



Body and Soul

***Forced Sterilization and Other Assaults on
Roma Reproductive Freedom in Slovakia***

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

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ISBN 1-890671-28-2

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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 DeProsse, 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 *aquis*, 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.



Background

GENERAL

The Republic of Slovakia was formed on January 1, 1993, after Czechoslovakia was peacefully split into two separate nations: the Czech Republic and Slovakia. This development followed the 1989 fall of communism within Soviet-ruled Eastern Europe.⁵ Though the majority of Slovakia's population is Slovak, the country has one of the largest populations of Roma in all of Europe. Approximately 9% of Slovakia's 5.4 million people are Roma.⁶ The conditions under which the Roma live fall drastically below those of the rest of the population.⁷ This section provides background on Slovakia and explores general conditions of the Roma in Slovakia, paying particular attention to discrimination and coerced sterilization.

Legal and Political Framework

Slovakia is a landlocked country that shares borders with Poland, Czech Republic, Hungary, Austria, and Ukraine. It is a parliamentary democracy, currently headed by Prime Minister Mikuláš Dzurinda of the Slovak Democratic and Christian Union, who leads a coalition government. The Chief of State is President Rudolf Schuster. The next national elections are scheduled for the summer of 2006.

Slovakia has a civil law system based on Austro-Hungarian codes that have been modified to comply with the obligations of the Organization on Security and Cooperation in Europe and to expunge Marxist-Leninist legal theory. Slovakia is a parliamentary democracy with a president elected by direct, popular vote and a prime minister who leads the majority party or majority coalition. Slovakia has a 150-seat unicameral legislature, the National Council, elected for four-year terms based on proportional representation. The country has a Supreme Court with Justices appointed by the National Council. Slovakia also has a Constitutional Court with judges appointed by the president from a group of judicial nominees approved by the National Council.⁸

EU Membership

One of the Slovak government's top priorities is gaining membership to the

European Union (EU), a powerful regional institution that seeks to advance the process of European integration. In June 1995, Slovakia submitted an official application for admission to the EU.⁹ To gain membership, candidate countries must undergo an extensive application process that demonstrates their commitment to the goals of the EU. For the countries of Eastern and Central Europe, the EU has set forth three categories of criteria, known as the Copenhagen criteria, that applicant countries must fulfill in order to join: political and economic criteria, and the incorporation of the EU *acquis*, or legal and institutional framework.¹⁰ The EU has defined “political” criteria as “stable institutions guaranteeing democracy, the rule of law, human rights and respect for minorities.”¹¹ Economic criteria include “a functioning market economy.”¹² And incorporation of the EU *acquis* involves “adherence to the various political, economic and monetary aims of the European Union.”¹³ (See also Section on Standards on State Responsibility.) In December 2002 the EU formally invited Slovakia to become a member state in 2004.¹⁴

SITUATION OF ROMA

Demographics of Romani Population in Slovakia

According to 1991 census figures, the Slovak Republic consists of 85.7% Slovak, and 11 national minorities, including 10.6 % Hungarians and 1.6% Roma.¹⁵ The Romani population in Slovakia, however, is severely underrepresented in the 1991 census figures.¹⁶ The reported percentage of Roma in Slovakia at the time of the 1991 census was estimated to be closer to nine,¹⁷ one of the largest Romani populations in Europe.¹⁸ In the 2001 census, only 89,920 people recorded their ethnicity as Roma,¹⁹ which is approximately 1.6% of the total population of Slovakia. This figure is only 14,118 more than those who declared themselves Roma in 1991. Non-governmental Romani groups and authorities from the European Union, however, estimate the number of Roma to be between 450,000 and 520,000, or approximately 9% of the population.²⁰ Many Roma refrain from reporting their ethnicity due to fear of racial discrimination and also as a carryover from pre-1989 policies that expressly forbade anyone from identifying himself or herself as Roma.²¹ Nearly two-thirds of the Romani population live in the eastern portion of the country, around Košice, the second largest city in Slovakia, and Prešov, where most live in settlements

on the outskirts of towns and in geographically remote areas.²²

Romani populations have high rates of fertility and infant and adult mortality.²³ Romani women have a tendency to marry at a younger age and begin having children earlier than other ethnic groups.²⁴ The life expectancy of Roma is considerably lower than the Slovak national average. Romani men and women live an average of 13 and 17 years less than the majority population, respectively.²⁵ A high birth rate together with a relatively high mortality rate has resulted in a remarkably young Romani population: as many as 80% of Roma are under the age of 34, and 43% are below the age of 14.²⁶ Roma are worse off than the majority population in most regards, including income, education, health status, housing, and access to employment opportunities.²⁷ As a result, most Roma depend on social benefits.²⁸ Pervasive and multiple forms of race-based discrimination are the key contributing factors to the sub-standard conditions of Roma in Slovakia. Quantitative evidence of the conditions of Roma is “sparse and often fraught with methodological problems”²⁹ in large part due to legislation that prohibits the gathering of data by ethnicity without a person’s consent.³⁰ This restrictive legislation creates a considerable barrier to evaluating the precise magnitude of discriminatory practices against Roma.

Romani Women’s Health

Romani women have significantly less access to health care than non-Romani women. Reports show that when Romani women do receive health care, it is usually of poor quality due to discrimination based on their ethnicity and assumptions about Romani women’s reproduction.³¹ A 2001 report discussed the fact that Romani women suffer discrimination in reproductive health services, including limited visitation days at doctors’ offices, segregated rooms and eating facilities in hospitals, and hostile or inappropriate behavior from doctors themselves.³² This pervasive discrimination results in low levels of health awareness and poor maternal health.³³ From 1995 to 1997, low birth weights were more than twice as common among Romani women than non-Romani women, and the Romani infant mortality rate was double that of non-Roma.³⁴ Specific information on maternal mortality rates amongst the Roma is not available because the government does not officially track this information.

The quality of gynecological health care, particularly maternal and child health care for women in general and for Romani women in particular, has deteriorated since the collapse of communism.³⁵ During the fact-finding, Romani women in isolated settlements reported that the demise of the communist system of visiting nurses, who provided an important source of information and care for newborn babies and their mothers, has had an adverse impact on the care they receive.³⁶

Discrimination Against Roma ³⁷

With the collapse of communism and the resulting political and economic transition, discrimination against Roma in all facets of life has increased. Romani people in Slovakia are subject to pervasive discrimination in housing, education, health care, employment, public services, and criminal justice.³⁸ Romani settlements in rural areas are segregated and often located on the outskirts of a town or village, with limited or no access to public amenities such as a clean water supply, sewage systems, electricity or gas, and roads.³⁹ Since the collapse of communism there has been a considerable increase in the number of remote Romani settlements: from 278 in 1988 to 616 in 2000.⁴⁰ Segregation and other forms of discrimination in school combined with discrimination in hiring practices contribute to an average unemployment rate of more than 80%.⁴¹ In some of the segregated settlements in eastern Slovakia, formal unemployment rates are close to 100%,⁴² and few people have graduated from secondary school.⁴³ Many Romani settlements are not officially recognized by local authorities,⁴⁴ leaving some Roma with problems concerning their permanent residence. This renders it much more difficult for them to register their children for school or exercise their right to vote.⁴⁵ Physical and verbal attacks by the majority population and by police officers against members of the Romani population are regular, well-documented occurrences.⁴⁶ These human rights abuses are rarely brought to the courts and when they are, perpetrators are usually charged with the lesser crime of infliction of bodily harm instead of the more serious allegation of a racially motivated crime.⁴⁷

The failure of the government generally to protect minority Roma has allowed particular governmental authorities to condone and contribute to the continuing discrimination against them.⁴⁸ Public officials feed anti-Roma sentiment through inflammatory and racist statements.⁴⁹ Some local and national political leaders

advocate segregation as the only way to deal with the Romani population.⁵⁰

Public opinion polls consistently reveal the pervasiveness of discriminatory and racist attitudes toward Roma. Surveys of the Slovak population in 1995⁵¹ and 1999⁵² found that two-thirds of respondents believed Roma should live separately from the majority population. These discriminatory attitudes are reinforced by the media: news reports about the Roma focus predominately on social problems, such as high birth rates, their dependence on social assistance, inadequate housing, and unemployment, without discussion of the discrimination that fuels these trends.⁵³

HISTORY OF COERCED AND FORCED STERILIZATION

The current practices of coerced sterilization against Romani women are grounded in previous state policies. Coerced and forced sterilization because of racial prejudice was perpetrated under both the Nazi and Communist regimes in the territory of Czechoslovakia. Fear of increasing Romani population size was and continues to be a driving force in justifying reproductive rights violations against Romani women. Such fears and behavior are based on racist assumptions about Romani women's sexuality, fertility rates and genetic worthiness. These racist beliefs can be seen today in the rhetoric of health-care personnel, politicians and society at large. Slovak government officials, including law enforcement bodies, have consistently dismissed complaints of coerced and forced sterilization practices under communism and during the current period of democratic transition.

Nazi Regime

Between 1933 and 1945, Roma suffered as victims of Nazi persecution and genocide. Roma were among the groups singled out on racial grounds for persecution by the Nazi regime and most of its allies. Nazi Germany secured the cooperation of other European governments in its campaign to locate and identify Roma throughout Europe, including Czechoslovakia.⁵⁴ The Nazi regime viewed Roma as "asocials" and considered Roma to be racial "inferiors." On July 14, 1933, Germany passed a law permitting the forced sterilization of Roma and others considered "undesirable."⁵⁵ In subsequent years, Roma were subjected to forced sterilization, internment, forced labor, and eventually extermination by the Nazi regime and its local allies in Nazi-occupied territories, which included Czechoslovakia. Nazis

viewed Roma as diseased and forcibly sterilized them to prevent the spreading of their disease by reproduction.⁵⁶

Communist Era

STERILIZATION POLICY

After World War II, discrimination against Roma continued,⁵⁷ as did sterilization practices. Toward the latter years of the communist era, Romani women were targets of a Czechoslovak government program that offered monetary incentives to all citizens who underwent sterilization.⁵⁸ Although the program made these incentives available to all persons, regardless of race or ethnicity, government documents and independent studies indicate that the government took specific measures to influence Romani women to undergo sterilization.

One of these documents is a 1977 paper prepared by the Secretariat of the Governmental Commission for the Question of Gypsy Inhabitants of the Slovak Socialist Republic, which states that “health indications which will enable the possibility of sterilization are not being taken into account . . . In practice, the Gypsy citizens have not been influenced enough to use the possibility of sterilization . . . in cases where further pregnancy endangers the health of further descendants.”⁵⁹ The document notes the failure to control the “high unhealthy” Romani population through contraceptives and family planning and advocates using sterilization to reduce the Romani population.⁶⁰

In discussing methods to encourage Roma to undergo sterilization, the Secretariat suggested increased monetary incentives to encourage Romani women to consent to sterilization:⁶¹

“Concerning the rarely used possibility of sterilization, health workers say the reason is the low financial benefit for paying costs connected with hospital sterilization. Even a backward Gypsy⁶² woman is able to calculate that, from an economic point of view, it is more advantageous for her to give birth every year because she gets significant[ly] more financial resources from the state for the fifth and later descendants . . . for each child, she can get more than the benefit of sterilization. . . . Therefore health workers recommend increasing the grant for sterilization to 5,000 crowns.”⁶³

In 1988, a law was introduced that further compromised the full and informed consent of Romani women undergoing sterilization.⁶⁴ This law allowed a one-time financial grant for women who underwent an operation in “the interest of the health of the population.”⁶⁵ The law itself did not state that it was intended to control the fertility of Romani women or that sterilization be the method to reduce the population. However, in implementation, it was used to influence Romani women in Czechoslovakia to undergo sterilization. Women in the Slovak Republic generally received a grant of up to 25,000 Slovak Crowns (SKK),⁶⁶ which was paid in cash or with coupons for such things as furniture.⁶⁷ At the time this was equivalent to almost a year’s salary.

Several independent studies indicate the existence of coerced sterilization practices against Romani women in eastern Slovakia during the time that the government was providing monetary incentives to undergo the procedure. One study found a sudden rise in the number of women undergoing sterilization when the financial incentives were introduced.⁶⁸ This study notes that in Prešov, a district in eastern Slovakia, 60% of the sterilization operations performed from 1986 to 1987 were on Romani women who represented only 7% of the population in that district.⁶⁹ Another study found that in 1983, approximately 26% of the sterilized women in eastern Slovakia were Roma; by 1987, this figure had risen to 36.6%.⁷⁰ In addition, many of the more than one hundred sterilized women from eastern Slovakia that were interviewed for the latter study appear not to have been sterilized according to governmental regulations,⁷¹ which required a woman to request sterilization and to have the procedure approved by a special medical commission.⁷²

A 1992 Human Rights Watch (Helsinki Watch) report addressed the issue of coerced sterilization in Czechoslovakia, noting that many Romani women were not fully aware of the irreversible consequences of the operation and were lured into the operation because of their dire economic situations.⁷³ Many women said they agreed to sterilization under pressure from authorities.⁷⁴ The report also documents claims of sterilization after cesarean delivery or an abortion without consent or due to misinforming women for the purpose of obtaining consent.⁷⁵ Human Rights Watch interviewed doctors who revealed that sterilizations on Romani women were performed during cesarean deliveries and without their consent.⁷⁶ The report also documented cases of women who suspected that they had been involuntarily sterilized and noted that many remained unaware of what had been done to them.⁷⁷

Charter 77, a Czechoslovak human rights group, criticized this sterilization policy in a 1979 document, which found that “In some districts the sterilization of Romani women is [part] planned administrati[ve] practice . . . the professional success rate of health-care employees is [measured by] . . . the number of Romani women [that] they managed to persuade to consent to sterilization. Under these conditions the [sic] Voluntar[y] [consent] is precluded. In many instances, in order to obtain the consent, they used financial incentives. Thus, sterilization is becoming one of the means [sic] of majority population against minority population, leading to restrict child bearing in the minority ethnic group.”⁷⁸ Charter 77 called for a government investigation into these illegal practices but no investigation ensued.⁷⁹ A 1990 Charter 77 document reports that social workers sometimes withheld welfare payments or threatened to place women in institutions until women consented to be sterilized.⁸⁰

GOVERNMENT RESPONSE

In the early 1990s, human rights activists brought a number of criminal complaints to the state prosecutor of eastern Slovakia objecting to forced sterilizations under the policy and other human rights violations in the health-care system. In January 1991, the General Prosecutor of the Slovak Republic rejected an appeal of a decision to dismiss a criminal complaint by the regional state prosecutor in Košice as ill-founded. He reasoned thusly:

The adoption [of the Regulation on Sterilization] had a single goal: to secure in general bearing of physically and mentally healthy population. The task of the medical personnel but also social workers . . . is to enlighten the parents so to regulate the size of their family in the desired direction. This is especially important in instances where the family has failed to provide education and nourishment for their children or when the parents consistently breed physically or mentally deficient children. It has not been proved that with regards to Romani women or in any other cases, medical personnel or social workers went beyond providing social and medical enlightenment. . . . Quite contrary it was found that the majority of Romani women from Eastern Slovak region decided to undergo sterilization by themselves and voluntarily. Their motivation varied. . . . The investigation

however showed that in rare cases there appears a suspicion that some doctors connected fulfillment of certain services with consent to sterilization. . . .⁸¹

The post-communist governments of the Czech and Slovak Republics have never publicly condemned the coerced and discriminatory sterilization policies and practices that took place under communism. The authorities have never investigated unlawful sterilizations, and those doctors who performed illegal sterilizations continue to practice medicine. Slovak prosecutors have investigated and dismissed several groups of cases that were filed in the early 1990s, rejecting claims of genocide under the Slovak Criminal Code.⁸² In other cases, prosecutors claimed that other questionable sterilizations were not illegally performed. Prosecutors based their decisions on the assumption that monetary incentives did not compromise women's full and informed consent despite the fact that the women said they underwent the operation to receive the money.⁸³ Furthermore, prosecutors failed to account for the reasons behind the incentives to control the "unhealthy population."

A case filed in 2001 in the District Court of Spišská Nová Ves by the Center for Environmental Public Advocacy in Slovakia sought a damage claim of 400,000 SKK (about 9,500 Euros) against the Gelnica hospital on behalf of a Romani woman who claimed that a doctor sterilized her during her cesarean delivery in February 1986. The woman discovered that she had been sterilized and was unable to have more children only after a gynecological examination in April 1999. Since the client was a minor at the time she was sterilized, consent was required from her parents, yet neither the woman nor her parents consented to the sterilization. The claim was dismissed on June 13, 2002. The court based its decision on inconclusive medical evidence that infertility resulted from the sterilization procedure,⁸⁴ even though surgery performed to verify sterilization provided reliable support for the claim that her infertility was caused by the sterilization procedure.⁸⁵

Post-Communist Era

RECENT GOVERNMENT CALLS TO CONTROL ROMANI POPULATION GROWTH

Although the law that resulted in the coerced sterilization of Romani women has been

formally discontinued,⁸⁶ racist assumptions about Romani procreation and attempts to control Romani women's reproductive lives thrive under the same rhetoric that drove the coercive policies under communism. The size of the Romani population and its growth rate, compared with that of the general population, is a continuing subject of political and public debate in Slovakia. Over the past decade, politicians have publicly expressed their concern over the growing numbers of Roma, encouraging fears that in the coming decades the Romani population will outnumber and overtake the Slovak population.⁸⁷ Slovak media outlets fuel these concerns by reporting false demographic projections. One article recently suggested that Roma could become a majority population by the year 2060.⁸⁸

Slovakia's Ministry of Health, in an October 2000 position paper on sustainable development, suggested that declining Slovak birthrates combined with high Romani birthrates could have a negative impact on the quality of the population of Slovakia. The Ministry of Health stated, "If we do not succeed in integrating the Romani population and modify their reproduction[,] the percentage of non-qualified and handicapped persons in the population will increase."⁸⁹

Many political parties have proposed cutting benefits to Romani children in order to curb the Romani population. On June 6, 2000, Robert Fico, head of SMER party and candidate for prime minister in the election held in September 2002, proposed reducing social benefits to Romani families with more than three children.⁹⁰ He argued that the Romani issue is a "time bomb that will cause trouble if not kept under control."⁹¹ Fico reiterated this proposal in 2001, explaining "we have however a great mass of Romanies who don't want anything, just to lie in bed on social support and family benefit. These people have discovered that, because of family benefit, it is advantageous to have children. When a family has thirteen, fourteen children it is a source of income for them all. We can't close our eyes to that."⁹² In September 2002 a new government and parliament were elected. One of the first laws passed by the new parliament limited state supported social aid benefits to 10,500 SKK (606 Euros).⁹³ Though the law does not explicitly discriminate against Romani families, it disproportionately affects Roma who, because of entrenched discrimination, are often unable to improve their economic status and are therefore reliant on social benefits.

Local officials and government health-care personnel also support measures

aimed at controlling the Romani population. In March 2000, the deputy mayor of Rudňany, a town in eastern Slovakia with one of the poorest Romani settlements in the country and possibly in all of Europe, publicly called for applying a “Chinese fertility program” to curb the Romani population.⁹⁴ Throughout the course of the fact-finding conducted by the Center for Reproductive Rights and Poradňa, Romani women often complained of doctors and nurses yelling at them for having too many children for the sole purpose of gaining social welfare benefits. A doctor told one woman, “You dirty blacks, are you not ashamed to have that many children. . . .”⁹⁵ A doctor in Kežmarok, a town in eastern Slovakia visited during the course of our fact-finding, was quoted in a newspaper article as saying that Roma “are not very keen to bear children. But children make their living. So the issue of child benefits should be reconsidered. They should also have free sterilization and contraception. This would be the first phase of the solution.”⁹⁶

RECENT ALLEGATIONS OF COERCED STERILIZATION AND GOVERNMENT RESPONSE
Recent cases of coerced sterilization of Romani women in eastern Slovakia were raised in the 2001 report by the Open Society Institute entitled, *On the Margins–Slovakia*.⁹⁷ The chapter on health care presents reports of recent cases of coerced and forced sterilization. In addition, it notes that in 1999 nurses working in Finnish refugee reception centers told researchers from Amnesty International that they noticed unusually high rates of gynecological interventions such as sterilization and removal of ovaries among asylum seekers of Romani descent from eastern Slovakia. The nurses said that some women seemed to be unaware of what had happened to them.⁹⁸ Unfortunately, many of the asylum seekers were sent back to Slovakia before Amnesty could respond. Subsequent discussions with a Finnish refugee lawyer who handled some of the Slovak Romani cases helped corroborate this information. The lawyer noted cases of Romani women who have had two or three children and have not become pregnant after undergoing cesarean delivery.⁹⁹ In response to the findings in *On the Margins–Slovakia*, the Slovak government has not only failed to investigate, but has publicly condemned the findings as groundless.¹⁰⁰

In addition, in November 2001 the regional state prosecution in Prešov halted the investigation of two cases of coerced sterilization of two Romani women that was initiated *ex officio* by the general state prosecution based on the concerns raised by

Romani activists. The proceedings were stopped because the medical records of the women in question contained signed authorizations for the sterilization. Officials considered the signature alone to be evidence of consent,¹⁰¹ with no further investigation as to whether the consent was truly voluntary and informed.

The findings set forth in the present report clearly document that coerced sterilization practices against Roma continue in eastern Slovakia. Romani women are most often coerced or forced to undergo sterilization procedures during cesarean deliveries.¹⁰²

MEDICAL ASPECTS OF CESAREAN DELIVERY¹⁰³ AND FEMALE STERILIZATION

Health-care practitioners in Slovakia are relying upon various medical inaccuracies to justify their widespread practice of sterilizing Romani women. These fallacies are often difficult for patients, health-care workers or activists to analyze or challenge without calling into question the qualifications and expertise of a medical doctor, especially during surgery itself. Some Slovak doctors therefore operate with near complete impunity when acting on certain false premises that provide a basis for medically justifying the sterilization of Romani women.

The following list summarizes the discredited medical premises that Slovak doctors use when justifying sterilizations:

1. Once one C-section has been performed, many Slovak doctors assume that all subsequent deliveries must also be via cesarean delivery. This belief is no longer accepted practice in the international medical community, which advocates for vaginal births after cesareans.
2. Many Romani women are having cesareans through vertical incisions in the upper abdominal area instead of safer and more common horizontal incisions in the lower uterine segment. The choice to use a vertical incision instead of the safer horizontal incision can jeopardize the safety of subsequent pregnancies.
3. During the second or third cesarean deliveries, many Slovak doctors tell Romani women that a subsequent pregnancy will be dangerous, resulting in

the death of either the mother or fetus. Again, international medical practice no longer recognizes, particularly in the case of low segment, horizontal cesareans, that a woman can have such a limited number of C-sections or that repeat C-sections are fatal.

The following provides a brief summary of internationally and nationally accepted gynecological/obstetric medical practices that are then contrasted with current practice in some eastern Slovak hospitals. This background confirms a disturbing level of inaccuracy and deception in the explanations offered by some eastern Slovak health-care personnel when questioned about recent sterilizations of Romani women.

Cesarean Delivery

Unlike a normal vaginal delivery, a cesarean delivery involves the surgical delivery of a fetus through incisions in the woman's abdominal and uterine walls.¹⁰⁴ There can be many medical indications to undergo a cesarean delivery that are for the benefit of the fetus, mother or both. Some indications include failure to progress in labor, breech presentation, prior cesarean, and fetal distress.¹⁰⁵

TYPE OF INCISION

Today, the most common incision used during cesarean delivery is a horizontal cut across the lower uterine segment.¹⁰⁶ The muscles in the lower uterus do not contract as strongly in labor as do those of the upper uterus, and as such a low segment, horizontal incision is preferable because it is safer and not likely to lead to a rupture of the uterine scar during subsequent pregnancies.¹⁰⁷ Rupture of the uterus can be life-threatening to both the mother and the fetus. The low segment, horizontal incision is employed in more than 90% of all cesarean deliveries in the United States.¹⁰⁸

In contrast, the classical cesarean incision entails a vertical cut of the upper uterus, a procedure that is now discouraged.¹⁰⁹ Its primary advantage is rapid entry into the uterus, but complications associated with this procedure include a greater risk of uterine rupture in later pregnancies.¹¹⁰ The overall risk of scar separation is three times higher than that of low segment, horizontal incisions.¹¹¹ This classical,

vertical incision is particularly dangerous because in about one-third of cases, the classical cesarean scar ruptures *before* labor.¹¹² Therefore, planning a cesarean delivery for the next birth may not necessarily avoid a rupture, which could occur before the delivery. Patients with prior low segment, horizontal incisions rarely rupture before labor.¹¹³

Because of the increased likelihood of uterine rupture before delivery, the presence of a classical, vertical cesarean incision would provide greater medical justification for a recommendation to be sterilized during the cesarean delivery than would a low segment, horizontal incision. And because of the risk of rupture before delivery, some doctors may believe that preventing future pregnancies is the safest option. Thus, they may feel justified in recommending sterilization. Of course, avoiding pregnancy can be achieved through many contraceptive options, not just sterilization.

Findings

Interestingly, many Romani women we met during the fact-finding who had cesarean deliveries at certain eastern Slovak hospitals had a classical, vertical cesarean incision. This practice exists despite the fact that obstetricians in Bratislava and in university teaching hospitals in Slovakia claim that classical cesarean incisions have not been performed as a regular practice in Slovakia for decades. At university teaching hospitals, students are taught to use low segment, horizontal incisions.¹¹⁴ (See Section on Sterilization Findings.)

REPEAT CESAREANS

The belief that women who have been scarred by a cesarean cannot have a subsequent vaginal delivery due to risk of uterine rupture¹¹⁵ is now outdated in the international medical community. Instead, the trend is to encourage vaginal delivery after cesarean delivery because there is now ample proof that low segment, horizontal cesareans are safe.¹¹⁶ Repeat cesareans may be a common, automatic indication for a subsequent cesarean delivery in many countries, but such practice is considered medically risky.¹¹⁷ Doctors we spoke with in Europe and in the U.S. said that the

“once cesarean, always cesarean rule” is obsolete.¹¹⁸ The American College of Obstetrics and Gynecology studies show that a woman who has had previous cesarean deliveries with low segment, horizontal incisions should not be discouraged from planning a vaginal delivery in the absence of contraindications.¹¹⁹

Findings

Many eastern Slovak doctors appear to believe that a woman who has had one cesarean must undergo a repeat cesarean for her next birth because a vaginal delivery may cause uterine rupture along the scar of the previous cesarean.¹²⁰ In line with this outmoded thinking, many eastern Slovak doctors also claim that women can only have a maximum of two or three cesareans. Most Romani women were informed that they could not safely have more than two or three cesarean deliveries. (See Section on Sterilization Findings.)

