



ICELAND

ATLANTIC
OCEAN

IRELAND

UNITED
KINGDOM

NORWAY

SWEDEN

FINLAND

ESTONIA

LATVIA

LITHUANIA

Kaliningrad
(Rus.)

BELARUS

POLAND

UKRAINE

FRANCE

CZECH REP.

SLOVAKIA

MOLDOVA

HUNGARY

ROMANIA

ANDORRA

SAN MARINO

SWITZERLAND

LIECH.

AUSTRIA

SLOVENIA

CROATIA

BOSNIA
AND HERZE

SERBIA

MONTENEGRO

Kosovo

MACEDONIA

SPAIN

ITALY

ALBANIA

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GREECE

RUSSIA

GEORGIA

ARMENIA

AZER.

BLACK SEA

AZERBAIJAN

Europe

Katalin Halász

Access to health care and the full enjoyment of the highest attainable standard of health is seriously limited for many ethnic, religious and linguistic minorities and migrants in Europe. The demand for health care is growing rapidly, as a result of ageing populations and demographic changes, but the delivery of equal, accessible and high-quality health services at affordable cost remains a distant goal.

The European Convention on Human Rights (ECHR) and the European Social Charter (ESC) of the Council of Europe are the main regional human rights instruments in Europe relating to health and human rights. Relevant articles in the ECHR relate to the right to life (Article 2), the prohibition of torture and inhuman or degrading treatment (Article 3) and the right to private and family life (Article 8). Article 11 of the Charter provides for the removal as far as possible of causes of ill health and the prevention of diseases as well as measures to promote health. However, when it comes to effectively implementing these provisions there are many shortcomings. Implementation is overseen by a supervisory mechanism based on a system of collective complaints and national reports, although it should be noted that only 15 of the 43 ratifying states have accepted the collective complaints procedure.

In 2012 the Médecins du Monde (MdM) published a study on health care provision for vulnerable groups in countries of the European Union (EU). The report provides evidence of the impact of the financial crisis on health and health-related issues. As minorities are often economically and socially excluded, they have been hit first by the wave of unemployment, economic hardship and poverty. This, combined with government cuts in health care spending and increased user charges for services, means that vulnerable groups are now even less likely to receive the necessary health care, while the number of people facing precarious living conditions is increasing.

The MdM research was conducted in health centres and backed by patient interviews in 11 countries. It raises grave concerns regarding the lack of access to primary health care and antenatal care for Roma, migrants and other

vulnerable groups. MdM urges EU member states and institutions to ensure health coverage for the most vulnerable people and tackle discrimination and social exclusion that cause ill health. The MdM study draws attention to an increasingly large number of undocumented migrants and refugees left without medical attention, which they link to the experience of frequent police harassment combined with the fear of being reported to the authorities and subsequent deportation.

These findings are confirmed by the European Network Against Racism (ENAR). The organization has also pointed to the poor health outcomes for ethnic and religious minorities and migrants, and highlighted the particular vulnerability of elder minorities and migrants. The ENAR has called for targeted measures particularly for older minorities and migrants in the framework of the 2012 European Year of Active Ageing and Solidarity between Generations.

According to the ENAR, significantly lower health outcomes and greater prevalence of certain chronic conditions among minorities and migrants of all ages are explained by a number of factors: discrimination; prejudice by staff and patients; communication and language barriers and the lack of interpreting services; cultural and financial barriers; poor working and living conditions; lack of information on health care entitlements; as well as legal challenges in accessing health care.

Research by the Fundamental Rights Agency (FRA) of the EU on inequalities in access to health care confirmed that language is a key barrier, particularly for minority older persons and women, who interact less with mainstream society and are more likely to be engaged in housework and in the home. Particular health problems in older age, like dementia or stroke, also contribute to the loss of ability to communicate in the majority language, which in turn makes diagnosis and treatment extremely difficult. Lack of consideration among health professionals of diverse cultural practices also prevents some groups from accessing health services. Muslim women, for example, can feel uncomfortable with male medical staff or interpreters.

Most of the trends and issues with relevance to minority protection identified in 2012 remain largely similar to those reported in previous years. Following the economic crisis and reduced financial support for equality and diversity programmes, and for human rights and minority organizations, there is a clear risk that fewer anti-discrimination cases will be brought forward and that there may be less scrutiny of the implementation of legal provisions.

In most EU countries, the shift towards more restrictive migration policies continued, particularly on access to health care. In September 2012 Spain introduced reforms to limit access to health care for adult undocumented migrant workers. Amnesty International and other non-governmental organizations (NGOs) have accused the government of breaking international agreements by excluding a significant section of the population from public health care.

Health care systems across Europe are struggling to balance concerns over reducing health care expenditure with how to guarantee existing human rights standards. A 2011 FRA report on the right to health for undocumented migrants in 11 EU member states maintains that the exclusion of irregular migrants from health care has a potential detrimental effect on the whole community. The FRA points out that while all those residing in a country should have access to certain basic health care, for example in case of a pregnancy or a serious illness, it is often seriously limited for migrants in an irregular situation.

The treatment of asylum seekers and the poor conditions of immigration detention centres in many European countries continued to be a great concern in the reporting year. Children and unaccompanied minors are often held in detention, which has a serious negative impact on their health. The International Detention Coalition has launched a campaign asking governments to stop detaining children and their families. Seventy-five organizations are supporting the campaign, including the European Council on Refugees and Exiles (ECRE), Amnesty International and the Jesuit Refugee Service. Adult detainees suffer from poor conditions in detention centres as well.

The continued rise of far-right nationalist ideologies is a worrying trend. During his trial that took place between April and June 2012, Anders Behring Breivik, the Norwegian mass killer behind the 2011 attacks, said he would do the same thing again and pleaded guilty. He was sentenced to at least 21 years' imprisonment on 24 August 2012. Breivik, who is supported by a number of far-right British extremists, including members of the English Defence League and the National Front, accused his investigators of creating a racist plot against him in order to discredit his extreme anti-Muslim ideology.

