



## GUIDELINES TO ENTER ROMA AND SINTI CAMPS

A collection of experiences, themes of study, project models and work proposals exposed by the participants to the support actions in favor of Nomads



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## GUIDELINES TO ENTER ROMA AND SINTI CAMPS

*-Every Friday ... the gypsies came and the house was cleaned from top to bottom and they all gave a lot to do and no one had time for me. I lived in fear and panic because I thought the gypsies steal children and I was convinced that they had their eyes on me. But despite this terrible fear I never missed the show of their tour which was really beautiful. The gate was wide open because they needed space. They arrived as a real tribe; in the middle, walking his head up, the blind patriarch, the great grandfather I was told, a beautiful white-haired old man, who walked very slowly to the right and the left supported by two adult grandchildren, dressed in many colours. Around him gypsies of all ages, very few men, mostly women and children ... as they arrived to the kitchen the old man sit down and the others grouped around him and the bags were opened and the women took the gifts out. They got a lot of food and not the leftovers.. They had their share of everything that was being prepared in the kitchen. I felt a great relief when I saw that no children were into the bags and, under the protection of my mum, I passed among them. I watched them with great attention but being careful not to get too close to women who wanted to caress me. I was astonished than they were so affectionate with their children and did not look like kidnappers*

**From “La Lingua Salvata, storia di una giovinezza” by Elias Canetti (1905 Rustschuk in Bulgaria – 1994 Zurich. 1981 Nobel Prize for Literature**

## FOREWORD

Since 150 years Red Cross Italy is involved in realizing programs and activities in favor of the most vulnerables: minors, the elderly and the sick, the homeless, the migrants, the disabled, the drug addicts, the victims of war and violence. All these people get a direct, personal, free and disinterested help – either in social structures or at their home, in peace and war time, from more than 145.000 active members and 4.250 employees of Red Cross Italy. Not to count the necessary support of more than 30.000 ordinary members of Red Cross Italy. More recently, due to some local Red Cross committees, a major attention has been devoted to assist Roma and Sinti people, historically suffering persecutions .

In Rome there are almost 7.000 persons pertaining to nomads; they live in regular camps or else in some “tolerated” camps. In some cases, they live in illegal settlements, which is a particularly critical situation. For the most part, they come from Bosnia, Serbia, Rumania or Macedonia and live in a situation of no safety, both as far as electrical and hydraulic systems are concerned. Sewerage systems are also often lacking.

Together with the activities developed by Rome local government which is on the way to regularize the “authorized camps”, volunteers of Red Cross Provincial Committee of Rome started a strong support and assistance activity to nomads population, especially under a social point of view and mediating with the Institutions.

It is useless to stress the importance of this support, as it is to underline the difficulties in promoting methods and tools of social aid to help reception and integration of Roma and Sinti people. It is mainly in the innovation of support and welfare that volunteers of Rome recently operated, through a direct work and a promotion of integration and welcoming culture.

This document is part of these actions. It is particularly interesting concerning both the approach to Roma and Sinti populations and camps management. These two issues are correlated and thoroughly exposed in these guidelines. They represent two forms of intervention with different social aspects: welcoming Roma and Sinti people concerns promoting health , vaccinations, school integration, social assistance and development of economic and productive initiatives. Camps management concerns security, territory development, hygienic and social problems, residence permits and access to camps. Useless to say that a correct management of camps must not be considered the only way to solve all problems related to Roma and Sinti people.

We are happy of the great contribution given by volunteers in writing these guidelines, but still consider – following Marco Squicciarini’s words in the Introduction – that it is fundamental to “give value to history, culture, memories, habits and costumes of people coming from afar”

Our welfare system will be no doubt increased with an integration of actions between the State and volunteers’ work. Our contribution, with these guidelines, is to give voice to the Red Cross mission helping the most vulnerables, through the strength and will of all volunteers involved in this mission with a great generosity and vocation.

*Italian Red Cross Extraordinary Commissioner Dr. Francesco Rocca*

## **1. INTRODUCTION**

Since the first time I had access to a Roma camp to give help (my first time was some years ago in the Casilino 900 camp) I followed the more experienced volunteers, paying attention to their way of approaching, talking, getting in contact with populations in the camp. Their way of approach was different according to ethnic differences. I immediately realized two important facts: Red Cross was doing an excellent assistance work respecting their needs, but everything was related to volunteers' experience, developed with time. I then remembered an old saying which sounds like "If a specific way of doing bears positive fruits, it is worthwhile to assess them". It was not logical that any behavior, method of approach and management of the situations should pertain to a few. That is why I decided to write these guidelines which allow not only us to have a knowhow in helping these people and their children. Since then, I gathered together all material which could be recorded to let all volunteers operate correctly anywhere in Italy, avoiding mistakes. I believe that at present, a five years old child who lives in a house supplied with heating, light and water, a child who is vaccinated, who goes to school, can make up his mind to live a different life, to have a job, to have a family of his own, thus being socially integrated. This word means not only love toward people but also a culture, history, memories and costumes enhancement of people coming from afar.

I want to warmly thank all volunteers who let us succeed in giving assistance in Nomads camps, also making it possible the drawing-up of this document. I am not listing them here, being their names and experiences included in the chapters to come. Their work is no matter valuable in that it gives the opportunity to other volunteers to use this document as a guideline to approach and help Roma people anywhere.

## 1.1 Contents

The writing up of this document was done following two directions.

The first one is the research of information shared among experts: the know-how related to the historical context, statistics, protocols of intervention, operational and programmatic methodologies.

The second one is the collection of direct evidence related to projects and existing activities, both inside and outside Red Cross Italy.

Following these ways, we came across some important information and experiences so much more than expected.

What we present now is very complex inasmuch as we could not lose many of the contributions, being all of them the main resources of the project due to their variety, their plurality of sources and points of view.

The extent of this heritage represents the complexity of the history, the cases and problems related to Roma people.

The presence of contributors outside Red Cross suggests the importance of an eclectic approach and the research of collaboration in all directions, getting thus a synergy among all resources involved.

Our hope is that the reader, following us through the path hereunder specified, can share our feelings and get some useful hints to launch new projects and experiences.

Chapter 2, *Roma people in history*, gives an interesting and important portrait of the historical course of Roma people. Knowing the past is useful to understand the present time. Roberto Malini is a writer, an historian, a scriptwriter and reporter, editor of a special collection of history, culture and art of Roma people in Europe, co-president of Everyone Group, which is an international organization for Human Rights.

Chapter 3, *Expectations and rules of Roma people*, was written by Najo Adzovic, spokesman of nomads camp Casilino 900 in Rome. Our aid in favor of communities comes from listening and is based on communication.

Chapter 4, *Evolution and history of the relationship between Red Cross Italy and Nomads in Rome*, describes the evolution of projects worked out by Red Cross Italy in Rome both with

no-fixed abode individuals and Nomads communities. Our experience shows that the two problems are related and we cannot separate interventions whether aimed to Roma or not. Mrs. Anne Marie Pulzetti, volunteer in the Womens component of Red Cross Italy in Rome, devotes her work in favor of this problem; she is co- delegate in assistance to Nomads populations and No-fixed Abode , plus she is promoting some projects to improve relations and integration of Nomads populations and Homeless for the Red Cross Provincial Committee of Rome. She is Provincial Delegate for the assistance to Mothers/children with regard to a protocol with the Association Civil Rights in 2000-“saving mothers-saving children”

Chapter 5, *Management of administrative and institutional aspects*, outlines directions on how to a Red Cross Italy committee should act with regard to administrative aspects and institutional relations. Mr. Marco Squicciarini is Provincial Commissioner of Red Cross Italy – Rome and National Responsible for Humanitarian Welcoming and Assistance Activities to Roma people and No-fixed Abode.

Chapter 6, *Social intervention devoted to Roma community*, traces methodologies used in the environment of projects which aim to operate in activities “on the road”. Mr. Stefano Spanu is an aid volunteer, member of Rome North group of Red Cross.

Chapter 7, *Different steps in getting in contact with a Nomads camp: times, manners to approach, conquer and maintain their trust* , is the core of guidelines followed by Red Cross Italy to approach Nomads camps. The methods here described comes from experiences done with the time on Rome territory and is like guidebook for the use of volunteers and operators involved in some projects related to this context.

Chapter 8, *Red Cross Role with Nomads and management of interventions according to specific projects*, defines guidelines followed by Red Cross in planning activities in favor of Roma and Sinti populations. If the previous chapter is addressed to subjects participating in the activities as per chapter 7, this one is addressed to those who plan these activities and manage resources, with regard to the above said projects.

Chapter 9, *Operative indications to manage a sanitary, maternal and children’s area inside Roma camps*, illustrates guidelines to follow regarding the sanitary aspect for projects aimed to take care of women and children living in Roma camps. Mr. Jacopo Pagani is a paediatrist, member of the aid volunteers of Rome north group and provincial delegate for the paediatric task force.

Chapter 10, *Roma vulnerabilities – Red Cross Italy Interventions*, quotes Mr. Chirstopher Lamb's relation. He is the *Federation Special Adviser for International Relations of the International Federation of Red Cross*, following his visit to Casilino 900 camp in December 2009. He not only gives us a special witness, but he suggests indications and actions on strategies that Red Cross Italy should carry on through plans and relationship with the Institutions, respecting its own role as an auxiliary organization of the public authorities in the humanitarian field.

Chapter 11, *Solidarity Medicine and Migrations Service*, tells us of an important project of sanitary assistance, started from the collaboration of civil and religious institutions, together with voluntary service associations and working in one of the poorest areas of Rome. It is addressed to the weakest part of the population thus including Roma people. Drs. Lucia Ercoli is the Sanitary Responsible for the Solidarity Medicine and Migrations Service at Tor Vergata General Hospital.

Chapter 12, *A "moving" experience: promoting health among Roma people*, illustrates a further project which started also from a collaboration between voluntary service institutions and associations, and aimed to the assistance and sanitary education addressed to Roma and Sinti communities. This project is carried on by the Italian Medicine Society of Migrations.

Chapter 13, *Infectious diseases: vaccinations, "core vaccination" and health education*, gives us a summary of results gained from numerous researches and relations, in a European environment, on Roma people health conditions with a special emphasis on infectious diseases and the promotion of a vaccination campaign. Drs. Laura Pacifici is a volunteer pertaining to the Women's committee of Red Cross Italy; she is also sanitary director of the Center for Claims of Asylum in Castelnuovo di Porto. Drs. Flavia Riccardo, epidemiologist, is a volunteer pertaining also to the Women's Committee.

Chapter 14, *Gipsy mission: Roma people and the management of Drug addictions*, illustrates the activities of Villa Maraini Foundation in drug addictions, stressing this problem and the projects related to it with regard to Roma people. Dr. Vincenzo Palmieri is a project coordinator and Responsible for the Therapeutic Project "Semi-Residential Community"; in addition he is the Responsible for the Outpatient Program "Telephone call for Help". Dr. Ettore Rossi is the Director of the Foundation and Villa Maraini Health Director.

Chapter 15, *Training courses for volunteers: an idea of a basic educational training to volunteers who have access to Roma camps*, points out some guidelines to follow in educational courses to volunteers involved in nomads camps activities. Mrs. Maria Teresa Condello, member of Aid Volunteers Rome east group, is a monitors manager and delegate for Basic Education to Volunteers of Rome Provincial Committee – Red Cross Italy.

Chapter 16, *International Law and Migrating populations*, explains how the Humanitarian International Right applies to migrants in particular to nomads and Roma populations, by means of

Red Cross. Sister (voluntary nurse) Anastasia Siena is a delegate from the National Voluntary Nurses component of Red Cross Italy for the humanitarian international right support to guidelines.

*Chapter 17, Health Education activities at Roma communities*, gives us guidelines to follow in planning health education activities to Roma people, applying programs adopted by Red Cross Italy in this context. Sister Alessandra Grisanti is the National Expert of Voluntary Nurses for Health Education.

Chapter 18, *Data processing management*, suggests to us some directions on the possible use of an operating system to gather socio-sanitary data concerning Nomads camps populations. It also specifies minimum necessary means to guarantee personal data privacy. Pawel Shalka and Laura Aquiletti are two Aid Volunteers of Red Cross Rome Center group.

Chapter 19, *Language mediation*, focuses on language mediators who work as translators with regard to No fixed abode individuals and Roma people. Mrs. Rodica Streja, Aid Volunteer of Rome North group, is the National Responsible to coordinate Cooperation activities with Rumanian Red Cross in the field of assistance to Roma populations.

Chapter 20, *Experience made by a sister (voluntary nurse) in a Roma camp*, illustrates the experience of Voluntary Nurses of Red Cross in managing a in a Roma camp, together with planning activities related to it. Sister Dionilla Feroci is the responsible for Nomads camps reporting to the Provincial Inspector's office of Rome Voluntary Sisters.

Chapter 21, *Children of one Father*, relates some evidence collected by Father Paolo Lojudice, Director of "Seminario Romano Maggiore", who is since long time concerned with safeguarding Roma rights by promoting their integration in Rome social context.

Chapter 22, *A Program in favor of family groups and minors - accommodated in Rome nomads camps which are managed by Red Cross Italy – difficult situations and necessary interventions in their original countries to be managed*, relates on the collaboration between Red Cross Italy and the International Social Service, aimed to promote the social integration of Roma populations not only in the Italian society but through some projects in their own birth countries also. Mrs. Anna Libri is the author of *Guidelines for the alternative care of children*, a pamphlet which was distributed under patronage of UNCRC.

#### Chapter 23 *Bibliography*

*Appendix A* – Here are some documents and resolutions reported, which concern the agreement drawn up between the Delegate Commissioner for the Council of Ministers President appointed to the Nomads emergency in the Latium region and the Latium Regional Committee of Italian Red Cross.

*Appendix B* – information pamphlet in Romani language on H1N1 flue, conceived and distributed

*Appendix C* – gallery of pictures belonging to "La Ruota Rossa (Red Wheel) collection"- by courtesy of EveryOne Group.

## 1.2 Acknowledgements

In Africa there is a handed down saying, which is some centuries old and states: “you do not build something by yourself”: the message which it gives is very clear and simple. We cannot do anything great by ourselves, but we do can through a team work and that is exactly what we did together with many volunteers of all groups in Rome within Roma project.

I would like to thank everybody here, not forgetting anyone.

I say “thank you” to our extraordinary commissioner Dr. Francesco Rocca, who always supported us , thus giving the necessary motivations and encouragement to start a unique and great work together.

I say “thank you” to the Prefect Dr. Giuseppe Pecoraro, the Extraordinary Commissioner for Latium region to Roma emergency, who together with his team ( Prefect A. Scolamiero, Drs. A. Nigro, Dr. A. Denotaristefani) shared with Red Cross every goal and always paid attention to the weakest voice which through us arrived to him.

I say “thank you” to Rome mayor Dr. Gianni Alemanno and to the Councillor Responsabile for the Social Politics Drs. Sveva Belviso, together with her team ( Dr. Angelo Scozzafava and Dr. Cesare Guaglianone) always actively collaborating.

I say “thank you” in particular to the person who showed to me the real Roma world, their traditions, their complex problems; Mrs. Annamaria Pulzetti, member of the women’s committee of Red Cross, who is still helping us by means of her historical memory, to work in the more than 53 camps in Rome and its province. It was together with her that I learnt how to know and move freely in Roma camps, and always with her the first census in 2008 took place. It is thinking to her experience and to the fact that it would be a pity to loose some important information, that I made up my mind to write these guidelines thus helping volunteers in each region to approach Roma people.

The projects already carried out and the ones to come do exist thanks to the contribution of a many persons, not only members of Red Cross.

This book is only one fruit of a big tree.

I wish to express my thanks to all those who dedicate their professional skills, their energies and time to these projects. I prefer not to give here a further list of names, which should anyway be incomplete and which could not give the idea of activities carried on day after day by all volunteers of Red Cross Italy.



Among them, those who directly contributed to this book and who will find their names among the authors.

To all the others, who are so many and daily contribute with their work and enthusiasm to the projects, we can only express our sincere estimation and respect together with a warm “thank you”. We know that true satisfaction derives from the human experiences done with the voluntary service and from knowing that a border has been overcome, thus keeping in touch with needs and values of a very special population, Roma people.



*Croce Rossa Italiana*

*Dr. Marco Squicciarini*

*National Responsible in charge*

*of the activities related to the welcome, assistance and humanitarian organization*

*to Roma populations and to the no-fixed abode people*

## 2. Roma people in history

*(Roberto Malini)*

Coming from India, and even suffering mass persecution for centuries, Gypsies offer a millenarian contribution to our history and culture.

Who are the Gypsies? Although they have been living in our own continent for over eight centuries, this is a question still widespread among European people, as an inexplicable enigma. In their travels - often running away from the hostility of who, not knowing them, fear them and doesn't want to be their neighbours - when Gypsies arrive in a city and decide to settle in a district, people immediately watch them with open hostility. In those eyes full of distrust and fear there is always the same question: who are you? I have met many Gypsies. The Italian Gypsies: from Regions such as Abruzzo, Molise, Campania, Cilento, Puglia, Lucania, Calabria. Gypsies from the Balkans, divided into two big groups: the Korakanè, Muslims, and the Dasikanè, Orthodox Christians. I have met the proud and oldest tribes of Gypsies: the stoic Vatrashi, the tireless Kaldarari, the proud Zlatara and Kolari, the traditionalist Gabori and Kazandhi, the indomitable Pletoshi and Korbeni, the Modorani, the Tismanari, the Lautari, the Ursari, the Spoitori. Who are you? "We are people" declared recently the young Gypsy artist Rebecca Covaciu to a journalist interviewing her. "We count for nothing", answered the same question Goffredo Bazzecchi a survivor of the *Samudaripen*, the Gypsy holocaust. I then discovered that the Italian expression "*l'ultima roua del carro*" ("the last wheel of the cart"), meaning exactly the fact of count for nothing and of being the least in human consideration, finds its origin in the Gypsy culture. Carts and wheels have always gone together with the "sons of the wind", since their almost legendry origin. According the old and wise Mihai, recently deceased, victim of the precariousness and the intolerance in Pesaro, the Gypsies are simply "the walking people". "We are just like black Americans", once told me Nico Grancea, activist and performer of a Romani folk music called *Manele*. "We have been slaves over long periods of time, and even after freeing us, they kept on considering us as inferiors. All these definitions, together with the proud of the people and the bitterness of long persecutions, are hold in the song *Gelem gelem*, the Gypsy anthem, performed on a traditional melody. The poet Jarko Jovanovič wrote the text in London in 1971, during the First International Congress of Union Romani. Hereunder the English version:

*I went, I went on long roads*

*I met happy Roma*

*Oh Roma where do you come from,*

*With tents on happy roads?*

*Oh Roma, Oh brothers*

*I once had a great family,*

*The Black Legions murdered them*

*Come with me Roma from all the world*

*Oh Roma, Oh brothers*

*For the Roma roads have opened*

*Now is the time, rise up Roma now,*

*We will rise high if we act*

*Oh Roma, Oh brothers*

The anthem defines Gypsies as “happy” people; it could seem a contradiction, if we consider the persecutions, slaveries, genocide and segregations they suffered along the centuries, ending with the extermination by Hitler and his people – defined in the song as “the Black Legions” – who murdered more than half million Roma and Sinti. However Roma people, constantly keeping immortal memory of dead persons, are always looking for happiness, that, according to their ancient culture, is the spirit of life. Roma and Sinti have in fact always gladden the entire humanity with their musicians and their actors, singers and dancers, artists, and their fairs and circus. Their dream is living in peace and with creativity, in a dream full of wonderful colours, just like *Romani*’s dresses and their carts that have gone along all the roads of Europe.

## **2.1 Following the footprints of Roma people**

Over the centuries Roma people have been defined by many names. When they arrived in Europe, West-Countries’ journalists assumed they had Tartar origin, while in the East Countries they were though coming from Egypt, as they had dark skin and were colourful dressed. They were identified the heretical sect of the *Atsiganoi* and renamed *zingari* in Italian, and *tsigani*, *cigani*, *zigeuner* in other European languages: all terms coming from the Greek Byzantine *Atsinganoi*, that means “Untouchables”. At the beginning very few used to call them “Romani”. Among them, the Byzantine writer Mazarir; in 1416 he described the Greek peninsula as a land inhabited by several group of people and 7 different races: Lacedemons, Italians, Peloponnesians, Illyrians, Romans and Jewish.<sup>1</sup> Their assumed Egyptian origin is the reason of the name “gypsies”, widespread in Iberia and in the Anglo-Saxon countries. However, all these names assumed over the time a pejorative connotation, being often used as synonyms of thieves, liars, parasites, anti-social and filthy people.

Historians and linguists now agree on the Indian origin of Roma people. The *Romani* (or *Romanes*) language is a neo-Aryan language related to the ancient Sanskrit, and it is now spoken, in different dialects, in several Asiatic and European countries. In the Twenties, analysing the idiom of the

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<sup>1</sup> *Mazaris’ Journey to Hades: or, Interviews with dead men about certain officials of the imperial court*, Greek text with translation, notes, introduction and index (Seminar Classic 609). Buffalo NY Dept. of Classics, State University of New York at Buffalo, 1975.

Romans of Wales, Mr. John Sampson rebuilt the path followed by Roma people, who left India moving toward West Europe countries. According to Sampson, Roma from India went to Iran, where the group split into two directions. A first group moved toward Byzantium, passing through Armenia; a second group took the direction of the North Africa, crossing Syria, where ancient communities are still living<sup>2</sup>.

The Indian origin of Roma language was assumed for the first time during the XVII century by two German researchers: Grellman and Rüdiger<sup>3</sup>. The same theory was then pointed out by the British William Marsden and Jacob Bryant<sup>4</sup>, and finally proved in 1844 by August Friedrich Pott<sup>5</sup>.

According to Donald Kendrick, one of the most important Roma historians, Zott people from the Punjab, Iuri or Nuri people from Alor, Multani people from Mutan – all Indian people – settled in Persia, where they established a new ethnic group named Dom or, according to other sources, Rom. The oldest text mentioning Roma people, Kendrick declares, is a history of Persian kings written by Hanza Ispahan in 950, where references to Zott or Scott people are frequent.<sup>6</sup>

According to Sampson, some Roma groups (Bhen or Ben) moved from Persia toward the South East, reaching Syria and Egypt (Dom), Baghdad (Duman), Palestine (Nawar or Zott), Libya (Helebi). An Arabic word was used to define all of them: Ghorbati, that means foreigners<sup>7</sup>. Going back in the history, other theories were developed regarding the ancient and legendary provenance of Dom people<sup>8</sup>. Their ancestors lived in the Indian territory just before the Aryan invasion of 1500 B.C. They may have been the archaic inhabitants of the Deccan, short and dark-skin men, organized in small tribes speaking the Munda languages, experts in metals manufacturing, art-friends and living in a close contact with the primitive Chaldea land. We know with certainty that before 400 A.D. some tribes of the Indian nomads became artisans, musicians, dancers and actors. Some Arab people still nowadays call Romans people as “Zott”, while historical documents mention Zott people who settled on the Tigris River banks between 820 and 834. The Persian journalist Tabari reports that around 855 numerous Zott were captured during the Byzantine invasion into Syria. During the early centuries of the common era several small Dom kingdoms still existing were destroyed by the Gupta dynasty, between the V and the VII century. Some mantra of the *Sádhanamálá*<sup>9</sup> mention the Dom. Dom people were artisans, singers, dancers and artists. The Dom art had its root in the North India’s art (the Madhya Pradesh Region): sinous and divine shapes

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<sup>2</sup> John Sampson, *The Dialect of the Gypsies of Wales*, 1926

<sup>3</sup> Heinrich M. G. Grellman, *Dissertation on the Gypsies, heingan historical enquiry concerning the manner of life, economy, customs and condition of this people in Europe, and their origin*, Londra, P. Elmsley, 1787; J.C. Rudiger, *Ch. Neuster Zuwachs der teutschen, frenden und allegemeinem Sprachkunde*, Leipzig und Halle, 1782-1793.

<sup>4</sup> William Marsden, *Observations on the language of the people commonly called Gypsies*, *Archaeologia*, 7:382-386; Jacob Bryant, *Collections on the Zingara or Gypsy language*, *Archaeologia*, 7:387-394, 1785.

<sup>5</sup> August Friedrich Pott, *Etymologische Forschungen auf dem Gabiete der indo-germanischen Sprachen, mit besonderem Bezug auf die Lautumwandlung im Sanskrit, Griechischen, Lateinischen, Litauischen und Gotischen*, 1833

<sup>6</sup> Donald Kendrick, *Romany Origins and Migration Patterns*, *International Journal of Frontie*, MxsRom, Vol. 17:3, GRz2000.

<sup>7</sup> John Sampson, *On the origin and early migration of the Gypsies*, *Journal of the Gypsy Lore Society*, Series, vol. 2, 1923.

<sup>8</sup> For the ancient sources, please see the English and Italian bibliography

<sup>9</sup> Tantric Buddhist text of VIII century

aerial like the clouds, colours sparkling as the miracle of the creation flowing from holy flowers; and dances, dances of stars and flames, cosmic cycles of destruction and rebirth, in a continuous movement just like the life *chakra*, the same red wheel becoming the symbol of Roma people. It's surprising to find the signs and colours typical of the ancient India's art in the works of art of Romani modern artists, such as Rebecca Covaciu, Katarzyna Pollok or Danciu Caldarar. Being destroyed their kingdoms, Dom people became an inferior caste, having lost their ethnical status and their treasures.

Likely, the ancient India testify the nomad non-Aryan and with no caste Vratya people, coming from the Ganges valley, who used to live inside their own carts, spoke a native dialect hard to understand, and were considered impure and "untouchable". Many Vratya were beggars, but there were also musicians, dancers, animals trainers, fortune tellers. The same activities of Roma people arriving in Europe in the Middle Age.

Everything happened around a fateful date: the year 1000, feared by European people as the possible end of the world, according to the Apocalypse's prophecy and the words attributed to Jesus: "One Thousand and nothing else (in Italian: mille non più mille)". Around the year 1000 the people now called Roma emigrated from the Ganges valley to Persia, Armenia and Anatolia (where Seljuk Turks were living). Texts reporting about this exodus are very ancient; particularly, to date their arrival in Anatolia we generally refer to Theodore Balsamon's texts, a Greek-Orthodox canonist of XII century. Nomad musicians of the Luri tribe are mentioned in the *Shah-nameh*, the Book of the Kings, a Persian epic poem written by Firdusi in 1010-11 for the Turkish king Mahmud di Ghazni, the Muslim conqueror of Sindh and Punjab. 2.000 singers have been sent from the Indian king Shangul to the Sassanid Shah Bahram Gur V, to entertain the court with music and songs. One year later the Shah donated arms and grain to Luri people, hoping they get married and settle down devoting themselves to farming and agriculture. However, they slaughtered cattle and used grain to prepare bread, and got ready to start again the vagabond life. The king then condemned them to lead a wandering life, playing music, dancing, and begging to survive. In Iran and Pakistan still nowadays Roma people are called Luri. Going back to 1000, it was then when the Sultan Mahmud da Ghazni, whose kingdom extended from the heart of Persia to the Indus River, waged war against India. The 25-years war was devastating, and included 17 campaigns. During each campaign massive deportations occurred and prisoners were made slaves. During such displacement of people, the ancestors of Roma people were transferred to the Mahmud lands. Some historians mention more than 500.000 persons. In the XI century Roma emigrated to the upper Ganges valley, and then moved again to the North-East of China, from where, following the commercial routes, reached Persia, Georgia, Armenia and consequently the Byzantine empire. Nowadays in Istanbul the Sulukule district still keep the oldest Romani settlement in the world, with rests of XV century buildings and nearly one thousand years of history. In despite of the UNESCO intervention, and a campaign for saving the site (during which a relevant role was - and still is played - by Gruppo EveryOne), the district risks to disappear, as the local municipality plans to demolish the neighbourhood to modernize the area, displacing the Roma community to other districts.

An hagiographic manuscript dating back to 1068, written by a Georgian monk of the Iviron monastery on Mount Athos, in Greece, reports that in 1054 many nomads *Athinganoi* –

“Untouchables” - coming from Asia Minor reached Constantinople. They were part of an heretical sect and the group included famous magicians, fortune-tellers and animal charmers, and even the emperor himself ask their help to get rid of wild animals infesting his land and ravening all the other animals. Around 1200 Roma people spread through the Balkans, the Carpathians, and in the other European countries, reaching the Scandinavian countries, Russia, and all the countries of western Europe: Germany, Spain and Portugal, France, Italy, United Kingdom.

In 1290 some Roma cobblers performed their business in Greece, on Mount Athos. A relevant number of sedentary cobblers can be found in Modon (Greece), at the beginning of XV century. The presence of cobblers has been noticed as well in Prizren, Serbia, in 1348. There is an arcane relationship among the cobbler’s art and the mystical disciplines of the Mount Athos experience, and it is likely that the Roma “cobblers” contributed to the strengthening of the Orthodox Christian monks’ wisdom, which was often the result of the observation of nature and of everyday phenomena, likewise among the mystics of India. The German Christian mystic and theologian Jacob Bohme (1575-1624) had a Roma origin, and during his childhood he worked as cobbler in Gorlitz, in East Germany. At that time he had the spiritual insights that lightened his life and lead him toward mysticism, while observing the sun reflection in a pewter plate. “In fifteen minutes it made me see and know more than what I could learn in several years at the University”<sup>10</sup>. Still today in Romania, cobblers’ job is a traditional Roma craftsmanship. The dictator Ceausescu himself, when he was 11 years old, worked as an apprentice in a Roma cobbler’s shop in Bucharest.

The term *Aresajipe* conventionally refers to the arrival of Roma people in Europe, around 1300. The XIV century chronicles record the presence of Roma community also in Crete, Croatia and Bulgaria, while in 1385 a group of Roma slaves was purchased by a feudal lord in Wallachia; a document dating 1387 and signed by Mircea the Great, who reigned in Wallachia for 32 years, reports the Roma living in the principality for 100 years. Around 1400 the presence of Roma settlements was reported in Bulgaria and along the Albanian coast. Official documents refer to them as *cingani*, *cingeni*, *cigani e kibti*. At the beginning of the XV century documents and chronicles testify the presence of Roma community in Germany, France, Belgium, Holland and Spain. In 1416 Roma people were expelled from the German region of Meissen. 1422 is the oldest date testifying the Roma presence in Italia<sup>11</sup>, in Rome and Bologna. As far as the latter is concerned, the *Corpus Chronicorum Bononiensum*, written by an anonymous chronicler from Bologna, describes the arrival in town of a group of Roma. It is no surprise to him the arrival of the group. However he seems astonished by the number of travellers. It is than obvious that it was not the first Roma group arriving there. The historian Giovanni Battista Adriani (1511-1579) makes a comparison between the “gypsies” – using the term with a pejorative connotation – and some jesters who performed in Italy in XIV century, adding that it was once a common belief that Roma “came out from their hiding just after the conquer of India, led by Tamerlane at the end of 1300<sup>12</sup>”.

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<sup>10</sup> Paul Deussen, *Introduction, in Boehme, Jacob: Concerning the three principles of the divine essence* London: John M. Watkins, 1910

<sup>11</sup> Lodovico Antonio Muratori, *Rerum italicarum scriptorem*, 288-290, 1751.

<sup>12</sup> Giovanni Battista Adriani, *Istoria de’ suoi tempi*, Edizione per i Fratelli Giacchetti, Prato 1822.

In 1340 a Roma community landed in Corfu, an island under Venice sovereignty, while few groups of Roma ethnic groups settled in Venice itself; among them there was probably an ancestor of the painter Antonio Solaro, known as “the Gypsy”, who added “the Venetian” to his signature in one of his paintings. In XV century Roma people spread throughout the entire Italian territory.

The ups and downs of Roma communities through European countries were numerous, and the list of those recorded in the ancient chronicles would fill hundreds of pages. Considering the limited space here available I prefer to refer to the bibliography and the chronology as indispensable tools to follow the historical stages of Roma people's history. Here I just mention few examples of dramatic events, consequences of fear and surprise of European people facing Roma people often arriving on carts decorated with exotic images and mysterious symbols, showing trained animals, playing music, singing, dancing, juggling and performing magic tricks. Roma people offered, across the centuries, an essential contribute to the evolution of civilization, culture and arts in Europe, although exclusion, slavery, persecution and genocide hit this people repeatedly throughout history. They provided a precious and often underestimated (or not estimated at all) contribution, not only during Middle Age and Renaissance, but also in modern and contemporary age. Few of us know, for example, that famous musicians such as Mozart, Hayden, Beethoven, Hummel, Weber, Liszt, Brahms and Ravel drew from Roma traditional musical heritage. The masters of Roma painting include the above mentioned Antonio Solario (1465-1530), Otto Muller and Serge Poliakoff, without mentioning the gypsy origin of Pablo Picasso. And, among those who love the historical performance of famous pianists, who knows that the most virtuoso pianist was a Hungarian Roma, Gyorgy Cziffra? And among the jazz lovers, who can resist to the emotion aroused by the Belgian Roma guitarist Django Reinhardt, who learned playing in a Roma camp near Paris?

