



VAKERAS ZORALES – SPEAKING OUT

**ROMA WOMEN’S EXPERIENCES
IN REPRODUCTIVE HEALTH CARE
IN SLOVAKIA**

**CENTER
FOR
REPRODUCTIVE
RIGHTS**



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CENTER FOR REPRODUCTIVE RIGHTS' MISSION

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill.

PORADŇA PRE OBČIANSKE A ĽUDSKÉ PRÁVA'S MISSION

Poradňa pre občianske a ľudské práva (the Center for Civil and Human Rights) works to protect human rights in Slovakia, in particular the rights of minorities and the right to protection from discrimination. It supports individuals whose rights have been violated and provides necessary support to them so that they can actively protect themselves against human rights violations.

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INTRODUCTION

This report explores the experiences of Roma women in reproductive and maternal health care settings in Slovakia based on in-depth interviews with 38 women living in the eastern part of the country. Their narratives point to a range of human rights violations, including troubling accounts of abuse and discrimination in reproductive health care settings. In particular, the women interviewed reported experiencing segregation in maternity care departments, racial harassment and humiliation, neglect, physical restraint and abuse during childbirth, and failures related to informed consent and decision-making with regard to medical treatment. All of these issues point to violations of Slovakia's human rights obligations under international and domestic law, and reveal an urgent need for the state to adopt effective and comprehensive measures to guarantee Roma women's human rights and improve the quality of reproductive and maternal health care in Slovakia.

ROMA IN SLOVAKIA

There are approximately 400,000 Roma in Slovakia, comprising 7.45 percent of the country's population.¹ The Roma community in Slovakia has faced long-term and systemic discrimination and racism. Despite some progress Roma remain one of the most marginalized and disadvantaged groups in the country, experiencing extreme forms of social exclusion and deprivation.

Roma women are particularly marginalized and are at risk of multiple, and intersecting, forms of gender and racial discrimination. The specific forms of discrimination they face are often especially widespread and pronounced in the realm of reproductive health care, where they are exposed to compounding forms of discrimination and human rights violations.

For many years, international human rights mechanisms have repeatedly expressed concern about the persistent discrimination and human rights violations Roma face, including in health care, and have called on Slovak authorities to take effective measures to address and prevent such violations.² Slovak authorities have also faced long-standing criticism from non-governmental organizations in this regard.³

ROMA WOMEN'S REPRODUCTIVE RIGHTS

The widespread and historical practice of forced and coercive sterilization of Roma women has been the predominant focus of domestic and international efforts to expose and obtain accountability for reproductive rights violations faced by Roma women in Slovakia. The persistent unwillingness of the government to conduct a thorough and effective investigation into the practice and provide adequate redress to the survivors continues to draw condemnation from international human rights bodies.⁴

However, forced and coercive sterilization is only one example of the reproductive rights violations that Roma women face in Slovakia. Monitoring by the Center for Civil and Human Rights over recent years has highlighted that Roma women in Slovakia face multiple forms of discrimination in the context of reproductive health care, including allegations of segregation in maternity departments, racial verbal harassment, and ill-treatment by medical personnel.⁵

THIS REPORT: FOCUS AND METHODOLOGY

This report synthesizes and presents the firsthand accounts of 38 Roma women regarding their experiences in reproductive and maternal health care facilities in eastern Slovakia. Many of these women's accounts outline experiences of segregation, racial harassment and humiliation, neglect, physical restraint and denial of appropriate pain relief during childbirth, inequalities in waiting times, and failures related to informed consent and access to contraceptive services and information.

The goal of this report is not to present exhaustive or comprehensive research into the treatment of Roma women in reproductive health care settings in Slovakia. Instead, its purpose is to share the first-hand accounts of a number of Roma women of their personal experiences and feelings and to highlight some of the human rights violations that their descriptions point to. These issues necessitate attention and meaningful action by the Slovak authorities to ensure that effective and comprehensive change occurs. To that end, a series of relevant recommendations are outlined at the end of this report.

The narratives included in this report were gathered in October 2016 by the Center for Civil and Human Rights and the Center for Reproductive Rights during interviews with 38 Roma women living in four marginalized Roma communities in the districts of Spišská Nová Ves, Gelnica, and Prešov. The purpose of the interviews was to gather information about Roma women's experiences and document their accounts of how they were treated.

In order to protect the privacy of the women who shared their stories with us, we have changed the names of the women whose direct accounts are reproduced in this report and omitted any details about where they reside. Moreover, because the purpose of the report is to capture the experiences of Roma women and outline the responsibilities of Slovak authorities to address the concerns raised, this report does not focus on, or include the names of, any relevant individual health care facilities, hospitals, or providers, even where these details may have been provided by the women interviewed.



VIOLA'S STORY

Viola lives in a segregated Roma community in a village located in eastern Slovakia. She is 28 years old, married, and has two children. She agreed to be interviewed and share some of her experiences and perceptions of reproductive and maternal health care in Slovakia. Her account points to a range of human rights issues, which are also illustrated in more detail in the accounts of other women captured in the following sections.

Viola began by giving an account of her experiences at the local gynecologist practice where she is a patient. She talked both about her own experiences and her perceptions of how other Roma women were treated: “Well, when you go there, the nurses favor white women. Roma women usually wait in the corridor and only when there are no more white women in the waiting room do they take Roma women. The nurse is nice, though. She gives us documents to sign, we give her the [health insurance] card, and then we go to see the gynecologist...What I don't like [about him] is that he talks to us using the informal address.⁶ And when there's a problem, he raises his voice and starts yelling. He did not insult me personally, but when I was there he insulted [some other Roma women]...He also treats some women—those who are poorer, who can't afford things and wear shabby clothes or aren't tidy—badly. He immediately starts calling them dirty and stinky Gypsies, telling them you don't come to a doctor like that. So, he says these nasty things to women.”

Viola gave an account of her experiences in obstetric care: “It was the worst with my first [daughter], but it wasn't that bad when I had my second child. Giving birth to the first child is the worst, probably because you are a first-time mother and you don't know anything and they call you nasty names like, ‘Well, you fucked to make this child, so now you have to deliver it. And honestly,

you Gypsies are just trash.' What they meant was that you come there and want everything to be easy. These are the kinds of things [they say] to a first-time mother who doesn't even know what to do...I was delivering my first child for two days...So I said to them, 'Try to give me something [to help me with the labor], give me some medicine, suppository or injection.' [They said] no because a first-time mother needs to experience the pain. But I saw...how they gave a suppository and injection to a first-time mother who was white. But they made me suffer for two days, to make me deliver my child on my own...And they don't help you either. You have to walk on your own after you deliver; some of us even had to climb the stairs on our own...But white women are taken to their rooms in a wheelchair; they even lift them onto the bed. But not Roma women. When you ask, they say, 'You want to be [treated] like a queen? You must walk on your own.'"

She then described the way she perceived she and other Roma women were treated by some medical personnel: "The minute I walked into the delivery room, I heard them say, 'Look, another Gypsy!' This was how they greeted us. And when I objected to having too many doctors examine me...during delivery, they said no because they said it was necessary for them to examine me. So I asked why [so many different doctors had to examine me] if I had my own [doctor] and there was also the chief nurse. There were these young people, inexperienced, who examined women. I really didn't like that they weren't interested in what we thought of it [or] whether we wanted those students to be present [during childbirth]. [All they said was] that they had to be there because they were training to become doctors. And I wondered why they had to be there when I said I didn't want that."

"When I was giving birth...they were yelling at women during childbirth. At least, that's how it felt to me—that they were raising their voices and yelling. They tied some women's legs or jumped on their bellies. One woman [jumped on my belly] with all her weight, pressed it and yelled, "Push, push! You were fucking and so now you have to deliver."

"I personally was addressed with [the formal address], but they used [the informal address] with many other women. But only with Roma women. I never heard them use [the informal address] with white women...[They call them] Mrs. or Ms., plus their surnames or [they would say to them], 'Come, my dear, we'll have a look at your belly,' and other things like that. They were really very nice to them."

"The [hospital] personnel don't treat us [Roma women] well. When our sheets get dirty after childbirth, they don't want to change them and they won't change them [the whole time we're in the hospital]. Even when you ask, they don't change them."

"They openly show that they hate Roma, that Roma are trash, that Roma are dirty. That is what they say, that Roma people are dirty, stinky and other nasty things."

She went on to explain that in her experience Roma women were segregated from other women: "Roma women only have two rooms. These are only for Roma women, while white women have more rooms and there are only about two of them in a room. Roma women have four beds in one room and six or eight beds in the other one."

"When there are too many [Roma women], they're put in the corridor on stretchers...or they [hospital personnel] ask other Roma women if they want another woman in their room. There would be two women in one bed, but every woman aches after giving birth; so, of course, no one wants to share their bed with someone else. So the women sleep on stretchers in the corridor."

"Also, we have a separate dining room...Roma women don't eat where the white women do."

“We felt segregated, I’d say, and discriminated against because they don’t want to clean Roma women’s rooms. The rooms are dirty, the bathroom is a mess, and the floor in the room is dirty, too, as well as the windows. It’s awful there. And it’s supposed to be cleaned after giving birth, it is awful there...I felt very bad because they treated us badly—because there were too many of us in one room and it was hard to breathe and impossible to have a bath. One could hardly [do anything] there.”

“[I feel that] they treat us like dogs. They simply throw Roma women out whereas white women have a lot of space; their rooms are clean and there are only two beds in a room. Moreover, they have their babies in cots in their rooms...but we don’t because there isn’t enough space and the hygiene is not good either. I’m also very sad about how they treat us when they bring us our babies to feed. They come into the room and throw the baby in your arms instead of saying, ‘Here you are; you can feed the baby.’”

Viola also said that insufficient information was provided to her with regard to childbirth: “They didn’t [tell me anything]...they didn’t give me any documents to read either. I only read and signed the admission form, but [received] no information on childbirth or anything like that.”

Viola also expressed concerns about the manner in which her gynecologist communicated with her regarding contraception: “At first, I took contraception [pills], but it wasn’t good for me, so I then used a DANA [a brand of intrauterine device]...I had it for eleven months, but it caused a lot of pain, even inflammation. I kept going to my gynecologist to tell him and he also saw that I had inflammation and was in pain. But he did not believe me that I was in pain. He never believed me that I was in pain. I kept telling him I felt horrible pain, especially before and after menstruation...So I suffered for eleven months, and then I had it [the IUD] removed because I couldn’t take it any longer. And the doctor kept asking me, ‘You already have it [in], can’t you keep it for two more years?’ I said no. I asked him how I was supposed to keep it in longer when it hurt so much. I told him to take it out so I can get some relief...I told him there were other means of protection, not only a DANA, but he wouldn’t take it out. I urged him to take it out since I was in pain...I felt like he was making the decision even though it had been me who chose it [the IUD], so why couldn’t I decide to have it removed? Why was he telling me what to do?...And I told him it was my business if I wanted it removed and that ‘when I ask you to remove it, you should remove it.’ And he started to laugh. I can’t describe the way he laughed, but he laughed and said, ‘Keep it there for another three years; you won’t give birth and you’ll be good. What do you Gypsies want kids for? You always want many kids.’”

Viola explained that in her view certain changes should be made in the provision of obstetric care: “Well, I’d like to add that I’m sure some things could be [done] differently...I wish we were [in the same room] with the white [women]...Because when you think about it, why can’t Roma be with white people?...It’s horrible that we [Roma women] are crammed in two rooms where it’s hard to breathe.”

“If they treated us in a normal way, like they do white women, giving birth would definitely be better. A woman would then feel she wants to give birth. I have two children, but I don’t want to give birth anymore because of what I’ve experienced there. It’s just awful...I don’t know what other [women say], but I’d say it’s horrible there.”

“I’d like to change...the process of childbirth. I’d say [I’d like to change] the way doctors and nurses treat us...and also the accommodation—that we could stay together with white women in the room and that the rooms would be cleaner. Not only for us, but also for our children to see that we’re together with white [people]. That there is no discrimination.”

ROMA WOMEN'S ACCOUNTS OF THEIR EXPERIENCES IN REPRODUCTIVE HEALTH CARE

In addition to Viola, many other women shared their experiences of reproductive health care in Slovakia. This section captures the personal accounts of their experiences and their views on how they were treated by medical, and other, personnel. Their experiences raise a number of concerns in relation to the respect, protection, and fulfillment of Roma women's human rights in Slovakia as enshrined in international human rights treaties and domestic law. The human rights standards and obligations on Slovak authorities that are most relevant in this context are briefly outlined in the text boxes on pages 15,⁸ 19,⁹ 21,¹⁰ 22.¹¹

The section is divided into three subsections: Section I captures Roma women's accounts of segregation in maternity departments and related issues. Section II captures the women's accounts of how they were treated by medical personnel. Section III briefly describes some of the women's accounts of barriers they faced in accessing good quality contraceptive services.

