

BODY AND SOUL

Forced Sterilization and Other Assaults on
Roma Reproductive Freedom in Slovakia

CENTER
FOR
REPRODUCTIVE
RIGHTS



Center for Reproductive Rights and
Poradňa pre občianske a ľudské práva,
in consultation with Ina Zoon

2 *Body and Soul*

© 2003 The Center for Reproductive Rights and Poradňa pre občianske a ľudské práva (Centre for Civil and Human Rights or Poradňa). Any part of this report may be copied, translated or adapted with permission from the authors, provided that the parts copied are distributed free or at cost (not for profit) and the Center for Reproductive Rights and Poradňa are acknowledged as the authors. Any commercial reproduction requires prior written permission from the Center or Poradňa. The Center for Reproductive Rights would appreciate receiving a copy of any materials in which information from this report is used.

ISBN 1-890671-28-2

Table of Contents

ACKNOWLEDGEMENTS	5
TABLE OF ABBREVIATIONS AND GLOSSARY	7
EXECUTIVE SUMMARY	13
RECOMMENDATIONS	19
INTRODUCTION	31
METHODOLOGY	33
BACKGROUND	37
<i>General</i>	37
<i>Situation of Roma</i>	38
<i>History of Coerced and Forced Sterilization</i>	41
<i>Medical Aspects of Caesarian Delivery and Female Sterilization</i>	48
TESTIMONIES	53
<i>Coerced, Forced and Suspected Sterilization</i>	55
<i>Abuse and Discrimination in Maternity Wards</i>	74
<i>Denial of Access to Medical Records</i>	90
LEGAL STANDARDS	95
CONCLUSION	119



Acknowledgements

We are grateful to the Romani and non-Romani women in eastern Slovakia who agreed to be interviewed for this report. Without their cooperation and trust, this report would never have been possible.

The Center for Reproductive Rights and Poradňa pre občianske a ľudské práva (Centre for Civil and Human Rights or Poradňa) produced the report. It was written by Christina Zampas, legal adviser for Europe, and Sneha Barot, legal fellow in the International Legal Program of the Center for Reproductive Rights, and by Barbora Bukovska, executive director of Poradňa, in association with Ina Zoon, an expert consultant on minority rights issues.

The report is based on fact-finding missions undertaken in eastern Slovakia between August and October 2002 by Ms. Bukovska, Vierka Kusendová of Poradňa, Ms. Zoon, Ms. Zampas, and Ms. Barot, jointly with the staff of Poradňa, including Ladislav Zamboj, Andrea Gruberová, Alena Svobodová, and Rastislav Hanulak. In addition, Dr. Timothy Holtz of Doctors for Global Health and Ruben Pellar, human rights activist, participated in portions of the fact-finding.

Several people at the Center for Reproductive Rights contributed to the realization of this report. Katherine Hall-Martinez, international program director, provided guidance, editing and input regarding the report's structure and content. Ghazal Keshavarzian, Shannon Kowalski-Morton and Andrea Lipps, international program assistants, provided research, editing and administrative support throughout the drafting and finalizing of the report as well as support during the production process. Preliminary research and other assistance was provided by Pardiss Kebriaci and Clara Padilla, international legal fellows, and Zahra Ahmed, Julie Greenspoon, Rosy Kalfus, Monika Ladmanová, Eszter Kismodi, and Katrine Thomasen, former international program interns.

We are also grateful to members of the Communications Department at the Center for Reproductive Rights, who offered guidance and input on various aspects of the report. Anaga Dalal, managing editor, reviewed several drafts, edited the text and provided input. Deborah Dudley art directed design and cover. Jonathan Weiss, production associate, worked on layout production and created

the necessary Slavic typography.

We are indebted to many people inside and outside of Slovakia who were particularly generous with their time and provided invaluable information. While there are too many to name here, we are particularly grateful to the following (in alphabetical order):

Claude Cahn, European Roma Rights Center; Kveta Čonková, Roma Community Centre Future (Vranov nad Topľou); Agnes Darócozi; Dr. Chuck DeProse, retired professor of obstetrics and gynecology, University of Iowa; Erika Godlová, Association of Roma Women (Prešov); Dr. Timothy Holtz, Doctors for Global Health; Anna Koptová, Foundation of Good Roma Fairy Kesaj (Košice); Edmund Müller, Centre for Roma Rights (Košice); Dimitrina Petrova, European Roma Rights Center; Amália Pompová, Association of Roma Citizens ZOR (Kežmarok); and Professor Judit Sándor, Central European University.

