I. Introduction

The aim of this study on the activity of the sanitary mediator is to determine more profound reflection on the role, profile, status and training of the Roma mediator, within Roma associations, but also Roma who are not involved in formal organizations, and then to gather in a working meeting the teams involved in mediation related projects to present the results of the research and discuss the institutionalization of the sanitary mediators in more CoE member states.

Contracted by Council of Europe as Consultant in the Roma Women and Health Project, during 24th November -14th December I traveled with Ms. Anna Pomikala to Spain, Ireland and France for documentation visits regarding access of Roma to public health services. Ms. Anna Pomikala and I interviewed representatives of governments, ministries, civic associations of Roma in these countries.

According to the contract, the role of my participation in these documentation visits was:

- To identify initiatives both of institutions and of civil society regarding activities related to the function of sanitary mediators in these countries;
- To analyze the possibility of multiplying good practices in different countries. This report, focused on a theme of major importance, seeks to provide information regarding the use of sanitary mediators both by Roma association as well as by governmental institutions.

Through this report I want to challenge to mediation state institutions' representatives (the ones implementing sanitary policies), but mostly Roma organizations which see in the sanitary mediator a solution to all the problems of Roma - completely wrong.

This report could help improve the sanitary mediator's services where she exists, and to provide practical advice for short and medium term quantifiable results.

It is my hope that medical institutions will analyze the initiatives and efforts of Roma associations with the purpose of developing closer relations with the civil society of Roma and to jointly accept the construction of sanitary mediators' networks to participate at the improvement of the sanitary situation of Roma.

This document should be considered as premise of future approaches regarding programs of health promotion within Roma women. The opinions expressed in this working document belong to the author and do not necessarily reflect common points of view of the two Consultants traveling together.

I hope this report will represent the start of public debates regarding the sanitary situation of Roma women - sanitary mediators: a necessity?

II. General observations

1. Roma women active within the civil society are aware of the requirement of the necessity to clearly define the "Roma woman issue".

2. Because there is not a distinct Roma women's movement at international level, the following question arises: is it necessary to finance strategies oriented toward defining the status of the Roma woman or direct finance of solutions to the sanitary problems of Roma women?

3. From the gathered information, there were very few public debates at international level regarding the access to health services of Roma women.

4. The inexistence of a discussion framework confirms the limited development of Roma civil society both in the west and in the east.

5. Different Roma women's organizations from Spain which develop programs targeting Roma women are successful with the financial support of the government. But the government's responsibility must not stop here. The government should make an inventory of the policies implemented for the Roma minority after several years of financing developed programs. An evaluation of these policies would allow the multiplication of the pattern in other developed countries.

6. The language used by the authorities with respect to Roma women's access is ambiguous. In the comments of the public authorities, it is stated that the Roma woman is not interested in participating at the prevention of the medical act.

7. The Roma women elite is aware of the importance of promoting the concept of public health within the Roma communities as well, but the most important problem of the Roma women is their relationship with the state administrative system.

8. There are not any programs based on cooperation amongst the Roma women associations. Each organization works independently, trying to experiment solutions for the same type of problems. This means the problem of the Roma woman should be very carefully analyzed by the medical institutions because Roma women are faced with two contradictory perspectives: within the family they have a role which the modern society doesn't acknowledge, therefore the Roma woman remains different from the society and the state or chooses the path of modernization and assimilation in order to be accepted by the society.

III. Conclusions and recommendations

1. It is necessary to finance programs at international level to foresee the increase of the framework for analysis and direct intervention type discussion with regarding:

1.1. Defining strategies oriented towards the definition of the Roma woman status in different contexts;
1.2. Defining strategies for the resolution the problems of Roma women:

1.3. Promoting the positive experiences identified so far regarding the cooperation between the Roma civil society and governmental officials;

1.4. Regarding the institutionalization of the sanitary mediators for the Roma communities, the necessity of financing programs aiming to exchange experience between the different associative movements from east and west is most required.

- Setting up an international network called “Sastipen” - Health, formed of Roma women’s associations active in the filed of Roma health. This network could organize experience exchanges amongst the health ministries in different countries and training courses for medical personnel working with Roma patients.

For example: the Romanian Ministry of Health and Family can develop an experience exchange with the Ministry of Health from Moldavia and the Ministry of Health from France on the training of sanitary mediators.

IV. Roma mediators - working pattern which was experienced in different countries: France, Spain, Romania, Ireland, Portugal

4.1. Training and employing the mediators

The training and employment of Roma and nomad mediators was a priority within school for a number of years. The summary and recommendations of the research undertaken by the Research Centre for the European Commission (Jean-Pierre Liegeois, School provisions for Roma and nomad children, The Office for Official Publications of the European Community, 1986) includes proposals in this sense.

As a result of the Commission’s requires for additional consultations, especially with Education Ministers in member states, the Guiding Document for Reflection and Action (J.P.Liegeois, 1987) stresses once again this topic, referring to questions like:

- Employing Roma and nomad personnel, their function and significance, the need to improve access to community development training for Roma and nomad young people which may have not completed the conventional educational system, the role of the European social fund in training community development workers, trainers for teachers and instructors, and the fundamental role of pilot projects on innovation (points 19-2-7 to 19-2-11 of the above document).

The resolution adopted by the Ministry of Education in 1989, based on the information hereby mentioned, assumed these proposals (training and employing Roma, etc.). The theme continued to be maintained during the process of implementation of the resolution. Since the meeting of the Commission with the representatives of the Educational Department of member states, Interface publication focused repeatedly on the established priorities: secondary education, transition from school to work, long distance learning, educational materials and training of mediators.

Information on these priorities was published on a regular basis, as well as contact information of the teams and administrative bodies working on these topics. The interested reader was therefore able to establish direct contact with the teams working in pilot projects suggested by the ministries of member states and supported by the European Union.