ACCOUNTS OF SEGREGATION IN MATERNITY DEPARTMENTS

Almost all of the women we spoke to said that they were segregated in maternity departments due to their Roma ethnic origin. They said that, in their view, hospital staff either initiated the practice or allowed it to continue.

A number of Roma women shared their experiences of being assigned to separate rooms for Roma women in maternity departments. They also described the existence of separate, Roma-only bathrooms. Nina, a 21-year-old mother of two, gave an account of her experience: *"[I shared a room] together with other Roma women, and gádže [the non-Roma] were also together."* Dominika, a 28-year-old mother of three, explained that in her experience Roma women's bathroom facilities were separate from those used by non-Roma women: *"Their [bathroom] is on one side and ours is on the other side. They have a separate bathroom and we have a separate bathroom so we don't get to wash in the same place. They have their own [bathroom]."*

Some women gave accounts of experiencing segregation in the maternity department dining room. Dita, a 41-year-old mother of nine, stated: *"There's one dining hall, but it's [divided] into two halves. We have two or three tables, two I think, so that is where we sit and white [women] sit on the other [side]."*

Many women also described in detail the negative experiences that resulted from being segregated and assigned to "Roma-only rooms."

Overcrowding

Many women said that they were assigned to “Roma-only rooms” that were inadequate for the number of women they held and contained more beds than “non-Roma rooms.” Viera, a mother of six, said: *“Just imagine, there are only two rooms in the maternity department [for Roma women]! There are five beds in one of them and six in the other one.”*

One of the women interviewed described how in her experience, due to insufficient space in “Roma-only rooms,” the hospital she was in first placed two Roma women in a room for non-Roma women. However, the non-Roma women in the room were subsequently moved to another room. Other women interviewed also expressed the view that the same hospital avoided placing Roma women anywhere other than the designated “Roma-only rooms” and, in case of insufficient space, sought to find other means of segregating Roma women from non-Roma women.

Women described how in their experience, in addition to putting more beds into the designated “Roma-only rooms,” the hospital also resorted to assigning two women to one bed or placing beds for Roma women in the corridor. Zuzana, a 34-year-old mother of nine, said: *“There were two of us sleeping in one bed...[If only they’d put us] in the room next door when there were vacancies, but they wouldn’t.”*

Viera also described her experience: *“We have two rooms and there [are] five beds in one of them and six in the other one...When I was giving birth, many other women came to [the hospital] to give birth and one of them slept next to me; she slept at my feet. I asked them what they were doing, why they were putting her [next to me] when there were many other rooms for white women. Why did we [Roma women] only have two rooms?”*

Marianna, a 31-year-old mother of three, gave an account of a similar experience: *“They had no space so they wanted me to sleep in one bed with another woman. They brought her in after a C-section and put her in my bed. And I looked at this and asked the nurse what that was supposed to mean. And the nurse [said], ‘She will sleep next to you.’ I said, ‘No way I’ll sleep like that! Where did you [ever] see something like that?’...I started to shout and argue. Eventually, they took the woman away and gave her a bed in the corridor. Yes, she had a bed in the corridor, next to our door!”*

Poor Sanitation

In addition, many women reported that the hospital they were in had failed to ensure the sanitation and cleanliness of “Roma-only rooms,” and that they felt it did not provide the same level of service to them as to non-Roma women in other rooms.

For example, Marianna said that in her experience: *“Rooms are segregated. There’s a real mess [in the segregated rooms] and they’re dirty. And the cleaning ladies! They behave horribly. ‘Air the room; it stinks,’ [they say]. They don’t change the bedsheets.”*

Eva, a 28-year-old mother of three, described a similar experience: *“It’s really messy there and it stinks. You go in the bathroom and it stinks. They didn’t change our bedclothes...For example, I was there for fourteen days, and for fourteen days they made me have the same [bedclothes]. And when I asked, they said they didn’t have any fresh ones. When a white woman asked they had [fresh bed clothes] for her. [White women] have clean rooms. [They] even have a buzzer. When they need something, they press it and the nurse comes.”*



Separation from Newborn Babies

Some women expressed the view that because there were so many Roma women in the rooms designated for them, they did not have enough opportunities to spend time with their newborn children. For example, Viera said that in her experience: *“[Non-Roma women] always have their child with them. It’s only at night that [the babies] are taken [away] so that they can sleep. We can’t have our children in our room. Why would they give them to us when we only have two rooms?”*

Humiliation

Almost all of the women interviewed explained that they felt upset and humiliated at being placed in separate “Roma-only rooms,” and due to the other forms of segregation they described. For example, Barbora, a 40-year-old mother of five, said: *“[I felt] bad. After all, we’re people, just like white people. We have the right to be put with white [women] in those rooms when we don’t have any more space and when all Roma are crammed in one room.”*

Petra, an 18-year-old mother of three, also described her feelings: *“Gádže [non-Roma] don’t want us [around]. I want to be together with the gádže. We’re the same as [them].”*

Dominika shared similar sentiments: *“It felt unpleasant. [I thought,] ‘Why do they do this to Roma women? We’re people just like them. Why do they treat us like this and don’t even recognize that not all Roma people are dirty or stink?’ We’re all tarred with the same brush.”*

Human Rights Law: Prohibiting Intersectional and Structural Discrimination

International human rights law and standards guarantee women's and men's equality in law and in practice, and prohibit discrimination on the grounds of race, sex and gender in their enjoyment of their human rights.¹ Every international human rights treaty ratified by Slovakia enshrines these obligations.² Meanwhile, European Union (EU) law prohibits racial discrimination in absolute terms and similarly, the Slovak Constitution guarantees the enjoyment of all fundamental rights to everyone regardless of their sex, race, language, ethnic, national or social origin, or any other status.³ In addition, the Constitution states that "[p]eople are free and equal in dignity and in rights."⁴ As a result of these legal obligations, Slovakia is required to ensure equality on the grounds of race, sex and gender in practice and eliminate all forms of racial and sex discrimination, including by adopting effective measures to prevent and protect against such discrimination.⁵

These obligations mean that Slovakia must take urgent and effective measures to address and prevent acute forms of racial, sex and gender discrimination against Roma women including in reproductive health contexts. Indeed, discrimination faced by Roma women is often referred to as "intersectional" or "multiple" discrimination because Roma women may experience discrimination based on more than one aspect of their identity, including sex, gender, race and class.⁶ The United Nations Committee on Economic, Social and Cultural Rights has explained that "[i]ndividuals belonging to particular groups may be disproportionately affected by intersectional discrimination in the context of sexual and reproductive health [including]...poor women...[and] indigenous or other ethnic minorities."⁷

International human rights mechanisms have repeatedly condemned Slovakia, and other countries, for their failure to address discriminatory treatment and segregation of Roma in health care settings.⁸ Indeed, the United Nations Special Rapporteur on minority issues has specifically identified discrimination, verbal abuse, and segregation in health facilities as barriers Roma face in accessing health care.⁹

In addition, the United Nations Committee on the Elimination of Discrimination against Women (CEDAW Committee) has recognized that the abuse and mistreatment of women during childbirth in maternity care units is discrimination against women. With regard to Slovakia, the Committee has called upon the government to, "[p]ut in place adequate safeguards to ensure that women have access to appropriate and safe childbirth procedures which are in line with adequate standards of care, respect for women's autonomy, and the requirement of free, prior, informed consent."¹⁰

Segregation on racial or ethnic grounds is a form of systemic discrimination. It represents a serious breach of international human rights treaties, EU law, and Slovak anti-discrimination legislation.¹¹ Under the International Convention on the Elimination of All Forms of Racial Discrimination, Slovakia is required to, "condemn racial segregation...and undertake to prevent, prohibit, and eradicate all practices of this nature in territories under [its] jurisdiction."¹² This obligation applies whether or not segregation results directly or indirectly from governmental action or from the actions of private parties.¹³ Slovakia must also, "eradicate...the consequences of such practices."¹⁴ According to its obligations under the International Covenant on Economic, Social and Cultural Rights, Slovakia "must adopt an active approach to eliminating systemic discrimination and segregation in practice."¹⁵ The CEDAW Committee and the United Nations Committee on the Rights of the Child have specifically urged the Slovak government to introduce systematic measures to effectively monitor,

sanction, and stop the segregation of Roma women in all forms at hospitals and clinics, including gynecology and obstetrics departments.¹⁶

In addition, states are also required, “to eliminate conditions and combat attitudes that perpetuate inequality and discrimination” more generally so that all individuals and groups can enjoy sexual and reproductive health on the basis of equality.¹⁷ This means:

- Creating incentives for public and private actors to change their attitudes and behaviors in relation to vulnerable individuals and groups;
- Imposing penalties in case of non-compliance;
- Instituting public leadership and awareness raising programs on the issue of systemic discrimination;
- Adopting strict measures against incitement to discrimination.¹⁸

Eliminating systemic discrimination, “frequently require[s] devoting greater resources to traditionally neglected groups. Given the persistent hostility towards some groups, particular attention will need to be given to ensuring that laws and policies are implemented by officials and others in practice.”¹⁹

ACCOUNTS OF DISRESPECT, ABUSE, AND POOR QUALITY OF CARE

Almost all of the women interviewed said that they had been subjected to disrespectful treatment and abuse by medical personnel in gynecology offices or hospital maternity departments. As outlined below, their accounts described many different forms of conduct that they found disrespectful, ranging from raised voices and shouting to degrading and offensive forms of address and conduct to vulgar verbal abuse, including racial slurs and physical abuse.

Some of the women interviewed also described feeling neglected during labor and childbirth and that they were treated only after non-Roma patients. They also said that they were not fully and adequately informed about their medical treatment.

Some aspects of the experiences recounted by Roma women echo findings from recent research and human rights monitoring that document shortcomings in obstetric care in Slovak health care facilities which are not specific to Roma women.¹²

Disrespect and Verbal Abuse

Many women described experiences of being addressed or hearing other Roma women addressed in an informal and disrespectful manner, including being called “Gypsies” (*Cigánky*), which is

considered an ethnic slur. For example, Renáta, a 34-year-old mother of eleven, said that hospital personnel *“used her surname, [but at the same time] used the informal address. There were nurses who did that, but there were [also] those who didn’t. Some of them would [try to] drown you in a teaspoon of water, they were really rude.”* Ivana, a 40-year-old mother of eleven, said that she was called a “Gypsy”. *“[They said,] ‘You, Gypsy, get out of bed!’ Not Roma (Rómka), but ‘Gypsy’ (‘Cigánka’).”*

A number of women also gave accounts of how, at times, medical personnel made remarks about how frequently they had sexual intercourse and the number of children they had. For example, Viera described language that her gynecologist used when speaking to her: *“He says that ‘I fuck my partner’...It was so humiliating. I felt really humiliated when he said that...‘So how many times do you fuck in one day? You fuck him all day long.’ That’s how vulgar he was...I was telling him I was only expecting my third child and he kept telling me such vulgar things...I felt humiliated and ashamed. I was unable to say anything; [I only managed to say] ‘I’m only expecting my third [child] and I don’t have as many kids as you’re saying. And it’s my business how often I sleep with my partner.’”*

Zuzana explained that when she asked her doctor to remove her IUD he spoke to her using similar language: *“I went to have my DANA [a brand of IUD¹³] removed and he told me: ‘You just want to fuck so you will have many children. What do you fuck for anyway...you cunt?’”*

Zuzana also gave an account of being spoken to in a similar manner when she was in the maternity department: *“Well, they knew me already so they said: ‘You’re here again! You’ve come again to spread your legs!’ That was bad. I felt everybody was insulting me.”* She said that she also received comments about her sex life and how many children she has, even when she needed more sanitary pads after childbirth. *“When you give birth they give you two or three of them, but when you need more because you bleed a lot, they don’t give you more, but say [instead], ‘You buy them yourself if you have money. You can fuck, you can give birth, so you can buy [sanitary pads].’”*

In some cases, women gave accounts of being told by medical personnel that Roma women are dirty and stinky. For example, Eva described an experience at her local gynecologist office as follows: *“[The nurses tell us] that ‘Gypsy women’ stink and are dirty and that when they come for a checkup they wear dirty socks, that their socks stink and they have to wear plastic bags over their socks so that they don’t stink...They [the nurses] take perfume and sprinkle it around right in front of you so it doesn’t stink; a [Roma woman] even had her feet sprinkled.”*

Petra also described her experience while she was in the maternity department: *“[One nurse] wasn’t good. She yelled for quiet when women cried out from pain. [She said], ‘When you go to bed with a man you’re not scared, and now you’re screaming.’ She tells you you’re dirty and have fleas. They shame us by telling us we’re dirty and asking don’t we have water at home? They send us home when we don’t have towels.”*

Physical Abuse

Some women also gave accounts of physical abuse by medical professionals. For example, Natália, a 22-year-old mother of two, said that when she was in labor: *“The nurse was OK. [But the doctor] beat me, swore...and hit me on my legs.”* Petra also said she faced a similar experience: *“He beat us, saying we aren’t scared when we have sex.”*

Viola described the treatment she witnessed of another Roma woman in the maternity department at the hospital where she was a patient: *“I can also remember how they treated one woman...She was*

in pain and wanted to deliver quickly; she didn't know what to do so they treated her horribly. They called her names, insulted her, beat her. They really treated her like that. They beat her, slapped her across the face, and hit her on the back."

