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Roma and Traveller Inclusion in Europe. Green questions and answers

Editor: Kati Pietarinen

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2. LIVING CONDITIONS, HOUSING AND HEALTH

Housing, health and living conditionh of Romanies in and outside of the European Union

Edit Szénássy

Outside and within the borders of the "new" EU Member States, large Romani communities live under barely habitable conditions that pose a direct hazard to their health and physical safety on an everyday basis. Forced evictions and disastrous infrastructure in Romani settlements and campsites, limited access to public amenities such as safe water supply, sewage system, electricity and proper roads in rural areas, and ghettoisation into ethnic neighbourhoods in urban areas lacking proper infrastructure or public transportation constitute a pressing need to address the legalization of Romani settlements and the improvement of community services all over the continent.

In an attempt to underline the mutual interrelatedness of housing and health as two distinct, yet intertwined topics, these issues must be dealt with a sense of urgency. Out of these two of the four priority areas of the Decade of Roma Inclusion (2005-2015) this overview emphasizes health over housing, due of the dearth of information and awareness surrounding it.

Living conditions and Roma housing

The right to adequate housing is seen as the "right to live somewhere in security, peace and dignity".[35] This is certainly not in line with the housing realities Roma face around Europe, as dire living conditions especially in East-Central and South-Eastern Europe are the rule rather than the exception for hundreds of thousands of Roma. This overview deals with the housing-related problems of Roma living in poverty only, and assimilated Roma are excluded from the scope of this paper.

A crucial distinction is due regarding the lifestyle of nomadic (or semi-nomadic) and sedentary Romanies, the former usually designated as Travellers or Traveller Gypsies. While in Western Europe often thought of as nomadic, to this day, the vast majority of Roma lead a sedentary life, and have been settled for decades if not centuries. The boundaries between sedentarism and nomadism are, however, occasionally blurred, such as in the case of repeated forced evictions or living under provisional conditions. According to rough estimations, 40 percent of European Roma travel at some part of the year, the remaining 60 percent being sedentary.[36] In East-Central Europe, forced sedentarisation was used as an integrational policy since centuries. In Western Europe nomadism, formerly prohibited, became optional after the end of the World War II.

Residential segregation and exclusion

Besides historical segregation of Roma dating back to their arrival to the continent, recent political-economic changes in East-Central and Eastern Europe have played a major part in the sharp deterioration of the housing situation of Roma after the socialist era.[37] Excluded from the opportunities arising from transition to market economy, unemployment became a widespread problem and was followed by the loss of accommodation and the erection of makeshift shelters that were originally not designed as permanent dwellings. Increasing anti-Romani sentiments, repressed under the communist regime, gained popular support, and existing structures were unable to accommodate the growing number of poor Roma.

A consequence of negative public opinion on governmental and non-governmental attempts to improve the housing conditions of Roma[38] was the erection of further unofficial settlements lacking basic infrastructure, in which Roma have had no lawful entitlement to the houses they may have

35 Committee on Economic, Social and Cultural Rights, General Comment No.4, The Right to Adequate Housing, UN Doc. E/1992/23, paragraph 7.
36 European Committee on Migration, *The Situation of Gypsies (Roma and Sinti) in Europe, Council of Europe.* Doc. CDMG (95) 11 final. Strasbourg, 1995, p. 5. These estimations are difficult to assess.
37 OSCE, *Report on the situation of Roma and Sinti in the OSCE Area.* The Hague, 2000, p. 102.
38 European Union Agency for Fundamental Rights, Case Study: *Roma housing projects in small communities, Slovakia.* Luxembourg, 2009, p 5.

lived in throughout their entire lives.[39] This was in sharp contrast with the former socialist policy of affordable, almost universal – if, in the case of Roma, often inferior – public housing. Moreover, authorities have often misused the notion of an assumed shared cultural background to justify the ethnic segregation and ghettoization of Roma into substandard public housing projects.