Table of Abbreviations and Glossary

ABBREVIATION	COMPLETE TERM AND DEFINITION
Beijing Conference	1995 United Nations Fourth World Conference on Women: Global conference on women’s human rights
Beijing Platform for Action	Beijing Declaration and Platform for Action, United Nations Fourth World Conference on Women: Consensus document adopted by nations participating in the Beijing Conference
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women: International treaty codifying states’ duties to eliminate discrimination against women
CEDAW Committee	Committee on the Elimination of Discrimination against Women: UN body charged with monitoring states’ implementation of CEDAW
CERD	Committee on the Elimination of Racial Discrimination: UN body charged with monitoring states’ implementation of the Racial Discrimination Convention
Charter of Fundamental Rights	Charter of Fundamental Rights of the European Union: European Union charter upholding the civil, political, economic, and social rights of European citizens and all persons residing in the EU

Civil and Political Rights Covenant

International Covenant on Civil and Political Rights: International treaty protecting individuals' civil and political human rights

Convention against Racial Discrimination

International Convention on the Elimination of All Forms of Racial Discrimination: International treaty upholding individuals' human rights to be free of discrimination on the basis of race

Convention against Torture

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: UN treaty upholding individuals' rights to be free from torture and other forms of cruelty

Council on Europe

Council on Europe: Regional intergovernmental body consisting of 44 European member states dedicated to promoting human rights and fundamental freedoms of European citizens and residents

Declaration on Violence against Women

Declaration on the Elimination of Violence against Women: International agreement protecting women's right to be free of violence

Economic, Social and Cultural Rights Covenant

International Covenant on Economic, Social and Cultural Rights: International treaty protecting individuals' economic, social and cultural human rights

EU

European Union: Regional intergovernmental body consisting of 15 Member States and 10 Candidate Countries dedicated to promoting European integration

European Convention Against Torture

European Convention of the Prevention of Torture and Inhuman or Degrading Treatment or Punishment: European treaty upholding individuals' rights to be free from torture

European Convention on Human Rights

European Convention on Human Rights and Fundamental Freedoms: European treaty upholding the rights of the Universal Declaration

European Convention on Human Rights and Biomedicine

Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Medicine: European treaty safeguarding human dignity and the fundamental rights and freedoms of the individual with regard to the application of biology and medicine

FIGO

International Federation of Gynecology and Obstetrics

Framework Convention for Minorities

Framework Convention for the Protection of National Minorities: European treaty upholding the protection of the rights of national minorities

Genocide Convention

Convention on the Prevention and Punishment of the Crime of Genocide: UN treaty upholding individuals' rights to be free from genocide

Human Rights Committee

Human Rights Committee: Treaty Monitoring Body charged with monitoring states parties' compliance with the Civil and Political Rights Covenant

ICPD

International Conference on Population and Development: United Nations Conference on population and development held in Cairo in 1994.

ICPD Programme of Action

Programme of Action of the International Conference on Population and Development: Consensus document adopted by nations participating in the International Conference on Population and Development

IUD

Intrauterine Device

NGO

Non-governmental organization

OSCE

Organization of Security and Cooperation in Europe: Regional intergovernmental organization with 55 participating states from Europe, Central Asia and North America active on a range of security-related issues including human rights

Race Directive	Council of the European Union Directive 2000/43/EC
Rome Statute of the ICC	Rome Statute of the International Criminal Court: UN treaty establishing a global criminal tribunal devoted to crimes of genocide, war crimes and crimes against humanity
SKK	Slovak Crowns: Unit of currency for Slovakia
Universal Declaration	Universal Declaration of Human Rights: UN human rights instrument at the foundation of modern international human rights law
WCAR	World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance
WHO	World Health Organization: UN agency devoted to researching and promoting public health worldwide
WHO Declaration on Patients' Rights	A Declaration on the Promotion of Patients' Rights in Europe: WHO sponsored document defining principles and strategies for the promotion of patients' rights



Executive Summary

In late 2002, the Center for Reproductive Rights in collaboration with Poradňa pre občianske a ľudské práva (Centre for Civil and Human Rights, hereinafter Poradňa), a Slovak human rights organization, and Ina Zoon, an expert consultant on minority rights issues, conducted a human rights fact-finding mission involving in-depth, private interviews with more than 230 women in almost 40 Romani settlements throughout eastern Slovakia, the region with the highest concentration of Roma, on topics including sterilization practices, treatment by health-care professionals in maternal health-care facilities and access to reproductive health-care information. We also interviewed Slovak hospital directors, doctors, nurses, patients, government officials, activists, and non-governmental organizations regarding these same issues. Our research has uncovered widespread violations of Romani women's human rights, specifically reproductive rights, in eastern Slovakia that include the following:

- coerced and forced sterilization;¹
- misinformation in reproductive health matters;
- racially discriminatory access to health-care resources and treatment;
- physical and verbal abuse by medical providers; and
- denial of access to medical records.

Slovakia is scheduled to become a member state of the European Union (EU) in 2004. This membership confers economic benefits as well as political and social responsibilities on members in accordance with the *acquis*, the EU's legal framework. Overshadowing this historic moment, however, is the Slovak government's continued denial of the human rights of minority Romani women.