FEMALE STERILIZATION

Surgical sterilization is a permanent method of birth control. Couples or individuals around the world choose sterilization because they want to end childbearing rather than space future births. Female sterilization (tubal sterilization) is performed by abdominal surgery and involves occluding the fallopian tubes. Tubal sterilization is the most commonly used method of birth control in the world.¹²¹

From a medical standpoint, tubal sterilization can be performed at any time and is often done during cesarean delivery, since the abdomen is already cut open and the sterilization procedure is quite easy.¹²² In fact, a woman may be sterilized during a cesarean without knowing it. Though tubal sterilization can be reversed, patients contemplating reversal are advised against undergoing the sterilization procedure. Sterilization reversal is costly, difficult and uncertain.¹²³ Long-term side effects after tubal ligation include irregular menses and increased menstrual pain.¹²⁴ Short-term problems include anesthetic complications, hemorrhage and infection.¹²⁵ Deaths from the procedure are rare, but do occur.¹²⁶

Male sterilization is performed through a vasectomy, which is simpler, costs less and has fewer risks than tubal sterilization.¹²⁷ It is also a permanent procedure that

is often considered a more advisable and desirable alternative than tubal ligation for a couple contemplating sterilization.¹²⁸

The decision to combine sterilization with other procedures, such as cesarean delivery, should be made in advance to ensure that the patient is fully informed of the distinction between the procedures and is not choosing for the sake of convenience alone. A basic requirement for all sterilization procedures is informed choice.¹²⁹ With sterilization, critical issues include the patient's ability to make a well-informed, voluntary decision, his or her authorization to proceed with the surgical procedure, and his or her participation in counseling about the risks and benefits of the procedure. In some countries, such as Sweden, doctors will not perform tubal ligation until six to eight weeks after delivery.¹³⁰ This waiting period provides time to ensure that the infant is healthy and to review all the implications of the decision.¹³¹

In Slovakia, no national reporting system exists to track the number of sterilizations; however, studies indicate that in 1991, the percentage of married women who had sterilizations was 4.0.¹³²

Consecutive cesarean deliveries are a medical indication for sterilization under the law in Slovakia.¹³³ The Slovak sterilization regulation allows a doctor to perform the procedure on the assumption that subsequent pregnancies will require a cesarean delivery and that this practice is dangerous to the life of the woman and fetus.¹³⁴

Findings

Our findings reveal that in eastern Slovakia, Romani women are sterilized during cesarean delivery under the pretext that multiple cesareans will very likely lead to a ruptured uterus and the possible death of the pregnant woman or the fetus. Thus, sterilization is justified as a means of preventing subsequent pregnancies. Romani women are only told then that they must be sterilized for their safety, without adequate explanation or information on alternative methods of birth control. Doctors in eastern Slovakia who perform sterilization after a cesarean delivery cite the law to rationalize their practice.

Testimonies

“I was in terrible pain, but I was not given any pills, any injection. Later on, doctors came and brought me to the operating room [for a C-section] and there they gave me anesthesia. When I was falling asleep, a nurse came and took my hand in hers and with it she signed something. I do not know what it was. I could not check because I cannot read, I only know how to sign my name. And, moreover, I was sleepy and tired. When I was released from the hospital, I was only told that I would not have any more children. . . . I was so healthy before, but now I have pain all the time. Lots of infections. . . .”

—Agáta, 28, from Svinia¹³⁵

Attitudes about Romani Women's Fertility and Sexuality

Romani women experience multiple forms of discrimination rooted in both racial and gender prejudices. Our interviews with Slovak doctors and nurses revealed that they have a number of discriminatory beliefs, along with the broader Slovak majority, about the fertility and sexuality of the Romani population, especially its women. Two of the most prevalent stereotypes about Romani women among health-care personnel are that they have too many children and that they are promiscuous. The majority of the doctors and nurses we spoke to commented on the high fertility rate of Roma. Fears of Roma "overpopulation" in Slovakia are fueled by the relatively low birth rates of the majority white population. Many of the Romani women we interviewed complained about the negative attitudes health-care providers harbor about Roma fertility rates. (For more, see section on Abuse and Discrimination in Maternity Wards).

Health-care providers, as well as society at large, attribute Roma fertility patterns to a range of factors. The predominant belief is that Roma exploit the system by having too many children in order to obtain additional government benefits. As one doctor from Prešov stated, they "have a lot of children" because "it is a matter of social benefits." Some health-care providers have especially hostile views of Roma birth rates. According to one hospital administrator, "Many Roma abuse this practice [intermarrying] to purposefully create imbecile children in order to get more money from the state." Other doctors have spun different stereotypes, such as one that claims that Romani women must constantly stay pregnant in order to retain their husbands.

Another doctor explained that Romani men are interested only in sex. He expanded on this view by stating that Romani men and women "have intercourse all the time, even while pregnant" and that Romani women now "have several partners, are promiscuous, travel a lot, and bring diseases with them from other countries." Several health-care practitioners expressed their view that Romani women, after delivery, leave the hospital early to go back to their partners to have sex. A common myth repeated throughout the course of our fact-finding and in many different hospitals was that a Romani couple had just been spotted copulating in front of a nearby elevator shortly after the woman gave birth because they could not wait to have sex. Health providers' stereotypical beliefs about the sexual appetite of Romani women and men feed their justification for sterilizing them.

Coerced, Forced and Suspected Sterilization

During the course of the fact-finding mission, we conducted in-depth, private interviews of 230 Romani women in settlements throughout eastern Slovakia. Interviews centered on sterilization practices since the end of the communist policy, segregation practices, and verbal and physical abuse in maternal health-care facilities. Included in the 230 interviews were interviews with more than 140 Romani women who were coercively or forcibly sterilized or who have strong indications that they were forcibly sterilized. For the purposes of this report, we generally refer to instances when women were coerced to agree to sterilization as ‘coerced sterilization’ and instances when women were unaware that they would be sterilized before they underwent the procedure, ‘forced sterilization’. Approximately 110 of these interviews were with women who were sterilized or have strong indications that they were sterilized since the fall of communism. The approximately 30 remaining interviews in this category were with women who were sterilized under the communist regime’s practice of providing monetary incentives for women to undergo sterilization.

A little more than half of the 110 Romani women mentioned above know they were sterilized after undergoing a C-section because they were either coerced into authorizing the procedure or a health-care worker told them they had been sterilized after the fact. The remaining half of the women we interviewed strongly suspect that they were sterilized after their C-sections as they have been unable to conceive since then, and most recall signing documentation immediately before giving birth by C-section. These women did not receive any explanation by doctors or nurses about the procedure they were supposedly authorizing (for more, see Methodology section).

During the course of the fact-finding, we met and/or interviewed only a handful of Romani women who agreed to sterilization on a truly voluntary and



informed basis since the end of the communist sterilization policy more than a decade ago. Many of the 30-plus women we interviewed who were sterilized under the communist regime indicated some degree of regret, stating that monetary incentives were the basis for their decision to undergo sterilization.¹³⁶ The testimonies on sterilization discussed in this section of the report focus on the approximately 110 Romani women who underwent or strongly suspect they underwent a sterilization procedure during the current post-communist period.

“The doctor told me that if I had a cesarean a third time, then I would die. The doctors and nurses kept repeating this to me. I said that I was young and that I wanted more children. The doctor kept reminding me that when they take me to surgery, they will ligate me. I was in great pain at that time . . . I agreed because I was scared. I had a baby boy at home, my husband works, my mother is ill. I had to make it home. I thought maybe I could have a third child, but then I thought I would die and I cried . . . and thought how could I abandon my boy and my new baby girl.”¹⁴²

–Stela, 22, from Letanovce

Stela was 19 years old when she gave birth to her second and last child. Both of her children were delivered in Levoča hospital via cesarean section even though no complications arose before, during or after her pregnancies. During her second delivery, the doctor told Stela that her next birth would also have to be a cesarean because she had a “narrow pelvis.” He said that another birth would endanger her health and gave her no option but to sign papers authorizing a sterilization procedure. She received the papers while in extreme pain and just before the C-section was performed.

“[T]hey brought me three papers and told me that I have to sign or otherwise in the next birth the child will suffocate,” she said. She did not want to be sterilized, but she did not want to die. “I was 19 when it happened and I wanted to live.”

Stela is now 22 years old and is sad about her infertile status. “I want more children. I get nervous sometimes thinking about this . . . I feel pain because I do not

have more children.”¹⁴³ Stela’s story is typical of the experiences of the many Romani women who access maternal health care in Slovakia’s public health-care system. Fear, intimidation, harassment, misinformation, and ill treatment define the standards of care these women have come to expect. Stereotypes of Romani women as “hyper-fertile” play into fears that they threaten the majority status of the Slovak population. The result is a widespread practice of coerced sterilization of Romani women and of other reproductive rights violations.

Our findings indicate that Romani women in eastern Slovakia are regularly coerced by doctors and nurses to consent to sterilization. Of the close to 60 women we interviewed who are certain they were sterilized, more than 60% were coerced into being sterilized immediately before or during cesarean births—a style of delivery that appears to be disproportionately “recommended” for Romani women (see Background Section). Furthermore, the lack of full and informed consent for the sterilizations themselves is striking. Many times there was no consent at all. The remaining 40% or so of women we interviewed who are certain that they have been sterilized were first told this by doctors only after the procedure was completed. Just over 50 of the women we interviewed are left only to suspect that they were sterilized. Among those we interviewed were a handful of minors (see Methodology section for more details).

We have organized the results of our fact-finding with respect to the issue of sterilization according to four key reproductive rights violations of Romani women in Slovakia:

- coerced sterilization;
- forced sterilization;
- suspected sterilization;
- failure to provide full and accurate reproductive health information.

As we discuss further in our section on Legal Standards, there is no justification in either international or Slovak law for the widespread, coerced sterilization of Romani women. These practices violate well-established international and European human rights law, including standards set forth in the treaties of the Council of Europe and the European Union. Some of these treaties have been

“A severe violation of women’s reproductive rights, forced sterilization is a method of medical control of a woman’s fertility without the consent of a woman. Essentially involving the battery of a woman—violating her physical integrity and security—forced sterilization constitutes violence against women.”

—Report of the UN Special Rapporteur on Violence against Women, Its Causes and Consequences to the Commission on Human Rights, 55th Sess., ¶ 51 (1999)

directly incorporated into Slovak law and assume priority over domestic law. Coerced and forced sterilization practices also transgress provisions of Slovakia’s Constitution and laws. The failure of Slovak medical personnel to obtain the informed consent of Romani women undergoing sterilization and to provide them with accurate and appropriate health information has resulted in grave violations of fundamental human rights.

COERCED STERILIZATION

False and exaggerated descriptions of health risks. One of the most common tactics that Slovak doctors use to coerce Romani women into consent-

ing to sterilization is to warn falsely of an impending “risk” to their next pregnancy. These warnings usually come when women are on the operating table and in great pain during or just prior to a delivery by C-section. Other women are only told that in order to live, they must agree to be sterilized.

A 20-year-old woman from Rudňany with two children, both delivered by C-section, explains. “I was already on the [delivery] table, but was not sleeping [under anesthesia]. . . . The doctor told me that if I will have a third child, either me or my child will die.”¹⁴⁴ She signed consent papers to undergo sterilization on the operating table. Her doctor not only failed to explain the risks associated with this procedure, including the fact that it was hard to reverse, he simplistically claimed that another pregnancy would lead to maternal or fetal demise, thereby insinuating that sterilization is nothing short of essential.

In another instance, a woman from Letanovce recalled that the doctor forthrightly told her that “after the second C-section, there is an obligation to be sterilized.”¹⁴⁵ She then signed some papers that were handed to her, without an explanation or opportunity to find out what she was signing.

The Slovak sterilization regulation, which dates back to 1972, lists consecutive cesarean deliveries as a medical indication that would allow a doctor to perform a sterilization procedure¹⁴⁶ (see discussion on Sterilization Regulations in this section). Doctors in eastern Slovakia have told us that they recommend sterilizations after a second or third cesarean. They state that they believe subsequent deliveries must be by cesarean and that more C-sections will likely lead to a ruptured uterus, causing grave harm or even death to the woman or her fetus.¹⁴⁷ One doctor admitted that if a woman does not give her consent to sterilization after the third cesarean, “if it is a medical indication, when woman is open to risk in future pregnancy, then [I] would perform sterilization without their consent.”¹⁴⁸ However, current medical knowledge and practice, both internationally and in Slovakia, establishes that not only are several consecutive cesarean deliveries medically safe, but that vaginal births are actually preferred after cesarean deliveries. In fact, beliefs that one cesarean will automatically result in subsequent cesarean births (versus vaginal births) or that women can only have a limited number of caesarian deliveries have become outdated in the international medical community. It should be noted however, that C-sections performed with a vertical cut are more dangerous as the likelihood of uterine rupture increases. Worldwide, vertical C-section cuts are very rarely performed because of this risk; however, our research indicates an unusually high number of vertical cuts among the Romani women we interviewed. During one week of fact-finding, approximately half of the almost 40 Romani women we interviewed who had had C-sections had vertical cuts.¹⁴⁹ For further discussion of medical issues, see relevant discussion in Background section.

Because race disaggregated statistics are not published in Slovakia, it is not clear if doctors are performing cesarean deliveries or subsequent sterilizations more on Romani women than non-Romani women.¹⁵⁰ It is well established medically that vaginal deliveries are preferred over C-sections, which should be reserved only for cases involving a health threat to the woman or baby. However, throughout our fact-finding, it was apparent that there were an unusually high

number of cesarean deliveries in many Romani settlements. This phenomenon was noted by the Roma themselves.

*An old woman from Švedlár, a settlement serviced by Gelnica hospital, remarked, “Before, the C-sections used to be rare. When a woman had it, the entire village was talking about it and we were all wondering what happened. Now, every other woman has it.”*¹⁵¹

Among Romani women in settlements throughout eastern Slovakia, medical providers perpetuate the false belief that once a woman delivers by C-section, all subsequent deliveries must be C-sections and any delivery after the second or third cesarean is extremely dangerous and a threat to the life of the mother or fetus.

*Olga, age 22, was coercively sterilized two years ago during the birth of her second child, which was also her second C-section. She does not know why she needed to have a cesarean. While she was waiting on the operating table at New Maternity Prešov before giving birth, a nurse approached her with a piece of paper. “She told me, ‘If you get pregnant again, you will die. You might even die today. So you have to sign this.’ I was scared and I signed.”*¹⁵² *Olga did not understand what she was signing nor does she to this day understand what it means to be sterilized. She only knows that she wants to have more children but she cannot. Neither her doctor nor her nurse gave her any explanation of her health status, what they*

*were planning to do to her or what alternatives were available to her. She only knew that she would die if she did not sign the piece of paper thrust at her. “They told me I should have signed or else I would have died so what should I have done? . . . White women have more rights than Romani women. They would not do this to white women.”*¹⁵³

“In the fields of medicine and biology, the following must be respected in particular: the free and informed consent of the person concerned, according to the procedures laid down by law. . . .”

–Charter of the Fundamental Rights of the European Union, Art 3(2)

Obtaining consent in situations of duress. Women are often first informed of the need to have a cesarean or be sterilized after they have entered the hospital to give birth, not previously during the term of their pregnancies. Doctors make decisions without discussing the options with the women in an open, calm, unhurried atmosphere where they would be able to reflect on their status, ask questions and make decisions. Instead, women are bluntly told that a cesarean or sterilization needs to be performed immediately. They are often in severe pain and already on the operating table. Some have already been given anesthesia and are not therefore fully capable of consenting to such a major medical procedure. These women are rarely provided an explanation of what is happening and why. Their opportunity to make an informed choice about sterilization is non-existent.

“[The European Parliament] recommends the governments of the Member States and the Accession Countries to ensure that women and men can give their fully informed consent on contraceptive use, as well as fertility awareness methods.”

–European Parliament, Report on Sexual and Reproductive Health and Rights, 2002 ¶ 3

“Information must be communicated to the patient in a way appropriate to the latter’s capacity for understanding, minimizing the use of unfamiliar technical terminology. If the patient does not speak the common language, some form of interpreting should be available.”

–WHO, Declaration on Patients’ Rights in Europe, ¶ 2.4

Šarlota lives in Zborov and has a nine-year-old daughter. She gave birth twice, both times by C-section in Bardejov hospital, but the second baby died in 1995 when he was three weeks old. She was devastated. Šarlota approached her doctor about having more children. “I went to my gynecologist after my boy died and asked if I can have any more children. . . . At the hospital, before the C-section, the doctor asked me if I wanted to have more children and I told him not right away. I then signed something, but I did not know that it would be forever. . . . I only remember that the doctor

brought me a blank piece of paper. It had only my signature on it after I signed. Even when I signed it, [my signature] was not any good [legible] because I was in so much pain. . . . I remember there was one gynecologist telling the other not to give the paper to sign because I was in so much pain. The other doctor said that they must give it to me.”¹⁵⁴ She signed the paper not more than 20 minutes before the cesarean and immediately before entering the operating room. She learned much later that she had been sterilized. “The local gynecologist told me that it would be forever. I was surprised. I wanted to ask the doctor if I could do something to have more children, but I am ashamed to ask because usually gynecologists tell off Romani women for having more children and say that we have children to get [state] benefits. So I was ashamed to ask.”¹⁵⁵ Šarlota is now 28 years old. “My daughter wants a brother or sister and I want one more child at least.”¹⁵⁶

Inadequate Informed Consent. In some cases, women cannot read or do not know what they have been asked to sign. They do not understand or speak Slovak fluently and translators are not provided. They are not given an explanation of the document they have been asked to sign or are signing it under conditions of duress without a chance to read it. Moreover, when physicians do speak to their patients, they often do not provide adequate explanations in terms that are understandable to the lay person; some Romani women do not understand the Latin or medical terms that are used and are not given simple and comprehensible explanations. As one woman from Žehra settlement explained, “This is how it works in Krompachy [hospital]: doctors do not explain, just take the woman to the operation room, do a C-section and then sterilize her. They do not write in Slovak for us to read, but in another language, which we do not know. We sign without understanding anything.”¹⁵⁷

In the case of Edita from Rudňany, who delivered by C-section in 1995, medical personnel gave her a piece of paper to sign in the Spišská Nová Ves hospital, but refused to let her read it even though she was literate. They simply told her “just sign here.” She has not been able to become pregnant since then.¹⁵⁸ Šarlota, as discussed above, was merely handed a blank piece of paper to sign.

Involuntary IUDs

Nataša of Bystrany has two children. During her second delivery in 1995, when she was 21 years old, the doctor went against her wishes and inserted an intrauterine device (IUD)—a form of long-term birth control. When she requested that it be removed, her request was denied and she was told, “It is the law.”¹⁵⁹

“The practice for Roma is, first, IUD, then they are released,” Nataša said. Medical staff told Nataša that the IUD had to remain in place for five years. Yet when she asked her doctor to remove it five years later, she was told that it was too early. The device was not removed until January 2002 when she was in the hospital for another surgery involving a benign tumor.¹⁶⁰

The practice of implanting IUDs into Romani women without their knowledge or consent is a reproductive rights violation as it undermines the individual’s fundamental human right to decide whether and when to bear children (see section on Legal Standards). While we found the practice of coerced and forced IUD insertion was not nearly so widespread as that of coerced and forced sterilization, it was common in a few settlements associated with one particular hospital. Our fact-finding team identified approximately ten women from certain settlements, such as Žehra, Bystrany and Richnava in the eastern countryside, that complained of the non-consensual insertion of IUDs and the refusal of doctors to take them out. Women from these settlements identified Krompachy hospital as a perpetrator of these violations.¹⁶¹ While some of these coerced insertions took place during communism, the current refusal of doctors to remove the IUDs constitutes a continuing reproductive rights abuse.

Our research also found a number of other rights violations that often accompanied the forced insertion of IUDs. For instance, doctors sometimes do not permit the release of women from the hospital unless they submit to an IUD.¹⁶² They often do not allow these women to discuss whether to use an IUD with their partners.¹⁶³ To remove IUDs, doctors often impermissibly demand additional money beyond what the women can afford, thus effectively denying them the right to cease using the method.¹⁶⁴ Doctors tell women that IUDs cannot be removed for a certain length of time, ranging from five to fifteen years. If the doctors do agree to remove the IUDs, they are simply re-inserted when the woman returns to the hospital.¹⁶⁵ Doctors ignore the potentially adverse side effects such as severe abdominal pain, bleeding and headaches, and compel the women to continue using the

devices and bear the pain.¹⁶⁶

Petra from Bystrany settlement is 44 years old and reports that an IUD was forcibly inserted fourteen years ago, in 1988, after the birth of her fourth child in Levoča hospital. She has had reproductive health problems since then and has asked her doctors to remove the device. She has been told that the removal will cost 500 SKK (12 Euros), which she cannot afford.¹⁶⁷

FORCED STERILIZATION

“I have five children, ages 12, 9, 8, and twins born in April. I went to give birth in Krompachy on April 4 of this year. I knew it would be a C-section since the sixth month of pregnancy because I was pregnant with twins. They took me to the operation theater the next day. . . . Before I was released, they gave me something to sign, but I did not know what it was and they did not explain it to me. Later I was given a medical release report where it was written that I was sterilized.”¹⁶⁸

–Sandra, 32, from Richnava

Beyond cases of coerced sterilization, our fact-finding revealed multiple instances of forced sterilization without even the façade of consent. Of the close to 60 women we interviewed who are certain they were sterilized, approximately 40% of them were first told this only *after* the procedure was completed. In some instances they were asked to sign authorization papers after the fact. About 50 of the remaining women interviewed are left to suspect that they have been sterilized after undergoing a C-section because they have not been able to conceive and were given no information by their doctors on their reproductive status.

Belated Notification of Sterilization. In March 2002, a 28-year-old Romani woman from Markušovce was sterilized during the birth of her fifth child. Her first and last deliveries were by C-section though she was never told she would need a cesarean prior to entering the hospital. During the delivery, she was sterilized and later told by the doctor that it was performed because her life was in danger. The next day, she was asked to retroactively sign a consent form for the procedure. “The

doctor told me to sign because I was sterilized. I did not read it over because I was weak and sick. Doctor said it was dangerous for me and the next baby, and that is why he sterilized me. . . . Only the girls in my room told me that I signed a sterilization consent. These girls knew because they had also signed. . . . There were three other Romani women together in that one room, all three had C-sections, all three signed.”¹⁶⁹

Izabela from Drahňov was sterilized at age 18 while giving birth to her second child, who was delivered through a C-section like her first. The day after the birth, the doctor told Izabela that she was sterilized because she was “too narrow.” She became very upset because her doctor had never before brought up the issue of sterilization. “I asked the doctor why he did not tell me anything before he sterilized me. But he only told me that my next baby would be by C-section and then there would be serious complications.”¹⁷⁰ He did not discuss alternatives such as contraception with her. She did not sign any documents either before or after her procedure. She very much wants to have more children because she is only 21 years old. She asked hospital officials about the option of having more children, but was told by the chief doctor that it would cost 5,000 SKK (120 Euros) to reverse a sterilization—a high price almost equivalent to the 6,000 SKK (145 Euros)¹⁷¹ that she and her husband receive in monthly social benefits.¹⁷²

During the course of our fact-finding we interviewed several women who were told that they were sterilized and would not be able to have children just before they were released from the hospital.

Laura is 26 years old and has been pregnant three times, although her first baby was stillborn. Her last child was born in 1998 at Spišská Nová Ves hospital. She had a C-section and was sterilized, but was not given any detailed

“Compulsory sterilization . . . adversely affects women’s physical and mental health, and infringes the right of women to decide on the number and spacing of their children.”

—Committee on the Elimination of Discrimination against Women, General Recommendation 19: Violence against Women, 1992, ¶ 22.

“An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time.”

–Council of Europe Convention on Human Rights and Biomedicine, Article 5, Chapter II (1997)

information about why she had undergone sterilization. “Nobody explained me why. I know that women have C-sections when the pelvis is too narrow or the child is too big. But when I came to the hospital, they sent me to the surgery immediately. Nobody said why. And then, after the delivery when I was to be released from the hospital, I went to an examination and the doctor told me that I would not have any more children. He did not say why. . . . I go for check-ups with my local doctor from Spišská, and he also said the same. I know I did not sign anything. . . . I did not complain because I know this is very usual, normal thing.”¹⁷³

Sterilization of Minors. Sabína of Bystrany was sterilized in 2001 when she was a minor. She had two C-sections, the last one when she was 17 1/2 years of age. After she was admitted to the hospital, she was told for the first time that she had to deliver through a cesarean because she was “too narrow,” a matter that had never been discussed during her monthly pre-natal visits. “The doctor said, ‘You have to sign this paper to have your ovaries tied. If you do not sign it, it will be at your own risk,’”¹⁷⁴ she recounts. “I was scared of having another C-section because of this risk.”¹⁷⁵ She signed papers authorizing the sterilization one day before her delivery. Her parents were not asked to provide their consent to this procedure. Sabína is currently 19 years old and wants to have more children.¹⁷⁶

The fact-finding conducted by the Center for Reproductive Rights and Poradňa uncovered a handful of cases of Romani youth who had been sterilized without their consent or the consent of their parents. These adolescents were unmarried and below the age of 18. Under Slovak law, in the case of unmarried, underage minors,

the permission of legal guardians is necessary to perform medical interventions such as sterilization.¹⁷⁷

Michaela from Richnava had her first child when she was 14 and her second child in 1996 when she was 16. She suspects that she was sterilized during her second delivery, which was a cesarean. "It was 11p.m. when I went to the Krompachy hospital and the doctor was there and screamed at me, 'You fucking gypsy whore. How dare you deliver at 12 a.m.!' He then immediately took me upstairs, swearing continuously, and did a C-section on me without any other explanation. . . . The second time I went to the hospital, it was another doctor. She asked me, 'Why did the doctor do a C-section on you?' and I said 'I don't know.' Then she put me to sleep and did the second C-section. Maybe I signed something but I do not remember when or what it is. When I left, they said that I will have more children, but for six years I wait and nothing."¹⁷⁸ Michaela wanted more children and decided to pursue treatment. "Three years ago, I went to get fertility treatments, to reverse my sterilization, but the patients there were saying that horrible things are done to us. So I got scared and ran away. I was also scared because I saw the doctor in the halls over there. When he saw me, he said, 'You stinky gypsy. God should punish you as you deserve!"¹⁷⁹

SUSPECTED CASES OF FORCED STERILIZATION

Our team documented more than 50 cases of Romani women who were provided with neither verbal nor written confirmation of sterilization but strongly suspected that they had been involuntarily sterilized. All of these women have had at least one C-section. Some remember signing documents during labor, but are uncertain as to what those documents were and were never given an explanation by health-care personnel.

While there are many causes of infertility, most Romani women are unable to afford or access the medical technology that would identify the causes of their reproductive health problems, causing a great deal of stress to themselves and their families. In addition, many Romani women cannot access their personal medical records, which may contain information on the cause of their infertility (see section

on Denial of Access to Medical Records).