An infamous, often quoted example of this phenomenon is the case of Luník IX in Košice, the second largest city in Slovakia.[40] Although not originally conceived of as a Romani ghetto in the 1980s, large numbers of Roma were relocated into this marginal suburb in the mid-1990s. Officially, the policy was not applied on an ethnic basis – citizens whom authorities deemed as not regular rent payers or not taking proper care of their flats were relocated to Luník IX. In actual fact, however, it was a concentration of poor Roma perceived as "problematic" who were relocated into a dozen high rise apartment buildings on the outskirts of the city, remote from non-Roma suburbs, with minimal public transport facilitating their travel into other parts of the city. Presently, the high rise buildings in this de facto ghetto are in such a desolate condition that they are being bulldozed and their inhabitants evicted.

In Spain, the 1980s transition to democracy meant that great numbers of Roma were relocated from slums into "neighbourhoods of special typology" with improved infrastructure, thereby creating further segregated settlements which with time deteriorated yet again into slums.[41] Urban planning and development work has seldom taken into account the presence of Romani settlements even in areas where these settlements have existed for decades.[42]

Many Roma around Europe have experienced rejection from municipalities or prospective non-Roma neighbours, who have prevented them from settling or purchasing a tenement. In the Czech Republic, the 1997 floods in Ostrava forced dozens of Romani families to move out of their residences into provisional container houses, only to face the rejection of the municipalities to settle back into any part of the city after the floods were over.[43] Such practices stand in direct opposition to the resolutions and recommendations of the European Parliament and the Organization for Security and Cooperation in Europe, demanding alternative solutions to the ghettoization trends and unsanitary living conditions Roma live under.[44]

Substandard is the norm

Even when allowed to settle, many Roma live under substandard conditions that exacerbate poverty and isolation from the majority society. Ethnic exclusion takes the form of the building of walls or plots around Romani communities and settlements to separate them from majority society in Slovakia.[45] Combating residential segregation is no less arduous in Hungary, where 72 percent of Roma live in actual segregation, out of which 2 percent have their dwellings far away from their town, 42 percent live on the outskirts, 6 percent live in isolated settlements, the remaining 22 percent living in the town but in ethnic (read: Roma) ghettos.[46]

Often Romani settlements are located in areas that are unsuitable for human habitation or pose explicit, serious health risks. In Aspropyrgos, in the vicinity of Athens, Roma reside in the middle of a garbage dump.[47] One of the largest Roma, Ashkali and Egyptian settlements in the city of

39 Research revealed that in Driza, Albania, Roma were unknowledgeable about the fact that the land they lived on was not in their property and that they were thus not in legal possession of their houses. See European Roma Rights Centre, *Standards Do Not Apply: A Report by the European Roma Right Centre – Inadequate Housing in Romani Communities*. Budapest, 2010, p. 25.

40 For a detailed description of the contorversial policy enabling a possible ethnic profiling in the choice of citizens to be transferred see OSCE, 2000, pp. 103-104.

41 European Union Agency for Fundamental Rights, *Case Study: Improving Roma housing and eliminating slums, Spain*. Luxembourg, 2009, p. 8.

42 European Roma Rights Centre, 2010, p. 7.

43 OSCE, 2000, p. 106.

44 See European Parliament, *Resolution P6_TA(2005)0151 on the Situation of Roma in the European Union*, available at: www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2005- 0151+0+DOC+XML+V0//EN as well as OSCE, *Action Plan on Improving the Situation of Roma and Sinti within the OSCE Area*, 2003, available at: www.osce.org/documents/pc/2003/11/1550_en.pdf

45 For a recent iconic example see the BBC report on the wall around the settlement in East-Slovakian Ostrovany village. Nich Thorpe, "Slovakia's Separation Barrier to Keep Out Roma", *BBC Online*, 9 March 2010, available at: news.bbc.co.uk/2/hi/europe/8548417.stm

46 European Union Agency for Fundamental Rights, *Case Study: Combating Roma residential segregation, Hungary*. Luxembourg, 2009, p. 6.

47 Theodoros Alexandridis, "Not enough action: Government policy on Roma in Greece," *Roma Rights* No.2/3, 2001, European Roma Rights Centre. Budapest, p. 74.