It is undeniable that Roma have been subjected to prejudice and slander, sources of discriminatory attitudes and violent persecution. Since their arrival in Europe, they have been received with suspicion and irrational fear. Costumes and characteristics of Roma society generated slanderous accusation. Germans noted with concern that Roma “speak many languages, but among them they communicate in an incomprehensible way, the *Rottwelsch*.<sup>13</sup> Observing their nomad life, their ethnic traditions and their religious costumes, they were assumed people with no law and no moral code. They were supposed worshiping Pagan Gods and devoting themselves to divination and witchcraft. Their tribes, always travelling, seemed very strange: people dressed in rags, but led by lords dressed in rich fabrics and colours, called by their subjects “princes”, “dukes”, “counts”, “knights”, “commanders” or “voivodes”. They travelled on well built carts, they lived begging, stealing or thanks to their circus activities and street performances. They had long dark unkempt hair, beard and moustache. Women had their heads veiled and wore flashy earrings. As far as the children are concerned, there was almost no difference among boys and girls, as they all kept long hair and big earrings. If they were asked about their identity, they answered: “We are Roma”, terms that means men. And if anyone, overcoming the initial suspicion, continued the conversation, and asked where they were from, Roma used to answer mentioning the Little Egypt as homeland; for

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<sup>13</sup> Martin Lutero and others, *Liber Vagatorum*, published by John Camden Hotten in 1859 with the title *The Book of Vagabonds and Beggars*.

this reason they were also called Gypsies, term coming from “Egyptians”. It was said that, as the Jews were responsible of Jesus’ death, the Gypsies, excellent smiths, forged the nails used to crucify him; for this reason they were damned people, doomed to travel forever, without any homeland. They were considered also as the obscure descendants of Cain, representatives of Satan and his evil plans. The Holy Inquisition, after having considered the hypothesis of a conspiracy of a Jews and Roma to murder all Christians, condemned and burnt thousands of them. They were often accused of kidnapping children, and of eating them during some ceremonies. They were blamed for the disappearance of kids. Even if unwelcome, forced to live in hard conditions by native people in several countries, and pointed as criminals and enemies of “civil” people, Roma managed to survive in a hostile world.

## **2.2 In the outskirts of town**

In 1490 the French pilgrim Jean de Cucharmoy described Roma settlements in the outskirts of his town as follows: “The neighbourhoods of this town are populated by nomads travelling around the world and belonging to a small group of people called Gipe: thus they are called Gitians instead of Egyptians”<sup>14</sup>. The German traveller Arnold von Harff reported similar impressions: “These people, living near the city walls, came from a place called Gipte, about 40 miles out of Mondon”<sup>15</sup>. Myths, legends, rumours. But first of all exclusion. Nothing surprising, if we consider that still today, when more than 500 years have passed, the poorest Roma communities look for secluded places for their settlements, hidden from public view and repaired, at least temporarily, from inspections of police, who, from time immemorial, keep on ordering Roma people to go far away.

## **2.3 An enlightened king welcomed them in Hungary**

From 1417 to 1423 King Sigismund of Hungary (then Emperor of the Holy Roman Empire), issued Roma a safe-conduct pass in the castle and village of Spiec (now in Slovakian territory). Local nobility allowed Roma to settle in the lands around the castle, and to work as artisans, blacksmiths, loggers, *behari* (beaters for hunting), musicians, dancers, court jesters. It is however very rare to find in ancient chronicles episodes of reception and integration like this; it is not a coincidence that this event happened in Hungary, where nowadays more than 600.000 Roma are living well integrated in the civil society. Certainly it is not possible to ignore the existence of racist movements and rooted prejudices against Roma also among the Magyars: this is demonstrated by some incidents of racial violence, among which the barbaric murder of a Roma child 5 years old and his father in the village of Tatarszentgyoergy (40 km south of Budapest) in February of 2009. However in Budapest and Debrecen it is rare to see Roma begging. Many Roma, rather, are teachers, artists, men of culture and also politicians.

## **2.4 Racial laws in Switzerland, ethnic cleansing in Milan**

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<sup>14</sup> Jehan de Cucharmoy, *Le Saint voyage de Hierusalem*, Lyon, 1530.

<sup>15</sup> R. Elsie, *The Albanian lexicon of Arnold von Harff*, 1497. In: Zeitschrift fRr Vergleichende Sprachforschung, G’btingen, 1984



In 1449 Switzerland enacted the first anti-*zingane* laws. The “Diète fédérale” met in Lucerne and passed an act prohibiting the *Zeginer* to remain in Swiss territory, under penalty of hanging. In the following decades repressive laws and expulsion decrees were issued in Germany, France, Netherlands, England, Bohemia, Italy and other European nations. Year 1492 marked two important events for the history of civilization: the discovery of America by Christopher Columbus and the death of Lorenzo the Magnificent. For the indigenous peoples of the New World a tragedy started, that would bring them to annihilation; likewise, the death of the great Florentine moderator marked the end of a period of harmony and peace among the Italian states. Over the journey of the Roma, black clouds were gathering. On April 13, 1493 the Dukedom of Milan - the first town in Italy - issued an order to expel Roma people “***Si fa pubblica crida et comandamento che tutti li zigani quale se ne trovano de presente in questa parte debiano subito partirse et per lo advenire non ardischano più ritornare tra Po et Adda sotto pena de la forca***”<sup>16</sup> (original ancient italian idiom reported). The authorities in Milan had different names from the current mayor and deputy mayor, but they were already owned by the same spirit of hostility, which gave rise to an impressive sequence of persecutions, even in later centuries. On August 6, 1567 a deportation order was issued, which included the sentence of flogging or hanging for the Roma that would not respect it. “***Nel termine di giorni otto prossimi da venire, dopo la pubblicazione della presente, si partino dalle città, terre, ville et luoghi del Stato predetto, altrimenti passato detto termine trovandosi essi cingari in esso Dominio nel loro habitato, gli uomini saranno mandati alla galera per cinque anni, et trovandosi stravestiti, saranno impiccati per la gola et le donne in loro habito fustigate pubblicamente et le stravestite incorreranno la pena della perdita della vita***» (original ancient italian idiom reported)<sup>17</sup>. On 25 February 1713 the dukedom of Milan issued an order even more cruel, encouraging Milan citizens to persecute and even kill Roma people in the town “***spirato detto termine di quattro giorni, di potersi unire et perseguitare anche con campana a martello li detti Cingari, ancorché fossero di viaggio sopra le pubbliche strade, e quando non li possano prendere per consignarli prigionieri, ammazzarli e levar loro ogni sorta di robbe, bestiame e danari che li troveranno***” (original ancient italian idiom reported)<sup>18</sup>. Milan was not a safe place for Roma people neither in the following decades and the attitude of “the great Milan” did not change even in the years of racial laws, when hundreds of Roma were forced to leave the city, under the penalty to be deported to extermination camps. In the years 1960 to 1980 intolerance combined with ethnic discrimination carried out by social services authorities caused high level of mortality inside the Roma community, whose average life expectancy dropped below 30 years. Roma issues did not get better in the following years, while between 2006 and 2009 at least 20,000 Roma in Milan were evacuated from their settlements with brutal methods or forced to go away from the city. Due to these police operations not different from the pogroms, and a series of racist attacks, the Roma community has been hit by a real human tragedy. Today in Milan there are little more than 1,500 Roma.

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<sup>16</sup> Archive of State of Milan, registry n° 23, cit. in. Arlati, 1997 a, page 29

<sup>17</sup> Archive of State of Milan, registry n° 19, cit. in. Arlati, 1997 a, page 29

<sup>18</sup> Archive of State of Milan, “Punitive justive” fund, cit. in. Arlati, 1997 a, page 29

## 2.5 Why Roma do not speak Romani?

Certainly Italy has never been tolerant with Roma people, but also Spain and Portugal took centuries to understand the importance of integration. To exit from centuries of exclusion and

harassment, however, the Gypsies have paid a high price, being forced to forget their native language and to cultivate the ancient traditions in secret. In the fifteenth and sixteenth centuries Roma people shared with the Jews persecution and violence in European countries. Since 1478, when it was established in Spain, the Inquisition processed a large number of Jews and "Marranos", term by which the Jews converted to Christianity were designated. On March 31, 1492, in Santa Fe, near Granada, the Edict of expulsion of Jews was issued, namely over 200,000 Sephardic, who were given three months to leave the country. The following year, Sicily, dominated by Spain, in turn expelled some 37,000 Jews, followed three years later by Portugal. In 1499 Spain issued the customary law "Medina del Campo", through which the Catholic kings called on gypsies living in the kingdom to find a job and a boss, interrupting their travels. They had 60 days time to adapt their way of life to these measures, if they wanted to avoid receiving 100 lashes and be banished. If they were caught failing a second time, the punishment would be the amputation of one ear and the deportation. The third time, they would have become slaves of those who had caught them out. Many Gypsies settled in Andalusia, where they exercised an important influence on the art of flamenco. In 1512 Roma were banned from Catalonia; in 1526 Portugal adopted laws against Gypsies and, from 1538, sent them to its colonies. Since 1560 Spain made even more restrictive provisions against the gypsies, who were forbidden to travel in groups bigger than two individuals and to wear their traditional dresses. Violators, if older than 14 years, were shipped for 18 years in the galleys. Later, however, sentence to prison was reserved only for sedentary Gypsies, while nomads were punished with death. In 1579 the ban on the wearing of Gypsy traditional costumes was applied by Portugal as well. At the beginning of seventeenth century Spain forbade Gypsies to work in horses' trade, while the local population was allowed to establish armed patrols with the objective of finding and persecuting Gypsies. In 1611 the Spanish law established that the only activity allowed to gypsies was working the land. Eight years later Philip III ruled that the Gypsies were banished from the kingdom of Spain unless they lived in villages with more than 1,000 inhabitants. Roma names, clothing, language were forbidden, on pain of death. In 1685 even Portugal, which began to deport Roma to Brazil, banned their language. In 1717 in Spain 41 locations were selected to receive the Gypsies. In 1726 they were prohibited from appealing to the courts. In 1745 they were forced to settle in designated places in two weeks time, under pain of death; meanwhile the killing of Gypsies was legalized. The Church conformed to the climate of intolerance and ceased granting asylum to Roma, while the government made use of troops to hunt down gypsies in the countryside. In 1749 the authorities put in place the Great Raid. The gypsies were divided into 'good ones' and 'bad ones' through surveys and testimonials. The 'bad ones' were sent to forced labour and if they fled, were condemned to the gallows. The young orphan girls were accepted in children's homes or placed in service of "honest families". Daughters and widows of Roma sentenced to death were educated according to Christian doctrine, and then used for tough jobs. In 1783, restrictions regarding Roma conditions were confirmed and expanded: the clothes, the lifestyle, the language of Roma were banned in all forms, while the term "Gypsy" had to be permanently deleted from the documents. Jobs and residence were subject to strict limitations. The

penalty for offenders was the branding, but if the rules were broken a second time or if someone heard them talking in their language, the death penalty without appeal was the final sentence. That is how Roma of Spain, known as Kale or Gypsies, were forced to forget the language of their ancestors. Today they have obtained a satisfactory degree of social equality, even if incidents of discrimination still happen. “We Spanish Gypsies, even if we are a collective privileged compared to our brothers in the rest of Europe”, recently wrote Juan de Dios Ramirez-Heredia, President of the *Unión Romani*, “we still suffer a high rate of illiteracy, and living conditions of the majority of our population are typical to those groups in social exclusion. That is why the words of the "Gypsy" U.S. president acquire more value, as, two months after swearing on his mandate, he had to face a report that claimed that “Afro-Americans in the U.S. have twice the chance of becoming unemployed, three times the chance to live in poverty and six times the chance to go to prison than whites”<sup>19</sup>.

## 2.6 Sara the Black

On August 22 1419, a colony of *Tzigane* from Switzerland reached the town of Chatillon-les-Dombes in East of France. On October 1, the colony camped outside Sisteron, Provence, and then travelled through the region. In January of 1420 some Roma communities reached Brussels, then in October also Flanders and northern France. The following year, groups of Roma went to Bruges, the most important city in the Flemish region of Belgium. They were attracted by the welcoming atmosphere of the city, where Philip the Good had moved his court, encouraging the arrival of merchants, artists, intellectuals craftsmen and bankers.

On August 17, 1427 hundreds of Roma reached the outskirts of Paris, 120 of them camped in Saint Denis; however, on September eight of them were sent in Pontoise, 28 miles northwest of Paris. Three years after Roma communities were detected in several French cities: Arles, Brignoles, Metz, Troyes, Grenoble, Nevers, Romans, Colmar, Orleans, Le Luc. The groups of nomads moved around from one city to another, and almost always they were greeted with suspicion and hostility. Between 1430 and 1439, the European ethnic group of Yenice, often confused with Roma people, appeared in Switzerland. Throughout history many marriages will be celebrated among Manouche<sup>20</sup> and Yenice, who will also share the tragedy of racial persecution. Roma are strongly religious people, who historically have always adopted the faith of the people who hosted them, while keeping alive archaic traditions. The French *Tsigane* dedicate a special reverence to Saint Sarah, also known as Sara-la-Kali (Sara the Black), near the town of Saintes-Maries-de-la-Mer in the Camargue. According to Christian legend, Sarah was the black servant of the three Marys who wept at the foot of the cross, Mary Magdalene, Mary Salome, Mary Jacob (sister of Mary of Nazareth, mother of Jesus). The three saints and Sarah left Palestine on a boat and drifted until they reached the coasts of France, landing in the place that is now called, precisely, Saintes-Maries-de-la-Mer (*the Saints Marys Sea*). The feast of Saint Sarah is on August 19<sup>th</sup>, but Roma celebrate their devotion to her image on May 24<sup>th</sup>, participating in a ritual pilgrimage which include the transport of the saint's statue from the sea to the church of the three Marys. In 1448 some skeletons were

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<sup>19</sup> From an article of Juan de Dios Ramirez-Heredia, published on July the 28<sup>th</sup> in the Spanish paper *El Mundo*  
<sup>20</sup> French Sintis

found in the crypt of the three Marys: this event greatly increased devotion to the virgins and their black servant. The first historical mention of Sara the Black goes back to 1521<sup>21</sup>, while the sacred celebration is documented since the nineteenth century<sup>22</sup>, even if it is much older. Sarah-Kali probably derives from the Indian goddess Kali, whom she is a syncretic and Christianized hypostasis of ; this is also a further confirmation of the Indian origin of Roma people. In the fifteenth century it was not uncommon to meet groups of faithful Roma walking pilgrimages routes. In 1435 some Tsigane were observed on the way back from the pilgrimage to Santiago de Compostela, one of the three most important pilgrimages, along with Rome and Jerusalem. In 1448, Roma already travelled throughout the entire French territory, and they were reported in the records of several towns, including Bayonne, Angers, Nice and Lille. In 1504, following a decision of Louis XII, the democratic king that the French called "Father of the people", the Roma were prohibited from living in French territory, under penalty of expulsion. It was a harsh decision, but at least the king did not decree the inhumane penalties for offenders that were in force in other countries. Six years later, however, the Grand Council of France confirmed the royal provision; however they decreed the hanging for those breaking the law for the second time. Francis I, the monarch who brought the kingdom of France to the heights of excellence in the arts and culture, was not different from his predecessors on the issue of Roma, and forbade them to reside in France, under penalty of expulsion. For repeat offenders, however, he did not foresee anymore death penalty, but rather corporal punishments. The rest of the sixteenth and the seventeenth century did not offer any improvements on the situation of Roma in France. Henry IV pursued them as "vagabonds" and "criminals", preventing them from wandering in groups larger than four individuals. Not even the vision of the Sun King changed the state of affairs and in 1666 the Bohemians were condemned, being innocent, to embark on the galleys, while women were deprived of hair, whipped, branded and banished. Louis XIV, taking up the matter after 16 years, confirmed the same severity of laws against Roma. During the last years of the age of the Sun King and during the beginning of the reign of Louis XV, who ascended the throne at the age of five years, the same penal provisions were implemented by the authorities against *Tsigane* caught wandering or begging: after the first offense the penalty was expulsion from the kingdom, while branding, application of iron collars and again expulsion in case of a second offense. Since 1719 the jail sentence was turned into the deportation to the French colonies. In 1723 in Lorraine the population was encouraged to establish armed patrols, authorized to open fire at the sight of *Tsigane*. When Louis XV became adolescent, he followed the example of Henry IV and prevented Roma from wandering or gathering in groups comprising more than four adults. Men were taken aboard the galleys for five years, while women and children were punished with the whip and then placed in poor houses.

## 2.7 Forced to be nomads across Europe

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<sup>21</sup> Vincent Philippon, *La Légende des Saintes-Maries*, 1521.

<sup>22</sup> Jarmila Balazova, *Religion among the Roma*, Kavarna, 26 febbraio 2000.

Roma, as reported in the ancient chronicles, were greeted by European citizens with initial suspicion mixed with curiosity, but soon their appearance, their clothes, their mysterious language and their customs aroused irrational fears, followed by intolerance and rejection, as it still happens today. Sometimes, when they were received by communities free from prejudice, they were welcomed, and in some cases local authorities tried to promote their inclusion. In general, however, this benevolent attitude had a short term. Towards the end of the fifteenth century some German cities, after welcoming groups of Roma pilgrims, declared them traitors of the Christian nations, spies in the pay of the Ottomans, and spreaders. Moreover, in 1500 the Parliament of Austria, at the request of Maximilian I, also accused them of witchcraft, child abductions and banditry.

On 29<sup>th</sup> September 1512 thirty Roma families, led by the self-proclaimed Count Anthonius, reached Stockholm, claiming to be from "Little Egypt". They were given the opportunity to have a decent housing and a subsidy to provide to their basic needs, while waiting to become independent. Few years later, however, the court of King Gustav Vasa started to suspect that those foreigners so different from Swedish citizens were spies of a hostile nation, and ordered their expulsion.

In 1523, during the reign of Louis II of Hungary and Bohemia, the city of Prague received them amicably, but soon citizens were surrounded by rumours and suspicions: and if they were spies of the Turks? The panic that led the Ottoman threat in the local population caused the initial welcome to turn into a quick rebuff. In 1525 the Netherlands ordered the unconditional expulsion of Roma communities, and the following year, because of their constant travel within the Kingdom, strict laws *antizigane* were enacted. Similar events happened in England, where in 1530 the first laws allowing the expulsion of Roma motivated only by their race were introduced. King Henry VIII was not in a good mood that year, when the Pope forbade him to marry Anne Boleyn and demanded her expulsion from the court. It was the straw that breaks the camel's back: Henry VIII declared himself head of the Church of England and married Anna. It was one of those "epochal" changes, and it gave way to the Lutheran Reformation. However, this innovative spirit did not light the king when he faced the issue of Gypsies. To correct what he considered an emergency, he forbade the transportation of Roma to the UK, imposing a fine of 40 pounds for the master or the ship-owner who would have disobeyed the decree. The penalty for Roma immigrants was the hanging. Some years later, in 1547, Edward VI of England, after the death of his father Henry VIII, listened to his advisers and changed the laws concerning Roma. The new rules, however, were equally ruthless, but the death penalty was cancelled: Gypsies had to be arrested and branded with a V on their chest, and then enslaved for a period of two years. If they tried to escape and were caught, they were marked with an S and made slaves for life. From 1530 there was an impressive sequence of persecutions against Roma communities in European countries. Strict *antizigane* laws were approved in Denmark, and the deportation of the Gypsies to Portuguese colonies began. Scotland, that in 1540 had allowed Roma to live within the country while maintaining their traditions, had a sudden afterthought and the following year enacted laws against the Gypsies. Meanwhile in Prague, the Roma were blamed for a series of fires. Those charges were just the first signs of the racist propaganda that in 1549 led to the approval of discriminatory laws. In 1542 the physician, traveler,

scholar and writer Andrew Boorde, in his *First Book of introduction to the knowledge*<sup>23</sup>, dedicated a chapter to Roma people, where he tried to analyze their language, providing the English translation of certain words and assuming that it was an idiom of Egyptian origin. On July 25<sup>th</sup> 1554, the day of the marriage between Mary Tudor and Philip II of Spain, the terror of the Inquisition materialized for the gypsies living in England and Ireland. Bloody Mary's commitment to restore Catholicism also targeted Roma living in the territory of the kingdom. An act was issued which established the capital punishment not only for Roma but also for anyone serving in their communities. Eight years later, under the reign of Elizabeth I, a new law was enacted, under which the Gypsies born in England and Wales had to leave the country, or waive their traditions and dissolve their communities. All others Roma would have had suffer the confiscation of land and property and the death sentence. In 1573, the Gypsies hiding in Scotland were ordered to get married and develop a stable working activity, otherwise leave the country. At the end of the century anti-*tzigane* laws in England took the characteristics of a racial persecution. In 1596, during the reign of Elizabeth I, the Virgin Queen, 106 travellers were sentenced to death in the city of York, with no indictment out of belonging to a race hated by the authorities and the public. Nine sentences were executed, while the others managed to prove that they were born in England. Executions on the basis of race continued until 1650, the year after the execution of Charles I, when the era of Oliver Cromwell began and the English interregnum, first with the republic called the Commonwealth of England, then with the Protectorate of England, Scotland and Ireland. Despite the atmosphere of political and social change, that year a Roma was executed in Suffolk, while others were deported to America.

## 2.8 Slavery in Romanian Principalities

Roma as free men arrived in the Romani principalities of Wallachia and Moldavia in the fourteenth century. They were renowned craftsmen - especially in the iron working - and thus very welcomed by the feudal lords, who needed skilled labour. Shortly, however, Roma people were enslaved by landowners and in the monasteries, which implemented more severe measures to ensure the presence of these formidable craftsmen. The first documents attesting their status as slaves date from the reign of Rudolf IV (1331-1355). Many Roma tried to flee to Germany and Poland, but they were almost always recognized - because of their skin colour and their language – and immediately sent back to their slaveholders. In the fifteenth century massive transfers of Roma slaves took place in the Romanian principalities: in 1445 Prince Vlad III of Wallachia imported 12,000 people "looking like Egyptians" from Bulgaria, while in 1471 a contingent of 17,000 Roma reached Moldavia under the will of Stephen the Great, and used as forced labour. Since 1500 in the Principalities the term *tsigan* became a synonymous of slave. During the reign of Basil Lupis of Moldova (1634-1654) a law, divided into 40 points, was promulgated, defining the terms of their slavery. Until 1833, the rules relating to slavery of Roma in Moldova and Wallachia were continuously integrated with articles introducing new restrictions and obligations. Roma statesman and historian of the nineteenth century Mihail Kogalniceanu<sup>24</sup> described Roma in the Principalities: "When I was young, I saw on the streets of Iasi humans with chained hand and foot, some of whom

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<sup>23</sup> Andrew Boorde, *The Fyrst Boke of the Introduction of Knowledge*, 1942.

<sup>24</sup> Mihail Kogalniceanu, *The ancient Moldavian chronicles*, 1845-1852.

had iron collars around the throat and head. Cruel punishments of whipping, deprivation of food, choking with smoke, frostbite of naked bodies in the snow or icy water: these were the treatments reserved to *Tsiganes*. The sanctity of their marriage and family ties was not observed. Wives were separated from their husbands, daughters forcibly removed from their mothers, children taken away from their parents' arms. They were separated and sold everywhere in Romania. Neither the people nor the law had pity on these unfortunate human beings”.

After 500 years without freedom or rights, in 1837 in Romania, talks of emancipation arose. Kogalniceanu wrote that year: “Europeans are organizing philanthropic societies to abolish slavery in America, when in our continent still nowadays 400 000 *Tsiganes* are kept in chains”. Around the year 1840 some landowners and the Church began to liberate their slaves, preferring a salaried workforce. In 1844 the Church Vltava freed all his slaves: the Church of Wallachia did the same three years after. In 1849 the leaders of the bourgeois democratic revolution proclaimed: “Roma people reject the barbaric and inhuman practice of slave-owning and announces the immediate release of all *Tziganes* belonging to private owners”. In 1849, however, the two principalities were occupied by the Turkish in the south part and the Russians in the north part, who reintroduced slavery. The fight for the rights of the *Tsigane* people continued until slavery was outlawed in Moldova on December 23, 1855, and Wallachia on February 8, 1856. That same year, the Treaty of Paris recognized the independence of the two Romanian provinces under the Ottoman Empire. The new ruler of Moldavia and Wallachia, Prince Alexandru Couz, however, restored the old laws that recognized slavery of *Tsiganes*. It was only in 1864, with the coup led by the reformer Mihai Kogalniceanu, that slavery was finally abolished in Romania. The project to allocate land to freed slaves, however, will never be accepted and Roma found themselves in a state of abject poverty, surrounded by hostility and forced to survive by begging. Soon the presence of Roma in the free territory of Romania was considered a scourge, and many of them, especially children, were exterminated by authorities and citizens. Two American travellers described, at the beginning of the twentieth century, as two Roma children receiving the gift of some chocolate, began to scream “Moarte! Moarte!” (Death! Death!)<sup>25</sup>. The reason for that reaction resided in the practice not uncommon in Romania of getting rid of the Roma by giving them poisoned food. That is why children never trust strangers offering food.

Even after being freed, Roma people were discriminated and persecuted; their human and civil rights were not recognized when the independence of Romania was approved by the Congress of Berlin in 1878, nor when the Balkan state took part in the First World War or annexed Bukovina, Transylvania and Bessarabia. In the 1920s the Iron Guard appeared in the political scenario: in Romania it rapidly became successful thanks to the consent of the bourgeoisie, following the international crisis of 1929 and the strikes of the working class. Intolerance progressively grew, creating racial hatred against Jews and Roma, who suffered several bloody pogroms especially in Moldavia and Bessarabia.

## **2.9 Samudaripen: Roma Holocaust**

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<sup>25</sup> Dick Durrancell, Christopher G. Knight, *Americans afoot in Rumania*, National Geographic, 135(6), pages 818-822, 1969

Roma people suffered the toughest test during the Nazi years. According to the racist theories widespread in Europe and America, the German neurologist Robert Richter - founder of the Institute of Racial Hygiene - and his assistant Eva Justin advocated the view that Roma were not Aryans, although they came from India, but a hybrid and genetically inferior people, characterized by a genetic aberration leading to nomadism and serious social condition. Roma were deported to death camps, where more than half a million lost their lives. According to Ian Hancock, director of the Program of Romani Studies at the University of Texas at Austin, victims were more than one million. Roma in the camps suffered deprivation, humiliation and endless torture. At Auschwitz, Dr. Mengele carried out dramatic experiments on their children. The Roma called the Holocaust that decimated their people Samudaripen, genocide. The German government recognized the Nazi crimes against Roma in 1980, but did not provide any compensation for them: only a few consistency paltry compensation to individuals. In Italy Roma and Sinti - mostly Italians, but from Yugoslavia - were interned in concentration camps in Agnone (the convent of San Bernardino), Berra, Bojano (in a disused warehouses of a tobacco factory), Bolzano, Ferramonti, Perdasdefogu, Tossicia, Tremiti islands, Vinchiaturu. The influence of National Socialism was also felt in Romania, where propagandists as Ion Facaoaru theorized the "danger of *tsigane* genetic regression of the Romanian people". In 1938, while universities were engaged in studies of eugenics, a General Commissioner for Minorities was created, whose main objective was the analysis of the *Tsigane* issue. In 1940 King Carol II abdicated in favour of his son Michael, who called to power the fascist Ion Antonescu, supported by the Iron Guard, who proclaimed himself Duke of Romania; meanwhile, the Soviet Union, under the pact with Germany, occupied Bessarabia and Bukovina Regions, and Hungary annexed the northern Transylvania. Subsequently, Romania became a national Legionnaire state, allied with Nazi Germany. In 1940, the Interior Ministry prevented Roma community from moving across the country during the winter season. In 1941 Germany delivered to Romania the Transnistria Region, to compensate the loss of northern Transylvania. The same year the project of sterilization of Roma women officially started. In 1942, Antonescu ordered a census of the nomadic and sedentary Roma. 208,700 individuals were filed within the Romanian territory. The June 1<sup>st</sup> operations for deportation of nomadic and semi-nomadic Roma began in Transnistria. On August 11 such operations had already affected 84% of them. The deportations of settled Roma, including unaccompanied children, began on September 12, 1942. Each of them could keep a suitcase, while their goods and properties were confiscated. The authorities, fearing that a possible unrest could spread through the troops, avoided deportation of Roma soldiers families. In places of deportation in Transnistria, Roma lived in dramatic conditions, badly dressed, in extreme cold, without food, exterminated by typhus, victims of abuses. Between 1941 and 1943 about 300,000 deported Jews reached Roma people in Transnistria. The deportations were stopped at the end of 1943, when Antonescu understood that Germany was going to loose the war. King Michael I, after dissolving the government, declared war on Germany. It is estimated that about 40,000 Roma dead in Transnistria. On August 23, 1944, King Michael I joined the pro-allies politicians, among whom there were Communists: he organized a coup against Antonescu with them, putting him under arrest. Two days after Romania declared war on Germany and accepted the armistice offered by the USSR, Britain and the U.S., signed on September 12. The Interior Minister invited Roma to get back to their traditional activities.



## 2.10 Within the Soviet orbit

In 1947 Romania entered the Soviet orbit and a year later became a popular democracy. The Workers Party took power against people's will and fought hard against opponents; however, Roma were not treated differently than all other people. In 1965 Nicolae Ceausescu assumed the leadership of the Workers Party, which was renamed Romanian Communist Party. Romania became a Socialist Republic, where the dictator was the President of the State Council. Romania experienced an unprecedented economic growth and became less influenced by the USSR guidelines: the new Republic gave up its active participation in the Warsaw Pact and, in 1968, did not take part in the invasion of Czechoslovakia. Ceausescu, who in 1974 became President of the Socialist Republic, promoted an ultra-nationalist ideology by proclaiming the racial superiority of the Dacians. In 1977 he began a national campaign during which all the gold and jewels belonging to the Roma were confiscated. The situation of Roma during Ceausescu's regime was only apparently better than in the previous years. After the dictator was deposed and executed, in fact, approximately 65,000 Roma children were found in orphanages, over a total of 80,000. It is a very high number, considering that Roma amounted to 10% of the Romanian population. In orphanages the annual mortality rate regarding the younger guests was up to 50%, due to malnutrition, no hygiene, epidemics of AIDS, cholera and hepatitis. With the discovery of diaries and letters written by the dictator Ceausescu today we know that, behind a screen of policy of social equality, he was an ardent admirer of Nazi racial policies and planned to assert the superiority of the Dacians in Romania. In his plans, Roma people should have been enslaved, while the surplus of Roma workforce should have been exterminated. After the fall of Ceausescu in 1989, new prejudices against Roma spread out. Uncontrolled rumors said that the dictator was a Roma and that *Tsigane* of Romania had the role of security officers in his regime. The press began to publish articles of racist propaganda, alarming the population. Every day the newspapers reported news of Roma bands armed with knives who sowed terror on the trains, especially the Orient Express and the Sofia-Bucharest line. Racial hatred spread like wildfire, causing frantic reactions by citizens, who implemented a number of pogroms throughout Romania. On December 24, 1989 in the village of Virgie some local citizens killed two Roma and gave their homes to the flames. On January the 11, 1990, thirty-six Roma families living in houses were burnt in the village of Turulung; on January the 29 five houses were torched in Reghin; on February 5<sup>th</sup>, six houses were destroyed and four Roma murdered in Long. From June 13 to 15 few bands of young racists destroyed some Roma camps around Bucharest, beat men and raped several young women. All under the eyes of the enforcement authorities, who arrested many Roma, even if they had not committed any crime. On August 12<sup>th</sup>, 34 houses belonging to Roma were burnt in Cuza Voda, and 29 in Catinul Nou. Lynching, violence and intimidation repeatedly hit the Roma across the country. The press played down the wave of persecution, underlining the existence of disagreements between Roma and *Gage*<sup>26</sup>, but attributing the cause of violent episodes to the aggressiveness of the Roma and excluding racial or ethnic motives. After the pogrom of the night between 12 and 13 October 1993, a government commission issued a report in which it was specified that "events have not ethnic reasons" and stated the Roma community had the following faults or liabilities:

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*Gage* is the plural of *gagio/gagi*<sup>4</sup>, meaning, in *linga romani* who does not belong to Roma people

- endanger the ethnic stability, counting each family of five to ten children
- do not be born in the village, arriving there as refugees in 1977
- do not possess any land, and then living certainly of thefts
- be illiterate and show a very low level of education
- belong to the Orthodox religion, but do not observe traditional rites and ceremonies of that faith
- do not have formed, unlike the Romanians and Hungarians, any kind of agrarian society
- disturb public order with verbal excesses, vulgar discussions, thefts and violent behaviours

The report contained all the prejudices that have hit the Roma through the centuries and clearly expressed the attitude of institutions towards them. During the '90 the discrimination against Roma continued, with a large number of episodes of police violence, politics aiming at expelling Roma from the municipalities where they lived or looked for protection, school segregation, discrimination in employment, denial of social services; political propaganda and media targeted the Roma to the public as criminals, asocial and parasites. Simultaneously, the extreme right, represented by the Greater Romania Party, saw the growth of its influence, leading the racist campaign focused on “the *Tsigane* issue”. In the following years, racism continued to persecute Roma in Romania. We may mention the incidents of 13<sup>th</sup> March 2000, when a band formed by 15 men armed with baseball bats attacked a Roma neighbourhood in the village of Sabolciu, as well as what happened on May the 8, when 200 fans of the football team Steaua Bucharest attacked a Roma neighbourhood within the capital, braking into homes, destroying property and goods, and beating indiscriminately men, women and children.

### **2.11 A nation without a territory**

From nine to twelve million Roma are currently living in Europe. In Romania the estimated Roma population is between one million and a half to two and a half; in Bulgaria from 700,000 to 800,000; in Spain - where they are called Gypsies or Kale - around 600,000; in France half a million. In 2006, about 160,000 Roma lived in Italy, then reduced to less than half due to the indiscriminate evictions and the institutional persecution, which forced them to seek refuge in other countries, causing in the meantime a high degree of mortality within the settlements. Roma from Eastern Europe constitute about 85% of the total, Kale - or Gypsies - 10%, Sintis (in France called Manouche) 4% and Romanichal in UK 0.5 %. In Europe Roma are primarily sedentary, although the persecution often oblige them to a form of forced nomadism.

As far as the political and legal status is concerned, pending EU institutions’ approval of the *Statute of the Roma population in the European Union*<sup>27</sup>, it is now correct to describe Roma as a nation without a compact territory, which has never had territorial claims, but that is united by a common origin, culture and language (the Romans).

