RESEARCH REPORT

Assessing the capacity of Roma health mediators in Romania to recognise and understand the dynamics of discrimination and its impact on Roma beneficiaries.

The Roma Center for Health Policy - Sastipen is a non-governmental organisation whose main area of interest is the strengthening and development of the health mediation network as an important resource in the process of social inclusion of Roma communities and improving the health status of members of vulnerable communities. Since 2010, Sastipen has been a provider of professional training in the field of health mediation per the rules and occupational standards of the profession of health mediator. To strengthen the health mediation network, Sastipen organises basic training sessions, refresher and continuing training courses for health mediators, as well as qualification courses in the profession of health mediator. Sastipen believes that the health mediator/health mediator is a trusted cultivator who, through the work carried out at the local level, contributes significantly to improving the health status of the Roma population and increasing life expectancy among women in vulnerable communities.

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SUMMARY OF THE RESEARCH REPORT

The present evaluation, carried out by the researchers of Sastipen—Roma Center for Health Policies with the support of ERGO Network, was made to demonstrate that Roma health mediators (RHM) in Romania, active in Roma communities, are highly vulnerable when they have to report to the competent bodies situations of discrimination faced by their beneficiaries when accessing medical and social services.

Health mediation for Roma communities has been regulated in Romania since 2002 by Order 619/2002 issued by the Ministry of Health, repealed and updated by HG 324/2019 for the approval of the methodological norms on the organisation, functioning, and financing of community health care activity. Currently, 460 health mediators are active in the network funded by the Ministry of Health.

The role of the health mediator is to facilitate Roma access to health services and to promote non-discrimination legislation, thus contributing to the improvement of intercultural dialogue between healthcare staff and Roma patients. Their duty, according to their job description, is to identify and report to the competent bodies cases of discrimination faced by their beneficiaries in the communities where they work and, at the same time, to ensure that Roma patients who file complaints receive appropriate medical care, the health mediator acting instead as a cultural facilitator who has the role of ensuring that the rights of Roma patients are respected when they access the medical and social services offered by public authorities.

Even if Romania has specific legislation in the field of non-discrimination, at present, specialised studies and reports highlight the fact that Roma are still discriminated against when accessing health public services offered by the competent authorities and that this phenomenon is worrying, especially in the context in which the authorities do not take action and do not sanction these lapses.

From the discussions held with the respondents participating in the research, it emerged that Roma are confronted daily with discriminatory situations or racist attitudes manifested by staff and specialists in the public system of medical and social services. Although national legislation prohibits discrimination, in practice, we find both veiled forms of refusal to provide services to Roma people, motivated by racial hatred, and forms of direct discrimination, i.e. direct refusal not to provide services to Roma, including situations of abuse and harassment of Roma beneficiaries who request medical and social services from the institutions.

The research highlights the fact that a significant percentage of the civil servants and providers of medico-social services show discriminatory attitudes and behaviours towards Roma beneficiaries, often deeply racist, even if some of them are aware of the legal rigours that penalise discrimination. In the context in which no one takes action to sanction these behaviours according to the legislation in the field, these civil servants and providers of medico-social services continue to show discriminatory attitudes and behaviours towards Roma beneficiaries, convinced that they are intangible, causing further moral damage to members of Roma communities.

The lack of operational procedures at the level of health care providers based on the principle of non-discrimination, the lack of knowledge by the medical staff of the national legislation sanctioning all forms of discrimination, prejudices and stereotypes towards Roma promoted in the public opinion, as well as

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the lack of training of medical staff in the field of non-discrimination, are causes that often lead to hostile, discriminatory behaviour by medical staff that affects the health status of the Roma beneficiary and, implicitly, the health status of the entire community regardless of ethnicity.

Regarding the extent of the Roma discrimination phenomenon from the point of view of the Roma human resources employed in the public institutions (health mediator, school mediator, local Roma expert, expert from the county office for Roma) responsible for the Roma inclusion process, we found that there is a great discrepancy between their opinions and the opinions of the members of the Roma communities. Over 65% of the Roma respondents, beneficiaries of services participating in our study, mention that discrimination is worryingly widespread. In comparison, over 60% of the respondents in the category of Roma inclusion workers in public institutions mention that discrimination does not exist.