In Poland, the anniversary of the country's independence on 11 November turned violent in Warsaw when the police clashed with 20,000 neo-Nazi nationalists in Warsaw. As MRG has previously reported, far-right support does not only play out on the streets but in recent years has gained a foothold in many European parliaments as well. Hungarian member of parliament Marton Gyongyosi, of the far-right party Jobbik, called for public authorities to draw up a list of Jews in government positions as they pose a 'national security risk'. The Jobbik party is the country's third most powerful party, and is known for its anti-Semitic and anti-Roma rhetoric. Gyongyosi's call was vehemently condemned, not just by anti-racist and human rights organizations but also by the Hungarian parliament and government.

In parallel, racially motivated violence committed both by extremist groups and other perpetrators is a worryingly persistent aspect of European minority life. Two reports issued in 2012 by the FRA confirm that hate crime is a reality. The EU Minorities and Discrimination Survey (EU-MIDIS) provides evidence of ethnic minorities' experience of crime, including vehicle theft, burglary, assault and serious harassment. The first EU-wide survey of ethnic minority and immigrant groups and their perceptions of racially or ethnically motivated crime showed that 24 per cent of the 23,500 respondents said they had been a victim of crime at least once in the previous 12 months. On average, 18 per cent of all Roma and 18 per cent of all sub-Saharan African respondents indicated that they had experienced at least one racially motivated crime in the last 12 months.

In its study on victims' rights, the FRA showed that victims of hate crimes experience symptoms of severe trauma, such as depression, suspicion of others, self-blame and a profound sense of isolation. The physical harm resulting from hate violence is often less significant than the intensity of fear and anxiety, and the sense of violation, vulnerability and humiliation. Understanding the impact of hate crimes on individual victims is therefore essential in the provision of health care services and mental support. The FRA strongly recommends better training for those who work with victims, such as police officers, public prosecutors and judges. In many cases, however, victims and witnesses are reluctant to report crimes to law enforcement agencies, the criminal justice system or even to NGOs and victim support groups. As a result, perpetrators are rarely brought to justice, and victims are not adequately cared for by health services.

Violence against women also often goes unreported, and undocumented female domestic workers are particularly vulnerable to violence. According to the European Women's Lobby these women are more likely to continue enduring violence because of discrimination by police officers and because of the fear of deportation. In many cases, when undocumented women do report violence or domestic violence, they are not provided with medical and psychological support, shelter or access to justice.

In January 2012, Rashida Manjoo, the UN Special Rapporteur on violence against women, visited anti-violence shelters and detention centres in Italy's major cities, as well as Roma and Sinti community camps. She urged the country to do more to protect women from violence and provide psychological and economic support to victims. In Italy, a fragmented legal framework, inadequate investigation and punishment of perpetrators, and poor support for women victims of violence contribute to invisibility of this issue and the silence surrounding it. Undocumented migrant women are particularly vulnerable.

In December, the EU received the 2012 Nobel Peace Prize for its 'contribution for over six decades to the advancement of peace and reconciliation, democracy and human rights in Europe'. Human rights organizations

Right: A couple living in a Roma camp in Italy.
Robin Hammond/Panos.

recognized the EU's contribution to peace in Europe over the past 55 years, but warned that the past achievements are under growing threat if the EU does not maintain the central importance of defending human rights within its borders. Grave concerns remain: widespread discrimination across Europe against people from ethnic, religious and gender minorities; the social and economic exclusion of Roma; the failure to uphold the rights of migrants and refugees; and the growing number of hate crimes across the continent. Many minorities experience discrimination on multiple grounds. Women belonging to minority groups can be discriminated against based on ethnic, religious, gender and sexuality grounds for example. The regional legal framework remains inadequate with regard to providing adequate protection against discrimination. The prompt adoption and implementation of the proposed EU Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation (also known as the 'Horizontal Equal Treatment Directive') would help with addressing this legal gap, but the debate on the proposal has not moved forward significantly over recent years.

Roma

Roma, Europe's largest minority group, continued to face widespread discrimination and grave human rights abuses, including violent assaults, during 2012. UNICEF estimates that almost 50 per cent of the Roma population in Europe are under 15 (out of an estimated 10–15 million Roma). Many Roma are reported to have a poorer health status and worse access to health services than majority populations in many European countries.

According to a 2011 Open Society Foundation (OSF) study, Roma are disproportionately unvaccinated, have poorer than average nutrition, experience higher rates of low birth weight, infant mortality and tuberculosis. Social and economic exclusion and discrimination, poor housing and lack of access to appropriate health care also contribute to poor health outcomes.



Furthermore, as the OSF review states, Roma often cannot access health care because they lack identity cards or other documents required for health insurance. Roma are also disproportionately represented among the poor across Europe and often cannot afford to pay for medicine or transport to health facilities for example.

Experience of discrimination in health care settings deters some Roma from seeking medical help. In fact, between 11 and 23 per cent of Roma responding to a 2009 FRA EU-MIDIS survey reported that they had experienced discrimination in health services by health care personnel in the year prior to the survey.

These findings are echoed in the 2012 Council of Europe review, 'The human rights of Roma and Travellers in Europe' that, among other issues, discusses the right to health. The Council of Europe draws attention to the link between poor housing and health status. Segments of the Roma community live in slum housing, in close proximity to garbage dumps, and have no access to quality water and sanitation.

During his 2011 mission to Hungary, the UN Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, Githu Muigai, visited Roma families living in public social housing in the north-east. Although housing projects have been established in Hungary and 160 anti-segregation plans were set up as part of the Decade of Roma Inclusion Programme, the UN Special Rapporteur found communities living in substandard housing without basic services and infrastructure, including running water and electricity. He also noted that, despite health care reforms in 2006, which included the setting up of a supervisory authority to receive complaints and training for medical staff, Roma still face discrimination and have a lower life expectancy rate.