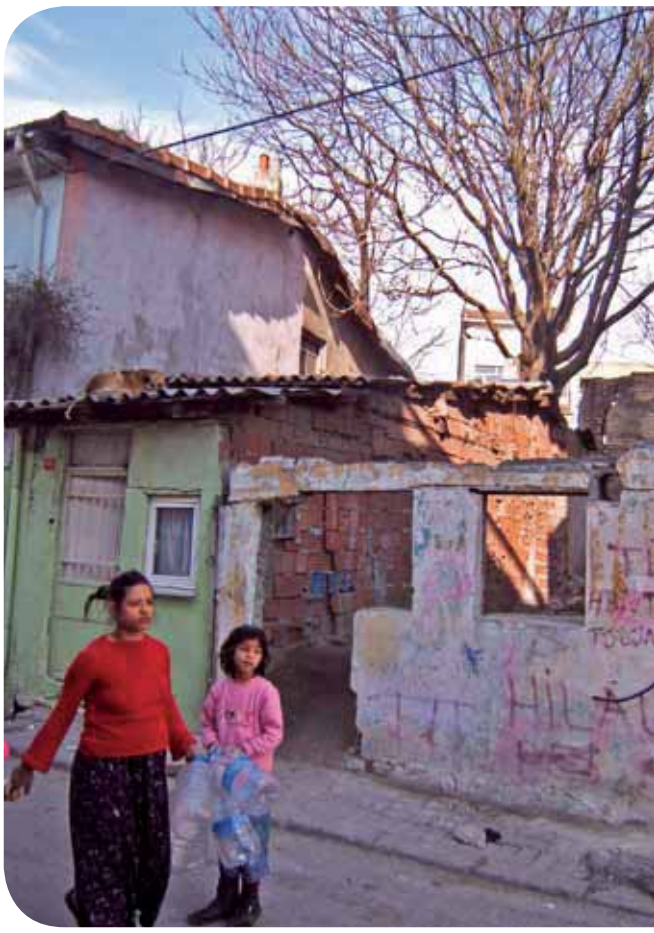
Nikčić, Montenegro, is located at a distance of four kilometres from the city and two kilometres from the nearest school, in the vicinity of a steel factory that lacks filters and releases hazardous discharge.[48] A 2008 report funded by the Irish government found that 82.5 percent of the surveyed halting sites (facilities constructed for accommodating Irish Travellers) or group housing schemes were located in close proximity to some form of environmental threat. No emergency equipment was available at 77.5 percent of these locations.[49]

Forced evictions

The lack of personal documents, unawareness of or inability to secure one's legal entitlement to dwellings, and insufficient knowledge of eligibility for housing benefits allow the continuation of discriminatory practices against Roma and impede access to social housing.

Consulted or unannounced forced evictions or threats of future evictions make Roma especially vulnerable and insecure about their living conditions, as well as violate their human dignity. Forced evictions are results of a complexity of factors, ranging from urban gentrification and "beautification" trends or prejudice against Roma[50] to residents' difficulties with long overdue payments or unpayable debts accumulated over an extended period of time.

Roma may live on land that is considered as attractive and having high economic value, such as in the case of Dolno Maalo neighbourhood in Macedonia, where one hundred Romani families live under the constant threat of forced eviction.[51] In 2010 alone, Italian authorities conducted 61 forced evictions of Roma and Sinti in Milan, rendering former residents homeless.[52] The inhabitants of Dale Farm, the largest Traveller community in the United Kingdom, yet again faced threats of eviction and demolition of their properties, scheduled to take place in August 2011.[53] Some of these evictions may come as a surprise to Roma, and authorities often neglect their responsibility to provide adequate substitute housing.