Žofia's story is typical of Romani women who suspect sterilization. She is 33 years old and has four children. Her last birth, in 1996, was a cesarean and she has not been able to become pregnant since. She did not sign any documents in the hospital and her doctor did not mention sterilization to her. She wants to have more children but she now thinks that that they may never be an option.¹⁸⁰

Sterilization Regulations in Slovakia

Regulations

The regulation governing the conditions under which sterilization can be performed in Slovakia dates back to 1972 (hereinafter the Regulation on Sterilization)¹⁸¹ and was issued by the Czech and Slovak Socialist Republics to implement the 1966 Law on Health, which stated that "Sterilization can be performed *only with the consent or based on specific request* of the person who shall undergo sterilization under the conditions established by the Ministry of Health."¹⁸² Despite the fact that the 1966 Law on Health has been replaced by a new health law,¹⁸³ the Ministry of Health and many doctors still consider the Regulation on Sterilization to be valid and in effect. It outlines specific requirements and medical indications that a person seeking sterilization and the hospital performing the sterilization must fulfill in order to be granted permission for sterilization.

According to the Regulation on Sterilization, a woman may request sterilization before or at the age of 35 only if she has four or more living children and after the age of 35 if she has three or more living children.¹⁸⁴ The regulation further requires that where there are medical indications for sterilization, the decision of the woman is subject to an evaluation of a hospital's sterilization commission. These commissions include the director of the regional or district hospital, the director of the hospital where the sterilization is to be performed, the chief gynecologist of the hospital, and a physician who is an expert in sterilization.¹⁸⁵ The request is to be submitted to the commission in written form either by the patient or her doctor with her consent.¹⁸⁶ A special examination of the patient requesting sterilization is then performed. According to the regulation, this examination must be completed within three weeks of the receipt of the request so that the commission can schedule a meeting in a timely manner.¹⁸⁷ The

commission is authorized to approve the sterilization request only if it is medically indicated¹⁸⁸ and is required to issue documentation containing a transcript of the commission discussion and the decision.¹⁸⁹ This commission, in theory, is to safeguard against sterilizations being performed based on unsound and arbitrary medical decisions. The regulation also requires the individual who requests the sterilization to sign a release form stating that she¹⁹⁰ or, in the case of a minor, her legal representative,¹⁹¹ consents to undergo sterilization and has examined the written information regarding the extent to which sterilization is reversible.¹⁹²

Violations

In addition to demonstrating that health-care practitioners do not comply with the requirement of informed consent to sterilization, our fact-finding has also revealed that doctors are not familiar with the age requirements of sterilization regulations¹⁹³ and do not always comply with requirements regarding the convening of the commission to authorize the sterilization.¹⁹⁴

During our fact-finding, we interviewed many health-care providers who incorrectly cited the requirements of the Regulation on Sterilization. For example, we were told that a sterilization could only be requested by a woman “[who] must be over 40 years old,”¹⁹⁵ or “after 35 years and with two children.”¹⁹⁶ However, the vagueness of the regulation has contributed to its discretionary application. In particular, the sterilization regulation states that a woman with “iterative” cesarean deliveries may have an approved medical indication that warrants a sterilization,¹⁹⁷ but does not specify the number of cesareans that fulfill this criteria. One of the doctors we interviewed claimed that the “law says that a woman can ask for sterilization after two C-sections.”¹⁹⁸ Doctors apply their own interpretation to this vague standard in the law, substitute their own judgment for that of the woman “requesting,” and justify their sterilization practices with inaccurate medical beliefs, such as that more than two cesarean deliveries is dangerous (see discussion of medical issues in Background section).

During the course of our research we uncovered a couple of cases in which the commission’s authorization was fraudulently added after the sterilization was performed during a cesarean delivery.

Alisa was brought to Gelnica hospital on April 25, 2001.¹⁹⁹ Our review of her medical records indicated that she had a cesarean delivery because “there was a

danger of uterus rupture” and the “head of the child was disproportionate to the pelvis of the mother.” She was sterilized during the C-section. Her records stated, “During the surgery, there was lege artis sterilization performed based on patient’s request.”²⁰⁰ Attached was a consent document that contained the following: “Based on the [patient’s] request there will be performed a sterilization on her and she is informed about the irreversibility of this status and thus about the impossibility of future conception.”²⁰¹ The authorization contained the signatures of Alisa and one doctor. In addition, an approval from the sterilization commission was attached that stated that Alisa requested sterilization and, according to her health status, the commission agreed with the sterilization; it further indicated that she fulfilled the criteria for sterilization. Alisa, however, reports that she was coerced into signing the consent form after she was given an injection in the operating room.²⁰² The date of the commission’s decision was May 15, 2001, and there were three signatures from the sterilization commission. Alisa’s sterilization was performed on April 25 and she was released from the hospital on May 11.²⁰³

In a similar case, the patient’s medical records falsely indicated that she had requested sterilization, when in fact she had no knowledge of having been sterilized. Klára is 24 years old and has two children, both of whom were delivered by C-section without any obvious indications for the procedure. Her second child was born in 1996 in the New Maternity Prešov. She has failed to become pregnant since her last birth and does not understand why. She had no problems after her last delivery and does not use contraceptives. Though no doctor spoke with her about sterilization, she suspected her attending doctor performed the procedure on her without her consent.²⁰⁴ Our team’s review of her medical records confirmed her fears. The records contain a notation indicating that the “patient requested sterilization.”²⁰⁵

FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION

“[They do] not explain anything . . . they just tie up our ovaries and then they say that they saved our lives.”²⁰⁶

- Romani woman, 24, from Stráne pod Tatrami

In the course of the fact-finding, both Romani and non-Romani women complained of the failure of women’s health-care personnel to provide complete and accurate medical information in a respectful and professional manner. Instead, as many of the testimonies highlighted in this section show, practitioners tend to give simplistic, incomplete, and misleading explanations to the patient. They complain of the hostility they experience in health-care settings and complain about the attitudes of doctors and nurses toward their patients. One non-Romani woman described her experience like this:

“I gave birth twice, ten years ago and three years ago. In neither case was I given any information. They give you stupid information, but no explanation about what is going on. . . . You are a non-entity, you have no rights, and everything is decided by doctors. If you complain or ask questions, you break the rules and you are afraid they would retaliate against your child. And you do not feel comfortable to ask. It is like you entered in a machine and you have to act like a part of it. I had to fight for everything, for the simplest thing.”²⁰⁷

Lack of Information about Contraceptive Options. Failure to provide full and accurate information on the range of contraceptive methods is a particularly egregious violation of reproductive rights in the case of sterilizations, which involve permanent, often irreversible changes to a woman’s reproductive system. Though sterilization can be avoided by pursuing less drastic contraceptive options, almost none of the Romani women interviewed during our fact-finding mission had been given information on other options. Birth control pills or IUDs, two of the most common forms of contraception in Slovakia, were not discussed with them. Some of the women we spoke to had never heard of the full range of contraceptive choices available. Judita

“The process of informed choice must precede informed consent to surgical sterilisation. Recognised available alternatives, especially reversible forms of family planning which may be equally effective, must be given due consideration. The physician performing sterilisation has the responsibility of ensuring that the person has been properly counselled concerning the risks and benefits of the procedure and of its alternatives.”

—International Federation of Gynecology and Obstetrics (FIGO), *Ethical Considerations in Sterilization*, ¶ 6

delivered three children via C-section, but had never discussed contraceptives with her physician. She was never informed of the option to choose contraception and though she had heard about IUDs from other Romani women, she did not know what contraceptive pills were and did not know anyone who used these pills.²⁰⁸

Lack of Information about the Side Effects of Sterilization. In the case of cesareans and sterilizations, Slovak health-care practitioners consistently fail to provide a thorough and transparent assessment of the implications of treatment or birth control options, and the reasons for the physician’s recommendations. Many Romani women

who were or suspect they were sterilized identified a number of common health problems that resulted from the procedure. These problems include irregular menstrual cycles, headaches, bleeding, and infections—all common side effects of sterilization procedures.²⁰⁹ But Romani women, who are rarely informed of these side effects or, in some cases, of the fact that they even have been sterilized, are left wondering about what could be wrong with their bodies.²¹⁰ Moreover, some of the women who do learn that their bodies have been irreversibly altered have become clinically depressed.²¹¹

Denial of Responsibility by Health-Care Professionals. Slovak doctors and nurses told us that they did not believe it was their duty to inform female patients about reproductive options such as contraceptives. Staff at the majority of the hospitals we visited thought it was the obligation of local gynecologists to discuss contraceptives with patients, even though these local doctors were not the ones who authorized or performed the sterilizations.²¹² Some doctors took a disinterested approach to the issue: “[I]f the patient is interested in contraception, then

the doctor can provide this information.”²¹³

“In general, information on contraception is sufficient,”²¹⁴ said another doctor at Gelnica hospital. “Women know about it from magazines and press. In schools there are lectures. There are different groups who come to teach so the youth are well informed. . . . The problem is not about being informed but whether they want to use it.”²¹⁵

The alarming lack of importance that Slovak health-care practitioners attach to the need for providing their patients with full and accurate medical information is especially troubling when combined with discriminatory attitudes toward the Roma. The result is a complete disregard for ensuring the informed consent of Romani women about such life-altering matters as their childbearing capacity and sterilization.

“[I]t doesn’t matter what you recommend to them, they don’t use it,”²¹⁶ said one doctor in response to a question we posed about the use of contraceptives by Romani women. He went on to say that Romani women do not use contraception because their men would not live with them if they did not get pregnant. “Among Roma, only prostitutes take the pill.”²¹⁷ Another doctor complained that it was too difficult to counsel Romani women on their health needs, including giving them family planning information. He said they do not want to be counseled and that “80% are irresponsible; they neglect their health and health

“The Committee of Ministers . . . recommends governments of member states:

III. to envisage the following measures when drawing up a family planning programme:

B.(v) organise appropriate services within the public health system, preferably integrated in the maternal and child health setting, in the maternity hospitals and, where existing, in primary health services;

C.(i) make health and social professionals on all levels understand that family planning is a part of general health care and therefore part of their responsibilities”

—Committee of Ministers, Council of Europe, Resolution (78)10 on Family Planning Programmes, 1978

problems.”²¹⁸ One doctor [Gelnica hospital] surmised that: “. . . among Roma, there is no will [to use contraception]. They do not have motivation. A woman who does not have children is less valuable. In the Romani community, she simply has to deliver every year. . . . Planned parenting is UFO for them or E.T. It is a totally alien concept for them. It is taboo to talk about contraception.”²¹⁹



Abuse and Discrimination in Maternity Wards

During the course of our fact-finding we identified widespread, systematic and egregious discrimination against Romani women in hospital maternity wards and in some gynecological clinics in eastern Slovakia. Segregation, discriminatory standards of care, and physical and verbal abuse were alarmingly common complaints by Romani women. These complaints were heard in almost every settlement we visited. Discriminatory and abusive practices toward the Roma seem to have flourished in post-communist Europe, despite denials from Slovak authorities. As this chapter details, despite evidence of widespread discrimination and abusive treatment of the Roma, Slovak government and hospital officials have failed both to classify such treatment as a form of discrimination and to impose sanctions on government health-care personnel to punish or deter such conduct in the future. They either dismiss this treatment as inconsequential or necessary given medical and social factors.

We have organized our findings in this chapter according to these three prevailing patterns of abuse and discrimination:

- segregation in maternity wards;
- discriminatory standards of care; and
- physical and verbal abuse of Roma in maternity wards.

SEGREGATION

*“In Krompachy hospital, there are separate rooms for Roma—there are three Gypsy rooms, one shower and one toilet for us while white women have their own toilets. White women can go to the dining room but Roma cannot eat there. In Gypsy room, there is not even a dust bin. It is like in a concentration camp there.”*²²¹

—Alexandra from Richnava

*“When Roma go to deliver babies, they do not put us in room with Gadje [white women], because they think we are dirty. They treat us like animals. When we go there we don’t go dirty. We know what cleanliness is.”*²²²

—Romani woman from Drahňov

Testimonies of Romani women receiving treatment in the maternity wards of hospitals in Prešov, Košice, Spišská Nová Ves, Šaca, Kežmarok, Levoča, Gelnica, Bardejov, Vranov nad Topľou, and Kráľovský Chlmec, among others, reveal widespread practices of segregation by race.²²³ In most instances, Romani women are required to use separate bathrooms and are not allowed access to other hospital facilities, such as dining rooms or snack bars.

“They separate Roma in there. Rooms number 1 and 2 are for Roma and rooms number 3 and up are for white people,” reports a Romani woman, age 27, from Medzev, Košice district, who gave

“...[T]he majority of persons belonging to the Roma community continue to be exposed to social inequalities, and continue to experience widespread discrimination in education, employment, the criminal justice system, and access to public services. . . Access to health care remains of particular concern. . . [E]fforts must be continued and reinforced as a matter of priority, to effectively combat discrimination and improve the living conditions of the Roma Community.”

—European Commission, 2002
Regular Report on Slovakia’s
Progress Towards Accession²²⁰

*birth recently in Šaca hospital. “There is also a separate dining room and toilet for Roma. Before 2001 the rooms were not segregated.”*²²⁴

A visit to the gynecological units of Šaca hospital by the fact-finding team confirmed the existence of separate toilets for Romani and non-Romani women. During our visit, a nurse told one of our team members not to use “the Gypsy toilet.”²²⁵

*Zora, a 21-year-old mother of three from Svinia, Prešov district, complains about the treatment she received in the Old Maternity Prešov: “When I was delivering my babies, I was always in Gypsy room, separated from white women. I did not ask to be sent there. They [nurses] sent me there straight away.”*²²⁶

*Mariana, a 19-year-old Romani woman from Prešov, had a similar experience in New Maternity Prešov, where she said doctors justified segregation practices by invoking the supposed wishes of white patients: “[Doctors say,] ‘now is not like it was during communism [when hospital rooms were not segregated]. Now they [white women] do not want Roma and non-Roma to mix.’ When we are admitted the nurse does not ask anything, just takes us to the Gypsy room. I asked the nurse not to put me in Roma room and she said ‘you should be happy that we receive you here.’ I went to the chief doctor and I told him that I do not want to stay in that room anymore, that I want to be placed in another room. He said, ‘I’m sorry, but we have so many women here and no other place available for Roma. I cannot put you with white women because they will not accept you.’”*²²⁷

Often hospital dining facilities are also segregated. In Levoča hospital, for example, Romani women are not allowed to eat in the dining room together with the other patients, but are obliged to eat in their rooms.²²⁸

“White women eat in the dining room together, but we are not allowed there, we have to eat in our rooms. The TV set is in the dining room, and only

Gadje [white women] are allowed there. If we try to sneak in, the nurses yell at us to get out,” complain Romani women who received treatment in Krompachy hospital. ²²⁹

Non-Romani women in hospital maternity wards in eastern Slovakia described the way in which medical personnel impose and preserve racial segregation. One non-Romani woman explained that while at Old Maternity Prešov, “once I heard a nurse telling a Romani woman who wanted to use the ‘white’ toilet, ‘you cannot go there, the other toilet is for those like you.’ . . . Sometimes the hospital was so crowded that Romani women were staying two in one bed.”²³⁰

Justifications of Hospital Personnel. In interviews with the project team, hospital administrators and doctors denied discriminatory treatment and justified the segregation on medical or “social” grounds.

The chief gynecologist of Krompachy hospital argued that the segregation of the patients in his hospital only appears to be along racial lines. In reality, he said that patients are categorized as “adaptable or non-adaptable” and “low hygiene” or “high hygiene.” The doctor then said women are placed in rooms according to this categorization. “We know how to place women in the rooms because this is a small hospital and I know who’s adaptable and non-adaptable,” he said.²³¹ Our team frequently encountered the use of these categorizations by health-care professionals to conceal race-based segregation.

The chief gynecologist of Spišská Nová Ves hospital acknowledged de facto segregation, contending that the

The International Convention on the Elimination of All Forms of Racial Discrimination defines “racial discrimination” as “. . . any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose *or effect* [emphasis added] of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.”

– Committee on the Elimination of Racial Discrimination (CERD), Article 1(1)

practice is based on respect for the patients' wishes: "I'm very careful so Roma won't feel discriminated against, but Romani women want to be separated."²³² According to another doctor, Romani women want to be together so intensely that they are happy to stay in overcrowded rooms or even share beds: "They all want to be together in one room, even if they had to share one bed in the Gypsy room . . . They have these tendencies and want to be together. Even if we place them in the room with whites, they immediately run away."²³³

Another doctor explained that segregating the Roma is necessary to protect white women²³⁴ and respect their "rights": "White women do not want to be with primitive, uneducated Romani women. We have to respect the rights of non-Romani women, too."²³⁵

Denials by the Government. In the past, the government has dismissed allegations of segregation in eastern Slovakia. "It has not been proved that the practice is based on racial bias," declared the former Minister of Health, Dr. Milan Kováč, a gynecologist.²³⁶ In a February 2002 interview with *Národná Obroda*, a Slovak national daily newspaper, Kováč argued that racial segregation in hospitals is the result of demographic growth and does not bespeak discriminatory attitudes among health-care personnel: "As I see it, it is a question of coincidence rather than intention and the reason why Roma mothers are placed in one room is a higher concentration of Roma population in those districts and the [higher] birth rate of Romani women."²³⁷ In 2000, a Slovak-based non-governmental organization filed a complaint to the Ministry of Health about the practice of segregated maternity wards in eastern Slovak hospitals. The Ministry responded by stating that Roma are separated in accordance with their own wishes and further noted that as a result of this, some Romani patients are undisciplined and do not respect hospital regulations.²³⁸

DISCRIMINATORY STANDARDS OF CARE

“When a Roma woman is giving birth, they do not help her but say ‘if you knew how to make it, you should also know how to take care of yourself.’”

–Romani woman from Kecerovce²³⁹

“When a white woman gives birth, if she wants, then her husband can come and be present at delivery. Sometimes Roma husbands are not allowed inside the hospital. Delivery rooms are also segregated.”

–Judita from Jarovnice²⁴⁰

“Nobody pays attention to Romani women in Krompachy hospital. They are not taken to room in a stretcher after delivery as Gadje women. Nurses pay no attention to us.”

–Alena, 39, from Richnava²⁴¹

Discriminatory standards of care affecting the treatment of Romani women take various forms that include the following:

- inadequate medical care;
- deficient emergency care;
- limited hours of care; and
- corruption among health-care workers.

Inadequate medical care. Romani women we interviewed complained of inadequate medical care, neglect, and ill treatment in hospitals in eastern Slovakia. Much of this treatment is fueled by negative stereotypes concerning Romani women’s high fertility.

Lydia, a 43-year-old mother of 12 from Svinia, talks about her experience in the old maternity ward of Prešov hospital, in September 1999: “When I was delivering my last baby, nobody paid any attention to me although I was bleeding heavily. The doctor told me, ‘Do it by yourself. You have enough

*children so you know how to do it!’ So I did. The doctor only came to cut the naval cord—that was it. I had a lot of problems after this delivery but all they did for me was to put ice on my stomach. Two weeks after the delivery I had to have a curettage.”*²⁴²

*Milena, mother of three children from Žehra, reports: “When we give birth, they only scream at us. I was bleeding and the doctor told me ‘you can die if you want.’ Doctors do not give you treatment. When Roma woman in hospital rings for help, nurses do not come after finding who is calling. They say ‘help yourself.”*²⁴³

The hostile and judgmental attitudes of health-care providers toward Romani women frequently emerged during the interviews with the project team: “Romani women give birth quite easily. More intelligent women give birth with more difficulty, it is something in the brain,” one gynecologist surmised as he tapped his head.²⁴⁴

Deficient Emergency Care. Romani women who live in segregated settlements on the outskirts of cities and villages, far from public transportation, face difficulties in accessing hospitals. Because few people have cars in these settlements, calling an ambulance is often the only way pregnant women can get to the hospital. In most of the settlements our team visited, Romani women point out that emergency operators refuse to send ambulances to their settlements even in serious situations, and, if they do come, ambulance drivers ask for payment despite the fact that under emergency conditions, their services are supposed to be free of charge.²⁴⁵

*Aranka, a 27-year-old from Žehra says, “They tell us, ‘you have cars, come by car.”*²⁴⁶ *A Romani woman from Draňov, Michalovce district, reports that “Usually we have to call four times for an ambulance to come. . . . Once the ambulance operator told us that they would only come if someone was dying.”*²⁴⁷

A Romani woman from a Romani ghetto in the Košice City Part Nad jazerom,

Golianova street, says that when an ambulance is called for a pregnant woman about to deliver, it often takes more than an hour to arrive even if the hospital is nearby. She believes that the delays are intentional because ambulance personnel never inquire about the nature of the problem, only stating, “oh it’s already your fourth baby—you won’t die, you can wait.” Her husband remarks that when he called an ambulance for her while she was in labor, the ambulance came four hours later with a driver who declared, “I won’t drive Gypsies to the hospital.”²⁴⁸

Delays or denial of emergency services result in an increased number of unplanned home deliveries, endangering the life of both baby and mother.

“Ambulances never come here,” says Ida from Rudňany. “Not even for a complicated delivery. They say, ‘arrange transport for yourself.’ If you say you are calling from Patorácka [a well-known Romani settlement], they do not come. Four months ago Matila, a woman who lives in a shack behind ‘Bytovky,’ gave birth at home because the ambulance refused to come and she had no other way to get to the hospital. She had twins and one baby died. Only when we called and told them that the baby died, they sent the ambulance, and the doctor told her ‘how do you dare not to come to the hospital.’”²⁴⁹

Health-care providers, however, reject any claims that emergency medical care is denied due to race. At the same time, they surmise why it is “reasonable” for ambulances to stay away: “Most Romani women are abusing ambulances by saying they don’t have a car when they do. . . . They lie to bring the ambulance because then they are treated immediately in the hospital.”²⁵⁰

Limited Hours of Care. When seeking medical advice and treatment, Romani women are often treated only after non-Romani patients, or during separate hours.

One Romani woman from Kecerovce, Košice district, said, “our local gynecologist is very rude to Roma. When we go there, we have to wait till all non-Romani women are served, they always go first.”²⁵¹ Romani women from Jasov have had similar experiences: “At our local gynecologist, we have to wait till all Gadje are served although we came earlier.”²⁵²

One of the local gynecologists who serves the population of the Romani ghetto in the Košice City Part, Luník IX, only sees Romani women on Fridays between 12 p.m. and 3 p.m. Non-Romani women can receive care throughout the work week. “On Friday, the doctor finishes at 12, then he accepts Romani women.”²⁵³ When questioned about what happens if they come at an unauthorized time, Romani women told us this: “We are allowed to come to the doctor’s office on days other than Friday only in case of emergency. But it depends on his [doctor’s] mood. Mostly we must come when we have our hours. He says, ‘you must come on Friday because white women do not want to be together with Romani women.’”²⁵⁴

Corruption Among Health-Care Workers. Frequently, health-care personnel openly demand bribes from patients or payment for services already covered by health insurance plans. “Approximately three months ago, the doctor’s office had been broken into and robbed but the perpetrator has not been found. Since then, when Romani women come to the doctor, he refuses to measure the blood pressure for them. The nurse always hides equipment. She only does it when we pay 50 Slovak crowns.”²⁵⁵ Others “have to pay for ultrasound, about 100 crowns [2.50 Euros].”²⁵⁶

Our fact-finding revealed that bribing health-care workers in exchange for medical attention is a common practice in eastern Slovakia for both Romani and non-Romani women. Indigent Romani women often feel extreme pressure to bribe doctors and nurses because otherwise they know they will not receive proper care.²⁵⁷ Some doctors routinely and openly ask Romani women for money before delivering a baby. One non-Romani woman witnessed this firsthand: “Once I saw with my own eyes how a doctor entered in the Roma room and asked, ‘who wants to deliver with me?’ Then the doctor opened his medical overcoat pocket gesturing for the women to give him money. Doctors would not dare to ask so openly for money from non-Roma.”²⁵⁸

PHYSICAL AND VERBAL ABUSE

Physical Abuse

“When my daughter had her first child she was very scared and was screaming. When she was on the table giving birth the nurse put a pillow on her face to make her shut up. The doctor was not there.”

–Romani woman from Ostrovany²⁵⁹

Our research indicates that physical violence by health-care professionals against Romani women during delivery is not uncommon. Although not as chronic as verbal abuse, many Romani women interviewed by the research team said doctors and nurses in eastern Slovak hospitals thrashed and slapped them for complaining about pain or simply for “having too many children.” In a few instances, women reported extreme levels of violence such as sexual abuse and attempted rape.

Lujza, a 21-year old from Rákoš, Košice district, tearfully recounted the treatment she received during her first delivery in July 2002 at the Luis Pasteur UTH Košice: “I started to give birth earlier than expected. We were painting the house and I was helping so maybe it speeded up the delivery. We called the ambulance. The first thing they told me when I arrived there was, ‘you stink like sewage.’ My partner heard it too. Then the nurse ordered me to go to the room and put on a nightgown. She came later to give me an injection and yelled at me not to touch her. She also complained, ‘you, Roma, you do not bring anything to the hospital.’ It was true as I did not bring anything in that rush [to get to the hospital] but I was telling her that my partner would bring my toiletries next day to which she responded ‘he will bring you shit.’ . . . When I was in the delivery room, I was screaming from pain. There were two doctors and the same nurse. The doctor started to call me names (Gypsies) and hit me really hard on my face. The nurse who was attending me hit me on my legs. It hurt, it gave me bruises.”²⁶⁰

Abuse in Vranov hospital appears to be prevalent. Women from Sačurov settle-

ment say that doctors in these hospitals “beat us when we go to deliver,” “one doctor beat me over my legs,” “to me, they pulled my hair,” and “one doctor slapped me.” Several women told our research team that this physical violence takes place “before and during the delivery.”²⁶¹

*Linda from Letanovce, who gave birth to her first child in Spišská Nová Ves hospital in April 2002, reports, “I was beaten with a dustpan. I was in the hallway, before I gave birth, and there came one woman in a uniform. I do not know who she was, maybe she was a cleaning lady, and she was screaming at me, shouting what I was doing there when I was supposed to be either in the room or in the delivery room. She hit me several times on my back and legs with a dustpan she was carrying.”*²⁶²

A Romani woman, from Košice City Part Nad jazerom, Golianova street told us that in August 2002 a nurse tried to suffocate her daughter with a pillow while she was delivering a baby in the Luis Pasteur UTH Košice. Fortunately, her daughter’s doctor saw this violence and told the nurse to stop. The woman’s daughter was so terrorized by the experience and convinced that medical personnel were set on killing her that she ran away from the hospital, one hour after giving birth.²⁶³

Verbal abuse

“Nurses and doctors are cursing us, call us Gypsies and tell us ‘you only have children,’ ‘you are stinky,’ ‘you have lice’ and ‘you give birth only to get money. . . .”

–Romani woman from Rudňany²⁶⁶

“The nurses call us ‘Cigáni’ [Gypsies], they tell us that we are dirty and too young to have sex. They call teenagers ‘young whores’. . . . When they see us pregnant they say: ‘You are here again! How many children do you want? We already had enough of you!’”

–Romani woman from Nad jazerom, Golianova street, Košice²⁶⁷

Sexual Abuse

Sexual assault in the context of maternal health care is another heinous violation of Romani women's human rights that was reported to us during the course of our fact-finding.

