it has been recognized as one of the essential preconditions in combating the infection and its efficient prevention. During the pandemic, Social Inclusion and Poverty Reduction Unit (SIPRU) organised the field mapping of substandard Roma settlements. It has been established that 159 substandard Roma settlements with over 32,800 people (19.52%) do not have access to clean water, and another 11,800 people have partial access to clean water or irregular access. At the same time, those who had electricity and TV could hear the irritating instructions on adequate hand washing with mild water and soap. Could Roma men and women follow these instructions? The majority of them could not, since 14.35% of the mapped population (24,104 persons) living in 64 substandard settlements do not have electricity or have irregular access to electricity, which is limited to a certain time of a day when the power grid load is at minimum. Over 55% of inhabitants of Roma settlements do not have access to sewerage or have irregular access, which indicates a life of poor hygienic conditions. By crossing the data, we learn a sad fact that 44 Roma settlements (with over 14,000 inhabitants) identified in 13 units of local self-government do not have the access to clean water, sewerage and electricity, or this access is irregular. These data corroborate the thesis that the majority of the Roma population can barely fulfil the condition of “Batut” Institute, which refers to personal hygiene.

CASE NO. 4

For the purpose of illustration, we will mention an example of one out of ten Roma settlements which were visited by the representatives of the Protector of Citizens and NGO A11 Initiative during April 2020, and this example could be found in the Special Report of the Protector of Citizens.³⁰

“Informal settlement Cukaricka Suma in the territory of Belgrade municipality Cukarica is mostly inhabited by Roma displaced from AP Kosovo and Metohija region, who are living in this settlement since 1999. There are 60 houses in the settlement in very poor condition, and the settlement does not have basic infrastructure. At the entrance to the settlement, there is a wastewater retention canal, and if there is precipitation, the water from the canal is discharged to the settlement. The hygienic conditions are deplorable; none of the inhabitants wears protective equipment (masks or gloves). Some of the inhabitants said that a non-governmental organisation gave them 200 masks at the beginning of the epidemic, but those supplies were quickly exhausted.

A huge amount of waste around the settlement is particularly worrying, and there is only one dumpster at the entry to the settlement. Inhabitants said that public utility service did not pick up the trash since the beginning of the state of emergency. Still, the problems existed before the outbreak of the infection and public utility services had rarely been picking up trash. A considerable number of rodents, namely rats in the settlement, represent an additional

30 The Protector of Citizens Special Report: conditions in Roma settlements during the state of emergency and application of protective measures due to the epidemic of the coronavirus, Protector of Citizens, May 2020; available at: <https://www.ombudsman.rs/index.php/izvestaji/posebnii-izvestaji/6608-19>.

source of infection and pose a particular threat to many small children living in this settlement. There are two non-drinking technical water stand-pipes in the settlement, yet having in mind the problem with the access to the water, some inhabitants boil this water and then drink it. There is no electricity connection in this settlement, and there are no legal conditions to do that, so the inhabitants of this settlement live without access to electricity for years. To fulfil their basic needs, they connect to the nearby lamp-posts after the street lights are lit, but it should be indicated that this also poses a risk to the safety of the inhabitants in the settlement. The lack of electricity poses a particular problem to a few families with elderly members who have chronic diseases or use oxygen or other electrical-medical aids which require constant access to electricity..."

4) Maintaining phone contact with a doctor:

According to the results of the last MICS6 survey, 94.1% of interviewed households have a phone, landline or mobile, so it could be assumed that in this percentage, there is a likelihood to meet the fourth condition required for isolation at home³¹. However, one cannot really expect that these phone contacts are regularly maintained since, on the one hand, there are many patients and, on the other hand, too little health workers.³²

Moreover, according to some surveys, the Roma community bias against all institutions

principally endures, and the health professionals' prejudice against the Roma population, which also withstands. In addition, there is a huge number of cases of overt and covert forms of discrimination in the health care system. In the survey of the Protector of Citizens on the implementation of the Strategy for Social Inclusion of Roma men and women in 2019, it has established that the professionals in medical care centre quite often claim that they treat all their patients equally, neglecting the fact that special measures were created in the area of health care for Roma precisely due to poor conditions of their living which predominantly influence their health status, so appropriate treatment is required.³³ It has to be emphasised that in some medical care centres, a high level of prejudice and discriminatory attitudes towards the Roma community has been demonstrated. In the course of the survey, the health professionals would give the following statements: "They do not like water", "Roma come to health care centre with babies covered with layers of mud", "They do not know the etiquette, they want to be received before other patients".³⁴

VIOLATING RIGHT TO HEALTH CARE

In realising their right to health care, Roma might encounter direct and indirect discrimination. Direct discrimination usually manifests in situations when a health

³¹ Ibid.