Discrimination against the Roma is historically based, stretching back several centuries. In modern times, persecution of the Roma was enforced under the Nazi regime through, among other things, a policy of forced sterilization. This practice was continued during communist times in Czechoslovakia, when Romani women were specifically targeted for sterilization through government laws and programs

that provided monetary incentives and condoned misinformation and coercion. The Slovak government claims these programs were dismantled following the fall of communism in 1989. However, our fact-finding reveals that serious human rights violations continue despite the official change in the most obviously problematic law. Indeed, our fact-finding clearly indicates that discrimination against Romani women remains deeply and disturbingly entrenched in Slovak society. Government officials and health-care providers today openly condone attitudes and practices that violate the bodily integrity, health rights and human dignity of Romani women in need of reproductive health-care services. Romani women are particularly vulnerable to multiple forms of discrimination because they bear the double burden of both race and gender stereotypes

Findings

Coerced and Forced Sterilization

Slovak health-care providers throughout eastern Slovakia are complicit in the illegal and unethical practice of sterilizing Romani women without obtaining their informed consent. Our fact-finding uncovered clear and consistent patterns of health-care providers who disregarded the need for obtaining informed consent to sterilization and who failed to provide accurate and comprehensive reproductive health information to Romani patients, resulting in the violation of their human rights. We held in-depth interviews with more than 140 women who were coercively or forcibly sterilized or have strong indications that they were forcibly sterilized. Approximately 110 of these women have been sterilized or have strong indications that they have been sterilized since the fall of communism. The approximately 30 remaining interviews in this category were with women who were sterilized during the communist regime's practice of providing monetary incentives for women to undergo sterilization. This report focuses on our findings of coerced and forced sterilization practices since the fall of communism.

In many of these cases, doctors and nurses furnished misleading or threatening information to Romani women in order to coerce them into providing last-minute authorizations for sterilizations that were performed when women were undergoing a cesarean delivery. These medical practitioners appeared to unnecessarily and irre-

sponsibly perform C-sections on Romani women at least in part as a pretext for sterilizing them. After two or three cesarean births, doctors told Romani women that they needed to be sterilized because another pregnancy will result in either the death of their baby or themselves. Health-care personnel used misleading medical premises, such as ‘repeat cesareans are fatal,’ to justify sterilizations. Neither accurate information on the actual risks of future pregnancies nor other options, such as alternative contraceptive methods, were discussed. As a result, threatening and medically inaccurate statements allowed doctors to scare women into succumbing to medically unnecessary sterilizations in the midst of childbirth.

In other cases, Romani women were given no information about sterilization procedures nor were they informed that they would be sterilized *prior* to undergoing the procedure. In these instances, doctors or nurses obtained authorization papers from Romani women after the fact or simply notified them of the procedure once it had been completed. In a few cases, women under the age of 18 were forcibly sterilized without the authorization required by law from their legal guardians. Many other women were never even told that they had been sterilized, leaving them to simply suspect an unwanted gynecological intervention. It sometimes took these women years, if ever, to confirm that they had been sterilized.

In sum, the fact-finding demonstrates that Slovak doctors are consistently derelict in their duty to provide Romani women with information about their reproductive health status and options. These doctors instead choose to make intimate health decisions for women without supplying them with the information they need and are entitled to as the primary decision-makers over their bodies and future reproductive capacity.

Discriminatory Standards of Care

Our investigation of the services and care provided to Romani women in maternity wards and gynecology departments of many hospitals in eastern Slovakia discloses patterns of systematic and glaring racial discrimination, including segregation. Romani women are placed in separate rooms from white women and are often prohibited from using the same toilets and dining facilities as their white counterparts. Their requests to be moved to integrated rooms are ignored or met with insults from doctors and nurses. Romani women are also provided substandard treatment or

sometimes are denied treatment altogether. Some doctors have limited office hours for Romani women or force them to wait for urgent services until all white women have been examined. Ambulances from certain hospitals in eastern Slovakia either refuse or delay services for pregnant women in Romani settlements, even when the woman is about to deliver. Corruption is endemic among health-care personnel, who request payment from women for services that are covered by health insurance or provide low-quality treatment when they feel the bribe is insufficient. Romani women, who are often singled out due to racial hostility and who may be less able to afford bribes because of their lower economic status, feel this corruption more acutely.

Physical and Verbal Abuse

Physical and verbal abuse driven by racial hatred taints the Slovak health-care system, undermining trust in health-care personnel and creating an atmosphere of fear and anxiety among Romani patients. Interviews with Romani women accessing maternal health services in eastern Slovak hospitals unveiled accounts of devastating encounters with doctors and nurses who beat, insult, humiliate, and neglect their Romani patients. Hospital administrators, doctors and nurses openly express racist views to their Romani patients, whom they regard as morally defective, unable to provide for their children and unworthy of medical services. Many health-care workers complain about the fertility rates of Romani women and see these birth rates as a direct threat to Slovakia. These stereotypes inform the behavior of health-care personnel toward Romani patients, who in turn suffer from poor reproductive health care and increased marginalization, with negative repercussions on the overall health status of Romani women.