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Roma health and well-Being

The majority of Roma live in marginalised situations and experience widespread, everyday discrimination in all walks of life, including access to health care services. In general, most strategies aiming to improve the position of Roma in the societies they live in, have stressed that Roma have higher than average ratio of illness rate, coupled with a lower than average measure of access to adequate medical care.[54] In fact, poor Roma all

48 European Roma Rights Centre, 2010, p. 28.
49 K. Treadwell-Shine, F. Kane and D.Coates, *Traveller Accomodation in Ireland: Review of Policy and Practice*. Dublin: Centre for Housing Research, 2008. Quoted in European Union Agency for Fundamental Rights, *Case Study: Traveller participation in dicision making on housing issues, Ireland*. Luxembourg, 2009, p. 7.
50 European Roma Rights Centre, 2010, p. 34.
51 European Roma Rights Centre, 2010, p. 36
52 European Roma Rights Centre, "Rights Groups Urge International Action to Stop Evictions on Roma in Italy", 5 May 2010, available at www.errc.org/cikk.php?cikk=3589
53 For a human rights based initiative to save Dale Farm from evictions and its residents from further human rights abuse see the www.dalefarm.wordpress.com
54 Open Society Institute, "Minority Protection in the EU Accession Process". Budapest, CEU University Press, 2001, p. 37. Quoted in European Monitring Centre on Racism and Xenophobia, *Breaking the Barriers – Romani Women and Access to Public Health Care*. Luxembourg, 2003, p. 14.

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around the world have high rates of illness, low vaccination figures, high infant mortality and meagre life expectancy.[55] A poorer health status is a direct result of the third world-like living conditions many Roma live in across the continent, exacerbated by unemployment, segregation, deficient education level and unsatisfactory sanitation infrastructure missing safe waste disposal, running water or electricity.

Defined by the World Health Organization as "a state of complete physical, mental and social well-being," health is conceptualised as "not merely the absence of disease or infirmity".[56] Health status is an important indicator of the quality of life, yet health is composed of physical as well as psychological well-being, a result of multiple factors affecting individuals' lives, out of which biological factors are only one.

Whilst it is a well-known fact that Roma health lags behind that of majority populations, there is a continual lack of solid data to prove this gap.[57] Consistent data analysis is needed to identify the inequalities in health status between Roma and non-Roma populations using a valid and reliable measure. When evaluating Roma health in general, it is important to stress that all valid assessments of Roma health must take into account the variables applicable to majority societies as well, namely, age, sex, gender dynamics, income level, location of residence, employment status, and education level. Disaggregated data collection based on ethnicity is a key to obtaining further reliable data. However, qualitative data collection is problematic with a population that is difficult to access, meaning high potentials for the researcher being viewed by the group with hostility and suspicion, partly as a result of unpleasant historical experiences, and partly because of present everyday inconveniences with non-Roma and authorities.

Inequalities in health

Compared to the majority population, a 2004 study on UK Gypsy Traveller health[58] showed that the most marked inequalities facing Travellers were self-reported anxiety, respiratory problems (asthma, bronchitis) and chest pain. The excess prevalence of miscarriages, stillbirths, neonatal deaths and premature death of older offspring was also conspicuous. There was less inequality observed in diabetes, stroke and cancer. The scale of inequality between the study population and the UK general population was found to be large, with reported health problems between twice and five times more prevalent among Travellers. The study showed widespread communication difficulties between health workers and Gypsy Travellers, with defensive expectation of racism and prejudice. Reluctance of GPs to register Travellers or visit sites, practical problems of access whilst travelling, mismatch of expectations between Travellers and health staff, were frequent. The research leaves little doubt that the health inequality between the observed Gypsy Traveller population in England and their non-Gypsy counterparts is striking, even when compared with other socially deprived or excluded groups and with other ethnic minorities. More qualitative studies of similar nature, focusing on health, well-being and health beliefs would be needed to gain a complex understanding of Roma health in specific communities.

A 2000 article[59] assessing published literature on Roma health reported limited results, yet

55 In Slovakia, Romani women's life expectancy is 17 years lower, while men's is 13 years less than the majority population. Open Society Institute, Public Health Program, *Understanding Risk: Roma and HIV Prevention*, Public Health Fact Sheet, 2007, available at: www.soros.org/initiatives/health/focus/roma/articles_publications/publications/fact_20070921/fact_20070921.pdf

56 World Health Organization, "Constitution of the World Health Organization", *Basic Documents*, Forty-fifth edition, Supplement, October 2006.