Many of the women interviewed also described experiencing pain during the suturing of perineal tears, either because the suturing was done without providing any pain relief, or because they felt that the pain relief was insufficient. Viera, for example, described her experience of being sutured by a doctor: *"When she was stitching me up, I was screaming and screaming. I told [her], 'What are you doing? Why are you taking so long to stitch me? It hurts already!'...She yelled at me, insulted me, and asked why I had conceived the child at all."* Another woman named Andrea, a 17-year-old mother of one, described feeling a lot of pain when receiving stitches after childbirth, and explained that five or six medical students took turns to complete each stitch.

Neglect

Some women reported feeling abandoned and neglected by medical personnel when they were experiencing strong labor pains and were in the final stages of childbirth. For example, Eva described her experience of being left alone in the delivery room: *"I was alone there in pain. I was screaming for the nurse to come because I was bleeding a lot and I felt that the baby's head was out and no one was there. I was calling them for about half an hour or [even] for an hour and a half...I was screaming and even went out to the corridor...and one nurse was there and she went to get the other nurses and they finally came, put me on the examination table, and tied my feet to it. Before the nurse turned around, [my daughter] came out and I pulled her close to me."*

Inequalities in Waiting Time

Some of the women interviewed also described experiences of having to wait to be seen by doctors until all the non-Roma patients had been examined, even though they had arrived first. For example, Darina, a 35-year-old mother of three, said: *"You can't arrange an appointment in advance [in my gynecologist's office]. You're examined when you get there. Even when I get there first and a white woman comes after me, I'm the last to be examined. White women go first. This is discrimination."*

Viola described a similar experience: *"When we went to the ultrasound examination, they also gave priority to white women. I experienced it there repeatedly. White women always go first, and only then can Roma women go. Even when I had an appointment for, say, half past twelve, she always called me in at half past two. White women were always prioritized."*

Some women also said that they faced longer waiting times when they sought information about the health of their newborn children. For example, Zuzana said: *"We [Roma women] don't have the right to go and take our children or get information about if the child is gaining weight and [if so] how much or whether the child is in good health or is ill. They don't tell us anything, but when white women [come, they] go inside [the neonatal department]. The staff even open the door for them and they can be in there and play [with their babies] and talk while we...sit and wait to find out when they will release our children."*

Human Rights Law: Prohibiting Torture or Cruel, Inhuman or Degrading Treatment or Punishment

International human rights law prohibits torture or cruel, inhuman or degrading treatment or punishment (hereinafter “ill-treatment”) in absolute terms, and behavior or treatment which breaches this prohibition can never be justified or excused.¹ Not only must Slovakia prevent and punish such treatment when it is inflicted by state authorities, but it must also take effective measures to prevent and punish conduct by private actors that contravenes this prohibition.² The Slovak Constitution also prohibits torture or cruel, inhuman or degrading treatment or punishment³ and Slovak legislation further guarantees all individuals the rights to protection of dignity, respect for physical and psychological integrity, informed consent, and humane, ethical, and dignified treatment by medical personnel when receiving health care.⁴ As a result of these obligations, Slovak authorities are obliged to address, prevent, and sanction disrespectful and abusive verbal and physical conduct by medical personnel.

International human rights mechanisms have held that the way women are treated in health care settings during pregnancy, childbirth, and postpartum care can give rise to concerns of ill-treatment contrary to international human rights law.⁵ They have recognized that the mistreatment of women in the course of reproductive health care, including abusive treatment and humiliation, can constitute inhuman or degrading treatment or punishment.⁶

For example, the United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (the “Special Rapporteur on torture”) observed that women may be subjected to severe pain and suffering when seeking maternal health care, particularly immediately before and after childbirth, and cited a range of abuses, from extended delays in providing medical care to suturing tears acquired during childbirth without the use of anesthesia.⁷ He outlined that “[s]uch mistreatment is often motivated by stereotypes regarding women’s childbearing roles and inflicts physical and psychological suffering that can amount to ill-treatment.”⁸ He also emphasized that “acts aimed at humiliating the victim, regardless of whether severe pain has been inflicted, may constitute degrading treatment or punishment because of the incumbent mental suffering.”⁹

The Special Rapporteur on torture also emphasized that states are obliged to ensure special protection of minority and marginalized groups against torture and ill-treatment, in recognition of the fact that vulnerable and marginalized individuals are often at increased risk of experiencing such abuse.¹⁰ The European Court of Human Rights has also recognized that racially discriminatory remarks may constitute an aggravating factor when determining whether conduct amounts to “degrading” treatment in violation of Article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms.¹¹ In addition, the United Nations Special Rapporteur on minority issues has specifically expressed concerns regarding, “discriminatory stereotypes and hate speech against Roma women, including depictions of them as particularly fertile or promiscuous, which expose them to different forms of gender-based violence.”¹²

Failures in Information Provision and Ensuring Informed Consent

Many of the women interviewed said that they had not been provided with full information and advice relating to gynecological and obstetric care.

For example, a number of women said that in their experience medical personnel did not advise them on interventions or only provided partial information. Iveta, a 22-year-old mother of two, said that she was not adequately informed about what would happen during childbirth: *“I had a hard time. They hadn’t told me how the childbirth would proceed, whether I was open [dilated] and was going into labor...I was there for two days and they didn’t tell me anything...when I was going to give birth, what would happen to me, nothing. They saw I was having a hard time, but left [anyway].”* Viera also said that prior to childbirth she was asked to sign documents without knowing what they were: *“They gave me something to sign three times, but I don’t know what it was.”*

Helena, a 27-year-old mother of one, explained that she often found it difficult to understand the information provided at the gynecological outpatient clinic she goes to: *“I don’t understand what the doctor says. He [does] everything really quickly; he doesn’t explain anything...The nurse is OK; she explains things.”*

Darina also gave an account of being upset by the way she received information from her gynecologist: *“He tells you the diagnosis before he has the papers. He told me I had a tumor and then, when the results arrived, it turned out everything [was] fine. He really knows how to scare a person! The nurse was watching in disbelief at what he was telling me.”*

Some women also described being upset at having numerous medical personnel, including several students, present during labor despite their objections. For example, Marianna explained how she found the situation upsetting: *“I didn’t like that there were several trainees and that they all came in and watched and felt my belly. I told the doctor I didn’t want them to touch me, that I didn’t like it. He didn’t listen. There were about ten of them and they all watched. It was unpleasant.”*

Humiliation and Discrimination

Many women explained that their experiences left them feeling humiliated, ashamed, angry and afraid.

Some of them explicitly characterized the treatment they received as discriminatory. For example, Beáta said that *“such discrimination has been going on for years and years.”* She continued describing how she perceived the behavior of hospital personnel toward a Roma woman as soon as she enters the hospital: *“They see a ‘Gypsy’ woman at admissions [and] you can automatically feel the discrimination there.”*

Marianna expressed a similar opinion: *“You see how [they] behave, you can feel it because you know how that same person treats white people and how they treat you. You can feel it; you can see that they discriminate against [you], that they make distinctions.”*

Darina said she felt similarly about the differences she identified between the treatment of Roma women and non-Roma women: *“When I was in the changing room, I heard how nicely [the doctor] talked to a white woman. ‘How are you? Is everything OK?’ It was very different from how [he spoke] with us.”*

Human Rights Law: The Right to Sexual and Reproductive Health

International human rights law requires Slovakia to respect, protect, and fulfill the right to the highest attainable standard of physical and mental health,¹ which encompasses a right to sexual and reproductive health.² This right, “entails a set of freedoms and entitlements. The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of the [International Covenant on Economic, Social and Cultural Rights].”³ This right is closely connected with the right to decide on the number and spacing of children which requires states to ensure that women can, “decide freely and responsibly on the number and spacing of their children and...have access to the information, education and means to enable them to exercise these rights.”⁴

International human rights law requires Slovakia to ensure that sexual and reproductive health care services, goods, and facilities meet four interrelated standards: they must be available, accessible, acceptable, and of good quality.⁵

Availability: States must ensure that there are an adequate number of functioning health care facilities, services, goods, and programs related to sexual and reproductive health care as well as trained sexual and reproductive health care providers, throughout the country.⁶ Essential medicines must also be made available in sufficient quantities.

Accessibility: Sexual and reproductive health care services must be accessible to the population without discrimination, both in law and in practice. This encompasses both physical and financial accessibility, in particular for people belonging to disadvantaged and marginalized groups. Finally, evidence-based information on sexual and reproductive health must be easily accessible and provided in a manner consistent with individual and community needs.⁷

Acceptability: All sexual and reproductive health facilities, goods, information, and services must respect principles of confidentiality and informed consent, be culturally appropriate, and take into account the interests and needs of marginalized groups. These include racial and ethnic minorities as well as people with disabilities and of different genders and age groups.⁸

Quality: Sexual and reproductive health facilities, goods, information and services must be of good quality, meaning that they must be, “evidence-based and scientifically and medically appropriate and up-to-date.”⁹ This requires trained and skilled health personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.¹⁰

Among other things, these obligations require Slovakia to ensure that reproductive health care services are accessible and affordable to women from marginalized Roma communities without discrimination; that modern contraceptive methods are financially affordable to all women, including women from marginalized Roma communities; that gynecologists provide adequate and accurate information on the full range of contraceptive options; and that all reproductive health care providers treat Roma women with dignity, respect their needs, and provide them with adequate, accurate, and comprehensible health-related information.



Human Rights Law: Informed Consent

Informed consent is a fundamental element of the right to the highest attainable standard of health that promotes patient autonomy, self-determination, bodily integrity, and well-being.¹ The United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (the “Special Rapporteur on the right to health”) has explained that “[i]nformed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision, protecting the right of the patient to be involved in medical decision-making, and assigning associated duties and obligations to health care providers.”² As such, informed consent requires that a patient’s medical decision-making be free of threat or inducement. It also requires that a patient’s consent to medical procedures be given freely and voluntarily after having received understandable, adequate, and evidence-based information on the proposed treatment as well as on alternative modes of treatment.³ The European Court of Human Rights has specifically determined that the European Convention for the Protection of Human Rights and Fundamental Freedoms protects women’s ability to make informed decisions during and after childbirth pursuant to the right to respect for private life.⁴

Similarly, Slovak legislation regulates informed consent for medical interventions, requiring that a patient be informed of, “the purpose, nature, effects and risks of health care provision, as well as on the possibility to choose from proposed procedures and risks of refusing health care.”⁵ Such

consultation must be provided, “comprehensibly, sensitively, [and] free from pressure,” and must allot “enough time to freely decide with informed consent and must be appropriat[e] to the mental and volitional maturity and health condition of the person” receiving the information.⁶ As explained in Text Box at page 26⁷, Slovak law also outlines special requirements for the provision of informed consent prior to sterilization.⁸

The Special Rapporteur on the right to health has recognized that, despite existing legal frameworks governing informed consent at the national level, the voluntary or informed nature of consent often continues to be significantly compromised in health care settings as a result of the power imbalance between doctors and patients.⁹ In that context, he has noted that this can give rise to particular challenges for individuals from marginalized groups: “[s]tructural inequalities exacerbated by stigma and discrimination result in individuals from certain groups being disproportionately vulnerable to having informed consent compromised.”¹⁰ In addition, the Special Rapporteur on the right to health has outlined that gender inequalities often result in, “women being routinely coerced and denied information and autonomy in the health-care setting.”¹¹ For example, a recent judgment from the European Court of Human Rights found that a woman’s right to respect for private life was violated when she had to give birth in front of medical students without her informed consent and in the absence of sufficient safeguards for her privacy.¹²

To meet legal requirements regarding informed consent, Slovakia must ensure that appropriate support mechanisms are in place to safeguard this right.¹³ The United Nations Committee on the Elimination of Discrimination against Women recently underlined that all medical personnel in Slovakia should receive training on, “how to ensure free, prior and informed consent for medical interventions in the field of women’s reproductive health, including sterilization.”¹⁴

Moreover, according to the Special Rapporteur on the right to health, states must, “ensure that health information is: (a) fully available, acceptable, accessible, and of good quality; and (b) imparted and comprehended by means of supportive and protective measures such as counseling and involvement of community networks.”¹⁵ The Special Rapporteur on the right to health has specifically recommended that state authorities:

- Ensure implementation and monitoring of legal and administrative frameworks, policies, and practices related to informed consent;
- Conduct relevant capacity-building for health care providers, research institutions, and other stakeholders on best practices for implementing informed consent procedures;
- Address implementation barriers at the community level, including those that are, “entrenched in social and cultural norms and practices, especially gender inequalities.”¹⁶



ACCOUNTS OF BARRIERS IN ACCESS TO GOOD QUALITY AND AFFORDABLE CONTRACEPTIVE SERVICES

Some of the women interviewed also repeatedly stated that they cannot afford the contraceptive methods that they would prefer to use. In addition, they said that doctors did not always treat their decisions to change contraceptive methods respectfully.