### **2.12 The Romani Kris**

The traditional legal system of Roma people, which is expressed in the Kris-Romani (in Romania called Judecata), is considered an advanced model of justice even by the Anglo-Saxon jurists. This

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<sup>27</sup> Text of the Statute in the main EU languages: [www.rroma-europa.eu](http://www.rroma-europa.eu). Laura Todisco and I (Roberto Malini), we translate it in Italian: [http://www.rroma-europa.eu/it/sc\\_it.pdf](http://www.rroma-europa.eu/it/sc_it.pdf)

law aims at bringing the parties closer rather than divide them or compel them to accept injustice through the abbreviated trial procedure or plea-bargaining. In Italy, Roma facing processes always choose the system of plea-bargaining, even if innocent, just because they want to regain as soon as possible their "highest good": freedom. Not by chance, on about 6,500 Romanian Roma living in our country at the end of 2009, over 3,000 are in prison. It is a fact that indicates a real police and judicial persecution.

### **2.13 Untouchables**

“I visited Roma camps everywhere around Europe but I have never seen a case of discrimination of my people like the one existing in Italy”, Mrs Viktória Mohácsi, Member of the European Parliament, recently declared. “It is absolutely unacceptable that the European Union allows such a level of indifference toward the destruction of a group of people and its culture. Only the condition of the Indian Dalits - the "untouchables" - can be compared to institutional violations and abuses that daily strike on Roma living on the Italian territory. The Human Rights activist Viviane Ribeiro recently sent to me a heartfelt message that drew a comparison between the situation of "untouchables" and the Roma. It is a disturbing comparison, which should encourage anti-racist citizens and international institutions to reflect on both the tragedy of caste in India and on the shameful racism developed within one of the founding countries of the European Union.

Here below, Viviane summarizes the main points that characterize the discrimination against Dalits in India, a phenomenon that reflects the condition of Roma people in Italy:

“Dalits are excluded from the labour system and from all social activities. Their children, at school, must sit in the back of the class and they are treated without respect by teachers and classmates. The barracks and the houses of Dalits are often destroyed or burnt. Every day, the Dalits are object of aggression, insults and racist propaganda. Although the law punishes racist statements, no newspaper or politician has ever been convicted of spreading hatred against the Dalits. When they are alone, Dalit women are often subject to violence or rapes. People do not shake hands with Dalits, nor allow them to come into contact with Dalits' food or household objects. The temples often prohibit entry to Dalit and priests call the police when they see Dalits begging near places of worship. 66% of Dalits are illiterate. Their infant mortality is the highest among all ethnic or social groups in India, while the average life expectancy is the lowest. When allowed to work, they are forced to slave-like conditions. The institutions do not provide Dalits with water, sanitation, electricity, nor any welfare assistance.”

### **3. ROMA EXPECTATIONS AND RULES**

**(Majo Adzovic)**

Advices, ideas and suggestions to people interested in entering a Roma Camp.

#### **3.1 Introduction**

One of the greatest problems of Roma community is self-determination.

When a decision regarding them has to be taken, their opinion always seems not to be taken into account.

Everybody states to do the best for them and for their citizenship but few are ready to listen, to understand and to walk with them.

The stereotypes on Roma community during a thousand years are always the same: they are children rapers, thieves, lawless and dirty people etc.

Most European citizens are frightened by misinformation concerning Roma people, and the role the media play in this case, cannot be considered negligible.

At the moment it is almost impossible to conceive a relationship between a European citizen and a Roma, from sitting on a bus near them to a working relationship or friendship with them.

The basic problem is that the individual citizen does not ask to himself the right question he should: "Have I ever tried to know a Roma?"

Whoever tries to do this, could have his own and more realistic vision without following a frequently fictitious stereotype.

The individual interest in approaching Roma Community from the inside is among the personal or general requirements for a good success in communication among individuals or, in case of institutional interventions, for a project's success.

Many citizens or the Institutions often ask to themselves how to communicate with Roma community.

For centuries the marginalization and mistrust towards Roma people have not changed and Roma communities are quite always and everywhere discriminated, ghettoized and kept away from citizens, mass media and often from public Administrations also.

The decades spent in this situation of neglect have brought communities to a complete isolation causing distrust and rancor towards the host Countries, resulting in mutual lack of communication and satisfactory contacts.

I would like to give a contribution to anyone who wants to try going beyond the stereotypes and making an attempt to know us closely, thus understanding who we are.

### **3.2 The first contact between ordinary citizens , socio health services and/or police agents and Roma communities**

It should be considered that whoever wants to communicate with Roma communities for the first time should deal with his own prejudices and be ready to meet the community with no discriminations.

It should be enough to consider that among Roma people, as among any other individuals, there are good persons with good intentions and others with less good ones.

One could then begin by identifying one person of the same community. If those approaching are either social health services and/or police agents, they should try to communicate their intention to socialize so that the situation of the individuals or of the entire community may have an improvement concerning health services, working and living conditions.

To start it could be sufficient to try to give confidence to the community members, simply asking them to visit the camp, making them understand that one is curious to see how a Roma community lives.

But the authorized camps or the solidarity villages are often left to themselves. Small steps could be taken as for example inviting them in one's own headquarters or house, even offering them small maintenance jobs, gardening, transportation of materials etc, so that individuals can convey to the entire community one's good intentions.

In this way the community itself could more easily accept a single person's or a group's presence.

The Government should behave similarly, by identifying inside a Roma community someone who is able to speak and understand the Italian idiom, becoming himself the interlocutor inside the community. It is quite hard to identify an individual or a group of people willing to collaborate.

To make it easier mediators or anyone who can facilitate the meeting can be identified among associations and Roma coordination in the area, since those ones will be already prepared to relate with people not living in the camp.

During the last decades Roma communities became a mirror of negative information for the media. After Mrs Reggiani's murder, the hunt to Roma was sparked off with no distinction between good and bad and this situation occurred inside communities too.

Roma world remains invisible and up to a few decades no one knew anything about their culture, traditions, language and ancient history.

When the first permanent settlements took place according to Minister Martelli's law "Humanitarian residence visa", Roma people became "citizens" also because "nomadism" became illegal.

This policy forces many groups and especially Roma communities coming from Former Yugoslavia to feel at home (Roma coming from Former Yugoslavia are resident and not nomadic people).

The policy requiring Roma to live only inside camps, instead of overcoming camps, creates ghettoization and pushes them to comply with the stereotypes described sometimes by the media.

This fact arose a series of new problems on logics and policy about camps: is the camp the real answer to the living expectations of Roma communities and was ever taken into consideration both the idea and the opinion of Roma communities regarding such logics and policy? Was a comparison ever made on conditions and situations of living and working life of Roma people in other European countries?

### **3.3 The camps as “villages”**

During the last decades, huge camps for 800/1000 people each, where Roma groups of different countries of origin like Kosovars, Macedonians, Serbians, Rumanians, Montenegrins and Croatians have joined together.

Differences in their culture are limited, but not so as far as religion and language are concerned.

The way of working is another item which varies following the Countries they come from.

Most of the communities are “prisoners” of violations of their own human rights: no personal documents, training, job, housing rights: they are often forced to manage on their own, as it typically happens with petty crime and begging.

Almost 50% of teenagers born in Italy has no identity card and there are no information campaigns on their status, so that they are forced to live in groups.

### **3.4 Main Roma Groups**

Most European Roma speak Romani (“romani chib”) and they are divided in subgroups based on the **work they perform, the most common are:**

**Khorakhané** (lovers of the Qur’an) **Shiftarija**(Albanians). They are Muslim, mainly coming from Kosovo, the region of Former Yugoslavia, with an Albanian ethnic majority, and from Macedonia and Montenegro.

**Khorakhanè Crna Gora (Montenegro)**. They are the main preservers of copper workmanship.

**Khorakhané Cergarija** (those of the tents): Coming from Bosnia (Sarajevo, Mostar, Vlassenica)

**Khanjarja** – Christian Orthodox: mainly coming from Serbia and Macedonia.

**Rudari** (carvers) Christian Orthodox. They speak Rumanian. They learn Romani from other Roma groups.

**Lovara** (from Hungarian lò – horse) horse breeders and traders.

**Kaloperi** (black feet) Small Muslim groups coming from Bosnia.

**Gagikane** – Christian Orthodox: coming mainly from Serbia.

**Caldarari** ( also Kotlar or Kalderash or Kalderàsha) coming from Balkans, traditionally coppersmiths.

**Churàra** or curare: knife sharpeners (from romani curin)

**Lautari:** originally lute players (or chordophone or similar) and consequently professional musicians designated for entertainment during parties, marriages and celebrations.

**Ursari** (from Rumanian urs-bear). They live in Rumania and Moldova.

**Machwàya, Boyàsh** and others.

### **3.5 Main communities living in Rome**

#### **3.5.1 MONTENEGRIN ROMA COMMUNITY**

Mainly Orthodox. Roma coming from Montenegro were integrated in the social, civil and working context like Montenegrin citizens. The 60% of Roma communities worked in metallurgical factories, municipal cleaning companies and agricultural sector. Such jobs enabled them to assimilate activities they could perform in Italy: recycling of ferrous and non ferrous stuff, cleaning and moving of private and public buildings, and more recently the “flea markets”.

#### **3.5.2 BOSNIAN ROMA COMMUNITY**

Mainly Muslim. Roma coming from Bosnia had to face an invisible discrimination preventing them from a social living and working context participation. Almost the 70% of Bosnian Roma community manage with begging, palmistry , copper processing both for tools and art objects, ferrous and non ferrous recycling. This discrimination towards Bosnian community led to a religious assimilation, enabling them to approach the culture of the country they lived in closely, thus having direct contacts for the trade of everyday useful stuff. In Italy begging and palmistry are still exercised, but they mainly recycle and sell ferrous and non ferrous materials.

### **3.5.3 SERBIAN ROMA COMMUNITY**

Mainly Muslim. Historically Serbian Roma are horse breeders, they cultivate and trade agricultural products. Almost the 70% of the community was educated and those who remained in Serbia are made up by: university teachers, state employees, politicians, researchers; but those discriminated, living on the fringe of society, arrived in Italy in 1970, with the first immigration wave, followed by the more recent and remarkable one immigration due to the war and the events in the Balkans. In Italy they still trade in handicraft, flea market, recycling of ferrous and non ferrous materials.

### **3.5.4 KOSOVAR ROMA COMMUNITY**

Mainly Muslim. Historically Kosovar Roma have performed the humblest works and during the turbulent period of Former Yugoslavia wars, they were heavily discriminated like Kosovars as well. Kosovar Roma typical jobs during their living in Yugoslavia were concentrated in cleaning (floors, bathrooms, private and public places), street selling (door to door, village to village), they were bricklayers, farmers, seasonal employees and so on. The aforementioned heavy discriminations caused a huge immigration wave from the beginning to the end of the nineties (Kosovo war took place in 1998). In Italy Kosovar Roma Communities do the same works already performed in Former Yugoslavia.

### **3.5.5 MACEDONIAN ROMA COMMUNITY**

Historically Macedonian Roma are livestock and clothes dealers (they are often farmers and breeders on their own), holding institutional roles due to their remarkable emancipation and interaction with the rest of society. It is quite interesting to mention the case of Shutka district, when speaking about Macedonian Roma communities. The distinctiveness of this municipality is that only Macedonian Roma are living in there, they are self organized, legislated and represented; there are schools, a hospital, health care service, police and everything essential to make a small town work, everything strictly Roma, like doctors, teachers, politicians (there are two parties, left and right both Roma), street sweepers, policemen, judges, etc. Macedonian Roma community arrived in Italy with the migration wave during the dark period of Former Yugoslavia. Like Macedonia it was the least involved in the Balkan adversities, there were consequently fewer Macedonian presences in Roma camps in Rome, then the other mentioned four communities Those ones living in Italy mainly work, but they usually do the humblest jobs: carpenters, bricklayers, removers and so on.



### **3.5.6 RUMANIAN ROMA COMMUNITY**

Almost 30.000/40.000 Rumanian Roma live in Italy, they arrived recently, starting from the second half of the nineties. The socialist régime forced them to abandon nomadism and integrate. During the reforms which followed the collapse of socialism in Rumania, Roma lost their jobs in the industrial districts and suffered serious discrimination as for example the expulsion of children from schools, destruction of their homes, beatings up. Roma had to migrate towards Western European Countries to join those ones who had already been moving during the last 50 years.

## 4 EVOLUTION AND HISTORY OF THE RELATIONSHIP BETWEEN THE ITALIAN RED CROSS AND NOMADS IN ROME

*(A.M. Pulzetti)*

Red Cross Italy of Rome (here called CRI) has approached the camps through a run of four years, beginning with an effort to find ideas to overcome the limits felt with the fixed location in Ostiense. After starting to move independently, CRI interacted more specifically with institutions and organizations / associations. Along the time, CRI has progressively better defined its objectives and strengthened collaboration with the Municipality of Rome (V Department) and all institutions. From this collaboration large and significant projects came out, such as a mapping of the Tiber river (2007), a Census of the nomadic population (2008) and vaccinations for children from 0 to 15 years of age (2009). I will try to write the progress, through some adjustments and attempts, which CRI groups of Rome did following this route, transcribing some notes below (from my diary) which were presented to my Inspectors. I am thinking to those who want to develop an approach to nomads in a different reality than Rome, and I guess that these very direct notes can be more useful than a summary of our experience, particularly to address the specific situations which volunteers can meet. The proposal is to read these notes like pages of a diary and to get into the situation. I hope that it works.

Since some years the Red Cross Provincial Committee of Rome is acting by travelling within the camps. We started from Marconi Bridge in the summer of 2006 along the banks of the Tiber and Aniene rivers, trying to find some unauthorized settlements and to discover this hidden population. We began to know these people of different origins, but with one thing in common: the goal of survival and the hope to integrate. The days go by: the right bank, the left bank, the doctor, the listening to them, the distribution of commodities, nothing more, but maybe so much for them. We arrived in Spring 2007 and began the first technical meetings with the Department V, for a possible monitoring of the banks of the Tiber river together with the operators of the SOS (Social Control Room of the City of Rome), to realize what was the situation of the population living there. The operation was to be a joint one. CRI operators would have had a more easy access and no problem from the sanitary point of view; the Municipality had to be there to personally identify the various situations. I immediately liked that challenge, the will to actively help these people gave me an unexpected enthusiasm.

I proposed a project to CRI.

Rome, June 11<sup>th</sup>, 2007.

## ***Project “The hidden people along the banks of the Tiber river”***

The need arose to do a mapping of the population settled along the banks of the urban stretch of the Tiber river, in order to better understand:

### **What kind of people occupied the banks of the Tiber river**

individuals;  
organized groups;  
if they are permanent;  
if only on transit;  
where they do come from;  
if only adults;  
if families with children;  
  
how they live (if they sleep in barracks, sleeping bags ... ..)  
  
if they have electricity / water / toilets.. ... ..

### **What is their health situation:**

most frequent diseases;  
vaccinations;  
food;

### **Livelihood:**

begging;  
salvage and its marketing;  
poor micro handicrafts;  
illegal activities.

### **What are their needs:**

simple livelihood to survive;  
  
support in terms of healthcare assistance;  
opportunities / needs / will / wish to be integrated into the fabric of the city;  
  
no evident need because they live in closed clans.

Any initiative to sanitation, to safety and re-mapping has similar premises, which are useful not only for the SOS, but also for the Red Cross volunteers already providing, or wishing to provide this service to those groups isolated from the urban life. This mapping will also enable us to

understand, through some medical personnel (nurses, or better doctors), the most common diseases and health requirements for that type of population. Some data could be possibly exploited for emergency of cold weather and large disasters (floods ... ..).

**Target time:** It is a project to be finished by the end of August, maximum mid-September;

This investigation must be done during the daytime; after sunset there is no lighting and mice population is high.

**To define:**

The stretch of the Tiber river to be considered is from ... .. to ... ..;

How long does it take to run along the two banks of the river;

How many days per week one is willing to go out ;

How many people will be employed at each going out;

The arrangement of data collection (which should necessarily be simple).

**Work Plan:**

According to the above items, one can specify a schedule of inspections. People involved in the project: SOS + CRI;

It is essential that the project is followed by at least two people from CRI always there at every going out, or whether not possible, arranging turn over to avoid loss / confusion of data and information;

let us consider that if the project should not be followed personally by CRI, SOS could regard us as unskilled workers and workforce only.

**Outline of CRI participants:**

Red Cross volunteers to be involved: VDS (Relief volunteers), CF (Women's Committee) , IIVV (Voluntary Nurses) , Pioneers and Military Corps.

Volunteers must necessarily have knowledge and experience to approach this population who lives on the fringe of society. There should be one volunteer per each CRI component at every going out: tot 5 + SOS operators.

### **Project costs :**

1 means of transport to be used, possibly a defender;

Gasoline;

Indispensable medicines (anti-inflammatory, antibiotics, aspirin and some paediatric products... ... ..) to be given by a doctor, when there;

Food (biscuits, milk, sugar ... ..); Diapers for children

### **Criteria / assumptions to establish the necessary commitment :**

I think that the use of at least one volunteer from all components (chosen from the staff that already does this type of service) every working day of the week makes the inspection be done quickly, with a continuity to avoid the dispersion of data and information;

We can meet at 18 p.m. to step from the Tiber river location to inspect the work until sunset;

The following day we start from where we had stopped the day before and so on until we have covered both sides;

The approach to this very suspicious population will need a slow work (to work quickly could be a risk of not doing the work correctly );

After each going out it should be made out a summary which could be a sort of basis for an analysis, to support data recorded during the inspection.

### **Considerations for Safety / Relations with Municipalities:**

Since the visits could lead to security problems it would be useful to provide a mobile unit of traffic policemen being informed of the inspections and readily contactable at each going out to intervene when necessary;

To inform municipalities of the activity that is being done.

At a subsequent meeting with the SOS it was decided to carry out surveys to better understand how to go on in August, the month dedicated to mapping.

Rome 22<sup>nd</sup> July, 2007.

## NOTES AFTER THE SURVEY CARRIED OUT FOR THE PROJECT:

The hidden people along the banks of the Tiber river.

Three going out were carried out to verify the situation along the Tiber river.

We can schematically divide the river into three segments:

1. South of Rome, from the Highway Fiumicino (more precisely, from Magliana castle ) to the centre, up to the Sublicio bridge (2 going out) ;
2. To the north, from Ponte Milvio to Tor di Quinto and the bridge in Via del Foro Italico (1 going out );
3. The central part of Rome (unvisited).

In segment 1 and 2 we found a certain number of Roma Bosnians, Montenegrins and other ethnic groups, Rumanian Roma or simply Rumanian. They live in organized clans, sleeping in huts, tents, sometimes easily visible from the shore, sometimes they try to hide themselves among the reeds. Some tolerated camps have Sebach (a woman complained the lack of cleaning about them). In any case, I can guess that the hygienic conditions are not good and I assume that the health situation is not the best. I think that these camps may be the responsibility of the Municipality or Prefecture or the Ministry of Interior or other authorities. For this situation, our intervention is likely to be only a drop in the ocean, while the third segment, the one in the centre of Rome (not yet assessed due to the initiatives of Roman Summer events), the situation is certainly different.

I propose an assumption (my assessments relate to the winter period 2006-2007):

1. There cannot be large camps;
2. The riverbed is frequented by individuals or small groups of people;
3. Some of these people are alcoholics, drug addicts or they have some mental problems. In any case, they often fail to look after themselves;
4. Not being organized into clans, they are more fragile and exposed to problems especially in winter time.

If the segment is the third one, we must wait to work until September.

We can however plan and organize the work

Rome 09/12/2007

## SUMMARY AND CONSIDERATIONS ON THE MONTH OF August 2007

Considerations on joint actions with the Social Situation Room of the Municipality of Rome along the banks of the Tiber river in August.

### *What we have done*

During the month of August the area close to the Tiber river from the south of Rome, via dell'Imbrecciato 300 near the Rome-Fiumicino way, up to the north of Rome, near Prima Porta where the Flaminia road crosses the Tiber was examined. It was excluded the central part of the river due to the Roman Summer event in progress and the stretch that runs between Via del Foro Italico and the ringroad because far from the streets – it should be viewed on foot or by the river. We visited all the settlements that had been seen or reported by someone, but in some cases they were hidden so as not to be visible, therefore I cannot exclude that all the existing camps were not visited.

### TYPES OF SETTLEMENTS

We can broadly grouped four types of identified settlements, which in future could be approached in different ways:

1. Camps Via del Foro Italico 531 and Via del Boiardo 50 at Tor di Quinto are followed, as we have been told, by the Opera Nomadi and have water and light. The hygiene situation is not the best because they are surrounded by waste material, but it is not comparable to other situations described below. However, there are people who live in Rome since many years, they have some work and have children going to school regularly.

1. I campi di via del Foro Italico 531 e di via del Boiardo 50 a Tor di Quinto sono seguiti, come ci è stato riferito, dall'Opera Nomadi e sono dotati di acqua e luce. La situazione igienica non è delle migliori perché sono circondati da rifiuti e materiale di risulta, ma non appare confrontabile con quella delle altre situazioni descritte di seguito. Comunque è gente impiantata a Roma da molti anni, alcuni lavorano e hanno i figli che vanno regolarmente a scuola.

2. All other camps, large or small, populated by Roma, Bosnians, Romanians and other ethnic groups, have a very different reality. The occupants are grouped or isolated, using tents or huts and in some cases the viaduct (under the Rome-Fiumicino road) or the bridge (the one next to the railroad Ostiense at the Iron Bridge) that offer a shelter, a kind of roof. The hygiene situation is extremely precarious.

3. Under the railway bridge Ostiense, near the iron bridge, we have not met anyone, but there are settlements made with heterogeneous material, in absolute degradation (even with excrements inside). They give the idea of sites not permanently occupied, which perhaps support those in a temporary need.

4. Along Lungotevere Pietro Papa and Via del Commercio, there are some old trailers used as dwellings.

## General Characteristics of settlements

Excluding settlements of the first group, all others show common features:

1. They have no water, except the one they go to take with cans to the fountains, then insufficient for a good personal hygiene;
2. They have no toilets, and around the camp if there is no good ventilation, there is a heavy smell of urine and excrements, and I think also a risk of epidemics;
3. they are surrounded by their own waste and by the one that the "normal" citizens of the town Dump there;
4. some camps, such as those that are along the river between the Magliana viaduct and the bridge Marconi, appear at risk in case of flooding;
5. all areas we visited are at fire risk;
6. no schooling but children are numerous, living under bridges, in tuff quarries, or along the river, they are unable to attend a regular school. In some cases, as we have been told, children start attending a school but later, when they are being moved out by the police, they must give it up because too far.
7. Regarding their health status, physicians are always there in our going out, taking a picture of the situation and making a list of the necessary medicines.

I guess you could say that medical interventions have been few because we are in the good season, but in autumn and winter time, the situation is changing.. Doctors also performed consulting and information activities. Regarding points 4 and 5, I realize that these are not incontrovertible assessments that I leave to the engineers of the Municipality, even though they are based on what I observed. Thus I feel the need to seek an approach that does not end in medical and food support only. To document the observations being done, some pictures would have been useful, but we have decided that taking them would have blocked some contacts thus we avoided to do so.



## **What one could do**

Whatever actions one would want to continue, as a Red Cross operator, one should define a communication model that includes the Police Forces, to coordinate an exchange of information on those settlements, having all the more possible news about these camps and determine, at least in principle, some joint cooperation and coordination in our work.

We should furthermore certainly continue to assist the Municipality in a project intended to give back some dignity to the inhabitants of the settlements and a future for their children.

## **In Red Cross environment**

If it were decided to continue this type of activity, targeted on interventions on settlements, a large number of volunteers would not be necessary. A doctor, a nurse and two drivers (one for the Defender and the other one for the medical camper) and four volunteers. For the doctor it would be useful the medical camper to be able to visit patients, instead of the ambulance (in case of need one could call the emergency number 118). We should remember that this is a service that you can not carry out after sunset, due to the lack of light. However, we will have to understand what the Municipality wants from us and how much money it is willing to invest. In August the service was done for free, but there are costs that must be depreciated: gasoline, wear of means of transport and medical resources that are being bought at present at the drugstore of CRI .

We met a total of about 400 families and more than 120 people differently aggregated. It should be noted that the reported numbers are based on the statements of our partners: we have not tried without a possibility of verification. I feel the need to think about a project aimed at their hygiene, I am perhaps ambitious in thinking this but I do not leave to attempt and feel even stronger and more persistent after the experience along the Tiber river.

September 2007

## **Subject: A possible project: hygiene in nomad camps**

For those who live in camps hygiene will not probably be a priority but I think we can try to work slowly on this item, without exaggerating. Let us adopt a camp, let them know us and with the time they will trust us and we could then work trying to improve their standard of life, especially concerning children. Let us go among them as we did in August, but not changing the camp each time. It was then a sort of reconnaissance step, to understand where they were living, how they lived and what were their needs in daily life, in general and concerning their health status, in particular.

## **Whom address to**

Mothers should be the most sensitive and open to be trained to take care of the health and hygiene of their kids: infants, children and teenagers.

We should let them understand that the health rules are important and in some cases they avoid the onset of some diseases or the need to go to the hospital to be treated.

## Goals

Let it be made clear that the lack of hygiene is a barrier to relationships with human beings even for children who could attend schools. Schooling is important to give these children the opportunity to leave the road and maybe have a better quality of life. Keeping them on the street will make their lives worse than their parents' one.

### By means of Red Cross staff

#### Teaching how to:

Examining their heads: head lice

Examining their skin: scabies, mites or dermatitis

Checking their diet

#### Teaching how to:

Checking that the camp is clean (putting their waste inside plastic bags and throwing them in the rubbish containers far from the camp); Concerning illegal camps, we can give some suggestions on how they could arrange to relieve themselves without infesting the camp or bushes around it. Going into the camps not only with food but also with a small kit for personal hygiene: a soap, a nail brush, a pair of nail scissors, a shampoo, a towel, a toothbrush, a toothpaste and some basins to wash their children.

### Means and their preparation

To contact the volunteer nurses who have experience in child care. To build upon the lessons that are taught in hospitals to new mothers and adapt them to the camps through the Red Cross volunteers..

To adopt the lessons that are taught to school staff, to social workers and nurses to monitor the state of physical and mental health of children, the health status of their children: infants, children and teens.

To make them understand that hygiene practices are important and in some cases they do prevent the onset of diseases or the need for hospital care.

To encourage mothers and also teach their children the hygienic prophylaxis, as a control of infestations by parasites and other similar issues, always through the help of Red Cross volunteers.

To ask for the help and advice of doctors during our interventions, concerning all issues about hygiene and food.

### Considerations

Let us remember that during the visits made in August we met some children underweight (poor diet) and with dental problems (poor diet and oral hygiene).

We work with the purposes and aims to teach the younger generations that life is not what they are experiencing but with concrete targets starting from the care and respect for themselves.

The assistance is useful in the right moment to overcome critical situations, but I believe that teaching on the spot in the long run could bring some benefits.

In September, October and November 2007 going out with SOS of the Municipality of Rome were suspended, but we Red Cross volunteers continued to seek new settlements to bring assistance for health care, but also comfort and information on how to move in the Roman reality. Our week was divided between homeless and nomadic people.

The forced moving out of the settlements became more numerous.

I attended other meetings at Department V and it was decided to continue from December 1, 2007, in joint actions with the operators of the SOS.

Rome 02/28/2008.

## **Nature of the Report**

The following offers a picture of the situation at the end of January 2008, with some proposals for initiatives that have been in practice implemented in February.

The being drafted updated report just adds items to the list of interventions and an arrangement to the weekly going out plan. The outlined considerations are still valid also considering the experiences made in the month of February.

## **Where we have been**

In December we had our first two interventions in Ostia, where we found no nomadic camps or severe situations of poverty. It was then examined, near the Tiber river, the area from the south of Rome - via dell'Imbrecciato near Rome-Fiumicino road - up to the north of Rome, near Prima Porta where the Flaminia road crosses the Tiberina one. Yet it was not examined the central part of the River.

## **The situation we have found**

We had often to deal with children with no shoes, covered with simple T-shirts, under-weight, rachitic and malnourished. We cannot ignore all these people living in a situation of severe poverty, hiding themselves but with a problem that does exist. It was a series of forced evacuations that led to a more precarious survival of children. Whatever actions that we – as Red Cross volunteers - wish to pursue, a more concrete help should be conceived, at least towards the poorest. This consideration accompanied us in our efforts to focus on this small population

## **What we did**

Every Saturday from 9 a.m to 13 p.m. we checked about 200/220 variously aggregated people and about 80 children, bringing medical and non medical supports. Our effort was mainly aimed at children, the weakest in all situations. In the last two weeks, two extra interventions were performed other than on Saturdays, always targeted to them. On Saturday morning we move with a full ambulance crew, a doctor and a bus or defender with volunteers, one or two of them being nurses.

On Friday 18<sup>th</sup> and Friday 25<sup>th</sup> of January , two extra interventions were performed without the Social Situation Room (SOS) of the Municipality of Rome.

These interventions were immediate and fast and prepared for Saturday's action with the SOS.

What we could do

I consider this project with the Municipality as a valid one, but as all projects it must be improved along the way. We keep on going out on Saturdays with the Municipality;

We bring the idea that, during one week, a vehicle with two volunteers, one of them a volunteer nurse (if a doctor is available it is even better ), should make a survey to check the most risky situations in the area;

Concerning the identified situations, we should act on Saturdays during the joint going out with the Municipality and we will do it with a small bus or defender with 3 / 4 Volunteers, a volunteer nurse, a doctor and myself.

perfected and improved along the route keep output unchanged on Saturday with the City; We introduce the concept that during the week a car with two volunteers, one volunteer nurse (if your doctor is far from its availability), a check to situations identified λcontrol the most critical situations in the territory; will seek to intervene on Saturday with the release jointly with the City and our presence will be a bus or defender with 3 / 4 Volunteers, a volunteer nurse, a doctor and myself.

### **Considerations**

The service was not given sufficient visibility to get a certain authority among the initiatives of groups working on the road in Rome: this delay limited the possibility to attract resources for the service itself. It was not done enough for the medicines issue, as far as the pharmaceutical companies are concerned.

The sole interventions were of individual volunteers who worked very well on a personal level. The last two camps that have been examined, at the end of January, were evacuated after a few days. It was certainly a coincidence, but we do not want to act as a trailblazer of the Police. Working together with the SOS has been positive because the human relationship that has developed between workers and volunteers was also positive. In our tours we had no security problems, the Red Cross and SOS have always been accepted with trust. However, I think SOS without CRI would not have been able to gain acceptance within the settlements.

In Spring 2008 I felt the need to write an article to be published on the website of the Red Cross Provincial Committee of Rome.

### **SASFID (No fixed abode assistance) Assistance interventions travelling along the Tiber and Aniene rivers, and in the most secluded sites of our town.**

The youngest of all SASFID services is the one travelling along the banks of the Tiber and Aniene rivers and in the most secluded sites of our town.

It is a service of the Red Cross Provincial Committee, it runs twice weekly on the whole town and all components do participate in it. The situation in Rome became in the last months for the citizen who is aware of the deterioration of his town, but also for the nomad who lives below the

poverty threshold and hides himself so that we do not see him, even though the problem remains . Reading the newspapers these past few months shows how strong the problem of the relationship of towns with "nomads" and "immigrants" is.

We try to help everyone but, as CRI volunteers, we felt the need to focus on children because the series of evacuations made their survival more precarious: we met kids with no shoes, dressed with simple T-shirts, being under-weight, rachitic and malnourished. During our pleasant going out in a beautiful day, but a bit less pleasant in cold and rainy days, we met this hidden population.

We never had relationship problems with them, and to tell the truth, when they notice that someone like CRI volunteers take care of them, their confidence is increasing so as their hope to find their lost dignity. We met so many children, many of them when they saw us gave a warm welcome, shook our hands, wanted to walk with us, showed to us their drawings, asked for our attention.

But in our interventions there is also someone who hurts voluntarily for treatment and this leads us to think that maybe some lost their serenity, are insecure, fearful : today they have a place to sleep in, be it a tent or a shack – to them that is a house, a stable point, but what about tomorrow?

Tomorrow the exodus of those who do not know where to find a refuge starts again, of those who do not know where to stay, where to reconstruct a point of departure.

### **In these ups and downs:**

Adults who want or think how to improve their lives and the one of their children;  
Italians who do not tolerate this deterioration;

Children who suffer violence by everybody, becoming as always victims of a system too big for them.

That's why we should work on children, giving them the possibility of a school integration and a change of life. Because it is only through the youngest and their integration in our society that a different future will show up for them and if we think about it, even for us.

*We arrived in late spring, on newspapers a continuous tom - tom: “nomads, forced evacuations, census, fingerprints, integration, fingerprints to minors yes or not.”*

*CRI is involved by the Prefect of Rome, Dr. Carlo Mosca, Extraordinary Commissioner for Nomads emergence, in this Census of population which, thanks to the Prefect, but especially to CRI, takes a non-police but humanitarian characteristics.*

**Meeting at the Prefecture on Friday, June 20<sup>th</sup> , 2008 - subject: Nomads camps.**

The meeting was intended to begin implementation of the mandate that the Council of Ministers gave the Prefect. The Extraordinary Commissioner suggested the creation of a Red Cross card with a picture and details of the registered person, to access services or anything else from CRI.

A working team is put up and the first assumptions are made:

### **Intervention Program**

To find the topographic map;  
To control and to study the map;  
Possible tricks and additions.

Preparation of forms of intervention:  
General form of the camp;  
General form of the household;  
Form to be identified.

### **Presentation of the intervention program**

To find and to train some staff:  
driver;  
coordinator;  
doctor;  
nurses;  
VDS (Relief Volunteers) – Pioneers (Youngest VDS) CF (with experience on the road).

### **Interventions on the spot:**

#### **The First Step Program**

Unauthorized settlements;  
Topographic mapping;  
reference forms;  
Computer database files

Approved settlements;  
topographic mapping;  
reference forms;  
Computer database files

#### **The second step program**

Teams formation;  
recruitment;  
  
meeting of leaders;  
  
conclusions;

effectiveness.