³² "I got sick at work. There is fewer of us each day. When one gets ill, the entire shift team has to be isolated" – O. K., Roma nurse from Vranje (interview of 11 December 2020).

"I got infected, and I had treated 250 patients. I cannot imagine how my colleagues are managing now, a lot of staff is infected. The cleaning lady got infected, and that is how the rest of us got it" – S. R., woman Roma doctor from Nis (interview of 14 December 2020).

"Many colleagues caught the virus or recovered from it. One colleague is just now staying at home and not doing so well. What can you do? Every job requires some risk. I am just waiting when will I get sick." – D. D., man Roma doctor from Backi Petrovac (interview of 14 December 2020).

³³ "Indirect discrimination shall occur if an individual or a group of individuals, on account of his/her or their personal characteristics, is placed in a less favourable position through an act, action or omission that is apparently based on the principle of equality and prohibition of discrimination, unless it is justified by a lawful objective and the means of achieving that objective are appropriate and necessary", Article 7 of the Law on the Prohibition of Discrimination; Law is available at: https://www.paragraf.rs/propisi/zakon_o_zabrani_diskriminacije.html.

³⁴ "Special Report of the Protector of Citizens on the implementation of the Strategy for Social Inclusion of Roma men and women in the Republic of Serbia", Protector of Citizens, Belgrade, 2019, p. 54; available at: <https://www.ombudsman.rs/attachments/article/6359/ZAstitnik%20socialno%20ukljucivanje%20roma%2020191129c.pdf>.

professional refuses to assist to a Roma person. This includes verbal abuse and degrading treatment. Indirect discrimination is usually demonstrated through so-called “neutral” legislation, other regulations, policies and practices. Indirect discrimination against Roma is reflected in the legal obstacles due to which a group of socially most endangered Roma in Serbia does not have access to health care.³⁵

CASE NO. 5: ACCEPTING APPLICATIONS IN THE GENERAL INTEREST MADE BY ROMA CIVIL SOCIETY ORGANISATIONS' REPRESENTATIVES

Under Article 17 of the Law on Health Care, the general interest in the Republic of Serbia shall include, among other things, *“implementation of the epidemiological, sanitation and hygiene monitoring and organisation and implementation of special measures for protecting the population from infectious diseases, implementation of extraordinary measures, established in accordance with the law governing the protection of population from infectious diseases, including the implementation of programmes for prevention, combating, removing and eradicating infectious diseases, in accordance with the Law”*. In paragraph 4 of this Article, the means for the realisation of the general interest from this paragraph shall be provided from the budget of the Republic of Serbia.

Since the COVID-19 outbreak and rapid increase in the number of new cases, it was clear there was no way to stop the virus from entering the Roma settlements. Few representatives of the civil sector tried to alarm all important players at the state level, demanding an urgent reaction to protect

the right to health of the Roma population, including the general interest. Still, at first, there was no response. This strategy did not yield any results. Only international organisations responded to calls, enabling short term or one-off assistance such as masks, food and hygienic packages for urgent intervention. Some have chosen the strategy of exerting influence through independent organisations. The Standing Conference of Roma Citizens' Associations – Roma League has sent a letter to the Commissioner for the Protection of Equality, drawing attention to the serious problems Roma national minority members were facing, referring to the violations of the Roma community human rights. In this letter, *in addition to indicating the problem of lack of drinking water and asking for urgent government intervention, they have also underlined the necessity of ensuring the presence of representatives of Roma associations at the meetings of local emergency headquarters*. In the letter, they have indicated that “it is very dangerous and irresponsible of people from the Ministry of Health to turn a deaf ear in time of pandemic”, mentioning that the Ministry failed to answer the letter that the Roma League had sent on the occasion of *“releasing 120 health mediators from field duty without any liability for health and safety risks to Roma in the time of emergency”*, as the representatives of Roma League believed the lives of people were at risk and the entire society was placed in a general state of danger. This letter spurred the Commissioner's response, and she recommended the measures for improving the Roma situation in Roma settlements to the Prime Minister on 22 April 2020.³⁶ The Commissioner intervention had a positive epilogue. Through the Ministry for Public Administration and Local Self-Government, all units of local self-government were ordered