In most of the states, particularly in certain regions, the employment of mediators is a new method tending to consolidate and become a common practice.

4.1.1. The concept of Roma mediator appeared in the south-east of France, in Marseille in the year 1986-1987 and took over other experiences in Europe. It was ascertained that the Roma population was in a process of social exclusion. Evaluating the existing tensions between social workers and Roma population based on the discussions of the structural resistance of Roma groups, the solution found was the use of Roma mediators to assist the institutions in their social activities. This mediator was an affective, symbolic and symbiotic liaison. In her/his work, based on the individual, the mediator assisted different social categories: isolated young mothers, disabled persons, elder people, etc.

There were differences of interest between the institutions working with Roma mediators based on a mutual existing aggressiveness.

The training dynamic was organized in two stages:
- a first stage of re-mobilization from February to July 1997 (600 hours of IRS and 40 hours of probation)

4.1.2. In Andalusia, for example, approximately 100 monitors/mediators, all of Roma ethny, are giving scholastic support as well as teacher/family and home/school liaison with the purpose of reducing absenteeism (in some regions about 50%). According to the educational authorities, the fact that people doing this job are Roma is of fundamental importance.

4.1.3. At the other geographical extreme of the UE, in Finland, Roma are employed as social workers, and the Roma mediators are paid by the municipal authorities. Officials from 3 finish districts are in charge with recruiting and training Roma mediators to deal with problems that may occur in certain field like: education, language, legislation, etc. 1

4.1.4. In Romania, Romani CRIS- Roma Center for Social Intervention and Studies association implemented programs for training sanitary mediators to work for the Roma communities. The result of the steps taken by Romani CRIS towards the Ministry of Health and Family is the insertion of the sanitary mediator occupation in the Code of Occupations of Romania. The sanitary mediator active in the Roma communities became public health policy of the Ministry of Health and Family. Romani CRIS giving consultancy in implementing this type of projects. At the moment the Ministry of Health and Family from Romania is cooperation with Romani CRIS, based on an agreement signed during the conference Roma and Stability Pact, 10-13 September 2001 - Bucharest. This year the Ministry of Health and Family will employ a number of 215 sanitary mediators to become employees of the Public Health Directions (DSP), of which 75 trained by Romani CRIS. We must mention that Romani CRIS is giving the Ministry of Health and Family consultancy in elaborating the methodology for training/utilization of the sanitary mediator, through a Consultant with the right to vote in the Ministerial Commission for Roma of the Ministry of Health and Family. With the financial support of OSCE/ODIHR - Contact Point for Roma and Sinti, Romani CRIS elaborated the sanitary mediator’s guide, necessary for the sanitary mediators employed within the Public Health Directions.

4.1.5. In Moldavia, Roma associations are interested in implementing sanitary policies for Roma, by using Roma sanitary mediators. When asked, the Ministry of Health of Moldavia declared its availability to do an experience exchange with Ministry of Health and Family of Romania regarding the institutionalization of the sanitary mediator, as they will be contact persons for doctors within the Roma community.

4.1.6. Among the preoccupations of the civic associations of Roma in Spain, a priority of the Roma women's associations was implementing sanitary education programs for women. With financial support from the government, specialized booklets addressing Roma women were published, which in other countries was not achieved. The mediators active in these programs, were assisted by psychologists, doctors, social workers. The mediators’ work was focused mainly on social activities. The mediators’ work was focused mostly on social activities. “The Health Guide for Roma Women” is
4.2. Conclusions

4.2.1. Training and employing Roma mediators is a sure sign of progress and success, especially within Roma associations. Respecting the needs of the community is a basic principle in developing actions to improve the life conditions of these communities and responding to this need through an approach based on the internal dynamic of the community itself.

4.2.2. It is necessary to implement programs in partnership aimed at:

- Cooperation amongst the Health Ministries in different countries through experience exchange in using the sanitary mediator system.
- Setting up and functioning of a sanitary mediators’ network to assist different working groups in the field of Roma health.
- Training programs for medical/social personnel working for Roma communities.
- Drawing up a mediator’s guide which will respect the work standards requested by the Health Ministries in each country interested in implementing the mediator.

4.3. Working principles of the mediator

There isn’t a recipe for success, no one perfect solution to all the objectives of the sanitary mediators’ activity.

The flexibility, founded on solid working principles, is based on observing the fact that it is preferable that the mediator, through her activity, should not be forced to fit into frameworks or rigid pre-established approaches.

4.4. Basic principles of the socio-sanitary mediator’s activity proposed by Romani CRISS

- To promote individual interests - to help each and every Roma person to express their physical, intellectual, emotional and social needs.
- To respect dignity, to respect every Roma person as a human being that needs support in solving social and medical needs.
- To respect autonomy and individuality, recognition and acceptance of the needs of Roma and Roma communities, to take decisions of care and make choices.
- To encourage and support independency.
- To encourage self-esteem.
- To recognize emotional needs, needs of fulfillment with other persons.
- To encourage personal experiences - to involve Roma in daily activities of resolving socio-economic and health needs.
- To serve the interests of Roma communities.
- To accept the limits of their knowledge and refuse all task or responsibility if he/her can not complete it in a sure and correct way (task received either from the community, doctors, social workers or authorities).
- To cooperate and work together with professionals in medical care and everyone involved in providing care, recognizing and respecting their contribution in giving medical care.
- To maintain a good relationship with the Roma community as well as all surrounding communities.
- The quality of experience - the need to encourage and give Roma the possibility to get involve in a variety of activities as far as possible.

