

# ERRC Workshop Fosters Mutual Learning of Advocacy Techniques Regarding the Right to Healthcare of Romani Women

*Madiah Akhter*<sup>1</sup>

**T**HE European Roma Rights Centre (ERRC) is an organisation dedicated to monitoring and ensuring respect for the human rights of Roma through strategic litigation, international advocacy, conducting research, monitoring policy development and sponsoring the human rights training of Romani activists. During the week of 15-19 April 2008, the ERRC brought together a strategic group of Romani activists from Bulgaria, Romania, Serbia, Macedonia, England and Hungary for a workshop in Sofia, Bulgaria. The purpose of the workshop was to enable these individuals to gain a better understanding about advocacy tools, specifically focusing the right to healthcare. One unique aspect of this workshop was that all participants were women of Romani origin.

As a female intern for the ERRC, I was given the chance to sit in on the last two days of the week long training workshop, during which ERRC advocacy trainers Tara Bedard and Natasha Ceribasic-Ljubomirovic and ERRC human rights lawyer Anita Danka discussed the current situation of access to healthcare in Central and Eastern Europe. These issues included discussion of international and domestic standards for the protection of healthcare rights of Roma, monitoring respect for those rights and finally the promotion of access by Roma to healthcare rights through detailed advocacy techniques. I have had limited experience with human rights advocacy and as a participant during the final days, I experienced a much shorter version of the week's happenings. However, I did not feel I missed much. Upon entering the workshop, I immediately introduced

myself to the women and was included in the various role-plays and activities scheduled in order to make the workshop interactive and not similar to a lecture. I found the women very inviting and eager to know more about me and as a result I felt like part of the group almost immediately.

I came to learn the participants had become a small family in the short week they had been together, making jokes with one another and sharing photos of loved ones during coffee breaks. Camaraderie stemmed from the fact that all the women were of Romani origin and activists devoted to their communities. This companionship was evident throughout the workshop activities as well, as those who were less educated or experienced on specific advocacy issues were taught and guided by others. As a result, each group presentation was coherent, insightful, and addressed the specific topic at hand with clarity.

## **Advocacy procedures regarding the right to healthcare**

The main method of instruction during the workshop was not to lecture about advocacy procedures but instead to have each individual teach others through group activities and presentations, guided by experienced ERRC trainers. This strategy was superior to a week of lecture because it helped to facilitate discussion among the women about various experiences, work related or personal, that have influenced their work in human rights advocacy. Although the workshop was focused on access to healthcare, this focus was naturally expanded to education,

<sup>1</sup> *Madiah Akhter completed a 5 month internship with the European Roma Rights Centre in 2008, during which she participated in the workshop in question. She is currently completing her senior year at the University of California, Los Angeles, and intends to obtain her undergraduate degree in History and Political Science in June 2009.*

rights of the child, and other women's issues by use of examples in such related fields and looking at the intersection of these different areas on access to health issues.

Many of the workshop participants had been victims of discrimination themselves and their advocacy work took on a new, more personal light than the examples given for the various activities. Charts, role plays, and solutions were presented for learning effective debating skills, monitoring techniques, coordinating situational testing to prove discrimination and organising effective advocacy campaigns. Pessimism did loom over some sessions when women shared negative experiences and groups were often at a loss as to whether their advocacy ideas were just ideas or actions plans that could be implemented within the constraints of their own countries. Overall, the participants agreed they gained more knowledge from others during the course of the workshop than if they had simply read the supplementary materials or not attended the workshop at all.

The workshop may have given new ideas to a handful of female Romani advocacy workers, but it is only a step in ensuring Roma equal access to healthcare as they deserve. In an ideal world, the suggestions and ideas that are the product of this advocacy workshop should be followed and implemented. Such advocacy techniques have the potential to ensure healthcare rights are not only guaranteed by law but also implemented in reality.

This workshop was truly a noteworthy endeavour for the ERRC. The women's ages ranged from 20 to 40 and all were at various stages of their lives. One participant lived in Kosovo until recent politics rendered her an IDP (Internally Displaced Person) who had trouble getting into Bulgaria to attend the conference. Regardless of age, status, education level or country of origin, these women were brought together by the desire to not only correct the ills brought against Romani people more specifically to address problems faced by Romani women.

This included problems within the Romani community. For example, one activity was a debate in

which Ms Bedard and Ms Ceribasic-Ljubomirovic asked participants to argue for and against the marriage of Romani youth, employing a rights-based approach. In culmination, this debate brought a few women to tears and allowed for open and difficult discussion. Arguments in favour of early marriage were based on preserving Romani culture and protecting Romani women from sexual abuse by non-Romani aggressors. The group against early marriage focused on how tradition can still be preserved without being ignorant of rights and modern customs and issues. Both sides had justifications for their arguments within the constraints of international treaties, and discussion also addressed the fact that early marriage is not a phenomenon of the Romani community alone but one that women face around the world. The workshop was multifaceted because the women had to deal with issues within their own communities as well as problems faced by Roma as a discriminated minority group.