This discrepancy leads to two important conclusions, namely: 1) Roma workers in public institutions act as a guarantor of the observance of human rights principles and in this sense, even if acts of discrimination are committed against Roma beneficiaries, the authority defends itself by mentioning that they have Roma employees who can declare that discrimination is not practised; 2) being state employees and having a higher level of education than the members of the Roma communities they come from, the Roma experts have detached themselves from the real problems of the communities and approach the daily work from the perspective of their personal experiences, assuming that being Roma, they are the only ones who have legitimacy and that they represent the voice of the Roma communities.

The two conclusions draw attention to the fact that discrimination is a worryingly large phenomenon faced by members of Roma communities and that Roma experts/workers in the public system need to take seriously the role of trusted cultivators in promoting non-discrimination. Otherwise, in the absence of responsiveness, the role of experts/officials hired specifically to solve Roma problems on the principle of affirmative measures is useless.

Through their daily work at the community level, health mediators interact with these situations of discrimination and, according to their job description, they are obliged to report these cases to the bodies authorised to sanction these acts, of course with prior information of the hierarchical superior of the local authority (employer) and the coordinator of the Public Health Directorate (methodological coordinator of the activity). Although they are obliged to report these cases, in practice, they do not report these cases of discrimination for various reasons; by this attitude, the RHM indirectly contributes to the maintenance of this discriminatory practice against Roma patients.

The main causes that determine the health mediators not to intervene in the process of sanctioning discrimination are the fear of losing their job, the fear of repercussions and reprisals against Roma, the fear of being harassed and abused by work partners, colleagues or employers, the fear that beneficiaries will not support their depositions on discrimination claims before the competent.

Other causes are related to the relationship with the working partners/stakeholders and childhood traumas regarding Roma ethnicity, such as the lack of cooperation with local Roma community leaders or tense relationship between the health mediators and other community workers involved in the Roma inclusion process (school mediators, local experts, formal and informal leaders, NGO representatives), the lack of cooperation with experts from local Roma NGOs or other Roma civil society actors and also the

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lack of civic awareness and historical traumas of the Roma minority in Romania. Due to the inferiority mentality they grew up with, the health mediators are still hesitant to take a stand and exercise their profession as they were trained in the qualification courses.

At a general level, based on the testimonies of the participants who took part in the research program and the mirror analysis of the testimonies of the Roma community workers, the research team finds that institutional racism and the phenomenon of discrimination against Roma is a common practice at the level of local, central county public authorities, responsible for providing all citizens with medical and social services based on the principle of non-discrimination and equal opportunities, the guarantors of these acts of discrimination being the Roma community workers or experts.

Based on the research results, the report also contains a series of recommendations addressed to health mediators, central and local authorities responsible for coordinating the community health care program, and civil society human rights activists.

The research team recommends all health mediators take very seriously the role of trust cultivator and facilitator of intercultural dialogue that contributes to the reduction of discrimination against Roma and increases their access to medico-social services based on the principles of equal opportunities and non-discrimination and take a stand and react legally to situations of discrimination to which Roma are subjected to discourage in the future any practice of discrimination of beneficiaries used by public officials or providers of medical and social services.

The research team recommends that the Ministry of Health and County Public Health Directorates issue an operational procedure that reinforces the role of the health mediator as the person responsible for promoting non-discrimination in health care and that protects the status of the health mediator as an employee of the local authority, part of the community health care team. As methodological coordinators, the County Public Health Directorates encourage the health mediators to promote non-discrimination legislation among the beneficiaries and the working partners, thus contributing to reducing the phenomenon of discrimination against Roma.

The research team recommends that Roma and non-Roma civil society act as watchdogs in implementing legislation on non-discrimination and respect for human rights and support the work of health mediators in reporting cases of discrimination in their daily work.

The research report revealed that Roma public sector workers employed to contribute to Roma inclusion are very vulnerable when it comes to reporting discrimination. Without working protocols adopted at the level of the employing institutions, without in-depth training in the application of non-discrimination legislation and without the support of civil society, health mediators will continue to be indifferent to the discrimination faced by Roma beneficiaries. Thus, all efforts to reduce discrimination will be in vain.

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