Affordability

Some women said that cost prevents them from accessing their preferred contraceptive methods. For example, Renáta wanted to use an IUD or request sterilization but explained that she could not afford any of these methods: *“They asked 300 euros for sterilization and 50 euros for a DANA [a brand of IUD] and 8 euros for its insertion. I wanted to pay in installments but [it was not possible].”*

Contraceptive methods are not covered under public health insurance in Slovakia. In fact, in 2011 the Slovak parliament adopted a law that explicitly prohibits public health insurance from covering, “drugs intended...solely for the regulation of conception (contraceptives)”¹⁴ and the coverage of medical devices that are, “intended for the regulation of conception.”¹⁵ This means that when contraceptives are used to protect against unintended pregnancies, the costs are not covered under public health insurance. The same applies to sterilization procedures.¹⁶

The cost of contraceptive methods in Slovakia varies, but it can be very high. For example, the price for sterilization ranges between 290 and 360 euros¹⁷ and IUDs often cost up to 170 euros for the device itself, along with an added fee for insertion and removal. The cheapest brand of

oral contraception costs approximately 7.50 euros per month, emergency contraception costs approximately 23 euros, and skin implants can cost up to 265 euros.¹⁸ Many modern contraceptive methods are therefore unaffordable for many women in Slovakia,¹⁹ and Roma women living in marginalized communities may face particular financial barriers in being able to choose their preferred method of contraception.²⁰

International human rights mechanisms have recently urged Slovakia to revise its legislation and ensure that public health insurance covers all modern contraceptive methods and related costs so that women can decide which method is the best for them in light of their individual needs and preferences.²¹

Decision-Making

Some women also said that their doctors did not respect their decisions to remove their IUDs before the expiration date. For example, Dominika said that her doctor resisted complying with several of her requests for IUD removal: *“He did not want to remove [the IUD]. He asked me if I wanted to have more children. I told him I wanted the DANA [a brand of IUD] removed because I was gaining weight and bleeding a lot. He told me I could keep it for ten more years and I kept telling him to remove it, that I did not want the DANA, that I had had enough of the DANA. At last, he just [shook] his head and removed it. But he didn’t want to remove [it].”*

Other women shared similar experiences. Beáta stated: *“He always brushed me off... I felt like, why doesn’t he want to remove it? Why not, if I want it [removed]?”* Natália explained that she wanted to have her IUD removed in order to get pregnant, but that she felt her doctor resisted complying with her wishes: *“She [the gynecologist] didn’t want to remove [it]; [she told me] I still had time since it had only been one year. I wanted a baby girl, but she said I could have it in two or three years.”*

Forced and Coercive Sterilization of Roma Women: The 2003 *Body and Soul* Report, Subsequent Legislative Reform and European Court of Human Rights Judgments

In 2003, the Center for Civil and Human Rights and the Center for Reproductive Rights published a report, *Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom in Slovakia*,¹ which documented cases of forced and coercive sterilization and other violations of Roma women's rights in reproductive health care facilities.² The report's findings were based on 230 interviews conducted with Roma women from marginalized communities throughout eastern Slovakia, most of whom appeared to have been sterilized without prior and informed consent. The report called on Slovak authorities to investigate these incidents of forced or coercive sterilization, provide effective remedies to survivors, and adopt legislative and other measures to prevent the practice from continuing. The report also briefly explored reports of degrading and disrespectful treatment of Roma women by medical personnel as well as concerns regarding the segregation of Roma women in maternity departments.

LEGISLATIVE REFORM

Body and Soul sparked discussion in Slovakia on the importance of ensuring patients' informed consent before sterilization or other medical procedures are performed. As a result, in 2004 new legislation was adopted introducing informed consent procedures, including a specific provision on informed consent prior to sterilization and expanded protections for patients seeking access to their medical records.³ Pursuant to the law, sterilization can only be performed upon an initial written request once informed consent has been provided after receiving all relevant information⁴ and following a 30-day waiting period that begins once informed consent has been provided.⁵ In 2014, requirements to obtain informed consent prior to sterilization were further standardized by a Ministry of Health regulation that introduced templates for informed consent forms in national minority languages, including Romani.⁶ These reforms have provided legal protection for Roma women against forced and coercive sterilization. However, reports suggest that in practice the way medical personnel obtain informed consent frequently remains unsatisfactory.⁷

LEGAL PROCEEDINGS

Despite these legal reforms, Slovak authorities have failed to take meaningful steps to investigate past instances of forced and coercive sterilization and ensure that survivors are provided with effective remedies and reparations. Although the allegations of unlawful sterilization elicited responses from both the Ministry of Health and law enforcement authorities, and although criminal investigations were opened, these investigations had numerous flaws and were ineffective.

In addition, several Roma women who have been sterilized without their informed consent sought redress through legal action before the Slovak courts. Despite their efforts, the courts either dismissed their petitions altogether or awarded them inadequate financial compensation. Therefore these women, legally represented by the Center for Civil and Human Rights, turned to the European

Court of Human Rights (ECHR) and filed claims alleging violations of their rights under the European Convention for the Protection of Human Rights and Fundamental Freedoms (“European Convention”).

Between 2011 and 2013, the ECHR upheld their claims and found violations of the European Convention in three separate cases brought by Roma women.⁸ It dismissed state assertions that the sterilizations were necessary for “health reasons,” reasoning instead that because sterilization is not a life-saving medical intervention informed consent is always needed before the operation is performed.⁹ According to the ECHR, the women in these cases were treated in a manner that was paternalistic and incompatible with the principles of respect for human freedom and dignity because they were deprived of the chance to freely decide whether or not to be sterilized.¹⁰ The Court therefore found violations of their rights to freedom from inhuman and degrading treatment and respect for their private lives, and granted each applicant financial compensation between 25,000 and 31,000 euros.¹¹

These three ECHR decisions paved the way for a recent domestic case in which a Roma woman finally obtained justice in the Slovak courts. While Slovak courts have previously found violations of Roma women’s rights due to unlawful sterilization in a small number of cases, in large part proceedings have not resulted in effective remedies. Often times, delays and lengthy proceedings rendered the processes ineffective. In addition, any financial compensation awarded to survivors was very low (1,500 euros at most).¹² However, this changed in 2016 when, after a very lengthy proceeding of 11 years, a Slovak court awarded a Roma woman who had been sterilized in 1999 without her informed consent compensation for the full amount requested (16,596.95 euros). The hospital was also ordered to formally apologize to her. Following the reasoning and approach of the ECHR, the court ultimately found that the woman’s right to personal integrity had been violated.¹³

Despite this recent success, it is evident that overall Slovak courts have failed to ensure adequate access to justice, reparations, and redress for Roma women who have been subjected to forced and coercive sterilization.¹⁴ As a result, and in recognition that judicial remedies are not always the only or most appropriate mechanism to ensure redress for grievous, systemic human rights violations, the United Nations Human Rights Committee recently concluded that the Slovak government should establish an independent body mandated to conduct an inquiry into the full extent of the practice and provide compensation and other forms of reparation to survivors.¹⁵ Such a step is necessary if Slovakia is to meet its international obligations to ensure effective remedies and reparations for survivors of past human rights violations.



Domestic Legislation with Discriminatory Effects on Roma Women

Recent legislation adopted by the Slovak parliament in the area of social security has had a disproportionately negative impact on Roma women from marginalized communities and their families.¹ For example, one law premises eligibility for a particular childbirth allowance² on women's attendance at monthly preventive prenatal examinations beginning in the fourth month of pregnancy³ and on their remaining in hospital after childbirth until approved for release by a health care provider.⁴

Although at face value these seem like neutral requirements that apply to all women, in practice there are indications that they disproportionately impact women from marginalized Roma communities, limiting their ability to obtain the relevant social benefits.⁵ As the narratives of Roma women in this report indicate, experiences of discriminatory conditions as well as degrading and abusive treatment in reproductive health care settings may negatively impact Roma women's ability to access reproductive and maternal health care services.⁶ However, these legislative measures do not address or mitigate the underlying reasons why some Roma women are not able to regularly attend preventive prenatal examinations or may choose to leave the hospital earlier than recommended following childbirth.

The United Nations Committee on the Rights of the Child recently called on Slovakia to amend this legislation, and other similar legislation that makes the payment of social allowances or benefits conditional on compliance with preventive measures. The Committee has specified that this legislation is, "largely ineffective and [has] a disproportionately negative effect on the socioeconomic well-being and right to social security of marginalized Roma families and their children."⁷ Nevertheless, the legislation continues to remain in force.

CONCLUSION AND RECOMMENDATIONS

Although Slovak law guarantees that those being provided with health care must be afforded good quality care free from gender and racial discrimination, the experiences of Roma women in reproductive health care that are captured in this report indicate the need for meaningful action by Slovak authorities to ensure the effective implementation of these laws in practice. Many of the experiences recounted by the women interviewed point to human rights violations and include repeated accounts of discrimination, segregation, and abuse in gynecological and maternal health care contexts.

International human rights and Slovak law require state authorities to take effective and timely measures to eliminate all forms of discrimination against Roma women and ensure that Roma women have access to quality reproductive health care that respects their autonomy and dignity and complies with the requirements of informed consent.

Although the Slovak government has taken some steps in recent years to improve marginalized Roma communities' access to health care, including sexual and reproductive health services,²² it is clear that much more needs to be done to effectively address and eradicate the systemic discrimination and mistreatment of Roma women. In the *Strategy of the Slovak Republic for Roma Integration up to 2020* (hereinafter "Strategy"), adopted in 2012, the government took the initial step of recognizing that Roma may experience discrimination in accessing health care, including due to their segregation from non-Roma patients.²³ The Strategy sets out broad health objectives targeting Roma from marginalized communities and seeks to increase Roma communities' access to information on reproductive health issues and ensure access to quality sexual and reproductive health care services without discrimination, on the basis of voluntary and informed decision-making and consent.²⁴ Pursuant to the Strategy, the government is slated to adopt an updated action plan on non-discrimination for the period of 2016–2018, which is expected to include a general goal of increasing the effective protection of Roma against discrimination and unequal treatment.²⁵

To facilitate implementation of the 2012 Strategy's objectives on health, the Slovak government has also issued a specific action plan for 2017, and has set a 2017 target for improvements in the quality and accessibility of sexual and reproductive health services and programs for those living in marginalized Roma communities.²⁶

It is critical that the Slovak authorities now pursue implementation of this action plan, taking into account the experiences of the women captured in this report and following the recommendations outlined below. It is critical that programs and measures pursued under the Strategy, and related action plans, reflect international best practices, comply with European and international human rights laws and standards, and benefit from the allocation of adequate financial and human resources to ensure effective implementation and sustainability.²⁷

The following recommendations relate to the specific actions that are necessary to address the concerns that emerged from the accounts of Roma women interviewed for this report. They do not present an exhaustive list of measures required to ensure Slovakia's compliance with its international and national human rights obligations. These recommendations should be implemented in close consultation with civil society.

