

## **The Use of Roma Mediators to Aid in Improving Roma Welfare**

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### **Abstract**

It has been recognized that there is a radical difference in the health status between the Roma and majority populations in the Slovak Republic. Research suggests that Roma have higher mortality and perinatal death rates, lower life expectancy, lower birth weights and lengths, and higher rates of communicable and congenital diseases. While there have been many attempts to improve the welfare of the Roma, they have been met with limited success due to the lack of understanding of Roma tradition and culture coupled with the Roma's isolation and desire to be unknown. We determine that Roma participants as "mediators" is the best strategy for improving the wellbeing and health status of the Roma people.

### **Introduction**

The Roma, also known as Gypsies or Romanies, are the largest minority group in Europe, with estimates of their population between 6.3 and 8.5 million (Kosa and Adany, 2007). The history of the Roma in Europe has been one that includes relatively peaceful coexistence with the majority population, as well as discrimination and fanatic intolerance (Koupilova, 2001). There is considerable evidence that suggests that there are great health discrepancies between the Roma and majority population and that, left unchecked, this gap will only become greater. The existing health inequalities and the "widening of the gap" is especially compounded by the variable political and economic situation in eastern and central Europe (Koupilova, 2001; Zeman, et.al., 2003). With this in mind, central and eastern European countries have established an initiative to improve the welfare of the Roma called the Decade of Roma Inclusion. This initiative recognizes the poor socio-economic status of the Roma and in its Declaration aims toward

“eliminating discrimination and closing the unacceptable gaps between Roma and the rest of society” ([www.romadecade.org](http://www.romadecade.org), 2005).

In the Slovak Republic there are 75,802 self-identified Roma, but it is thought that their actual numbers fall between 400,000 and 500,000 (Koupilova, 2001). Through linguistic and genetic studies it has been found that the Roma originated from the Punjab area of Indian with their first documented presence in Europe in the eleventh century (Fonesca, 1995; Kalaydjieva, et. al., 2001). The Roma were originally a nomadic people, those who settled in the modern day Slovak Republic did so during the 15<sup>th</sup> century (Fonseca, 1995; Koupilova, 2001). In the 16<sup>th</sup> and 17<sup>th</sup> centuries intolerance towards the Roma was widespread in Austria-Hungry, human rights that are now taken for granted were grossly infringed upon. The situation became more optimistic in the 19<sup>th</sup> century when slavery was abolished and Roma were granted legal rights and freedoms (Koupilova, 2001). However, any progress that was made in the popular opinion towards the Roma was soon curbed in the 19<sup>th</sup> and early 20<sup>th</sup> centuries with the development of the theories of eugenics and social Darwinism; such attitudes led to the extermination of a half million Roma in Nazi camps during WWII (Koupilova, 2001). After the world wars an attitude of “assimilation” of the Roma peoples was adopted, this eventually backfired and caused the Roma to be even more wary of the majority population than they previously were (Zeman, et. al., 2003). Since 1991 Roma in the Slovak Republic have been recognized as a distinct ethnic minority while maintaining the rights of a Slovak citizen (Koupilova, 2001). In 1999 the Government of the Slovak Republic approved a “Strategy for the Solution of the Problems of the Roma National Minority and the Set of Measures for Its Implementation,” a document that focuses on finding concrete solutions to the problems facing the Roma (Koupilova, 2001). The Slovak Republic is also one of the countries partaking in the Decade of Roma Inclusion.

Current data suggests that there are substantial health disparities between the Roma and ethnic Slovak peoples. Research indicates that Roma have higher mortality and perinatal death rates, lower life expectancy, lower birth weights and lengths, higher rates of communicable diseases such as hepatitis A, shigellosis, giardia and lice, and increased rates of respiratory infections (Koupilova, 2001). It is also thought that Roma have a higher incidence of congenital disorders due to their high coefficient of inbreeding (Koupilova, 2001). This inbreeding may be responsible for the astonishingly high frequency of genetic mutations in Roma, some that exceed that of the global population by an order of magnitude (Kalaydjieva, et. al., 2001).