During the extraordinarily cold winter of 2012 the number of fatalities among Roma across Eastern Europe was devastating. The European Roma Rights Centre (ERRC) called on the governments of Albania and Lithuania to stop forced evictions during the harsh winter.

In Vilnius – at a time when temperatures had dropped to under minus 30 degrees in the municipality – the authorities gave written notice to four families with six children under 12, including a six-month-old baby, informing them of plans to demolish their houses. The ERRC urged the authorities to respect, protect and fulfil the right to adequate housing, to suspend the planned evictions, and to find sustainable housing solutions for all affected families.

The year 2012 saw a number of landmark rulings in the European Court of Human Rights. In May the Court ruled that evicting Roma from Batalova Vodenitsa, on the outskirts of Bulgaria's capital Sofia, would violate the right to private and family life. The Court ruled in favour of 23 Bulgarian nationals living in the settlement with about 250 other Roma. Following the ruling, Bulgarian authorities cannot proceed with the eviction without safeguards and special consideration for the vulnerable, such as the elderly and children.

The Court also ruled in cases of violence. In its judgment of 12 June the Court found that Slovakia had failed to carry out an effective investigation into a violent attack against 10 Roma individuals in the town of Ganovice-Filice (in the case of *Koky and others v. Slovakia*). The 10 applicants were awarded a total of €55,000 in damages. In October, a Bulgarian Roma woman, Yolanda Kirilova Yotova, who was gunned down and disabled outside her house by a youth, was awarded more than €15,000 by the Court. The Court also ruled against Hungary for violating Article 3 of the ECHR in a case of excessive police force against a Roma woman.

These rulings set timely precedents, as an alarming number of attacks against Roma continued across the region. According to the ERRC, in the first half of 2012 alone, at least 20 attacks were carried out in four Eastern European countries (Bulgaria, the Czech Republic, Hungary, Slovakia) leading to 10 deaths of Roma people.

Armenia

The absence of political representation for minority communities and civil society organizations is also a key concern in Armenia. The country's largest minority are the Yezidis,

Case study

Forced sterilization of Roma women

After decades of silence, Roma women who were forcibly sterilized by the state in Eastern Europe have won their cases in the European Court.

Forced sterilization of Roma women remained unacknowledged in Eastern Europe for a long time, until a number of court cases brought the proportions of this shocking practice to light. In the Czech Republic, the practice of sterilizing Roma women without their informed consent has continued, with cases as recently as 2009.

In the past two years, the European Court of Human Rights has ruled in favour of a number of Roma women who had been forcibly sterilized by a Slovak state hospital. The Court declared that the practice constituted a violation of their fundamental rights.

'I am pleased that the European Court confirmed [our claims] and admitted that they sterilized us without our consent,' said one of the women, identified as I.G. in the case in November 2012. 'In my name, and the name of other Roma women, I thank the European Court,' she added. In its third verdict against Slovakia, the Court ruled in favour of the two plaintiffs (a third applicant passed away in 2010) and granted compensation of €28,500 and €27,000 and reimbursement of their legal fees. The applicants were the first who were willing to bring cases against doctors in Slovakia and inspired other women to come forward and do the same.

The applicants had submitted a complaint to the Court in 2004, claiming that they had been forcibly sterilized after caesarean sections at the hospital in Krompachy between 1999 and 2002. Legally minors at the time, they were asked to sign a document that they thought was required for delivery by caesarean section. The doctors sterilized

them without the consent of their legal guardians as required by Slovak law. It was only during an investigation years later that it was revealed the documents were actually requests for sterilization.

The Court followed the reasoning from its two recent judgments in *V.C. v. Slovakia* (2011) and *N.B. v. Slovakia* (2012). Finding that the sterilizations were not life-saving medical interventions and that they were performed without the requisite informed consent, the Court held that this treatment violated the right to freedom from inhuman and degrading treatment and the right to private and family life. The Court also found that Slovakia had failed in its obligation to protect the reproductive health of Roma women, and that it did not conduct a prompt and reasonable investigation as required by Article 3 of the ECHR.

These three important judgments were followed by yet another case, in June 2012, in which the Court significantly raised the amount of compensation awarded to the applicant by a Slovakian court, arguing that the sterilization caused her psychological suffering and had seriously affected her position as a woman in the Roma community.

The practice of forced sterilization of Roma women in Czechoslovakia started in the 1970s

and officially ended after the collapse of the communist regime in 1990. Systematic forced sterilization was used to curb the supposedly 'high, unhealthy' fertility rate among Roma and the practice continued after the break-up of the country into Slovakia and Czech Republic in 1993.

According to estimates by the Czech ombudsman, as many as 90,000 women from the former Czechoslovakia became infertile as a consequence of such interventions. In some cases in Czechoslovakia some Roma women were threatened or offered incentives to undergo the operation. Similar cases, but far fewer, have been reported in Hungary.

For years women who had been forcibly sterilized stayed silent, and some were even ashamed to tell their own husbands.

In November 2009, the Czech government expressed regret for 'individual failures' in carrying out sterilizations, but many women are still waiting for adequate redress. In December 2012 the Czech government settled out of court with a woman of Roma origin after she filed a complaint with the European Court of Human Rights in Strasbourg. The agreement included compensation of 10,000 Euros and the concession that the government was at fault.