In order to respect, protect, and fulfill the rights of Roma women related to sexual and reproductive health, the Slovak government and other respective state authorities must take the following steps:

- Establish effective measures to monitor and ensure the full implementation of Slovak anti-discrimination legislation and international human rights obligations across sexual and reproductive health care contexts.²⁸
- Adopt effective measures to fully implement concluding observations on Slovakia by United Nations treaty monitoring bodies in the field of reproductive health care.²⁹
- Implement effective measures to address systemic and intersectional discrimination in reproductive health care, including implementing, and investing adequate resources in, appropriate programs to improve Roma women’s access to good quality reproductive health care services.³⁰
- Establish effective programs, procedures, and mechanisms to assess, monitor, eliminate, prevent, and sanction the segregation of Roma women in maternity care settings and eradicate the harmful consequences of such practices.³¹
- Create effective programs, procedures, and mechanisms to assess, monitor, prevent, eliminate, and sanction the disrespectful treatment and abuse of Roma women in reproductive health care settings.³²
- Establish an independent body to investigate the full extent of forced and coercive sterilization of Roma women and provide adequate reparations, including financial redress, to survivors.³³
- Implement effective training and awareness-raising programs for health care personnel providing reproductive health services in Slovakia designed to combat and eradicate stereotypes and prejudices that foster the discriminatory treatment of Roma women.³⁴
- Ensure effective implementation of legislation related to informed consent in reproductive health care contexts, including by:
 - Conducting relevant capacity-building exercises for reproductive health care providers on best practices for informed consent procedures; and
 - Guaranteeing that all medical personnel providing reproductive health care services receive training on how to ensure free, prior, and informed consent for medical interventions relevant to women’s reproductive health.³⁵
- Ensure universal public health insurance coverage for all modern contraceptive methods.³⁶
- Repeal legal provisions on child benefits and childbirth and parental care allowances that have a disproportionate negative impact on Roma women and their families.³⁷
- Collect, on a systematic basis, comprehensive data on sexual and reproductive health disaggregated by gender, age, socioeconomic status, and ethnicity and periodically analyze the differential impacts that laws, policies, and practices have on Roma women in reproductive health care settings.³⁸

METHODOLOGY

This report is based on interviews conducted from October 24-27, 2016 by the Center for Civil and Human Rights (Poradňa) and the Center for Reproductive Rights (the Center), as well as on document-based research. During the in-depth interviews, we collected testimonies from 38 Roma women living in four marginalized Roma communities in the districts of Spišská Nová Ves, Gelnica, and Prešov in eastern Slovakia. The women were interviewed about their experiences in reproductive health care settings over the past five years before the interviews were conducted. The women were of reproductive age and had different numbers of children.

The Roma women we interviewed were identified through the long-term program of Poradňa that supports Roma women's social activism. Through this program Poradňa has developed relationships with a number of women, several of whom agreed to be interviewed for this report, and helped us identify and approach other Roma women in target locations. If they agreed, we interviewed these women as well. Most of the interviews were conducted in Slovak, and a small number of the interviews were conducted in Romani. Interviews were conducted by representatives of Poradňa and the Center, with one representative conducting the interview while another took notes. Some interviews were recorded, with the prior consent of the interviewed women, and for the purpose of better documentation.

The names of the women whose direct accounts are reproduced in this report have been changed in order to protect their privacy. We have also omitted any specific details about their place of residence for the same reason.

The report also draws on information about reproductive health laws and policies provided by the Ministry of Health of the Slovak Republic, the Office for the Supervision of Health Care, relevant medical schools, insurance companies, two self-governing regions, and two hospitals in eastern Slovakia in December 2016. These were received in response to written inquiries made by Poradňa and the Center in accordance with the Slovak Freedom of Information Act.

Finally, the report relies on domestic and international legal research and information from other published materials, as cited throughout, which document key issues impacting Roma women's reproductive health and rights.

ENDNOTES

- 1 *Prvé výsledky ATLASU rómskych komunit na Slovensku 2013* [First results of ATLAS of Roma Communities in Slovakia 2013], http://www.minv.sk/?atlas_2013.
- 2 See, e.g., Human Rights Committee, *Concluding Observations: Slovakia*, paras. 16-19, U.N. Doc. CCPR/C/SVK/CO/4 (2016); Committee on the Elimination of Racial Discrimination (CERD Committee), *Concluding Observations: Slovakia*, paras. 10-13, U.N. Doc. CERD/C/SVK/CO/9-10 (2013); Committee against Torture (CAT Committee), *Concluding Observations: Slovakia*, paras. 11-12, U.N. Doc. CAT/C/SVK/CO/3 (2015); Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations: Slovakia*, paras. 11, 20-23, 26-27, U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015); Committee on the Rights of the Child (CRC Committee), *Concluding Observations: Slovakia*, paras. 8, 15-16, U.N. Doc. CRC/C/SVK/CO/3-5 (2016); Human Rights Council, Rep. of the Working Group on the Universal Periodic Review: Slovakia, 26th Sess., Jan. 27 – Feb. 7, 2014, paras. 110.50-110.60, U.N. Doc. A/HRC/26/12 (2015); Council of Europe Commissioner for Human Rights, Report by Nils Muižnieks following his visit to the Slovak Republic from 15 to 19 June 2015, paras. 58-120, Doc. CommDH(2015)21 [hereinafter Council of Europe Commissioner, Slovak Republic Country Report (2015)]; European Commission against Racism and Intolerance (ECRI), *Report on Slovakia (fifth monitoring cycle)*, para. 103, Doc. CRI(2014)37 (Sept. 2014); Council of Europe Committee of Ministers, Resolution on the Implementation of the Framework Convention for the Protection of National Minorities by the Slovak Republic, CM/ResCMN(2016)6 (2016).
- 3 See, e.g., EUROPEAN ROMA RIGHTS CENTRE & AMNESTY INTERNATIONAL, A LESSON IN DISCRIMINATION. SEGREGATION OF ROMANI CHILDREN IN PRIMARY EDUCATION IN SLOVAKIA (2017); AMNESTY INTERNATIONAL, REPORT 2016/17: THE STATE OF THE WORLD'S HUMAN RIGHTS 323-324 (2017), available at <https://www.amnesty.org/en/documents/pol10/4800/2017/en/>; CENTER FOR CIVIL AND HUMAN RIGHTS, *Written Comments Concerning the Fourth Periodic Report of Slovak Republic* (Sept. 2016), available at http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/SVK/INT_CCPR_CSS_SVK_25193_E.pdf.
- 4 See, e.g., Human Rights Committee, *Concluding Observations: Slovakia*, paras. 26-27, U.N. Doc. CCPR/C/SVK/CO/4 (2016); Council of Europe Commissioner, Slovak Republic Country Report (2015), *supra* note 2, para. 65; CERD Committee, *Concluding Observations: Slovakia*, para. 13, U.N. Doc. CERD/C/SVK/CO/9-10 (2013); CAT Committee, *Concluding Observations: Slovakia*, para. 12, U.N. Doc. CAT/C/SVK/CO/3 (2015); CEDAW Committee, *Concluding Observations: Slovakia*, para. 33(d), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015).
- 5 See, e.g., EUROPEAN ROMA RIGHTS CENTRE & CENTER FOR CIVIL AND HUMAN RIGHTS, *Written Comments for Consideration the United Nations Committee on the Rights of the Child at the 72nd Session* (Apr. 2016), available at <https://www.poradna-prava.sk/sk/dokumenty/alternativna-sprava-k-vyboru-osn-pre-prava-dietata-2016/>; EUROPEAN ROMA RIGHTS CENTRE & CENTER FOR CIVIL AND HUMAN RIGHTS, *Parallel submission by the European Roma Rights Centre and Center for Civil and Human Rights Concerning Slovakia for Consideration by the Committee on the Elimination of All Forms of Discrimination Against Women at the 62nd Session* (Oct. 2015), available at <https://www.poradna-prava.sk/sk/dokumenty/alternativna-sprava-k-vyboru-osn-pre-odstranenie-diskriminacie-zien/>.
- 6 In most languages other than English it remains customary to use different pronouns when addressing someone informally or formally and it is often considered disrespectful or impolite to use the informal pronoun in professional contexts or when addressing someone unknown. In Slovakia, it is standard to use the formal pronoun in communication between a medical professional and a patient.
- 7 The women referred to their IUDs as a “DANA,” which is a brand of intrauterine device that was used in Slovakia.
- 8 Human Rights Law: Prohibiting Intersectional and Structural Discrimination.
- 9 Human Rights Law: Prohibiting Torture or Cruel, Inhuman or Degrading Treatment or Punishment.
- 10 Human Rights Law: The Right to Sexual and Reproductive Health.
- 11 Human Rights Law: Informed Consent.
- 12 Debrecéniová, J. (ed.), *Ženy – Matky – Telá: Ľudské práva žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku* [Women – Mothers

- Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia] (2015), OBČAN, DEMOKRACIA A ZODPOVEDNOSŤ & ŽENSKÉ KRUIHY, at 206-209 (English version), *available at* http://odz.sk/wp-content/uploads/Z-M-T_publ_el1_pod_sebou.pdf (Slovk.); http://odz.sk/en/wp-content/uploads/Women-Mothers-Bodies_summ_EN.pdf (Engl.) [hereinafter *Ženy – Matky – Telá*].
- 13 The women referred to their IUDs as a “DANA,” which is a brand of intrauterine device that was used in Slovakia.
- 14 Zákon č. 363/2011 Z. z. o rozsahu a podmienkach úhrady liekov, zdravotníckych pomôcok a dietetických potravín na základe verejného zdravotného poistenia a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 363/2011 Coll. of Laws on the Scope and Conditions of Drugs, Medical Devices and Dietetic Foods Coverage by Public Health Insurance and on Amending and Supplementing Certain Acts], art. I, sec. 16(4)(e)(1) (Slovk.)
- 15 *Id.*, sec. 37(5)(c)(6).
- 16 Nariadenie vlády SR č. 777/2004 Z.z., ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia [Decree of the Government of the SR No. 777/2004 Coll. of Laws issuing the List of Diseases at which Medical Procedures Are Partially Covered or Not Covered Based on Public Health Insurance], Annex No. 2, part IV (2004) (Slovk.).
- 17 Written response of the General Health Insurance Company no. Z103678/2016 (12 December 2016), provided upon request of the Center for Civil and Human Rights and Center for Reproductive Rights on 7th December 2016, and filed under the Act No. 211/2000 Coll. of Laws on Free Access to Information and on Amending and Supplementing Certain Acts (Freedom of Information Act), *as amended*.
- 18 Information provided by a pharmacist and a gynecologist in Slovakia (prices as of July 2017).
- 19 CENTER FOR REPRODUCTIVE RIGHTS ET AL., CALCULATED INJUSTICE, THE SLOVAK REPUBLIC’S FAILURE TO ENSURE ACCESS TO CONTRACEPTIVES (2011), *available at* http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/calculated_injustice.pdf.
- 20 In recent years, Slovakia has seen repeated legislative efforts to ensure access to sterilization free of charge for certain groups of women. The last such attempt was made in 2016, when a law was proposed that would allow sterilization free of charge for women over 35 years of age with at least three children and for all women with more than four children. However, the bill, which did not ultimately pass, was problematic since the only contraceptive method that the bill sought to make available free of charge was an irreversible method. Moreover, the bill failed to recognize that for years sterilization was presented to many Roma women as one of the most appropriate methods of contraception. Návrh poslankyň Národnej rady Slovenskej republiky Lucie Nicholsonovej a Natálie Blahovej na vydanie zákona, ktorým sa dopĺňa zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a ktorým sa dopĺňa zákon č. 577/2004 Z. z. o rozsahu zdravotnej starostlivosti uhrádzanej na základe verejného zdravotného poistenia a o úhradách za služby súvisiace s poskytovaním zdravotnej starostlivosti v znení neskorších predpisov [Proposal by Lucia Nicholsonová and Natália Bláhová to adopt a law amending Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, *as amended* and on Amending Act No. 577/2004 Coll. of Laws on the Scope of Health Care Covered under Public Health Insurance and on Payments for Services Related to the Provision of Health Care, *as amended*], parl. print 91 (Apr. 29, 2016). See also <http://www.strana-sas.sk/nicholsonova-prestanme-sterilizacie-demozovat/1740>.
- 21 Committee on Economic, Social and Cultural Rights (ESCR Committee), *Concluding Observations: Slovakia*, para. 24, U.N. Doc. E/C.12/SVK/CO/2 (2012); CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(b), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015).
- 22 *Stratégia Slovenskej republiky pre integráciu Rómov do roku 2020* [Strategy of the Slovak Republic for Roma Integration up to 2020], Resolution of the Government of the Slovak Republic No. 1/2012 (Jan. 11, 2012). The Strategy was adopted pursuant to a European Commission initiative and the Commission assesses its implementation annually. See EU FRAMEWORK FOR NATIONAL ROMA INTEGRATION STRATEGIES: SLOVAK REPUBLIC FACT SHEET, European Commission, Directorate-General for Justice and Consumers (2015), *available at* http://ec.europa.eu/justice/discrimination/files/roma_country_factsheets_2015/slovakia2015_en.pdf.
- 23 *Strategy of the Slovak Republic for Roma Integration up to 2020*, *supra* note 22, D.2.3.