Denial of Access to Medical Records

During the course of our fact-finding, we uncovered repeated violations of patients' legal right to access their medical records. When our research team, with the women present or with a power-of-attorney, attempted to access Romani women's medical records, to further our investigation of forced sterilization practices, hospital authorities impeded these efforts. Though Slovak law guarantees individuals the right to view their medical records, Romani patients are arbitrarily and unjustly denied this right and are also not allowed to learn about the medical procedures per-

formed on them. Appointed and qualified legal counsel for Romani patients are also not permitted to view medical records on behalf of their Romani clients. This obstruction of access prevents Romani women who suspect that they have been sterilized from obtaining confirmation through their medical records.

There are no clear government regulations or hospital rules on ensuring patients access to their medical records. Implementation of the law is left to the discretion of the director and doctors of individual hospitals. Because it is extremely rare for Slovak patients to request their medical records, doctors often feel threatened by these requests and instinctively block access with nearly complete impunity. Moreover, the Ministry of Health, the government body that regulates health-care services, has not only failed to instruct hospitals to provide access to medical records, but in several cases has effectively supported officials in eastern Slovak hospitals who denied women access to their records in cases of suspected sterilization. Limiting access to medical records denies Romani women any opportunity to challenge possible violations, seek vindication of their rights in Slovak courts or obtain legal remedies for violations of their rights within the health-care system.

Government Complicity

The Slovak government has a duty to promote, protect and fulfill the human rights of all its citizens, including, and especially, the minority Romani population. The importance of this duty is heightened as coerced and forced sterilizations and other human rights abuses are occurring in publicly funded hospitals by government personnel. Despite the mounting evidence of human rights abuses against Romani women throughout the decade following the fall of communism, government officials in Slovakia have failed to condemn and put an end to these practices. And despite several coerced and forced sterilization complaints filed in Slovak courts and with Slovak law enforcement, health-care workers have yet to be sanctioned for their discriminatory and abusive treatment of Romani women. The Ministries of Health and Justice and the Office for Human Rights, Minorities and Regional Development have also failed to document and investigate reproductive rights violations, sanction those responsible or adopt policies designed to curb the practices that help perpetuate these abuses. Instead, the Slovak government and hospital administrators dismiss evidence of discriminatory treatment as either inconsequential or untrue. Other dis-

criminary practices are defended as necessary for medical and social reasons. Such rationalizations misrepresent or conceal insidious practices and attitudes that are contrary to fundamental human rights principles and can only lead to destructive results for a newly democratic society.

Transition to a Democratic and Just Society

As the countries of Eastern and Central Europe transition into market economies and integrate into the European Union, their commitments to and obligations under international and regional law and policy must be demonstrated and, where necessary, strengthened. Indeed, the EU requires stable democratic institutions, the rule of law, human rights, and respect for minorities as prerequisites for membership. However, the region's treatment of its minority Roma population is testing these standards. The situation of Roma in eastern Slovakia is among the worst in all of Europe. Though the country has one of the largest populations of Roma in the region, they have an abysmal standard of living in all areas of Slovakia. They face discrimination in accessing health care, housing, education, the criminal justice system, and social assistance. Romani women are further marginalized through the double burden of both gender and race discrimination. The confluence of these prejudices is apparent in the egregious reproductive rights violations Romani women suffer, including coerced and forced sterilization and other severe forms of discrimination in accessing reproductive health care. This treatment is in contravention of fundamental human rights standards supported by international and regional law. As Slovakia seeks membership to the European Union, which requires a commitment to human rights, it has a duty to investigate and end the violations committed within its borders.

Recommendations

The human rights violations documented in this report are directly attributable to the actions of Slovak government employees and officials, as well as officials' failure to investigate and punish those responsible for violations. Thus, primary responsibility for their redress lies with the government. The recommendations below highlight specific actions that the government should take immediately to remedy past violations and deter future ones. The violence and discrimination to which Romani women have been subjected in the context of maternal health services in eastern Slovakia is not the only arena of severe violations against the Slovak Roma. Indeed, the magnitude of discrimination against the Roma in all aspects of life is shocking. It will require concerted and long-term government action to end this discrimination by both governmental and private entities. But addressing coerced and forced sterilization cuts to the very heart of the challenge the Slovak government must meet if it is to become a member of the European community of nations devoted to equality and the rule of law.

The recommendations below include measures to address the severe violations to the bodily integrity, freedom and autonomy of Romani women inherent in coerced and forced sterilization. They also include recommendations related to legal reform, programmatic responses, and improved enforcement of existing domestic legal rights and protections to address Romani women's rights to accurate and comprehensive health information, non-discrimination in health services, and unimpeded access to medical records. Finally, they include recommendations to the European Union, the Council of Europe, and the United Nations to investigate and pressure Slovakia to appropriately redress violations of Romani women's reproductive rights, in light of their mandate under the applicable European and international instruments to which Slovakia is legally bound.