Meanwhile, in Slovakia, the liberal opposition Freedom and Solidarity party (Svoboda a Solidarita – SaS) proposed in August 2012 that the state should introduce a subsidy for voluntary sterilizations for women over 35 who have more than three children. According to the authors of the draft law, the measures are a form of social benefit as the state would take over the costs of the operation, which could contribute toward reducing the 'extremely high birth rates in [Roma] settlements'. While the proposal was based on voluntary participation, it underscored the fact that sterilization as a form of social control is not a thing of the past. It remains an ongoing and inherently stigmatizing issue for Roma women. ■

Left: A woman stands in a Roma settlement, Slovakia. Bjoern Steinz/Panos.



with a population of about 40,000. Although the Armenian Ombudsman stated in a 2011 report that national minorities have favourable conditions for preserving their national identity, the chair of the Yezidi National Union voiced his concerns about the lack of minority language and cultural education of Yezidi children living in the capital. The chair of the World Union of Yezidis raised similar concerns, pointing at the lack of representation of the minority community in the National Assembly of Armenia. During an interview in March, the head of the Department for Ethnic Minorities and Religious Affairs insisted that the government had increased its financial support for Yezidis and Armenia's other minorities, in particular in the area of education.

In a recent move the government raised the legal age of marriage of women from 17 years old to 18 years old, the same as for men. This may lead to conflict with the Yezidi community, where girls get married as early as 13 or 14. The community insists that the change is 'inhuman' and will ruin their families. The government argues that the new minimum age will help eliminate gender inequality and bring the country into compliance with the 1979 UN Convention on the Elimination of All Forms of Discrimination against Women.

Azerbaijan

Minority groups in Azerbaijan face long-standing discrimination and harassment and lack of consultation within decision-making processes. The country's main minority groups include Lezgins (2.2 per cent), Russians (1.8 per cent), Armenians (1.5 per cent although this figure is contested) and Talysh (1.0 per cent).

The Farsi-speaking Talysh community in Azerbaijan has come under scrutiny from the government as it has cracked down on civil society in the aftermath of the Eurovision Song Contest that the country hosted in 2012. Most of the Talysh live in southern Azerbaijan, mainly in rural areas near Iran. Four Azerbaijani human rights organizations, the Human Rights Club, the Institute for Reporters' Freedom and Safety, the Institute for Peace and Democracy and the Alliance for Defense of Political Freedoms, used the occasion of the song contest to raise awareness about forced evictions and arrests and

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Case study by Jack Denith
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Bulgaria: community monitoring improves access to health services for Roma

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A campaign run by Roma NGO Amalipe has improved awareness of health issues and rights, and access to health services.

Roma in Bulgaria live, on average, 10 years less than ethnic Bulgarians. High rates of poverty among Roma communities combine with other socio-economic factors to adversely affect their health and their ability to access adequate health care. For example, a 2011 survey carried out by the United Nations Development Programme, the World Bank and the European Commission found that 48 per cent of Bulgarian Roma had medical insurance, compared to 85 per cent for non-Roma living in the same area.

National legislation has been drawn up to address these inequalities, but implementation of these policies has been 'close to zero' say Lyubomir Lazarov and Deyan Kolev of the Amalipe Center for Interethnic Dialogue and Tolerance, a Roma NGO. Although the legislation sounded good on paper, there was a lack of financial and administrative support for the proposals, and no mechanisms to allow participation by Roma communities.

In 2011, Amalipe decided to put Roma at the heart of assessing and monitoring health services in Bulgaria. Following a model first proposed by Abhijit Das of the Public Health Institute in India, Amalipe developed a system to enable communities to monitor

health care services themselves, and carry out their own research into their own health needs and how local services met (or failed to meet) them.

Amalipe established local volunteer clubs that brought young people, women and informal leaders together with trained moderators (also from the community) to discuss health issues. Together with the Amalipe project team, these community organizations conducted surveys of the health of Roma women and their use and knowledge of health care services. They also developed a health information campaign using community theatre.

The challenges were substantial: not only in terms of Roma health, but also in terms of the barriers to improving access – from poor diet and an inability to afford medication, to facing discrimination from medical staff. High rates of poverty make health insurance a rare luxury for the majority of Roma, while the rural areas where many Roma live have only a few general medical practitioners working insufficient hours to cover the population.

The surveys found that these factors were compounded by a lack of awareness of health issues, such as what rights to health people have, or what services are available (half of the women surveyed by the communities did not have information on when doctors visited their village). These issues were influenced in turn by Bulgarian and Roma scepticism about the ability or willingness of civil institutions to create positive change.

Through the information campaign, advocacy activities of the project team and free gynaecological checks organized within the project, the Roma communities improved access to a number of health services, from primary health facilities to emergency and hospital care. From simple measures such as raising awareness about what services are available to communities and what they are entitled to receive, substantial improvements were made by the communities themselves. ■

police brutality against journalists in the country. The awareness campaign, known as ‘Sing for Democracy’, was joined by 30 local NGOs and 15 international human rights watchdogs. President Ilham Aliyev accused civil society leaders, human rights activists and journalists of trying to ruin the country’s reputation.

The arrest of a prominent Talysh advocate on separatism charges was condemned by human rights defenders as politically motivated. Hilal Mammadov, a mathematician and newspaper editor, was arrested on charges of treason and espionage for Iran in June. His predecessor on the Talysh-language *Tolyshi sado* paper, Novruzali Mammadov, was arrested in 2007 after he published an article on the history of the Talysh; he died in prison in 2009, while serving his 15-year sentence. In July human rights activists and Talysh representatives organized a press conference in Moscow in order to demand the release of Hilal Mamedov, who was arrested in June on bogus drug possession charges. Pre-trial hearings commenced in January 2013, and the trial continued in March and April 2013. Mammadov’s request that the trial be public was rejected by the judge.

Germany

Germany’s minorities face difficulties accessing health care. Turks in the country tend to visit hospitals because of their mistrust of general practitioners (GPs), according to the German newspaper *Die Welt*. A 2012 analysis by the MdM showed that 68 per cent of the patients visiting their centre in Munich only had access to emergency care in hospitals, and only 8 per cent were covered by health insurance or by the health insurance system of their country of origin. Greater use of hospital for treatment by minorities is not only more expensive, it also often means a delay in treatment and increases the likelihood of surgery being needed.