57 Health-related research is particularly needed for the South-Eastern European Romani populations.

58 Glenys Parry et al., *The Health Status of Gypsies&Travellers in England: Summary of a report to the Department* of Health. Sheffield: The University of Sheffield, 2004, p. 8.

59 Steve Hajioff, Martin McKee, "The health of the Roma People: a review of the published literature," *Journal of Epidemiology and Community Health*, 2000; 54:864-869.

evidence suggests increased morbidity from non-communicable disease. The fragmentary evidence that is available suggests poorer access to health care services and uptake of preventive care. The authors found that the topics receiving most attention are concentrated around the issue of contagion or social Darwinism, indicating a greater concern with the health needs of majority populations, hence treating Roma as a possible pollution to the gene pool.

Research on mental health is particularly sparse – contrary to expectations, findings show a higher prevalence of suicide and parasuicide when compared with the general population among Roma in Hungary.[60] Precarious conditions lead to trauma, depression, anxiety, and mood disorders. Headaches, back pain and breathing problems are also frequently reported.[61] In Portugal, 20 percent of the Roma population suffers from disability or disease,[62] 11 percent of Roma in the Czech Republic have high blood pressure and 8 percent have stomach ulcers.[63] Hungarian Romani women are three times more likely to die from cancer than non-Romani women, though 90 percent of these deaths could be prevented if detected and treated in time.[64]

Communicable diseases, especially low immunization coverage among Roma, attract most attention from public health officials. Low vaccination rates are particularly disturbing, as this means that many Roma continue to be affected by diseases that are easily preventable by vaccination.[65] HIV seroprevalence among Roma is lower than the majority population in Spain,[66] yet potentially problematic in countries like Romania, Bulgaria, Macedonia and Serbia.[67] The lack of running water and inadequate hygiene results in high rates of grave communicable diseases, such as tuberculosis, hepatitis A and B, or the acquirement or easy transmission of scabies, pediculosis (lice infestation) or other serious skin problems.[68] Contagious disease is easily spread by unsafe water, also increasing the probability of urinary tract infections and intestinal ailments.[69]

Women's health

Contingent on the community's level of integration to majority society,[70] the age of Romani versus non-Romani mothers at first birth is significantly lower and their fertility rate higher, though this difference is levelled when socio-economic status is equal. Non-egalitarian gender dynamics may often restrict Romani women's lives primarily to the private sphere, serving as a further impediment for their access to health care.

Since 2003, there has been considerable public debate about the issue of coerced/involuntary sterilizations of Romani women around Central Eastern Europe. Human rights research by non-governmental organizations[71] indicates that this major surgery was systematically applied for non-therapeutic reasons, without the women's due consent or while in labour. Since the 1970s, governments in Central Eastern Europe took specific measures to decrease the high fertility rate of their female citizens of Romani ethnicity by monetary incentives and special benefits, provided after women's consent to sterilization. There is reason to believe that, at least in Slovakia and the Czech Republic, this essentially irreversible operation was also performed without either the free or the informed consent of the persons undergoing the procedure until the early 2000s. Although these policies rarely openly targeted the Romani population, contemporary sources imply that this intent is more than obvious.[72]