V. Profile and function of the mediator

Given the importance of this theme, identified as a priority by all the partners, the European Commission (Human Resources Task Force, Education Task Force, Training Task Force, and Youth Task Force) has given its support to a research done by the Romano LIL association in 1994. In order to avoid the traps of making up as we go along and to have a more clear image of what Roma organizations themselves consider the profile and function of the mediator should be, this research was unique twice: first by focusing rather on elaborating the entire concept of training and employing than on providing actual training and employment, and second because it was carried out by a Roma association in collaboration with other Roma organizations in different parts of Europe. Below we will reproduce excerpts from the Romano LIL report to the European Commission.

VI. WORKING PARTNERS OF THE SANITARY MEDIATOR - CRISS experience

**HEALTH CLINIC**

COLLABORATES WITH THE FAMILY DOCTOR:

- ASSISTS THE VACCINATION OF ROMA CHILDREN
- SANITARY EDUCATION FOR CHILDREN AND WOMEN
- FAMILY PLANNING
- ELABORATES THE RECORDS OF THE ROMA COMMUNITY

**PUBLIC HEALTH DIRECTION (DSP)**

SUPPORTS THE SOCIAL ASSISTANCE SERVICE WITHIN DSP:

- KEEPS RECORDS OF ILLNESSES WITHIN THE ROMA COMMUNITY
- CONTRIBUTES TO DEVELOP PROJECTS SUPPORTING IMPROVEMENT OF THE SITUATION OF ROMA

**COMMUNITY**

- SANITARY EDUCATION :
  - FAMILY PLANNING
  - MOBILIZING FOR VACCINATION
  - SANITARY EDUCATION

**MAYORALTY**

- WORKING WITH THE SOCIAL ASSISTANCE SERVICE
- PARTICIPATES AS AN OBSERVER TO MEETINGS OF LOCAL COUNSELORS
- INFORMS THE AUTHORITIES REGARDING SOCIAL CHANGES THAT OCCUR IN THE COMMUNITY

VII. SANITARY MEDIATOR’S PROFILE - CRISS proposal

**CONDITIONS:**

- To respect dignity, to respect every Roma person as a human being that needs support in solving social and medical needs.
- To respect autonomy and individuality, recognition and acceptance of the needs of Roma and Roma communities, to take decisions of care and make choices.
- To encourage and support independency.
- To encourage self-esteem.
- To recognize emotional needs, needs of fulfillment with other persons.
- To encourage personal experiences - to involve Roma in daily activities of resolving socio-economic and health needs.
- To serve the interests of Roma communities.
- To accept the limits of their knowledge and refuse all task or responsibility if he/she can not complete it in a sure and correct way (task received either from the community, doctors, social workers or authorities).
- To cooperate and work together with professionals in medical care and everyone involved in providing care, recognizing and respecting their contribution in giving medical care.
- To maintain a good relationship with the Roma community as well as all surrounding communities.
- The quality of experience - the need to encourage and give Roma the possibility to get involve in a variety of activities as far as possible.

**The Guide** was published by the “Asociación Secretariado General Gitano” in collaboration with Instituto de la Mujer.
THE ESSENTIAL CONDITION IS TO BE A WOMEN (SHE WILL BE ACCEPTED EASIER BY WOMEN AND TEENAGE GIRLS)

TO RE RECOGNIZED BY THE BELONGING ROMA COMMUNITY
- TO LIVE WITHIN THE ROMA COMMUNITY
- TO BE A MOTHER

TO BE RECOGNIZED BY THE AUTHORITIES
- TO BE ON TIME
- TO HAVE HUMAN COMMUNICATION ABILITIES
- TO HAVE SECONDARY EDUCATION
- TO ACT AS A CATALYZING ELEMENT IN THE PROCESS OF IMPROVEMENT THE SITUATION OF ROMA IN THE COMMUNITY
- TO SUPPORT THE LOCAL ROMA COUNSELOR
- TO COLLABORATE WITH CIVIC ASSOCIATIONS OF ROMA

TO NOT HAVE LEADERSHIP QUALITIES (IT IS VERY IMPORTANT TO BE PERCEIVED BY THE COMMUNITY AS A FACILITATOR TOWARDS PUBLIC SERVICES)

TO NOT BE INVOLVED IN POLITICS OF ANY KIND

VIII. Justifications of projects for training mediators from the point of view of Romano LIL association

The biggest justifying factor during the work in this project on Roma monitors was the association’s preoccupation for Roma children’s school failure, and how to reduce and finally eliminate it.

The failure is on multiple levels:

- The failure of educational authorities in stimulating children coming to school.
- There are communication deficiencies between teachers and Roma students, making difficult to keep up with the rhythm of a normal class.
- Teenagers don’t succeed in finding a niche in society through work, due to lack of basic knowledge.

This failure is not the effect of the economical crisis we are crossing at the present moment, because it is lasting for too long. There are a lot of reasons behind it, and the responsibility is partly of the Roma and partly of the societies which they live in:

- Roma’s because they neglect the role school can play in the cultural and social emancipation process.
- The surrounding societies’ because of their lack of preparation to integrate Roma without imposing on them the frightful perspective of forced assimilation.

IX. The start of the pilot project

It all started with the simple and clear idea of putting together an image and identity kit on what Roma thought about the Roma mediator. We received a lot of different answers, reflecting the diversity of sometimes complex and contradictory opinions regarding the common goal to make the Roma mediator, man or woman, an efficient agent in solving their daily difficulties. This demonstrates the difficulties faced by Roma, and their desire to solve it by requesting a Roma mediator that would do several different jobs at once. The issue of enlarging the mediator’s role to this extent would keep her from doing efficient work: when there are too many things to be done at the same time, there is the risk that nothing gets done properly.

This led to the proposal of either increasing the number of Roma mediators according to the work or focusing on specialization: school mediators, legal mediators, mediators for defending the group interests, etc.