Dagmara, a 24-year-old mother of four from a settlement in Chmiřany, Prešov region, talks about her experience: "I was pregnant three years ago [April 1999]. When I started to have contractions my family called the ambulance to take me to the hospital because we do not have a car and I had no other way to get there and my delivery was proceeding. The ambulance came but with no doctor, only a driver, as usual, and he did not let anyone accompany me. The driver then stopped the car outside of the village, before Svinia, switched off the lights and went back toward me with a flashlight. He told me 'now you will show me where is your pain' and 'I have to check whether you are giving birth or want a man.' I was screaming from fear and begged him not to do anything to me. We were fighting for a while and then my contractions got stronger and he drove off. We came later to the hospital than expected and a doctor on duty was asking me why it took me so long. I told him what happened but he said 'you have to file a complaint by yourself. I am not here to save Gypsies.'"²⁶⁴

In one instance, a non-Romani health-care worker commented on the sexually abusive tactics of his colleagues at the hospital at Moyzesova st., Kořice: "In Moyzesova, when doctors performed vaginal ultrasound examinations, they used to put a condom and some gel on the device they use [for the patient's comfort and the sanitary effect]. But when Roma women came, they would not do it. They would not heat the tools for Romani women to body temperature as they did for non-Roma. They did not explain anything to them. Once I saw a doctor making the ultrasound examination without a condom. To a Roma woman he was acting very aggressively. She was crying, it was obviously very painful. But he was pushing that medical device into her. It was horrible, like watching a rape. That was the first time when I had a fight with a doctor . . . It was normal that when they did an abortion, they did it without anesthesia, violently, without painkillers."²⁶⁵

Verbal abuse primarily takes the form of racist slurs about Romani women's fertility, sexuality and maternal skills.

*One woman, who did not wish to be identified, told us, "When I gave birth to my eighth child, the doctor was cursing me. He told me, 'you are only rolling around in bed. You have so many children and you still do not have enough! But it is not his business to tell me how many children I should have. He does not need to take care of them, but I do!'"*²⁶⁸

*A woman from Ostrovany, Prešov district, said, "Doctors and nurses yell at us and call us 'Cigáni' (Gypsies). For the smallest mistake we make they immediately scream at us 'stupid Gypsies,' or 'dirty Gypsies' or 'bad Gypsies.' They treat us worse than dogs."*²⁶⁹

One woman from Žehra described her experience at Krompachy hospital: "Doctors are angry and say we have children only to receive children allowances. But I want to have babies because I am healthy. They would like to castrate all of us. . . ." ²⁷⁰ A young Romani woman from Bystrany offers a similar anecdote: "The nurses scream at us and say 'Cigáni know nothing else but to make children.' Even if a woman is having her first child, they still yell at her that she has too many." ²⁷¹

*Another woman from Jasov relayed her experience: "Together with me there were other pregnant Romani women in the room at the maternity. They were treated like pigs, waiting to have their bellies cut. One of them gave birth on the floor of the room, because nobody came to help her. When the doctor saw it, he said, 'you are a pig, so you should give birth like a pig.'"*²⁷²

A non-Romani woman who gave birth in Prešov hospital talked to us about the abuses of Romani women that she observed: "After delivery I remained two hours to rest on the table. Next to me was a Romani woman giving birth and I heard the doctor screaming at her, 'shut up and do what I tell you! . . . it was good when your man was f... you, now stop screaming.' It is simply

unthinkable that a doctor would talk like that to a white woman."²⁷³
Another non-Romani woman notes: "When Romani women were in pain, I heard a nurse telling the doctor, 'is just a Gypsy who screams. . . .' Romani women are a priori considered to be bad mothers. . . . The worst is for the Romani girls from orphanages, who do not have family support and nobody to help them. . . . I used to be a social worker in Luník IX and I do not have illusions about their maternal abilities but they definitely do not deserve to be treated like they are."²⁷⁴

Interviews with more than 30 health-care personnel in eastern Slovakia reveal deeply rooted prejudices against Romani women, widespread stereotyping, and hostility. They are seen as troublemakers, as a group causing problems to Slovakia, a nuisance for the health-care system. Roma are labeled as degenerate, less bright, less civilized, and less human. A nurse in the gynecology department of Spišská Nová Ves hospital told the project team that she is very angry with Roma because they "are totally careless, they do not know what to do."²⁷⁵ Another nurse, from Šaca hospital, complained that, "They do not know anything. If I gave birth even 20 years ago, I would remember. They are stupid. . . . Gypsies are coming to our hospital because they want to take advantage of it. This is a private hospital. . . . Everything is paid for by insurance. But they should go to a different hospital. They do not belong here."²⁷⁶ "They don't know the value of work," said the chief gynecologist of Krompachy hospital.²⁷⁷

*Some doctors and nurses expressed their conviction that Romani adults want children only to obtain more money from the state. The chief gynecologist of Krompachy hospital stated that, "[Roma] abuse the system; they just have children to receive more benefits."*²⁷⁸ "For those socially inadapted [referring to Roma] a child is a means for an income," explains the director of Gelnica hospital. "It is very beneficial for them to have a child every year. If a woman starts at age of 15, when she is 30 she already has ten children."²⁷⁹

One doctor declared that Roma abuse the system by deliberately marrying close

relatives to conceive mentally retarded children in order to obtain higher benefits from the Slovak state. The director of Spišská Nová Ves hospital specifically remarked, “Many Roma abuse this practice to purposefully create imbecile children in order to get more money from the state. They know they’ll get more money if they have imbecile children, so they intermarry.”²⁸⁰ The chief gynecologist of the hospital said, “In my opinion, this is unfavorable. . . . Roma are poor, they don’t get good education, parents encourage children to steal, and they teach them to hate white people.”²⁸¹

In contrast, non-Romani women with many children are treated immeasurably better than Romani women and are sometimes even celebrated as heroes. Newspapers frequently carry stories about non-Romani women who have been designated “special mothers” by state officials. In June 2002, a white mother of nine from Humenné won a “special mother” award. A newspaper reported that a goal of the prize was “to award a mother and father as the foundation of the family, to strengthen their position in rearing their children and in particular to affirm the spirit of humanity. . . .”²⁸²

Another widespread stereotype about Romani women is that they are bad mothers because they rarely stay in the hospital for the required five days following birth. The reason many of these women leave the hospital so quickly is that many have to return home to take care of their other children.²⁸³ Still other women are driven away because of the abuse and hostility they experience in hospitals.²⁸⁴ Roma women also report that sometimes doctors and nurses tell them to leave.²⁸⁵ They return after several days to collect their newborns. Doctors and nurses use this departure as irrefutable evidence that Romani women are ‘bad mothers’ who are unfit to bear children: “Roma leave [the hospital] early because of insufficient maternal instincts. Even an animal doesn’t leave its baby,” explains the chief gynecologist of Šaca hospital.²⁸⁶ At the same time, Romani couples are seen as “promiscuous,” and visitors are told detailed stories about Romas’ “uncontrolled need for sex” that drives these women to hastily return home immediately after childbirth. Slovak doctors told our fact-finding team, for example, “Mothers frequently leave the hospital without their babies . . . because they have to go home to be available for their husbands. . . . for sex.”²⁸⁷

One psychologist offers yet another racist explanation for the behavior of some Romani women following delivery: “It is about the functioning of the health sys-

tem,” says Dr. Sopková, a psychologist and court expert. “White women are more able to ‘suffer through’ and endure it. Roma ‘revolt’ and escape. The rule here is that women must remain in the hospital five days after delivery but there is no real [medical] reason for it. I know a doctor who used to release women on the third day in order to return them to their natural environment. Those rules . . . do not respect the needs of children and mothers.”²⁸⁸

One 35-year-old non-Romani woman from a town near Bratislava also expressed her desire to leave the unfriendly hospital environment. “I did not feel like a mother. I did not even feel like a human being, although I knew what I wanted. They thought I was crazy and incompetent to make decisions.” She also points out that the situation was especially burdensome for Romani women. “There was one Roma woman. She was walking from room to room wanting to talk to someone and was kind of lost. Other women would not talk to her. My roommates, white women, told me do not talk to her because she is a Gypsy, [and] she had not seen the doctor even once during whole pregnancy. . . . I can imagine that in that hostile environment for her, it had to be even worse.”²⁸⁹



Denial of Access to Medical Records

It is not possible to show you the files. There is no such right.

–Director of Krompachy hospital²⁹⁰

Everyone is entitled to know any information collected about his or her health.

–European Convention on Human Rights and Biomedicine, 1997, Art.10(2)

During the course of our fact-finding, we encountered several Romani women who expressed an interest in reviewing their medical records to aid them in ascertaining whether they were involuntarily sterilized. Lawyers at Poradňa collected dozens of legal authorizations from Romani women who could not travel to the hospitals to view their medical records. In addition, we accompanied three Romani women who wished to see their records. All three have been unable to conceive and were uncertain if they had been sterilized. In two cases, the women were refused access to their own medical records without explanation. In one case, still in the presence of our researchers, the chief gynecologist of Spišská Nová Ves hospital yelled racial epithets at the woman for attempting to see her file and questioned her intellectual ability to understand its contents.²⁹¹

PATIENT'S ACCESS

Slovak law guarantees patients access to medical records.²⁹² Our fact-finding revealed, however, that patients are routinely denied this right. Although the Health Care Law entered into force in 1994, the Slovak Ministry of Health has yet to issue implementing regulations on access to medical records. In the absence of such guidance, hospitals apply the law in an arbitrary manner, misinterpreting the legal provisions and obstructing or significantly limiting patients' access to their own records.

*The director of Gelnica hospital explained his understanding and interpretation of patients' right to access their records: "Yes, the patient has a right to see her medical record but she should also have a reason. . . . If there is a proper reason for her to see it, she can see it. We have to differentiate. It has to be decided on an individual basis as it could be abused. . . . The patient cannot review it by herself. There must be a hospital staff person present as she could steal something from there. Or rewrite something. The file must be left as it was. Moreover, the patient does not understand what is written there; she cannot even read the handwriting of a doctor. We do not give copies. . . . Anyhow, we do not have any request for copies, neither for seeing files. But if there was, we would ask for a reason."*²⁹³

Many health-care personnel in eastern Slovakia stated that they had never encountered a situation in which patients requested access to their medical records. A few health-care personnel said that they do not know how to process requests for records because they have never received such requests and are unaware that Slovak law guarantees patients the right to access their records. "There is a lot of law and I do not know which one is the right one. I am not here to study the law; I have to provide health care," declared the chief gynecologist of New Maternity Prešov.²⁹⁴ Some doctors and hospital administrators suggested that the only means for a patient to obtain a copy of his or her full medical record would be to file a lawsuit against a doctor for medical malpractice or launch a criminal investigation.²⁹⁵

Other hospitals suggested that they have unwritten internal rules and procedures for complying with patients' right to see their records. These "rules," however, appear to be ad hoc.

"We have internal rules on this issue," declared the director of Krompachy hospital. *"It is not possible [for you to see them]. The rules are not issued in a written form. I am deciding about rules as I am responsible for this hospital. . . . It is very complicated. They are general rules and special rules. . . . But there is also a problem that someone has to serve you and we are very busy. . . . It is impossible to determine precisely [the procedure] but it depends when our staff has enough time. I do not know how long you should announce*

*your visit [in] advance. It really depends. . . . You have to contact me first, then you have to contact the chief doctor and then we will consult and appoint an official who will eventually organize it.”*²⁹⁶

LEGAL COUNSEL'S ACCESS

Slovak law also allows patients to authorize other people, including lawyers, to access their records.²⁹⁷ In the course of the fact-finding, about 50 Romani women requested that Poradňa's lawyers represent them and granted the lawyers a power-of-attorney to review the records. In 40 of these cases, Poradňa's lawyers were denied access to their Romani clients' records. Only in very few cases, after many attempts and multiple discussions with doctors, hospital lawyers, administrators, and nurses, was access granted. The reasons for the refusals varied, but in many instances the denial was on racial grounds. For example, in Šaca hospital the nurse refused to look for a record, saying, “I will not look for a file of a Gypsy.”²⁹⁸ In the same hospital, the chief gynecologist reacted very negatively to the request: “Here we have our former patient, Gypsy [patient's surname], who now— three years after the treatment— decided to complain about the treatment.”²⁹⁹ Similar hesitation on racial grounds was expressed by nurses in Old Maternity Prešov.³⁰⁰

In some cases, the hospital's lawyers questioned the validity of the power-of-attorney. Šaca hospital's lawyer claimed that a two-week-old power-of-attorney was too old therefore was not valid.³⁰¹ In another hospital, doctors requested the power-of-attorney to be verified by a notary even though there is no such legal requirement. When the notarized power-of-attorney was then presented, the hospital lawyer who originally required it still refused access to the record. “I told you to get the power-of-attorney verified because I thought you would not come back,” she stated.³⁰²

The lack of a uniform and organized filing system in Slovak hospitals further limits a patient's right to access her medical records. In New Maternity Prešov, the chief nurse apologized for being unable to fulfill the request: “It would be a very daunting and meticulous job because the hospital does not have a proper filing system. The files on birth deliveries are organized according to the day when woman was released from the hospital. If the woman does not remember that date, it is not possible to locate the file even if we know her name and birth date.”³⁰³

GOVERNMENTAL RESPONSE

To clarify the legal standards on patients' right to authorize attorneys to access their medical records, Poradňa's lawyers contacted the Ministry of Health for guidance several times during the fact-finding missions. Ministry of Health officials, however, responded with conflicting interpretations of the law. Initially, officials referred Poradňa's lawyers to the Ministry of Health website, which contained information stating that a patient's lawyer through an authorized power-of-attorney can review his or her client's medical record.³⁰⁴ After being denied files in several hospitals, Poradňa's lawyers again contacted the Ministry of Health and asked it to intervene. The Ministry of Health responded by asking the lawyers to file a complaint directly with the hospital.³⁰⁵ After Poradňa's lawyers filed complaints with the hospitals,³⁰⁶ the Ministry of Health backtracked from the information posted on its website, and in a letter to Poradňa's lawyers noted that patients do not have the right to authorize powers-of-attorney for accessing their medical documentation.³⁰⁷ The hospitals responded similarly.³⁰⁸ Poradňa's lawyers filed an appeal to the decisions of the hospitals with the Ministry of Health. As of December 2002, however, there has been no response.³⁰⁹



Legal Standards

INTERNATIONAL AND REGIONAL STANDARDS TO ESTABLISH STATE RESPONSIBILITY

The findings described in the previous sections indicate serious violations of the human rights, including the reproductive rights, of Romani women that the Slovak government is legally obligated to address. There are numerous international and regional human rights instruments containing the standards with which Slovakia must comply. Slovakia's duties under those instruments include protecting and fulfilling the human rights of all its citizens, in particular those suffering the greatest societal discrimination, such as the Roma. The Slovak government is in violation of human rights standards when its policies or the acts of its agents (including government-employed health-care personnel) violate human rights standards. Moreover, human rights law also requires the Slovak government to take affirmative measures, including adopting and enforcing appropriate laws and policies, to protect its citizens from violations of their human rights by third parties.

This section provides a brief overview of the primary sources for Slovakia's duties under applicable international and regional human rights law and policy. Several of the most significant international treaties that are relevant for this analysis are as follows:

- the International Covenant on Civil and Political Rights (Civil and Political Rights Covenant);³¹⁰
- the International Covenant on Economic, Social and Cultural Rights (Economic, Social and Cultural Rights Covenant);³¹¹
- the Convention on the Prevention and Punishment of the Crime of Genocide (Genocide Convention);³¹²
- the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);³¹³
- the Convention on the Elimination of All Forms of Racial Discrimination (Convention against Racial Discrimination);³¹⁴ and
- the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Convention against Torture).³¹⁵

Right to be Free from Crimes Against Humanity

The practice of coercively sterilizing a targeted ethnic or racial group falls under the crime of genocide, regarded as the worst crime under international law. If it were established that the current practice of coercively sterilizing Romani women had been carried out with the “intent to destroy, in whole or in part” a targeted racial group, then the crime of genocide could be applicable. Article II of the Convention on the Prevention and Punishment of the Crime of Genocide (Genocide Convention)³⁶² defines genocide to include the act of “imposing measures intended to prevent births” within a “national, ethnic, racial, or religious group,”³⁶³ whether in time of peace or in time of war.³⁶⁴ The Genocide Convention obligates states parties to prevent and punish genocide and imposes criminal responsibility on individuals who commit it, “whether they are constitutionally responsible rulers, public officials or private individuals.”³⁶⁵ The International Criminal Court (established by the Rome Statute), which has jurisdiction over genocide and other specific crimes against humanity, as well as the ad hoc International Criminal Tribunals for Rwanda and the Former Yugoslavia, have adopted the Genocide Convention’s definition of genocide.³⁶⁶ The Rome Statute of the ICC, as the instrument creating the International Criminal Court, criminalizes, along with genocide, “the most serious crimes of concern to the international community.” Of relevance is Article 7(1)(g), which delineates crimes against humanity to include such crimes as “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.”³⁶⁷

Slovakia has ratified all of these treaties and is therefore legally bound to uphold their provisions.³¹⁶ Most recently, on April 11, 2002, Slovakia ratified the Rome Statute of the International Criminal Court (Rome Statute of the ICC),³¹⁷ thereby pledging its cooperation with the International Criminal Court when its citizens or residents commit the most serious crimes, including genocide and crimes against humanity. In addition, the Universal Declaration of Human Rights (Universal Declaration)³¹⁸ is considered an authoritative international human rights instrument, although not a treaty. In order to monitor states’ compliance with these

treaties, UN committees have been established. These treaty monitoring bodies interpret the treaties and provide guidance to governments in meeting treaty obligations through the bodies' recommendations and comments.

Other international instruments that set human rights standards include the outcome documents of international conferences such as the United Nations International Conference on Population and Development (ICPD),³¹⁹ United Nations Fourth World Conference on Women (Beijing Conference)³²⁰ and the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (WCAR).³²¹ The consensus documents that emerged from these conferences are not legally binding on states. However, by setting forth a detailed, global mandate on a particular issue concerning human development, these consensus documents contribute to advancing and interpreting the human rights standards contained in human rights treaties. Similarly, the declarations, decisions and reports of international bodies such as the United Nations provide important and influential guidance in understanding state obligations under international law. In the area of violence against women, the UN has adopted the following key documents that outline state responsibility: the Declaration on the Elimination of Violence against Women (Declaration on Violence against Women)³²² and the Reports of the Special Rapporteur on Violence against Women.³²³

In addition to setting the various international standards to which states must adhere, the European system has developed a body of regional standards that apply to Slovakia. The two main intergovernmental bodies within the region consist of the Council of Europe and the European Union (EU).

The Council of Europe was established in 1949 and currently has 44 member states that make several commitments upon gaining membership.³²⁴ Member states of the Council of Europe must accept the principle of the rule of law and must guarantee human rights and fundamental freedoms to everyone under their jurisdiction.³²⁵ Among its aims, the Council of Europe seeks to protect human rights, promote the rule of law, find solutions to problems facing European society such as discrimination against minorities, and support legal reform to achieve democratic stability.³²⁶ Slovakia has ratified the following treaties that have been adopted by the Council of Europe system:

- the European Convention on Human Rights and Fundamental Freedoms (European Convention on Human Rights);³²⁷
- the Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Medicine (European Convention on Human Rights and Biomedicine);³²⁸
- the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (European Convention against Torture);³²⁹
- the European Social Charter³³⁰ and the Revised European Social Charter;³³¹ and
- the Framework Convention for the Protection of National Minorities (Framework Convention for Minorities).³³²

In addition, states and individuals may bring complaints to the European Court of Human Rights, which was established under the European Convention on Human Rights³³³ to try violations of the treaty. The Court has developed a substantial body of jurisprudence interpreting human rights law and policy. Another important authority on the scope of states' obligations under the Council of Europe comes from the resolutions and recommendations of the Committee of Ministers, which acts as the Council's decision-making body.³³⁴ These recommendations are not binding.³³⁵

The EU, distinct from the Council of Europe, is a regional intergovernmental body dedicated to promoting European integration. Its principal objectives consist of the following: establishing European citizenship; ensuring freedom, security and justice; promoting economic and social progress; and asserting Europe's role in the world.³³⁶ While Slovakia is not yet a member of the EU, it is currently a candidate country that is scheduled to join the EU in 2004. As a candidate country, it is expected to accept the EU's legal and institutional framework, known as the *acquis*, and implement it nationally.³³⁷ Relevant EU treaties include the Treaty on European Union³³⁸ (also known as the Maastricht Treaty) and the Treaty of Amsterdam, which amended the former treaty.³³⁹ Also of importance is the Charter of Fundamental Rights of the European Union (Charter of Fundamental Rights),³⁴⁰ which has not yet been integrated into EU law and therefore has

inconclusive legal status, but which nonetheless has already begun to influence European human rights law and policy and is expected to play an increasingly significant role.³⁴¹ The judicial body that decides questions of EU law and policy is the European Court of Justice. The directives, recommendations and reports that come from the main EU bodies—the European Parliament, the Council of the European Union and the European Commission—also play a role in interpreting and applying human rights law and policy.

In addition to the above systems of regional law and policy, several other multi-lateral institutions in the European region issue policy documents that are instructive in understanding state responsibility in this area. Some of these sources include the reports and summit declarations of the Organization of Security and Cooperation in Europe (OSCE). In the area of health and patients' rights, the World Health Organization (WHO) Regional Office for Europe has developed a Declaration on the Promotion of Patients' Rights in Europe (WHO Declaration on Patients' Rights)³⁴² that has served as a framework for member states such as Slovakia.³⁴³

SLOVAKIA'S VIOLATION OF INTERNATIONAL, REGIONAL AND NATIONAL LAWS AND POLICIES

This section examines the international, regional and national legal standards violated by the Slovak government's provision of reproductive health care for Romani women, specifically including those standards relevant to (1) sterilization practices; (2) failure to provide full and accurate information; (3) discriminatory standards of care; (4) physical and verbal abuse; and (5) insufficient access to medical records. As documented by this report, Slovak government medical personnel are, in most cases, directly involved in the violations. In addition, the Slovak government's problematic policies regarding the Roma have contributed to the violations. Finally, the failure of the Slovak government to regulate the medical profession adequately and investigate and punish violations is also a clear infringement of international, regional and, in some cases, national law.

Sterilization Practices

Slovak doctors' practice of sterilizing Romani women without providing them with

truthful and complete information about the reasons for the sterilization and without obtaining their voluntary, informed consent has resulted in the violation of a number of human rights. As previously discussed, women are intimidated into consenting to sterilization under conditions that involve various types of coercion. Hospital personnel request consent at the last minute, without allowing adequate time for thought or discussion, often while the woman is on the delivery table while in pain; after she has been given anesthesia; and without her full understanding of the implications and permanence of the sterilization procedure. In some cases, there were clear-cut cases of forced sterilization, where the patients were not even asked for their consent, but were told or suspected afterward that the sterilization procedure had been performed. Doctors have a professional and legal duty to relay information in a manner that provides women with the opportunity to make an informed choice and that respects their dignity. Based on the findings and research set forth in this report, it is clear that state-employed doctors and other medical personnel have transgressed well-established international and regional human rights standards, with virtually no sanction by appropriate Slovak government officials.

INTERNATIONAL AND REGIONAL LAW AND POLICY

Coerced sterilization is a violation of various international human rights. This practice violates the principle of informed consent, one of the foundations of the practice of medicine and of the rights of patients. A number of rights support this principle either directly or derivatively, including the right to health, the right to bodily integrity and the right to reproductive self-determination. All of these rights are violated by the policies and practices of Slovak government doctors and other hospital personnel who have failed to promote and protect the reproductive rights of Romani women.

Right to Health

International law and policy repeatedly recognize the fundamental right to health.³⁴⁴ This affirmation is reiterated continually throughout regional law and policy as well.³⁴⁵ Treaty monitoring bodies have expounded on this right at length in their comments, recommendations and observations, and have linked it to issues of con-

sent. In its General Comment No. 14, the Committee on Economic, Social and Cultural Rights explains:

The right to health is not to be understood as a right to be *healthy*. The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection, which provides equality of opportunity for people to enjoy the highest attainable level of health.³⁴⁶

In its recommendation on Article 12 on health, the CEDAW Committee has described access to quality health services as those “. . . delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives. States parties should not permit forms of coercion, such as non-consensual sterilization . . . that violate women's rights to informed consent and dignity.”³⁴⁷ In the context of Slovakia, the Committee on the Elimination of Racial Discrimination (CERD) has remarked on the low level of awareness of maternal health suffered by the Roma and recommended that Slovakia pursue measures so that the Roma enjoy the full right to health and health care.³⁴⁸

The ICPD Programme of Action specifically noted the importance of reproductive health care for women:

States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion . . .³⁴⁹

Slovak health-care personnel have blatantly violated the standards set forth above regarding the right to health as well as the codes of professional medical prac-

tice by refusing to explain their reasons for performing cesareans and sterilizations and by failing to obtain the informed, voluntary consent of the women they sterilize. In addition, doctors in eastern Slovakia have violated their patients' right to health by using outdated medical practices related to cesareans and the sterilization of women who have had multiple C-sections.

Right to Bodily Integrity

In the case of Romani women who have been coercively sterilized, violation of the standard of informed consent implicates several human rights related to bodily integrity and self-determination. In the international arena, these rights include the right to life, liberty and security and the right not to be subject to torture or other cruel, inhumane or degrading treatment. These rights are guaranteed by several international and regional human rights instruments, including the Universal Declaration, the Civil and Political Rights Covenant, the Convention against Torture, and the European Convention on Human Rights.³⁵⁰ Another significant right is the right to privacy and family life, which is violated when coerced sterilization occurs. This right also finds support in both international and regional law.³⁵¹

The right to be free from torture and cruel, inhuman, and degrading treatment and punishment is violated absent informed consent during sterilization procedures. The Human Rights Committee, the treaty monitoring body of the Civil and Political Rights Covenant, has specifically noted that forced sterilization would be a practice that violates Article 7, which covers torture or cruel, inhuman or degrading treatment or punishment and free consent to medical and scientific experimentation.³⁵²

Among other human rights involving bodily integrity that are applicable here is the right to be free from violence, specifically gender-based violence. In its Declaration on Violence against Women, the UN General Assembly spells out this right and the concomitant duties of the state to take measures to protect women from violence.³⁵³ Those policies or practices that constitute violence against women and have an impact on reproductive rights are delineated in a 1999 report to the UN Economic and Social Council by the Special Rapporteur on Violence against Women, which includes a section on forced sterilization. The report explains: "A severe violation of women's reproductive rights, forced sterilization is a method of

medical control of a woman's fertility without the consent of a woman. Essentially involving the battery of a woman—violating her physical integrity and security, forced sterilization constitutes violence against women.”³⁵⁴

Right to Reproductive Self-Determination

At the core of reproductive rights lies the right to reproductive self-determination. Within international human rights law and policy, this right is defined as the right to decide the number and spacing of one's children and to have the information and means to do so.³⁵⁵ The UN committee that monitors CEDAW has defined the link between involuntary sterilization and this human right: “Compulsory sterilization . . . adversely affects women's physical and mental health, and infringes the right of women to decide on the number and spacing of their children.”³⁵⁶ The Committee proceeds to recommend that “. . . [s]tates parties should ensure that measures are taken to prevent coercion in regard to fertility and reproduction, and to ensure that women are not forced to seek unsafe medical procedures . . . because of lack of appropriate services in regard to fertility control. . . .”³⁵⁷ This latter recommendation is particularly relevant to the situation of Romani women in eastern Slovakia as they have been forced into accepting sterilizations that are not medically necessary and could be avoided through awareness and use of other contraceptive methods (see discussion below on “Failure to Provide Full and Accurate Information”).