Language barriers are one of the main issues when trying to obtain health care for minority groups. Even those whose command of German is excellent tend to be less informed during hospital visits than the majority population. Translators are not only relevant for minority members who do not speak sufficient German or who require psychotherapy, they are also needed

for an ageing population in which minority members whose first language was not German may lose their language skills due to dementia or Alzheimer's disease. Access to primary care and preventative medicine is also problematic. Although Germany has a culture of regular health check-ups and health monitoring, minorities often only see doctors when they are already sick or feel at risk of illness, which means they often miss out on preventative medicine and health check-ups for children. The MdM study noted that, whereas in other European cities, lack of knowledge about patients' rights was the key barrier to accessing health care, this was hardly an issue at their treatment centre in Munich since the vast majority of visitors, lacking permanent residency, hardly had any rights at all.

Minority children whose parents both come from a migrant background are also more likely to be overweight and have bad teeth than majority children, which is partly due to lack of preventative medicine and dental hygiene. Integration and social status play a role as well: the more well-integrated (assessed on the basis of language proficiency and resulting improved social status and employment situation) and more wealthy minority families are, the less likely they are to suffer from hepatitis, tuberculosis and other poverty-related illnesses, and the more likely they are to report allergies.

Inclusion and full participation in Germany's social and economic life is a constant and unresolved issue for minority groups. Under-representation of minorities in the public sector is a fact, which Chancellor Angela Merkel has said she wants to change, after leading a national integration summit in Berlin in January. The German government confirmed that it wanted to visibly increase the number of immigrants working in the public sector, which, according to national integration commissioner Maria Böhmer, served as a model for the rest of the labour market. Whether the government does a better job of ensuring the public sector reflects the demographics of the country remains to be seen. According to a study by the Organisation for Economic Co-operation and Development (OECD), Germany takes a 'sad last place' compared to the 34 other member states of the OECD when it comes to the number of

Right: Doctors examine a man of African origin at a medical centre in Greece.

REUTERS/John Kolesidid.

descendants of migrants working in the public sector.

A ruling on circumcision that was handed down by a court in Cologne in June sparked an outcry among Muslim and Jewish communities and led to joint protests in the country. The judge ruled that the circumcision of a young boy on religious grounds amounted to grievous bodily harm and contravene the right to choose religion freely in later life, and was therefore illegal. The case arose when the circumcision of a Muslim boy had gone wrong and the boy was admitted to hospital. 'We consider this to be an affront [to] our basic religious and human rights,' stated the unusual joint statement, signed by leaders of the Rabbinical Centre of Europe, the European Jewish Parliament, the European Jewish Association, Germany's Turkish-Islamic Union for Religious Affairs and the Islamic Centre Brussels.

In September the state government in Berlin announced that circumcision was legal there, as long as it was properly carried out. The federal government also responded by stating that it wants to legalize the procedure explicitly and proposed a new law. According to the draft law, circumcision is legal in Germany. In the first six months of a boy's life, it can be performed by a member of the boy's religion who has received the necessary training or a doctor. After that age, it can only be performed by a doctor. The German parliament approved the bill in December.

Greece

Violent attacks and racist and xenophobic political activities intensified in the country after the neo-Nazi extremist party Golden Dawn won 6.9 per cent of the votes for the Hellenic Parliament in June. In December the European Commission against Racism and Intolerance (ECRI) of the Council of Europe urged the Greek authorities to take firm and effective action to ensure that the activities of Golden Dawn do not violate the free and democratic political order or the rights of any individuals.



At the same time, illegal immigration remained a real political issue for the country, which is already struggling with the impact of the eurozone crisis. According to the European Commission, 40 per cent of the Middle East and South Asia migrants who entered the EU without the required documents in 2012 came through Greece. The country, which is due to complete a 12.5 km long anti-migrant wall along its Turkish border, deployed 1,881 additional guards on its border to prevent a surge of Syrian refugees from Turkey.

The poor treatment of refugees and asylum seekers is an ongoing concern. The UN Special Rapporteur on the human rights of migrants, François Crépeau, urged the country to protect migrants but at the same time underlined the responsibility of the EU to fund and support measures to establish a civilian asylum and first reception centre that would effectively screen migrants with vulnerabilities. He had himself

witnessed many unaccompanied minors without documentation living under highway underpasses and without any government support.

Meanwhile, in August, authorities carried out one of the country's biggest crackdowns on suspected undocumented migrants in Athens, deploying 4,500 police officers in the capital and detaining more than 7,000 migrants in less than 72 hours. Most were released, but about 2,000, mostly from Africa and Asia, were arrested and sent to holding centres pending deportation. The first detention centre for undocumented migrants opened in April. The centre, north-west of Athens, which is composed of box homes and is surrounded by high wire fences, is meant to house some 1,200 people. A further 50 centres are planned to be built by mid-2013. Previously, plans were announced by the government to hold illegal immigrants in detention for compulsory health checks and treatment for HIV/AIDS and other contagious ailments, and hold them

indefinitely if they are considered a risk to public health. In its 2012 overview of the conditions of persons excluded from health care systems in the EU, MdM stated that over 70 per cent of the violence suffered by migrant patients occurred after their arrival in the country.

Throughout 2012 brutal assaults against migrants by people affiliated to Golden Dawn and by other perpetrators were steadily increasing. In Crete, a 25-year-old homeless Egyptian man was beaten with metal bars. He had to have life-saving surgery, which ended with the removal of a kidney. Just a day before, a group of four men attacked two Algerian migrants with iron and wooden bars and knives. The two men in their mid-20s were treated for extensive head injuries and stab wounds. Police arrested 25 men in connection with an attack on a Pakistani man at the Attiki metro station and confirmed that many were members of the Golden Dawn party. The party has several initiatives related to health (such as blood supplies) that are open for Greek citizens only if they can prove they have a Greek father and show a Greek identity card. Civil society and private initiatives, however, have launched programmes that help all people, including minorities. The Boroume non-profit organization for example organizes the distribution of surplus food for charity throughout the country.