³⁵ Accomplishing and monitoring standards of health care quality of Roma in Serbia, Centre for Minority Rights, Belgrade, 2014.

³⁶ Recommended measures for improving Roma situation in Roma settlements, Commissioner for Protection of Equality, 22 April 2020; available at: <http://ravnopravnost.gov.rs/polozaj-roma-u-romskim-nas-cir/>.

to provide drinking water for all citizens.³⁷

However, no impact was made on the Ministry of Health, as eight months later, the situation is the same.

CASE NO. 6: HEALTH MEDIATORS TESTED FOR LOYALTY EITHER TO COMMUNITY OR TO THE EMPLOYER

Given the status of the entire health system, some expectations were directed towards the Ministry of Health and intensifying of health mediators' activities in working with the Roma community to increase their enlightenment, education, and understanding of information. However, the instruction on further actions from their superiors was directed towards completely abandoning fieldwork until further notice. As some mediators had said, who insisted on not disclosing their identity, such move of the Ministry was caused by fear of health mediators as potential virus carriers putting at risk a large number of people through their visits. As the second reason, they mentioned their personal lack of safety since additional protection could not have been secured. Only once at the beginning of the pandemic, UNICEF gave masks to health mediators. Finally, as a justification, they mentioned that they had not received special training for this kind of situation.

Despite this, the most health mediators continued their work in Roma settlements, without visits in person, but in a changed form – meaning online. In order to secure more information, the researcher of this paper managed to get in contact with several health mediators and confirm this fact: *“You cannot just leave it like that, to disappear when they need you the most”; “I am there, 50 phone calls a day is the quota. I continued with my work*

as a visiting nurse, they let me know about women who recently gave birth”; “We keep the records on the number of those notified about measures, pieces of advice given on the prevention, liaising with Social Care Centre, we keep the records on the benefits, keep the records on a number of infected”; “One of the questions is also – how many of them have you referred to COVID infirmaries”; “We are monitoring those cases”; “I had to set the entire system in motion, everyone disappeared, and people are calling me. I first contacted the Red Cross to provide food. Then I called the Water Supply Service to secure water for people. Before corona, the tank was filled only once a week, but since then, they deliver water every other day”. Although it is inevitable that focus group participants really carry the burden of the present, there are, in fact, huge differences between the job performances of different health mediators during the pandemic, identically as in regular circumstances. The responsibility for community largely depends on the personal sense of responsibility of each of them. According to the survey implemented by the Protector of Citizens, the majority of inhabitants in ten settlements that were interviewed in April 2020 did not have information and understanding on the protective measures for preventing disease in the case of the epidemic caused by the coronavirus. This is corroborated by some health mediators' responses, who underlined that in Roma settlements where they were engaged, inhabitants either informed each other or generally used social media as a source of information. That was the reason behind so much disinformation.

37 Press release, National Council of the Roma national minority of the Republic of Serbia, 29 June 2020, available at: <https://romskinacionalnisavet.org.rs/radni-sastanak-u-ministarstvu-za-drzavnu-upravu-i-lokalnu-samoupravu/>.

CASE NO. 7: PRICE OF POOR PEOPLE'S HEALTH

Reforming the system of financing the basic package of health care services is crucial and special measures provided for in the event of a pandemic, which would potentially be directed towards the population at the most significant risk. At the moment, in our health care system, there is a considerable discrepancy between the formal rights of the beneficiaries and possibilities of exercising the rights, which additionally marginalises underprivileged population groups, contrary to all mentioned legal acts. According to information from the Strategy for Social Inclusion of Roma men and women, an individual spends the majority of income on food, therefore disadvantaged people can only spend minimal funds for additional payment of health care services and therapies (10% of impoverished families can allocate only 290 dinars or 3.3% of available funds per month).