Right to Informed Consent

Regional law and policy explicitly endorse the principle of informed consent. Chapter II on “Consent” of the European Convention on Human Rights and Biomedicine sets forth standards for issues of consent and declares the following:

1. Any intervention in the health field may only be carried out after the person concerned has given free and informed consent to it.
2. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks.
3. The person concerned may freely withdraw consent at any time.³⁵⁸

The EU's Charter of Fundamental Rights also promotes the right to "free and informed consent of the person concerned" in the field of medicine.³⁵⁹ In June 2002, the European Parliament voted in support of the Report on Sexual and Reproductive Health and Rights, which urges accession countries "to ensure that women and men can give their fully informed consent on contraceptive use, as well as on fertility awareness methods. . . ."³⁶⁰ The WHO Declaration on Patients' Rights requires informed consent as a prerequisite for any medical intervention and provides that the patient has a right to refuse or halt medical interventions.³⁶¹

NATIONAL LAW AND POLICY

By coercively sterilizing Romani women, Slovak health-care providers are violating an entire range of constitutionally protected rights. These rights include the right to health;³⁶⁸ the protection of parenthood and the right of pregnant women to special care;³⁶⁹ the right to human dignity and protection from illegal intervention in private and family life;³⁷⁰ the prohibition of torture and cruel, inhuman and degrading treatment;³⁷¹ and the right to personal freedom.³⁷² The Constitution's enumeration of these rights lays the foundation for the enactment and implementation of legal measures intended to protect these rights.

Right to Health

The preamble of the governmental decree on patients' rights (Charter on Patients' Rights) recognizes the right to health care "in cases of disease or its threat. . . ."³⁷³ The Health Care Law places perinatal care as part of the primary, secondary and subsequent health-care services.³⁷⁴ However, Slovakia has no specific reproductive health or family planning policy, nor does the current health policy adequately address women's health needs.³⁷⁵ Although there has been a governmental family planning information program for Roma,³⁷⁶ the program appears to have been culturally insensitive.³⁷⁷ The failure to institute effective reproductive health-care laws and policies is a violation of states' duties to ensure access to reproductive health services.

Right to Bodily Integrity

Among other laws, the Criminal Code and the Health Care Law, which regulates

the provision of health care including rights and responsibilities of health-care professionals, protect the right to bodily integrity. An intentional act causing injury to health or serious bodily harm is considered a crime under the Criminal Code,³⁷⁸ punishable by up to two years imprisonment or a fine for injury to health³⁷⁹ and two to eight years imprisonment for causing serious bodily harm.³⁸⁰ If the act is racially or ethnically motivated, then punishment increases.³⁸¹ If there is a grievous harm that leads to damage of an important organ, punishment is up to five years imprisonment;³⁸² if the victim dies as a consequence of this injury, punishment is up to twelve years imprisonment.³⁸³

The Criminal Code also punishes acts of negligence by employees, including doctors and other health-care professionals, who through breach of their professional duties and obligations damage the health or cause serious bodily harm or death to another. If the patient is injured or dies because the health-care professional fails to observe regulations governing his or her practice, the penalty ranges from six months to five years imprisonment and may include professional disqualification, depending upon the seriousness of the harm.³⁸⁴

The provision of the Criminal Code covering genocide³⁸⁵ would also be applicable if it were established that the current practice of coerced and forced sterilization targets Romani women. The definition of genocide in the Slovak Criminal Code follows closely that of the Genocide Convention and defines genocide as having the intention to completely or partially destroy a national, ethnic, racial or religious group through measures including those leading to the prevention of child-bearing in such a group.³⁸⁶ Genocide is punishable by twelve to fifteen years imprisonment or by an “exceptional punishment.”³⁸⁷

The laws described above could potentially protect women from such violations as forced sterilization, as well as in other areas of reproductive health. In practice, however, criminal adjudication of violations of reproductive rights of women, especially Romani women, have been rare and to date have failed to provide adequate protection. The Slovak government and law enforcement agencies in particular, have shown little interest in properly investigating and prosecuting reproductive rights abuses by doctors against Romani women (see Background section of this report for details on cases concerning allegations of forced sterilization).

The Health Care Law, although recognizing patients’ right to bodily integri-

ty,³⁸⁸ provides neither clear nor adequate substantive and procedural norms for individuals seeking remedies for violations of their rights by health-care professionals. It grants attending doctors or “special commissions” in hospitals the discretion on deciding the “rights and responsibilities” of their patients in connection with the provision of health care.³⁸⁹ If a patient disagrees with the decision, she can file an appeal with the director of the hospital, whose decision is final.³⁹⁰ The Charter on Patients’ Rights provides for a complaint procedure but it only sets forth to whom complaints can be addressed,³⁹¹ and does not provide further information on how complaints will be handled.

A patient who is not satisfied with the services of a doctor can also file a complaint with the Medical Chamber of Slovakia. The Chamber is an independent professional association that inter alia decides on disciplinary measures against doctors.³⁹² Generally, there are very few complaints filed with the Chamber. The majority of complaints come from institutions, such as the state prosecutors office, only about 10% are complaints against doctors by patients. The Chamber has the authority to essentially revoke the license of a doctor, but such instances are extremely rare.³⁹³

Right to Reproductive Self-Determination

The right to determine the number and spacing of one’s children is central to women’s autonomy. The Preamble to Slovakia’s Charter on Patients’ Rights, a decree promulgated by the Slovak government, recognizes this right by stating that patients’ rights are based on “human dignity, self-determination and autonomy.”³⁹⁴ However, there is no explicit law guaranteeing women their decision-making autonomy in the area of reproductive health and rights. The lack of explicit national legal and policy instruments to protect these rights negates women’s decision-making powers.

Right to Informed Consent

The right of individuals to make decisions in matters of reproduction and sexuality is directly linked to the right to informed consent. The Health Care Law³⁹⁵ and the Charter on Patients’ Rights³⁹⁶ provide some legal protection for these rights.

The Health Care Law requires doctors to obtain a patient’s consent for procedures that may have a substantial impact on a patient’s life.³⁹⁷ The law further

requires the consent to be in written form or “in another demonstrable way.”³⁹⁸ For minor patients, consent for “interventions that may materially impact patient’s further life” must be obtained from her legal guardian upon the recommendation of a group of at least three specialists appointed in advance by the head of the medical institution. Minor patients above the age of 16 who are sufficiently mature to assess the examination and treatment procedure and to make a decision about it must also give their consent to the procedure, together with a legal representative.³⁹⁹ In cases of emergency, no patient consent is required.⁴⁰⁰

Consent based on coercion and misinformation is not only in violation of the Health Care Law, but also violates the Civil Code, which makes consent invalid if it is obtained under duress or if consent was induced based on an erroneous fact.⁴⁰¹ While the above legal framework should provide some protection for ensuring informed consent, our research showed that these provisions are seldom adhered to in the case of the sterilizations of Romani women. The requirements of written or demonstrable consent are repeatedly ignored by doctors who orally tell Romani women that they will be sterilized or have been sterilized after the fact. The approval of specialists or legal guardians is not obtained for minors who are sterilized. Severe conditions of duress, such as obtaining signatures of women in pain, on the delivery table, under anesthesia, or without adequate explanation, also accompany the practice of coerced sterilization.

Failure to Provide Full and Accurate Information

The Slovak government is obligated under international human rights law to ensure that all Slovak women, including Romani women, are provided with full and accurate information concerning medical procedures and treatments. The government has a special duty to regulate the medical profession, both state-employed and private health-care personnel, given the profession’s key role in protecting and ensuring the health and lives of Slovak citizens. Patients have a right to receive and doctors have a duty, both as agents of the state and as medical professionals, to provide full and accurate information about various treatments that are available and suitable to their health status. Many Romani women were not given information as to why either cesareans or sterilizations were being performed. If they were told that sterilization was medically necessary to prevent future pregnancies, they were not

informed about other types of contraceptive methods. Automatically sterilizing Romani women without informing them of the reasons for doing so and of alternative methods to avoid pregnancy constitutes a violation of their right to information.

INTERNATIONAL AND REGIONAL LAW AND POLICY

The right to have full and accurate information about one's health status is integral to the enjoyment of other human rights, such as the right to health, self-determination and informed consent. Without knowledge about one's state of health, the exercise of these other rights becomes meaningless.

Right to Information

Several provisions in CEDAW endorse the right to information, particularly in matters of family planning. Article 10(h) requires states parties to take measures to guarantee access to “. . . information to help to ensure the health and well-being of families, including information and advice on family planning”; Article 14(2)(b) protects rural women's “. . . access to adequate health-care facilities, including information, counselling and services in family planning”; and Article 16(1)(e) ensures access to the “information, education and means” to enable women to exercise their right to decide the number and spacing of their children.⁴⁰² The CEDAW Committee has further elaborated on these rights: “Some reports disclose coercive practices which have serious consequences for women, such as forced . . . sterilization. Decisions to have children or not . . . must not . . . be limited by . . . Government. In order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services, as provided in article 10(h) of the Convention.”⁴⁰³

Regional treaties also promote the right to information in health matters.⁴⁰⁴ The explanatory report to the European Convention on Human Rights and Biomedicine specifies that the information that patients receive “. . . must be sufficiently clear and suitably worded for the person who is to undergo the intervention.”⁴⁰⁵ Some Romani women do not understand Slovak or the medical terminology of the doctors and are not provided with translators or comprehensible information. Moreover, “.

. . . the patient must be put in a position, through the use of terms he or she can understand, to weigh up the necessity or usefulness of the aim and methods of the intervention against its risks and the discomfort or pain it will cause.”⁴⁰⁶ However, Romani women are generally not given an opportunity to make their own decisions and are instead threatened into agreeing to sterilization or are simply told about the procedures that will be performed on their bodies.

Of particular relevance to the doctors and maternity wards in Slovak hospitals is the resolution by the Council of Europe’s Committee of Ministers recommending that member states integrate family planning services, including information and advice, “. . . within the public health system, preferably integrated in the maternal and child health setting [and] in the maternity hospitals . . .” and has urged making “. . . health and social professionals on all levels understand that family planning is a part of general health care and therefore part of their responsibilities. . . .”⁴⁰⁷ Most Slovak gynecologists at the hospital level place responsibility for information and counseling about family planning at the local level, thereby preventing Romani women who are sterilized in hospitals from receiving the information necessary to make an informed decision. The OSCE has also made recommendations to its member states for improving access to information and services pertaining to reproductive health care, especially in the provision of appropriate information and training to Romani women.⁴⁰⁸

The International Federation of Gynecology and Obstetrics (FIGO) has considered the special ethical issues involved in sterilization and has issued a statement on this matter that discusses the need for comprehensive information. One of its tenets states the following:

The process of informed choice must precede informed consent to surgical sterilisation. Recognised available alternatives, especially reversible forms of family planning which may be equally effective, must be given due consideration. The physician performing sterilisation has the responsibility of ensuring that the person has been properly counselled concerning the risks and benefits of the procedure and of its alternatives.⁴⁰⁹

The WHO Declaration on Patients’ Rights summarizes the content and meaning of this right:

Patients have the right to be fully informed about their health status, including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment.⁴¹⁰

NATIONAL LAW AND POLICY

Right to Information

The provisions of the Health Care Law governing patients' right to information and doctors' obligations to provide information to patients are contradictory. On the one hand, the patient has a right to receive information on the diagnosis, prognosis, treatment, and risks involved in treatment.⁴¹¹ However, the law does not impose an explicit obligation on doctors to provide patients with full information about their medical condition; it grants the doctor discretion to decide the content of the information for the patient.⁴¹² Doctors are required to provide a "full explanation" only if the medical procedure is considered "serious" or "uncurable [sic]" and the patient explicitly requests a "full explanation."⁴¹³ The Charter on Patient's Rights also grants the right of the patient to be informed but places the onus on the patient to request this information and does not oblige doctors to provide it.⁴¹⁴ In addition, even if women were provided with full and accurate information on their reproductive status and the variety of contraceptives available to them to prevent pregnancy, Slovak reproductive health policies fall short—the only contraceptive accessible to low-income women would be sterilization since it is the only type that is subsidized for women who should not get pregnant because of a medical indication.⁴¹⁵

Discriminatory Standards of Care

Holding separate hours for Romani women at local gynecologist offices and segregating Romani from non-Romani women in the many maternity wards in eastern Slovak government hospitals violates numerous international and regional human rights instruments, particularly those relating to the right to equality and non-discrimination. Explanations based on hygiene or social status are not adequate justifications for a de facto policy of racial segregation.

INTERNATIONAL LAW AND POLICY

Right to Equality and Non-Discrimination

The rights to equality and non-discrimination are the bedrock of human rights doctrine. Discrimination on the basis of race, ethnicity or color is prohibited by the UN Charter⁴¹⁶ and multiple human rights instruments.⁴¹⁷ However, the seminal treaty in this area is the Convention against Racial Discrimination (CERD), which defines “racial discrimination” as “. . . any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.”⁴¹⁸ The CERD, the committee that monitors this treaty, has issued a general recommendation focusing on measures for states parties to take to eliminate discrimination against Roma. In the health sector, it recommends that states “. . . ensure Roma equal access to health care . . . and to eliminate any discriminatory practices against them in this field.”⁴¹⁹ Segregating Romani from non-Romani women represents one of the worst and clearest forms of racial discrimination.

Racial discrimination may be compounded when practiced against women, who have to deal with the double burden of racial and gender discrimination. CERD has acknowledged this disparate effect on women: “The Committee notes that racial discrimination does not always affect women and men equally or in the same way. There are circumstances in which racial discrimination only or primarily affects women, or affects women in a different way, or to a different degree than men . . . Certain forms of racial discrimination may be directed towards women specifically because of their gender, such as . . . the coerced sterilization of indigenous women. . . .”⁴²⁰ The outcome document of the WCAR further acknowledges the duty of states to apply a gender perspective to eradicating racial discrimination.⁴²¹

A long line of European treaties protects against racial discrimination and upholds equality.⁴²² Of particular importance are the Framework Convention for Minorities and Protocol 12 of the European Convention on Human Rights. The Framework Convention for Minorities requires states parties to “guarantee to persons belonging to national minorities the right of equality before the law and of equal

protection of the law” and to “. . . take appropriate measures to protect persons who may be subject to threats or acts of discrimination, hostility or violence as a result of their ethnic, cultural, linguistic or religious identity.” In its Opinion on Slovakia, the Advisory Committee to the Convention expressed its concern about “. . . *de facto* discrimination in particular against Roma in various fields ranging from health-care facilities to education . . . and considers that the Government should monitor and react to cases of discrimination in a more effective manner.”⁴²³ Similarly, the Council of Europe’s Committee of Ministers also found that Slovakia was lagging in its implementation of the Framework Convention for Minorities with respect to Roma and recommended that Slovakia strengthen and implement its legal guarantees.⁴²⁴ Protocol 12, which has been signed but not ratified by Slovakia, outlines a general prohibition against discrimination with respect to any right set forth by law on the grounds of race.⁴²⁵

A number of provisions found in official EU documents protect against racial discrimination. As a starting point, the EU regards “respect for minorities” as one of the four political criteria for EU accession.⁴²⁶ Especially significant is the Council of the European Union Directive 2000/43/EC (also known as the Race Directive), which requires member states and candidate countries to pass appropriate legal and policy measures to combat racial or ethnic discrimination and to promote the principle of equal treatment.⁴²⁷ The Race Directive applies to both the public and private sector and includes the field of “social protection, including social security and health care.”⁴²⁸ Therefore, health-care personnel at both the hospital and local level should be subject to sanctions for racially motivated discrimination against Romani women. In its 2002 Regular Report on Slovakia’s Progress Towards Accession, the EU found that Slovakia continued to face a gap between policy formulation and its implementation on the ground with respect to the Roma minority.⁴²⁹ It found that Roma encountered obstructions in accessing public utilities and social services, and identified health care as an area of particular concern.⁴³⁰

The OSCE has issued statements against and findings of discrimination against Roma.⁴³¹ It has identified widespread discrimination and prejudicial attitudes in the field of health care and urges states to “do much more to ensure adequate housing and good health for Roma, who suffer amongst the worst conditions in Europe,” with special attention being given to Romani women.⁴³² It recommends that “[i]n

order to ensure that Roma enjoy equal access to public health care, efforts should be made to ensure that discrimination in the provision of health services is eliminated at all levels.”⁴³³

NATIONAL LAW AND POLICY

Right to Equality and Non-Discrimination

The Constitution affirms the principles of equality and guarantees fundamental rights to every person regardless of “sex, race, color of skin, language. . . .”⁴³⁴ While the Charter on Patients’ Rights affirms the principle of equality and non-discrimination,⁴³⁵ the Health Care Law does not, leaving in question the commitment of the Slovak government to ensuring health care on a basis of equality and non-discrimination. In addition, while the European Union requires its member and candidate countries to pass specific antidiscrimination legislation, Slovakia has yet to do so.⁴³⁶

Slovakia has established several institutions addressing general issues related to minorities and Roma rights in particular.⁴³⁷ The Office of the Deputy Prime Minister for Human Rights, Minorities and Regional Development has supported the adoption of antidiscrimination legislation and had led the development of a Strategy on Roma (Strategy of the Government of the Slovak Republic for the Solution of the Problems of the Romani National Minority). Within this office is the Plenipotentiary of the Government of the Slovak Republic for Addressing the Issues of Roma. The Plenipotentiary is intended in part to bridge the gap between the government and Romani organizations and to raise issues of concern in the Romani community to the government. It is also mandated in part to coordinate among the relevant ministries the national strategy for the Roma and to mobilize Romani non-governmental organizations in support of the strategy.⁴³⁸ Coordination among the ministries on Romani issues, however, is weak.⁴³⁹ The Office however does not have the mandate to investigate claims of discrimination nor to effectively implement the strategy. In addition, the strategy does not clearly and concretely address prevention, prohibition and eradication of discrimination.⁴⁴⁰

The Parliament approved the institution of an ombudsman for human rights in December 2001. The first ombudsman was appointed in March 2002. The ombudsman has the authority to investigate potential violations by some state agents, includ-

ing health-care personnel. The office, however, has no enforcement power. It is too early to assess the effectiveness of the activities of the Ombudsman.⁴⁴¹ The 2002–2003 draft action plan for the Prevention of All Forms of Discrimination by the Office of the Deputy Prime Minister includes recommendations to the Ministry of Health to train health-care workers in preventing discrimination and to provide equal treatment to patients.⁴⁴² This draft action plan does not include any plan for systematically monitoring, investigating or sanctioning cases of discrimination.

While Slovakia is a party to several international and regional treaties that guarantee women's rights and although its constitution secures rights without regard to sex, the country has yet to implement effective institutional mechanisms for the advancement of women. The few women or gender-related structures that are in place are unknown and weak.⁴⁴³ Lacking in Slovakia is a women's commission with adequate resources and power to investigate violations, propose and influence legislation, and pursue remedies.

Physical and Verbal Abuse

The prevalence of physical and verbal abuse against Romani women in government hospitals of eastern Slovakia constitutes a serious breach of the prohibition of inhuman and degrading treatment, as guaranteed by a number of international treaties as well as the Slovak Constitution and other legal provisions.

INTERNATIONAL AND REGIONAL LAW AND POLICY

Right to Physical and Psychological Integrity

Verbal and physical abuse results in the infraction of many of the human rights discussed above. Infringement on one's physical and psychological integrity involves violations of several rights that are secured by international and regional law: the right to health; the right to life, liberty, and security of the person; the right to be free from torture and cruel, inhuman and degrading treatment and punishment; and the right to be free from violence.⁴⁴⁴ In addition, abuse motivated by one's racial or ethnic origins violates the rights to equality and non-discrimination.⁴⁴⁵

These rights are interpreted broadly and encompass more than violations of physical integrity. The right to health embraces both physical and mental health.⁴⁴⁶

The UN Declaration on Violence against Women defines violence as including “physical, sexual and psychological” violence.⁴⁴⁷ CERD has specifically noted that speech that is motivated by “racial superiority or hatred” is prohibited under international law and the state has a duty to curtail such abuse.⁴⁴⁸ Racial epithets and other verbal abuses by Slovak doctors and nurses fall under this category. The Special Rapporteur on Promotion and Protection of the Right to Freedom of Opinion and Expression has further elaborated as follows:

“63. . . . The Special Rapporteur is aware of, and concerned at, the potential harm, whether psychological or physical, which can result from hate speech, in particular incitement to violence, heightened tensions between groups of different cultural, ethnic, racial and religious identities, and perpetuation of stereotypes.

64. . . . As such, and in accordance with the relevant international standards, the Special Rapporteur wishes to condemn any advocacy of national, racial or religious hatred that constitutes an incitement to discrimination, hostility or violence; such advocacy should be prohibited by law.”⁴⁴⁹

NATIONAL LAW AND POLICY

Right to Physical and Psychological Integrity

The constitution establishes the right of the individual not to be subject to torture or cruel, inhuman, or humiliating treatment.⁴⁵⁰ The Health Care Law implements these rights by requiring doctors, nurses and other health-care professionals to respect the rights of patients to “physical and mental integrity.”⁴⁵¹

Slovakia’s Civil Code also protects the right of the individual to “life and health, civil reputation and human dignity, as well as privacy, name and other personal features.”⁴⁵² Criminal Code provisions discussed above (see section on Coerced, Forced and Suspected Sterilization) also intend to protect the right to physical and psychological integrity. In addition, the Charter on Patients’ Rights grants patients the right to be treated with dignity⁴⁵³ and the right “. . . to health care marked by high professionalism . . . as well as by a dignified, ethical and human approach.”⁴⁵⁴

Insufficient Access to Medical Records

The hospitals' refusal to allow patients or their legal counsel to access their medical records is in contravention of international and regional law and policy. Even when patients or their attorneys followed the instructions of the law or of the hospital, the hospitals denied access. Moreover, there was no other body to appeal to for any arbitrary or unfair denials of access. To date, the Ministry of Health has refused to intervene and has affirmed the hospitals' right to refuse access.

INTERNATIONAL AND REGIONAL LAW AND POLICY

Right to Medical Information

An individual's right to access his or her medical records is essential to notions of autonomy, informed and responsible decision-making, and open and just societies. European law and policy upholds this right to information that is located in one's medical records. Article 10(2) of the European Convention on Human Rights and Biomedicine states that "[e]veryone is entitled to know any information collected about his or her health."⁴⁵⁵ The explanatory report to this article defines this right to know broadly: ". . . [it] encompasses all information collected about his or her health, whether it be a diagnosis, prognosis or any other relevant fact."⁴⁵⁶ Romani women who tried to access their records to investigate their reproductive status were turned away. Such refusal by hospital personnel to permit patients to view their own records violates European law.

The right to access one's own medical information is reinforced in the WHO Declaration on Patients' Rights, which declares, "Patients have the right of access to their medical records and technical records and to any other files and records pertaining to their diagnosis, treatment and care and to receive a copy of their own files and records or parts thereof."⁴⁵⁷ A general right of access to personal data is guaranteed in the Charter of Fundamental Rights, which allows everyone the ". . . right of access to data which has been collected concerning him or her. . . ." ⁴⁵⁸

Right to Non-Interference in One's Privacy

The right not to be subjected to unlawful interference with one's privacy constitutes

another human right that supports the right to access records concerning one's medical treatment and status. Both the Civil and Political Rights Covenant and the Universal Declaration guarantee this right under international law.⁴⁵⁹ The corresponding regional instrument that protects the right to non-interference in one's private and family life is the European Convention on Human Rights, Article 8.⁴⁶⁰ The European Court of Human Rights has reviewed cases dealing with access to one's records under Article 8.⁴⁶¹ Most recently, the Court decided that refusal by a state to grant full access to an applicant's social service records resulted in an Article 8 violation.⁴⁶² The Court also concluded that the state failed to fulfill its positive obligation to protect the applicant's private and family life when he had no appeal to an independent body when denied access.⁴⁶³

NATIONAL LAW AND POLICY

Right to Medical Information

Health documentation is recognized in the Health Care Law as an "inseparable part of the provision of health care"⁴⁶⁴ requiring health-care providers to keep complete written records of patients' health status.⁴⁶⁵ Individuals' right to access their medical documentation is governed by Article 16 of the Health Care Law, which states, "Patient, his/her legal representative or a person who has a minor in his/her foster care, shall be entitled to inspect the health documentation and to make extracts of it on the spot . . ."⁴⁶⁶ A similar right to access medical documentation for patients is expressed in the Charter on Patients' Rights.⁴⁶⁷ Additionally, patients may be represented by an individual or legal entity—their legal counsel—through awarding a power-of-attorney according to the Civil Code, which lists the criteria for such.⁴⁶⁸ Certain laws may specifically exclude a possibility of power-of-attorney,⁴⁶⁹ but these restrictions must be explicitly imposed by the law. Despite the explicit right of patients or their legal counsel to access their records, the legislation lacks procedures for practical implementation of these rights. In addition, hospitals also lack policies governing practical issues of access to medical records. Denying a patient or his or her authorized legal counsel access to medical records also has the effect of limiting an individual's ability to seek redress in cases of potential medical malpractice or criminal acts.



Conclusion

The right to have control over one's reproduction is a fundamental human right that has been denied to Romani women in Slovakia. Many Romani women unwittingly become victims of insidious, discriminatory behavior when they seek maternal health care in their public health systems. Their rights to informed consent to sterilization, accurate and comprehensive health information, non-discriminatory health services, and unimpeded access to their medical records have been blatantly violated. Romani women endure severe discrimination that is exacerbated by the intersection of their gender and racial identities. The inevitable results of such oppression are the extensive and unchecked human rights violations against them that are occurring in Slovakia today.

This report has aimed to document the treatment of Romani women seeking reproductive health care. It sets forth the abuses that we uncovered during a roughly three-month fact-finding mission and explains how they violate national, regional and international legal standards. It seeks to inform and suggest recommendations to various national and international actors with the aim of encouraging them to investigate, remedy and eradicate the violations. In the end, this report seeks to be a useful advocacy tool to raise awareness of and thereby change the alarming conditions of Romani women living in Slovakia.