- 24 *Strategy of the Slovak Republic for Roma Integration up to 2020*, *supra* note 22, D.2.3, obj. 5.
- 25 The government has not yet approved the action plan. Its draft is available at: http://www.minv.sk/?nediskriminacia_financna_inkluzia.
- 26 *Aktualizované akčné plány Stratégie Slovenskej republiky pre integráciu Rómov do roku 2020 na roky 2016 - 2018 pre oblasti: D.2.1 Oblasť vzdelávania, D.2.2 Oblasť zamestnanosti, D.2.3 Oblasť zdravia, D.2.4 Oblasť bývania a nový akčný plán pre oblasť D.2.5 Oblasť finančného začlenenia [Updated Action Plans of the Strategy of the Slovak Republic for Roma Integration up to 2020 for the Period of 2016-2018 for Areas: D.2.1 Area of Education, D.2.2 Area of Employment, D.2.3 Area of Health, D.2.4 Area of Housing, and New Action Plan for Area D.2.5 Area of Financial Inclusion]*, Resolution of the Government of the Slovak Republic No. 87/2017, D.2.3., obj. 5 (Feb. 22, 2017).
- 27 A wide range of international and European human rights mechanisms have emphasized the need for adequate financial and human resources, including trainings for medical providers, to address the inequalities faced by Roma women. *See, e.g.*, Special Rapporteur on minority issues, *Rep. of the Special Rapporteur on minority issues, Rita Izsák, Comprehensive study of the human rights situation of Roma worldwide, with a particular focus on the phenomenon of anti-Gypsyism*, paras. 27, 34, U.N. Doc. A/HRC/29/24 (2015) [hereinafter Special Rapporteur on minority issues, 2015 Report]; Parliamentary Assembly of the Council of Europe (PACE), Resolution 1740(2010), para. 19 (June 2010) [hereinafter PACE Resolution 1740]; ECRI, *Recommendation No. 13 on Combating Anti-Gypsyism and Discrimination against Roma*, para. 7(c), Doc. CRI(2011)37 (June 2011); Council of Europe Committee of Ministers, *The Strasbourg Declaration on Roma*, para. 35, Doc. CM(2010)133 (Oct. 2010) [hereinafter Strasbourg Declaration on Roma].
- 28 Zákon č. 365/2004 Z.z. o rovnakom zaobchádzaní v niektorých oblastiach a o ochrane pred diskrimináciou a o zmene a doplnení niektorých zákonov (antidiskriminačný zákon) [Act No. 365/2004 Coll. of Laws on Equal Treatment in Certain Areas and Protection against Discrimination, and on Amending and Supplementing Certain Acts, as amended (Antidiscrimination Act)] (Slovk.); Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, as amended], sec. 11(2) (Slovk.); Convention for the Protection of Human Rights and Fundamental Freedoms, *adopted* Nov. 4, 1950, art. 14, 213 U.N.T.S. 222, Eur. T.S. No. 5 (*entered into force* Sept. 3, 1953); Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, arts. 1-3, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1980), U.N.T.S. 13 (*entered into force* Sept. 3, 1981); Convention on the Elimination of All Forms of Racial Discrimination, *adopted* Dec. 21, 1965, G.A. Res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195 (*entered into force* Jan. 4, 1969); International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, art. 26, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976); International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, art. 2(2), G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* Jan. 3, 1976).
- 29 *See, e.g.*, CEDAW Committee, *Concluding Observations: Slovakia*, para. 33, U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015); CRC Committee, *Concluding Observations: Slovakia*, paras. 25, 41, CRC/C/SVK/CO/3-5 (2016); ESCR Committee, *Concluding Observations: Slovakia*, paras. 24-25, U.N. Doc. E/C.12/SVK/CO/2 (2012); CERD Committee, *Concluding Observations: Slovakia*, para. 13, U.N. Doc. CERD/C/SVK/CO/9-10 (2013); CAT Committee, *Concluding Observations: Slovakia*, para. 12, U.N. Doc. CAT/C/SVK/CO/3 (2015); Human Rights Committee, *Concluding Observations: Slovakia*, paras. 25, 27, U.N. Doc. CCPR/C/SVK/CO/4 (2016). *See also* Special Rapporteur on minority issues, 2015 Report, *supra* note 27, paras. 89-90.
- 30 *See, e.g.*, Strasbourg Declaration on Roma, *supra* note 27, para. 35; PACE Resolution 1740, *supra* note 27, para. 19; *see also* Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, *Rep. by the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Paul Hunt, Mission to Romania*, paras. 76-78, U.N. Doc. E/CN.4/2005/51/Add.4 (2005); CRC Committee, *Concluding Observations: Serbia*, paras. 26-27, 45-46, U.N. Doc. CRC/C/SRB/CO/2-3 (2017); CRC Committee, *Concluding Observations: Bulgaria*, paras. 41(a), 41(c), CRC/C/BGR/CO/3-5 (2016).

- 31 See also CERD Committee, *General recommendation XIX on article 3 of the Convention*, paras. 1-4, contained in U.N. Doc. A/50/18 (1995).
- 32 See, e.g., CEDAW Committee, *Concluding Observations: Slovakia*, U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015), paras. 30(f), 31(h); CRC Committee, *Concluding Observations: Slovakia*, U.N. Doc. CRC/C/SVK/CO/3-5 (2016), paras. 38(d), 39(c); *4th International Conference of Romani Women: Final Report* 11 (17-18 September 2013, Helsinki), <https://rm.coe.int/16800c0a83>. See also Special Rapporteur on minority issues, 2015 Report, *supra* note 27, paras. 80, 89-91, 92, 97-100 (emphasizing that to address the many forms of discrimination documented in her report, a comprehensive, multi-sectoral approach that targets the root of discriminatory treatment, sanctions it, and empowers Roma communities is essential).
- 33 Human Rights Committee, *Concluding Observations: Slovakia*, para. 27, U.N. Doc. CCPR/C/SVK/CO/4 (2016).
- 34 ECRI, *Third Report on Slovakia*, para. 69, Doc. CRI(2004)4 (Jan. 2004).
- 35 Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, *Rep. of the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Anand Grover*, para. 95, U.N. Doc. A/64/272 (2009); CEDAW Committee, *Concluding Observations: Slovakia*, para. 33(b), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015).
- 36 CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(b), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015).
- 37 CRC Committee, *Concluding Observations: Slovakia*, paras. 42(a), 43(a), U.N. Doc. CRC/C/SVK/CO/3-5 (2016).
- 38 See, e.g., Special Rapporteur on minority issues, 2015 Report, *supra* note 27, paras. 27, 109. For related recommendations from U.N. treaty bodies, see, e.g., CAT Committee, *Concluding Observations: Netherlands*, para. 30(b), U.N. Doc. CAT/C/NLD/CO/5-6 (2013); *Czech Republic*, para. 23, U.N. Doc. CAT/C/CZE/CO/4-5 (2012); *Poland*, para. 21, U.N. Doc. CAT/C/POL/CO/4 (2007).

Endnotes for Text Boxes

Human Rights Law: Prohibiting Intersectional and Structural Discrimination

- 1 See Convention for the Protection of Human Rights and Fundamental Freedoms, *adopted* Nov. 4, 1950, art. 14, 213 U.N.T.S. 222, Eur. T.S. No. 5 (*entered into force* Sept. 3, 1953) [hereinafter ECHR]; Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, arts. 1-3, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1980), U.N.T.S. 13 (*entered into force* Sept. 3, 1981) [hereinafter CEDAW]; International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, art. 26, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976) [hereinafter ICCPR]; International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, art. 2(2), G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* Jan. 3, 1976) [hereinafter ICESCR]; Human Rights Committee, *General Comment No. 28: Article 3 (The Equality of Rights between Men and Women)*, para. 4, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000); Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 28: The Core Obligations of States Parties under (Art. 2)*, paras. 3, 9-10, U.N. Doc. CEDAW/C/GC/28 (2010); Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 20: Non-Discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights)*, para. 39, U.N. Doc. E/C.12/GC/20 (2009) [hereinafter ESCR Committee, *Gen. Comment No. 20*].
- 2 See, e.g., ICCPR, *supra* note 1, art. 26; ICESCR, *supra* note 1, art. 2.2; CEDAW, *supra* note 1, arts. 1-3; Convention on the Elimination of All Forms of Racial Discrimination, *adopted* Dec. 21, 1965, G.A. Res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195 (*entered into force* Jan. 4, 1969) [hereinafter CERD]. Under the Slovak Constitution, these international human rights treaties shall be a part of the Slovak legal order and shall have precedence over laws if they provide a greater scope of constitutional rights and freedoms. See CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 154c(1). See also CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 7(5).

- 3 Directive 2000/43/EC, of the European Council of 29 June 2000 on implementing the principle of equal treatment between persons irrespective of racial or ethnic origin, 2000 O.J. (L 180) 9 [hereinafter Council Directive 2000/43/EC]; CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 12(2); Zákon č. 365/2004 Z.z. o rovnakom zaobchádzaní v niektorých oblastiach a o ochrane pred diskrimináciou a o zmene a doplnení niektorých zákonov (antidiskriminačný zákon) [Act No. 365/2004 Coll. of Laws on Equal Treatment in Certain Areas and Protection against Discrimination, and on Amending and Supplementing Certain Acts, as amended (Antidiscrimination Act)] secs. 2(1), 2a, 3(1) (Slovk.) [hereinafter Act 365/2004]; Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, as amended], sec. 11(2) (Slovk.) [hereinafter Act 576/2004]. See also CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 33.
- 4 CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 12(1); Act 365/2004, *supra* note 3.
- 5 Act 365/2004, *supra* note 3, sec. 2(3); ECHR, *supra* note 1, art. 14; ICCPR, *supra* note 1, art. 26; CERD, *supra* note 2; CEDAW, *supra* note 1, art. 2; ICESCR, *supra* note 1, art. 2.
- 6 See Siobhan Curran, *Intersectionality and Human Rights Law: An Examination of the Coercive Sterilisations of Romani Women*, 16 EQUAL RIGHTS REV. 132, 135-136 (2016).
- 7 ESCR Committee, *General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, para. 30, U.N. Doc. E/C.12/GC/22 (2016) [hereinafter ESCR Committee, *Gen. Comment No. 22*]; see also ESCR Committee, *Gen. Comment No. 20*, *supra* note 1, paras. 8(b), 17, 27.
- 8 See, e.g., CEDAW Committee, *Concluding Observations: Slovakia*, paras. 30(f), 31(h), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015); Committee on the Rights of the Child (CRC Committee), *Concluding Observations: Slovakia*, para. 38(d), U.N. Doc. CRC/C/SVK/CO/3-5 (2016); CRC Committee, *Concluding Observations: Slovakia*, paras. 49-50, U.N. Doc. CRC/C/SVK/CO/2 (2007); European Commission against Racism and Intolerance (ECRI), *Third Report on Slovakia*, paras. 69, 93, Doc. CRI(2004)4; Council of Europe Commissioner for Human Rights, Report by Thomas Hammarberg, following his visit to Slovakia from 26 to 27 September 2011, paras. 69-79, Doc. CommDH(2011)42. See also, e.g., Special Rapporteur on minority issues, *Rep. of the Special Rapporteur on minority issues, Rita Izsák, Comprehensive study of the human rights situation of Roma worldwide, with a particular focus on the phenomenon of anti-Gypsyism*, paras. 27, 32, 34, 47, 52-53, U.N. Doc. A/HRC/29/24 (2015) [hereinafter Special Rapporteur on minority issues, 2015 Report]; ECRI, *General Policy Recommendation No. 13 on Combating Anti-Gypsyism and Discrimination against Roma*, para. 7, Doc. CRI(2011)37; ECRI, *Report on Hungary (fourth monitoring cycle)*, para. 132, Doc. CRI(2009)3 (Feb. 2009); ECRI, *Report on Bulgaria (fourth monitoring cycle)*, para. 72, Doc. CRI(2009)2 (Feb. 2009).
- 9 Special Rapporteur on minority issues, 2015 Report, *supra* note 8, para. 32.
- 10 CEDAW Committee, *Concluding Observations: Slovakia*, para. 31(g), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015). See also CEDAW Committee, *Concluding Observations: Czech Republic*, para. 31, U.N. Doc. CEDAW/C/CZE/CO/6 (2016); *Croatia*, para. 31, U.N. Doc. CEDAW/C/HRV/CO/4-5 (2015).
- 11 ESCR Committee, *Gen. Comment No. 20*, *supra* note 1, para. 14; Council Directive 2000/43/EC, *supra* note 3; Act No. 365/2004, *supra* note 3, secs. 2(1), 3(1); Act 576/2004, *supra* note 3, sec. 11(2). See also CERD, *supra* note 2, art. 3; U.N. Declaration on the Elimination of All Forms of Racial Discrimination, art. 5, U.N. Doc. A/RES/18/1904 (1963); UNESCO Declaration on Race and Racial Prejudice, arts. 2(2), 4(3), 6(2), 27 November 1978.
- 12 CERD, *supra* note 2, art. 3.
- 13 Committee on the Elimination of Racial Discrimination, *General recommendation XIX on article 3 of the Convention*, paras. 1-3, contained in U.N. Doc. A/50/18 (1995).
- 14 *Id.*, para. 4.
- 15 ESCR Committee, *Gen. Comment No. 20*, *supra* note 1, para. 39.
- 16 CEDAW Committee, *Concluding Observations: Slovakia*, paras. 30(f), 31(h), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015); CRC Committee, *Concluding Observations: Slovakia*, paras. 38(d), 39(c), U.N. Doc. CRC/C/SVK/CO/3-5 (2016).
- 17 ESCR Committee, *Gen. Comment No. 22*, *supra* note 7, para. 35.
- 18 ESCR Committee, *Gen. Comment No. 20*, *supra*