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61 European Monitring Centre on Racism and Xenophobia, 2003, p. 17.
62 Foundación Secretariado Gitano, *Health and the Roma Community - Alanysis of the Situation in Europe. Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia, Spain.* Madrid, 2009, p.33.
63 Ibid, p. 34.
64 For more on the campaign against breast cancer targeting Romani women see the Open Society Foundations' *Public Health News* blog, available at: blog.soros.org/2011/06/campaign-aims-to-give-roma-women-an-equal-chance-against-cancer/?utm_source=Open+Society+Institute&utm_campaign=c450ae041e-health-20110621&utm_medium=email
65 European Monitring Centre on Racism and Xenophobia, 2003, p.16.
66 Steve Hajioff, Martin McKee, 2000, p. 866.
67 Open Society Institute Public Health Program, *How the Global Fund Can Improve Roma Health: An assessment of HIV and TB programs in Blugaria, Macedonia, Romania, and Serbia.* New York, 2007.
68 European Monitring Centre on Racism and Xenophobia, 2003, p. 15.
69 Ibid, p. 15.
70 Potančoková et al., "Slovakia: Fertility between tradition and modernity," *Demographic Research*, Vol. 19, Art. 25, 973-1018, 2008.
71 Centre for Reproductive Rights and Poradňa pre občianske a ľudské práva, *Body and Soul: Forced Sterilisation and other Assaults on Roma Reproductive Freedom in Slovakia.* New York and Bratislava, 2003.
72 Final Statement of the Public Defender of Rights in the Matter of Sterilizations Performed in Contravention of the Law and Proposed Remedial Mesaures, Available at: ochrance.cz/en/index.php

The above cases demonstrate a clear link between human right violations and discrimination within the health system.[73] They also point to inadequate access to and information on family planning and reliable contraception. A gender and discrimination focus is at the core of the themes of the Decade of Roma Inclusion (2005-2015), and should thus be an integral part of all projects designed to improve Roma health. Discussion and programmes targeting reproductive health and family planning must take into account the practice of forced sterilizations. A thorough assessment of the health needs and interests of Romani women is essential, as they tend to be the primary care-givers and the ones responsible for the sick within the family. Reproduction-focused programmes should, however, not fail to educate Romani men, emphasizing their role in family planning and sexual health.

Child health

Roma children are twice as likely to be born prematurely as their non-Roma counterparts in Hungary, also reflecting the association between low infant birth weight and mothers' low education level. Lead poisoning and burns, findings consistent with environmental exposure, were found to be more common among Romani children.[74] Compared to non-Roma, Roma children in Romania were recognised to suffer from vitamin deficiencies, malnutrition, and anaemia to a considerably higher degree.[75] In Slovakia, a large scale health survey found that 32 percent of Romani children were overweight (as opposed to 17 percent of adults), whereas 20 percent were affected by obesity (the figure being 17 percent in the case of Romani adults).[76] Children's health is especially adversely affected by overcrowded living conditions and lack of safe and clean playgrounds. Balanced diets (nutrition also affecting dental health), and the omission of early age tobacco and substance abuse are crucial factors in child development.[77] When possible, breast feeding of infants should be encouraged instead of the usage of instant formulas.

An obvious way of redressing these inequalities and closing the gap between Roma and non-Roma children would be the integration of adequate information on family planning/sexual health, nutrition, hygiene education and disease prevention into school curricula in culturally sensitive ways. This would directly result in the participation of Romani youth in improving their own health.

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Making sense of cultural sensitivity

Many Roma perceive health as absence of disease, whereas disease is seen by some as a phenomenon linked to death.[78] Qualitative studies on health beliefs demonstrate a cultural pride in self-reliance. There is stoicism and tolerance of chronic ill health, with a deep-rooted fear of cancer or other diagnoses perceived as terminal and hence avoidance of screening.[79] It is argued that for some Roma a stay in hospital for a reason other than childbirth is associated with death,[80] which may lead to a rejection of some methods of healthcare.[81] Taboos concerning ritual purity and pollution may for some Roma groups play an important role at the medical encounter,[82] whereas beliefs with regard to fate and predestiny may be a factor in the poor uptake of preventive services.[83]