Endnotes

- 1 For the purposes of this report, we generally refer to instances when women were coerced to agree to sterilization as ‘coerced sterilization’ and instances when women were unaware that they would be sterilized before they underwent the procedure, as ‘forced sterilization.’
- 2 For the purposes of this report, we generally refer to instances when women were coerced to agree to sterilization as ‘coerced sterilization’ and instances when women were unaware that they would be sterilized before they underwent the procedure, as ‘forced sterilization.’
- 3 List of settlements: Bačkov, Bystrany, Chmiňany, Chminianske Jakubovany, Dlhé Stráže, Drahňov, Dravce-Bukovinka, Hermanovce ov, Housing site Stará tehelnia in Prešov, Hrabské, Hranovnica, Jabložov, Jarovnice, Jasov, Kecerovce, Kravany, Kurov, Lenartov, Letanovce, Malcov, Markušovce, Medzev, Ostrovany, Parchovany, Podhorany, Rakúsy, Richnava, Romani ghetto in the Košice City Part Luník IX, Romani ghetto in the Košice City Part Nad jazerom – Golianova street, Romani ghetto in Krompachy city, Švedlár, Romani ghetto in Nálepkovo city, Rudňany, Sačurov, Soľ, Stráne pod Tatrami Svinia, Vtáčkovce, Žehra, Zborov.
- 4 List of hospitals: 1st Gynecological and Obstetrician Clinic of University Teaching Hospital and Medical School of Comenius University (I.Gynekologicko-pôrodnická klinika FN a LFUK) Bratislava – Zochova street; Hospital of Eastern Slovakia Steel Company (VSŽ Nemocnica, a.s.) Košice – Šaca [hereinafter “Šaca hospital”]; Hospital with Health Centre (NsP) Bardejov [hereinafter “Bardejov hospital”]; Hospital with Health Centre (NsP) Gelnica [hereinafter “Gelnica hospital”]; Hospital with Health Centre (NsP) Kežmarok [hereinafter “Kežmarok hospital”]; Hospital with Health Centre (NsP) Krompachy [hereinafter “Krompachy hospital”]; Hospital with Health Centre (NsP) Levoča [hereinafter “Levoča hospital”]; Hospital with Health Centre (NsP) Poprad [hereinafter “Poprad hospital”]; Hospital with Health Centre (NsP) Ružinov – Bratislava [hereinafter “Ružinov Hospital”]; Hospital with Health Centre (NsP) Spišská Nová Ves [hereinafter “Spišská Nová Ves hospital”]; Hospital with Health Centre (NsP) Vranov nad Topľou [hereinafter “Vranov hospital”]; 2nd Gynecological and Obstetrician Clinic of Medical School of Pavel Jozef Šafárik University (II. Gynekologicko-pôrodnická klinika LF UPJŠ) Košice – Moyzesova st. [hereinafter “Hospital at Moyzesova st., Košice”]; University Teaching Hospital with Health Centre (FNsP) Košice [hereinafter “UTH Košice”]; University Teaching Hospital with Health Centre of J.A.Reiman (FNsP J.A. Reimana) Prešov [hereinafter “UTH Prešov] Note: there are two maternity wards in UTH Prešov: Women Department II. Surgical Monoblock (Ženské oddelenie II. Chir.monoblok) – in this report referred to as “New Maternity Prešov” and Women Department I. Old Maternity (Ženské oddelenie I. Stara pôrodnica) referred to as “Old Maternity Prešov;” and University Teaching Hospital of Luis Pasteur (FN Luisa Pasteura) Košice [hereinafter “Luis Pasteur UTH Košice”].
- 5 See CENTRAL INTELLIGENCE AGENCY (CIA), UNITED STATES OF AMERICA, THE WORLD FACTBOOK 2002: SLOVAKIA, available at <http://www.cia.gov/cia/publications/factbook/geos/lo.html> (last visited Dec. 3, 2002) [hereinafter THE WORLD FACTBOOK 2002].
- 6 See M. VASECKA, COUNTRY REPORT ON MINORITY RIGHTS IN PRE-EU ACCESSION: SLOVAKIA INSTITUTE FOR PUBLIC AFFAIRS 3 (2001), available at http://www.ivo.sk/subory/country_report_mnr.pdf (last visited Dec. 29, 2002).
- 7 See e.g., WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS, EMPLOYMENT AND LABOR MARKET STUDY 101-103 (2002) [hereinafter WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS STUDY].
- 8 See THE WORLD FACTBOOK 2002, *supra* note 5.
- 9 See The Slovak Republic Government Office, *Slovakia and European Union*, at http://www.vlada.gov.sk/eu/Integracia/en_vztahy.html (last visited Dec. 28, 2002).
- 10 See European Union, *Glossary: Accession Criteria (Copenhagen Criteria)*, at

- <http://www.cia.gov/cia/publications/factbook/geos/lo.html> (last visited Dec. 29, 2002).
- 11 *See id.*
- 12 *See id.*
- 13 *See id.*
- 14 Press Release, Copenhagen European Council, Presidency Conclusions, SR No. 400/02 (Dec. 12, 2002), available at <http://ue.eu.int/pressData/en/ec/73774.pdf> (last visited Dec. 29, 2002).
- 15 *See* THE WORLD FACTBOOK 2002, *supra* note 5.
- 16 *See id.*
- 17 *See* VASECKA, *supra* note 6, at 3.
- 18 *See* DENA RINGOLD, THE WORLD BANK, ROMA AND THE TRANSITION IN CENTRAL AND EASTERN EUROPE: TRENDS AND CHALLENGES 1, 4 (2002), available at [http://lnweb18.worldbank.org/eca/eca.nsf/Attachments/ROMA+AND+THE+TRANSITION+IN+CENTRAL+AND+EASTERN+EUROPE:+TRENDS+AND+CHALLENGES/\\$File/Roma.pdf](http://lnweb18.worldbank.org/eca/eca.nsf/Attachments/ROMA+AND+THE+TRANSITION+IN+CENTRAL+AND+EASTERN+EUROPE:+TRENDS+AND+CHALLENGES/$File/Roma.pdf) (last visited Dec. 3, 2002).
- 19 Eleonora Sandor, *Slovak Population Census 2001: The Politics of Ethnicity*, 13 TRANSITION NEWSL. 34, 35 (Jan.-Feb. 2002), available at <http://www.worldbank.org/transitionnewsletter/pdf/JanFeb2002.pdf> (last visited Dec. 28, 2002) [hereinafter Sandor].
- 20 *See* VASECKA, *supra* note 6, at 4; *See also* Report on Slovakia's Application for Membership of the European Union and the State of Negotiations, Committee on Foreign Affairs, Human Rights, Common Security and Defence Policy, European Parliament, COM(2000) 711 final at 14 [hereinafter Weirisma Report]; European Roma Rights Center (ERRC), *Factsheet: Roma in the Slovak Republic* (1999), at <http://errc.org/publications/factsheets/slovakrepublic.shtml> (last visited Dec. 28, 2002).
- 21 *See* Sandor, *supra* note 19, at 34.
- 22 *See* WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS, *supra* note 7, at 101-103.
- 23 *See* ORGANIZATION FOR SECURITY AND CO-OPERATION IN EUROPE (OSCE), REPORT ON THE SITUATION OF ROMA AND SINTI IN THE OSCE AREA 125 (2000) [hereinafter OSCE, REPORT ON THE SITUATION OF ROMA]; *See* JOYCE SCHOON, COLLABORATION UNICEF AND ROMANI CRISS, IMPROVING PRIMARY HEALTH CARE: PUBLIC HEALTH AND SOCIO-CULTURAL RESEARCH WITH ROMA COMMUNITIES IN ROMANIA, DESCRIPTION AND EVALUATION OF THE LOCAL PRIMARY HEALTH CARE PROJECTS IN ROMANIA para. 5.2 (Bucharest, May 1998) which revealed that in Balta Arsa, Romania Romani women tended to be unaware of the need to modify their lifestyle during pregnancy, including in terms of food, vitamin intake, physical effort and work.
- 24 *See* OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23, at 125.
- 25 *See* OPEN SOCIETY INSTITUTE (OSI), MONITORING THE EU ACCESSION PROCESS: MINORITY PROTECTION IN SLOVAKIA 448 (2001), available at http://www.eumap.org/reports/content/10/703/minority_slovakia.pdf (last visited Dec. 29, 2002) [hereinafter OSI, MINORITY PROTECTION IN SLOVAKIA].
- 26 *See* VASECKA, *supra* note 6, at 4-5.
- 27 *See* WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS STUDY, *supra* note 7, at 101.
- 28 *See id.* at 121.
- 29 *See id.* at 101.
- 30 *See* Law 52/1998 of the Coll. On Protection of Personal Data in Information Systems, art. 8, paras. 1-2 Zákon o ochrane osobných údajov v informacných systémoch.
- 31 *See* INA ZOON, ON THE MARGINS: SLOVAKIA-ROMA AND PUBLIC SERVICES IN SLOVAKIA 4, 57-58 (2001); *See also* OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 448.
- 32 *See* ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 32, at 58-60.

- 33 See RINGOLD, *supra* note 18, at 21; See also OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23, at 125.
- 34 See RINGOLD, *supra* note 18, at 20–21.
- 35 According to a 1999 UNICEF Report, women's reproductive health status has experienced a decline in all of the former communist states in East Central Europe. See generally UNICEF, THE MONEE PROJECT, REGIONAL MONITORING REPORT, WOMEN IN TRANSITION (1999); See also INTERNATIONAL HELSINKI FEDERATION FOR HUMAN RIGHTS, WOMEN 2000: AN INVESTIGATION INTO THE STATUS OF WOMEN'S RIGHTS IN CENTRAL AND SOUTH-EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES 400 (2000) [hereinafter WOMEN 2000].
- 36 See WOMEN 2000, *supra* note 35, at 400; See also group interview, Jasov Settlement, Slovakia (Aug. 27, 2002); See also ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 31, at 58.
- 37 Historical background and persecution of the Roma in Europe has been well reported in publications by the academics, international agencies and non-governmental organizations. See generally RINGOLD, *supra* note 18; HUMAN RIGHTS WATCH, STRUGGLING FOR ETHNIC IDENTITY: CZECHOSLOVAKIA'S ENDANGERED GYPSIES (1992); OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23; MARCIA ROOKER, INTERNATIONAL SUPERVISION OF PROTECTION OF ROMANY PEOPLE IN EUROPE (2002).
- 38 See 2002 REGULAR REPORT ON SLOVAKIA'S PROGRESS TOWARDS ACCESSION 31 (2002), available at http://europa.eu.int/comm/enlargement/report2002/sk_en.pdf (last visited Dec. 16, 2002) [hereinafter 2002 REGULAR REPORT].
- 39 See OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23, at 120; See also WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS STUDY, *supra* note 7, at 106–107.
- 40 See ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 31, at 5.
- 41 See EUROPEAN COMMISSION AGAINST RACISM AND INTOLERANCE (ECRI), COUNCIL OF EUROPE, SECOND REPORT ON SLOVAKIA, ¶ 33 (2000) [hereinafter ECRI, SECOND REPORT].
- 42 See BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOR, U.S. DEP'T OF STATE, SLOVAK REPUBLIC COUNTRY REPORT ON HUMAN RIGHTS PRACTICES FOR 2001 § 5 (2002), available at <http://www.state.gov/g/drl/rls/htp/2001/eur/8338.htm> (last visited Dec. 16, 2002) [hereinafter U.S. STATE DEP'T, SLOVAK REPUBLIC HUMAN RIGHTS REPORT 2001]; See also WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS STUDY, *supra* note 7, at 105; ECRI, SECOND REPORT, *supra* note 41, ¶ 33.
- 43 See WORLD BANK, SLOVAK REPUBLIC LIVING STANDARDS STUDY, *supra* note 7, at 105.
- 44 See U.S. STATE DEP'T, SLOVAK REPUBLIC HUMAN RIGHTS REPORT 2001, *supra* note 42, § 2(d); See also OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 455.
- 45 See OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 455, citing Project on Ethnic Relations, *Political Participation and the Roma in Hungary and Slovakia*, 3–4 July 1998, Kosice, Slovakia.
- 46 See European Roma Rights Center (ERRC), *Discrimination in the Slovak Judicial System*, 1 ROMA RIGHTS 106, 106–108 (2002) [hereinafter ERRC, *Discrimination in the Slovak Judicial System*]; See also U.S. STATE DEP'T, SLOVAK REPUBLIC HUMAN RIGHTS REPORT 2001, *supra* note 42, § 5.
- 47 See *id.*; See generally EUROPEAN ROMA RIGHTS CENTER (ERRC), TIME OF THE SKINHEADS: DENIAL AND EXCLUSION OF ROMANI IN SLOVAKIA (1997).
- 48 See generally OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25.
- 49 See *id.* at 432; See also U.S. STATE DEP'T, SLOVAK REPUBLIC HUMAN RIGHTS REPORT 2001, *supra* note 42, § 5.
- 50 See ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 31, at 1–2; See also U.S. STATE DEP'T, SLOVAK REPUBLIC HUMAN RIGHTS REPORT 2001, *supra* note 42, § 5.
- 51 See OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 433, citing to Documentation

- Centre for Research of the Slovak Society, DCVSS survey, 1995.
- 52 See *id.*, citing to NARODNA OBRODA 2 (Dec. 28, 1999) and SME 2 (Dec. 28, 1999).
- 53 See *id.* at 434.
- 54 See Harold Tanner, *The Roma Persecution*, at <http://www.geocities.com/Paris/5121/porraimos.htm> (last visited Dec. 30, 2002).
- 55 See United States Holocaust Memorial Museum, *Germany 1933-1936*, at <http://www.ushmm.org/olympics/zca005.htm> (last visited Dec. 30, 2002); See also United States Holocaust Memorial Museum, *Foundations of Nazi Racism*, at <http://www.ushmm.org/outreach/racischr.htm> (last visited Dec. 30, 2002).
- 56 See United States Holocaust Memorial Museum, *Genocide of European Roma*, at <http://www.ushmm.org/topics/article.php?ModuleId=10005219> (last visited Dec. 16, 2002); See generally DAVID M. CROWE, A HISTORY OF THE GYPSIES OF EASTERN EUROPE AND RUSSIA (1994); IAN HANCOCK, THE PARIAH SYNDROME: AN ACCOUNT OF GYPSY SLAVERY AND PERSECUTION (1987).
- 57 See generally CROWE, *supra* note 56; ISABEL FONSECA, BURY ME STANDING: THE GYPSIES AND THEIR JOURNEY (1995); ANGUS FRASER, THE GYPSIES (1992); HANCOCK, *supra* note 56.
- 58 See RUBEN PELLAR AND ZYBNĚK ANDRŠ, STATISTICAL EVALUATION OF THE CASES OF SEXUAL STERILIZATION OF ROMANI WOMEN IN (EAST) SLOVAKIA—APPENDIX TO THE “REPORT ON THE EXAMINATION IN THE PROBLEMATICS OF SEXUAL STERILIZATION OF ROMANIES IN CZECHOSLOVAKIA” 6 hereinafter PELLAR & ANDRŠ].
- 59 See HRW, CZECHOSLOVAKIA’S ENDANGERED GYPSIES, *supra* note 37, at 20, citing to Material Designated for the Deliberation of the Governmental Commission of the Slovak Socialist Republic for Question of Gypsy Inhabitants [Material urceny na rokovanie Komisie Vldy SSR pre otázky ciganských obyvateľov] No. SKC 6406/77 (1977).
- 60 See *id.* at 20.
- 61 See *id.*
- 62 The term “Gypsy” is often used as a derogatory term by non-Roma.
- 63 See *id.* at 20-21, citing to Material Designated for the Deliberation of the Governmental Commission of the Slovak Socialist Republic for Question of Gypsy Inhabitants [Material urceny na rokovanie Komisie Vldy SSR pre otázky ciganských obyvateľov] No. SKC 6406/77 (1977).
- 64 See *id.* at 145-146, citing to Public Notice 151/152 of the Ministry of Health and Social Affairs of the Czech Socialist Republic paras. 31 & 31 (Sept. 8, 1988).
- 65 *Id.* at 146, citing to para. 35.
- 66 See *id.* at 21.
- 67 See *id.* at 146, citing to Public Notice 151/152 of the Ministry of Health and Social Affairs of the Czech Socialist Republic paras. 31(3) (Sept. 8, 1988).
- 68 See PELLAR & ANDRŠ, *supra* note 58, at 6.
- 69 See *id.*
- 70 See HRW, CZECHOSLOVAKIA’S ENDANGERED GYPSIES, *supra* note 37, at 29-30, citing Dr. Polsuch and Dr. Polsluchova, *The Problems of Planned Parenthood among Gypsy Fellow-citizens in the Eastern Slovakian Region*, 39 ZDRAVOTNICKA PRACOVNICE 220, 220-223 (1989).
- 71 See *id.*
- 72 See ZÁVAZNÉ NARIADENIE O STERILIZÁCI [STERILIZATION REGULATION], Reg. No. 4 582/1972-B/1, 9/1972 Coll.LL, art. 5(1) (Apr. 14, 1972) [hereinafter STERILIZATION REGULATION].
- 73 See HRW, CZECHOSLOVAKIA’S ENDANGERED GYPSIES, *supra* note 37, at 22.
- 74 See *id.*
- 75 See *id.*
- 76 See *id.* at 29.
- 77 See *id.* at 32.

78 See *id.* at 20.

79 Charter 77 in 1990, document On Sterilization of Roma Women, Document of the Charter 77, No. 3/1990 from Jan. 28, 1990 (signed by spokesmen of Charter 77 Miroslav Lehky et al.); See also HRW, CZECHOSLOVAKIA'S ENDANGERED GYPSIES, *supra* note 37, at 20.

80 Charter 77 in 1990, document On Sterilization of Roma Women, Document of the Charter 77, No. 3/1990 from Jan. 28, 1990 (signed by spokesmen of Charter 77 Miroslav Lehky et al.).

81 See the Decree of the General State prosecutor of the Slovak Republic, No. III/2 Gn 482/90 from 16 Jan. 1991, signed by JUDr. Magvašiová, General State Prosecutor of the Slovak Republic.

82 See HRW, CZECHOSLOVAKIA'S ENDANGERED GYPSIES, *supra* note 37, at 33.

83 See *id.* at 33-34, citing to Decision Number CSV:VV 47/1991, District Examining Office of the Police Corps of the Slovak Republic, Presov, Sept. 30, 1991.

84 See Posting of JUDr. Ján Hrubala, hrubala@changenet.sk, to Public Interest Law Network Listserv (Aug. 14, 2002), available at <http://www.pili.org/lists/piln/archives/msg00959.html> (last visited Dec. 30, 2002).

85 See *id.*

86 Relevant provisions of the law were abolished by Decree No. 590/1990 of the Coll.L., Decree of the Ministry of Labor and Social Affairs of the Slovak Republic from 20 December 1990, On the Amendment and Modification of the Decree of the Ministry of Health and Social Affairs of Slovak Socialist Republic No. 151/1988 of the Coll.L. as Subsequently Amended (Vyhláska Ministerstva práce a sociálnych vecí Slovenskej republiky z 20. decembra 1990 o zmene a doplnení vyhlásky Ministerstva zdravotníctva a sociálnych vecí Slovenskej socialistickej republiky 151/1988 Zb.), available at

<http://www.mvcr.cz/sbirka/1990/sb099-90.pdf> (last visited Jan. 3, 2003).

87 See Michal Vašečka, *Roma*, in SLOVAKIA 2001: A GLOBAL REPORT ON THE STATE OF SOCIETY 149, 163 (2002); See also *Slovak Roma organization mistrusts media tycoon party's promises*, BRATISLAVA RADIO SLOVENSKO IN SLOVAK, Jul. 21, 2002.

88 See e.g., Časovaná demografická bomba? [Demographic Time Bomb?] 8 TÝŽDENÍK O EKONOMIKE, POLITIKE A SPOLOČNOSTI [On Economics, Politics and Society] 22 (Nov. 25, 2002).

89 See ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 31, at 67, citing to Ministry of Health of the Slovak Republic, *Position Paper on the Working Draft of the Document National Strategy of Sustainable Development in the SR* (Oct. 16, 2000).

90 See OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 437, citing C. Togneri, *Racial Beatings Increase*, 6 SLOVAK SPECTATOR (Dec. 2000 – Jan. 2001).

91 See *id.*

92 *Coalition With HZDS Minus Meciar Possible, Says Fico*, THE GUIDE TO THE SLOVAK REPUBLIC, at <http://www.slovakia.org/news/0105-4.htm> (last visited on Jan. 2, 2003).

93 See Parliamentary Press No. 60/2002, the Law of the SNC that is Amending and Modifying the Law No. 195/1998 of the Coll. – the Law on Social Assistance as Subsequently Amended, and the Law No. 125/1998 of the Coll. – Law on Life Minimum and that is Establishing Amounts for the Purposes of State Social Allowances Pursuant of the Law No. 439/2000 of the Coll, available at http://www.nrsr.sk/zakony/3_3citanie/3_0060z.doc (last visited Dec. 3, 2002).

94 See Steven Erlanger, *The Gypsies of Slovakia: Despised and Despairing*, N.Y. TIMES, Apr. 13, 2000, at A10.

95 Interview with Alexandra, Jasov settlement, Slovakia (Aug. 8, 2002).

96 *Romani women do not Want to Give Birth But Children Make Their Living*, PRAVDA, Feb. 6, 2002.

97 See generally ZOON, ON THE MARGINS: SLOVAKIA, *supra* note 31.

98 See *id.* at 68.

99 See email from Anna-Maija Toukarri, Finish refugee lawyer, to Christina Zampas, Legal Adviser,

- Center for Reproductive Rights (June 20, 2002) (on file with CRR).
- 100 See Press Release, Office of the Deputy Prime Minister for Human Rights, Minorities and Regional Development (Nov. 14, 2001); See also Ed Holt, *Rights-Slovakia: Dispute Over Sterilization of Roma Women*, INTER PRESS SERVICE, Nov. 23, 2001.
- 101 See interview with JUDr. Segeš, Director of department for criminality, and JUDr. Džurná, department of violent criminality, Office of the General Prosecutor, Župné nám, Bratislava, Slovakia (Oct. 8, 2002).
- 102 The terms “cesarean birth,” “cesarean delivery,” “cesarean section,” and “C-section” may be used to describe the delivery of a fetus through a surgical incision of the anterior uterine wall. “Cesarean section” is a tautology; as both words connote incision. Therefore, cesarean birth, cesarean delivery, and C-section are preferable terms and will be used in this report. See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES 561 (Steven G. Gabbe et al. eds., 3rd ed. 1996) [hereinafter OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES].
- 103 See *id.*
- 104 See WILLIAMS OBSTETRICS 509 (F. Gary Cunningham, et al. eds., 20th ed. 1997) [hereinafter WILLIAMS OBSTETRICS].
- 105 See *id.* at 510-11.
- 106 Interview with Dr. Jacques Milliez, Chief of Gynecology and Obstetrics, St. Antoine Hospital, Paris, France (Oct. 4, 2002).
- 107 See WILLIAMS OBSTETRICS, *supra* note 104, at 515.
- 108 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 575.
- 109 See WILLIAMS OBSTETRICS, *supra* note 104, 515; See also interview with Dr. Lotti Helstrom, Director, Reproductive Health Unit in the Dept. of Women’s Health, Karolinska Hospital, Stockholm, Sweden, (Aug 21. 2002); Telephone interview with Dr. Chuck DeProse, retired professor of obstetrics and gynecology, University of Iowa (Oct. 9, 2002); Interview with Dr. Jacques Milliez, *supra* note 106.
- 110 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 575.
- 111 Interview with Dr. Jacques Milliez, *supra* note 106.
- 112 See WILLIAMS OBSTETRICS, *supra* note 104, at 773.
- 113 See *id.*
- 114 See *e.g.*, interview with Prof. MUDr. Miroslav Borovský, DrSc., the chief of 1st Gynecological and Obstetrician clinic of the University Teaching Hospital and Medical School of Comenius University, Bratislava, Slovakia (Oct.8, 2002); interview with MUDr. Barďošová, 1st Gynecological and Obstetrician clinic of the University Teaching Hospital and Medical School of Comenius University, Bratislava, Slovakia (Oct. 8, 2002).
- 115 See WILLIAMS OBSTETRICS, *supra* note 104, at 511.
- 116 See *id.*
- 117 See *id.* at 511-512.
- 118 See *e.g.*, interview with Dr. Lotti Helstrom, *supra* note 109; Telephone interview with Dr. Chuck DeProse, *supra* note 109; Interview with Dr. Jacques Milliez, *supra* note 106.
- 119 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 606, *citing* to American College of Obstetricians and Gynecologists, *Vaginal Delivery After Previous Cesarean Birth*, PRACTICE PATTERNS, No. 1 (Aug. 1995).
- 120 “The most common cause of uterine rupture is separation of a previous cesarean sect scar.” WILLIAMS OBSTETRICS, *supra* note 104, at 772.
- 121 See Alan Guttmacher Institute (AGI), Facts in Brief: Contraceptive Use (1999), *available at* http://www.guttmacher.org/pubs/fb_contr_use.html (last visited Dec. 6, 2002). Twenty-eight percent of users worldwide choose tubal sterilization as their contraceptive method, as compared to 27% who

- use the birth control pill and 20% who use condoms.
- 122 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 703.
- 123 See *id.* at 704.
- 124 See *id.*
- 125 See *id.*
- 126 See *id.*; See also WILLIAMS OBSTETRICS, *supra* note 104, at 1378.
- 127 See WILLIAMS OBSTETRICS, *supra* note 104, at 1380; See also OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 704.
- 128 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 704.
- 129 See ENGENDERHEALTH, CONTRACEPTIVE STERILIZATION: GLOBAL ISSUES AND TRENDS 7 (2002).
- 130 See interview with Dr. Lotti Helstrom, *supra* note 109.
- 131 *Id.*
- 132 See U.S. BUREAU OF THE CENSUS, WORLD POPULATION PROFILE: 1998 tbl. A-11 (1999), available at <http://www.census.gov/ipc/prod/wp98/wp98.pdf> (last visited Dec. 3, 2002).
- 133 See Slovak Sterilization law Z-4 582/1972 of 1972, annex XIV.
- 134 See *id.*
- 135 See interview with Agáta, Svinia Settlement, Slovakia (Aug. 10, 2002).
- 136 See HRW, CZECHOSLOVAKIA'S ENDANGERED GYPSIES, *supra* note 37, at 21.
- 137 Interview with Dr. Strýčková, Gynecologist, Prešov, Slovakia (Oct. 14, 2002).
- 138 See interview with Dr. Peter Jankech, Administrator and Director, Spišská Nová Ves hospital, Spišská Nová Ves, Slovakia (Sept. 2, 2002).
- 139 See interview with Dr. Gejza Papp, Director and Chief Gynecologist, Gelnica hospital, Gelnica, Slovakia (Sept. 5, 2002).
- 140 See interview with Dr. Marian Celovský, Gynecologist, Gynecology department of UTH Košice, Slovakia (Aug. 26, 2002).
- 141 See *e.g.*, interview with Dr. Štefan Pitko, Director of Gynecology, Spišská Nová Ves hospital, Spišská Nová Ves, Slovakia (Sept. 2, 2002); interview with Dr. Marián Celovský, *supra* note 140.
- 142 Interview with Stela, Letanovce Settlement, Slovakia (Oct. 13, 2002).
- 143 *Id.*
- 144 Interview with Petra, Zabíjanec- Rudňany settlement, Slovakia (Sept. 2, 2002). Referring to her delivery Spišská Nová Ves Hospital.
- 145 See interview with Valika, Letanovce settlement, Slovakia (Aug. 14, 2002).
- 146 STERILIZATION REGULATION, *supra* note 72.
- 147 See *e.g.*, interview with Dr. Tóth, Chief Gynecologist, Luis Pasteur UTH Košice, Slovakia (Aug. 26, 2002); interview with Dr. Štefan Pitko, *supra* note 141; interview with Dr. Ján Králik, Krompachy hospital, Krompachy, Slovakia (Sept. 3, 2002); interview with MUDr. Gejza Papp, *supra* note 139; interview with MUDr. Martin Kopaničák, Head of Gynecology, Kežmarock Hospital, Slovakia (Sept. 5, 2002); interview with MUDr. Bardošová, *supra* note 114; Prof. MUDr. Miroslav Borovský DrSc., *supra* note 114; MUDr. Kozolková, Ružinov hospital, Bratislava, Slovakia (Oct. 10, 2002).
- 148 See interview with Dr. Martin Kopaničák, *supra* note 147.
- 149 See interviews with Roma women Oct. 13-17, 2002.
- 150 See Law 52/1998 of the Coll. On Protection of Personal Data in Information Systems, art. 8, paras. 1-2. Zákon o ochrane osobných údajov v informacných systémoch.
- 151 Interview with anonymous woman, Švedlár settlement, Slovakia (Oct. 17, 2002).
- 152 Interview with Oľga, Jarovnice settlement, Slovakia (Aug. 11, 2002).
- 153 *Id.*
- 154 See interview with Šarlota, Zborov settlement, Slovakia (Oct. 16, 2002).
- 155 *Id.*

156 *Id.*

157 See interview with Katarína, Žehra settlement, Slovakia (Sept. 1, 2002).

158 See interview with Edita, Rudňany settlement, Slovakia (Aug. 29, 2002).

159 Interview with Nataša, Bystrany settlement, Slovakia (Aug. 13, 2002).

160 *Id.*

161 See e.g., interview with Klaudia, Žehra settlement, Slovakia, (Aug. 12, 2002); interview with Kamila, Žehra settlement, Slovakia (Aug. 12, 2002); interview with Nataša, *supra* note 159; interview with Gizela, Bystrany settlement, Slovakia (Aug. 13, 2002); interview with Al beta, Bystrany settlement, Slovakia (Aug. 13, 2002); interview with Beáta, Bystrany settlement, Slovakia (Aug. 13, 2002); interview with Lubica, Bystrany settlement, Slovakia (Aug. 13, 2002); interview with Petra, *supra* note 144; interview with Jana, Richnava settlement, Slovakia (Oct. 16, 2002); interview with Sonia, Richnava settlement, Slovakia (Oct. 16, 2002).