In order to be as clear as possible, we have listed the answers received to our questions as series of paragraphs:

Functions:
- To help children with school;
- To assist youngsters in finding their place through training and work;
- To defend the community in case of conflict with the authorities;
- To find a solution in case of conflict among Roma;
- To listen to the people’s needs and resolve their problems;
- To facilitate the relations between Roma and authorities;
- To deal with poverty, health and hygiene problems;
- The mediator should be the cement linking together her community.

Profile:
- The mediator, man or woman, should be Roma;
- Must be at least 18 years old;
- Young or old, she must be efficient;
- The mediator has to be respected by the people she will work with;
- The mediator should be impartial in case of conflict between Roma;
- The mediator should, if possible, speak Romany;
- The mediator
- Should have a minimum education level (reading and writing)
- He or she has to be a born leader, etc.

Status:
- The mediator must have a decent salary to leave on;
- The mediator can be paid by an association, on the condition that the association has a Roma majority and the mediator is also Roma;
- The mediator must have a contract that can be renewed annually, etc.
Training:

- The mediator must have basic knowledge of legislation, psychology, sociology and rhetoric;
- The mediator can be uneducated, only if she/he is efficient;
- The mediator can be trained by an association;
- The mediator should have a basic idea about the functioning of the administration;
- The mediator can be trained through normal adult education means;
- The mediator can learn through exercise, with the assistance of an elder persons, etc.

This is the abstract of the answers we collected. Although some of them contradict the others, the important thing is they come directly from Roma, and not from an administrator or politician speaking on their behalf. These ideas constitute the working basis for opening debates during the two days of our meeting.

X. The mediator: a bureaucrat, a leader or a bridge?

Romano LIL organized a meeting in order to ask the Roma experienced in this field for advice, with the purpose of coming up with common concrete proposals. People from France, Germany, Italy, Spain, Great Britain and Romania have participated at the meeting. Some of them worked in the same field in Former Yugoslavia and Albania.

I must emphasis that the international Roma mediator, proposed by the Resolution 1203 of the Parliamentary Assembly of the Council of Europe, is not the same with the Roma mediator we are talking in this text. In fact, the Council of Europe's proposal covers European level mediation, meanwhile in this report we talked about a lot of Roma fulfilling a mediation role. Another point we consider important to clarify: there should be a separation between Roma mediator and mediator for Roma. The first one comes from the community, while the second can be a "Gadje" social worker having nothing in common with the Roma mediator.

Therefore:

- The mediator is a bridge rather than a representative: it was considered necessary to make a difference between the mediator’s role, as a bridge between Roma and the society, and the representative’s role, more suited for a Roma leader. The role of the mediator is more of a liaison between parents and school, between teacher and child, than of representing the community.
- School mediator or a larger role? - is the role of the mediator exclusively one of school mediation, or should it include other activities like medical, social, administrative and cultural support? The answers to these questions depend on the situation on site and therefore should be more flexible. The work of the mediator must not be devised into compartments in order to relieve him/her, but there are situations, especially amongst sedentary Roma, where the mediator’s role can be truly only that of school link. There are also cases where the mediator will be called to help people deal with sometimes complicated request for registration, case in which the mediator will play a part in mediation with the administration.
- A role in communication: another function of the Roma mediator must be that of connecting the Roma community and the larger community they live in, respecting each other’s differences and establishing contact and communication, for difficulties and rejections justified on lack of understanding for others culture and way of life. In order for the mediator to act as a bridge between these two communities living together, he or she must be familiar both with Roma and with Gadje, to be able to work easily in the two spheres.
- A role in counseling: another sensitive point was touched, meaning the counseling role which the mediator can play in advising parents with regard to children education, on the condition of respecting their customs and beliefs. For example, what should the mediator do to encourage parents to leave their 12-13 years old girls continue their education? There are no easy answers, but there are alternatives, like long distance learning or home education.
- A negotiation role: when problems arise, for example when nomad Roma face problems regarding stopping in a certain locality, the mediator can play a negotiation role between the two, unless the group doesn’t already have some representing it in situations like this.

XI. Profile of the mediator -from the point of view of Romano LIL

This issue was the subject of a heated debate, because some lifted the standard very high, while others set it very low, with respect to the level of formal education requested. Furthermore, some insisted that the mediator should be only Roma, while others voted for a more flexible approach and the possibility that non-Roma fulfilling this role.

As a result of the exchange of ideas, the general opinion was the following:

- The mediator must be Roma, whenever possible;
- The mediator must be chosen by his community, or by the association he will be working with;
- The mediator should be at least 18 years old;
- The mediator should know to read and write properly;
- The mediator should speak Romany (if possible);
- The rest can be acquired through training or on the job.

XII. Training the mediator

The most important training technique, and the most known, is on site (in the field), where many of today’s active mediators were thrown in the depth of the problem, and trough long and painful apprenticeships, learned the complex abilities of mediation and negotiation, cooling things down, of reaching equitable and equal compromises acceptable for all. This job is often done for free, just out of desire to help without expecting anything in return, except for personal satisfaction to serve the powerless. Therefore, mediators of the future can find inspiration in the example of older people, a sort of living archives, looking only for the occasion to help.

This approach can be supplemented through training modules prepared by associations with the participation of teachers experienced and qualified to award diplomas in fields like: social legislation, international law, administrative law, history, communication, civic issues, etc. Micro-projects can have an important role by organizing summer schools. It is possible for the ones learning to be paid for the time they invest in these trainings.
XIII. CRIS experience on training sanitary mediators.

Definition, aim, functions, job description presented by the local authorities

The sanitary mediator is the representative of a minority group with the role of facilitating access for group’s members to medical and public health services, and to improve relations between the minority group and medical or public health services.

The sanitary mediator is the person helping medical personnel to carry out the medical actions. He/she facilitates the dialogue between the community and medical personnel, strengthens the links between institutions and the community, identifies health problems of Roma, and visits in the community a regular basis to monitor the sickness cases of persons within the community.