Getting the coronavirus treatment requires certain expenses. Prescribed therapy is not free of charge since it involves many medicaments and vitamins that are not on the list of the drugs provided free of charge. As one of the respondents has said, many infected Roma men and women she knows cannot afford two-month treatment since it is about 6,000 dinars per month, and they cannot afford additional analyses. She has also said: *“There are many people who won't be able to redeem their health. Our poor wretched people.”* And this does not refer to Roma only.

CASE NO. 8: MUTUAL DEPENDENCY OF (VIOLATION OF) RIGHTS

The state of emergency and crisis had a massive impact on the scope and opportunities of individuals' health care, especially those who represent passive beneficiaries of budget funds in the economic system. The “caution” of the non-Roma population was influenced by the widening of the gap instigated by prejudice that persisted for centuries, and in a specific moment, the inflow of ideas from the region that Roma settlements are potential virus time ticking bombs. Although we are all equal before the virus since it cannot tell the difference, primarily national, in Ljubovija, a small municipality in the west of Serbia, with population predominantly employed in farming, the day labourers from Roma settlement were returned from the crop fields since the false information circulated on a woman from the settlement being tested positive for coronavirus.

CASE NO. 9: HIPPOCRATIC OATH ON TRIAL

There are dissenting opinions and views on the health care system discrimination against Roma men and women. First, different surveys' findings indicate a huge number of cases of violation of rights of patients who are Roma and many cases of unprofessional and humiliating conduct of doctors in regular circumstances.³⁸ Civil society organisations have also collected testimonies of people who had a humiliating experience with doctor's treatment, elaborating that usually

³⁸ The author heard about many cases from the respondents of the settlement Veliki Rit in Novi Sad on 28 May 2018 during the focus group which Marina Simeunovic mediated. The most memorable: *“They won't treat us well, you know. As soon as they hear your Serbian is good, that you are informed about something, they immediately treat you differently. For the better. Do you know what the gynaecologist told me the last time? No, ma'am, you are not pregnant now, but it is fortunate that, he said, your husband did not leave the sperm inside. I was shocked. I will never go there again.”*

Roma women are targeted.³⁹ Man and women participants of the focus group, which was organised along with representatives of the health care system (doctors, nurses, medical technicians, pharmacists), who also originate from the Roma community, have shared their experiences and opinions on discrimination, especially during the pandemic. *“I once had a case of a woman living alone who dialled for an emergency. When she said what her address was, they said – you sit at home, a lot is happening around”.* Other participants witnessed: *“We are not all the same. For example, I am directly involved. The pharmacy is near our settlement. Among 50 people queuing in front of it, and they all came to buy medicaments of course, among them there is one Roma man, and the colleague whispered to me – ‘Do not let him in, he is probably infected’, but everybody else is also buying the same prescribed therapy.”*

CASE NO. 10: IGNORANTIA IURIS NOCET (IGNORANCE OF LAW EXCUSES NO ONE)

The practice of Republic Fund of Health Insurance (RFZO) branches is not identical, which is a consequence of the arbitrary interpretation of the acts. There are cases when the employees in the branches refuse to allow citizens to exercise a specific right since their personal opinion is contrary to the norm – in the following case, it concerns the norm from Article 15 of the Law on Health

Insurance.⁴⁰ *“In April, I had this case, a young man, born in 1989. He was tested, and they had said he had antibodies, that he had recovered from corona, and they returned him home without therapy. When he shared that with me, I advised him to go again, and they barely let him in, saying, ‘You are really boring’, and then they ascertained that his health card is not validated. When they scanned his lungs, they have noticed increased patches and shadowing, I think in the aorta, which meant he had lung changes. He got a prescribed therapy, but they required him to validate his health card. He was infected and should be isolated, and he cannot wander around. I called the head of the RFZO branch and explained the situation to her, but she again claimed that he had to validate his health card and said: ‘I am really not aware that it does not have to be validated, and I do not know how to invoice this’. I made a phone call to the head of general practice, and she confirmed to me they were not joking; they required this man to validate the card. And the worst thing was that a man before him in the pharmacy took the medication without a health card. After my interventions, he managed to pick up the medication.”*

This kind of situation in protecting patients' rights indicates that it is not enough to adopt legal acts that will introduce a norm and define the general list of patients' rights.