**Reference dates:**

June 12<sup>th</sup>, 2008 - Forms creation and work organization

June 14<sup>th</sup>, 2008 - the first meeting of the team

June 16<sup>th</sup>, 2008 – 18 p.m - meeting Provincial Summits

June 17<sup>th</sup>, 2008 - the second meeting to submit guidelines

June 18<sup>th</sup>, 2008 - the first going out to survey the first standard in Via Luigi Candoni camp (experimental camp)

June 19<sup>th</sup>, 2008 - the second going out to survey the first standard in Via Luigi Candoni camp (experimental camp)

June 20<sup>th</sup>, 2008 - meeting at the Prefecture: To bring a draft program on the intervention methodology (guidelines)

**Draft guidelines for the project in settlements**

Intervention program

Study of the topographical map

control and observation of the settlements

planning of the going out

**Data gathering forms presentation:**

1. Form with data about the camp;
2. Form with socio-sanitary data;
3. Form with health status data.

**Data:**

will be gathered into a database for processing;

will be kept by CRI until the end of the project;

will be sent to the University – after having been refined from personal data - for studies and statistics aimed at the following project stages after the census.

**Composition of CRI Groups for each intervention**

Recruitment in Rome and its Province

**Composition of the team:**

driver;

service coordinator;

doctor (whether available);

voluntary nurse or professional nurse (required to compile a medical card);

relief Volunteer, pioneer, women's committee, blood donors – in any case four or five volunteers of any component (with experience in social works)  
control room operator in the Provincial Operations Room at the going out of teams.

Two volunteers of any component in the camper outside the settlement, when teams are out, to transcribe data from the report sheet into CRI card and to print out pictures to be put on CRI card also.

### **Criteria and guidelines for actions**

CRI team is the one that goes within the camp explaining:  
the mandate that was given by the Government to the census team  
the composition of the team (CRI, consultant of the Prefect and 1 or 2 Carabinieri (Italian special corps of police )  
the benefits of CRI card

The Prefect consultant and the Carabinieri will stand on one side while CRI volunteers fill in the data forms.

It is advisable that Carabinieri are in plainclothes and CRI Volunteers in Civil Defence uniforms.

### **Working assumptions of CRI card.**

A CRI card has been created. It has CRI logo and symbols of the Provincial Committee of Rome on the first page. The second page is used to put personal data and picture of the adult or child, the third and fourth pages will be used to report child's vaccinations and possibly other conditions or benefits to be granted. CRI card will be a card to access CRI outpatient clinics and will be valid for one year, and renewable. From a sanitary point of view, Red Cross will monitor immunization records of children and whether they are not made or not provable, children and their legal guardians will be addressed to a competent outpatient clinic.

### **Assumptions for the release process of CRI card**

The specific details of the CRI card are being defined, according to these details tools for data entry and printing of data will be better specified.

At present we can think of the following procedure:

CRI cards are issued together with data collection, then during the same visit to the camp, so they can be formally delivered without identifying again the addressees.

It would thus be a simple procedure by reducing the risk of errors and an excessive use of human resources and means. This project aims, in this first step, to state how many nomads are living on the territory of Rome, and to implement the second step of letting them settle within the so-called villages.

### **Sanitary interventions in the settlements**

The activities of CRI interventions will focus on awareness of prophylaxis vaccination, on infants care and assistance in the first year of life (with particular attention to the promotion of breast feeding), on health education, on nutrition education, on the orientation toward the proper use of local and hospital services (especially for women), on welcoming of not only sanitary requests but also psychological and social support, and finally to schooling.



## **Overall goals**

To promote the improvement of health, with particular regard to mother-child one.

## **Specific goals**

To improve sanitary-hygienic conditions and to promote access to primary health services (vaccinations, medical examinations etc.).

Schooling.

## **Strategies**

To define with competent ASL (Local Sanitary Services) initiatives for immunization and control specialistic visits;

To increase the start of projects to aimed at the insertion in the workforce;

To contact the various educational districts providing all the necessary information for the enrolment.

## **Activity**

Prophylaxis of infectious diseases. Vaccination programs, protection of women's health, personal hygiene and of the environment, psychological, psycho-therapeutical and social support. Vaccination and sanitary card for each individual. Control of vaccinations in due time and places. Monitoring of the school attendance following the didactic process of children.

## **Results**

Immunization coverage for all children and improving of the socio – health situation, particularly about women;

Total schooling.

The 17<sup>th</sup> of July, 2008.

## **First CRI intervention in settlements.**

We are happy the way we started, in a climate of cooperation which decreases the concerns of these recent days. The work prepared at the project table was excellent and well suited to our expectations. It is a couple of years that we monitor the whole town, we were always welcomed by those who live in settlements, with confidence and hope to find a life with dignity and a reasonable quality. Yesterday we only surveyed 32 people, the work has gone a bit slow due to the presence of authorities and reporters, but this is irrelevant because it is important that the public opinion knows that Red Cross works in respect of the persons.

We are happy to say that all people we met had their own documents, which they showed to us spontaneously, without any specific request from us.

We spoke to six families and two people without families. There will be a lot of work after the census (reconnaissance survey).

Out of thirteen children, only three made mandatory vaccinations in Switzerland, and this will be documented in our next survey.

As expected and predicted, we will start with a vaccination campaign aimed at children.

No schooling if not sporadic, it means a few months or years, but never with a continuous path. We met a guy who has completed the school for tourism and plans to go to Croatia and to open a travel agency. Two mothers with children of few months of age have some difficulty in breastfeeding, and in buying milk powder, we then noticed their names and once a week the milk will be delivered to them. This milk is indeed a service that is already being held in other camps due to an agreement between CRI and "Save mothers - Save Babies" for the Project "Right to the breastfeed".

We want to give children the opportunity to grow up in a good way: in our past interventions we have met many malnourished and rachitic children and our efforts are aimed at everyone, but especially the weakest ones.

On July 17<sup>th</sup>, 2008 we started working from Monday to Friday from 17:30 p.m. until 21, 22 or 23 p.m., we had no fixed time table. As of September, we also worked on Saturdays and Sundays all day from 8:30 am until evening, with two shifts (many volunteers worked the whole day). At this rate of work we reached the end of October at the Census conclusion. But our visits in the settlements have continued with going out twice or three times a week and all the work of data acquisition, carried out by volunteers served to move forward with our integration projects.

First of all vaccinations of children in the camps.

February 28<sup>th</sup>, 2009. CRI acts on Casilino 900 with a vaccination campaign aimed at children (0-15 years) which was unique.

June 19<sup>th</sup>, 2009. Vaccinations in Via Naide and Via Dameta.

May 20<sup>th</sup>, 2009. Recall of vaccines in Casilino 900.

April 5<sup>th</sup>, 2009. CRI plants a small olive tree, as a sign of peace and life.

CRI has participated in the demonstration organized by Roma community living in Casilino 900 to launch a sign of peace and dialogue toward the population of the surrounding neighbourhoods. These are small steps along a slow path that CRI has decided to undertake with all Roma communities in the area, not merely to intervene from a health perspective, but accompanying families seeking to leave the role acceptance as troublesome guests and hopeless refugees.

Red Cross has decided to be with these families in the path of integration with the urban reality. But all this was possible not only to the silent work of all those volunteers who firmly believed that we

could remove those insurmountable barriers, but also through the mediation with the institutions carried out by the Provincial Commissioner, Dr. Marco Squicciarini, who understood and supported this mission.

### **Borderline**

Walls are being erected and knocked down:

this border line is not visible but you can feel it, it is real.

It's border line that splits two worlds, that are sniffing each other but cannot find a beginning, a reality to share.

They are two worlds: one that has everything and supposes to have **the maximum**

the other one that has much but is convinced to have **nothing**.

If we could understand that, by contacting differences, there may be a growth and revenue for the **"maximum" and "nothing"**, the border line would be just fictitious.

## **5 Management of Institutional and Administrative Aspects**

*(M. Squicciarini)*

### **5.1 The political role of the President or Commissioner of the Italian Red Cross (political and managerial aspects)**

It is well-known that the President of a Committee has the task to indicate the policy of the activities and projects carried out by all the volunteers. It is therefore of utmost importance that whoever gives this guideline is aware of the Humanitarian activity the Red Cross can accomplish in the Roma camps making the difference. My personal experience, after having frequently visited the 54 (ca.) camps in Rome and outskirts, makes me assert that rarely does one feel the social relevance of taking action as when involved in a Roma camp. One immediately realizes that intervention is fundamental for the most vulnerables, who would be even more at risk in these situation of social discomfort and decay.

Usually once involved in this activity, rarely does one back out and the people involved in this service normally remain highly loyal to it. 150 years of history are definitely a great presentation for the Red Cross, but the fact the same volunteers constantly carry on a determined activity helps to establish a relationship allowing the assisted people to open up and hence improves the assistance provided. It is therefore recommended that the President and various administrative managers personally survey the camps in order to thoroughly comprehend the work carried out by the volunteers and the social and emotional impact borne by every single person entering the camp even after the end of the service. Not to mention that the visit and presence in the camp of the President of the local Italian Red Cross will represent a form of recognition on the territory towards the various ethnic groups, a gesture which goes beyond mere presence. This step will allow to gain credibility from the families, enhancing dialogue and solutions of many upcoming problems. To introduce oneself and leave a card with all the contacts to the representatives of the various communities aiming at facilitating dialogue and achieving a reference point in case of emergency, is certainly important to enforce relationship and credibility.

## **5.2 Administrative aspect: agreements and convention with the Commissioner, the Prefect and the Institutions**

What hereunder described is in place as from the existing D.C.P.M. Dated 21<sup>st</sup> April 2008 (emergency declaration pertaining the settlements of nomadic communities in the region of Campania, Lazio and Lombardia) and following order of the Prime Minister n° 3676, 3677, 3678 and further dated 30<sup>th</sup> May 2008.

Except for the normal routine aid activities in Roma camps, Red Cross is usually called by the local authorities to intervene in complex projects, in any city, province or region.

In case of emergency, as per order of the Prime Minister, mandate can be given to a Commissioner (usually the Prefect) to activate forms of cooperation; this has occurred to the Red Cross with regard to the Roma communities on the territory of pertinence, exclusively for **humanitarian and welfare purposes**. As such , this cooperation has to be authorized and approved by the IRC Regional Board; should resources of the various local and/or provincial committees be involved in the activities, then approval of the relative committees must be given to adhere to the project. It is therefore necessary to define a '**protocol of intervention**' to respect certain conditions.

The IRC Regional Delegate together with the State Delegated Commissioner will formalize a “convention” act to ensure payment of the economic resources used for the project.

To safeguard the activity of the Red Cross, considering the exclusively humanitarian and welfare purposes, **it is not allowed** to participate to activities directly connected to Public Order and connected to census. The convention act will behold the part related to the treatment of sensitive an judicial IRC data approved by the Guarantor of Privacy and will allow the IRC operators to collect and use the information regarding sanitary and humanitarian case histories. Statistics of epidemiological relevance, gathered together by the Red Cross, will be used to analyze the general status of the settlements, by other departments also and can be made available, in a strictly anonymous way. The information regarding personal and individual health situation is to be retained by the Red Cross for sole aid purposes and cannot be forwarded to another department, unless requested by the beneficiary or judicial authorities . The same limits apply to these data as foreseen by the relative regulation for case files.

The free and voluntary adherence to any kind of assistance activity in the camps must be always ensured. It is reminded that the exertion of fundamental rights is in no way restricted for these people. For the minors, any sanitary or aid intervention has to have a prior consent of those having the guardianship or parental custody.

A useful example of conventional act is indicated hereunder. Attachments (for information only) of acts and resolutions issued by the Delegate Commissioner of the Prime Minister for Nomads Emergency in the Latium region and by the Italian Red Cross Latium Regional Committee will be found in the appendix.

### **5.3 A project to basically integrate Roma family groups-Rome Prefecture- Casilino 900, La Martora, Tor de' Cenci**

#### **ANALYZING THE CONTEXT**

Rome has over 50 Nomad camps including the regular, tolerated and abusive ones. As of today, the family groups of Roma and Nomadic populations have to be still assessed for these camps. It is necessary to precisely ascertain the number of family groups in order to simplify the shifting of these families in equipped camps and home units in the region as instructed by the Prefect.

#### **IDENTIFYING CRITICAL ASPECTS**

Split families; travelling families constantly on the move; groups which cannot be divided; difficult management of social sanitary situations; presence of minors without the necessary custody against any kind of risk.

#### **GENERAL TARGET OF THE PROJECT**

- To acknowledge the social-sanitary and structural conditions of Roma families and various ethnic groups;
- To improve integration;
- To better learn - to better integrate
- To contrast hygienic, sanitary and social-environmental decay

## SPECIFIC AIMS OF THE PROJECT

- To acquire family data, on voluntary basis and respecting privacy;
- To acquire willingness to move into equipped camps or home units in the region;
- To elaborate data with a dedicated programme;
- To single out families with the greatest index of 'integration';
- To assist families during the assignment, shifting and settlement in new realities;
- To provide elements of social-sanitary education especially in paediatrics and gynaecological fields;
- To assist all phases of the various moves, providing contacts of the local Red Cross in the different provinces;
- If needed, to help in activating some adequate forms of prophylaxis.

## EXPECTED FINAL RESULTS

- Survey of three camps: Casilino 900, Tor de' Cenci, La Martora;
- Providing elements of social-sanitary education to 100% of the family groups;
- Monitoring the vaccine coverage of the groups;
- Survey of the needs and characteristics of the family groups.

## PROJECT COHERENCE WITH REGIONAL PLANNING

### WORK METHODOLOGY AND ACTIVITIES

Programme defined in phases as follows:

1. Analysis of the operational context
2. Providing any detail/information on the project, scope and procedure, through mediators and mother-tongue translators;
3. Gathering data regarding the available family groups and individuals in favour of the project, through technical support and dedicated programmes;
4. Data collection, including possible sanitary-vaccine files, to be forwarded to the Prefecture;
5. Following Prefecture instructions, supporting actions in moving assigned areas and favouring the process of integration through the local Italian Red Cross provincial offices; moreover providing elements of social-sanitary education.

The completion of the activities, as above described, will take six months.

## EQUIPMENT

Used in the various phases of the project realization:

1. n.1 AMP (Advanced Medical Post)
2. n.1 medical camper
3. n.1 PCA (Mobile Office Unit)
4. n. 3 cars
5. n.3 buses (9-12-15 seats)
6. n.3 generators
7. equipment and fitting for the structures

## HUMAN RESOURCES

n.9 drivers

n.3 groups of volunteers, divided in the various camps

n.3 interpreters-mediators

n.3 nurses or doctors (alternatively paediatricians/gynaecologists for supplementary sanitary activities

n.6 specialized logistics operators

## COST PLANNING

The Italian Red Cross cannot be exempted from using medical staff and be supported by social workers, not to mention interpreters, in facing this welfare project.

Even if volunteer staff is mainly used, it can be necessary to require specific structural professions. Moreover, all the means and equipment will be deployed at the same time on the three areas of interest.



A budget of the costs has to be considered as follows:

- meals for the resources deployed:
  - n. 24 people (3 teams with 8 operators each)
  - n. 9 drivers
  - n. 3 interpreters
  - n. 3 nurses or doctors
  - n. 6 logistics operators for the removal and transfer of equipment and mobile units
- kilometric account of fuel, including all the various movements in the region, calculating distances covering in total about 25,000 km (considering all the vehicles used)
- various consumable material and questionnaires for the three camps;
- sanitary material for the three camps;
- supportive paperwork, PCs, printers, data processing systems – for the three centres;
- costs for the human resources, related to specific professions (drivers, interpreters, nurses, etc) for 15 people in total;
- Depreciation expense for vehicles and generators.

Costs are calculated considering 2 working days per week for six months - equal to 48 working days.

Table of Cost Estimate

Type of Service	Staff Nr.	Unit price in €	Working days	Kilometric Total Calculation	Total
Meals for engaged human resources	45	10,00	48	21.600,00	
Vehicles fuel	9	0,75	18.000	13.500,00	
Consumables - questionnaires			1.100,00		
Medical stuff and medical cases with medical aids	3		2.000,00	6.000,00	
PC with printers and stationery	3		1.700,00	5.100,00	
Computer programme – statistics and data reports		1		7.000,00	
Human resources	15	45,00	48	32.400,00	

costs various professional competences				
Costs to support moving in the region	various		9.500,00	
Depreciation of consumables expenses related to vehicles and electronic equipment		3.800,00		

All above reported expenses will be included in the final balance attached to reports that Red Cross will submit to Prefecture.

The Commissioner  
Dr. Marco Squicciarini

## **6. Methods of social intervention in favour of Roma communities**

*(Stefano Spanu)*

### **INTRODUCTION**

One of the aspects that the Italian Red Cross Provincial Committee of Rome has particularly faced during these past years was the one pertaining the Roma communities on the territory. As provided by the Home Office, Special Commissioners, identified as the Prefects of Milan, Rome and Naples, have been appointed with the task to conduct a census of all the population in the settlements - illegal, tolerated or regular – in their respective regions. In the Latium region, such task has been assigned to the Italian Red Cross.

The Committee has worked out a series of procedures – of remarkable technical value – for the planning and realization of the census. The work has been based mainly on two essential aspects: sanitary and social. Due to the extreme conditions of hardship in which these groups live, the Red Cross took immediately care of the sanitary aspect. It is fundamental for people living in critical environmental, social and economic conditions to have right to welfare, bearing in mind that worldwide Red Cross speaks up for this right. One of the results this census has led to has been the vaccination campaign carried out in the nomad camps , such as Casilino 900, giving a new impulse to the cooperation between Red Cross and other organizations and establishing an important contact with the populations involved. All the process has been described in a document providing guidelines, used at first as a protocol of intervention by the Provincial Committee of Rome, then adopted on a national basis.

The attention to the social care aspect has always been part of the actions and projects run by the Italian Red Cross, efforts being made to this purpose in finding new impulse and forms of cooperation in order to enhance integration.

## **6.1 Introduction to nomadic and travelling communities**

Years have past since the Roma communities have been under the spotlight of the media, internet and various public and cultural institutions, which have drawn the attention to their difficulties and ways of living . The complex structure of these groups, also in light of the recent political changes in Eastern Europe, is added to the reasons behind the great interest in them from the academic and political world. Nevertheless, the Roma continue to be a difficult issue to deal with also considering ideological prejudice.

With the entry of the eastern countries in the European Community, the issue pertaining the Roma communities is not a particular aspect of some of the countries, but of all the continent. The entry of Romania, in particular, now shows the Roma as no longer marginal reality but as the biggest minority of the continent.

The fear of an ‘invasion of gypsies from the East’ has recently arisen strong debates on this subject matter.

Even if today mobility in Europe is considered a value, in light of social, political and economic issues such as flexibility, multi-culture, democracy and tolerance, this consideration applies exclusively to a limited elite of European citizens and not to the movements of nomads or citizens who are not well-off.

The movements of these people arise concerns related to safety, health and at times even religious aspects. Migrants are often regarded as criminals or vagabonds, since most of them live in conditions of destitution and alienation. This condition exasperates the negative perception of them and consequently their migratory flows are seen as a problem which impacts differently on an international level.

Discrimination towards minorities, particularly Roma, is still greatly widespread and these communities are still exposed to a number of social disadvantages. Their living conditions are fairly decayed and benefit very limitedly of social services; one of the main problems of the Roma population is still the inability to have access to decent accommodation. In terms of unemployment, income, education and opportunities the Roma are surely amongst the weakest people in Europe.

In the various European countries, the Roma communities suffer all the same social-economic problem: low income, low education level, social vulnerability, alienation, poor makeshift lodgings, discrimination and constant prejudice in their respect (1).

## **6.2 Mapping interventions on the road**

Mapping is the beginning of every intervention on the road and presents a fundamental moment which appears in every subsequent step of the activity, therefore has a dynamic effect (2). It creates a panoramic picture of the intervention system under the topographic, cognitive and relational profile in order to set up a supplementary plan with the hosting community. The analysis of the territorial and demographic profiles of their settlements gives the dimension and impact on the actual population, providing an interesting topic to be discussed during the institutional meetings.

## **6.3 Topographic profile**

The topographic profile consists in the remake of the first general context of the community (3):

- 1 Territorial aspect: sets the territorial boundaries of the location, traces the area of interest and marks the critical points; the geographical and environmental characteristics, fundamental in establishing the extreme living conditions with high hygienic risks; the presence of services such as local health centres, hospitals, community centres, schools, etc. and above all the presence of lines of communication able to handle the flow towards these structures.
- 2 Demographic aspect: the demographic characteristics describing the size of these groups and their relations with the surrounding territory; assigning and analyzing these communities by age groups aims at adjusting specific interventions related to models of cultural and social development.
- 3 Economic aspect: the productive activities of that specific area of intervention so as to acknowledge its economic status and profitability, acquiring information also on professions and occupation.
- 4 Institutional aspect and of the services: to acknowledge the political administrative setting of the area is important when interacting with all the parties present on the territory; consider the typology of the sanitary services and finally deem the mission of organizations, associations and companies promoting and supporting local development.

These are the first images that the intervention allows to be oriented and modelled to the needs of the target in the most adequate possible manner (4).

### **Monitoring and observation of the topographic profile**

Observation of the territorial boundaries is carried out together with the analysis of the resources and cost of intervention, not to mention the recruitment of the necessary staff for the on-the-road work.

Under the topographic profile, illegal settlements are marked with coloured symbols differing a settlement as illegal or not, permanent, seasonal or temporary, or in the case when contact with the target and environmental conditions limit access.

The public institutions of main interest are marked, such as hospitals (e.g. casualty department). High density demographic lines are highlighted such as freeways in order to have a reference in case of evacuation.

Unnecessary the suggestion to search interactive maps, easily found in internet which could provide useful indications.

After the first stage of the topographic profile, all the settlements are numbered ( camp code) and reported on a specific general form.

### **6.4 Observing and exploring the area**

At this stage of the mapping procedure, the volunteers start the on-the-road neutral observation; the territory is explored and the location of the intervention target is marked. From this point onwards starts the subsequent work step.

This phase is referred to as non participated since no direct contact is foreseen with the target, The Italian Red Cross staff looks attentively at the 'setting' of the road, observes folklore and rhythms, confining its own intervention space. Inside the topographic profile trades, one can observe the movements of the target – the so-called 'routes' – taking note of the speed and dimension of these movements during the day.

Attendance can be verified also by the traces the target leaves behind , which can help read and interpret the indications on the nature of its presence.

The staff will be questioned on the characteristics of the examined area (5).

## **Queries related to the characteristics of the area**

- Which are the physical characteristics of the area?
- Which are those topographic, of the 'soil' and of draining?
- Is there enough space for the people already on the site and for how many more in arrival can there be?
- Can the area be accessed in every season?
- From where they are based, can the group reach the emergency units?
- What kind is the vegetal mantle of?
- Will the groups need wood for their precarious lodgings?
- Approximately how many people live in the area?
- Who does the land belong to (or who has the right to use it)?
- Is there cultivable and grazing land?
- Which is the actual or eventual impact on the local population and which is the attitude of this population and of the local authorities towards these groups?
- Are there safety issues?
- Which are the environmental factors to be considered: for instance, fragilities of the physical environment and its dependence from behalf of the local community, eventual rapid decay caused by the groups, proximity to protected-areas?
- Which are the living conditions of the local population? Would it need assistance, too? (6)

## **6.5 Cognitive mapping**

The objective is to set up representations that the various subjects on the territory have of the target examined on one hand, on the other the perception and experiences of the target itself in respect of institutional work. This type of mapping is defined participated since it implies the direct contact of the staff with the community. It also implies the intent to develop a support network. The coordination is committed in contacting the institutions and associations on the territory with the aim to create a net of services, supporting the requests and needs of the target and of the whole community.

In a way this allows the institutions and associations to approach the target and vice versa (7). In this case too the staff will question itself on the resources and assistance on the spot.

## **Queries regarding resources, spontaneous measures and on-going assistance**

- What kind of goods and in which quantity do the groups dispose of?
- What have they already done to face the primary necessities?
- What kind of assistance is already provided from the local population, from the government, from other organizations? Is it adequate and sustainable?
- Can the on-going assistance be increased, remain unchanged, diminish?
- Which is the governing policy in terms of assistance to these populations?
- Are there serious restrictions which could affect the humanitarian operations?
- Which are the necessary coordination agreements? (8)

## 6.6 Relational profile

This is finalized in pointing out which is and how the relationship between the groups-target and the operators evolves: it begins only after the first contact with the target, To build a significant relationship is the necessary preamble, which the possibility or not to follow a non-imposing route depends on, based only through the negotiation between the operators and the reference target. This is usually considered the most difficult moment of the entire activity

The staff elaborates and sets up the tools for the correct insertion: data files, *interview grids*, legends and codes of the map itself, news of the local papers, reports (9). The main tool available is represented by the contextual and conscious use of ones own subjectivity.

This becomes the main means of understanding; the condition determining this consists in being authentic, in keeping under control ‘interference’ from outside, in being able to tell the truth and not hide ones identity, The keyword is being able not to recur to pre-constituted interpretive schemes. (10)

Mapping codes represent the link between the exploration/mapping and the real and proper making of the map (11).

## 6.7 Application

The hereunder questions represent an example of which aspects are to be evaluated, as above referred to, applied in case of projects in favour of the nomadic populations.

- About how many nomads are there on the territory of interest?
- Where do they come from? Why?
- Which is the rhythm of the arrivals? Could it increase or diminish?



- Around which number could they be in total?
- Which are their arrival points and places they currently are concentrated in (latitude and longitude)?
- Do the nomads arrive in groups or on their own? Is it a family group, clan, ethnic gathering or inhabitants of the same village?
- Are the families, groups of villages and communities intact?
- How are they organized? Do the groups or communities have leaders?
- How do they move? By foot, with vehicles?
- Which is the partition by sex of the population?
- Which is the profile of the population by age groups: under five years of age, from five to seventeen, from eighteen upwards?
- How many unaccompanied minors are there? Which are the conditions?
- Which was the social-economic situation of these groups prior the flight?
- Which are their qualifications and spoken languages? Which are their ethnic origins and cultural background?
- Do these individuals or groups have particular social problems? Are there groups affected by the situation ( for example, disabled, minors separated from families or elderly people in need of assistance)?
- Which are the nutritional, living and hygienic habits of these groups?
- Which is the situation on safety pertinent to the local population: is it necessary to separate the different groups?
- Which is the official judicial status of the investigated population? (12)

## **7 Steps to get into contact with a nomads camp: ways and times to have access, conquer and maintain their trust**

*(A.M. Dulzetti)*

### **7.1 Preparation**

These guidelines should be used as a moment of meditation and sharing by the volunteering staff inside the nomads camps, for any kind of activity, even simply contact.

It is however important to organize a training course for all those volunteers who wish to adhere to this type of activity.

The selection of the staff to be used for this task is considered the most delicate part when intending to establish a relationship; the screening of the volunteers suited for this kind of users is classified as a preparatory intervention.

#### **Characteristics of the volunteers**

- The volunteer has to be a patient and quiet person, capable of relating to any kind of individual without any prejudice;
- He/she should first listen and understand, then speak;
- It is preferable to use staff accustomed to listening patiently, for example with the no-fixed – abode, used to working therefore on the roads;
- It is necessary that the volunteer acting as contact point (spokesman), as soon as he/she realizes that the volunteer is not suitable, readily removes him/her before any damage is cause or before getting into a crisis and losing a resource;
- Does not shout inside a camp to draw the attention of the nomadic population;
- One must not shout because forced to repeat the same thing to the same person or to all the people in the camp;
- Therefore, no shouting allowed, ever;
- Often the nomads want to hear directly what the volunteer is saying, over and over again many times, because it has occurred that the spokesman of the camp is not accepted or does not properly refer that the volunteer has advised or because uncertainties and doubt arise due to different interpretation;

- One must always be firm but friendly;
- Always friendly but firm;
- No slapping on shoulders, respect is shown also in a physical relation, the role for them is important, very important, a gesture of hasty confidence can turn out to be a ‘trap’;
- If afraid, it is best not to go into service;
- If uneasy, again avoid going into service;
- If on the day of service one realizes being impatient, ill-humoured, it is best to avoid going out with the colleagues;
- Never promise what cannot be kept;
- During these moments the nomad has great expectations and false illusions must be created;
- The nomad has a strong sensitivity, understands perfectly the emotional status of the person facing him/her and realizes also whether the volunteer is a correct and loyal person;
- If the volunteer wins the trust of the nomad, nothing will ever happen to him/her because a code of honour rules inside a camp and the volunteer, the uniform and the symbol represented will be never touched;
- We are currently living a cultural moment which discusses the values of the uniform, but in the camps the uniform, correctly worn, is a sign, a flag;
- A note on the capability of covering and maintaining a reference role in a nomadic camp: We are used to referring to symbols which in our society define the role of each one of us. Rules, similarly if not even more precisely, govern the nomadic society but are expressed through symbols fairly insignificant for most of us. I leave it to be explained by who knows by ‘appurtenance’, to who studies the subject, but I would like to underline how important for our image is the Red Cross uniform and the capability of keeping the competitors calm, balanced and fair;
- To quote my personal experience in a regular camp with a high percentage though of drug-addicts, my bag was stolen with all the documents, mobile phone, keys and money: the day after, it was returned to me because that theft something which could not be done to the Italian Red Cross ‘flag’;
- In another camp, a little boy stole my mobile phone, fifteen minutes later it was returned;
- During the preparation, it is important to single out the volunteer/contact point i.e. the person who will keep contacts with the camp referents. He/she is the key-point of all the operation and must also have, apart from the abovementioned characteristics, a strong

personality as mediator. It is only through mediation that it is possible to tune in with the nomadic population;

- Mediation is a much used word: let's try to understand what it means for us, Red Cross, especially in this case.

The Italian Red Cross moves in a scenario in which the actors have their own prerogatives and objectives:

- Roma people
- Citizenship/citizens
- Institutions
- Associations

At the same time the Italian Red Cross is in some way transversal because it has traits in common with other actors, the institutional scope of the associations, an institutional role, the nature of the volunteers as citizens.

We are not merely mediators with each actor, but are in, I believe, in a privileged position because of our role as intermediaries with all parties.

I have noticed that the Italian Red Cross is often used as a reference in presence of a variety of these actors and I believe this is due to the cross-over nature I spoke of: practically it is expected that the Italian Red Cross manages to correctly express the issues of the different 'actors', overcoming the language differences. In this way, we play the role of mediators.

### **First listen and understand, then speak**

During these years I have met nomads who have offered to mediate our entry inside a camp, but I have never accepted for the following reasons:

- Not always is an 'external' nomad accepted in another camp, because, even if from the same ethnic group but belonging to another family, sometimes rivalry, predominance on the territory prevail on the other families; problems which refer only to them and do not involve the Italian Red Cross covering another role at this stage;
- I think that being neutral, together with a good capability in mediating gives us the chance of establishing a long-lasting and fruitful relationship.

- Honesty, loyalty, respect are at the basis of a relationship that every individual should have with each other, but I think they are fundamental when coming into contact with these people.

However, if it occurs that one can be identified as a volunteer/contact point in the Italian Red Cross group, then it is preferable to use, as emergency, a nomad to enter the camp.

Obvious that language has great importance. It could be important to single out, inside the Provincial Committee, a volunteer who should a inter-component team with volunteers coming from other countries or Italians who know one or more languages very well, taking care of

- Creating a register of the Italian Red Cross staff to be used in case of need;
- Communicating with the groups in different languages;
- Teaching Italian through a research of the structures which offer this kind of service;
- Contacting the various embassies and consulates on all those problems linked to this kind of user.

This team is important not only for nomads, but also for people with no-fixed abode, for migrant requesting political asylum and for all those situations of uneasiness/discomfort with non-Italian people in which the Italian Red Cross intervenes.

## **7.2 Investigations on the territory**

We must distinguish the approach used for illegal camps and for the regular ones. In both of these camps, the Italian Red Cross cooperates with the other organization operating in the camp. General rule: do not impose in case of denial. In any case it is important to know the territory, the typology and number of inhabitants and the type of integration with the surrounding social body.

### **Type of settlement**

Settlements can be divided in regular, illegal and tolerated. The tolerated are similar to the illegal, since lacking of organization can have, diversely from the illegal, benefits such as chemical toilets, water fountains and large waste-bins.

However living inside illegal settlements is very hard due to uncomfortable conditions: no lighting, water, lavatories, freezing cold, boiling heat, rats and at time waste material. This situation has been encountered at times also in regular camps.

The population living inside illegal/regular settlements is not always homogeneous.

There are nomadic camps from one single ethnic group or from different ones: we have found in same nomadic settlements North Africans, Rumanians, South Americans , French, Italians, etc.

These very ‘mixed’ camps are extremely difficult to take care of since the rules of the Roma people are not respected and the law of the strongest wins overall.

However, our approach will be always the same, calm, serene without wanting to impose. Sometimes it could be worth waiting and trying again another time.

### **Illegal settlements**

Outings aimed at three kinds of action are suggested

1. the first outing is only cognitive

- not foreseeing any kind of contact:
- locating the whereabouts of the settlements and deeming approximately how many people presumably live there;
- for each settlement, it is recommended to take note, if possible, of the GPS coordinates and describe the location:
  1. in a parking
  2. near a river
  3. under a bridge
  4. on an open area
  5. in a bush or cane field
  6. in an old building
  7. in caves

and type of structure:

1. trailer or mobile home
2. shack
3. tent
4. old building adapted to their requirements
5. the settlement can be visible or shut in and fenced all around.

Should one be discovered or contacted notwithstanding the attention paid, do not go away but stop, tell and explain how the Italian Red Cross operates inside settlements and which is the mission.