162 See e.g., interview with Erika, Bystrany settlement, Slovakia (Aug. 13, 2002); interview with Nataša, *supra* note 159; interview with Beáta, *supra* note 161; interview with Jana, *supra* note 161; interview with Sonia, *supra* note 161.

163 See interview with Beáta, *supra* note 161.

164 See e.g., interview with Kamila, *supra* note 161; interview with Petra, *supra* note 144; interview with Sonia, *supra* note 161.

165 See e.g., interview with Kamila, *supra* note 161; interview with Erika, *supra* note 162; interview with Petra, *supra* note 144; interview with Nataša, *supra* note 159.

166 See e.g., interview with Erika, *supra* note 162; interview with Petra, *supra* note 144; interview with Barbora, Letanovce settlement, Slovakia (Aug. 14, 2002).

167 Interview with Petra, *supra* note 144.

168 Interview with Sandra, Richnava settlement, Slovakia (Oct. 16, 2002).

169 Interview with anonymous woman (age 28), Markušovce settlement, Slovakia (Sept. 1, 2002).

170 Interview with Izabela, Drahňov settlement, Slovakia (Oct. 15, 2002).

171 Currency conversions were processed at www.xe.com on Jan 2, 2003.

172 Interview with Izabela, *supra* note 170.

173 Interview with Laura, Letanovce settlement, Slovakia (Aug. 14, 2002).

174 Interview with Sabína, Bystrany settlement, Slovakia (Sept. 3, 2002).

175 *Id.*

176 *Id.*

177 See e.g., STERILIZATION REGULATION, *supra* note 72, art. 7; ZÁKON O OCHRANE ZDRAVIA EUDU [Law on Health], 20/1966 Coll.LL, art. 13 (1966) [hereinafter Law on Health].

178 Interview with Michaela, Romany ghetto in Krompachy city, Slovakia (Oct. 16, 2002).

179 *Id.*

180 Interview with Žofia, Rudňany settlement, Slovakia (Aug. 29, 2002).

181 STERILIZATION REGULATION, *supra* note 72.

182 Law on Health, *supra* note 177, art. 27 (1966).

183 Zákon o zdravotnej starostlivosti [Health Care Act], 277/1994 Coll.LL (1994) [hereinafter Health Care Act].

184 STERILIZATION REGULATION, *supra* note 72, Appendix: The List of Indications that can be reason for performing sterilization, XIV Gynecology and Obstetrics Indications.

185 *Id.* art. 5(1)(b).

186 *Id.* art. 6.

187 *Id.* art. 8.

188 *Id.* art. 9.

189 *Id.* art. 10.

- 190 *Id.* art. 11.
- 191 *Id.* art. 7.
- 192 *Id.* art. 11.
- 193 See interviews with Prof. Dr. Ján Štencl, CSc., President, Slovak Health University, Bratislava, Slovakia (Oct 11, 2002) and Prof. Dr. Štefan Lukačín, UTH Košice (Aug. 26, 2002).
- 194 See e.g., interview with Dr. Martin Kopaničák, *supra* note 147; interview with MUDr. Tóth, *supra* note 147.
- 195 See interview with Prof. Dr. Ján Štencl, *supra* note 193.
- 196 See interview with Prof. Dr. Štefan Lukačín, *supra* note 193.
- 197 STERILIZATION REGULATION, *supra* note 72, appendix XIV, para. 1.
- 198 See Interview with Dr. Ján Králik, *supra* note 147.
- 199 See email from Viera Kusendova, Poradňa, to Christina Zampas, Legal Adviser, Center for Reproductive Rights (Dec. 13, 2001) (on file with CRR).
- 200 See *id.*
- 201 See *id.*
- 202 Interview with Alisa, Romani ghetto in Nálepkovo city, Slovakia, (Oct. 17, 2002)
- 203 See email from Viera Kusendova, *supra* note 199.
- 204 Interview with Klára, Hermanovce settlement, Slovakia (Aug. 10, 2002).
- 205 See email from Viera Kusendova, *supra* note 199.
- 206 Interview with anonymous woman (age 24), Strané pod Tatrami settlement, Slovakia (Sept. 5, 2002).
- 207 See interview with Viera, Bratislava, Slovakia (Oct. 10, 2002).
- 208 Interview with Judita, Jarovnice settlement, Slovakia (Aug. 29, 2002).
- 209 See OBSTETRICS, NORMAL AND PROBLEM PREGNANCIES, *supra* note 102, at 704.
- 210 See e.g., interview with Renata, Lenartov settlement, Slovakia (Oct. 16, 2002); interview with Martina, Jarovnic settlement, Slovakia (Aug. 29, 2002); interview with Zita, Jarovnice settlement, Slovakia (Aug. 29, 2002); interview with Brigita, Svinia settlement, Slovakia (Aug. 31, 2002); interview with Marcela, Zehra settlement, Slovakia (Sept. 1, 2002); interview with Anna, Markušovce settlement, Slovakia (Sept. 1, 2002).
- 211 See *id.*
- 212 See e.g., interview with Dr. Tóth, *supra* note 147; interview with Dr. Ján Králik, *supra* note 147; interview with Dr. Štefan Pitko, *supra* note 141; interview with MUDr. Gejza Papp, *supra* note 139.
- 213 See interview with Dr. Martin Kopaničák, *supra* note 147.
- 214 See interview with MUDr. Gejza Papp, *supra* note 139.
- 215 See *id.*
- 216 See interview with Dr. Marian Celovský, *supra* note 140.
- 217 See *id.*
- 218 See interview with Dr. Miroslav Oleár, Chief of Gynecology, Poprad hospital, Slovakia (Sept. 4, 2002).
- 219 See interview with MUDr. Gejza Papp, *supra* note 139.
- 220 2002 REGULAR REPORT, *supra* note 38, at 31-32.
- 221 Interview with Alexandra, Richnava, Slovakia (Oct. 16, 2002).
- 222 See interview with Izabela, *supra* note 170, speaking of Kralovsky Chlmec hospital.
- 223 See e.g., interviews in Jasov Settlement, Slovakia (Aug. 8, 2002); group interview in Vtáčkovce Settlement, Slovakia (Aug. 9, 2002); group interview with four women, Keccerovce, Slovakia (Aug. 9, 2002); interviews in Svinia Settlement, Slovakia (Aug. 10, 2002); interviews in Hermanovce Settlement, Slovakia (Aug. 10, 2002); interviews in Jarovnice Settlement, Slovakia (Aug. 11, 2002); interviews in Žehra Settlement, Slovakia (Aug. 12, 2002); interviews in Chminianske Jakubovany

- Settlement, Slovakia (Aug. 12, 2002); interviews in Bystrany Settlement, Slovakia (Aug. 13, 2002); group interview in Rudňany Settlement, Slovakia (Aug. 13, 2002); interviews in Letanovce Settlement, Slovakia (Aug. 14, 2002); interviews in Luník IX Settlement, Slovakia (Aug. 26, 2002); interviews in Nad Jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); interviews in Jasov Settlement, Slovakia (Aug. 27, 2002); interviews in Stara Teheleňa, Slovakia (Aug. 30, 2002); interviews in Bystrany Settlement, Slovakia (Sept. 3, 2002); Interviews in Medzev Settlement, Slovakia (Sept. 6, 2002); interviews in Kravany Settlement, Slovakia (Oct 15, 2002); interviews in Soľ Settlement (Oct 15, 2002); interview with Izabela, *supra* note 170; interviews in Zborov Settlement (Oct. 16, 2002); interviews in Lenartov Settlement, Slovakia (Oct. 16, 2002); interviews in Richnava Settlement (Oct. 16, 2002); interviews in Švedlár Settlement, Slovakia (Oct. 17, 2002).
- 224 See interview with anonymous woman (27), Medzev, Slovakia (Sept. 6, 2002).
- 225 See visit to Šaca hospital, Košice-Šaca, Slovakia (Aug. 27, 2002) (on file with CRR).
- 226 Interview with Zora, Svinia, Slovakia (Aug. 10, 2002).
- 227 Interview with Mariana at Belgian Red Cross, Stara Teheleňa, Prešov, Slovakia (Aug. 30, 2002).
- 228 See group interview, Bystrany Settlement, Slovakia (Aug. 13, 2002).
- 229 See group interview, Bystrany Settlement, Slovakia (Sept. 3, 2002).
- 230 See interview with Lenka, Prešov, Slovakia (Aug. 30, 2002).
- 231 Interview with Dr. Ján Králik, *supra* note 147.
- 232 Interview with Dr. Štefan Pitko, *supra* note 141.
- 233 See Jožo T. Schön, *Cigánske izby“ v pôrodniciach [Black Rooms in White Maternities]*, NÁRODNÁ OBRODA (Feb. 26, 2002), available at http://www.narodnaobroda.sk/20020226/01_002.html (last visited Dec. 27, 2002).
- 234 “We do not segregate Roma from non-Roma but we have to respect the intimacy of white woman. Roma sometimes want to be only with Roma and we respect this, and we also have to respect the intimacy of white women, not just Roma.” See interview with MUDr. Dušan Frič, Chief Gynecologist, Šaca hospital, Košice-Šaca, Slovakia (Aug. 27, 2002).
- 235 See interview with Dr. Peter Jankech, *supra* note 138.
- 236 See Schön, *supra* note 233.
- 237 *Id.*
- 238 See OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 449.
- 239 See group interview with four women, Kecerovce, Slovakia (Aug. 9, 2002).
- 240 Interview with Judita, *supra* note 208 [New Maternity Ward, Prešov].
- 241 Interview with Alena, Richnava Settlement, Slovakia (Oct. 16, 2002).
- 242 Interview with Lydia, Svinia Settlement, Slovakia (Aug. 10, 2002).
- 243 Interview with Milena, Žehra Settlement, Slovakia (Aug. 12, 2002).
- 244 See interview with MUDr. Dušan Frič, *supra* note 234.
- 245 See e.g., group interview with four women, Kecerovce Settlement, Slovakia (Aug. 9, 2002); group interview, Žehra Settlement, Slovakia (Aug. 12, 2002); interview with Klaudia, *supra* note 161; interview with Ida, Rudňany Settlement, Slovakia (Aug. 13, 2002); Interview with anonymous woman (24), Luník IX, Slovakia (Aug. 26, 2002); interview with anonymous woman (six children), Nad Jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); interview with two men, Nad Jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); group interview, Jasov Settlement, Slovakia (Aug., 27, 2002); interview with Judita, *supra* note 208; group interview, Markušovce Settlement, Slovakia (Sept. 1, 2002); interview with anonymous woman (24), Strané pod Tatrami Settlement, Slovakia (Sept. 5, 2002); group interview, Medzev Settlement, Slovakia (Sept. 6, 2002); group interview, Bačkov Settlement, Slovakia (Oct. 15, 2002); group interview, Draňov Settlement, Slovakia (Oct. 15, 2002); interview with anonymous woman (28), Soľ Settlement,

- Slovakia (Oct. 15, 2002); group interview, Sačurov Settlement, Slovakia (Oct. 15, 2002).
- 246 Interview with Aranka, Žehra - Drevník Settlement, Slovakia (Aug. 12, 2002).
- 247 See group interview, Drahňov Settlement, Slovakia (Oct. 15, 2002).
- 248 See group interview, Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002).
- 249 Interview with Ida, *supra* note 245.
- 250 See interview with Dr. Ján Králik, *supra* note 147.
- 251 See group interview with four women, Kecerovce, Slovakia (Aug. 9, 2002).
- 252 See group interview, Jasov Settlement, Slovakia (Aug. 8, 2002).
- 253 See interview with Estera, Luník IX Settlement, Slovakia (Aug. 26, 2002).
- 254 See group interview, Luník IX Settlement, Slovakia (Aug. 26, 2002).
- 255 See group interview, Jasov Settlement, Slovakia (Aug. 8, 2002).
- 256 See group interview with four women, Kecerovce Settlement, Slovakia (Aug. 9, 2002).
- 257 See e.g., group interview, Jasov Settlement, Slovakia (Aug. 8, 2002); interview with Miriama, Jasov Settlement, Slovakia (Aug. 8, 2002); group interview with four women, Kecerovce Settlement, Slovakia (Aug. 9, 2002); interview with Dagmara, Chmiňany Settlement, Slovakia (Aug. 10, 2002); interview with Diana, Svinia Settlement, Slovakia (Aug. 10, 2002); interview with Radka, Jarovnice Settlement, Slovakia (Aug. 11, 2002); group interview, Jarovnice Settlement (Aug. 11, 2002); group interview, Žehra Settlement, Slovakia (Aug. 12, 2002); interview with anonymous woman (22), Chmiňanske Jakubovany Settlement, Slovakia (Aug. 12, 2002); interview with anonymous woman (pregnant), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); interview with anonymous woman (8 children), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); interview with Zita, *supra* note 210; interview with anonymous woman, Soľ Settlement, Slovakia (Oct. 15, 2002); group interview, Drahňov Settlement, Slovakia (Oct. 15, 2002); interview with Izabela, *supra* note 170.
- 258 See interview with Lenka, *supra* note 230.
- 259 See group interview, Ostrovany Settlement, Slovakia (Aug. 30, 2002).
- 260 Interview with Lujza, Rákoš Settlement, Slovakia (Aug. 9, 2002).
- 261 See group interview, Sačurov Settlement, Slovakia (Oct. 15, 2002).
- 262 Interview with Linda, Letanovce Settlement, Slovakia (Aug. 14, 2002).
- 263 See interview with anonymous woman (discussing her daughter's experience), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002).
- 264 Interview with Dagmara, *supra* note 257.
- 265 See interview with Laco Ľurkovič, Director, People against Racism, Bratislava, Slovakia (Oct. 10, 2002).
- 266 See group interview, Rudňany Settlement, Slovakia (Aug. 13, 2002).
- 267 See interview with anonymous woman (six children), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002).
- 268 See interview with anonymous woman (31), Chmiňanske Jakubovany Settlement, Slovakia (Aug. 12, 2002).
- 269 See group interview, Ostravany Settlement, Slovakia (Aug. 30, 2002).
- 270 See group interview, Žehra - Drevník Settlement, Slovakia (Aug. 12, 2002).
- 271 See interview with young woman, Bystrany Settlement, Slovakia (Sept. 3, 2002).
- 272 See testimony of anonymous women from Jasov during training session in Košice, Slovakia (Oct. 19, 2002).
- 273 See interview with Lenka, *supra* note 230.
- 274 See interview with an activist from the non-governmental organization FENESTRA, Košice, Slovakia (Sept. 6, 2002).
- 275 See interview with Zuzana Kandrková, Nurse, Gynecology and Obstetrics Department, Spišská

- Nová Ves hospital, Spišská Nová Ves, Slovakia (Sept 2, 2002).
- 276 See discussion with Adela Olšovská, Chief Nurse, Gynecology Department, Šaca hospital, Košice - Šaca, Slovakia (Aug. 27, 2002).
- 277 Interview with Dr. Ján Králik, *supra* note 147.
- 278 *Id.*
- 279 Interview with MUDr. Gejza Papp, *supra* note 139.
- 280 Interview with Dr. Peter Jankech, *supra* note 138.
- 281 Interview with MUDr. Štefan Pitko, *supra* note 141.
- 282 See Štefan Frimer, *Emília Ondičová, matka deviatich detí, si sem-tam aj pomýli ich mená (Emília Ondičová, Mother of 9 Children Sometimes Confuses Their Names)* KORZÁR (June 3, 2002), available at <http://www.cassovia.sk/korzar/archiv/clanok.php?sub=3.6.2002/711Z&title=Em%EDlia%20Ondicov%20E1%2C%20matka%20deviatich%20det%ED%2C%20si%20semtam%20aj%20pom%FDli%20ich%20men%E1%0D%0A> (last visited Dec. 28, 2002).
- 283 See interview with anonymous woman (pregnant), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002).
- 284 See interview with anonymous woman (six children), Nad jazerom – Golianova street Romani ghetto, Slovakia (Aug. 27, 2002); See also interview with Lujza, Rákoš Settlement, Slovakia (Aug. 9 2002).
- 285 See group interview, Jasov Settlement, Slovakia (Aug. 27, 2002); See also interview with anonymous woman (28), Markušovce Settlement, Slovakia (Sept. 1, 2002).
- 286 See interview with Dr. Dušan Frič, *supra* note 234.
- 287 See interview with Dr. Štefan Pitko, *supra* note 141.
- 288 Interview with Dr. Eva Sopková, ProFamilia, Humenné, Slovakia (Oct. 15, 2002).
- 289 See interview with non-Romani woman (35), Bratislava, Slovakia (Oct. 10, 2002).
- 290 Discussion with Dr. Miroslav Kraus, Director, Krompachy hospital, Slovakia (Sept. 3, 2002).
- 291 Incident in Spišská Nová Ves hospital, 3 September 2002. In the presence of several witnesses MUDr. Pitko, chief gynecologist, said that he would show the file only to another doctor and would prevent anyone else, even the patient, from taking notes from it aside from another doctor.
- 292 See Health Care Act, *supra* note 183, § 16 (1994); Charta práv pacienta v Slovenskej republike [Charter on Patients Rights], Governmental Decree No. 326, arts. 3.4–3.6 (2001).
- 293 Interview with MUDr. Gejza Papp, *supra* note 139.
- 294 Discussion with Dr. Kyselý, Chief, New Maternity Prešov, Prešov (Aug. 28, 2002).
- 295 See interview with MUDr. Kozolková, *supra* note 147.
- 296 Discussion with Dr. Kraus, *supra* note 290.
- 297 OBČIANSKY ZÁKONÍK [CIV. CODE], art. 31.
- 298 Discussion with Adela Olšovská, *supra* note 276.
- 299 Discussion with Dr. Dušan Frič, *supra* note 234.
- 300 Visit to Old Maternity Prešov, Prešov (Aug. 30, 2002).
- 301 Discussion with JUDr. Podolský, Šaca hospital, Košice -Šaca (Aug. 27, 2002).
- 302 Discussion with JUDr. Anna Krajňáková, lawyer of Spišská Nová Ves hospital (Sept. 3, 2002).
- 303 Discussion with nurse, New Maternity Prešov I, Prešov (Aug. 28, 2002).
- 304 Telephone interview with Mr. Citány, Lawyer, Legal Department, Ministry of Health (Aug. 28, 2002); Ministry of Health, *Na čo sa pýtate? [Frequently Asked Questions]*, at <http://www.health.gov.sk/tlac/faq01.html> (last visited Dec. 28, 2002).
- 305 Telephone interview with Marcela Bôžiková, Director, Legislation Department, Ministry of Health (Sept. 3, 2002).
- 306 Complaints were filed with New Maternity Prešov; Old Maternity Prešov; Krompachy hospital;

- Šaca hospital; and UTH Košice (on file with CRR and Poradňa).
- 307 Letter from JUDr. Marecela Bôžiková, Director, Legislation Department, Ministry of Health, File No. SSSZ/4196/2002/L/Mo. (Oct. 11, 2002).
- 308 Letter from Dr. Miroslav Kraus, Director, Krompachy hospital, File No. sekr./234, 101/2002 (Oct. 25, 2002) (on file with CRR and Poradňa); Letter from Dr. Peter Biroš, Director, UTH Prešov, File No. St. 8/2002, (Oct. 11 2002) (on file with CRR and Poradňa).
- 309 An appeal was filed with the Ministry of Health on Nov. 1, 2002 (on file with CRR and Poradňa).
- 310 International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976) [hereinafter Civil and Political Rights Covenant].
- 311 International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Jan. 3, 1976, *ratified by Slovakia* May 28, 1993) [hereinafter Economic, Social and Cultural Rights Covenant].
- 312 Convention on the Prevention and Punishment of the Crime of Genocide, Dec. 9, 1948, G.A. Res. 260A (III), U.N. Doc. A/810 (1948), 78 U.N.T.S. 277 (*entered into force* Jan 12, 1951) [Convention on Genocide].
- 313 Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981, *ratified by Slovakia* May 28, 1993) [hereinafter CEDAW].
- 314 International Convention on the Elimination of All Forms of Racial Discrimination, 660 U.N.T.S. 195, (*entered into force* Jan. 4, 1969, *ratified by Slovakia* May 28, 1993) [hereinafter Convention against Racial Discrimination].
- 315 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *adopted* Dec. 10, 1984, G.A. Res. 39/46, U.N. GAOR, 39th Sess., Supp. No. 51, at 197, U.N. Doc. A/39/51 (1984), 1465 U.N.T.S. 85 (*entered into force* June 26, 1987) [hereinafter Convention against Torture].
- 316 Slovakia ratified the Civil and Political Rights Covenant, the Economic, Social and Cultural Rights Covenant, CEDAW, the Convention against Racial Discrimination and the Convention against Torture, and Convention on Genocide on May 28, 1993. See OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS, STATUS OF THE RATIFICATION OF INTERNATIONAL HUMAN RIGHTS TREATIES 7 (2002), available at <http://www.unhchr.ch/pdf/report.pdf> (last visited Dec. 27, 2002); See also *Status of the Convention on the Prevention and Punishment of the Crime of Genocide: Report of the Secretary-General*, U.N. GAOR, 56th Sess., Agenda Item 132(a), U.N. Doc A/546/177 (Aug. 15, 2001).
- 317 Rome Statute of the International Criminal Court, *adopted* July 17, 1998, United Nations Diplomatic Conference of Plenipotentiaries on the Establishment of an International Criminal Court, Rome, Italy, June 15–July 17, 1998, U.N. Doc. A/CONF.183/9 (1998) *reprinted in* 37 I.L.M. 1002 (*entered into force* July 1, 2002) [hereinafter Rome Statute of the International Criminal Court]. Slovakia ratified the Rome Statute on Apr. 11, 2002. See United Nations Treaty Collection, 10. *Rome Statute of the International Criminal Court*, at <http://untreaty.un.org/ENGLISH/bible/english-internetbible/partI/chapterXVIII/treaty10.asp> (last visited Dec. 27, 2002).
- 318 Universal Declaration of Human Rights, *adopted* Dec. 10, 1948, G.A. Res. 217A (III), at 71, art. 25, U.N. Doc. A/810 (1948) [hereinafter Universal Declaration].
- 319 *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, Principle 8, U.N. Doc. A/CONF.171/13/Rev.1 (1995) [hereinafter ICPD *Programme of Action*].
- 320 *Beijing Declaration and the Platform for Action, Fourth World Conference on Women*, Beijing, China, Sept. 4-15, 1995, ¶ 91, U.N. Doc. A/CONF.177/20 (1995) [hereinafter *Beijing Declaration*].