TO THE GOVERNMENT OF SLOVAKIA:

- *Create a new independent body or assign an existing governmental body to examine all allegations and complaints of coerced and forced sterilization. The body*

should be empowered to issue findings of fact and to order remedial measures for victims and should include independent, highly qualified members of civil society and members of the Romani community. Its processes should be transparent, its findings should be publicized, and annual reports of its activities and findings should be published. The body should publicly condemn coerced and forced sterilization, both in the communist and post-communist periods. The body should be empowered to:

- *Investigate individual complaints on an ongoing basis.* The body's role should be publicized and details of its existence and procedures be made readily accessible to the Romani community, taking into account the geographical remoteness of some Romani settlements as well as the cultural and language barriers faced by the Romani population. In cases where a woman suspects that she was sterilized without her knowledge, medical records should be reviewed and appropriate medical examinations should be carried out to ascertain whether she was in fact sterilized.
- *Conduct fact-finding missions to ascertain the full extent of coerced or forced sterilization in the post-communist period.* Gather statistics and examine all other relevant information to ascertain the prevalence of sterilization in the Romani population.
- *Investigate sterilization policies under communism.* Examine the archives of the relevant governmental entities to ascertain the extent to which the Romani population was a target of sterilization policies. An analysis of the number of Romani women who were sterilized both before and after the monetary grant was introduced, should also be conducted.
- *Provide remedial measures and award monetary damages* to women who were sterilized coercively or forcibly. The body should establish reasonable evidentiary standards to determine whether coerced or forced sterilization occurred, as well as procedures to fairly determine physical, emotional and moral damages. Available remedies should include the provision of accu-

rate medical information about procedures to reverse sterilization and ensuring that those women who want more children have access to such procedures where medically advisable.

- *Recommend to the Ministry of Justice criminal prosecution for all medical professionals implicated in coerced and forced sterilizations.* Ensure that medical professionals who are not held criminally responsible are referred to their professional associations for appropriate professional sanction. If investigations reveal policies or practices intended to reduce the Romani population, those responsible should be prosecuted under the relevant national and international law governing genocide. In any criminal proceedings, the findings of the body should be deemed admissible evidence.
- *Create a Ministry of Women's Affairs* whose mandate is to promote and protect women's equality in the social, economic and political spheres, with an emphasis on fully ensuring women's human rights, including the rights of minority women.

To the National Council (Parliament):

- *Ratify Additional Protocol No. 12* to the European Convention for the Protection of Human Rights and Fundamental Freedoms, which prohibits discrimination on any grounds.
- *Adopt anti-discrimination legislation that comports with the principles established in the EU Race Directive.* Special attention should be paid to the establishment of a body with competence to analyze the problems of discrimination, to study possible solutions and to provide concrete assistance for the victims. This body should also be mandated to systematically monitor, investigate and sanction cases of abuse and discrimination in health-care services.
- *Allocate more budgetary resources* to addressing discrimination against the Roma in all relevant ministries and offices.

To the Ministry of Justice and Law Enforcement Officials:

- *Ensure the safety of Romani women and their families who were or are suspected of having been interviewed for this report.* It is of grave concern that Romani women or the settlements that they belong to will face the brunt of any backlash stemming from this report. Given the record of violence and intimidation against Romani communities, Slovak government officials must take proactive steps to prevent any forms of violence or retaliation against the Roma, particularly by health-care providers on whom the Roma depend.
- *Take measures to ensure all medical records* and other potential evidence of coerced and forced sterilization are protected.
- *Investigate and prosecute* doctors who have engaged in coerced or forced sterilization, both those referred through the body described above and those who are otherwise reported through normal law enforcement channels.
- *Provide free legal assistance to indigent patients* who wish to bring administrative and judicial claims of abuse in the provision of health services.
- *Provide training to law enforcement, including the judiciary,* to appropriately investigate, prosecute and adjudicate allegations of violations against reproductive autonomy.

To the Ministry of Health:

- *Draft a comprehensive reproductive health policy,* as recommended by the European Parliament's report on Sexual and Reproductive Health and Rights. The policy should be based on respect for reproductive rights, including the rights to non-discrimination, to informed consent and to comprehensive family planning information and services. It also should ensure equal access to health-care services

for all Slovaks and prohibit direct and indirect racial segregation and all other forms of racial discrimination, including verbal and physical abuse in health-care facilities. The policy should impose effective sanctions on individuals and institutions engaging in such discriminatory practices.

- *Clarify national legal standards on patients' rights to comport with international human rights standards*, including patients' rights to access their medical records and their right to full and accurate information on their medical condition and all the implications of proposed treatment. This includes supporting the revision of the Law on Health Care to include precise steps doctors and other health-care professionals must take in order to ensure patients are fully informed when making decisions about their health. Adopt the Charter on Patients Rights in the form of a law and support its revision to ensure patients and their authorized legal representatives full and complete access to their medical records, including a photocopy of such records.