Collecting data on the Roma is complicated by the low number of self-reporting Roma peoples, the language barrier between Roma and majority populations, the lack of understanding of Roma culture and traditions, and the mistrust the Roma have of native Europeans (Kosa and Adany, 2007). Although the term “Roma” may be readily used as a distinction of race, as a designation of ethnicity it is more fluid. Since ethnic and racial classifications are self-reported, it is questioned whether or not Roma report themselves as a minority (Kosa and Adany, 2007). While accurate population numbers are essential for the planning of social programs and defining sample populations for research, there has been a history of abuse of the information gathered concerning minority populations and a question as to the real benefits such reporting has to offer (Kosa and Adany, 2007). Despite the complications of the data collection in Roma peoples, there is enough evidence suggesting that Roma have a lower quality of living and poorer health status than the majority population to necessitate action being taken to improve living conditions for the Roma; hence the Decade of Inclusion initiative of which Slovakia is a participant.

This project aims at determining the best means of improving the health status of the Roma peoples in Slovakia. In the past, the Slovak government has made healthcare accessible, distributed welfare, moved the Roma from rural areas to tenement blocks, and offered free primary education. While these attempts have aided the Roma, there are many actual and perceived problems that must be overcome. Many of these problems stem from a lack of understanding of the Roma's customs and values which often vary greatly from those of the majority population.

### **Materials and Methods**

To examine the living conditions of the Roma, four communities in the Poprad district were visited. The communities were representative of rural, town, and city areas. We also contacted individuals who were actively involved in studying the Roma and asked them about the health status, social status and living conditions of the Roma.

### **Results**

The rural community of Roma in the Poprad area appeared to have the most deplorable living conditions. The population of this community is between 100 – 150 members. It is located about 15 km from Poprad and sits in a valley of the hills of that surround Poprad. A bus acts as the only mode of public transportation that connects this community to the city. The housing in this area is little more than concrete slabs upon which sit un-insulated “walls” made from logs or large pieces of tin. It appeared that all houses in this community used wood burning fires for cooking, lighting and heating. While talking with members of the community we were informed that the only supply of water in the entire area was contaminated; this was causing illness in young children as evidenced by worms in their excrement. We were later informed by

individuals at Poprad University that this claim was more than likely true as sewage had somehow contaminated the water lines upstream of this particular Roma community.

The community that lived on the edge of a neighboring town to Poprad appeared to have fair living conditions. This town was located about 10 km from Poprad; the Roma population in this town is 150 – 200 individuals. These peoples live in tenement blocks which appear to offer suitable shelter; the Roma were moved to this area by the Slovak government during the 1980's. We were informed that there are usually anywhere from 7 – 15 individuals living together in one unit. It was also noted that burning wood is still used as the main source for cooking, lighting and heating. The primary problem with burning biomass indoors is that it emits a large amount of particulate matter and gaseous pollutants which contribute to ill health; children are especially susceptible and have increased chances of developing pneumonia and other respiratory infections (Smith et al., 2000).

Another community of Roma that live on the edge of a small town has a population of 50 – 75 individuals. This community is especially interesting because it is a site where the European Union has installed a water facility. The water facility is a small building offering sanitary water and contains bathrooms, showers, washing machines, and sinks. Residents in this community were eager to share their experiences and claimed that the water facility made their life easier because they did not have to travel some distance for water; nonetheless, the residents failed to mention any specific health benefits of such a facility.

The final Roma community we visited was on the outskirts of Poprad, the population was between 100 – 200 individuals. The houses in this area are no more than rudimentary shacks that appear to be made of discarded pieces of plastic, tin, and wood, many of which have been abandoned. This community also has a European Union sponsored water facility. However, the

facility is not open for use because it was reported that some Roma had tried to break into the facility after hours and vandalized the facility. The facility was therefore gated up and is no longer in use. Instead, the Roma receive their water from a single outdoor sprocket that is near the water facility and living area. The older Roma in this community were rather reluctant to talk while the younger Roma were both more genial and apt to solicit money.

During interviews with individuals who work at structuring social programs to aid the Roma the difficulties of making real progress to aid the Roma was revealed. Allocating welfare support to the Roma certainly works in theory, but ensuring that the money is being spent appropriately – to support a person’s basic needs – is difficult. Moving Roma from their rural areas to tenement blocks has posed problems because the Roma do not perform the necessary upkeep and therefore the buildings fall into a state of deterioration. Programs aimed at assimilating the Roma, versus a rule of tolerance and co-existence, have failed because the Roma are seemingly unruly and cling to their reclusive communities and traditional ways.