2. the second outing is destined to contact

- it is suggested to organize small teams of volunteers even if the settlement is big: a car with a driver and 3/4 volunteers will suffice
- the best time, during the week, is before sunset, when the nomads return to the settlement or on Saturdays or Sundays
- one and only one volunteer/contact point will speak to the people living in the settlement while the other volunteers will try to understand visually how the camp is structured, how many people there are, how many children and will try to memorize everything they see, to be referred later on at the end of the service (during the first contact it is inappropriate to take pictures and formally document information)
- the volunteer/contact point will try to understand who is, or are, the spokesman of the nomads and will explain that a Red Cross group will be visiting the settlements trying to understand whether there are any problems, sanitary needs, how many families and children there are
- however, if there is another association, the first thing to do is to contact them to understand whether we can be of any use and which are the primary necessities of the population. Cooperation is important because they know the territory and all the critical situations
- if unwilling, do not insist
- always write down on a notepad the requests of the resident and evaluate feasibility
- the volunteer/contact point will fix an appointment so as to return to the settlement with a doctor (possibly also a paediatrician) to visit the people requesting this.

### 3. the third outing aims at extending contact and enforcing relationship

- it is suggested to always organize a small group of volunteers even if the settlement is big: it is sufficient to have: a vehicle, a driver and 3-4 volunteers, one medical unit or ambulance, the crew, the medical staff and a stock of first aid medicines/medication
- bring the primary goods requested and deliver to the person interested; avoid giving the goods to who declares being parent of relative (if unknown to us) because it has occurred that the package of the goods was not delivered to its rightful owner
- the best time, during the week, is before sunset, when the nomads return to the settlement otherwise on Saturdays or Sundays

- while the doctor is visiting, the volunteers will talk to the population to have more news and at the same time give information, if requested, on how to approach the local and national sanitary structures
- if possible, go back to the settlement several times to create a good relationship with the population.



## **8 The role of Red Cross Italy with nomads and the management of intervention according to the projects**

*(A.M. Pulzetti)*

Every time a new intervention has been launched, it was done:

- carefully planning it, in terms of modality and timing
- paying attention in not duplicating existing initiatives already ongoing by other organizations/associations, but intervening in non-assisted areas.

The Italian Red Cross organization is involved in this purpose and is respected for its institutional role.

Obviously the sanitary intervention is the first approach for the Red Cross and the research projects of the camps have been developed to bring the sanitary intervention to those who did not look for the Red Cross, the National Welfare or sanitary services provided by other organizations/associations. The first interventions are focussed towards the most vulnerable: children, elderly people, women and disabled subjects.

As described in other sections of the guidelines, we have met organizations/associations who take care of the families or camps on a generic aid plan, based often on the close dwelling (e.g. community churches) or projects (children school transport, etc)

Our orientation as Italian Red Cross is to integrate and not substitute the other organizations/associations in

- operating in the sanitary, hygienic and prophylaxis area
- facilitating access, integration and relations between nomads and institutions, supported by the wide-spread and well-known reliability of the Italian Red Cross
- organizing the planning of new initiatives, exploiting our detailed and wide-spread structure.

In emergencies we have also helped in covering extreme critical situations, by request, of organizations/associations but this role is only episodic because we believe that the projected activity the Italian Red Cross has decided to carry on with the nomadic people will give good results in the end.

This can be seen inside a regular camp where the Italian Red Cross has been keeping an ambulatory twice a week for more than a year now. All the population of the camp is monitored, as monitored are all the endemic diseases, also thanks to the strong cooperation between the Italian Red Cross and the Local Sanitary Centre, territorial to the camp. The voluntary nurses operating there also teach hygienic education.

We have brought every week big garbage bags inside small settlements, inviting the population to keep their own common space clean; these are operations which require frequent attendance and constancy from the Italian Red Cross staff inside the camps, hence expensive but which Italian Red Cross has decided to bear for educational purposes.

### **8.1 Provisioning of auxiliary basic necessities and their distribution**

Children are the main target of interventions, because they are the most fragile subjects but also because it is on them that we can and have to work for real integration, giving them the chance of a better future.

In Rome, the Provincial Committee has signed an agreement with the association 'Civil rights in 2000 saving mothers and babies', which deals with all the mother-child problems with regard mainly to children living in difficult conditions, offering a balanced nutrition. We, Italian Red Cross, are called in all the situations signalled by the association, by the local health centres, by the organizations/associations and in those we witness ourselves during our service.

Buying powdered milk impacts economically on all the families, therefore babies are often fed with fruit juice, diluted long-life milk, with boiled potato water, etc. Ways of keeping the baby quiet which do not however guarantee proper growth.

Some of the older children eat basically pasta boiled in milk and sugar.

In many cases, we face underweight children, not to say rachitic; if a mother is unable to nurse her child, the Italian Red Cross guarantees, upon medical certification, powdered milk for all the necessary time and homogenized baby food for the weaning.

There are surely associations dedicated to childcare also in other cities which can sign a protocol, should this not be the case the Italian Red Cross will set up campaigns for the procurement of goods, fundamental for children's growth.

In Rome there have been campaigns to collect clothes, toys, prams and other material for children; this now works through internet and face-book. Response to these requests has been surprising and the volunteers have worked hard in sorting out and cataloguing all the material in age groups.

If possible, create a small storage for clothes and toys sorted out in boxes per age groups. During the vaccination campaign that the Provincial Committee of Rome addresses to minors (0-15 years) living in the settlements in Rome, it has been proved useful to give the children toys or clothes.

However, these are necessary to make the children smile and help to start a dialogue with their mother.

In any case it must be reminded that the Italian Red Cross is not a charity organization; therefore, going to the settlements, opening up the van and giving goods randomly does not work well and favour only the strongest and most domineering people. This is also risky for volunteers and vehicles in the camp.

We have to 'play the role' in choosing who is the beneficiary: it is preferable in staying among them, speaking to their mothers and trying to understand their needs, taking note of name and place of birth of their mother or child or of the person who the intervention is meant for.

The next following time we return with the packages destined to them and there will be no fight for a diaper, for a garment nor for a toy because the other mothers will try to speak to you and they will explain their problems and the volunteer, after having written down everything on a notepad, will try to fulfil their requests during the next visits.

I have learnt of women who have obtained some goods from the volunteers they did not need only to sell them once the volunteers had left the camp.

Always remember that the role of the Italian Red Cross is an intermediary between the Roma, the citizens, the organizations/associations and the institutions, trying to bridge the gap of a very, very slow process.

## **8.2 The nature of the plan**

Every opportunity of intervention must be approached as the cue of a project; a project well defined, planned and possibly developable.

The first is hygiene. Following is the starting point of the various subjects one can touch when speaking to mothers.

The Provincial Committee is currently preparing a course on hygiene for three targets:

- mother, newborn and care
- mother, children up to 6 years of age, their care and of the surrounding environment
- from 6 years onwards, personal care and of the surrounding environment, school. Home and common space. It is preferable that a parent actually participates to the experience the child is living when learning the basic concepts.

Another topic could be the following:

This is how we have helped mothers in difficult situations, when they were without husbands because incarcerated or abandoned. In a regular camp in Rome, on a ground across the camp, there is an area where the nomads set up a market on Sundays, selling objects, material coming from garbage, from junkyards, from cellars they have cleaned. Which other best way if not that to pick up all the useless things kept for years and destined to be thrown away because bothering and cluttering, gathered from our houses, cellars and garages. We prepared boxes with goods for these women, giving them the chance to make some money to feed their children. We have to remember that often these women and their children are destitute.

In this little market they also sell some of their handmade products and this should help set up 'solidarity villages' in the camp.

Courses with teachers/nomads can be arranged to transfer their knowhow to the younger people and teach the women new ways of creating new products.

In Rome there are nomad cooperatives that deal with handicrafts, laundries, fashion, second-hand goods, small removal, green area maintenance, disposal of large waste, etc. Let's try to boost these activities.

In these 'villages of solidarity' we should single out the young people willing to learn a profession (shoemaker, plumber, carpenter, horseshoer, etc.) trying to find amongst the citizens people willing to transmit their knowledge. We have to recall that a lot of these professions are disappearing because young Italian people do not want to do them. Acknowledge whether the Regional Social Service organizes courses and workshops the young nomads can attend.

### **8.3 Helping in integrating with institutions (local sanitary units, hospitals, advisory centres, social operating desks, etc.)**

The Italian Red Cross has always carried out activities autonomously but this does not prevent cooperating with the institutions to improve the quality of life of all the people living in difficult situations and this also in the nomadic camps: cooperation sets the basis to concrete assistance.

There has been cooperation with the social operating desk of the Rome Town Hall in 2006 during the reconnaissance survey of the Tiber and currently also assisting from a sanitary point of view the homeless or nomads when we receive their signalling.

Following the request of a hospital in Rome we have taken care of Lavinia, a little girl affected with TBC, with the DOT method, twice a week our volunteers used to deliver the medicines prescribed by the hospital to the patient who had to take them in their presence.

We have assisted other nomad children with various diseases always in cooperation with the hospitals in Rome. Such as Zarif, a little boy with Down's syndrome, patient in intensive cardiologic therapy. Zarif lived with his parents and brothers in a camper-van in the middle of the road with other nomads, a very hot place during summer and very cold during winter; we managed to move him and his family in a regular camp in the hope of better living conditions, in a container as a house, less weather-beaten.

Great cooperation with the Local Health Centres in the vaccination of minors with suspect or confirmed TBC: we have accompanied the doctors of the local sanitary units in the camps to carry out and verify the skin-test. In a nomadic camp we have also monitored the population in order to seek people with serious illnesses and give them access to the vaccine against the new flu.

Naturally recall to planning does not imply restricting our intervention.

Our cooperation is active also when requested by organization/associations who assist nomads, in supporting mothers in difficult situation, without husbands, lonely elderly people, all the destitute who do not have access to primary goods and find it hard to have access to the services.

We have intervened in cases of removals, in bringing blankets and hot food to people who did not know where to settle.

The Italian Red Cross is always there to support anyone in need.

## 9 Operative indications to manage a sanitary, maternal and children's area inside Roma camps

(Jacopo Pagani)

*To tell the truth, in this modern world, we hate the far away groups... (...).  
We perceive them in an abstract way, while we deceive ourselves in stating that we act with justice or for any other noble reason but the truth is that we act with hatred.  
Veils hiding this thruth can only be torn with a good dose of scepticism.  
Once acheived this, we can then start to build a new morality, based not on envy and constraint but on the hope of a new life where other people are an aid and not an obstacle, once defeated the mad envy.  
This is not utopian (...). It could be true even tomorrow whether men learn how to pursue their own happiness and not other people's misery.  
We do not deal with severe ethics, should we adopt it our world would become a real paradise"*

**Bertrand Russell, *Sceptical Essays* 1928.**

### 9.1 Foreword

The problem of social integration of migrants and Roma people is an outstanding issue in all of Italy. In addition to this, there is the risk of social-sanitary exclusion especially for the maternal-children's area of these ethnic groups.

In particular, when it comes to utilizing the medical services available in the local sanitary units, one of the threats to the health of Roma communities is the reluctance to trust in non –Roma doctors.

For this reason, the intervention of the doctor or paediatrician is often requested too late or if not exclusively in emergency departments of hospitals: this happens because according to the Roma view, the emergency department is a visible service, accessible 24 hours a day (often this service is used during the evening hours when the men return to the camps and offer means of transport), sufficiently anonymous, which provides immediate response (in case of emergency and in the lack of means of transport, the ambulance -118 – can take us to the emergency dept).

All the existing in increasing rates of illnesses due fundamentally to environmental discomfort: living problems, difficulties in obtaining primary goods such as water, lighting, hygienic problems (crowded houses and camps, cold weather in winter and hot weather in summer, rats, insects, stagnating water, structural conditions of the loadings, difficult access to the toilets, wood-fed heaters and the presence of closely industrial pollution).

The scarce epidemiologic information we have shows, for example, a higher asthma rate than that reported in Italian children, a high percentage of gastroenteritis and recurrent bronchitis and a higher percentage of underweight children.

Based on the experience of doctors who operate in emergency dept. and of paediatricians, there is a large number of Roma people who turn to casualty departments showing clinical pictures which could be adequately taken care of resolved in ambulatories.

It is necessary therefore to indicate some organization models on the territory with the intent to limit this issue and cover the sanitary needs of the Roma citizen, well aware that no organization model is capable of solving the problem on its own. The activities in the camp must not therefore replace the services of the National Welfare but integrate them.

The medical activity carried out in the Roma camps will therefore be a precautionary measure to safeguard the wellbeing of the families especially in the maternal-children area.

## **9.2 Aims in realizing a maternal and children's area inside a Roma camp**

The watch group inside the camp aims at creating a reference point, possibly continuous, for the Roma citizen who must identify the Italian Red Cross maternal and children ambulatory as a physical place where to find preventive and social aid.

Main purpose of these ambulatories is to promote in together with the structure of the local sanitary units, health evaluations and preventive measures aiming at the safeguard of the wellbeing of mother and child..

Secondary purpose, but not less important, is to create a therapeutic alliance and protective net to determine a reduction of improper access in the emergency structures.

Targets of the maternal and child aid project can be identified and as follows:

- Improve living conditions and of the children's health status in difficult situations, assuring general and specialized medical assistance, knowledge of the basic hygienic-sanitary notions, psychological support, balanced nutrition and right to education
- Protect the mother through all the pregnancy, assuring assistance in diagnostics of gynaecological prevention and information (amongst which prevention and cure of transmittable diseases such as AIDS)

- Protect the nucleus mother-child providing and adequate perinatal assistance (favouring breastfeeding, promoting correct hygienic care of the child, etc)

### **9.3 Medical ambulatories for a maternal and children's prevention**

This regards fixed or mobile structures (maternal-child mobile units), built or set up according to the existing sanitary rules, managed by doctors in the maternal-children's area (paediatricians, neonatal medicine and gynaecologists) aimed at visiting and giving preventive medical care which would normally be provided in medical centres far from the camp or difficult to access (for example, hip ultrasound scan, paediatric check ups, etc). The ambulatory must be located in an easily, distinctive place inside the camp.

Possibly, such structure is to be located close a 118 ambulance unit, so as to enable patient transfer to hospital of reference, if needed.

The services offered should be those of a typical ambulatory in terms of prevention and summarized as follows:

Visits aiming at:

- Cancer prevention (pap-test, breast control);
- Prevention and cure of the main gynaecological problems;
- Knowledge of contraceptive methods;
- Safeguard of pregnancy;
- Sanitary and social aid for the voluntary interruption of pregnancy;
- Prevention and cure of sexually transmittable diseases;
- Home assistance, after delivery, to mother and child (promoting breastfeeding, etc);
- Evaluation of the health status and screening of the child (hip echography, ECG, ye visit, etc);
- Guarantee a correct vaccination coverage;
- Prevent the spreading of epidemics through educating mothers to hygienic personal care;
- Guarantee a correct hygienic nutrition to the child;
- Divulge knowledge of the basic rules for the safeguard of minors' health and promotion of children and teenagers rights.



#### **9.4 Reception**

An important part in the feasibility of the maternal-children's areas must be reserved to 'reception'. Reception intended as receiving with a warm welcome, opening a dialogue and hence favouring relations between patient and health worker: to facilitate such relation it would be desirable to carry out visits in suitable conditions or however considered as such by the users.

Such conditions are the following:

##### **1. Overcoming the language barriers:**

A fundamental role must be reserved for cultural mediation. For this purpose, it would be appropriate to have a cultural mediator, during the ambulatory activities, who is not simply a translator but an operator recognized by user and patient as a familiar because coming from the areas of origin or possibly integrated in a communication circuit of the community or new social groups (for example the Roma group)

##### **2. Access to the ambulatory in hours consistent with the actual working conditions:**

It is of utmost importance to understand the rhythm of life of the new users: dealing with people subjects to particular working conditions, it is fundamental that the approach is made possible during appropriate hours (for instance evening ambulatories).

##### **3. Riddance of ethnic-social mistrust:**

The spread of health Culture must be carried out with particular attention to prevention and with an attentive openness to the medical traditions of other countries: it is of primary relevance to acknowledge the actual areas of discomfort in order to intervene effectively and improve integration.

#### **9.5 Procedures to visit**

Visits will be made in agreed dates and in fixed hours possibly on a weekly basis.

Visits will be made in the respect of the different identities, with an open and flexible dialogue, showing willingness to learn different cultures.

Visits should aim at creating a therapeutic alliance respectful of the ethnic differences but also ready for sanitary education safeguarding children's health,

The visits will be carried out in suitable fixed sanitary structures, equipped as prescribed by the law, inside the camp and not door to door. Particular exceptions will be made (emergencies, necessities) and will be evaluated every each time by the Italian Red Cross person in charge.

Apart from particular exceptions, medicine must not be distributed freely inside the ambulatory (medicines often represent a status symbol for the Roma people more than an actual therapeutic necessity)

Particularly destitute patients with chronic diseases can receive medicines under personalized planned supplies deriving from the check ups of the disease (for example a supply of medicines for determined periods of time with mandatory check ups to access the new supply of medicine),

It would be better that the visits, and in particular the evaluation of the welfare of newborn babies, are encouraged through the distribution of comfort goods for the family (such as diapers, toys, etc):

It is top priority to favour breastfeeding in mothers. For this reason, it is categorically prohibited to distribute free powdered milk inside the camp, unless medically prescribed.

#### **9.6 Mobile units for mothers and children**

The mobile unit for mother and child is made up of a camper van equipped as a multi-functional ambulatory. It must be equipped as prescribed by the law and projected to carry out the greatest possible number of aid functions.

The distinct spaces are located, each one with access from outside, connected to each other through a central door. In this way these areas can work as distinct paediatric ambulances, in aiding flows through the collection of detailed case histories in the first space area and through and through visits in the second one.

A fully closable tent can be installed on the outside so as to create an external welcome area. The tent can be divided into two sections with independent entries to both internal spaces in order to have four (4) working units separated or connected to a sanitary route made up of substations (for example in vaccination the first space is intended for the reception and acceptance, the second as collection of case histories and visits, the third as actual vaccination, the fourth as observation prior dismissal).

The mobile unit must be equipped with autonomous lighting, running water, air-conditioning and ventilation as prescribed by the law, oxygen apparatus, LAN network and possibly a video-audio

system for children entertainment. It must be provided with the main electro-medical equipment to handle emergencies (cardio-monitor, DAE, etc). If possible, a scialytic lamp should be set up for small surgical operations. Moreover it should be provided with a refrigerator and lavatory.

### **9.7 Nursing ambulatory for mothers and children**

Where possible, it would be useful to have a nursing ambulatory for mother and child, in cooperation with medical staff from the paediatric and maternity areas. This for:

- teaching and divulging the main notions of prevention according to the guidelines (promoting breastfeeding, promoting rules for the prevention of SIDS, baby hygiene care, etc);
- carrying out little medications or measurements (managing the umbilical cord, evaluation of the nutritional status through the survey of weight and height, etc).

### **9.8 Behaviour**

Since the intervention of a humanitarian institution such as the Italian Red Cross represents an example for children inside a camp, it is appropriate to adopt a suitable behaviour (for example, avoid smoking during working hours inside the camp, avoid giving goods in a random manner like throwing presents in a crowd of children gathered around the operator, etc).

### **9.9 Evaluation of the project inside a Roma camp**

Locally speaking, the final adoption of the operation model on the camp must be applied only after an attentive consideration of the results obtained.

It will be necessary therefore to start at the same time a continuous monitoring by using an appropriate system of indicators and by promoting an operational procedure shared with the regional institutions and local professional realities involved for their evaluation.

## **10. Roma vulnerabilities-Red Cross Italy interventions**

*(Christopher Lamb; translated in the Italian version by E. Monti)*

Foreword

Upon invitation of the Special Commissioner of the Italian Red Cross Mr. Francesco Rocca, on the 16<sup>th</sup> December 2009 I visited the camp 'Casilino 900'. Mr. Rocca's invitation aimed at making me visit the camp and the conditions the Italian Red Cross had to deal with so as to offer advice on 'how to proceed afterwards'. This brief report tries to accomplish this task.

### **10.1 The camp**

Casilino 900 is a camp with makeshift lodgings occupied by more than 40 Roma families living in decaying and miserable conditions. Currently it is inhabited by 700 people all of Roma origin but with different backgrounds and competing interests.

Notwithstanding Roma people are considered nomadic, a lot of the families in the Casilino 900 camp have lived in the camp for decades. Some of them have come from Bosnia-Herzegovina, during the war in their country, come arrived more recently from Kosovo to escape from the local conflicts in that country. Others have been resident in Italy for a long time.

The life in the families follows the rules of their tradition and even if some have Italian documents, most of them lack the necessary documentation to play a real role in the Italian economy. The Italian law foresees that children attend compulsory school till 15 years of age, but most of them do not continue after this age. Children are taken to school by municipal buses, but there is no other means of public transport in the neighbourhood.

The Casilino 900 camp is located near a main road and a tramcar route. It is not however provided with local authority services, there is no electricity, water nor sanitary fittings. Most of the lodgings are temporary or makeshifts, often shacks or shelters of various recovery materials. There are five places in the camp where water taps can be found and there are portable toilets placed here and there between the lodgings. Some generators in the camp give electricity to the nearby homes for a few hours per day. I was there after a long period of continuous rain. The whole area of the camp was covered with mud and decent sanitary measures were only a dream. The miserable conditions are exactly described in the article quoted in the hereunder link:

[http://www.everyonegroup/everyone/mainpage/Entries/2008/4/20\\_Humanitarian\\_emergency\\_at\\_](http://www.everyonegroup/everyone/mainpage/Entries/2008/4/20_Humanitarian_emergency_at_)

[the\\_Casilino\\_camp\\_in\\_Rome.html](#), which has aroused debates in April 2008.

## **10.2 Red Cross Italy interventions**

The intervention of the Italian Red Cross is led by the Commissioner of the Rome Province Dr. Marco Squicciarini, who was in the camp during my visit. The Roma people are clearly fond of him, the children surrounded him and he was warmly greeted by the people including the elderly and the heads of the families.

He has been operating as a volunteer in the camp long before being nominated as Commissioner and faces the needs of the communities with a passion reciprocated by the population. The trust people place in him is palpable.

The Italian Red Cross does not run the camp, but supplies it with medicines and food. It keeps a register of the camp attendance in order to make an estimate of their demands and in the meantime it maintains an open dialogue with the provincial authorities, including the Police, whilst not divulging data on the population of the camp so as not to compromise the people's rights. As diversely reported by the media in some international news in 2008, the Red Cross does not take and has never taken fingerprints of the people in the camp.

The Italian Red Cross keeps good terms with the Church in supporting the psycho-social demands of the community, I once met, by chance, Don Paolo in a camp, a parson who has regularly been visiting the camp for a long time. Don Paolo stated that he does not try to convert people to Catholicism, noting that for most of them religion is insignificant but does allow access to the local structures. Those coming from Bosnia for example had previously lived in Orthodox or Muslim environments and now have easily adapted themselves to live in an Italian Catholic surrounding.

Don Paolo stated that the people have been living there in the same way for generations and do not seem willing to change. Western ideas such as baptism, marriage or funeral are far from them, like many other typical Italian ways of conceiving life. This has led the surrounding Italian population to a high level of intolerance towards Roma people, also nurtured by the lack of information and misunderstandings. Dr. Squicciarini gave an illuminating example of this: a girl, who had studied over her fifteen years of age, after having achieved a diploma in hairdressing and had been hired by a local hairdresser, saw the job refused when the employer discovered she came from the camp.

Don Paolo comes from a university, not from a local parish. I have had the opportunity to talk about his contribution in a meeting with the President of Papal Council for Welfare in the Vatican

(archbishop Zygmunt Zimawski), who was impressed by the story and intended to meet Don Paolo and visit the camp himself.

### **10.3 The future**

Dr. Squicciarini declared that the government these past years has been planning to close the C900 camp and other camps in the outskirts of Rome and move the people of these camps to a new camp supplied with electricity, water and sanitary fittings, This project still has to be realized, partly because no municipality in the Rome province has expressed the willingness to host such a structure. This is due to the intolerance and mistrust towards the Roma people but it must also be said that a lot of families of various camps do not want to move, even for better living conditions. They are used to the place they live, they know how to find what they need, and also obtain occasional jobs on the territory, moreover they feel comfortable living with each other.

The last aspect is important. Roma people are organized around family groups and there are not any Roma organization national or local capable of mediating negotiations on the basis of specific procedural rules.

In the meantime, the new camp must still be established, but the government does not have the actual incentive to supply new services for the C900 camp or others. The situation is socially paralyzed and the only organizations which continuously support the essential humanitarian needs these people, as far as I have observed, are the Italian Red Cross and the Church.

### **10.4 Recommendations**

The situation appears to purposely better exploit the auxiliary role that the Italian Red Cross carries on in the humanitarian mission: It is also worth thorough debate between the national European companies – those facing the Roma challenges in their countries and those where the Roma problems are not confronted by the Red Cross but are however part of the national and political, not to mention social, debate.

The Italian Red Cross should be, at every level - high and local, member of every governmental committee dealing with the Roma humanitarian problems. In these committees, it should be the leader of the measures reducing intolerance versus the Roma people and at the same time it should try to find an allocation of resources to assist the Roma people in stabilizing their existence in the Italian society and economy.

It should however avoid giving the impression in any way that its role is other than aiding humanitarian emergencies – managing to satisfy the needs of the community in clearly responsibility of the government.

Intervention in favour of the Roma people – other than supplying water and lavatories, clean and accessible areas, not to mention medicines and electricity – needs obvious and primary – should include the possibility to access computers, especially by children, Projects carried out in other parts of the world have proved that Internet gives great incentive to the population. Games too increase interest in the diffusion of literacy and the benefits deriving from the exchange of information and experience could lead to a rapid revitalization of the Roma ambitions, not to mention a growing interest in being part of the greater community around them.

Experience shows that computers can also be a significant factor in leading women and people traditionally relegated to marginal roles to a new life, through social and economic communities. This would be a further advantage for the C900 camp and other Roma camps.

Programmes of this kind could be supported by the advice of Infopoverty, an organization with head office in Milan which the Italian Red Cross has contacted in order to provide ICT to the secluded and disadvantaged communities in other parts of the world.

Such programmes could also be supported throughout Europe by the European Committee, actively interested in facing discrimination towards Roma people and adopting measures to help them.

The experience in dealing with the needs of secluded and disadvantaged communities around the world shows that the availability of public transport in a key-point. Casilino 900 despite logistically close to the tram route, does not appear well connected and it would be optimal that such problem is confronted by the Italian red Cross in its auxiliary role. Transport is necessary for people reaching their workplaces but also offers mobility to people traditionally unbound to larger communities. Access to Internet, as above mentioned, would speed up the need to have other forms of communication.

The Italian Red Cross should examine the possibility of cooperation agreements with other institutions engaged in assisting C900 and other Roma camps. This should underline the humanitarian and auxiliary capacities and take into consideration their points of view when forwarding requests to the governing authorities.

The importance of this problem in Italian politics suggests a structural understanding with the government, at an appropriate level, in light of which such government will recognize that the Association carries out activities in compliance to the Fundamental Principles Movement, but at the same time has the capacity of giving suggestions through its role as auxiliary of public authority in the humanitarian field. This agreement should be applied to all of Italy, at every governmental level.

Although the role of the Italian Red Cross as per that of the IFRC is not to get involved in the political debate that such problem has caused, nevertheless it is important that European Red Cross office in Brussels monitor the concern of the European Committee regarding the treatment of the Roma people in Italy and elsewhere, and the way in which the Directive 2000/43/EC on racial equality and the 2000/78/EC on the prohibition of labour discrimination and education are applied.

The Italian Red Cross could consider organizing a European meeting of Red Cross to discuss these problems in an appropriate moment and after careful preparation. The idea could be suggested in the next European Conference of National Companies (April 2010 in Vienna) to be held the first months of 2011.

For further documentation, it is possible to consult Dr. Squicciarini's website <http://www.crocerossachepassione.com> , the page regarding the European Committee

The European Community and Roma People:

<http://ec.europen.eu/social/main.jsp?catId=5188langId=it>

and the website of 'Infopoverty': <http://www.infopoverty.net>

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## **11. Solidarity and migrations medical service**

*(Lucia Ercoli)*

### **11.1 Foreword**

The solidarity and migrations medical service started in December 2004 and is located within St. Maria Madre Redentore Parish, following an agreement protocol among Policlinico Universitario Tor Vergata, Istituto di Medicina Solidale ONLUS (IMED) and the Diocese of Rome., due to the awareness of the difficult social and sanitary context on the territory and willingness in responding adequately to the many existing demands.

### **11.2 History and socio-demographic context**

From December 2004, the solidarity and migrations medical service started the activity of medical nursing and social aid assistance on the territory of the VIII Municipality in an outpatient structure set up in the premises of the parish church. This service has been realized thanks to the above mentioned parties.

The territory of the VIII Municipality ‘Municipio delle Torri’ includes suburban areas of Torre Maura, Torrenova, Torre Gaia, Torre Angela, Lunghezza, Borghesiana, San Vittorino, Don Bosco (partly), Torre Spaccata and Acqua Vergine off south/east Rome (mainly around the loop ‘Grande Raccordo Anulare’)

The VIII Municipality in 2003 counted 203.262 people, thus being the most crowded in Rome (7,23% of the city population lives there). The VIII Municipality claims a very uncomfortable record: from the research carried out by the Censis (a socio-economic research institute founded in 1964 ) on behalf of Regione Lazio (Latium Region - Report on poverty in Latium, 2002) it turns out to one example with the highest index of socio-economic hardship (index equal to 73,6 on 100).

According to this report, in that municipality the map of social hardship shows all the main poverty typologies. The territory is characterized, actually, by giving up of education, a high number of handicap bearers and destitute minors, high rates of juvenile and women’s unemployment and illegal work. The research shows in addition that in this territory there is the highest number of adults who went on the dole.

In this area, the number of migrants has risen from 1.595 units in 1991 to 10.287 units in 2002: the increasing number of foreigners has contributed in aggravating the effects of social hardship with

the lack of lodgings and primary services. In 2004, actually, the foreigners residing in this area were 15.371 – with an increase of 28,9 percentage points if compared to the previous year, the highest of the whole Municipality of Rome– and represented the 6.9% of all the migrants of the capital and the 7,4% of the population residing in the municipality.

Another demographic factor, which is specific of the Municipality, is the low number of elderly people. The Municipality is, in effect, the ‘youngest’ in Rome with the 18.3% of the population under 14.

### **11.3 Target and working methodologies**

Targets of the service are:

1. To realize a service easily accessible for the weak social groups (migrants, homeless, nomads, single mothers, minors and elderly people.
2. To receive people in conditions of extreme hardship (prostitutes, refugees, illegal residents, drug- addicts) who do not refer to other territorial sanitary structures.
3. An active medical offer: screening of specific diseases (a privileged observatory on some illnesses emergency thus recruiting patients who normally elude the offer of the regular territorial services).

Under a methodological profile, the assistance is guaranteed 10 hours a day from Monday to Friday thanks to the work of an equipe of 30 IMES volunteers (specialized doctors, psychologists and nurses), two units of PTV medical staff, 2 PTV OTA units, 1 unit of PTV administrative staff, 1 person in charge of PTV.

The assistance method is personalised and includes:

- reception, diagnosis, therapy, booking of analyses which are not included in the service;
- Taking in charge of whole family groups;
- Distribution of medicines to the patients, in amounts exactly corresponding to the duration of the treatment;
- Outpatient medical assistance for check ups of chronic diseases (hypertension, diabetes) and for the treatment of skin lesions.

The Solidarity and migrations medical service was able in these years to find new ways of assistance to remove obstacles, favouring the access and use of services; to allow the users to approach the assistance offer, to educate the users on the institutional rules and 'routes'; to reduce an improper access to hospital casualty departments; to create a privileged observatory for a clinical-epidemiologic and social study; to improve social assistance to less stable and vulnerable groups.

#### **11.4 Conventions and collaborations**

The growing and often complex assistance demand coming from the citizens belonging to 'weak' and 'at risk' sectors, has made it necessary to create a net of cooperation between the solidarity and migrations medical service and the existing and active structures on the territory, hereunder listed:

1. Vicariate of Rome which stipulated an Agreement with the Italian Red Cross, in order to defeat discrimination existing in the territory of the VIII Municipality and to create a call centre for social emergencies.
2. ASL/ RMB (Local Medical Unit) Mother-Child Counselling, Home for single mothers, social workers of the VIII Municipality of the 'Safeguard of Maternity ad Infancy' service.
3. ASL/RMB (Local Sanitary Unit) STP Migration Assistance, responsible Dr. Giuseppe Arcera
4. Hermes cooperative for the survey of the physical conditions of children and women coming from nomadic camps, aimed at specialized paediatrics and gynaecology visits.
5. Juvenile Court and VIII Municipality Social Service, which send family groups and minors in distress to the psychologist and family counselling service.
6. Caritas home for minors, giving foreign minors victims of torture a neuropsychiatric service.

#### **11.5 Results from the first four years of activity**

##### **Education activity**

Since 2005, the Solidarity and migrations medical service is known as the basis for compulsory training of professionalizing students in Medicine and Surgery at Tor Vergata, it is the location of the preparatory training for the State Exam and is attended by young doctors for the elaboration of specialization thesis in Gynaecology and Obstetrics, in Infectious Diseases, in Hygiene and Public

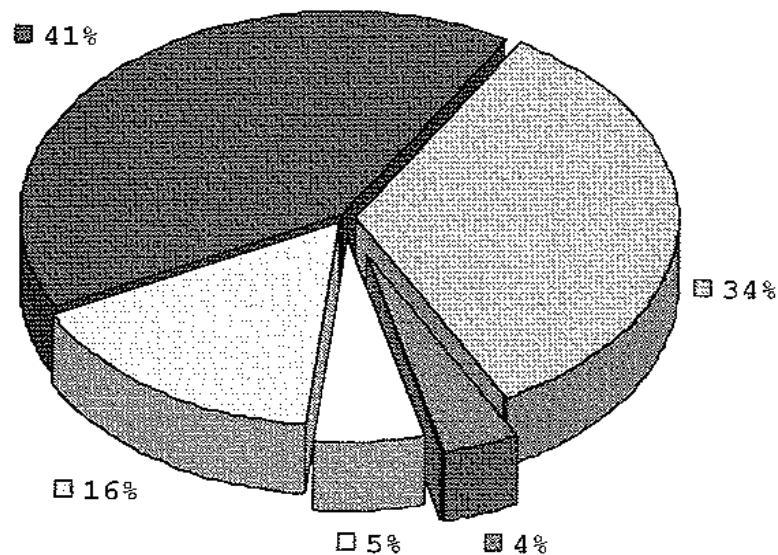
Health. From 2007, the service is also training for the School of Specialization of the Italian Association of Child Psycho-analytic Psychotherapy (acronym AIPPI).