The sanitary mediator intends to elaborate “an inventory of the health situation of Roma needing their services”.

The aim of the sanitary mediator’s actions:

♣ To improve the health situation in the community by facilitating the doctor-patient relationship.
♣ To increase the accessibility of health services for Roma.
♣ To increase the efficiency of preventive and curative services.
♣ To improve the social context in which sanitary and public health services are carried out in the same time.
♣ To increase the level of sanitary education for Roma.

The activities of the socio-sanitary mediator:

¬ Social activities:

♣ Elaborates social investigations together with the public servant (social worker).
♣ Fills in attesting documents necessary to the family doctor.
♣ Supports/advises persons wanting to obtain identification documents.

¬ Preventive medical activities:

♣ Mobilizing Roma families in taking part at vaccination campaigns.
♣ Facilitating access for Roma women to family planning.
♣ Civic education regarding the health insurance system.

What should the sanitary mediators have in view through their actions?

♣ In their activities, the socio-sanitary mediator relies on knowledge and respect of Human rights. He/she must have knowledge on each and every one of the community’s members.
♣ The mediator should be aware of his/hers rights and obligations as an employee of the Romanian state and as a member of the community.

Taking into consideration that:

- by birth a person obtains dignity;
- the mediator became an institutional mechanism,

the mediator must:

♣ pursue the identification of human tension sources and prevention of them;
♣ in case crisis occur, manage it respecting the neutrality principle;
♣ combat abuses of the authorities and violations of human rights;
♣ in case of potential abuses by the public administration, to get involved in reporting and solving it.

Taking into account that:

1. Legalizing residences is a grave problem of Roma, administrative obligations being respected in different degrees by Roma, it comes to the point where Roma live illegally, they disagree with the police giving them fines, they don’t have the resources to pay the fines and end up in prisons.

2. The 90’s migration, made possible the birth of a number of children outside the country whose parents migrated, destroyed their identification documents and declared false names. Once returned in the country, this phenomenon led to thousands of persons without citizenship.

Being aware that a legislative reform is needed in order to reduce the bureaucracy of obtaining identification documents,

Acknowledging that we a privileged category must not be created,

The support of Roma in expressing the right to health:

♣ The priority of the mediator is to assist the persons in difficulty regarding identification documents, by organizing at local/county level (whenever the case requires) round tables in order to find solutions when most of the "actors agree". The sanitary mediator will inform Roma persons to pay their debts as citizens, to fulfill their obligations as citizens and pay their contributions to the social insurance fund.
Therefore, the mediator will have the quality of a leader, but not the position of one.

Conditions to be contracted as socio-sanitary mediator:

- The essential condition is to be a woman (she will be accepted easier by women and teenage girls);
- To be recognized by the community to which she belongs;
- To live within the Roma community;
- To be a mother;
- To be recognized by the authorities;
- To be on time;
- To have inter-human communication skills;
- To have secondary education;
- To act as a catalyzing element in the process of improving the situation of Roma in the community;
- To support the Roma local counselor in his activities;
- To collaborate with civic associations of Roma;
- To make himself understood by the community as being a facilitator for social services;
- To have an empathy capacity;
- To not have a criminal record.

The job description of the sanitary mediator or the working methods of the sanitary mediator:

Taking into consideration that:

♣ A stable society has a concept of social health;
♣ The sanitary mediator’s job does not include task of the social worker or the medical assistant;
♣ The sanitary mediator trained by the civil society is for the moment a social facilitator, a social communicator.

From the technique point of view, the mediator exercises the following activities:

¬ Regarding identifying health problems:

- Guides and accompanies sick people to check up and medical tests;
- Explains/translated the method of applying the treatment exactly how the doctor prescribed it;
- Explains to the patient the risks of the check-up and the conditions of taking the medical tests.

¬ Regarding the security, the efficiency of the treatment recommended and improving the recovering process:

- Guides the members of he minority group toward the pharmacies that can release prescriptions for medication;
- In special cases, at the request of the doctor, distributes the medicines delivered by medical pharmaceutical units and assists during the treatment;
- Explains the basic elements of a diet treatment;
- Explains the risks involved by the treatment;
- Guides the patient toward recovering services;
- Keeps a record of patients with allergic reactions and informs the doctor about their existence.

¬ Regarding public health activities:

- Informs the authorities about the sanitation of the houses;
- Explains the authorities about potential epidemic situations and assists during the epidemiological investigation;
- Explains the authorities about potential cases of intoxication of the community’s members and assists during the investigation for identifying the intoxication source;
- Guides and schedules the members of the community for early diagnosis activities.

¬ Regarding the social and sanitary support of the community they belong to:

- Visiting elder chronicle and disabled patients to boost their spirit;
- Accompanying to the doctor the patients, in case of request (usually elder people request this service);
- Accompanying the doctor on the field;
- Keeping records of the cases handled and follows the development of the case to see if the sanitary or social problems are resolved;
- Creating record of visits to families with serious problems (AIDS, tuberculosis, disabled persons).

¬ Regarding training on basic sanitary education:

- Informs about chronicle and transmittable diseases for the understanding of the community;
- Weekly meetings with mothers and young women to talk about body hygiene, appropriate nourishment, transmittable diseases, social problems (alcoholism, raising children, social welfare, etc);
- Sanitary education in school and kindergarten for school and preschool children;
- Discussion with mothers to understand the importance of vaccination for the child, to explain that each vaccination is done with a single use syringe and no infectious disease can be transmitted, to present a vaccination calendar from birth to advanced ages.

¬ Specific information on family planning:
Accompanying the interested woman to the family planning clinic;  
Visiting and registering pregnant women;  
Mobilizing mothers for periodic weighing of the new-born babies;  
Mobilizing youngsters of the community to participate at sexual education courses (individually or in a group);  
Organizing creative activities to stimulate a proper development of children;  
Take the necessary steps for material support for transportation to the family planning clinic or for discount on contraceptive.