Russia

In 2011 the Advisory Committee on the Council of Europe's Framework Convention on National Minorities sharply criticized Russia on the lack of participation of persons belonging to national minorities in public life, which is limited to the organization of cultural events. According to the Advisory Committee, there are no effective consultation mechanisms in place to ensure that minorities have an opportunity to influence effectively decisions on issues concerning them.

In July 2012, the UN High Commissioner for Human Rights Navi Pillay also expressed concerns that a series of legislative amendments in the Russian Federation would seriously restrict human rights in the country. 'In just two months, we have seen a worrying shift in the legislative environment governing the enjoyment of the freedoms of assembly, association, speech

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Case study by Rita Bence
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Hungary: Roma children arbitrarily separated from families

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The case of a Roma woman whose children were taken away because of alleged 'mental disabilities' shows how social services are failing vulnerable families in Hungary.

The Hungarian Civil Liberties Union has been representing a case that shows eloquently how the most vulnerable people can be abused and how authorities treat them arbitrarily, affecting the most important aspects of their lives.

A 20-year-old woman called LV was placed under guardianship because of alleged 'learning disabilities'. She has two children, both of whom were taken away from her by the authorities who said that she is not able to take care of them. She has a partner, a 40-year-old man, who is her guardian and lives together with her in quite poor circumstances but they can make ends meet. This man is the father of the two children though he is not registered as such officially.

LV maintains the household and takes care of two of her sister-in-law's children. According to a medical examination she

and information in the Russian Federation,' she said. 'At least four new legal provisions have been made that will have a detrimental effect on human rights in the country.'

Of concern are the restrictive amendments to the law on public rallies, a bill limiting freedom of information on the internet, the restoration of defamation provisions into the Criminal Code, and a restrictive new law on non-commercial organizations, which would effectively require all

has been diagnosed with a minor learning disability. Although we are not physicians, it seems obvious that she is a loveable and responsible woman who is able to take responsibility for her deeds and looks after children every day. Despite all these facts, both of her children were taken away by the child protection authority. They justified this decision stating that 'she is disabled' and her partner, who is also her guardian, has three other sons, so they are too poor to provide for the children.

She was given no information about where the first child went; she cannot even contact her and is not allowed to visit her. The second child was taken away soon after she arrived home from the hospital after giving birth. She could visit her little son only once a week. At first the boy was placed in an institute; later he was placed with foster parents. LV usually travelled many kilometres alone by bus to see her son; she knows the timetable and the fares of the line, which is more evidence that she is well-oriented.

The most troubling aspect is that it is everyday practice to take children away from their parents in the area where this couple lives. The authority did the same thing in the case of LV's mother and sister-in-law. This happened against the explicit request of the affected families.

The Hungarian Civil Liberties Union appealed in the child custody case, and sued the authority to end its guardianship of LV.

Due to the appeal the authority was obliged to repeat its procedure because of

several substantive and procedural mistakes. Fortunately, the child protection authority decided to give back the little son to his mother.

The lawsuit referring to guardianship is still in progress. The approach of the judge clearly shows strong discrimination. At the first trial she spoke to LV and her family rather arrogantly; she asked irrelevant questions and tried to confuse them.

According to Hungarian law, people under guardianship can be deprived of the right to vote. This happened to LV too, and we want to help her to retrieve it. In this regard the judge asked extremely difficult questions, such as: 'What is your opinion about the Fourth Amendment of the Fundamental Law?' This question cannot be a measurement of the voting capacity, because plenty of average people cannot answer this.

We are hoping for the best outcome of the lawsuit. We are planning to appeal if necessary, as we want to hinder such discriminative and arbitrary procedures.

The fact that Roma people generally live in extreme poverty makes them more vulnerable, and they often do not know how to go about defending their rights. Authorities mostly abuse these situations through obscure administrative procedures that impair the innate human rights of Roma. The situation is very difficult for LV. She knows that the health and development of her children may be at risk if they are forced to grow up in care. ■

NGOs that receive foreign funding to register as 'foreign agents'. Under the provisions, NGOs involved in politics and receiving foreign funds will have to issue twice-yearly reports on their activities and financial audits. Because of limited state support, many NGOs need to seek foreign funds. Failure to comply will be punishable by heavy fines or even a two-year prison sentence. Journalists and human rights activists see the bill as an attempt to crush dissent and restrict

freedom of expression.

Another move of the government on civil society that sparked international opposition in 2012 was the closure of Russian's indigenous peoples' umbrella organization RAIPON, because of an 'alleged lack of correspondence between the association's statutes and federal law'. According to Russia's Ministry of Justice, which ordered the closure in November, the indigenous peoples' association will be closed for



Above: An indigenous reindeer herder sits on his snowmobile, Russia. *Justin Jin/Panos.*

six months until the statutes have been adjusted. For over 20 years RAIPON has represented more than 250,000 indigenous people from 40 groups inhabiting huge Arctic territories of the Russian Federation from Murmansk to Kamchatka. Its first vice-president, Pavel Sulyandziga, a Russian indigenous rights activist of Udege nationality, said that the decision was illegal and he is determined to fight it.

This will be not an easy task given the strong stance of President Vladimir Putin, who in January warned that ethnic tensions could tear Russia apart. He stated that he would toughen migration rules and keep a tight rein on Russia's regions to prevent it following the Soviet Union

into oblivion, and that minorities in what he called a multi-ethnic society must live under the umbrella of Russian culture.