Starting March 2008, an Agreement was undersigned with the Arts Faculty of Tor Vergata, which sends students of the Educational Psychology Course for professional training.

### Assistance Activities

In ten years of activity, over 40,000 people have been assisted in the multi-functional outpatient clinic. 8,000 adult patients and 1,200 paediatrics are currently assisted; this service became a reference point on the territory for whole family groups.

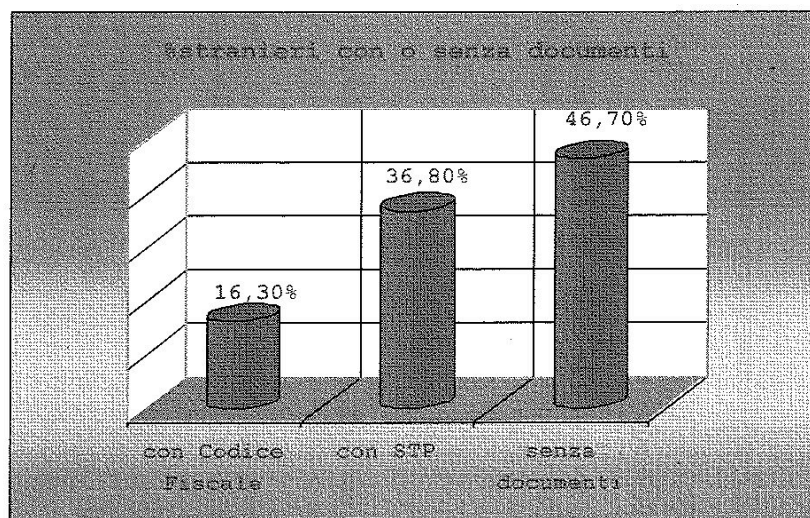
Distribution of patients according to geographical areas



*a) Africa 34% b) Central Southern America 4% c) Asia 5% - d) Western Europe 16% e) Eastern -Europe 41%*

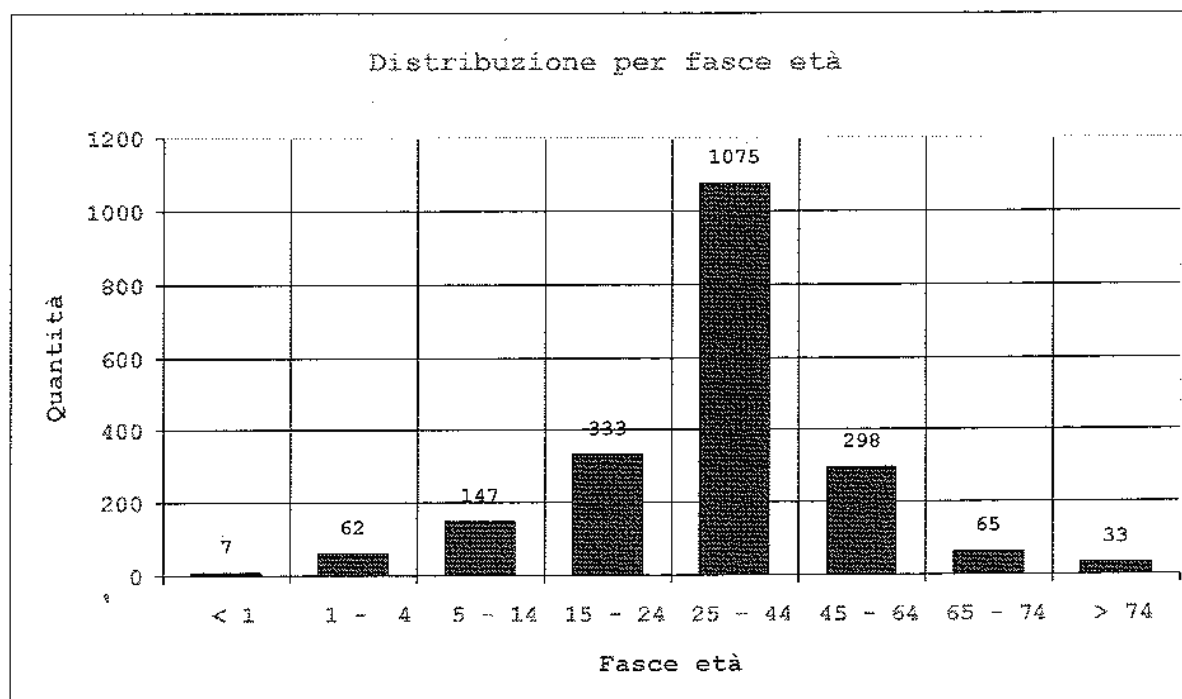
Picture 1. Population using the service

The 70% of the patients assisted is migrant or nomadic. The 41% of our patients come from Eastern Europe (of which 82,4% from Romania), 34% from Africa (of which 87,3% from Nigeria)



Picture 2. Foreign population divided by ID type

Most of the patients do not have a regular residence permit and live in precarious lodgings, shelters or crowded makeshifts, with no water nor toilets.



Picture 3. Population per age groups

The average age of the patients is around 29.

The most frequently observed illnesses are diabetes, hypertension, obesity, chronic respiratory affections, sexually transmissible diseases, chronic liver pathologies, psychiatric sickness in children and adults.

The 70% of the patients are women, often forced in circuits of exploitations. The 50% of the women come to our service during pregnancy and thanks to the intervention of our gynaecologists they were supported even in conditions of extreme fragility, avoiding abortion.

This factor is particularly relevant considering the high index of abortion in migrant and nomadic women ( up to 25 voluntary interruptions per woman) which is frequently followed by secondary sterility.

Studies in screening sexually transmissible diseases have been suggested through the action of cultural mediators who have elaborated with us some didactic essays to be distributed among the different communities.

The experience built up in these four years and the frequent surveys for the mapping of the difficult areas of the V, VIII and XI Municipalities, showed the growth of anomalous settlements of nomads and migrants. In these settlements, absolutely identical to the shackle villages of developing countries, hundreds of women and children live in miserable conditions. The lodgings are in ruins , there is no drinking water nor electricity, no lavatories, the youngest live in conditions of promiscuity and violence, forced in exploitation scenes. In some of these situations, particularly in the Casilino 900 camp, some voluntary doctors of the Solidarity Medical Service guarantee a weekly presence listening to the resident nomads and addressing them to the service for some health problems, in particular women and children are under a surveillance plan on gynaecological, infectious and paediatric diseases.

In relation to the complex sanitary and social reality of the territory, the multi-functional outpatient clinic has created a reference net with the local institutions, among which the VIII Municipality, ASL/RMB (the local health centre), some representatives of the different communities of migrants, thus assuring not only the 'welcome' and orientation activity of these too often forgotten people, but also a direct, accessible and high qualified medical assistance.

## 11.6 Sanitary education and primary prevention activity

Since 2005, in cooperation with the some Embassies and migrants communities, screening campaigns for health education and prevention of diffusive pathologies (HIV, hepatitis, sexually transmissible diseases, TBC), cancer (cervical uterine and breast cancer), metabolic (diabetes, obesity, hypertension, malnutrition). These activities with the help of cultural mediators have been organized in education stages regarding health issues carried out inside the community, in distributing translated booklets, in the free offer of diagnosis tests carried out both during public holidays and normal services. Over 3.000 people of which 70% women have benefited from free tests and visits.

Monday	Tuesday	Wednesday	Thursday	Friday	
7.30-8.30	Blood test center	Blood test center	Blood test center	Blood test center	
Morning 9.00-13.00	Migrations Medicine Internal Medicine	Internal Medicine Hepatology Sexually Transmitted Diseases	Infectious Deseases infettive Gynaecolog y Psychology	Cardiology (10.00- 13.00) Internal Medicine Paediatrics	Internal Medicine Migrations Medicine Paediatrics
Morning 10.00-12.00	Welcome Service Socio- sanitary Counselling Center	Welcome Service Socio- sanitary Counselling Center	Welcome Service Socio- sanitary Counselling Center	Welcome Service Socio- sanitary Counselling Center	Welcome Center Socio- sanitary Counselling Center
Afternoon 14.30-18.00	Internal Medicine Paediatrics Neuropsychi atric	Breast Surgery Oncological Surgery Ginecologia	Internal Medicine Diabetes Studies Pneumology Psychology	Breast Surgery Oncological Surgery	Childhood Neuro- psychiatry. Psychology Cultural Mediation Group "Help Help"

Table 11.1 Weekly calendar of services

## **Opening hours**

The ambulatory activity is guaranteed 10 hours a day from Monday to Friday 9.00 to 1.00 pm and 2.00 pm to 6.00 pm.

The sample centre is open on Monday, Wednesday and Friday from 7.30 am to 9.30 am.

### **11.7 Description of interventions in the nomads Casilino 900 camp**

Our presence inside the settlement began in October 2006, upon request of the same resident nomads in the camp who made use, as patients, of the Solidarity and migrations medical service . During six months of active service, our intervention (on a weekly basis) was finalized in creating a contact with the family groups to overcome on one side mistrust and hostility and on the other side the superficial and prejudicial knowledge of what it means to live in Casilino 900.

The first stage of the intervention allowed us to learn the environmental conditions of the settlement: precariousness, lack of water and sewage system, piles of rubbish hardly ever removed, unpaved roads which get flooded with mud during a rainy day. In particular, we were interested in children's conditions, about 250, and we decided to organize some educational-recreation activities, sort of 'parish youth club' inside the camp, organized in moments of game playing, listening and 'religious reflection'.

Observing the hygienic and nutritional situation, we also created "a snack time "as a further opportunity of cheerful sharing.

At the end of this first phase, two things appeared to be clear: the most evident structural lack was that of a suitable place for the activities with the children and the most painful poverty is the lack of adequate education and the absence of evangelization. Therefore, we have suggested the same nomads to restore a tiny old container, that , in accordance with the VII Municipality, was placed on the large square in front of the camp, that in the meantime became 'headquarters' of our activities and of the various meetings of the whole community. At the same time we have additions to our initiative, namely the seminarists of the Roman Major Papal Seminar and some nuns (Pie Maestre Venerini, Suore della Carità di S. Giovanni Antida, etc). We attended twice a week then three times a week; the services we carried out, from October 2007, were the following: reception, after-school time, socialization support, health education, catechesis, organized playtime. There were about 50 children participating to the suggested activities with assiduity and continuity.



To further create a connection between the VII Municipal territory and the nomad camps, we edited a magazine entitled 'Figli dello Stesso Padre' (Children of One Father) which is also the slogan written on the facade of an old disused and abandoned repair shop in the middle of the square. The magazine was used to illustrate and explain the various activities carried out by us and other groups and associations operating in the camp, to the citizens, to the realities involved with the nomads, to the schools, to the institutions and moreover voiced the spokesmen of the community on their expectations for the future and of their children in our city of Rome.

During the celebration of Christ King of the Universe, Christmas and Easter, we organized a party for all the camp, organized in a short liturgical celebration, in the distribution of gifts to all the children, in sharing the typical celebration sweets. Also a lot of adults came to these three parties. These occasions have been important to establish a real and proper alliance with many families who invited us to visit their homes and tell their stories, often characterized by a forced uprooting from their land for reasons of war, often of ethnic and/or religious nature (Bosnia, Kosovo, etc).

On Easter Day we visited the shacks one by one, for a greeting, a prayer and a wish: even if very poor, their welcome was warm and sincere, almost brotherly.

In March 2008, we set up a short training based on simple first aid techniques for the girls in the camp.

Despite the technical difficulties and growing tensions (tied mainly to the climate of political clash arising on safety issues used for electoral purposes), we maintained our constant presence assuring a 'mini summer camp' on the theme of Noah's Ark, also attended by students of the Tor Vergata University, doctors from the University General Hospital, artists from cultural associations. The proposed activities were mainly recreational: drawing, singing, dancing, playing games. The children were very constant and applied themselves with great tenacity also in the difficult activities, requesting continuous advice and instructions to the entertainers and scrupulously following the four given rules. Our target for the next year is to carry on the service on three different main fronts: education support, to help those who are not integrated at school and those who show serious deficiencies in spite of education; finalized catechism, if requested, for the sacraments of a Christian initiation; sanitary intervention aiming at the hygienic-nutritional aspect.

## **11.8 Training**

In 2007 two courses have been organized for migrant women and nomads, regarding the service, for birth delivery preparation and mother-care training.

The courses were on a weekly basis (3 hours) and lasted 12 months. The goal of the course was to support women in maternity experience, assisting them in the discomfort arising from the fragility of the social contexts, economic poverty, poor relations in which migrants and nomads carry on their pregnancy. The courses were attended by 20 women; training involved PTV specialists in Gynaecology, Obstetrics, Paediatrics, Child Neuro-psychiatrics, infectious diseases. At the end of the courses, the nomads with the diploma issued by the service, were involved by the Hermes association as child assistants in the nursery set up in the nomads camp in Via Salone.

## **12. An experience “on the go”: promoting health care among Roma people**

By “Società Italiana di Medicina della Migrazioni” (Medical Italian Society for Migrations)

SIMM expresses a serious concern about health conditions of Roma and Sinti people, settled on our territory; many among them are Italian citizens who live in a very deteriorated and marginal social environment. These conditions have been censured in many international reports.

We hereby stress the importance to support the right of these populations, to a favourable health condition, by foreseeing adequate projects and interventions to foster sanitary and social integration.

In detail, as far as accessibility to services is concerned, it is urgent that health service on the territory should take care of the matter, also envisaging medical service through an integrated public and private approach together with enhancing competences of Roma and Sinti people.

From the report X Consensus Conference on Migrants health – Trapani, Italy-5-8 February 2009

The commitment to promote health among Roma people in the city of Rome is the story of a continuous research. All along these years, the work of health operators acting in GrIS and in the medical area of Caritas Diocesana has been the research of a method to introduce health care among Roma people.

It is like Roma and Sinti way: the habitual attendance of a population on the go, shows to us how to be a team on the road, to always be under discussion and approach a different culture, where relationship with others is at the top.

### **12.1. Foreword: who we are**

Italian Society of Migrations Medicine (SIMM) was founded in 1990 under pressure of groups and organizations which were operating in different parts of Italy to guarantee a health care right to migrants who were on the national territory.

Today SIMM is considered a national “policy network” exchanging experiences, scientific facts and considerations on a health and local policy. This was mainly due to the strategic idea of enhancing collaboration and knowledge among those committed in granting the right, the accessibility and use of medical services to immigrants. To do so, they emphasized everyone’s experience and started from what can join people. The result is a network activity using a methodology of application in local groups of health immigration called GrIS, which are SIMM task forces on the territory. They are located in different places in Italy and work on joint projects thus listed:

To inform and debate on legal national and local aspects, on initiatives taken by public services and voluntary services plus by the private social services

To include in internet network groups, individuals, competences and resources both related to assistance and education

To elaborate some proposals under a political-organizational profile

To act through an “advocacy” action on institutions

In 1995 the first GrIS is being created, GrIS Latium, with the aim to put in internet information, knowledge, the way to optimize assistance services and promote policies and initiatives regarding a “no exclusion health”. At present in GrIS Latium different thematic groups are operative: one is concerning Roma and Sinti people, another one is working on asylum claimers and refugees, the third one representing all health services operating in the Region, called “GrIS-Public Health care”

The GrIS on Roma and Sinti people was created as a fundamental step on the research of medical operators active within Caritas Health care services. It inherited its operative way and carried on its commitment by intensifying it.

## **12.2. First actions**

In 1987 the Health care organization of Caritas Diocesana in Rome focused its attention on Roma and Sinti people health promotion; it happened when a team of medical doctors and nurses accompanied by some operators of Nomads Institution, started a periodical tour at the numerous camps in Rome, with a sanitary camper. They carried on medical activities, as well as gynecological, pediatric, prevention medicine, epidemiological observation, environmental and hygienic observation, not to mention an anthropological survey.

This initial approach, however, which was based on an active support and a usual attendance on the field of action, even though still considered fundamental, was not sufficient to start a real integration, even considering the use of public medical services. Since the beginning they realized to be in contact with a population which not only lived in a situation of poverty and social isolation but had its own cultural and complex identity, expressed in different ways.

It aroused then the need to develop, together with a direct intervention, the research of a methodology being adequate to the peculiar reality of Roma and Sinti people; it also was evident that initiatives and communication strategies were necessary to overcome emergency limits and send Roma and Sinti people to public medical services, thus allowing them to follow normal health care procedures.

The need to involve all those interested on this problem came out from these thoughts, and the SIMM appeared to be an adequate interlocutor to be involved in scientific and technical environment with the Nomads Organization and other local specific associations.

## **12.3 Health with no exclusion: network activity**

GrIS Roma and Sinti was born - but has also become - the privileged place where one could think about the need to find an appropriate approach to health promotion in the reality of the Roma people. The activation GrIS Roma and Sinti first allowed to intensify the work to establish a

communication network to the social private environment, always there in the camps, and health professionals of the local health area, with the aim of ensuring adequate access and acceptance in related healthcare facilities. This networking realized a program called "Health with no exclusion" which aims to promote the right to health for everybody, through the adoption of public health strategies focused on social and public-private synergy and on an active offer of health services.

### **12.3.1 Vaccination Campaign 2002**

In 2002 a vaccination campaign was promoted; it was aimed at children of 32 camps and surveyed by the social-private office in the territory of Rome.

The goal was to bring a rapid immunization coverage of children in Roma settlements, but also to bring health operators to Roma population. Thus it was critical not only to release Roma people from the camps by promoting the use of services but also to bring at the same time health operators in the settlements, beyond the boundary that divides the "civil" society from Roma society.

In a period of three weeks (between March and October 2002) about 160 operators of five Roman Medical units visited the camps to provide active immunization, supported by around 90 brokers of private social work daily in such settlements. The campaign ended with the vaccination of 2000 children, equal to "80% of the children", with the consequent reduction in uncovering vaccination from 40% down to 9%.

The success of this campaign has led to questions about how we could proceed in order not to lose the results and preserve the relationship established between health facilities and the Roma population, with the goal of continuing to promote the rights and protection of health perspective of empowerment.

Although it is recognized the effectiveness of the campaign as a strategy of intervention to bring to the attention of health institutions and professional issues the social health of the Roma people (especially in a context like the one of Rome, with a high number of settlements located in different medical administrations) it is easier than her character of intervention gives rise to a drift-charitable rather than ordinary practices of inclusion.

### **12.3.2 The 2006 campaign for accessibility to health services**

After a careful evaluation methodology, in 2006 a new campaign was promoted, coordinated by the "Public Health Agency (Laziosanità-ASP)", whose objective was this time to strengthen the relationship between Roma communities and health services area and not only to provide a locally based service as it was in the 2002 vaccination campaign.

The specific objectives of the 2006 campaign and accessibility of health education were:

Information about available health services in the area, using special cards concerning the access routes to the area relevant structures.

Health education on prevention of diseases, protection of children's health, suitable lifestyles for the reduction of cardiovascular diseases through the support of illustrated booklets.

An active control service of blood pressure in adults, and verification of immunization coverage of children.

An active orientation to the relevant departments in relation to identified needs (vaccinations, pregnancy, chronic illnesses, etc.).

The campaign has first planned a training program to increase awareness of social and health operators on trans-cultural medicine and give them some basic tools to address high-impact relationships, which require high communication and interactive skills.

The following operational phase is divided into 10 days in the camps in a period of two weeks (between October and November 2006). 140 health operators were involved from five local health units of Rome as well as numerous private social workers involved in the paths of education, mediation and direct assistance to the Roma camps. Health operators, supported by private social operators, visited the 33 settlements in the territory of competence of their health unit, to meet Roma people by providing simple medical care such as vaccinations and blood pressure, but mainly to disseminate information on local services and on a lifestyle to safeguard their health.

The 2006 campaign was a milestone in the path of action/ research that characterized the work of Caritas, as it was possible to test and develop an intervention strategy based on the following methodological principles:

- \*networking;
- \* integration between public and private sectors;
- \* multidisciplinary approach and active involvement of the population involved (both the design and operational phase);
- \* attendance on camps;
- \* provision of services;
- \* identification and adoption of models adaptable to specific realities.

It was also found that access to services can be improved by acting on several fronts:

To make the population aware through the health education and personalized contacts between operators and Roma people, in order to overcome mutual mistrust and prejudices;

- \*implementing a socio-medical path through an easy access;
- \*offering specific training for health and social operators.

This experience caused the request of the Ministry of Labour, Health and Welfare to Caritas of Rome to try the same approach on a national scale, with the intention to extrapolate strategies to be shared and implemented.

## 12.4 Testing models of intervention: *the fixed points*

The project named "Access to health services and health education for Roma people: testing a model of intervention through the creation and distribution of a special booklet", sponsored by the Ministry of Labour, Health and Social Affairs and coordinated by local Health units of Caritas of Rome, began on April 2008. The proposal of the Ministry has set up an important occasion for a national validity and replicability of a methodical approach so far successfully tested in a local context.

The main purpose of the project was in effect to test strategies and intervention tools that allow the approach to Roma and Sinti communities by public health institutions, through the empowerment of social and health operators, to guide the proper use of local health services and to actively give health education, according to a possible methodology in any Italian area.

Some urban areas were then selected, which were distributed on the territory where to launch actions aimed at promoting the right to health in Roma and Sinti communities, through the detection of needs, the guidance to local health services and distribution of a health education booklet, starting from the 2006 campaign methodology that was based on public-private integration, an active offer, flexibility and participation of Roma and Sinti communities themselves.

In particular the following specific objectives were defined:

- a) Selecting from 3 to 6 local health institutions based on the involvement of private institutions and social-private institutions and on the presence of Roma-Sinti people on the Italian territory (north-south-center, large-medium-small sized cities).
- b) Making a booklet with health education contents and with a complete map of local services referred to each local context.
- c) Distributing the brochure in the communities of Roma and Sinti people's selected territories with an active offer of medical services, guidance to local services and health education.
- d) Checking the effectiveness of intervention, sharing results and proposing methodological recommendations to be repeated on a national scale.

The project was divided into several stages, in accordance with the objectives listed above. Specifically:

Step 1 - Identifying the real situations to be involved.

Step 2 - Comparison between the real situations and the reconsideration of the operational tools, with a particular attention to the health education brochure.

Step 3 - Meeting with Roma / Sinti people, social and health data collection, distribution of the brochure and guidance to facilities.

Step 4 – A final Workshop to share experiences, to identify critical issues and define the methodological lines of action considered to be effective.

Involved situations	Settlements	Institutions	Developed activities
Messina	S. Rainieri	Chrysalis Cooperative	Health education and brochure distribution
	Maregrosso Via Don Blasco	ASL Messina	
		Caritas Diocesana Messina	
Palermo	Favorita	S. Egidio Community	
		ASL 6 Palermo	
		Student Missionary League	
Florence	Poderaccio	CAT Coop. Soc	Guidance to services
	Masini	AS 10 Florence	
	Spontaneous settlements:	MEDU - Public Health Dep. - FI	Health and social data collection
	Quaracchi, Osmannoro, Longinotti		
Milan	Via Vaiano Valle	(NAGA) S. Egidio Community	
Rome	Salone	ERMES Coop. Soc	health education brochure distribution
	14 settlements in V, VII, VIII and X municipalities	ASL RMB	Health and social data collection
Trento	Camp	Kaleidoscopio Cooperative	Health education and brochure distribution

**Table 12-1 - Really involved situations and main realized activities**



The final considerations of the project, excerpts of which we report, are with no doubt some thoughts on the concrete experience of a year's work, but also the result of 20 years of progress and research: the "10 key points to help accessibility to services for Roma and Sinti people" which we offer are another important step in this journey, which in any way we consider concluded.

*The project “Access health services and health education for Roma people: testing a model of intervention through the creation and distribution of a specific brochure “, created and financed by the Ministry of Labour, Health and Welfare (April 2008 - October 2009) was certainly an occasion to compare, study and investigate the situations involved on a topic often unknown. It was a good evaluation of different local situations, among different subjects in the same situation.*

*A first consideration that we face is a great experience, enthusiasm, commitment and professionalism in the voluntary, private- social and public services. If the voluntary and private social services could be expected of this high level because traditionally in the forefront on issues addressed by the project, the real surprise is to be found in the public sector even though some way expected given the Roman experience. It showed the same passion, the same enthusiasm accompanied by high professionalism. Often in this field the selected persons were particularly interested and motivated, but not always the structure follows its operators’ stimuli, the risk of institutional-abandonment is around the corner, thus we must constantly defend space and funding, when available. But it is not possible not to start from this heritage institutions, spread throughout Italy, widespread guarantee of commitment over the time (which means that it is not being ended with the project financing, real Achilles’ heel of social cooperation) that must be supported and valued for what they are and may also be in the paths of protection of socially vulnerable populations. In the spirit of subsidiarity, which also the project emphasized , the alliance / public - private social services is crucial: we experienced the fantasy of voluntary service of Florence, the concreteness of social cooperation From Trento, the ability of groups from Milan and Sicily, the Roman constant commitment and desire to get involved and involve all health agencies.*

*All actors (public and private) involved in the project required, as an essential common element, the participation of Roma themselves not only as objects but as an active intervention in the design and planning of actions. This was also done to varying degrees among the different realities in relation to the history of the community, attendance and relationships existing between the groups and people, and it is a common denominator that, if improved, could lead to unforeseen developments unpredictable today. It is not casual that participation and empowerment are two words that in our meetings and in this report echo several times. That said, thanking everyone for their efforts, it's time to make some recommendation for an effective model of intervention provided as a final outcome of the project. Perhaps the only recommendation that can be done with certainty is that there can be no single model of intervention: thus recommendations are qualitative and with a scheme of 10 points for a further methodological reconsideration. The reading of the various experiences in this project and the path held in Rome in recent years, in the interest of public health, has evoked the image of public health looking like a chameleon.*

*It is a non beautiful animal often unloved whose name is also associated with negative meanings, but whose key feature is to have developed a mimetic ability necessary for both defence (it is virtually invisible to predators), and attack (able to approach the prey without been noticed). Public health is not in this logic of preys and predators, but it certainly needs to understand and to be understood, not to arise fears and to be present, ask questions and pretend answers, speak different languages and produce unique attitudes towards health. It must have the ability to adapt health services to the target population and to do this you need to customize including the specific cultural values, habits, beliefs and behaviors related to health of the reference population. Precisely for this reason there may be rules and standards, standard tools, standard approaches, but everything is camouflaged and adapted on human group of reference and, if it is true what*

witnessed by the project, together with the human group. The ultimate goal is to ensure accessibility to services for all, equal opportunities and to give autonomy to start courses and processes of health.

There is still a final consideration: we demand participation, commitment, responsibility for population groups, Roma and Sinti, who often face conditions of forced isolation, social exclusion and environmental inequality and in some cases, intolerance. Sometimes it seemed hypocritical to talk with them about their health problems, the behaviour to have, the habits to change in extremely degraded areas where no human dignity is to be found, by charging them of serious responsibilities, like wrong policies, uncertain organizations and hostile behaviour – even though they could have a minor part in all this. Hereunder some aspects which are essential in our view to an effective public health approach with this population – and not only this one – are summarized.

1 Caritas of Rome-Health without exception - Testing of interventions to promote access to health services and health education for Roma and Sinti in Italy, edited by S. Geraci, F. Motta, A. Ricordy - sponsorship of the Italian Society of Medicine of Migration, 2009

### **Ten key points to facilitate accessibility to services for Roma and Sinti**

1. Always act on the two reference populations: Roma / Sinti and health operators.
2. Networking among institutions, within institutions and, above all, foster integration between the public and private social / volunteering.
3. Designing interventions and actions with a multi-professional approach (medical, social, anthropological, psychological ...).
4. Implementing training for operators with both technical and operational contents and the rights, the relationships, the management of the prejudices.
5. Involving in an active way the reference population (both in the planning stage and in the operational one).
6. Encouraging direct contact between operators and people on the spot for a mutual understanding and creating personalized contacts between operators and Roma people.
7. Ensuring, at least in a first phase or as required, an active offer of the services in the camps, not only medical care but also specific guidance and health education.
8. Reviewing the operational structures for everybody, with a view to accessibility for the weakest populations, offering easy access to the services and a good relation ability.
9. Identifying models of intervention adaptable to specific situations.
- 10 Reasoning with a view to mediation-system, i.e. the process of organizational change, where relationships and proper communication with the user is always guaranteed, either through any specific professionals (mediators, interpreters, facilitators) or through the continuous acquisition of expertise and careful network. **Information: [www.simmweb.it](http://www.simmweb.it)**

## 13 Infectious diseases: immunization, "core vaccination" and health education

(Laura Pacifici, Flavia Riccardo)

### 13.1 Health and Migration, the case of Roma people

*The United Nations defines a migrant as any person who lives temporarily or permanently in a country WHERE HE OR SHE WAS NOT BORN, and has acquired some significant social ties to this same country. In Eurostat data collection, a migrant is a person who establishes his or her usual place of residence in the destination country for 12 months or more.*

#### **ECDC Migrant health: Background note to the "ECDC Report on Migration and infectious diseases in the EU".**

Although it is generally agreed that migrants suffer most from infectious diseases than the host population, the situation "photographed" by the literature describes a complex reality that, regarding the most studied economic migrants, derives from balance between the probability of pathogens endemic import from countries of origin, the pre-selection of economic migrants who are mostly young adults in good health and health issues related to living conditions in host countries, thus related to socio-economic determinants and the access level to health services<sup>1,2</sup>

*Transition-brought about a general drop in the standard of living, as well as major social costs. However, Roma people seem to have paid a greater social cost than the majority of population, particularly as far as extreme poverty is concerned.*

#### **"Impreuna" Agency for Community Development, Roma Access to Social Services 2005 Facts and Trends.**

Structurally different from migrants, not only the economic ones, even though closely linked to migration is Roma population. It is a pan-European minority, which is present in almost all Member States of the Council of Europe (Table 13-1) and consists of approximately 10 million people<sup>3</sup>, although the population estimates are very variable.