What the sanitary mediator must NOT do?

- Injections, even if she is mandated by a medical system;  
- Politics because there’s the possibility of mistaking their role as community worker with the one of leader;  
- Work without planning a calendar of activities for minimum 3 months, elaborated by the authorities, otherwise their activity can not be evaluated and therefore can be subject to disputes. See below the working journal of the mediator.

Opinions of authorities actively involved in training mediators in projects of Romani CRISSE

- “Sanitary mediators are of great help in our work, they are the ones calling patients for vaccinations, monitoring persons under treatment at home and thus we can do our job properly.”
  (Dr. Secosan Teofil-Stefanesti)

- “The abortion rate is rather high within Roma women, and as the mediator is accepted, she can offer them sanitary education to their understanding.”
  (Dr. Banu Elena-Slobozia)

- “Without the mediator I have no way of doing preventive medicine in the Roma community.”
  (Dr. Venteu Emma, Sf. Gheorghe)

- “The mediator helps us make an inventory of the real needs of the Roma community and implement long term solutions.”
  (Dr. Andy Rosin-Sf. Gheorghe)

- “Without prevention medicine can not be done; the mediator assists in applying this principle in the Roma community as well.”
  (Dr. Mihaiuvici Dumitruta-Botosani)

- “Without the mediator’s help we could not have knowledge of the Roma tradition; the mediator work with us every day.”
  (Lidia Airimitoaiei-Social Worker DSP Botosani)

- “The mediator is the key for solving medium term problems of Roma.”
  (Manolache Melania-Botosani Mayoralty)

- “The Roma socio-sanitary mediator is a tremendous help because through them we can find out what are the hardest and most serious problems of Roma and we are trying to offer viable solutions.”
  (Dr. Nicusor Curteanu- Vicepresident DSP Botosani)

- “The mediator helps us get access in the community and be accepted during our actions.”
  (Dr. Carmen Rosculet-DSP Bacau)

Limitations of the sanitary mediator’s competencies:

- taking into account that the sanitary mediator can not solve a conflict on its own,  
- taking into consideration that often sanitary mediators committed during their work the mistake of talking to the authorities in the name of their community and the community expected immediate results,  
- the specific objective of their activity being confidence-building between the two parties,  

the mediator:

- is just a confidence and long term perspective builder between the authorities and the community;  
- does not solve a problem to the end, but seeks to create the official frame for solving the problem;  
- monitors the local situation of Rom and reports it to the County Office for Roma.

Conclusions regarding the status of the mediator
Most of the mediators are employed in their countries, with a professional status and a salary paid by the municipal authorities, region, their associations or half from administrative sources and half from other sources.

Taking these examples as good practices, my proposal is for the mediator to have a proper salary and be in the service of an administration in collaboration with an association, with the aim of:

- participating to the improvement of the medical situation in their countries
- improving the relations between Roma and Gadje, institutions and women.

*It is important to pay close attention that the sanitary mediator does not become just another bureaucrat, but to be on site (in the field) supporting women in solving their problems.*

### Annex

**Activities of civic organizations in the field of training mediators - country analysis**

<table>
<thead>
<tr>
<th>Country</th>
<th>France</th>
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<tbody>
<tr>
<td>NGO</td>
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**What were the expectations of the mediator’s training**

- This training aimed at building a dynamic and interactive process for improving the communication between the communities and the institutions, registering the adults in a process of employment in a context of partnership and involvement of the institutions concerned.
- The less-subjective representatives:
  - Clarification of the notions right and duty.
  - Clarification of the relation with the institution
  - Accepting its role in a process of employment in the social field
  - The concern was to build a space for individual reflection and elaboration which will permit on-going modifications of each individual and related institution’s representations

<table>
<thead>
<tr>
<th>Partnership with the institution</th>
<th>Positive</th>
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<table>
<thead>
<tr>
<th>The year and field in which the mediator was active</th>
<th>1997</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Schooling</td>
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<td>Housing</td>
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<td>Environment</td>
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<tr>
<td>Delinquency prevention</td>
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<tr>
<td>Institutional communication</td>
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<tr>
<td>Employment</td>
<td></td>
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<tr>
<td>Relations between groups</td>
<td></td>
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<tr>
<td>Health (AIDS, drugs)</td>
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</tbody>
</table>

**Strengths**

- Objectives of the project:
  - This training aimed at 15 men belonging to the Roma community, from the Marseille neighborhoods interested in the city policy; the objective was to train them to become mediators. The Roma population living in Marseille was confronted with the lack of acknowledgement as citizens with respect of their differences by the institutions. The elaborated mediation was that of "re-identifying" both individually and collectively, which takes into consideration their environment and allows them to identify and develop a new way of communication.

**Flaws**

- The lack of involvement of a Roma association.

**Observations**

<table>
<thead>
<tr>
<th>Importance</th>
<th>First experience in Europe</th>
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<tr>
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<td>- firstly, the project was realized in order to:</td>
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<td>- Inform</td>
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<td>- Bring to the attention of</td>
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<td>- Involve this active partnership</td>
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<td>- Clarify the needs in mediation</td>
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<td>- Materialize the functions in close connection with the persons in charge with the city policy at all levels.</td>
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<td>- secondly, a dynamic training action in organized in two stages:</td>
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<td></td>
<td>- First stage: re-mobilizing from February to July 1997 (600 hours at IRTS and 40 hours of probation)</td>
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<td>- Second stage: training support and monitoring the work from September 1998 to July 2000.</td>
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</table>

**The effectiveness of the training:**

- "The construction and progressive use of relations" with the other individual or institutions, which foresees that the permanent group works around the concept of identity and representation of different communities.