Among the most vulnerable groups in Russia are the country's indigenous peoples. Although there is no unified system of health monitoring of indigenous peoples, some general trends show significantly lower average health outcomes compared to majority populations. According to the 2002 Census the average life expectancy of Russian indigenous peoples was 15 years below the Russian average. Equally, for these groups, the disease-propensity is 1.5 times higher than for central Russian peoples. This includes a significant increase in diseases such as tuberculosis, hepatitis and illnesses spread through parasites (see case study).

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Case study by *Irina L. Stoyanova*
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Indigenous health care system in the remote areas of the Russian north

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High prevalence of tuberculosis and other infectious diseases, particular problems with alcohol and mental health, and difficulties accessing health care are among the most pressing health problems facing indigenous peoples in Russia's far north.

There are few studies and little data on the health of indigenous peoples in the Russian Arctic, because these groups live in remote areas with few medical services. Considerable variation exists across the different regions of the Russian north, influenced by local geographic, ethnic, administrative and political factors. Nevertheless, the following general observations about Russian indigenous peoples' health can be made.

As of 2004, the average life expectancy of Russian indigenous peoples was 15 years shorter than the Russian average. Mortality rates are significantly above the national average; infant mortality rates are estimated to be twice as high as the national average. Poor health and other factors have led to drastic declines in the indigenous population and some small indigenous groups have reached the brink of extinction.

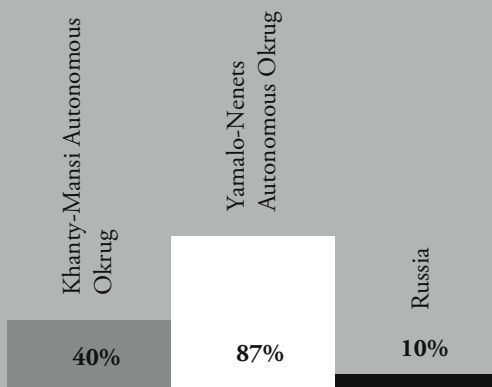
Changes in traditional diets, together with a general decrease in physical activity, have significantly impacted the health of the indigenous population. A contributing factor for the increase in diabetes, obesity

and anaemia is the increasing use of imported store-bought, 'ready-made' foods and decreasing consumption of traditional foods such as meat and local plants.

Infectious diseases, particularly tuberculosis, and sexually transmitted infections are a growing problem. The prevalence of tuberculosis among indigenous peoples of the Russian north is almost five times higher than among non-indigenous people, and the death rate is almost nine times higher than among the non-indigenous population. Rates of active tuberculosis for Siberian Inuit, for instance, are alarmingly high. The mortality due to this disease is as high as 40 cases per 100 persons in the Khanty-Mansi Autonomous Okrug and in the Yamalo-Nenets Autonomous Okrug this index is 87, whereas in Russia this average index is 10.

Tuberculosis is a particular problem for indigenous peoples because of the effect of low temperatures, reduced immunity and poor living conditions. In Krasnoyarsk Krai, for example, the spread of tuberculosis in the last three years is particularly exacerbated due to lack of clean drinking water and adequate sewerage systems. Poor sanitation and hygiene conditions of the population in northern settlements greatly contribute to the spread of not only tuberculosis but also other infections, such as dysentery, hepatitis and parasitic worm infestations.

Access to healthcare and medicine



Tuberculosis mortality rates

Case study continued

The remoteness and small size of indigenous settlements affects access to and the expense of medical care. All indigenous peoples of Russia are entitled to free medical care system coverage, which includes a compulsory annual check-up at state and municipal health care facilities. Yet federal and regional health care programmes do not always provide medical brigades to visit remote areas. For example, the village of Pareni in Kamchatka has reportedly had no access to medical care for two years. In Chukotka, it takes up to 28 hours for medical attention to be received. In remote villages the only way to receive medical help is via a scheduled flight or air ambulance service.

Medical personnel often lack modern, mobile equipment that allows them to go out and examine the population in remote settlements, such as reindeer herding camps. Nomadic reindeer herding is the traditional livelihood of many indigenous peoples of the Russian north. Working with indigenous peoples out in the tundra is complicated due to the practical difficulties of carrying out examinations in the constantly moving reindeer herding camps, as well as difficulties with controlling the prescribed treatment.

Poorly equipped health care facilities and lack of investment mean that it is extremely difficult to retain medical staff and attract specialists to come and work in rural hospitals. According to Dr Victor Mizernyuk, the Head Physician at the Lovozero Central Municipal Hospital: *'To rely on the indigenous population and give them*

medical education doesn't seem to be an option, since the young physicians after graduation from medical school, won't go back home, no matter how you try to entice them. The situation is extremely difficult – our own people don't come back, and outsiders don't come to the countryside.'

Alcohol dependency and mental health

Another serious problem facing Russian indigenous populations is alcohol dependency. The Committee on Northern Affairs and National Minorities states in its materials that over the past 10 years there has been an almost twenty-fold increase in alcohol abuse among indigenous peoples, particularly among women and adolescents. In the Yamal region, for instance, there is a serious concern about girls smoking and becoming addicted to alcohol as they mature and become mothers in the future. A growing proportion of indigenous households' income goes on purchasing alcohol.

Studies demonstrate that alcohol abuse in the Russian north is linked with a range of social and economic factors. Problems arise when reindeer herders move to permanent settlements. The ever-growing availability of liquor and advertisements for beer and alcohol beverages, the isolation of the parents from their children, who are away at boarding schools, and the stressful effects of 'modernization' are among the factors that often lead to alcohol dependency. This is why awareness of the particular psychological issues facing indigenous peoples is important if effective psychotherapeutic help is to be offered.