- note 1, para. 39; *see also* ESCR Committee, *Gen. Comment No. 22*, *supra* note 7, para. 31.
- 19 ESCR Committee, *Gen. Comment No. 20*, *supra* note 1, para. 39; *see also* ESCR Committee, *Gen. Comment No. 22*, *supra* note 7, para. 31.

Human Rights Law: Prohibiting Torture or Cruel, Inhuman or Degrading Treatment or Punishment

- 1 *See* Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *adopted* Dec. 10, 1984, art. 2, G.A. Res. 39/46, U.N. GAOR, 39th Sess., Supp. No. 51, U.N. Doc. A/39/51 (1984), 1465 U.N.T.S. 85 (*entered into force* June 26, 1987) [hereinafter CAT], International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, art. 7, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976) [hereinafter ICCPR], Convention for the Protection of Human Rights and Fundamental Freedoms, *adopted* Nov. 4, 1950, art. 3, 213 U.N.T.S. 222, Eur. T.S. No. 5 (*entered into force* Sept. 3, 1953) [hereinafter ECHR].
- 2 *See* Human Rights Committee, *General Comment No. 28: Article 3 (The Equality of Rights between Men and Women)*, para. 11, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000); Committee against Torture (CAT Committee), *General Comment No. 2: Implementation of article 2 by States parties*, paras. 21-22, CAT/C/GC/2 (2008); CAT Committee, *Concluding Observations: Slovakia*, para. 12, U.N. Doc. CAT/C/SVK/CO/3 (2015); *Slovakia*, para. 14, U.N. Doc. CAT/C/SVK/CO/2 (2009); Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Rep. of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, para. 45, U.N. Doc. A/HRC/31/57 (2016) [hereinafter Special Rapporteur on torture, 2016 Report]; *V.C. v. Slovakia*, App. No. 18968/07 Eur. Ct. H.R., para. 18 (2011); *I.G. and Others v. Slovakia*, App. No. 15966/04 Eur. Ct. H.R., para. 129 (2013).
- 3 CONSTITUTION OF THE SLOVAK REPUBLIC, No. 460/1992 Coll., art. 16(2).
- 4 Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, as amended], sec. 11(9) (Slovk.).

- 5 *See, e.g.*, CAT Committee, *Concluding Observations: Kenya*, para. 27, U.N. Doc. CAT/C/KEN/CO/2 (2013); *United States of America*, para. 33, U.N. Doc. CAT/C/USA/CO/2 (2006); Human Rights Committee, *Concluding Observations: Ireland*, para. 11, U.N. Doc. CCPR/C/IRL/CO/4 (2014); *V.C. v. Slovakia*, No. 18968/07 Eur. Ct. H.R., paras. 100-120 (2011); *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R., paras. 71-81 (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R., paras. 116-134 (2013).
- 6 Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Rep. of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, para. 46, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013) [hereinafter Special Rapporteur on torture, 2013 Report]. *See also id.*, paras. 54-56.
- 7 *See* Special Rapporteur on torture, 2016 Report, *supra* note 2, para. 47; Special Rapporteur on torture, 2013 Report, *supra* note 6, para. 46.
- 8 Special Rapporteur on torture, 2016 Report, *supra* note 2, para. 47.
- 9 Special Rapporteur on torture, 2013 Report, *supra* note 6, para. 75.
- 10 Special Rapporteur on torture, 2013 Report, *supra* note 6, para. 26.
- 11 *Moldovan and Others v. Romania*, Nos. 41138/98, 64320/01 Eur. Ct. H.R., para. 111 (2005).
- 12 Special Rapporteur on minority issues, *Rep. of the Special Rapporteur on minority issues, Rita Izsák, Comprehensive study of the human rights situation of Roma worldwide, with a particular focus on the phenomenon of anti-Gypsyism*, para. 27, U.N. Doc. A/HRC/29/24 (2015). *See also* Committee on the Elimination of Discrimination against Women, *General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19*, para. 18, U.N. Doc. CEDAW/C/GC/35 (2017).

Human Rights Law: The Right to Sexual and Reproductive Health

- 1 *See* International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, art. 12, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966) (*entered into force* Jan. 3, 1976); Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, art. 12, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46

- (1980), U.N.T.S. 13 (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].
- 2 Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, para. 1, U.N. Doc. E/C.12/GC/22 (2016) [hereinafter ESCR Committee, *Gen. Comment No. 22*].
 - 3 ESCR Committee, *Gen. Comment No. 22, supra* note 2, para. 5. See also Programme of Action of the International Conference on Population and Development, Cairo, Egypt, Sept. 5-13, 1994, paras. 7.2, 7.3, U.N. Doc. A/CONF.171/13/Rev.1 (1995); Beijing Declaration and Platform for Action, The Fourth World Conference on Women, Beijing (4 - 15 September 1995), part C (Women and health); World Health Organization (WHO), Constitution of the World Health Organization, *adopted* by the International Health Conference (New York, 19 June - 22 July 1946), *signed* on 22 July 1946 (Off. Rec. Wld Hlth Org., 2, 100), *entered into force* on 7 April 1948; WHO, REPRODUCTIVE HEALTH, http://www.who.int/topics/reproductive_health/en/.
 - 4 CEDAW, *supra* note 1, art. 16(1)(e); Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 21: Equality in marriage and family relations*, para. 22, U.N. Doc. A/49/38 (1994).
 - 5 ESCR Committee, *General Comment No. 14: The right to the highest attainable standard of health (Article 12)*, para. 12, U.N. Doc. E/C.12/2000/4 (2000) [hereinafter ESCR Committee, *Gen. Comment No. 14*]; ESCR Committee, *Gen. Comment No. 22, supra* note 2, paras. 11-21; see also CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, U.N. Doc. A/54/38/Rev.1, chap. I (1999) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].
 - 6 ESCR Committee, *Gen. Comment No. 14, supra* note 5, para. 12(a); ESCR Committee, *Gen. Comment No. 22, supra* note 2, paras. 12-13.
 - 7 ESCR Committee, *Gen. Comment No. 14, supra* note 5, para. 12(b); ESCR Committee, *Gen. Comment No. 22, supra* note 2, paras. 15-19.
 - 8 ESCR Committee, *Gen. Comment No. 14, supra* note 5, para. 12(c); ESCR Committee, *Gen. Comment No. 22, supra* note 2, para. 20; CEDAW Committee, *Gen. Recommendation No. 24, supra* note 5, para. 22.
 - 9 ESCR Committee, *Gen. Comment No. 22, supra* note 2, para. 21.
 - 10 ESCR Committee, *Gen. Comment No. 14, supra* note 5, paras. 12(a), 43(d), 44; ESCR Committee, *Gen. Comment No. 22, supra* note 2, para. 21; Committee on the Rights of the Child, *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, para. 37, U.N. Doc. CRC/C/GC/15 (2013); WHO, MODEL LIST OF ESSENTIAL MEDICINES (19th ed., Aug. 2015), *available* at http://www.who.int/selection_medicines/committees/expert/20/EML_2015_FINAL_amended_AUG2015.pdf?ua=1.

Human Rights Law: Informed Consent

- 1 Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Rep. of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, Anand Grover, para. 9, U.N. Doc. A/64/272 (Aug. 10, 2009) [hereinafter Special Rapporteur on health, 2009 Report].
- 2 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 9. See also Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Rep. of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, Juan E. Méndez, para. 28, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013) [hereinafter Special Rapporteur on torture, 2013 Report].
- 3 See FIGO COMMITTEE FOR THE STUDY OF ETHICAL ASPECTS OF HUMAN REPRODUCTION AND WOMEN'S HEALTH, ETHICAL ISSUES IN OBSTETRICS AND GYNECOLOGY 23 (2015).
- 4 Konovalova v. Russia, No. 37873/04 Eur. Ct. H.R., paras. 42-50 (2015); V.C. v. Slovakia, No. 18968/07 Eur. Ct. H.R., paras. 110-112 (2011); N.B. v. Slovakia, No. 29518/10 Eur. Ct. H.R., paras. 74-78 (2012); I.G. and Others v. Slovakia, No. 15966/04 Eur. Ct. H.R., paras. 120-126 (2013).
- 5 Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, *as amended*], sec. 6(1) (Slovk.) [hereinafter Act 576/2004].
- 6 *Id.*, sec. 6(2).

- 7 Forced and Coercive Sterilization of Roma Women: The 2003 *Body and Soul* Report, Subsequent Legislative Reform and European Court of Human Rights Judgments.
- 8 Act 576/2004, *supra* note 5, sec. 40. *See also* Vyhláška Ministerstva zdravotníctva Slovenskej republiky č. 56/2014 Z.z., ktorou sa ustanovujú podrobnosti o poučení, ktoré predchádza informovanému súhlasu pred vykonaním sterilizácie osoby a vzory informovaného súhlasu pred vykonaním sterilizácie osoby v štátnom jazyku a v jazykoch národnostných menšín [Regulation of the Ministry of Health of the Slovak Republic No. 56/2014 Coll. of Laws, which establishes details on the instruction provided prior to informed consent preceding the performance of sterilization of a person, and template forms for informed consent prior to sterilization in the state language and national minority languages] (Slovk.).
- 9 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 92.
- 10 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 92. *See also* Special Rapporteur on torture, 2013 Report, *supra* note 2, para. 29.
- 11 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 54.
- 12 Konovalova v. Russia, No. 37873/04 Eur. Ct. H.R., paras. 42-50 (2015).
- 13 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 45.
- 14 Committee on the Elimination of Discrimination against Women, *Concluding Observations: Slovakia*, para. 33(b), U.N. Doc. CEDAW/C/SVK/CO/5-6 (2015).
- 15 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 93.
- 16 Special Rapporteur on health, 2009 Report, *supra* note 1, para. 95.