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1 R. Ravinetto, C. Lodesani, U. D'Alessandro, L De Filippi, A Pontiroli *Access to health care for undocumented migrants in Italy*, The Lancet, Volume 370, Issue 9605, Page 2070, 22 December 2007 doc: 10.1016/S0140-6736 (07 ) 61872-8

2 R. Watson BMJ 2009; 339: b3895 doc: 10.1136/bmj.b3895

3 Alvaro Gil-Robles, Commissioner for Human Rights, *Final report on the human rights situation of the Roma, Sinti and Travellers in Europe*, Strasbourg, 2006 (available at

<http://www.coe.int/t/dg3/romatravellers/documentation/Education/CommDH%202006%20en.asp> access 07.12.2009)

4 The estimate of Ian Hancock's in 1987 for "*all Gypsies in the world*" was 6 to 11 million, from Wikipedia ([http://en.wikipedia.org/wiki/Romani\\_people#cite\\_note-27](http://en.wikipedia.org/wiki/Romani_people#cite_note-27) last accessed 7/12/2009 )

5 Estimates of the Economic Committee of the Roma people

6 Wikipedia *Romans Population* (# [http://en.wikipedia.org/wiki/Romani\\_people#cite\\_note-27](http://en.wikipedia.org/wiki/Romani_people#cite_note-27) last accessed 07/12/2009)

7 Alvaro Gil-Robles, Commissioner for Human Rights, *Final report on the human rights situation of the Roma, Sinti and Travellers in Europe*, Strasbourg, 2006

## Regions with significant Roma population

	Official data	Source of data
<b>Spain</b>	650,000 (1.62%)	OpenSocietyInstitute2002, The Situation of Roma in Spain ( <a href="http://www.eumap.org/reports/2002/eu/international/sections/spain/2002_m_spain.pdf">http://www.eumap.org/reports/2002/eu/international/sections/spain/2002_m_spain.pdf</a> )
<b>Romania</b>	535,140 (2.46%)	2001 Census in Romania ( <a href="http://www.edrc.ro/recensamant.jsp?regiune_id=0&amp;judet_id=1579&amp;localitate_id=0">http://www.edrc.ro/recensamant.jsp?regiune_id=0&amp;judet_id=1579&amp;localitate_id=0</a> )
<b>Turkey</b>	500,000 (0.72%)	EurasiaNet, Roma Rights Organizations Work to Ease Prejudice in Turkey, 22 July 2005. ( <a href="Http://www.unhcr.org/refworld/docid/46ef87ab32.html">Http://www.unhcr.org/refworld/docid/46ef87ab32.html</a> )
<b>France</b>	500,000 (0.79%)	Euractiv (news agency) Situation of Roma in France at crisis proportions – Report, December 2005 ( <a href="http://www.euractiv.com/en/security/situation-roma-france-crisis-proportions-report/article-150507">http://www.euractiv.com/en/security/situation-roma-france-crisis-proportions-report/article-150507</a> )
<b>Bulgaria</b>	370,908 (4.67%) 205,720	Census 2001 in Bulgaria ( <a href="Http://www.nsi.bg/Census_e/Ethnos.htm">Http://www.nsi.bg/Census_e/Ethnos.htm</a> )
<b>Hungary</b>	(2.02%) 200,000	Census 2001 in Hungary ( <a href="Http://www.nepszamlalas.hu/eng/volumes/06/00/tabeng/4/load01_11_0.html">Http://www.nepszamlalas.hu/eng/volumes/06/00/tabeng/4/load01_11_0.html</a> ) Estimation of the Roma population in Greece in 2000
<b>Greece</b>	(1.82%) 182,766	( <a href="Http://www.nchr.gr/category.php?category_id=99">Http://www.nchr.gr/category.php?category_id=99</a> )
<b>Russia</b>	(0.13%) 130,000	Census 2002 in Russia ( <a href="Http://www.perepis2002.ru/ct/doc/English/4-1.xls">Http://www.perepis2002.ru/ct/doc/English/4-1.xls</a> )
<b>Italy</b>	(0.22%) 108,193	Estimated ERRC 2000 ( <a href="Http://en.wikipedia.org/wiki/Demographics_of_Italy#Languages">Http://en.wikipedia.org/wiki/Demographics_of_Italy#Languages</a> )
<b>Serbia</b>	(1.44%)	2002 census in Serbia

([Http://www.statserb.sr.gov.yu/zip/esn31.pdf](http://www.statserb.sr.gov.yu/zip/esn31.pdf))

**Slovakia** 89,920 2001 census in Slovakia  
(1.71%) ([Http://sodb.infostat.sk/sodb/english/2001/format.htm](http://sodb.infostat.sk/sodb/english/2001/format.htm))

**Germany** 70,000 Estimation of the Roma population in Germany  
(0.09%) ([http://www.bmi.bund.de/nm\\_1043178/Internet/Content/Nachrichten/Reden/2007/03/BM\\_Roma\\_und\\_Sinti\\_in\\_D.html](http://www.bmi.bund.de/nm_1043178/Internet/Content/Nachrichten/Reden/2007/03/BM_Roma_und_Sinti_in_D.html))

**Macedonia** 53,879 Census 2002 in R. of Macedonia  
(2.85%) [http://www.stat.gov.mk/english/glavna\\_eng.asp?br=18](http://www.stat.gov.mk/english/glavna_eng.asp?br=18)

Table 13-1 - Regions with significant Roma population, official estimates and proportion of the population

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4 The estimate of Ian Hancock's in 1987 for "all Gypsies in the world" was 6 to 11 million, from Wikipedia ([http://en.wikipedia.org/wiki/Romani\\_people#cite\\_note-27](http://en.wikipedia.org/wiki/Romani_people#cite_note-27) last accessed 7/12/2009 )

5 Estimates of the Economic Committee of the Roma people (Last accessed [http://www.coe.int/t/dg3/romatravellers/Documentation/strategies/statistiques\\_en.asp#P11\\_143](http://www.coe.int/t/dg3/romatravellers/Documentation/strategies/statistiques_en.asp#P11_143) 07/12/2009)

6 Wikipedia Romans Population (# [http://en.wikipedia.org/wiki/Romani\\_people#cite\\_note-27](http://en.wikipedia.org/wiki/Romani_people#cite_note-27) last accessed 07/12/2009)

7 Alvaro Gil-Robles, Commissioner for Human Rights, Final report on the human rights situation of the Roma, Sinti and Travellers in Europe, Strasbourg, 2006 (available at <http://www.coe.int/t/dg3/romatravellers/documentation/Education/CommDH>)

8 Škarić-Juric T., Martinović Klaric I., N. Smolej Narančić et al. *Trapped Between Tradition and Transition - Anthropological and Epidemiological Cross-sectional Study of Roma in Croatia Bayash* Croat Med J. 2007; 48:708-19

9 Institute for studies on public opinion \_ *Italians, Roma and Sinti in comparison* ', a quantitative research institute for studies on public opinion, European Conference on Roma, Rome 2008

10 WHO social determinants of health [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/) last accessed 7/12/2009

11 "Impreuna" Community Development Agency for Roma Access To Social Services 2005 Facts and Trends

([Http://www.coe.int/t/dg3/romatravellers/documentation/Employment/roma% 20access% 20to% 20social% 20services.pdf](http://www.coe.int/t/dg3/romatravellers/documentation/Employment/roma%20access%20to%20social%20services.pdf) last accessed 07/12/2009).

12 Hajioff S., McKee M. *The health of the Roma people: a review of the literature published J Epidemiol Community Health* 2000, 54:864-869

13 Rudan I. *Health Effects of Human Population Isolation and Croat Med J. Admixture* 2006; 47:526-31

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Despite this important demographic relevance, studies on the health status of Roma people are very rare. Because of the now sedentary habits of most of these populations <sup>7,8</sup> and the European citizenship of many individuals (in Italy according to a study of 2008 the percentage is of 56% <sup>9</sup>), socio-economic determinants of health <sup>10</sup> play a major role in this category of immigrants than in others. The Roma generally suffer the health consequences of isolation and poverty <sup>11</sup>, cultural isolation <sup>12, 13</sup>, which they face more than indigenous people, with a certain heterogeneity among countries concerning levels of intolerance and legal restrictions <sup>14, 15</sup>.

The health of Roma people in Europe, according to available data, is worse than that of hosting European populations. Some studies suggest an infant mortality rate four times higher and a life expectancy of 10 years less <sup>6</sup>. A study on the Roma population in Romania in 2005<sup>17</sup> describes some socio-demographic elements which could contribute to this phenomenon as:

- early pregnancy (between 30 and 40% - they gave birth before 18);
- a higher average fertility in the general population (an average number of children per family to 3.19),
- high unemployment (52% in 1998);
- high rates of poverty (in 2001 52.2% of the Roma lived in extreme poverty);
- Poor access to health services (in some of the communities under observation, from 50 to 90% of the members had not registered with a public health service);
- poor environmental hygiene.



The Roma community in Romania, one of the most populous in Europe, is composed primarily of young people. In 1998 children from 0 to 14 years represented one third of the elderly population and 5% with an average age of 24 years. The trend noted by researchers describe a rise in the marriage age and a decrease in fertility in the future that will lead to an increase in percentage of population over sixty. Currently the 91.3% of the Roma over 60 years live in families that provide them with greater social support if compared to the contemporaries of the general population who generally live alone.

The above cited study describes a particularly vulnerable population in the area of maternal - child health. In the field of preventive health, it stresses the fact that a significant percentage of the population under 14, eligible for vaccination, has no access to health services. These data are also confirmed by other studies in the same field. (Table 13-2)

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14 Alvaro Gil-Robles, Commissioner for Human Rights, *Final report on the human rights situation of the Roma, Sinti and Travellers in Europe*, Strasbourg, 2006 (available at [http://www.coe.int/t/dg3/romatravellers/documentation/Education/CommDH%282006%291\\_en.asp](http://www.coe.int/t/dg3/romatravellers/documentation/Education/CommDH%282006%291_en.asp) last accessed 12/07/2009)

15 Nicoară M. *ERRC Action as Poland and Slovakia Are Reviewed by the United Nations Committee on Economic, Social and Cultural Rights* European Roma Rights Centre 2002

(<Http://www.errc.org/cikk.php?cikk=1422> last accessed 07/12/2009)

16 Hajioff S., McKee M. *The health of the Roma people: a review of the published literature* J Epidemiol Community Health 2000, 54:864-869

17 "Impreuna" Community Development Agency for Roma *Access To Social Services 2005 Facts and Trends*

Sector	Central message of the cited study	Proposed Determinants
Children's Health	Hungary: Roma children have a double probability to be prematurely born with a significant number of born children under weight 2.500 kg.	Health Education Maternal and Children assistance
	Spain: Recessive autosoma syndromes are Seven times more common among Roma than in the general population. This datum was assigned to a major rate of consanguinity (12 times bigger among Roma)	Consanguinity
	Spain: Morbidity excess of medium otitis in Roma children	Socio-economic difficulties
	Lead poisoning (Spain) and burns (Greece) Are more common among Roma children	Environmental health Overcrowding
Reproductive Health	Bulgaria: Almost a half of pregnancies In 13-16 years old girls, took place among Roma adolescents Bulgaria: Only 61% of Roma women follow Contraception on a regular basis- abortions are more common than in the rest of population Spain: a low use of contraception. The datum is taken from Roma people habits concerning a study on the use of contraception.	Poor health education Poor knowledge of contraception Poor knowledge of contraception
Non transmissible illnesses	United States: In a report on a small group of 58 Roma 73% were hypertensive, 46% diabetic, 80% hyper-cholesterolemic with a high concurrent risk factor from cigarettes smoking (86%) and obesity (84%). United Kingdom: Inequality in access to prevention and care of dental services.	Poor health education Unequal access

	Hungary: With reference to mental health, studies are Conflicting. Some among them refer of a higher Percentage of suicides with comparison to the general Population.	Socio-economic difficulties
Transmissible Illnesses	Romania: Infections from micro bacteria are reported More often, and increasing among Roma with respect To the general population. Spain: Higher leprosy prevalence among Roma. Spain: High rates of hepatitis A and B among pregnant Roma women- taken from sero- prevalence tests.  Evidence of an excess of hepatitis E morbidity in this Population (Boemia) – hepatitis C also more common Among Roma prisoners than others (Spain)  Spain and Rumania: Wild type poliomyelitis Virus epidemics were reported among Roma	Socio-economic difficulties Unequal access to Health services Health education Overgrowing Socio Economic difficulties  Poor health education (A hepatitis) tattoos Poor immunization B hepatitis  Low vaccinal coverage

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Table 13-2 <sup>18</sup> : Cited studies on Roma health from 2000 survey – interested health sector and possible determinants

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18 Hajioff S., McKee M. *The health of the Roma people: a review of the published literature* J Epidemiol Community Health 2000, 54:864-869

## 13.2 Infectious diseases with greater impact on Roma population than on other European populations

(Laura Pacifici, Flavia Riccardo)

“ It has already been established that there is higher morbidity and mortality from infectious diseases among local migrants and socially disadvantaged groups. The dual role of Social and Environmental factors and the quality of the healthcare system in infectious disease mortality has been recognized”.

*ECDC Infectious diseases and social determinants Stockholm, 2007*

### 13.2.1 Diseases non preventable through vaccination

Although it referred specifically to leprosy only - in the field of communicable diseases not preventable by vaccination - the study of social determinants for Roma populations (Table 13-2) indicates that diseases linked to poor hygiene, overcrowding and poor education health may be more prevalent in these communities. Among these diseases, pathologies oro-faecal transmitted such as food poisoning and typhoid fever, respiratory infections and those transmitted by direct contact such as exo-parasite disease (scabies, lice, etc...) Despite the rise of sexually transmitted pathogens such as HBV among Roma people, the low use of barrier contraceptives and the presence of other risk factors such as toxic addiction and prostitution<sup>19</sup>, two studies conducted in Spain about a population of prisoners and one about drug addicts, found a lower HIV sero-prevalence among Roma than in other ethnic groups<sup>20</sup>. The low prevalence of HIV among Roma was also confirmed by a more recent study carried out in Bulgaria<sup>21</sup>. While the ECDC report 2009 on Epidemiology of HIV / AIDS among migrant communities and minorities does not deal specifically with Roma population, some problems identified between economic migrants as the most advanced stage of disease at diagnosis, higher rates of TB co-infection, more problems of social discrimination and stigma, difficulty in accessing preventive services and clinical management of disease, high levels of poverty, unemployment, may also be relevant to these patients.<sup>22</sup>

The lack of studies about the prevalence of infectious diseases, non preventable by vaccination, in Roma communities of different countries if compared to the general population, does not allow a better definition of the problem. Recommendations in this field can only be at present addressed to a better hygienic and sanitary conditions, an easy access to health services in hosting countries and a better health education. A global action must be addressed more to modify social and economic health determinants than to specific diseases. Interventions of public health can be thus more specific, whether epidemic episodes will be identified more attentively and rapidly and even more when the epidemiologic situation of Roma people will be better known.

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19 N. Petrosillo, G. Bröring, *Health of the World's Population Rome Lancet* Vol 368 August 12, 2006

20 Hajioff S., McKee M. *The health of the Roma people: a review of the published literature J Epidemiol Community Health* 2000, 54:864-869

21 Gyarmathy V. A. Ujhelyi E., A. Neaigus *and selected blood-borne HIV and Sexually Transmitted Infections in a predominantly Roma (gypsy) neighborhood in Budapest, Hungary: a rapid assessment* Cent Eur J Public Health 2008, 16 (3) : 124-127  
 (<http://www.britannica.com/bps/additionalcontent/18/34569894/HIV-AND-SELECTED-BLOODBORNE-AND-SEXUALLY-TRANSMITTED-INFECTIIONS-IN-A-PREDOMINANTLY-ROMA-GYPSY-NEIGHBOURHOOD-IN-BUDAPEST-HUNGARY-A-RAPID-ASSESSMENT> last accessed 12/07/2009)

22 Migrant Health ECDC Technical Report: *Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU / EEA Countries* Stockholm, July 2009

### 13.2.2. Vaccination preventable diseases

The problem of low vaccination coverage in Roma communities in Europe is widely known. A recent comparison showed statistically significant differences between Roma children in Slovenia and Slovenian children in preschool age in relation to immunization coverage for polio, diphtheria-tetanus and measles-mumps-rubella. The rates of vaccination coverage in Roma children were around 70% (Table 13-3) <sup>24</sup>. In the same study, it was highlighted that the immunization coverage for measles, mumps and rubella for Roma children of school age was not statistically different from the one of Roma children in preschool age, implying therefore the lack of subsequent immunization campaigns.

Comparison of Populations Poliomyelitis(%) Diphtheria-Tetanus(%) Whooping cough(%) Measles Mumps Rubella

	(p= 0.000)	(p= 0.000)	(p=0.000)	
Slovenian children in pre-school age	92,	92,4	92,3	94,0
Roma children in pre-school age in Slovenia	70,3	66,1	66,1	71,6

Table 13-3 - Comparison of vaccine coverage between Roma and Slovenian children in Slovenia in preschool age, Kraigher A. et al 2006 .

Roma communities, with their high proportion of children and young adults and low immunization coverage, is an area of population vulnerable to epidemics of diseases preventable with vaccinations. Not surprisingly, in recent years in Roma communities in Europe, numerous outbreaks have been reported (Table 13-4).

Epidemic	Affected Country	Year	Involved Population	Source
Measles	Bulgaria	From April 2009 on	Mainly Roma	I.Marinova
			Communities living in the	Euro surveillance
			North-East of the Country	Vol. 14- Issue 26
				2 July 2009
Hepatitis A	Slovakia	August-November 2008	A Roma village	L Hrivniakova
				Euro surveillance
				Vol. 14- Issue 3 –
				22 January 2009
Hepatitis A	Greece	July – November 2007	Roma Populations	A. Vantarakis
			At the North-East	Epidemiol. Infect 2009
			Of the Country	Nov 27:1-7
<b>Measles</b>	Serbia	January – march 2007	98.7% of cases among Roma population	Z.Seguliev Eurosurveillance, Volume 12, Issue 11, 15 March 2007
<b>Measles</b>	Italy	June-September 2006	Roma Populations (Bozen, Latium, Sardinia)	A.Filia Eurosurveillance, Volume 11, Issue 41, 12 October 2006
<b>Hepatitis A</b>	Bulgaria	June-September 2006	81% of morbidity in 2 Roma communities	WHO EURO Outbreak report: Hepatitis A in Bulgaria, Plovdiv Region
<b>Poliomyelitis</b>	Bulgaria	2000	3 Roma children	M. Kojouharova Bull World Health Organ vol.81 no.7 Genebra

Table 13-4 - Recent outbreaks in Europe from vaccine preventable diseases, 2000-2009

23 Vladimirova N., Kojouharova M., Kurchatova A., Minkova A., Dente M.G., Declich S. and the EpiSouth Network ([www.episouth.org](http://www.episouth.org)) *Free vaccination access for mobile Roma children and current spread of measles in Europe: EpiSouth project results* ([www.escaide.eu/site/download.cfm?SAVE=2572&LG=1](http://www.escaide.eu/site/download.cfm?SAVE=2572&LG=1) ultimo accesso 7/12/2009)

24 Kraigher A., Vidovi M., Kustec T., Skaza A. *Vaccination Coverage in Hard to Reach Roma Children in Slovenia* Coll. Antropol. 30 (2006) 4: 789–794

Another group which is vulnerable to diseases preventable by vaccination is the one of Roma women in fertile age . Various reports<sup>5</sup> carried out on screenings on pregnant women proved that:

- hepatitis B vaccination rates are lower than the general population;
- lack of awareness when they are found with serum conversion HBsAg + or anti HCV + ;
- high susceptibility to virus A infection;
- an increased risk of infections to virus E, given the difficult sanitary conditions of life.

### 13.3 The case of tuberculosis

Over the past 50 years we have witnessed a significant decrease in TB cases in most EU countries. However, this decrease was not consistent in all countries. TB remains a public health problem in Europe:

the re-emergence of disease in vulnerable population groups;

the emergence of drug resistant strains;

the increasing proportion of new imported cases of people coming from highly endemic countries, have arrested the downward trend (Rieder et al. 1994; Lienhardt, 2001; Falzon & van Cauetern, 2008; Jakubowiak et al., 2007 cited in the report 2009 ECDC<sup>26</sup>).

Although there is epidemiological evidence that the problem of the amount of TB is relevant in Europe, it was demonstrated that material deprivation is much more important than in the country of origin (EASAC, 2007 cited in the report ECDC<sup>27</sup> 2009). Living conditions deteriorated, in situations of overcrowding and poor ventilation or no home and no proper nutrition, not only expose those with TB prior to a reactivation of the disease, but also to the rise of new infections in previously healthy subjects (Gandy & Zumla, 2003; I, 2003; Gagliotta et al. ECDC<sup>28</sup> 2006 cited in the 2009 report).

The mentioned difficulties are associated to problems common to both economic migrants and Roma communities such as reduced access to health services and poor health education, factors that help not to improve awareness of the disease and methods of prevention. The usual behaviour of migrants communities and ethnic minorities towards the general population makes TB a limited public health problem : “ It is important to stress that an increasing number of clinical molecular and epidemiological studies indicates that the risk of transmission of TB from the community of migrants to the population in host countries is low. This clearly demonstrates that the problem of control of tuberculosis among migrants consists mainly of a guaranteed access to individual diagnostic services to the care for treatable infectious diseases. (Cain et al. 2008, Dale 2007).<sup>29</sup>

### 13.4 A “minimum standard” in the European vaccination calendars

*It has become increasingly apparent that there is a need for Member States (MS) to discuss childhood vaccination schedules. The work done by the EU-funded VENICE and EUVAC projects has shown marked variation in vaccination schedules around Europe. This variation in vaccination schedules is encountered worldwide and — up until January 1999 — might have been governed partly by national traditions and historical vaccine registrations at the Member State level.*

#### **ECDC Scientific panel on childhood immunisation schedule: Diphtheria-tetanus-pertussis (DTP) vaccination, 2009.**

As argued in the report of the WHO-Europe "October 2004 " Immunization has had a dramatic effect in preventing child mortality, preventing millions of deaths each year by reducing the risk of disability due to infectious diseases." In Europe a process of revision and redefinition of vaccination protocols of children has taken place, in order to formulate an effective vaccination basic schedule (minimum vaccination schedule). ECDC in this area also proposed to provide a framework for children with a history of migration, considering the difficulties in vaccine coverage and the consequent effects on public health<sup>30</sup>.

The review of available literature identifies four infectious diseases preventable by priority core vaccinations - Table 13-5). A valid immunization with high coverage (90-95%) would mainly aim at:

helping to meet national targets for the eradication / elimination of both international (polio / measles) and individual countries (rubella congenital<sup>31,32</sup>),

defending groups of patients at risk (Hepatitis B)

reducing the probability of occurrence of outbreaks in Roma communities (Hepatitis A).

Priority immunization identified on the basis of currently available data, should be accompanied by immunizations for tetanus, diphtheria and pertussis, these diseases involving high individual risks (tetanus) or public health (diphtheria), and being generally included in the vaccine calendars of member countries.<sup>33</sup>

<b>Pathology</b>	<b>Grounds</b>	<b>Vaccinal Coverage In Europe WHO 200734</b>	<b>Vaccinal Coverage among sectors of Rom/Non Rom population</b>	<b>Seroprevalence among Rom/non Rom population sectors</b>
----- --	----- -	-----	-----	----- ----
<b>Poliomyelitis</b>	Pathology being Eradicated <sup>35</sup>	96%	70.3% /92.6% (Slovenia: children Rom/non Rom pre-scholar age 2006 <sup>36</sup> )	
<b>Measles/MMR</b>	Pathology being eliminated <sup>37</sup>	95%	71.6%/94.0% (Slovenia: Slovenia: children	



			Rom/non Rom pre-scholar age 2006 <sup>38)</sup>	
<b>Hepatitis B</b>	Highly present Pathology in pregnant women (Tabella 13-2)	78%	14% /96% (anti-HBs(+), anti-HBc(-) (P < 0.0001) (Greece: Rom/non Rom children in a degraded suburb 2007) <sup>39)</sup>	22%/0% (P < 0.0001) (Greece: Rom/non Rom children in a degraded suburb 2007) <sup>40)</sup>
<b>Hepatitis A</b>	Pathology causing recent epidemics in Europe	ND	ND	98.3% / 32.7% (P < 0.0001) (Greece: Rom/non Rom children in a degraded suburb 2007) <sup>41)</sup>
<b>Tetanus-Diphtheria-</b>	Avoid mortal pathologies	96%	66.1% /92.4%(P=0.000)	-
<b>Pertussis</b>	(tetanus ) and potentially epidemic (diphtheria)		(Slovenia: Rom/non Rom children in pre-scholar age 2006 <sup>42)</sup>	

Table 13-5 - Priority vaccinations / core vaccinations

Immunizations proposals in this text are not exhaustive and only represent the authors identified priority areas based on the basis of current scientific evidence. It should be desirable that all immunizations being adopted in each member country could be made available to vulnerable populations such as Roma and that their vaccination coverage would be comparable to the one of the general population in the near future.

### 13.5 Conclusions

*In most countries I have visited, the Roma populations face considerable obstacles to the enjoyment of basic rights, notably in the fields of access to health care, housing, education and employment and are often disproportionately affected by poverty. Discrimination and racism, also resulting in violence, remain serious problems throughout the continent, and present a major impediment to the full enjoyment of human rights and fundamental freedoms.*

#### Commissioner for Human Rights, 2006.

As it was expressed by the Council of Europe in Recommendation 1203 (1993) on Roma and Sinti in Europe: "The gypsies occupy a special place among minorities. Living scattered throughout Europe they can not refer to a country being their proper one and they are a true European minority, which does not correspond to any definition related to national or linguistic minorities ...". In recent

times, the nature and purpose of movement of Roma and Sinti have changed. In fact, some old transit countries have become their permanent home, while on the other hand ethnic conflicts and civil wars have accentuated migrations in Europe. The change achieved has made even more important the inclusion of Roma in the healthcare European service and in the individual European national health programs. According to research carried out "a large percentage of Roma perceive health as the absence of disease and illness as a disabling phenomenon linked to death. This perspective leads immediately to seek help and to an excessive use of emergency services. But it also leads to disrespect for the sanitary performances globally intended, which are then suspended as soon as symptoms disappear.<sup>43</sup>

Health professionals often have difficulties in communicating with Roma patients, not only due to issues related to language barriers but also to different cultural models. Within Roma community, concepts of health and disease are extended beyond the individual and to the group and community. Health professionals may experience difficulties arising from the involvement of relatives in the patient's whole therapeutic process.

For their part, Roma can find a particular complexity in the different types of communication, the different criteria for assessing the quality of treatment as the length of time, the doctor-patient empathy, the different ways to express concern. The goal of health programs must be to reduce health inequalities, improving the health of Roma community in accordance with the cultural patterns of the community in particular by maintaining and enhancing the leadership role of elders and women as custodians and transmitters of knowledge . Family ties may have an important development in terms of health by providing health support for allowing a better therapeutic compliance.

A health strategy directed to Roma communities should consider education programs aimed to health in the medium term, which should reduce the socio-economic determinants that so profoundly affect the health of the population.

Programs such as:

- health education;
- promotion of personal and community hygiene;
- proper nutrition;
- parenting training;

should be put together with an active offer of vaccination priority (Table 13-5) and screening according to age groups.

To reach Roma community, "hard to reach" according to an international definition, and to implement these goals, the future will see Roma included in the various levels of social network, providing subprograms of intermediate peer training and empowerment of the community.

Authors note

All data submitted by the authors in this book derive from papers published in international journals available online, reachable through a research on common search engines (Google, PubMed) and using idioms known to the same authors themselves (Italian, English, French, Spanish). In case of studies which do not fall into this category, they have not been taken into consideration.

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## **14. Gipsy Mission: Roma people and Addictions management**

*(Villa Maraini: Vincenzo Palmeri, Ettore Rossi)*

### **14.1 Foreword**

The spread of drugs and of alcoholism among Roma / Sinti populations in the territory of Rome has long been known; data provided by Opera Nomadi, Caritas of Rome, Institute of Health and Institute of St. Gallicano about the evolution of the phenomenon confirm the stable presence among Roma people in Abruzzi, while they reported a recent rapid emergence among Roma people from the States of the Balkan Peninsula. For Abruzzi Roma communities, it was stated that about 3% of the population makes regular use of heroin, mostly taken intravenously, with numerous cases of death by overdose - 7 in 2000-2005 - and cases of infection with HIV-AIDS with an increasing use of cocaine. About populations from the East Europe, it emerges an even more alarming datum, because it appears to be involved in drug use the 10% ca. of the total population, with a large segment of minors consumers; another emerging datum is the use of drugs, alcohol and psychotropic drugs among young Roma women, related with obvious mental health problems. The Italian Red Cross in recent years has played the role of the star in the assistance to Roma population stationed on the Roman territory, by observing over time the high incidence of the drugs in the social environment, a problem that necessarily must be given a prompt and efficient solution.

### **14.2 Partner - Villa Maraini Foundation**

The Villa Maraini Foundation, since its beginning in 1976, applied the principles of the Red Cross in its actions to assist people affected by drug addiction. Principles such as humanity, neutrality and impartiality have given the strength to organize different answers to different problems that drug recalls. In 1998, starting from the experience of Villa Maraini, CRI was the promoter of ERNA, the European Network of Federations of Red Cross and Red Crescent. In 2003, the IFRC adopted the guidelines for action on drug addiction followed in Villa Maraini, arriving in 2007 with the "Rome Consensus" declaration to be designated as top leader from the 119 National Red Cross Society members, which were following the promotion and implementation of humanitarian approaches concerning drug policies.

The first structure was the therapeutic daily community, an agreement with the RM D health unit, which so far has received 2,000 people. In 1986 it was opened the "phone to help", a contact by phone for users who were attending the traditional services to talk about drugs, HIV and legal issues related to addiction. 130,000 calls were registered. With the time, the personal contact became a greater involvement need until the creation of an ambulatory program helping users who were working. Today 120 drug addicts are followed through interviews and therapy groups with a three-year program.

After these services of a "high threshold", Villa Maraini responded to needs that were growing more and more with the "evolution of" use and abuse of various substances. With the rise of drug addicts in prison, "Prison Project" was born which follows such persons in detention and alternative measures. Since 1986 we have received and responded to 28,500 letters from Roman and Latium

prisons, carried out psychological 8,900 groups in prison and allowed 780 people to benefit from an alternative measure to imprisonment at Villa Maraini.

In the early '90s we started to implement a research strategy of addicted people in the streets and in places frequented by them with harm reduction and "low threshold" interventions, expanding the number of interventions and increasing services offered to them. Units operating to the Termini Station and Tor Bella Monaca have performed 850,000 operations contacting 16,500 people with misuse, distributing 280,000 condoms, 650,000 340,000 sterile syringes and withdrawing used syringes in the context of the interventions for the prevention of HIV, hepatitis and STDs . 1570 interventions were made against opiate overdoses , all of them with a positive result.

In the field of pharmacological interventions, with the activities of the outpatient and the emergency service by car, 8,300 people were assisted, with an average of methadone treatment of 230 people per day in 2008, while the emergency operations were 2,122. From 1995 to 2006 Villa Maraini has offered 84,000 places in the two night centers dedicated to addicted, homeless or with temporarily housing difficulties people. The reception center, which primarily houses people contacted in the street, since 1994 has housed about 6,800 people who were psychologically and medically assisted, also through hot meals, showers and change of clothes. 760 drug addicts were instead received in the Guidance Centre, a transition service between the first reception and the entry into the Community. In 2001 a service alternative to detention was opened and dedicated exclusively to Td with legal problems, which accepted so far 500 people. The work of information and prevention in schools contacted 20,000 students, while the website [www.villamaraini.it](http://www.villamaraini.it) has so far received 190,000 contacts.

Among its interventions, the Villa Maraini Foundation was in the " Gipsy Project "in 2003-2004, in collaboration with other institutions, by order of the Municipality of Rome, finally turned to care and prevention of drug abuse in Roma population settled in the Roman territory; it was then continued in assisting people from nomad camps in the period 2008/2009 and has so far assisted 155 Roma, including 104 males and 51 females with a much higher rate than the average overall Td. female population.

### **14.3 “Street Emergency Team” Service**

“Outreach work "is a term that defines specific objectives and operational approach to those who “live "on the road. Back in the '20s in the U.S.A some initiatives were activated in the various local areas with the aim to establish meaningful contacts with youth gangs. Another significant historical experience was the one in the Netherlands in the 70s, where some drug consumer groups became street emergency team (operators) like, in order to reduce the spread of hepatitis B. Only in the late '80s, what already happened in other European cities including Amsterdam, Berlin, Liverpool and with a growing number of addicts not in treatment, the underground motivated some local areas to start interventions aimed at this target.

### **14.4 Direct and indirect beneficiaries.**

The project aims to intervene for people involved in drug use and abuse of alcohol and / or at risk of involvement, belonging to Roma / Sinti Communities in the territory of the Municipality of Rome.

## 14.5 Main and secondary goals.

The main goal the project aims to is to contact the largest number of Roma involved in the use of psychotropic substances in order to plan interventions to prevent and reduce risks resulting from such behavior, possibly using cultural mediators who will facilitate the effectiveness and penetration of interventions. It will thus facilitate a conscious access to local health and social services, at first going to offer direct actions; it is also possible to identify some sub-objectives closely linked to the main ones, such as:

- To inform social health and cultural resources in the territory;
- To facilitate and to send the contacted persons the access to programs of therapeutic treatment related to outpatient, semi-residential or residential way;
- To create a network of existing services with specific expertise, by increasing the integration between services and particular users;
- To lower the level of petty crime, by reducing the demand for substances and thereby reducing the necessity for money needed for drugs.

## 14.6 Actions

Establishing a mobile guidance center in the camps. Consumers research and contact in the camps. Identification of consumers and non consumers and possible mediators. Building meaningful relationships with consumers in order to make prevention messages effective and to change risky behavior related to drugs and synthetic mix. Distribution of information materials and gadgets on the characteristics and effects of synthetic drugs, on the behavior and the precautions to be taken in case of illness. Psychological counseling and unstructured information. First intervention for harm reduction through health care and distribution of food and water, psychological support and integration with healthcare. Verification of the possibility of a family reunification in case of young people separated from their families. Access to "Villa Maraini medical outpatient clinic for pharmacological treatment.

## Interventions

- a) syringe exchange, distribution of condoms and distilled water (optional);
- b) information TD / AIDS (possibly sending to Villa Maraini outpatient clinic for HIV testing);
- c) interventions in overdoses;
- d) emergencies and medical counseling on the spot or at an outpatient clinic;
- e) episodic counseling;
- f) First Aid;
- g) distribution of life-saving Narcan medicine;
- h) sending and / or accompanying to public and / or private services;
- i) distribution of ad hoc designed information material, realized by this Institution or other ones.
- j) possible contacts with relatives.

## 14.7 Methodology

### Arrangements to admit users who benefit from the service

People who come to the service can access with a simple request or need for help. They are welcome inside the structures which, in this case, besides their function of reception, are also used as medical and psychological counseling. The reception method of the service develops a relationship of trust with people trying to create a calm atmosphere in a difficult environment like the street is. The service intends to offer a therapeutic opportunity even if the person is still addicted, thus tending to decrease the risk and to discover an alternative to living in the street.

### Work "on the street"

A direct action inside nomads settlements: we are going there and we are being accepted by them interacting with a human group as a whole, doing the first attempt to overcome their mistrust and offering interventions to health protection.

### Research - Action

Only by being available to a specific action in responding to expressed health needs and proposing a joint work of health promotion it is possible, as well as ethical, to collect reliable data that allow us to know this unknown and largely complex reality.

### Teamwork

In the work of different teams professionalism, experience, ability are conveyed and this becomes the space in which to respond to the many facets of need being presented to us and to face, to reflect upon together, to put together the pieces of a puzzle of what anyone of us understand or experience, where to seek common solutions to be pursued. Moreover, the team as a group sets up the first cultural mediation, i.e. acts as a bridge between two worlds which do not communicate: between nomads and health facilities by identifying accessible procedures, between nomads and municipal authorities proposing acceptable solutions to some environmental measures, between nomads and various companies providing complete and correct information. Our presence should then be characterized by a combination of perseverance/flexibility.

## 14.8 Organization of the service: Itinerant Teams

The itinerant teams should be using adequate means, such as a camper with medical facilities, two support vehicles available for Red Cross to assist directly on the spot, such as organized camps or not. For each round of operational service, the presence of two social workers with previous experience of drug addiction, a psychologist, a doctor directly on the spot or in the outpatient clinic and Red Cross volunteers (Pioneers, VDS) is guaranteed. The training and use of cultural mediators who can facilitate the penetration of the interventions is also expected. Itinerant teams are on service all odd days (Monday, Wednesday, and Friday) from 10.00 to 16.00 and answer at: 339/49.77.620.

The outpatient clinic is available daily from 9 am to 21 pm.