### **The case of Romani women in Eastern and Central Europe**

Romani people face discrimination in almost every aspect of life, including (but not limited to) employment, education, healthcare, housing and community endeavours. Roma are guaranteed access to healthcare by law throughout Eastern and Central Europe, including within those countries that are not members of the European Union. In reality, the guarantee of access to healthcare is *de facto* only and many Roma have trouble gaining access to much needed healthcare throughout Europe. The European Union regards the organisation and financing of social protection systems, including that of public access to health care, as being a responsibility of the Member State itself and therefore is directly powerless in making tangible decisions with regards to the situation of Roma. Romani women in particular face a seemingly impossible situation as they deal with limited or no access to sexual and reproductive healthcare, the horrors of coercive sterilisation and often are responsible for the health and well being of their husbands, children as well as themselves.

Discrimination against Romani women has been addressed at both national and international

levels. For example, the United Nations Convention on the Elimination of Discrimination against Women (CEDAW) was created with the intention of prohibiting all forms of discrimination against women that are applicable to all women in all fields.<sup>2</sup> According to ERRC research on Romani women in Serbia, “Romani women are often victims of both domestic and racially-motivated violence. [These women often refuse to see a doctor due to a] lack of sufficient education due to discriminatory practices in the local administration and the presence of strong, patriarchal traditions within the Romani community itself [...]. Due to widespread discriminatory practices amongst medical practitioners, many Romani women lack access to proper healthcare, especially in the field of reproductive and gynecological health.”<sup>3</sup>

On the national level, CEDAW addressed the issues experienced by Romani women in Serbia by noting with concern, “the limited access to adequate healthcare services for women, especially for women in rural areas and Roma women” and called on Serbia to “increase its efforts to improve the availability of sexual and reproductive health services, including family planning.”<sup>4</sup> However, the problems regarding limited or no access to healthcare for Romani women in Serbia extend to

Romani women across Europe. In 2003, refugee Romani women were coerced into sexual trafficking as a result of the grim instability in Kosovo.<sup>5</sup> In 2006, the Czech government published a report that argued, “information on coercive sterilization [based on stories of sterilized Roma women] could not be trusted”,<sup>6</sup> adding that the social welfare system in the Czech Republic was very generous towards Roma. One month after the workshop in Bulgaria, on 14 May 2008, Italian police were forced to protect Roma who were attacked and their homes set on fire after an alleged kidnapping attempt by a female Romani teenager.<sup>7</sup>

Even in the most “civilised” of nations, Romani communities are isolated and Romani people are continually viewed with deep suspicion. Romani women are amongst the most ignored ethnic minorities in the world and continue to face numerous issues regarding their rights and access to proper healthcare throughout Europe. Access to healthcare should be a universal norm for all human being, and yet Romani women are often denied even the most basic healthcare services due to discrimination. Whether this workshop was a step towards empowering female Romani activists or a milestone in the history of healthcare advocacy, one must hope for progress in area.

<sup>2</sup> *Fact Sheet No. 22, Discrimination against Women: The Convention and the Committee.* Available online at: <http://www.unhcr.ch/html/menu6/2/fs22.htm>.

<sup>3</sup> *European Roma Rights Centre.* November 2007. “UN Women’s Rights Committee Calls on Serbia to Address Discrimination against Romani Women.” Available online at: <http://www.errc.org/cikk.php?cikk=2803>.

<sup>4</sup> *Ibid.*

<sup>5</sup> *Nikolic-Ristanovic, Vesna.* “Sex-Trafficking: The Impact of War, Militarism, and Globalization in Eastern Europe.” Available online at: [http://www.globalizacija.com/doc\\_en/e0058sim.htm#\\_edn43](http://www.globalizacija.com/doc_en/e0058sim.htm#_edn43).

<sup>6</sup> *Fremlová, Lucie.* 2006. “Coping with Coercive Sterilization.” In *Roma Rights 4/2006: Romani Women’s Rights Movement.* European Roma Rights Centre; Budapest. Available online at: <http://www.errc.org/cikk.php?cikk=2756&archiv=1>.

<sup>7</sup> *Fraser, Christian.* 14 May 2008. “Italy Police to Protect Gypsies.” In *BBC News.* Available online at: <http://news.bbc.co.uk/2/hi/europe/7400460.stm>.