39 *“Let me tell you something: we are all either Roma, Bosnians, Germans..., but our blood is the same. If you are Roma, and open someone's door, they would say: ‘Wait for a little, don't interrupt me now, I am working.’ Okay, I will wait, but I cannot sit there all day long”.* – Female participant in the focus group in settlement Veliki Rit in Novi Sad (focus group held on 28 May 2018).

40 Article 16 of the Law on Health Insurance: **persons who do not meet the criteria for beneficiaries within the meaning of Article 11 of this Law and who do not meet the criteria of health insurance as the family members of the beneficiaries shall be considered beneficiaries within the meaning of this law such as:** 1) children under 18 years of age, and school children and students until the end of the prescribed education, at the maximum until they turn 26, in accordance with the law; 2) persons in the phase of family planning, as well as during pregnancy, delivery and up to 12 months after giving birth; 3) persons older than 65; 4) persons with disabilities whose disability is determined in accordance with the law; 5) **persons in regard to treatment of infectious diseases which are determined under a special law regulating the area of population protection from infectious diseases, malign diseases, diabetes, psychosis, epilepsy, multiple sclerosis, persons who are in terminal stage of chronic kidney disease, systemic autoimmune diseases, rheumatic fever, who suffer from addictions, rare disease patients, as well as persons who are beneficiaries of health care related to donation and reception of organs, cells and tissues.**

CASE NO. 11: SOLIDARITY IN SERVICE OF PATIENTS PROTECTION⁴¹

“Since the corona outbreak, our people coming for physical treatment, will get shots instead of electrotherapy, and no other required treatment. When I witnessed that in the case of my friend, I investigated the other cases too. Then I told them that was not right. At that moment, only some non-Roma did not receive treatment, and all our people were left without treatment. Since I have said that, they have reduced those numbers. Now on the referral letter, you can see that my interventions were marked.”

Finally, when we speak about Roma community needs during the pandemic, all respondents our researcher interviewed during this research (activists, doctors and nurses of Roma nationality, health mediators) when answering the question what would be the most urgent intervention and support at this moment, listed the following: food and hygienic packages, psychological support, professional information, working on prevention and securing free medications. Lack of all things from the list should further inspire readers of this research to think whether health, as under the Universal Declaration on Human Rights and definition of the World Health Organization, is, in fact, available to everyone and is it equally available.

⁴¹ O.K., the nurse in physical treatment department (interview of 11 December 2020).

RECOMMENDATIONS



1. Consistent and equal application of provisions should be ensured regulating the manner of information, protection and actions in the event of infectious diseases, with particular attention to items from the list referring to the additional measures of support directed towards vulnerable social groups.
2. It is necessary to examine the challenge in a multi-sectoral approach as soon as possible and secure access to drinking water, electricity, and sewerage to meet the requirements for ensuring hygienic standards for those at the most significant risk.
3. It is necessary to launch and/or establish a system of controlling the conduct and assess health professionals and their associates work when dealing with vulnerable groups, including discrimination.
4. It is necessary to continue working more intensively on the Roma population's education about methods of protection from COVID-19 and other infectious diseases.
5. It is necessary to establish a stronger connection between civil society organisations and the Ministry of Health to facilitate mutual communication and ensure continued field supervision to prevent the spreading of COVID-19.
6. It is essential to postpone payment of due bills (water, electricity, phone, utilities and Internet for those registered with the state service provider) for persons socially at risk, which should be paid in instalments without interest rate.
7. Establish contact with local self-government to take action as soon as possible in settlements without water and electricity. In Roma settlements that do not have water, access to water should be ensured. As an alternative, water tanks or public stand-pipes could be provided.
8. For every student to have an opportunity to take online classes without any obstacles, it is necessary to provide technical support and free Internet.
9. Loans with a 0% interest rate should be provided for citizens in the informal sector to adapt their business activities since the government measures neglected them during the pandemic.



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