### France

**NGO**

Romano LIL Association

**What were the expectations of the mediator’s training**

- The aim of this project was to incite to more profound reflections on the role, profile, status and training of the Roma mediator, within Roma associations, but also Roma who are not involved in formal organizations, and then to gather in a working meeting the teams involved in projects related to mediation in order to present them the research results and to discuss it together and to formulate suggestions.

- During the research people from Romania, Albania, Former Yugoslavia and Bulgaria were questioned. The project was coordinated by Romano LIL an entirely Roma organization. In the pursuit of the research, direct contact whenever possible was preferred, because it was considered that offers a more objective perspective of the reality than it could have been obtained by mail.

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<tr>
<th>Partnership with the institution</th>
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<tr>
<th>The year and field in which the mediator was active</th>
<th>The authors have asked themselves the same question as others: how the ideal Roma mediator should be, considering the specific realities and current limits of human resources regarding the qualifications for this type of job? As seen, there are a lot of different answers. The paper realized helped to intensify the concentration on the Roma mediator, as the meeting participants talked from years of experience in practical mediation and negotiation. Knowing the field</th>
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the meeting participants talked from years of experience in practical mediation and negotiation. Knowing the field realities as they do, they were able to take the general results obtained by Romanio Lil and extract from it the essential. In the end, progress comes not from isolation, but from openness, exchange and sharing ideas. As the mediator’s activity approaches the end, it become clear that work in this field must continue. It is essential that training and employment of Roma mediators remains a priority.

There was a very concrete proposal. In order for this to take place, it was important that the reflection group founded following this research, particularly during the meeting, to continue existing maintaining connection among its members (different forms of contact, visits, meetings, etc.). In this sense, we can draw upon the three Europeans working groups already initiated by the Gypsy Research Centre in the field of Roma history, Romany language and education.

Also, there was an insistence on the importance of continuing the work started by the Romano Lil, that this has to be done by a Roma organization, and that the group constituted to take on the task of keeping records of the things happening on site in their countries regarding training and employment of Roma mediators, with the aim of classifying and analyzing the activity in the field.

Strengths

Professional status

The collaborators of the project were employed as mediators in their countries, with a professional status and a salary paid by the municipal authorities, region their associations or half from administrative sources and half from other sources. Taking these examples as inspiration, our organization proposed the mediator to have a reasonable salary and to be in the service of an administration or association, with the purpose of improving the relations between Roma and Gadjie, school and parents, child and professor. The association paid close attention in order to avoid the mediator becoming just another bureaucrat, but to be in the field listening to people and their problems.

Observations

The Health Ministry expressed its agreement to take over the experience of institutionalizing the sanitary mediator from the Romanian Ministry of Health and Family.

Country

Romania

NGO

Romani CRiSS

What were the expectations of the mediator's training

- Improvement in the access of Roma to public health services
- Increase of the number of vaccinated children
- Increase of the number of pregnant Roma women monitored by a medic

Partnership with the institution

Positive:

- protocol with the Ministry of Health and Family and OSCE/ODIHR
- local partnerships with Mayoralities and Public Health Directions (DSP)
- partnerships with civic associations of Roma at local level
- the delegate from the Ministry of Health sent to the Public Health Directions (DSP) in Romania an address requesting a short presentation of the sanitary situation of the Roma in their counties and also to present potential solutions for improving the situations of Roma. The address was forwarded to all the directors of Public Health Directions. Responses received were in the number of 24 out of 42 counties.

These addresses, signed by Deputy Directors and statistics experts, were:

DSP Doj;” Roma are integrated in the local communities, their health characteristics being similar to the ones of the population from the rest of the county…” (Dir. - Prof. Dr. Andrei Bondari) Note: we ascertain that the DSP Doj does not hold information referring to Roma.

DSP Calarasi;” we can not offer concrete information because in the consultations registers ethnicity it's not mentioned (Dep. Dir. Nicolae Cristea Dan)

DSP Mures;” the Roma community in Mures county has the largest rate of sickness of Tuberculosis, AIDS, and Neurological-psychic and liver conditions. Many of the Roma are not registered with a family doctor; they lack identification documents which affects the process of taking sanitary measures. Because of the lack of economical activity they don’t pay their taxes to the public health fund. There is requested the release of funds for setting up a clinic equipped to the standard conditions for the diagnosis and treatment of these communities sicknesses.(Dir. Dr. Ilieana Panturu) Note: we ascertain that DSP Mures holds information regarding the health situation of Roma, but it is not mentioned the criteria for identifying Roma.

DSP Prahova;” we do not have a record with the information requested” (Dir. Dr. Ion Irimie) Note: unlike other DSP in the country, DSP Prahova does not have any information on the health situation of Roma.

DSP Constanta;” in the areas with a large Roma population there is pathology in infectious-catching diseases: diarrhea, lice, scab, viral hepatitis, breathing diseases, STD and HIV/AIDS infections. A large number of children infected with AIDS/HIV was registered, some of them born during 1998-1999. in the Constanta county, there are two Roma communities of Orthodox and Muslim religion. Areas with a big Roma population-Constanta, Bratianu and P-ta Chiliei, Medgidia, Palazu and Mangalia, Cumpa Baneasa and Kogalniceanu communes. DSP Constanta considers that promoting medical personnel from the Roma communities had a benefic effect on ensuring a more effective medical assistance…” (Chief Transmissible Diseases Dept. Suzana Avram and Dep. Dir. Dinisoa Mihai) Note: DSP Constanta does not mention the criteria for identifying Roma, and also if the Civic associations of Roma were involved in this research, nor the identity of the filed operators.