- and Platform for Action].
- 321 *Programme of Action, Final Report of the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance*, Durban, Aug. 31–Sept. 8, 2001, ¶ 69, U.N. Doc. A/CONF.189/12 (2001) [hereinafter *WCAR Programme of Action*].
- 322 Declaration on the Elimination of Violence against Women, G.A. Res. 48/104, U.N. GAOR, 48th Sess., Supp. No. 49, at 217, U.N. Doc. A/48/49 (1993) [hereinafter Declaration on Violence against Women].
- 323 See e.g., *Report of the Special Rapporteur on Violence against Women, its Causes and Consequences*, Commission on Human Rights, 55th Sess., Provisional Agenda Item 12 (a), U.N. Doc. E/CN.4/1999/68/Add.4 (1999).
- 324 See Council of Europe, *The Council of Europe in Brief*, at http://www.coe.int/T/E/Communication_and_Research/Contacts_with_the_public/About_Council_of_Europe/An_overview/ (last visited Jan. 4, 2003) [hereinafter Council of Europe, *in Brief*].
- 325 See Council of Europe, *Overview*, at http://www.coe.int/T/E/Communication_and_Research/Contacts_with_the_public/About_Council_of_Europe/An_overview/ (last visited Dec. 27, 2002) [hereinafter Council of Europe, *Overview*].
- 326 See *id.*
- The overview states that the Council’s aims are:
- “- to protect human rights, pluralist democracy and the rule of law;
 - to promote awareness and encourage the development of Europe's cultural identity and diversity;
 - to seek solutions to problems facing European society (discrimination against minorities, xenophobia, intolerance, environmental protection, human cloning, Aids, drugs, organised crime, etc.);
 - to help consolidate democratic stability in Europe by backing political, legislative and constitutional reform.”
- 327 Convention for the Protection of Human Rights and Fundamental Freedoms, ETS No. 5, 213 U.N.T.S. 222 (*entered into force* Sept. 3, 1953, *as amended by* Protocols Nos. 3, 5, 8, 11, *which entered into force* Sept. 21 1970, Dec. 20, 1971, Jan. 1, 1990, and Nov. 1, 1998) [hereinafter European Convention on Human Rights]. Slovakia ratified the European Convention on Human Rights on Mar. 18, 1992, and it entered into force for Slovakia on Jan. 1, 1993. See Treaty Office, Council of Europe, *Convention for the Protection of Human Rights and Fundamental Freedoms: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/searchsig.asp?NT=005&CM=8&DF=27/12/02> (last visited Dec. 27, 2002).
- 328 Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine, April 4, 1997, E.T.S. 164, (*entered into force* Dec. 1, 1999) [hereinafter European Convention on Human Rights and Biomedicine]. Slovakia ratified the European Convention on Human Rights and Biomedicine on Jan. 15, 1998 and it entered into force for Slovakia on Dec. 15, 1999. See Treaty Office, Council of Europe, *Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/searchsig.asp?NT=164&CM=8&DF=27/12/02> (last visited Dec. 27, 2002).
- 329 European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, Nov. 26, 1987, E.T.S. 126 (*entered into force* February 1, 1989) [hereinafter the European Convention against Torture]. Slovakia ratified the European Convention against Torture on May 11, 1994 and it entered into force for Slovakia on Sept. 1, 1994. See Treaty Office, Council of Europe, *European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/search->

- sig.asp?NT=126&CM=8&DF=27/12/02 (last visited Dec. 27, 2002).
- 330 European Social Charter, E.T.S. 35, 529 U.N.T.S. 89 (*entered into force* Feb. 26, 1965). Slovakia ratified the European Social Charter on June 22, 1998, and it entered into force for Slovakia on July 21, 1998. See Treaty Office, Council of Europe, *European Social Charter: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/searchsig.asp?NT=035&CM=8&DF=27/12/02> (last visited Dec. 27, 2002).
- 331 Protocol Amending the European Social Charter, Oct. 21, 1991, E.T.S. 142 (*not yet in force*) [hereinafter Revised European Social Charter]. Slovakia ratified the Revised Social Charter on June 22, 1998, but it has not yet entered into force. See Treaty Office, Council of Europe, *Protocol Amending the European Social Charter: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/searchsig.asp?NT=142&CM=8&DF=27/12/02> (last visited Dec. 27, 2002).
- 332 Framework Convention for the Protection of National Minorities, Feb. 1, 1995, E.T.S. 157 (*entered into force* Feb. 1, 1998). Slovakia ratified the Convention on Sept. 14, 1995 and it entered into force for Slovakia on February 1, 1998. See Treaty Office, Council of Europe, *Framework Convention for the Protection of National Minorities: Chart of Signatures and Ratifications*, at <http://conventions.coe.int/Treaty/EN/searchsig.asp?NT=157&CM=8&DF=27/12/02> (last visited Dec. 27, 2002).
- 333 European Convention on Human Rights, *supra* note 327, § 2.
- 334 See Council of Europe, *Committee of Ministers*, at http://www.coe.int/t/E/Committee_of_Ministers/Home/General_Information/About_the_C.M/aboutcm.asp (last visited Dec. 27, 2002).
- 335 See *id.*
- 336 See European Union, *The European Union at a Glance*, at <http://europa.eu.int/abc-en.htm> (last visited Dec. 27, 2002).
- 337 See EUROPEAN UNION, AGENDA 2000—COMMISSION OPINION ON SLOVAKIA'S APPLICATION FOR MEMBERSHIP OF THE EUROPEAN UNION, § B.3, E.U. Doc. DOC/97/20 (1997), available at <http://europa.eu.int/comm/enlargement/dwn/opinions/slovakia/sk-op-en.pdf> (last visited Dec. 27, 2002).
- 338 TREATY OF THE EUROPEAN UNION, Feb. 7, 1992, 1992 O.J. (C 191) 1.
- 339 TREATY OF AMSTERDAM AMENDING THE TREATY ON EUROPEAN UNION, THE TREATIES ESTABLISHING THE EUROPEAN COMMUNITIES AND CERTAIN RELATED ACTS, Oct. 2, 1997, 1997 O.J. (C 340) 1 [hereinafter TREATY OF AMSTERDAM].
- 340 Charter of Fundamental Rights of the European Union, *proclaimed by the Commission* Dec. 7, 2000, 2000 O.J. (C 364) 1 [hereinafter Charter of Fundamental Rights].
- 341 See European Union, *About the Charter: Weighing up the Charter's Impact*, at http://europa.eu.int/comm/justice_home/unit/charte/en/about-status.html (last visited Dec. 27, 2002); See also European Union, *About the Charter: Legal Status: Giving the Charter Teeth*, at http://europa.eu.int/comm/justice_home/unit/charte/en/about-impact.html (last visited Dec. 27, 2002).
- 342 Regional Office for Europe, World Health Organization (WHO), *A Declaration on the Promotion of Patients' Rights in Europe*, European Consultation on the Rights of Patients, Mar. 28-30, 1994, arts. 3.1-3.2, WHO Doc. EUR/ICP/HLE 121 (1994) [hereinafter WHO, *Declaration on Patients' Rights*].
- 343 Slovakia is a member of the World Health Organization. See Regional Office for Europe, World Health Organization, *Member States*, at <http://www.who.dk/AboutWHO/About/MH> (last visited Dec. 27, 2002).
- 344 See *e.g.*, Universal Declaration, *supra* note 318, art. 25; CEDAW, *supra* note 313, arts. 10(h), 12,

- 14.2(b); Convention against Racial Discrimination, *supra* note 314, art. 5(e)(iv); Economic, Social and Cultural Rights Covenant, *supra* note 311, art. 1; ICPD *Programme of Action*, *supra* note 319, Principle 8; *Beijing Declaration and Platform for Action*, *supra* note 320, ¶ 91.
- 345 See Revised European Social Charter, *supra* note 331, arts. 11, 13; European Convention on Human Rights and Biomedicine, *supra* note 328, art. 3; TREATY OF AMSTERDAM, *supra* note 339, art. 2.26; Charter of Fundamental Rights *supra* note 340, art. 35; Report on Sexual and Reproductive Health and Rights, EUR. PARL. DOC. A5-0023/2002 (June 6, 2002).
- 346 Committee on Economic, Social and Cultural Rights, *General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12)* (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 90, ¶ 8, U.N. Doc. HRI/GEN/1/Rev.5 (2001) [hereinafter CESCR, *General Comment 14*].
- 347 Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health* (20th Sess., 1999), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 244, ¶ 22, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 348 *Concluding Observations of the Committee on the Elimination of Racial Discrimination: Slovakia*, 57th Sess., ¶ 14, U.N. Doc. CERD/C/304/Add.110 (2001).
- 349 ICPD *Programme of Action*, *supra* note 319, principle 8.
- 350 Universal Declaration, *supra* note 318, arts. 3, 5; Civil and Political Rights Covenant, *supra* note 310, arts. 6–7, 9; European Convention on Human Rights, *supra* note 327, arts. 2–3, 5; Convention against Torture, *supra* note 315, preamble.
- 351 See *e.g.*, Universal Declaration, *supra* note 318, arts. 12, 16.1; Civil and Political Rights Covenant, *supra* note 310, art. 17; European Convention on Human Rights, *supra* note 327, arts. 8, 12; European Convention on Human Rights and Biomedicine, *supra* note 328, art. 10.1.
- 352 Human Rights Committee, *General Comment 28: Equality of Rights Between Men and Women (Art. 3)* (68th Sess., 2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 168, ¶ 11, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 353 Declaration on Violence against Women, *supra* note 322.
- 354 *Report of the Special Rapporteur on Violence against Women, its Causes and Consequences*, Commission on Human Rights, 55th Sess., Provisional Agenda Item 12 (a), ¶ 51, U.N. Doc. E/CN.4/1999/68/Add.4 (1999).
- 355 See *e.g.*, CEDAW, *supra* note 313, art 16.1(e); *Beijing Platform for Action*, *supra* note 320, para 96; ICPD *Programme of Action*, *supra* note 319, para 7.3.
- 356 Committee on the Elimination of Discrimination against Women, *General Recommendation 19: Violence against Women* (11th Sess., 1992), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 216, ¶ 22, U.N. Doc. HRI/GEN/1/Rev.5 (2001) [hereinafter CEDAW Committee, *General Recommendation 19*].
- 357 *Id.* ¶ 24(m).
- 358 European Convention on Human Rights and Biomedicine, *supra* note 328, art. 5.
- 359 Charter of Fundamental Rights, *supra* note 340, art. 3.2.
- 360 Report on Sexual and Reproductive Health and Rights, *supra* note 345, ¶ T(3).
- 361 WHO, *Declaration on Patients' Rights*, *supra* note 342, arts. 3.1–3.2; see generally *id.*, arts. 2–3.
- 362 Convention on Genocide, *supra* note 312.
- 363 *Id.* 2(d).
- 364 *Id.* art. 1.
- 365 *Id.* arts. 1,4.
- 366 Rome Statute of the ICC, *supra* note 317, art. 6; Statute of the International Criminal Tribunal for the Former Yugoslavia, *established by* S.C. Res. 827, U.N. SCOR, 48th Sess., art. 4.2, U.N. Doc.

- S/RES/827 (1992), *as amended* by Res. 1411 (2002); International Criminal Tribunal for Rwanda, *established* by S.C. Res. 955, U.N. SCOR, 49th Sess., art. 2, U.N. Doc. S/RES/955 (1994).
- 367 Rome Statute of the ICC, *supra* note 317, art. 7(1)(g).
- 368 ÚSTAVA SLOVENSKEJ REPUBLIKY [SLOVK. CONST.], art. 40 [hereinafter SLOVK. CONST.].
- 369 *Id.* arts. 41(1)–41(2).
- 370 *Id.* art. 19(2).
- 371 *Id.* art. 16(2).
- 372 *Id.* art. 17.
- 373 Charter on Patients' Rights, *supra* note 292, Preamble.
- 374 Health Care Act, *supra* note 188, § 20a.
- 375 POLICY STATEMENT OF THE GOVERNMENT OF THE SLOVAK REPUBLIC, Chapter on Social Affairs: Healthcare.
- 376 *See* Ministry of Health, Preparing Roma citizens for marriage and family planning 1999-2000, *available at* http://www.government.gov.sk/INFOSERVIS/DOKUMENTY/ROMSTRAT/en_rs_subor_ob7.shtml (last visited Jan. 7, 2003); *See also* interview with Jana Kviečinská and Kinga Novotná, Slovak Office of Deputy Prime Minister for Human rights, Minorities and Regional Development (Oct.11, 2002), Bratislava referring to program in Lunik IX.
- 377 *See* interview with Jana Kviečinská and Kinga Novotná, Slovak Office of Deputy Prime Minister for Human rights, Minorities and Regional Development (Oct.11, 2002).
- 378 TRESTNÝ ZÁKON [CRIM. CODE] arts. 221–222.
- 379 *Id.* art. 222, ¶ 1.
- 380 *Id.* art. 222.
- 381 Up to three years for intentional injury to health that is racially or ethnically motivated. *Id.* art. 221, ¶ 2(b). Up to 10 years if causes serious bodily harm that is racially or ethnically motivated. *Id.* art. 222, ¶ 2(b).
- 382 *Id.* art. 221, ¶ 3.
- 383 *Id.*
- 384 *Id.* arts. 223–224.
- 385 *Id.* art. 259.
- 386 *Id.* art. 259, ¶ 1(b).
- 387 *Id.* art. 259, ¶ 1(d).
- 388 Health Care Act, *supra* note 183, § 6(2)(a).
- 389 *Id.* § 77(1).
- 390 *Id.* § 77(2).
- 391 Charter on Patients' Rights, *supra* note 292, arts. 9.2.
- 392 *See* Law 219/2002 of the Coll. On the Profession of the Medical Doctor, on Slovak Medical Chamber, art. 13 (Mar. 2002). Zákon 219/2002 Z.z., o povolání lekára, o Slovenskej lekárskej komore, o povolání zubného lekára, o Slovenskej komore zubných lekárov a o zmene a doplnení niektorých zákonov.
- 393 *See* interview with Dr. Mario Moro, Board of Directors, Slovak Medical Chamber and President of Trnava Regional Chamber, Bratislava, Slovakia (Oct. 10, 2002).
- 394 Charter on Patients' Rights, *supra* note 292, Preamble.
- 395 Health Care Act, *supra* note 183, § 13.
- 396 Charter on Patients' Rights, *supra* note 292.
- 397 Health Care Act, *supra* note 183, § 13(2).
- 398 *Id.*
- 399 *Id.* § 13(5).

- 400 *Id.* § 13(6).
- 401 OBČIANSKY ZÁKONÍK [CIV. CODE], art. 49a.
- 402 CEDAW, *supra* note 313, arts. 10(h), 14(2)(b), 16(1)(e); *See also* ICPD Programme of Action, *supra* note 319, ¶ 7.2–7.3; *Beijing Platform for Action*, *supra* note 320, ¶ 94–96.
- 403 Committee on the Elimination of Discrimination against Women, *General Recommendation 21: Equality in Marriage and Family Relations* (13th Sess., 1994), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 222, ¶ 22, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 404 *See e.g.*, European Social Charter, *supra* note 330, art. 11.2; Revised European Social Charter, *supra* note 331, art. 11; European Convention on Human Rights and Biomedicine, *supra* note 328, arts. 10.2–10.3.
- 405 Council of Europe, Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine: Explanatory Report ¶ 36 (1996) [hereinafter Explanatory Report on the Convention on Human Rights and Biomedicine], *available at* <http://conventions.coe.int/Treaty/en/Reports/Html/164.htm> (last visited Dec. 24, 2002).
- 406 *Id.* ¶ 36.
- 407 Committee of Ministers, Council of Europe, *Resolution on Family Planning Programs*, 284th mtg. of the Ministers' Deputies, §§ III(B)(v), III(C)(i), Res. (78)10 (1978), *available at* [http://www.social.coe.int/en/cohesion/fampol/resol/family/res\(78\)10.htm](http://www.social.coe.int/en/cohesion/fampol/resol/family/res(78)10.htm) (last visited Dec. 24, 2002).
- 408 OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23, at 129.
- 409 International Federation of Gynecology and Obstetrics, *Ethical Considerations in Sterilization*, at Specific Ethical Considerations, ¶ 6, at <http://www.figo.org/default.asp?id=6097> (last visited Dec. 23, 2002).
- 410 WHO, *Declaration on Patients' Rights*, *supra* note 342, art. 2.2.
- 411 Health Care Act, *supra* note 183, § 6(2)(b).
- 412 *Id.* § 15(1).
- 413 *Id.* § 15(3).
- 414 Charter on Patients' Rights, *supra* note 292, arts. 3.1, 3.5.
- 415 *See* Law 98/1995 of the Coll. On Medical Order as Subsequently Amended and the Regulation of the Ministry of Health of the Slovak Republic. Opatrenie Ministerstva zdravotníctva Slovenskej republiky z 30. júla 2002, ktorým sa vydáva zoznam liečiv a liekov uhrádzaných alebo čiastočne uhrádzaných na základe zdravotného poistenia, *available at* http://www.health.gov.sk/farmacia/kategorizacia_text.html (last visited Jan. 2, 2003). In contrast, sterilizations for medical reasons are covered by insurance. *See* Law 98/1995 of the Coll. On Medical Order as Subsequently Amended, art. 34, para. 2(a). Zákon o Liečebnom poriadku, *available at* www.health.gov.sk/download/slp_zak_liecebny_poriadok.pdf (last visited Jan. 2, 2003).
- 416 Charter of the United Nations (as amended), June 26, 1945, 59 Stat. 1031, T.S. No. 993, 3 Bevans 1153, art. 1.3.
- 417 Universal Declaration, *supra* note 318, art. 2; Civil and Political Rights Covenant, *supra* note 310, art. 2; Economic, Social, and Cultural Rights Covenant, *supra* note 311, art. 2.2.
- 418 Convention against Racial Discrimination, *supra* note 314, art. 1.1.
- 419 Committee on the Elimination of Racial Discrimination, *General Recommendation XXVII: Discrimination against Roma* (57th Sess., 2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 196, ¶ 33, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 420 Committee on the Elimination of Racial Discrimination, *General Recommendation XXV: Gender Related Dimensions of Racial Discrimination* (56th Sess., 2000), in *Compilation of General*

- Comments and General Recommendations by Human Rights Treaty Bodies, at 194, ¶¶ 1–2, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 421 WCAR *Programme of Action*, *supra* note 321, ¶ 69.
- 422 Framework Convention for the Protection of National Minorities, *supra* note 332, arts. 4, 6; European Convention on Human Rights and Biomedicine, *supra* note 328, art. 11; European Convention on Human Rights, *supra* note 327, art. 14; Protocol No. 12 to the Convention for the Protection of Human Rights and Fundamental Freedoms, Nov. 4, 2000, art. 1, E.T.S. 177 (*not yet in force*) [hereinafter Protocol No. 12 to the European Convention on Human Rights]; Steering Committee for Human Rights, Council of Europe, Protocol No. 12 to the Convention for the Protection of Human Rights and Fundamental Freedoms: Explanatory Report, ¶¶ 22, 28 (2000) [hereinafter Explanatory Report on Protocol No. 12], *available at* <http://conventions.coe.int/treaty/en/Reports/Html/177.htm> (last visited Dec. 24, 2002); Revised European Social Charter, *supra* note 331, part V, art. E; TREATY OF AMSTERDAM, *supra* note 339, art. 2.7.
- 423 Advisory Committee on the Framework Convention for the Protection of National Minorities, Council of Europe, *Opinion on Slovakia*, ¶ 18, ACFC/INF/OP/I(2001)1 (Sept. 22, 2000).
- 424 Committee of Ministers, Council of Europe, *Resolution on the Implementation of the Framework Convention for the Protection of National Minorities by Slovakia*, 773rd mtg of the Ministers' Deputies, ¶ 1–2, ResCMN(2001) 5 (Nov. 21, 2001).
- 425 Protocol No. 12 to the European Convention on Human Rights, *supra* note 422, art. 1.
- 426 *See* European Union, *Glossary: Accession Criteria (Copenhagen Criteria)*, at <http://europa.eu.int/scadplus/leg/en/cjg/g4000a.htm> (last visited Dec. 29, 2002). The other three Copenhagen Criteria are: are stability of institutions guaranteeing democracy, the rule of law, and human rights.
- 427 Council Directive 2000/43/EC, arts. 1–2, 2000 O.J. (L 180) 22.
- 428 *Id.* art. 3.1(e).
- 429 2002 REGULAR REPORT, *supra* note 38, at 31, § B.1.2.
- 430 *Id.*
- 431 Organization for Security and Co-operation in Europe (OSCE), *Istanbul Summit Declaration*, ¶ 31 OSCE Doc. SUM.DOC/2/99 (Nov. 19, 1999); OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23.
- 432 OSCE, REPORT ON THE SITUATION OF ROMA, *supra* note 23, at 7.
- 433 *Id.* at 129.
- 434 SLOV. CONST., *supra* note 368, arts. 12(1)–12(2).
- 435 Charter on Patients' Rights, *supra* note 292, arts. 1.2, 2.
- 436 2002 REGULAR REPORT, *supra* note 38, at 31, § B.1.2.
- 437 *See* OSI, MINORITY PROTECTION IN SLOVAKIA, *supra* note 25, at 476.
- 438 *See* Slovak Republic Government Office, at <http://www.government.gov.sk/english/> (last visited Jan. 3, 2002).
- 439 *See* 2002 REGULAR REPORT, *supra* note 38, at 31.
- 440 *See* Strategy of the Government of the Slovak Republic for the Solution of the Problems of the Roma National Minority, *available at* http://www.government.gov.sk/INFOSERVIS/DOKUMENTY/ROMSTRAT/en_romstrategia.shtml (last visited Jan. 6, 2002).
- 441 *See generally*, *Verejný ochranca práv*, at <http://www.verejnyochrancprav.gov.sk> (last visited Jan. 3, 2003).
- 442 Law 207/2002, Resolution of the Government of Slovakia, Concerning the draft Action Plan for the Prevention of Discrimination, Racism, Xenophobia, Anti-Semitism and Other Forms of Expressions of Intolerance for the Period 2002–2003, para 2.6 (Mar. 2002).

- 443 See WOMEN 2000, *supra* note 35, at 394.
- 444 See e.g., Universal Declaration, *supra* note 318, arts. 3, 5, 25; CEDAW, *supra* note 313, arts. 10(h), 12, 14.2(b); Convention against Racial Discrimination, *supra* note 314, art. 5(e)(iv); Economic, Social and Cultural Rights Covenant, *supra* note 311, art. 12; Civil and Political Rights Covenant, *supra* note 310, arts. 6–7, 9; ICPD *Programme of Action*, *supra* note 319, Principle 8; *Beijing Platform for Action*, *supra* note 320, ¶ 91; European Convention on Human Rights, *supra* note 327, arts. 2–3, 5; European Social Charter, *supra* note 330, arts. 11, 13; Revised European Social Charter, *supra* note 331, arts. 11, 13; European Convention on Human Rights and Biomedicine, *supra* note 328, art. 3; TREATY OF AMSTERDAM, *supra* note 339, art. 2.26; Charter of Fundamental Rights, *supra* note 340, art. 35; Report on Sexual and Reproductive Health and Rights, *supra* note 345.
- 445 See e.g., Universal Declaration, *supra* note 318, art. 2; Civil and Political Rights Covenant, *supra* note 310, art. 2; Economic, Social, and Cultural Rights Covenant, *supra* note 311, art. 2.2; Convention against Racial Discrimination, *supra* note 314, art. 1.1; WCAR *Programme of Action*, *supra* note 321, ¶ 69; Framework Convention for the Protection of National Minorities, *supra* note 332, arts. 4, 6; European Convention on Human Rights and Biomedicine, *supra* note 328, art. 11; European Convention on Human Rights, *supra* note 327, art. 14; Protocol No. 12 to the European Convention on Human Rights, *supra* note 422, art. 1; Revised European Social Charter, *supra* note 331, part V, art. E; TREATY OF AMSTERDAM, *supra* note 339, art. 2.7; Council Directive 2000/43/EC, arts. 1–3, 2000 O.J. (L 180) 22.
- 446 Economic, Social and Cultural Rights Covenant, *supra* note 311, art. 12.1
- 447 Declaration on Violence against Women, *supra* note 322, art. 2(c).
- 448 Committee on the Elimination of Racial Discrimination, *General Recommendation XV: Article 4 of the Convention* (42nd Sess., 1993) in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 184, ¶¶ 2–4, U.N. Doc. HRI/GEN/1/Rev.5 (2001).
- 449 *Report of the Special Rapporteur on the Promotion and Protection of the Right to Freedom of Opinion and Expression*, Commission on Human Rights, 58th. Sess., Provisional Agenda Item 11(c), ¶¶ 63–64, U.N. Doc. E/CN.4/2002/75 (2002).
- 450 SLOVK. CONST., *supra* note 368, art. 16(2).
- 451 Health Care Act, *supra* note 183, § 6(2)(a).
- 452 OBČIANSKY ZÁKONÍK [CIV. CODE], art. 11.
- 453 Charter on Patients' Rights, *supra* note 292, arts. 1.1, 7.2 .
- 454 *Id.* art. 2.9.
- 455 European Convention on Human Rights and Biomedicine, *supra* note 328, art 10.2.
- 456 Explanatory Report on the Convention on Human Rights and Biomedicine, *supra* note 405, ¶ 66.
- 457 WHO, *Declaration on Patients' Rights*, *supra* note 342, art 4.4.
- 458 Charter of Fundamental Rights, *supra* note 340, art. 8.2. A number of international and regional instruments ensure access to data that is computerized, automated, or processed, particularly in the context of medical data. See *Guidelines for the Regulation of Computerized Personal Data Files*, G.A. Res. 45/95, U.N. GAOR, 45th Sess., 68th Plenary Mtg., U.N. Doc. A/RES/45/95 (Dec. 14, 1990); *Recommendation No. R(97)5 of the Committee of Ministers to Member States on the Protection of Medical Data*, 584th mtg of Ministers' Deputies, § 8.1–8.2, Rec. No. R(97)5 (Feb. 13, 1997); Council Directive 95/46/EC on the Protection of Individuals with Regard to Processing of Personal Data and on the Free Movement of Such Data, § IV, art. 10(c), § V, art 12(a), 1995 O.J. (L 281) 31. One can argue that this principle, which protects individuals whose data is kept in processed form, would also provide protection to individuals with data in manual form.
- 459 Civil and Political Rights Covenant, *supra* note 310, art. 17; Universal Declaration, *supra* note 318, art. 12; See also Human Rights Committee, *General Comment 16: Article 17* (32nd Sess., 1988), in

Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 129 ¶ 10, U.N. Doc. HRI/GEN/1/Rev.5 (2001), which provides support to the application of this provision to the right to access records. The Committee stated that “[i]n order to have the most effective protection of his private life, every individual should have the right to ascertain in an intelligible form, whether, and if so, what personal data is stored in automatic data files, and for what purposes. . . .”

460 European Convention on Human Rights, *supra* note 327, art. 8.

461 *See* Case of McGinley and Egan v United Kingdom 1998-III Eur. Ct. H.R. (1998), finding that Article 8 is applicable to applicants’ request for access to documents from the state on nuclear testing in order to determine whether they had been exposed to radiation; Case of Gaskin v. United Kingdom A160 Eur. Ct. H.R. (1989), finding a Article 8 violation when applicant was denied access to case file that contained information on him during the period when he was under care of the state during childhood.

462 Case of M.G. v the United Kingdom, at <http://www.echr.coe.int/eng> (Sept. 24, 2002). In this case, the state only provided summary information and the applicant desired unimpeded access to confirm his belief that he was physically abused when younger and to deal with the emotional and psychological impact of any abuse. The Court found that such social service records related to applicant’s private and family life.

463 Case of M.G. v the United Kingdom, ¶¶ 30-31, at <http://www.echr.coe.int/eng> (Sept. 24, 2002). Note however, that a subsequent law had been implemented from the time of applicant’s denial, which he did not use to appeal the denial of access to records. Therefore, the Court noted that applicant did not demonstrate the state’s failure to fulfill its positive obligation because of subsequent developments.

464 Health Care Act, *supra* note 183, § 16(1).

465 *Id.* § 16(2).

466 *Id.* § 16(6).

467 Charter on Patients’ Rights, *supra* note 292, arts. 3.4–3.6.

468 OBČIANSKY ZÁKONÍK [CIV. CODE], art. 31, para. 1.

469 For example, the law on election explicitly requires the voters to vote personally. See Law 80/1990 of the Coll. On Election to Slovak National Council (Mar. 16, 1990), art. 28, para. 1