The steady growth of suicides and violent behaviour among the indigenous populations in

Turkey

While the Turkish government's approach to minorities in 2012 'remained restrictive', in the words of the European Commission's assessment of Turkey's progress towards EU membership, there were signs of increasing respect and interest in protection for minority rights.

The Constitution Conciliation Commission (CCC), composed of members from the four parties represented in parliament and formed to oversee changes to Turkey's Constitution, failed to reach consensus on key issues affecting

marginalized peoples in 2012, although it maintained promising dialogue with group representatives. For the first time, minorities other than those officially recognized by Turkey were invited to parliament, to express their views on a new Constitution. Currently only Armenians, Greeks and Jews are officially recognized as minority groups.

In February parliament heard a submission calling for legislation against hate crimes from a platform of 60 groups representing a wide range of minorities, including Alevi, Christian, Roma,

the Russian north is another alarming trend. Suicide rates are up to four times the Russian average. The Yamalo-Nenets Autonomous Okrug and Koryak Okrug have some of the highest rates in the world: 133.6 cases per 100,000 people. In comparison, the national suicide rate average is approximately 38 cases per 100,000. Homicide rates are correspondingly 70 per 100,000 among indigenous peoples, and 27 per 100,000 for the national average.

Also reported among indigenous peoples of the Russian north are mental disorders and poisoning by drugs and toxic substances. A large number of mental disorders – significant delays in development, signs of emotional distress and psychological tension – are found in indigenous children and the prevalence of these conditions is increasing with each year.

Urgent areas of action

It is important to:

- Collect reliable data on the health and living conditions of indigenous groups in Russia. The federal and local authorities need to enact legislation for the introduction of mandatory unified statistical health reports and annual monitoring of the health of indigenous peoples.
- Train medical personnel to consider the conditions in the north and the specific psychological challenges facing the indigenous peoples, and provide better training for doctors and nurses from among the residents of remote areas. ■

LGBT and disability rights groups. Similarly, Turkey's foreign minister Ahmet Davutoğlu held an unprecedented meeting with Greek Orthodox Patriarch Bartholomew at the patriarchate in Istanbul. The Patriarch also proposed new constitutional protections for religious minorities and religious freedom to the CCC. In May a proposal from the Republican People's Party and the Peace and Democracy Party, which would make the state responsible for eliminating discrimination against women, was rejected by the other two parties. Prime Minister Recep

Tayyip Erdoğan has suggested that a referendum will be needed in the second half of 2013 even if all parties reach a consensus on a new Constitution.

Nevertheless, prevailing attitudes in government and the media towards minority groups remained a cause for concern in 2012. The European Commission noted that there had been no progress in introducing legislation against hate speech and hate crimes, as recommended by the Council of Europe. Studies of news reports in 2012 by the Hrant Dink Foundation found that the prevalence of direct and explicit hate speech in opinion columns and news articles was double that of 2011. The Hrant Dink Foundation was set up after the assassination of Turkish-Armenian editor Hrant Dink in 2007. In January 2012, more than 20,000 people marched to mark the five years since his murder, and to protest a court ruling that there had been no state complicity in the assassination; the court's decision was later reviewed by the Supreme Court. In May 2013, the Supreme Court acknowledged that there had been a criminal conspiracy; the new decision paved the way for a retrial.

The situation for Roma in Turkey remained difficult, characterized by discrimination, prejudice and restricted socio-economic opportunities. In June, an administrative court cancelled a redevelopment project in the predominantly Kurdish and Roma Balat neighbourhood in Istanbul after five years of wrangling, and the controversial Sulukule project in Istanbul's Fatih municipality (which had resulted in the eviction of thousands of Roma in 2008) was also cancelled. However, the mayor of the municipality was confident that the state court would overturn the Sulukule ruling.

There was an increase in the number of Turkish applications to the European Court of Human Rights for the sixth year in a row, with most cases concerning the right to a fair trial and protection of property rights.

In August, a number of minority foundations reported that the process for returning property held by the government was dogged by bureaucratic problems and a timeframe that was too short to allow the foundations to make their claims. Between August 2011 and January



31, 2013, approximately 300 properties were returned to minority foundations (which often comprise religious communities).

Although the conflict between government forces and the Kurdistan Workers' Party (PKK) continued in 2012 with bombings and counter-insurgency operations causing deaths

and displacement on both sides, talks began in October to negotiate a ceasefire. In early 2013, the implementation of a ceasefire between the government and the Kurdistan Workers' Party (PKK) held the promise of bringing an end to decades of violent conflict.

While the government promised to recognize



Left: Kurdish girls in Turkey take a break from their jobs in a textile workshop.

Carolyn Drake/Panos.

International that the 20-year limit on judicial settlement is imminent for many cases, and they face being ‘timed out’ of receiving compensation through the courts. Ensuring that cases are settled and judgments enforced represents an important step towards ensuring sustainable peace in Turkey.

In November, Amnesty International reported that prison doctors routinely refuse to conduct medical examinations of Kurdish prisoners on hunger strike. Kurds in Turkey suffer from discrimination in accessing health care; for example, Kurds may be unable to access medical services in their own language. Although there are concerns about the effects of the privatization of Turkey’s health care system on the poorest citizens, south-east Turkey’s reputation for treatment in hospitals staffed by Kurdish speakers has attracted Iraqi Kurds to cross the border for medical services. Although provision of services in Kurdish is still far from comprehensive, the Turkish health system still offers better services for Kurds than neighbouring Iraq.

The conflict in Syria had an increasing impact on Turkey during 2012, as the numbers of registered refugees rose from 9,500 in January to 144,755 by the year’s end, in spite of restrictions put in place in August. ■

Kurdish ethnicity through constitutional reform, there remain political obstacles to achieving this and ensuring the stability of the peace agreement. While some cases of financial and legal settlement for crimes committed by the state against Kurds in the 1990s were settled in 2012, it was noted by Human Rights Watch and Amnesty