73 World Health Organization, *World Health Organization: 25 Questions and Answers on Health and Human Right. Health and Human Right* Publication Series, Issue No. 1, July 2002.
74 Steve Hajioff, Martin McKee, 2000, p. 866.
75 Open Society Institute, *Minority protection in the EU access*, Budapest: CEU University Press, 2001, p. 398. Quoted by European Monitring Centre on Racism and Xenophobia, 2003, p.16.
76 European Monitoring Centre on Racism and Xenophobia, 2003, p.16.
77 Many Roma in an age as early as 10 years take on smoking (European Monitoring Centre on Racism and Xenophobia, 2003, p. 16).
78 Directorate-General for Public Health, Ministry of Health and Consumer Affairs, *Health and the Roma Community: Analysis of action proposals*. Madrid, 2004, p.13.
79 Glenys Parry et al., 2004, p. 7.
80 Isabella Fonseca, Bury Me Standing: *The Gypsies and their Journey.* London: Chatto and Windus, 1995.
81 Steve Hajioff, Martin McKee, 2000, p. 867.
82 For more on purity and impurity beliefs among American Roma, partly applicable to many European Romani populations, see Anne Sutherland, "Gypsies and Health Care," *The Western Journal of Medicine*, 1992 Sep, Vol. 3, Issue 157:276-280.
83 Steve Hajioff, Martin McKee, 2000, p. 867.

Increasing sensitivity to cultural beliefs is essential for providing better quality care, albeit there is a need to differentiate between tremendously heterogeneous Romani groups to elude gross generalizations. The trap of overemphasizing – vaguely definable – cultural values should be avoided, as these may be misinterpreted to hold Roma themselves responsible for not seeking out sufficient care. Cultural competence of health service staff facilitates access, but Roma should be treated with the same respect and care as others. Hospital segregation, not uncommon in East-Central Europe, must come to a halt.

Redressing differential access

Although inequalities remain largely under-researched, health-related human rights abuse of Roma has received some attention,[84] as Roma in Eastern and Central Europe have been insulted and subjected to degrading treatment by medical professionals. Not surprisingly, emergency care is more often sought than among non-Roma populations, and there is little trust in professional care. Differential access to health care ultimately leads to unattended health problems and increased social exclusion. A vast amount of negative experiences with prejudiced health personnel is rarely outweighed by positive impulses, yet when sympathetic health professionals are met, they are treated with equal respect by Roma. Romani health mediators were successfully employed in Finland, Bulgaria and Romania to integrate Roma into the health care system and encourage discussion and action in issues pertaining to their health.[85]

The lack of legal documents (identity cards, birth certificates, etc) makes access to public services tedious for Roma.[86] Further impediments on access to proper care are financial barriers (money for medicines and trips to the doctor) and lacking awareness of already existing support structures and mechanisms. More effective information dissemination is needed on the fact that in many Member States, free medical insurance is contingent on registration and monthly visits to an employment office. For those who lead a travelling life style, obtaining proper documentation qualifying them for public health care may be especially problematic. Moreover, an egalitarian social protection should include access to non-contributory health insurance and other health-related benefits,[87] including affordable medication for the poor.

In spite of the recommendations of the Council of Europe for equitable health care for Roma,[88] in some countries the effort to move the issue of Roma health higher up in the public agenda may be met with nationalistic, if not outright racist responses. Lacking advocacy on behalf of their health problems, Romanies rarely bring their discrimination in the health care system to court, which keeps the issue invisible. Major steps have however been taken by the World Bank, the European Roma Right Center[89] and the Open Society Institute to counter this imbalance.

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84 See especially European Roma Rights Centre, *Ambulance not on the Way:The Disgrace of Health Care for Roma in Europe*. Budapest, 2006.
85 Open Society Institute, Network Public Health Program, *Mediating Romani Health:Policy and Program Opportunities*. New York, 2005.
86 Agency for Community Development, *Roma access to social services: 2005 Facts and Trends*. Bucharest, 2006, p. 33. This study gives an example of a large Romanian Romani community, 90 percent of whom are not registered with a GP.
87 European Monitoring Centre on Racism and Xenophobia, 2003, p. 7.
88 Council of Europe, Committee of Ministers, Recommendation Rec(2006)10 of the Ministers to member states on better access to health care for Roma and Travellers in Europe, 2006, available at: wcd.coe.int/wcd/ViewDoc.jsp?id=1019695&Site=COE
89 The ERRC has been involved in a great amount of Roma health rights abuse documentation, as well as in strategic litigation efforts.