With all of these failures at hand, it would seem that a responsible way to improve both living conditions and health status would be through educational programs. Those whom we interviewed explained that educational campaigns aimed specifically toward Roma needs have had limited success in the past. Such campaigns have focused on hygienic habits, the importance of vaccinations, the use of contraception, and healthy eating habits, among other issues. Although school attendance is required by law until the age of 16, education in the schools had its own unique set of problems. Foremost is the language barrier; most Roma speak their native Romani. This language barrier often causes the children to lag behind their counterparts in the majority Slovak population; often they are sent to schools for children with disabilities and once in these schools their educational progress is limited.

At Poprad University a recent trial program making use of “mediators” has found success. The role of these mediators is to act as an intermediary between the government and the Roma. The most important aspect of these mediators is that they themselves are Roma. These individuals speak Romani and understand Roma tradition and culture. Before they begin work as an mediator they go through appropriate training. Although the number of qualified Roma individuals is limited, they are the key factor to in the success of this program. The primary responsibility of the mediators is the allocation of money that is provided to the Roma through welfare programs. These mediators work directly with 5 – 10 Roma families in a community to ensure that the families spend the money appropriately. In addition, these mediators are active in educating the Roma about why certain fiscal choices are more responsible than others, and helping the Roma to achieve fiscal independence. The ultimate goal of this program is the elimination of the mediator position with the establishment of self-supporting Roma individuals.

## **Discussion**

The literature regarding the Roma is limited but, nonetheless, is ample evidence to show that the Roma have poor living conditions and a poor health status. The nations in Europe have recognized the disparities between the Roma minority and the European majority and are making a purposeful attempt to aid the Roma and decrease the gap. However, traditional means of offering aid to a minority population and decreasing a health gap do not seem to be effective concerning the Roma. The reasons for this are many, including: the dearth of knowledge concerning Roma traditions, values, and culture (and the lack of homogeneity between Roma communities); and the supposed mistrust of Roma towards the majority population coupled with the apparent unwillingness of Roma to work with those wanting to improve their quality of life.

One of the issues that is difficult to “tease out” concerning the Roma is where the burden of responsibility lies. As citizens of a country, the Roma should be expected to receive aid from their government when they are incapable of meeting their own needs; they should be able to expect clean water, affordable health services, and housing that is not dilapidated. However, the Roma must show some initiative and willingness to change their habits, and a desire to work with those offering aid. The Slovak government has made many attempts to improve the living situations and health status of the Roma and they have not been effective; this outcome is neither the result of an unruly Roma people nor unsympathetic institutions. It might be noted, however, that the situation is further exacerbated because many perceive that the Roma have a “victim mentality” and an attitude of entitlement. During the post WWII years, the Roma were increasingly prohibited from moving around in traveling groups (Fonesca, 1995). With this loss of movement came the loss of the Roma’s traditional ways to support themselves including: singing, dancing, basket weaving, and blacksmithing; for this loss it seems that Roma feel deserving of compensation and the government feels a responsibility and desire to grant the compensation.

Despite the many unsuccessful attempts at aiding the Roma, it seems that the mediator program will have some degree of success. Such a program offers both immediate aid and teaches the Roma fiscal responsibility. However, fiscal responsibility does not equate to an improved health status, there need to be lifestyle changes on behalf of the Roma people. While the government can institute and carry out social programs to aid the Roma, there is a limit as to how much the government can do. It is the responsibility of the government to ensure that the basic needs of the Roma are met, such as a reliable source of clean water, adequate housing, and food. There are also instances in which the government can only educate the Roma and allow

them to make their own choices, such issues that might fall into this category are hygienic and eating habits and vaccinations. Finally, there are issues that fall into a “grey area” which question the amount of government regulation and involvement because it may interfere with Roma culture and tradition; such issues might be the high rate of inbreeding that occurs within Roma communities and the large number of family members sharing living spaces together.

Roma activists claim that the Roma have the right to preserve their customs and guard their heritage; while this is true it is difficult in the context of the Roma belonging to a greater community, namely, the nation of which they are a part. There have been ample human rights discussions about allowing the maintenance of individual cultures and their traditions in the midst of a primary culture. A responsible position is to realize that while a community, such as the Roma, has a right to maintain their unique culture and traditions, the rights and needs of an individual supersede the collective right of a community to exist. Specifically, when the traditions of Roma culture are not working to attain the optimal health of all its individuals, the attainment of the individual’s health then becomes the responsibility of the government. Often this appears to be a sort of assimilation with a loss of cultural identity and carries a negative connotation. Rather, it should be seen as an attempt to sincerely improve the welfare of the Roma.

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