- *Require all obstetricians/gynecologists* in Slovakia to attend training on cesarean delivery indications, the preferred use of horizontal cut c-sections, and medical indications for sterilization. Provide comprehensive information from the international medical community regarding sterilization and cesarean delivery, including the debunking of myths apparently prevalent among medical professionals in Slovakia that sterilization is required after multiple C-sections.

- *Adopt a sterilization law* to comport with the Constitution and other laws of Slovakia and with international medical norms. Because of the abuses that have occurred, the sterilization law should provide that the requirements for obtaining voluntary, informed, written consent in advance of surgery must be strictly adhered to. The regulation should expressly prohibit obtaining "consent" while the woman is in full labor, on the delivery table and/or under anesthesia. Procedures should be developed that favor a gynecologist discussing sterilization and other family planning options with the woman well before her delivery. In addition, it should

provide that doctors observe at least a 72-hour waiting period between women's voluntary, informed, written consent and the surgical procedure. C-sections should not be listed as a medical indication for sterilization.

- *Continue to support the provision of comprehensive family planning services, including voluntary sterilization.* Under no circumstances should access to voluntary sterilization be curtailed or prohibited. Accurate information on and access to a range of family planning methods, including short- and long-term methods, as well as sterilization, should be ensured.

- *Provide human rights training to all health-care professionals,* especially those in the reproductive health field in Slovakia. This training should focus on professionals' obligation to provide respectful and non-discriminatory treatment of all patients, the provision of high-quality services to all, including comprehensive and accurate information, and ensuring patients' informed consent, confidentiality and privacy. The trainings should also concentrate on rooting out providers' verbal and physical abuse of patients and should emphasize gender and cultural sensitivity.

- *Ensure all health-care personnel are fully informed about all laws and policies pertaining to women's reproductive rights.* This should include ensuring that gynecologists and other health-care professionals know that they are required to provide comprehensive and accurate information in clear and simple language on family planning, including all modern methods of contraception, to all patients.

- *Regulate medical professionals' associations* to ensure that they are appropriately and fully carrying out their mandate to oversee and sanction, where necessary, medical professionals who violate professional and ethical standards of practice. Where associations fail to act, the Ministry of Health itself must take action to ensure the proper provision of medical care, for example by itself disqualifying medical providers who violate applicable standards from practicing or by referring cases of malpractice to the Ministry of Justice where appropriate.

- *Support the revision of the insurance law* to ensure that women have access to the full range of modern contraceptive methods by providing insurance subsidies for such methods.
- *Establish clear and independent patient complaint procedures* in hospitals and other health facilities for all violations of patients' rights. Require facilities to provide information to patients on how to file an initial complaint, as well as information on how to refer or appeal a denied complaint to a higher authority, should be easily accessible to patients. The Ministry of Health should monitor complaints filed at each facility.
- *Counter the impact of health sector reform measures* on both the majority and minority populations since the fall of communism, particularly on reproductive health services. Study the application of existing norms and procedures on the provision of reproductive health care, including on maternal health and family planning information and services, particularly as applied to the Romani population. Gather statistical information on race or ethnicity that will enable authorities to better understand the extent of the discrimination in reproductive health-care services. Data on the reproductive health condition of the Romani population should also be gathered.

To the Office of the Deputy Prime Minister for Human Rights, Minorities and Regional Development:

- *Further strengthen and develop the National Strategy on Roma.* Ensure that the Strategy for the Solution of the Problems of the Roma National Minority (the Strategy on Roma) is human rights-sensitive and that it clearly and concretely addresses prevention, prohibition and eradication of discrimination. Strengthen the office of the Government Plenipotentiary for Roma Affairs to enable it to effectively implement the Strategy on Roma. Ensure that Romani organizations and individuals as well as local authorities have a prominent and effective role in the further development of this strategy and in implementing and monitoring it.

- *Set health as one of the priorities for the Strategy on Roma in 2003 and beyond.* Ensure that women's reproductive health is a central component of the health priority. The Government Plenipotentiary for Roma Affairs should work with the Ministry of Health to monitor and investigate cases of discrimination within the health-care system.
- *Develop and implement programs together with Romani organizations to raise awareness among Romani women and their families about reproductive rights.* Such programs should include information on basic rights such as the right to decide the number and spacing of children. Ensure that such programs address the myths about sterilization and cesareans and empower women to ask doctors for detailed information about their reproductive health condition and about family planning information.