DSP Teleorman;” in the Teleorman county, the Roma communities have a number of 3083 persons. Due to the low income level they can't reach the necessary daily food and maintenance. They unfold activities that require in country traveling. The Roma children have to execute different unqualified labors. Most of the Roma don't take care of their health. The sicknesses frequent within this ethny are: breathing and digestion problems, rheumatism, anemia, HIV/AIDS…” (Dr. Elena Ionescu and Dep. Dir. Luminita Dumitrescu) Note: DSP Teleorman does not mention if these information are confidential and also if the information is taken from the county statistics commission. Also, it is not presented potential solutions for these problems.

DSP Alba;” at the 1992 Census, the population declared of Roma ethny had a total of 12.661 persons, meaning 3.1% of the county’s population. At the moment, Roma representatives claim an existing number of 30.000 persons. Sicknesses encountered: dysphory, pneumonia, asthma, scab, lice, tuberculosis (17.2% - 19.4%).” (Dir. Dr. Information Collecting Titus Oltea). Note: DSP Alba does not mention what action has taken to decrease the number of sicknesses presented. Therefore it was brought to the attention of Hanna Dobronautean, the Roma Adviser in the Ministry of Health, within the Interministerial Commission for Roma for the DPMN, Phare 2000 program, the program...
Ministry of Health, within the Inter-ministerial Commission for Roma for the DPMN, Phare 2000 program, the program for improving the situation of Roma in Romania. At the moment we are expecting the reactions of the Ministry of Health.

DSP Bacau: "public medical assistance is provided through specialized units. It's well known the health situation of the population in the locality where medical assistance is provided, but not on ethnicity criteria. There are areas in the county where, from objective reasons, medical care is not provided, amongst them being some Roma communities."
(Dir. Dr. Dana Coneac and Spec. Inspector Carmen Rosculet) Note: the "objective reasons" were not presented or explained.

DSP Vrancea: "according with the information from the Vrancea statistics direction, at the 1992 Census a number of 3477 persons have declared themselves as Roma..." Note: in this address, it's presented demographic, information, as well as information on illnesses related to infection and parasite sicknesses and information related chronicle diseases, HIV/AIDS cases. The address is signed by Dir. Dr. Mihail Cistea. But there are no mentions in the document about potential actions for improving medical situation.

<table>
<thead>
<tr>
<th>The year and field in which the mediator was active</th>
<th>Strengths</th>
<th>Flaws</th>
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<tbody>
<tr>
<td>1997</td>
<td>Romani CRISS is the main partner of the Ministry of Health and Family regarding the implementation of the system for using the mediator. Romani CRISS elaborated the job description of the mediator, criteria for selection, training standards for the sanitary mediator. Romani CRISS is the association that inserted this occupation in the Code of Occupation of Romania. At the moment, a number of 75 mediators are being trained and employed by the Ministry of Health and Family. With the financial support of OSCE/ODIHR, Romani CRISS elaborated in partnership with Ministry of Health and Family the sanitary mediator's guide. Romani CRISS is part of the Ministerial Commission for Roma of the Ministry of Health and Family, which is responsible with the implementation of strategy for Roma - health sector. In September 2001, on the occasion of the conference Roma and Stability Pact, Romani CRISS organized a public hearing at the Health and Family Commission of the Romanian Parliament. At this meeting, Romani CRISS received support for the official steps necessary to institutionalize the sanitary mediator.</td>
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<td>Strengths</td>
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<td>Flaws</td>
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<td>Observations</td>
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<tr>
<td>Country</td>
<td>Spain</td>
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<tr>
<td>NGO</td>
<td>Madrid</td>
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<tr>
<td>What were the expectations of the mediator's training</td>
<td>Among the preoccupations of the civic associations of Roma in Spain, a priority of the Roma women associations was the implementation of sanitary education programs for women. With financial support from the government, specialized booklet designed for Roma women were published, which in countries wasn't realized. The mediators active in these programs, were assisted by psychologists, doctors, social workers. The mediators' work was focused mainly on social activities. &quot;The Health Guide for Roma Women&quot; is one of the many publications addressing Roma women in Spain, its content being extremely necessary for Roma women.</td>
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<td>Partnership with the institution</td>
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<td>The year and field in which the mediator was active</td>
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<td>Observations</td>
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<tr>
<td>Country</td>
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<tr>
<td>NGO</td>
<td>Andalusia</td>
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<tr>
<td>What were the expectations of the mediator's training</td>
<td>Approximately 100 monitors/mediators, all of Roma ethnic, are giving scholastic support as well as teacher/family and home/school liason with the purpose of reducing absenteeism (in some regions about 50%). According to the educational authorities, the fact that people doing this job are Roma is of fundamental importance.</td>
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<tr>
<td>Partnership with the institution</td>
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<td>The year and field in which the mediator was active</td>
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<tr>
<td>Country</td>
<td>Finland (VI.1.3)</td>
<td>Moldavia</td>
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<tr>
<td>NGO</td>
<td>Finland (VI.1.3)</td>
<td>Moldavia</td>
</tr>
<tr>
<td>What were the expectations of the mediator's training</td>
<td>At the other geographical extreme of the UE, in Finland, Roma are employed as social workers, and Roma mediators are paid by the civic associations.</td>
<td>No sanitary mediators were trained.</td>
</tr>
<tr>
<td>Partnership with the institution</td>
<td></td>
<td>There are positive intentions of the Mayoralty of Kisinau to experiment sanitary programs of the Roma associations.</td>
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<tr>
<td>The year and field in which the mediator was active</td>
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<tr>
<td>Strengths</td>
<td>Juvlia Romni association conducted a research in the field of Roma health.</td>
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<tr>
<td>Flaws</td>
<td></td>
<td>There is not a financial support for sanitary projects.</td>
</tr>
<tr>
<td>Observations</td>
<td></td>
<td>The Ministry of Health in Moldavia is interested in a potential experience exchange regarding sanitary mediators training with the Ministry of Health and Family of Romania.</td>
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</tbody>
</table>