Forced and Coercive Sterilization of Roma Women: The 2003 *Body and Soul* Report, Subsequent Legislative Reform and European Court of Human Rights Judgments

- 1 CENTER FOR REPRODUCTIVE RIGHTS & PORADŇA PRE OBČIANSKE A ĽUDSKÉ PRÁVA, BODY AND SOUL: FORCED STERILIZATION AND OTHER ASSAULTS ON ROMA REPRODUCTIVE FREEDOM IN SLOVAKIA (2003), *available at* <https://www.poradna-prava.sk/en/documents/>

- body-and-soul-forced-sterilization-and-other-assaults-on-roma-reproductive-freedom-in-slovakia/.
- 2 This monitoring followed up on information concerning violations of Roma women's reproductive rights in former Czechoslovakia brought forth in the 1970s by Charta 77, a civic initiative against the then communist regime.
- 3 Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov v platnom znení [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, *as amended*], secs. 6, 18, 40 (Slovk.) [hereinafter Act 576/2004].
- 4 A patient must be provided with information on alternative contraception and family planning methods, possible changes in life circumstances that led to the request for sterilization, medical consequences of sterilization, including irreversible deprivation of fertility as well as information on the possible failure of sterilization. Act 576/2004, *supra* note 3, sec. 40.
- 5 Act 576/2004, *supra* note 3, sec. 40.
- 6 Vyhláška Ministerstva zdravotníctva Slovenskej republiky č. 56/2014 Z.z., ktorou sa ustanovujú podrobnosti o poučení, ktoré predchádza informovanému súhlasu pred vykonaním sterilizácie osoby a vzory informovaného súhlasu pred vykonaním sterilizácie osoby v štátnom jazyku a v jazykoch národnostných menšín [Regulation of the Ministry of Health of the Slovak Republic No. 56/2014 Coll. of Laws, which establishes details on the instruction provided prior to informed consent preceding the performance of sterilization on a person and template forms for informed consent prior to sterilization in the state language and national minority languages] (Slovk.). Individual medical facilities and health care providers also have their own templates on the provision of information and informed consent. *See, e.g.,* Response of J.A. Reiman University Hospital with outpatient clinic of 22 December 2016, no. FNsP-OKS-26-1/2016- SI to the request for information submitted by the Center for Civil and Human Rights and Center for Reproductive Rights on 7 December 2016, filed under the Act No. 211/2000 Coll. of Laws on Free Access to Information and on Amending and Supplementing Certain Acts (Freedom of Information Act), *as amended*. Templates for informed consent forms can also be found on the website of the Office for the Supervision of Health Care, <http://www.udzs-sk.sk/vzor-informativneho-suhlasu>.

- 7 See, e.g., Debrecéniová, J. (ed.), *Ženy – Matky – Telá: Ľudské práva žien pri pôrodnej starostlivosti v zdravotníckych zariadeniach na Slovensku [Women – Mothers – Bodies: Women’s Human Rights in Obstetric Care in Healthcare Facilities in Slovakia]* (2015), OBČAN, DEMOKRACIA A ZODPOVEDNOSŤ & ŽENSKÉ KRUHY, at 206-209 (English version), available at http://odz.sk/wp-content/uploads/Z-M-T_publ_el1_pod_sebou.pdf (Slovk.); http://odz.sk/en/wp-content/uploads/Women-Mothers-Bodies_summ_EN.pdf (Engl.) [hereinafter *Ženy – Matky – Telá*]; CITIZEN, DEMOCRACY AND ACCOUNTABILITY, THE CENTER FOR CIVIL AND HUMAN RIGHTS – PORADŇA, WOMEN’S CIRCLES & THE CENTER FOR REPRODUCTIVE RIGHTS, *Joint Submission to the Human Rights Committee, Review of Slovakia’s 4th Periodic Report under the ICCPR*, (118th sess.) (Oct. 2016), available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fCSS%2fSVK%2f25282&Lang=en.
- 8 See *V.C. v. Slovakia*, No. 18968/07 Eur. Ct. H.R. (2011); *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R. (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R. (2013). See also *K.H. and Others v. Slovakia*, No. 32881/04 Eur. Ct. H.R. (2009) (finding, in the context of alleged cases of forced and coercive sterilization, that Roma women’s rights, related to their ability to access their medical records for the purposes of litigation, had been violated). The Center for Civil and Human Rights provided free legal aid to the applicants.
- 9 *V.C. v. Slovakia*, No. 18968/07 Eur. Ct. H.R., para. 110 (2011); *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R., para. 74 (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R., para. 122 (2013) (citing also to *V.C. v. Slovakia* and *N.B. v. Slovakia*).
- 10 *V.C. v. Slovakia*, No. 18968/07 Eur. Ct. H.R., paras. 105-115 (2011); *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R., paras. 74, 77 (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R., paras. 120-126 (2013).
- 11 *V.C. v. Slovakia*, No. 18968/07 Eur. Ct. H.R., paras. 154-55, 189 (2011); *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R., para. 131 (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R., para. 175 (2013).
- 12 See *N.B. v. Slovakia*, No. 29518/10 Eur. Ct. H.R., para. 63 (2012); *I.G. and Others v. Slovakia*, No. 15966/04 Eur. Ct. H.R., paras. 109-110 (2013).
- 13 The courts found a violation of the Roma woman’s personality rights guaranteed under sec. 11 of the Slovak Civil Code. See District Court Košice II judgment (19 February 2016), File No. 43C/54/2011-814; Regional Court in Košice judgment (12 November 2016), File No. 5Co/283/2016-858. The judgments are available at: <https://www.poradna-prava.sk/sk/dokumenty/?tema=sexualne-a-reprodukcne-prava&-typ=rozhodnutia>. In another case, Slovak courts initially awarded a Roma woman who had been forcibly sterilized financial compensation of 500 euros. However, following an appeal against the decision awarding this low compensation, she was awarded an additional 16,096.95 euros in 2017. When this report was being drafted, the decision awarding the amount of 16,096.95 euros was not final. See District Court Spišská Nová Ves judgment (26 May 2017), File No. 1C/127/2005. See also <https://www.poradna-prava.sk/en/news/the-slovak-court-awards-compensation-to-another-forcibly-sterilised-roma-woman/>.
- 14 CITIZEN, DEMOCRACY AND ACCOUNTABILITY, THE CENTER FOR CIVIL AND HUMAN RIGHTS – PORADŇA, WOMEN’S CIRCLES & THE CENTER FOR REPRODUCTIVE RIGHTS, *Joint Submission to the Human Rights Committee, Review of Slovakia’s 4th Periodic Report under the ICCPR*, (118th sess.) (Oct. 2016), available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fCSS%2fSVK%2f25282&Lang=en.
- 15 Human Rights Committee, *Concluding Observations: Slovakia*, para. 27, U.N. Doc. CCPR/C/SVK/CO/4 (2016).

Domestic Legislation with Discriminatory Effects on Roma Women

- 1 See, e.g., Zákon č. 571/2009 Z. z. o rodičovskom príspevku a o zmene a doplnení niektorých zákonov v platnom znení [Act No. 571/2009 Coll. of Laws on Parental Care Allowance and on Amending and Supplementing Certain Acts, *as amended*], secs. 4(3), 5(1) (Slovk.); Zákon č. 383/2013 Z. z. o príspevku pri narodení dieťaťa a príspevku na viac súčasne narodených detí a o zmene a doplnení niektorých zákonov v platnom znení [Act No. 383/2013 Coll. of Laws on Birth Allowance and Multiple Children Birth Allowance and on Amending and Supplementing Certain Acts, *as amended*], sec. 3(4) (Slovk.) [hereinafter Act 383/2013]; Zákon č. 600/2003 Z. z. o prídavku na dieťa a o zmene a doplnení zákona č. 461/2003 Z. z. o sociálnom poistení v platnom znení [Act No. 600/2003 Coll. of Laws on Child Benefit and on Amending and Supplementing Act No. 461/2003 Coll. of Laws on Social Insurance, *as amended*], secs. 12a(1)(c-d), 12(4), 12(5) (Slovk.); Zákon č. 417/2013 Z. z. o pomoci v hmotnej núdzi a o zmene a doplnení niektorých

- zákonov v platnom znení [Act No. 417/2013 Coll. of Laws on Assistance in Material Need and on Amending and Supplementing Certain Acts, *as amended*], sec. 10(3) (Slovk.). See also Poradňa pre občianske a ľudské práva, *Monitoring vybraných predpisov v slovenskom právnom poriadku a analýza ich nesúlady s antidiskriminačným právom [Monitoring of Select Laws in the Slovak Legal Order and Analysis of Their Non-Compliance with Antidiscrimination Law]* (2015), available at <https://www.poradna-prava.sk/sk/dokumenty/monitoring-vybranych-pravnyc-predpisov-a-analyza-ich-nesuladu-s-antidiskriminacnym-pravom/>; EUROPEAN ROMA RIGHTS CENTER & CENTER FOR CIVIL AND HUMAN RIGHTS, *Written Comments for the Committee on the Rights of the Child 3-4* (2015), available at <https://www.poradna-prava.sk/en/documents/written-comments-for-the-un-committee-on-the-rights-of-the-child/>.
- 2 Act No. 383/2013, *supra* note 1, sec. 1(2). The purpose of the childbirth allowance is to provide financial support for the basic needs of a newborn. The amount for this allowance in 2017 is 829.86 euros for each child born from a woman's first, second, or third deliveries, who survives for at least 28 days. The allowance amounts to 151.37 euros for children born from the fourth or subsequent deliveries, or if a child born in the first, second, or third delivery did not survive for 28 days. If two or more children are born simultaneously, and at least two of them survive for at least 28 days, the amount of the allowance increases by 75.69 euros for each surviving child. Information available at <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/podpora-rodinam-detmi/penazna-pomoc/prispevok-pri-narodenii-dietata/>.
 - 3 Act No. 383/2013, *supra* note 1, sec. 3(4a).
 - 4 Act No. 383/2013, *supra* note 1, sec. 3(4b). See also Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov, v znení neskorších predpisov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related Services, and on Amending and Supplementing Certain Acts, *as amended*], sec. 9(6) (Slovk.) [hereinafter Act 576/2004]. According to this provision, "[t]he provider releases a person from inpatient care a) when reasons for institutional care have ceased to exist; b) when a person has been moved to the care of another institutional care provider; or c) upon a person's own request, or upon the request made by a person's statutory representative; if, despite being duly informed, a person refuses institutional care, if such care has not been ruled by the court, or if such care is not being examined by the court in terms of its legality."
 - 5 See Poradňa pre občianske a ľudské práva, *Prieskum zameraný na vyhodnotenie etnickej príslušnosti žien - rodičiek, ktoré po pôrode opustili nemocnicu bez predchádzajúceho súhlasu ošetrojúceho lekára v období od 1. novembra 2005 v oblasti východného Slovenska* [Survey aimed at assessing ethnic background of women who left a hospital following childbirth without prior consent of a doctor in the period of 1 November 2005 in eastern Slovakia] (2007), available at <https://www.poradna-prava.sk/sk/dokumenty/sprava-o-vysledkoch-prieskumu-dopad-legislativy-o-prispevku-pri-narodenii-dietata-august-2007>.
 - 6 See also Slovenské národné stredisko pre ľudské práva [Slovak National Centre for Human Rights], *Odborné stanovisko podľa §1 ods. 2 písm. f) zákona č. 308/1993 Z. z. o zriadení Slovenského národného strediska pre ľudské práva v znení neskorších predpisov [Expert opinion pursuant to Sec. 1(2)(f) of the Act No. 308/1993 Coll. of Laws on the Establishment of the Slovak National Centre for Human Rights as amended]* (Aug. 15, 2007); *Zdravotná starostlivosť v sociálne vylúčených rómskych komunitách [Health care in socially excluded Roma communities]*, Fundación Secretariado Gitano, Madrid 2007, at 17.
 - 7 Committee on the Rights of the Child (CRC Committee), *Concluding Observations: Slovakia*, paras. 42(a), 43(a), U.N. Doc. CRC/C/SVK/CO/3-5 (2016). See also Special Rapporteur on extreme poverty and human rights, *Rep. of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona*, paras. 49-51, U.N. Doc. A/66/265 (2011); Special Rapporteur on extreme poverty and human rights, *Addendum to Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona*, para. 31, U.N. Doc. A/HRC/26/28/Add.3 (2014). In addition, a lawsuit is pending in relation to the provisions of Act No. 383/2013 Coll. of Laws in national courts. Court proceeding on the basis of a public petition (*actio popularis*) filed under the Act No. 365/2004 Coll. of Laws by the Center for Civil and Human Rights against the Slovak Republic represented by the National Council of the Slovak Republic. See District Court Bratislava I, file no. 12C 231/2010 (first instance decision issued on 16 May 2014); Regional Court Bratislava, file no. 14 Co 552/2014 (pending appeal proceedings).

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