TO THE EUROPEAN UNION:

On Slovakia:

- *The Commission and/or the Parliament should further investigate the findings of this report.* As part of an independent investigation, request the government of Slovakia to provide detailed and accurate information on coerced and forced sterilization practices, segregation, and verbal and physical abuse in the health-care system in Slovakia. Appropriate forms of sanction should be applied against Slovakia if it does not take corrective action.
- *Provide technical assistance and earmarked financial support to Slovakia* to support the creation of the body referred to above to investigate and remedy coerced and forced sterilization and to support other measures to address other reproductive rights violations against Romani women. In addition, provide support for training and continuing education to medical professionals and assist in drafting a reproductive health law and in developing programs to ensure that reproductive rights are respected and promoted.

- *Support Romani organizations* in their efforts to address the problems, including discrimination, faced by Romani communities.

Generally:

- *Formulate clear and detailed standards for the Copenhagen political criteria.* Particular attention should be paid to human rights and protection of minorities.
- *Establish a mechanism for monitoring compliance with the Copenhagen political criteria* for both member states and candidate countries throughout the accession process and beyond. When a country has allegedly transgressed the Copenhagen political criteria, there should be an investigation of the allegations and appropriate forms of sanction should be applied.
- *Ensure that permanent monitoring and evaluation of reproductive rights* as set forth in the European Parliament's Report on Sexual and Reproductive Health and Rights, are taking place in Slovakia and in all other candidate countries and member states of the European Union, and that regular summary reports are submitted to the European Parliament.

TO THE COUNCIL OF EUROPE:

On Slovakia:

- *The Parliamentary Assembly and the Committee of Ministers of the Council of Europe should support further investigation of the findings of this report.* The results of any investigation should be provided to all relevant bodies of the Council of Europe, including the Parliamentary Assembly, the Advisory Committee on the Framework Convention on National Minorities, the Office of the Commissioner on Human Rights, the European Commission Against Racism and Intolerance, and the Committee of Independent Experts of the European Social Charter.

- Consider *appropriate sanctions against Slovakia* for violating the European Convention on Human Rights and other Council of Europe treaties if it does not promptly take steps to eliminate discrimination against the Roma, including violations of Romani women's reproductive rights.

Generally:

- Support the preparation and adoption of a *draft recommendation on the right of free choice in matters of reproduction*.

TO THE UNITED NATIONS SYSTEM:

- *United Nations human rights treaty monitoring bodies*, particularly the Committee on the Elimination of Racial Discrimination, the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW Committee), the Human Rights Committee, and the Committee on Economic, Social and Cultural Rights, should use the occasion of Slovakia's periodic reports to the committees to issue strong concluding observations and recommendations to reinforce Slovakia's obligation to aggressively investigate and remedy all violations of Romani women's reproductive rights, including in particular coerced and forced sterilization. The CEDAW Committee should initiate an inquiry under article 8 of the Optional Protocol to CEDAW, which Slovakia has ratified, and communicate its findings, comments and recommendations to the Slovak government.
- In light of Slovakia's standing invitation to the *Thematic Special Procedures of the United Nations Commission on Human Rights*, the following special rapporteurs should further examine reproductive rights violations against Romani women: Special Rapporteur of the Commission on Human Rights on contemporary forms of racism, racial discrimination, xenophobia and related intolerance; Special Rapporteur of the Commission on Human Rights on violence against women, its causes and consequences; and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

- *United Nations agencies and bodies* with relevant expertise in promoting and protecting human rights, including reproductive rights, such as the Office of the UN High Commissioner for Human Rights, the United Nations Population Fund (UNFPA), the UN Development Fund for Women (UNIFEM), and the UN Economic Commission for Europe, should provide technical assistance to the Slovak government and monitor its progress in addressing the human rights violations documented in this report.



Introduction

The Slovak Republic has made its membership to the European Union in 2004 a top priority. Overshadowing this historic moment, however, is the Slovak government's continued denial of the rights afforded to minority Romani women. During the course of a three-month fact-finding mission in late 2002, the Center for Reproductive Rights in collaboration with Poradňa pre občianske a ľudské práva (Centre for Civil and Human Rights, hereinafter Poradňa), a Slovak human rights organization, uncovered widespread abuses against minority Romani women in hospitals throughout eastern Slovakia. We conducted extensive interviews with more than 230 women in almost 40 Romani settlements throughout eastern Slovakia, the region with the highest concentration of Roma, on topics ranging from sterilization practices, treatment by health-care professionals and access to reproductive health-care information. We also held in-depth interviews with Slovak hospital directors, doctors, nurses, patients, government officials, activists, and NGOs.

This report presents the results of our fact-finding, which include numerous instances of coerced and forced sterilization² of Romani women, physical and verbal abuse, racially discriminatory standards of care, misinformation in health matters, and denial of access to medical records. Though a communist-era law providing monetary incentives for sterilization has been rescinded, our fact-finding reveals that the practice of coerced and forced sterilization, abuse and discrimination against Romani women in maternal health services openly continues in full contravention of international human rights law.

As the countries of Eastern and Central Europe transition into market economies and integrate into the European Union, their commitments to and obligations under international and regional law and policy must be strengthened and demonstrated. Indeed, the EU requires stable democratic institutions, the rule of law, human rights, and respect for minorities as prerequisites for membership. However, the region's treatment of its minority Roma population has tested these standards. The situation of Roma in Slovakia represents one of the worst throughout all of Europe. Romani women are further marginalized through the double bur-

den of gender and race discrimination. But Slovakia's entry into the community of nations requires that it prove its commitment to human rights law and investigate without delay the grave violations being committed within its borders.

STRUCTURE OF THIS REPORT

Recommendations and an Executive Summary precede this Introduction. A Background section follows that provides general information on Slovakia, the situation of Roma in the country and the medical aspects of cesarean delivery and female sterilization. Next is a discussion of our fact-finding methodology. This is followed by our Testimonies section, which contains the results of our fact-finding and is organized according to the three key violations that we document in this report: Coerced, Forced and Suspected Sterilization; Abuse and Discrimination in Maternity Wards; and Denial of Access to Medical Records. A section on Legal Standards is next and then a Conclusion.

Methodology

OBJECTIVES

The findings of this report are based on a human rights fact-finding mission conducted by the Center for Reproductive Rights and Poradňa, in consultation with Ina Zoon, an expert consultant on minority rights issues. The initial purpose of the research was to investigate and document suspected cases of coerced sterilizations against Romani women who accessed reproductive health services in Slovakia's health-care system, with an emphasis on their experiences during pregnancy and childbirth. The initial emphasis on collecting information regarding possible coerced sterilizations of women who delivered in hospitals in Slovakia was broadened when the research team realized that a wide and interrelated set of human rights abuses also merited documentation. The fact-finding's objectives thus expanded to include an exposure of the severe human rights violations resulting from the convergence of both racial and gender discrimination for Romani women who have no choice but to rely on a reproductive health-care system that neither protects their reproductive health nor promotes their reproductive self-determination. Thus, in addition to confirming coerced and forced sterilization, the fact-finding also uncovered the interconnected human rights issues of segregation, abuse and denial of access to medical records.

This report is intended to bring the world's attention to the human rights infractions we discovered over a relatively short period of investigation in eastern Slovakia. The Slovak government has a duty to further study this situation and pursue immediate and long-term solutions to remedy the problem. European regional bodies, such as the Council of Europe and the European Union, also bear responsibility in following up on these findings. Finally, the international community at large has a role to play in advocating for change in Slovakia.

PROCESS OF INVESTIGATION

The mission took place in three parts with a preliminary fact-finding in August 2002 and two in-depth fact-findings in August, September and October of 2002. We focused on the eastern region of the country as it is home to the largest percentage

of the Roma population and it is where the allegations of violations were the most prevalent. Approximately 230 Romani women from almost 40 settlements³ throughout eastern Slovakia were individually interviewed over a five-week period. Additionally, there were about 15 group interviews of between three and ten Romani women in each group. The women we interviewed and the settlements we visited were not part of a random sampling, but rather were pre-identified as potential victims of abuse, as this fact-finding was not intended to be a statistical research study. Of the 230 women we interviewed in-depth, we spoke with more than 140 who were coercively or forcibly sterilized or have strong indications that they were forcibly sterilized. Approximately 30 of these 140 women were sterilized under the sterilization policy propagated during the communist era. Approximately 110 of our interviews were with women who have been sterilized or have strong indications that they have been sterilized since the end of the sterilization policy under communism. The testimonies from this report focus on this latter category of women who have endured coerced and forced sterilization practices after communism.

We also held discussions with a range of personnel from the health-care sector. Among those interviewed were directors of hospitals, known as hospital administrators, and heads of gynecology units, often known as chief gynecologists; both of these positions are filled by doctors. Other health-care providers we interviewed included hospital gynecologists, local or private gynecologists, and nurses. In total, we visited 11 hospitals⁴ in eastern Slovakia and interviewed 25 doctors, seven hospital administrators and six nurses.

Government officials from the Ministry of Health and the Section of Human Rights, Minorities and Regional Development under the Prime Minister's Office were interviewed. We also met with state prosecutors and private lawyers who work on medical malpractice claims. Throughout the fact-finding, we met with several NGOs and activists who work on Roma issues. Finally, to provide further context for our findings, we organized small focus groups of non-Romani women who discussed their experiences with the Slovak health-care system.

Almost all of our interviews were conducted in Slovak or Romanes with the aid of translators. In order to protect the privacy and safety of those women we interviewed, their names have been changed. When possible, we included the age of the women we interviewed.

There is a substantial basis for fearing that doctors and other health-care providers who learn the names of women or settlements that were visited will retaliate against them. The research team encountered issues of safety and tactics of intimidation during the fact-finding. It is of grave concern that Romani women or the settlements they belong to will face the brunt of any backlash stemming from this report. We urge the Slovak authorities to ensure against physical and psychological intimidation of Romani women or settlements.