## 14.9 Staff and costs

### FEES

Responsible Coordinator	€ 700,00
Socio-sanitary operator	€ 2.160,00
Psychologist	€ 1.222,00
Doctor	€ 2.448,00
Cultural Mediator or others	€ 600,00

TOTAL COSTS OF STAFF € 7.130,00

Consumables (fuel, food  
stuffs, medical products,  
drugs etc.) € 1.370,00

<b>TOTAL MONTHLY COSTS</b>	<b>€ 8.500,00</b>
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**Table 14-1 – Monthly Financial Plan**

### Necessary Vehicles

A camper equipped with:

ECG

Defibrillator

Pulsometer

Assisted respiration bag

2 Off-Road vehicles

1 9-seats escorting minibus



## **15. Training Courses for volunteers: hypothesis for a standard training in order to let volunteers access Roma Camps**

*(M. Teresa Condello)*

### The health operator in Roma Camps

In recent years a particular attention has been given to Nomadic population living in urban areas and matching with every day real life.

To move from an excess of welfarism on to participation, especially as far as the hygienic-sanitary aspect is concerned, it is necessary that volunteers are well motivated and well trained, in particular for what concerns the sanitary aspect.

The training at the Italian Red Cross is based essentially on 2 steps:

- 1) the first step is a general overview and some know-how on the First Aid; it enables to access Red Cross.
- 2) the second step is more specific and it concerns the activities which one intends to carry out.

Since it is very difficult to identify, within the present specialized courses, an adequate training for operators who could be active in Roma camps, it is necessary to establish an educational standard identifying the following skills:

- To be a volunteer of the Italian Red Cross, therefore having followed a preliminary course, in which the History of the Red Cross and its Principles, the rudiments of the International Humanitarian Law, the techniques of the First Aid referring to the Guidelines of B.E.P.S (European patent for First Aid) are being taught. This kind of course is sufficient to adequately face daily problems;
- To have followed a training course on Epidemiology and Prevention in which it is necessary to treat the infectious dangerous situations, the infectious diseases, the right hygienic and prevention rules. This kind of training gives the volunteer a know-how to become, in turn, a tool of information, training and health education.
- To have followed a training course on the psychological attitude of the volunteer concerning above all the tools for a real communication. The communication aspect has to be exploited and strengthened, taking into consideration the respect of interaction among different cultures.

A meeting with the cultural mediators, before beginning the activities, should be advisable in order to learn traditions, culture, religion and habits for a correct approach,.

The contents of these Guidelines should be formalized in a specific training course, to be held in one day and assigned to all volunteers of the Red Cross who are interested in operating in Roma Camps.

## 16. International Law and migrants

*(Sister Anastasia Siena)*

The policy of the International Movement of Red Cross and Red Crescent and migrants.

"No immigrant has no rights" is one of the key phrases contained in the "Guidelines for migration policy" adopted during the 16th General Assembly of the Red Cross and Red Crescent, which emphasizes the "high level of attention that the Movement gives on the subject. To fully understand the humanitarian concerns and thus the importance of rules in compliance with certain categories of vulnerables, the term " migrant " has, intentionally, a wide meaning and includes: the migrant workers, stateless persons, migrants considered irregular by public authorities, as well as refugees and asylum seekers, despite the fact that they might flee for fear of persecutions and who are considered a special category under the international law. Many of these migrants can settle and integrate in their new communities, but others, those of primary importance for the Red Cross and Red Crescent, face deep troubles, finding themselves outside the traditional support systems, are unable to access such rights like the recognition of personal status, the right to housing, health, employment and professional training, education, free access to public services, non-discrimination, right to choose the way of life, the right to participate in the development of standards that affect them, what is by the way being granted by the fundamental human rights.

National legislation is one of the sources of these rights but falls within the broader framework of the body of international rules on migration, which is a cardinal principle of non-refoulement:

- Human Rights, which define the fundamental rights of men
- International Humanitarian Law, which protects, among others, civilians in situations of armed conflicts, including migrants
- Law on refugees, which sets out specific rights of asylum seekers and refugees as a distinct legal category.

The approach of the International Movement of Red Cross and Red Crescent to migration is strictly humanitarian, based, therefore, on recognizing to all migrants their individuality and dignity and the right to realize their aspirations. The best way for the National Societies of Red Cross and Red Crescent to respond to this approach is to maintain their independent actions, especially in understanding the needs and interests of migrants, acting through an act of advocacy, promotion of the cause of immigrants and "humanitarian diplomacy" towards the government authorities of the host country, always respecting the seven fundamental principles.

To promote programs aimed at reducing vulnerability, protecting and enhancing the rights of migrants, ensure access to health care, essential services, support and understanding of legal rules that affect them, to educate, but also to ensure that information collected on migrants are used only for humanitarian purposes, can help overcome the barriers of exclusion and discrimination, thus reducing the risks of social tensions. For the same purpose, it is essential to promote respect for

cultural rights in particular to cultural identity, which have recently emerged in the debate on the gradual extension of the historical rights of mankind. To raise awareness and acceptance, experience shows the importance and effectiveness of an active involvement of migrants in the host community, as a Volunteer of the National Society of Red Cross or Red Crescent.

As far as activities of humanitarian diplomacy played by National Societies are concerned, they represent also a very fertile ground in concentrating their efforts even on stateless migrants, whose first condition, for the legal protection of rights, is to understand the importance of getting a citizenship, which is the starting point to resolve a situation of statelessness or vagueness of nationality. It is necessary that these migrants are fully citizens of a State, such as having a nationality and that such rights, primarily those constitutional, including freedom of movement, stability, the voting rights, etc., are being respected concerning them.

Stimulating the action of the host State in the supervision of the administration of justice, in the regulation of cases of statelessness and indefinite nationality in order to release not derogatory documents to stateless migrants, but identical to those of all other citizens, means contributing to the best multicultural coexistence. The action that the International Movement of Red Cross and Red Crescent foretells can therefore be summarized in the first five points of the "Decalogue of Principles", which is a veritable code of conduct for the National Societies.

### **16.1 Focusing on migrants' needs and vulnerabilities**

The International Movement of Red Cross and Red Crescent commits to adopt an integrated and impartial approach, combining immediate action for migrants who are in urgent need of assistance with the one to those who need a long-term assistance. Thus it is so important for National Societies the authorization to work with and for all migrants, without discrimination and regardless of their legal status.

### **16.2 Include migrants in humanitarian programs**

National Societies can choose among different approaches to assist and protect migrants by focusing on them through special programs or specific projects, or else including them in a more general humanitarian action, thus facing needs and vulnerability of the population with its differences.

In any case the effort of the National Society must be to ensure the impartiality and non-discrimination, taking into account the realities of the host country and the humanitarian needs of its population.

### **16.3 Support the aspirations of migrants**

Migrants have a legitimate right of hope and opportunity to realize their potentials.

They also represent an important social, economic and cultural factor.

Their expertise and their experience can be a valuable contribution to hosting Communities. National Societies will take into consideration proper needs and interests of migrants, supporting their social inclusion, integration and their aspirations.

#### **16.4 Recognize the rights of migrants**

The National Society should provide assistance and protection to migrants, regardless of their legal status: the possibility for migrants to enjoy their rights is an important factor in assessing vulnerability.

The National Society will also promote social inclusion and migrants aspirations by working with them to ensure that their rights are respected, including the right to determine their legal status.

#### **16.5 Assistance, humanitarian protection and advocacy for migrants**

The assistance to migrants goes hand in hand with efforts to protect them against abuse, exploitation and denial of rights. In making these efforts, the National Societies will respect the interests of migrants and the imperative not to do them any harm. To allow migrants to overcome abuse and pressure, the National Societies must be able to give legal advice, to interact with other organizations working in the same field as well as to undertake discreet or public forms of humanitarian awareness.

## **17. Health education activities in Roma communities**

*(Sister Alessandra Grisanti)*

### **17.1 Foreword**

The Statute of the Italian Red Cross provides, among its priority tasks, the spread of Health Education to promote respect for the human being and to protect lives and health regardless of nationality, race, religion, social status and political affiliation, according to the Fundamental Principles of the Red Cross.

The Italian Red Cross also shares the "strategic guidelines" set by the International Federation of Red Cross ("Global Health Strategy 2006 to 2010") and commitments of the 7th Conference of European National Societies of Red Cross and Red Crescent (" Istanbul Declaration ") on health in communities and migrations, to serve needs of the most vulnerables through an approach that combines education campaigns and prevention programs with assistance and support. In this context and taking into account the demands on the human rights of Roma and nomadic peoples addressed by the European Parliament, the Health Education should rightfully be included in the Project concerning Assistance, Welcoming and Humanitarian Organization Activities to Roma communities promoted by the Italian Red Cross.

### **17.2 Socio-sanitary conditions of Roma population**

In Italy most of Roma population lives in "camps", places mostly accorded by governments of host towns. The "nomads camps", often made of dirt and almost totally lacking of vegetation, located on the outskirts of populated areas, near rubbish tip and highways, have caravans and / or wooden shacks. There is also a series of "micro- settlements " which are unstable and tend to disappear at times and to reappear in a different area. It is impossible to estimate the number of illegal settlements on the national territory. The fact that the "camps" are allowed and authorized does not mean that they are adequately equipped and supported by a network of services: many of them lack electricity, water and a waste disposal system; toilet facilities are inadequate both numerically than qualitatively for the large number of users that should benefit of them, even showers and sinks for laundry are often lacking.

The precarious and unhealthy environmental conditions in which most of Roma population lives add to the economic, geographical, cultural, social and gender barriers, which directly or indirectly contribute to condition often dramatically their health, increasing the risk of getting sick and block the prevention and treatment of diseases. Rates of morbidity and mortality observed in several Roma groups are combined with those of poor countries of the South. Diseases of the upper and lower respiratory tract, of the digestive system (dental caries is a widespread phenomenon since early childhood) and skin are rather frequent; in addition, some infectious diseases (parasites, tuberculosis, etc.) which are closely related to poor living conditions, sum up to the previous ones.

The situation is aggravated by the occasional and uncertain relationship of Roma people with health care facilities and hospitals: the lack of knowledge of the administrative procedures, plus the mistrust and fear of potential legal consequences, cause the low percentage of family groups to be registered in the National Health System; those who did, are not able to choose the doctor, thus receiving no visits or prescription of drugs.

Health Protection is thus entrusted to a fragmentation of places of care: from the hospital emergency to private clinics, to the initiatives of voluntary associations. The first access to our health system is represented, usually, almost exclusively from the ER, due to its visibility, accessibility at every time, gratuitousness, lack of control of documents and the possibility of accompanying and staying beside the patient. Roma community usually does not express a need for health protection, but merely to seek care and medications only when necessary: accidents, traumatic events or the coming up of acute symptoms of illness; vice-versa, chronic diseases remain almost always ignored and this makes it difficult to have a preventive approach.

The misuse of drugs in terms of abuse and self prescription is common; it is also a usual habit to consult more doctors and then choose the treatment prescribed by themselves, or else to have prescribed drugs for third parties. Roma community, while being composed of a high percentage of young subjects, is still exposed to attacks such as damp, cold weather, inadequate sanitation, promiscuity, overcrowding and poor eating habits. These factors particularly affect the most vulnerable among them: children, women, the chronically ill and the elderly. Just think that the majority of children do not run regular pediatric check out and have no vaccinations. Many pregnant women have incomplete or missing routine checks, a very limited number of chronically ill have access to medical examinations and required treatments. Children are often the main victims of unacceptable conditions: their life expectancy at birth is 10 years lower than the average one. The data (few) of hospital discharge show a high use of hospitalization in a paediatric age, especially during the first year of life, with a predominance of hospitalizations for infectious diseases, and respiratory diseases in newborns.

At about 14 years of age Roma young boys begin already to be considered adults by their community and then start the different activities to be done; they marry around 15 years of age and the "marriage" is almost always followed by the birth of children. For women, in many cases being the problem of limiting births not considered, motherhood ends with the loss of fertility: the offspring is so large. Men are often proud of their "manhood" as expressed in the procreative capacity and they are more reluctant to accept information and advice on a responsible procreation. A widespread belief among women is that a prolonged breastfeeding avoids the ovulation and many of them continue to breast-feed their children much beyond the first year of age. They give birth in hospital not being helped any more by older women; they often choose to stay until the day of delivery, while the child remains in hospital at least 5 days. Once at home, the baby lives in precarious sanitary conditions, immediately exposed to the risk of diseases; and avoid the periodic monitoring visits are often underestimated and the prevailing belief is that a child (as an adult, on the other hand) should be visited only if he/she is sick, ignoring the need for regular meetings with the pediatrician during growth.

Children have parents who pertain to the whole generational scale. Children of forty years old parents have the advantage (so to speak) to have been preceded by many brothers who take care of them and become an extension of the parents, while children of fifteen old ones face more difficulties coming to the world. The adult relatives are not very attentive to the care of children and babies; once someone is being identified in the community as the person who is able to adequately respond to what above, he is being contacted from time to time to solve their needs. The food, other than for infants, is provided in a messy and often not adequate way concerning the age; a specified time given for meals is lacking thus families do not meet for the meals.

Among Roma people the impact of chronic diseases such as diabetes, hypertension, obesity, cardiovascular and cerebrovascular diseases is rather high. The period of active life experienced in being marginalized, poor eating habits, the occasional overeating disorder, the frequent abuse of smoking and alcohol, bring these people to an early and rapid deterioration of their health status, including the difficulty or refusal to receive adequate medical care and prevention. Hence, the increasing presence in the "camps" of sixty years old people prematurely aged, sick, bedridden at times, which is matched by the difficulty of the families to take care of them. Furthermore, it is difficult to include such persons in proper structures, often due to their irregular situation.

### **17.3 Goals**

From what above said, the need to plan health education for Roma people is of a fundamental importance; great interventions, concerning their nature and purpose, that are able to face this reality in its different aspects, with the aim of achieving an educational path that does not pass on scheduled issues but on those ones each time emerging. It is essential to create flexible and sensitive projects aiming at fact-specific, conceived for different targets of populations.

### **17.4 Contents**

For decades, the Italian Red Cross has carried out health education activities in the territory, which are structured in theoretical and practical courses in First Aid, Assistance to the sick and the elderly in the families, mother and child - responsible parenthood, health education. The programs of the various disciplines, developed with particular attention to a proper teaching progression, differ according to different types of users (see Annex mentioned in paragraph 17.7).

Within this project, some very specific programs will be realized from these already conceived programs, by extrapolating useful topics, which will be designed according to different and specific needs of Roma:

first aid and injury prevention;

awareness and information towards a better culture of health and of disease prevention;

healthy lifestyle;

hygiene of environments and people;

prevention of diseases;

nutrition education;

hygiene of feeding;

prevention of infectious diseases related to food,

prevention of alcohol abuse;

sex education and awareness on issues related to contraception and voluntary interruption of pregnancy;

maternity and childbirth education;

infant care and education to childcare;

compulsory vaccination of childhood;

care for the elderly and sick.

### **17.5 The approach of monitors to Roma population**

Health Education Courses are institutionally held by Red Cross Monitors: they are volunteers specially trained and able to give the contents of the various disciplines to the population in a simple and effective way. In particular, to those monitors operating in the field of Health Education



Project of Roma community, however, the need for a prior, specific, additional training for their new task and the particular nature of the users will come up. Working with "other" cultures can not, in fact, divide the "educational intervention from the socio-cultural approach, which becomes an essential tool for the "effectiveness of" the action. In the case of Roma, the link to their culture is so strong that encourages them to get only what the host country gives in terms of survival as far as economic, environmental (suitable space to live in) and, in some cases, working issues. Those approaching them for help and support, represent a non Roma world, and they are often perceived as unreliable. tips and tricks involving the change of established habits and behaviors may also be accepted, but skepticism about the results is often prevailing. Preventive interventions and health education are also not being linked to a pressing need for care, thus generally perceived as less useful and in contrast to the widespread fatalistic attitude towards the concept of health, not recognizing themselves as a group particularly subject to diseases or to an average life expectancy significantly lower than the majority of the population. The relationship of trust and mutual understanding, in full respect of cultural differences, is the tool to overcome fear, distrust, disinterest. The Monitor is being trained as a facilitator, specially educated to use the tools of communication.

He/she should remember that, especially in a specific context, the initial approach is essential and consists primarily in getting the confidence of the other party, which requires time, patience, tact and sensitivity. The first visits will allow him/her to introduce himself/herself, to let come out what some might already know and have already put into practice, to highlight issues that get an immediate interest, to bring forth issues and questions, to find ideas to gradually expand and complement the discussion on various topics. An important role in this process, a role which is able to ensure an effective interaction between the monitors and Roma population, will be represented by social workers and cultural mediators working in the camps who will participate actively in various moments of planning and implementing the project. Their experience working with Roma communities, even in the context of social-health assistance, will be an essential help in identifying the specific educational needs, the definition of groups (different age and sex, according to the purpose ) through which to convey the information in relation to their awareness for the initiatives, in a right timing and methods of approaching, this last not intrusive in any case or prevaricating.

The Monitor will not be a simple provider of specified interventions, but should be capable of dialectics, of questioning and considering himself/herself one of the elements involved, carrying out those tasks for promotion, information and education needed to break the process of marginalization and thus reducing prejudice, mistrust and fear. He/she will be convincing to the point of gaining trust and solidarity, but at the same time will be patient and learn, through experience, to adapt each time to many different realities that make a nomad camp a world apart. Above all, he/she should not forget the respect and impartiality. Respect for others, for the needs and hopes of other people, for the dignity of each one and others' beliefs. Impartiality as the basis and precondition for willingness to help: not to give everyone, in the same way, but to give everyone equal opportunities to live, to grow, to hope, to know ... and to keep healthy.

## **17.6 The information material**

Upon completion of the program, the creation of brochures to be distributed to the inhabitants of the "camps" could be envisaged. The preparation of exhibition material for the health education for persons belonging to "other" cultures is always a particularly complex work; it will be necessary to select specific messages to communicate and to adapt them to different situations and needs. Information should be presented in a simple, essential way, choosing images more than written text;

all this will be translated into the most used languages. The preparation and review of the material will involve reference members of Roma communities, to check its "appropriateness" and effectiveness.

## 17.7 Annex

### ITALIAN RED CROSS TRAINING PROGRAM ON HEALTH EDUCATION

THE POPULATION (excerpt) - Resolution No. CDN 282 of 24.11.2007 Within the "Health education activities with Roma communities" Project, new "ad hoc" programs will be realized, extrapolating relevant matters from them, using the pre-arranged programs, taking into account the specific, different needs.

#### First aid course for the adult population

1. Introduction to First Aid. Concepts of urgency and seriousness. Priorities for action in the case of many injured. Conduct of the rescuer. The self-protection. Examination of injured people. Activation of Emergency Medical Services.

The "chain of survival". The B.L.S. (= Basic Life Support). Early defibrillation. The importance of first rescuers. Assessment of consciousness. The unconscious victim. Opening the airway, breathing control. The breathing unconscious victim. The recovery position. Practical exercises. Legal aspects of First Aid (failure to assist). The unconscious injured who is not breathing or not breathing normally. Introduction to the respiratory system: concepts of cell, tissue, organ. The life of cells, cell functions. Cellular respiration.

#### 2. The respiratory tract (anatomy and physiology). The "triangle of life"

The Cardio-Pulmonary Resuscitation (CPR) technique of artificial respiration, cardiac massage technique.

B.L.S. ( in an adult) 1) in case of primary cardiac arrest 2) in case of primary respiratory arrest. B.L.S. children

Practical exercises: CPR with 1 rescuer - CPR with 2 rescuers.

Causes of respiratory arrest. Airway obstruction (unblocking manoeuvres: practical exercises). Drowning.

Electrocution, Medicines, Alcohol, Drugs. Change in the inhaled air composition.

#### 3. Cardiovascular system (anatomy and physiology). Blood. Work on the donation

External, externalized, internal bleeding.

Tamponade of an external simple bleeding.

Profuse bleeding: compression points at a distance; use of tourniquet.

Externalized bleeding. Internal bleeding.

#### 4. The state of shock (shock causes and types). Prevention and First Aid

The skin. Wounds. Simple wounds. Dressings, bandages. Serious injuries. Protective triangulations. Positioning of the injured person. Tetanus. Vaccination, serum injection. Concept of immunity: active and passive - natural and artificial.

#### 5. Burns – Frostbite

Osteo-articular apparatus. Injuries to muscles. Injuries to joints (sprains, dislocations).

Fractures: classification. Emergency assets for possible lesions of upper and lower limbs, chest.

#### 6. Central and peripheral nervous system

Head injuries: external lesions (skull fracture), internal injuries (concussion, cerebral contusion,

cerebral compression). First Aid.

Vertebral trauma. Suspected fracture of the spine. Performance of first rescuers.

## **7. Sudden indispositions, loss of consciousness. Lipothymia, syncope**

Hypertension, arteriosclerosis, atheroma; concepts of thrombus and embolus.

Congestion, cerebral stroke. Prevention and First Aid.

Ischemic heart diseases: angina pectoris, myocardial infarction. Sudden Cardiac Arrest: Review of the practice of BLS (SPC 1 and 2 rescuers).

Prevention of cardiovascular diseases.

The acute pulmonary edema.

## **8. Indispositions due to environmental causes (heat stroke, frostbite)**

Indispositions related to central nervous system: epilepsy, febrile seizures in children. Hysterical attack. Panic attack. Psychological support to injured people.

Digestive system. Poisoning: food, drugs, chemicals poisoning.

Acute alcoholism. Prevention and First Aid.

Epatic, intestinal, kidneys colics.

## **9. Addictions. Chronic alcoholism. Opiate addiction: overdose crisis, withdrawal symptoms**

Addiction to more common abuse drugs.

Foreign bodies in the eyes, in the ears. Insect bites. Animal bites.

The precipitous birth.

## **10. Additional information and supplementary lessons.**

Review of the practical exercises (BLS - CPR).

Possible slide show or videos.

History and Principles of the Red Cross. Civil Defence.

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## **First Aid Course for Junior High School**

Summary of the anatomy of the 3 basic apparatus (respiratory, circulatory, nervous system) based on the educational concept of the "triangle of life", using the anatomical tables. The B.L.S. The chain of relief.

Always give importance to the Emergency call (118 in Italy) and the right way to do it : a very important topic to be always pointed out.

The practical exercises will be focused especially through questions during the training.

Lateral safety position: let it be tried by everyone.

CPR: demonstration and practical test.

Simple and serious external bleeding. Practical part.

Externalized bleeding will deal only with the "nosebleed" and othorrhagia , excluding the other ones.

The blood donation as an act of solidarity.

Dressing of small wounds. Application of the plaster. Tubular.

Burns. Effects of heat and cold on the body: overview.

Trauma: fractures, sprains, dislocations. Head trauma. Vertebral trauma.

As for "fainting", emphasizing the fall, the state of coma (eg stroke) and heart attack (myocardial attack). Work on Epilepsy.

Emphasize a lot the accident prevention at school, home and on the road.

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## **Service courses to the sick and elderly in the family for the adult population**

Assistance to Sick persons.

### **1. Health, disease prevention. The hygiene in its various aspects.**

The food hygiene. Nutrients. Basic principles of nutrition.

### **2. Conversation on diets. Ketone bodies: for children, in fasting, in diabetes.**

Symptoms and signs of disease. Fever. Taking the Temperature. Pulse. Blood pressure. The bed. Change of linen with the patient in bed. Positions of the patient.

### **3. Practical exercises.**

Cleaning the patient. Cleaning the oral cavity.

The use of the pan. The hygiene of the patient. Cleaning the patient in the bed.

### **4. Completion of practical exercises already carried out.**

Prevention of bedsores.

The food of the patient: liquid, semi-liquid, light diet.

### **5. Biological pathogens: bacteria, viruses, fungi, protozoa, metazoa.**

Living conditions of germs. "Opportunist" Germs. The defenses of the human body.

Active and passive immunity. Natural and artificial immunity.

### **6. The antimicrobial drugs. The phenomenon of bacterial resistance.**

Common mistakes in administering drugs. Risks of self-medication.

Correct administration of medications.

### **7. Treatments and various therapeutical courses (enema, heat and cold , inhalations, etc.)**

Assistance to seriously ill patients in a terminal stage. Care to the deceased.

Elderly care

### **8. Concepts of geriatrics and gerontology.**

The elderly in the present society. Natural physical and mental changes getting old.

### **9. How to avoid a premature aging. How to feed a healthy elderly person.**

Occupational therapy.

The sick elderly. Chronic diseases.

Diseases of the respiratory tract (chronic bronchitis, pulmonary emphysema tuberculosis).

### **10. Arteries disease. Ischemic heart disease. Stroke. Heart failure.**

Valvular defects. Acute pulmonary edema.

Treatments to heart patients. Treatments to hemiplegic patients.

### **11. The non-traumatic pathologies of the muscular-skeletal system. Arthritis. Osteoarthritis.**

Osteoporosis.

Mentioning rheumatic diseases.

Diabetes mellitus. Causes. Types of diabetes (I and II). Evolution. Deficit and emergencies.

### **12. Parkinson's disease.**

Dementia, Alzheimer's disease. The acute confusional state.

### **13. The rights of the elderly.**

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## **Course Mother and Child (responsible parenthood) for the adult population**

### **1. Somatic cells and gametes.**

The female reproductive system. Ovulation. Menstruation. The ovarian cycle.

Ovarian hormones, pituitary hormones.

The male reproductive system. Spermatogenesis. Male hormones.

### **2. Insemination. Transmission of hereditary characteristics. Congenital and hereditary diseases.**

### **3. After conception: fertilized egg cell path, implantation system. Development of embryo**

Fetal Adnexa. Embryonic and fetal stage.

Pregnancy. Examinations and tests during the pregnancy. Blood groups, Rhesus factor.

New mother's hygiene. Possible disorders in pregnancy. Gestosis.

#### **4. The birth: preparations**

The delivery. Assisting mother and child during and after delivery.  
The precipitous delivery: behaviour rules of people helping.

#### **5. The newborn. The premature baby. Characteristics of the newborn.**

Partial cleaning of children; the bathroom, the clothing.

#### **6. Feeding the newborn. Breastfeeding. Mixed feeding, bottle feeding.**

Weaning.

#### **7. Physical, mental and emotional growth of children.**

The rights of children. Importance of the family (conversation).

#### **8. Childhood most common diseases**

Childhood and its risks

The Paediatric BLS (PBLS). The cardiopulmonary resuscitation in newborns and children.

Clearing the airway from foreign bodies.

#### **9. Responsible procreation. Mentioning the contraception.**

Causes of infertility.

Prevention of genital cancers.

Sexually transmitted diseases.

### **Health education course for adults and high school people**

Introduction: the concept of health and disease, the concept of prevention (primary, secondary, tertiary); the concept of the risk factors.

The human body. Cells, tissues, organs and systems.

Basics of the cell. Overview on cell functions: energy production, synthesis process, cell reproduction.

Respiratory system (anatomy and physiology): cellular respiration, pulmonary respiration.

Cardiovascular system (anatomy and physiology).

The blood and the immune system.

Digestive system (descriptive anatomy only).

Nutrients (Food Standards) energetic, plastic, protective: carbohydrates, lipids, proteins, minerals,

vitamins, water. Food metabolism.

Digestive System (basics of physiology): Digestion - Absorption - Use of nutrients.

Energy production. Synthesis processes.

Food hygiene. Common dieting errors (overeating, malnutrition, eating disorders). Obesity, eating disorders (anorexia, bulimia).

Meals distribution. The importance of breakfast. Nutrition education.

Food hygiene. Selection, storage, food preparation.

The ketone or acetone; example of metabolic alteration (in childhood, diabetes, fasting).

Sex information. Human sexuality. Its stages (child, adolescent, adult, elderly).

Life, reproduction. Somatic cells, gametes.

Female reproductive system: anatomy and physiology of internal and external genitalia.

Ovulation. Menstruation. Ovarian hormones. Pituitary hormones.

Male reproductive system: anatomy and physiology of internal and external genitalia.

Hormonal control of male sexual function.

Insemination. Zygote: the first somatic cell.

Determination of inherited traits. The chromosomes. Genes.

Mitosis. Meiosis. Sex determination. Dominant and recessive hereditary traits.

Overview of congenital and hereditary diseases.

Thalassemia. Hemophilia. Hip congenital dysplasia.

The importance of premarital visits for responsible procreation.

What is the DNA. What is the RNA (different classes if addressed to monitors or population).

Slideshow on genetics (revision).

Elements of embryogenesis. Embryonic appendages.

Informing on the course of pregnancy. The health of the pregnant woman. Recommended tests before and during pregnancy. Blood groups. Rhesus factor.

Nutrition during pregnancy.

The delivery. The newborn: its characteristics. Infant feeding: advantages of breast-feeding.

Properties of milk.

Acquired diseases: infectious diseases. Pathogens.

Elements of microbiology: microbes, viruses. Infection prophylaxis. The immunity concepts of antigen and antibody. Calendar of vaccination (mandatory and recommended)

Antimicrobial drugs (sulphonamides, antibiotics). Phenomenon of drug resistance.

Common mistakes in medication. The danger of drugs. The risk of self-medication.

Examples and discussion of some major infectious diseases:

microbial origin: tuberculosis, typhus.

viral origin: the flu, the HIV infection, the viral hepatitis, rubella, mumps, etc..

Sexually transmitted diseases.

The prevention of cancer. The warning signs. Preventive screening

Arteriosclerosis. Atheroma. Hypertension. Concepts of thrombus and embolus. Stroke.

Ischemic heart disease (angina pectoris, myocardial infarction).

Acute pulmonary edema.

Peripheral arteries. Prevention of diseases of the arteries.  
Diseases of veins (varicose veins, phlebitis).  
Prevention of traumatic pathologies of musculoskeletal system. Arthritis. Osteoarthritis.  
Osteoporosis.  
Diabetes mellitus (treated with reference to the ketones II lesson.)  
Physical growth of the child.

Personal hygiene. Oral hygiene and teeth. The dental caries: prevention.  
Pediculosis.  
Nutrition in childhood. Mealtimes. Nutrition education. The importance of breakfast.  
Good hygiene habits. The physical activity and sports.  
Psychological and physical growth in the first year of life.

Mental health. Personality development. The education.  
social health: relationship with family, school, society.  
A conversation on pedagogics.  
Inter-generational relationships (young people, parents, grandparents).  
N.B This conversation is the basis to undertake juvenile delinquency and malaise subject (related with drug addiction)  
Use and abuse of unnecessary substances. Alcohol. Smoking. Drugs.

Addiction.  
History of the phenomenon "addiction".  
The health of teenager. Eating disorders. Psychological problems.  
Adolescence: relationship with adults. Juvenile delinquency and other problems.  
Deviant behavior. Drug addiction risks.  
Tattoos and piercings (prevention HCV and HBV)  
Sex information and education. Contraception.

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### **Health education course for secondary school**

Cells, tissues, organs and systems. The life of cells. Energy production, synthesis processes.  
Review of the respiratory, circulatory, digestive system.  
The hygiene defined in its various aspects.  
Food hygiene. Nutrients: energetic, plastic, protective.  
Digestion, absorption, utilization of nutrients.  
Meals distribution. The importance of breakfast.  
Eating disorders. Obesity.  
Oral hygiene and teeth.  
Sex information.

Structure and function of female and male genital apparatus.  
Transmission of hereditary characteristics. Chromosomes. Genes. DNA.  
Congenital diseases. Hereditary diseases.  
Insemination. Pregnancy. Delivery.  
Infectious diseases. Pathogens: chemical, physical, biological.

Biological pathogens: bacteria, viruses, protozoa, metazoa.



Direct infection: Perceptions of "sick" and "carrier".  
Indirect contagion (food, water, soil, air, insects).  
Incubation. Defense mechanisms. Active and passive immunity. Vaccination, serum injection.  
Proper use of antimicrobial agents: bacterial resistance.  
Examples of microbial diseases: tuberculosis, typhus.  
Examples of viral diseases: flu, viral hepatitis, HIV infection, rubella, mumps, etc..  
The main social diseases.

Information on diabetes.  
Arteriosclerosis and atheroma: prevention of vascular diseases.  
Tumors. Prevention. The warning signs.  
Rheumatic disease.  
Epilepsy.  
Correct posture of the spine.  
Use of unnecessary substances. Alcohol. Smoking.  
Abuse of drugs. Addiction.  
Tattoos and piercings.

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## **Advanced Health Education ("Healthy Life") for the Primary School**

### **1. Our body. Our health. When we are sick.**

The meaning of "hygiene" and its various aspects.  
Cells, tissues, organs and systems.  
Food hygiene. Nutrients.  
Nutrition education. Meals distribution. The importance of breakfast.

### **2. Causes of disease. Germs. Penetration path of pathogens.**

Parasites. Information on pediculosis.

### **3. How to prevent diseases. The personal, environmental hygiene (essential, useful, unnecessary objects).**

Vaccinations.  
Oral and teeth hygiene. Prevention of dental caries.

### **4. Hygiene rules for a healthy living and prevention: the fresh air, the physical activity and the sport.**

Prevention of the deviations of the spine.  
To prevent accidents, to know the risks: the more common dangers and accidents in childhood.  
The domestic accidents.

### **5. Cleaning and dressing of small wounds.**

### **6. The Red Cross principles and ideals.**

**Note** For programs and texts at various levels, Italian Red Cross refers to the International Guidelines of ILCOR and to the European Resuscitation Council (ERC) for the laity.

## 18 Data processing management

*(Pawel Skalka, Laura Aquiletti)*

In any area of a cognitive process, collection and information management play a key role. Throughout our discussion we talk about projects aimed at entire communities, which sometimes live in a condition of real isolation. On these realities, we must admit, we often know little or nothing when we undertake some activities. In some cases, pre-existing databases that provide such demographic information may be missing, or do not contain sufficient or obsolescent information. Therefore there is a clear need to establish an efficient and versatile system of data collection, allowing to keep the interesting information, to extract statistics, to keep track of changes.

### 18.1 Interesting Information

Depending on the type of activity that will start, the amount of information to be collected may vary considerably, thus in the preparatory phase a thorough analysis should be conducted ad hoc on this aspect. This paragraph is intended to provide, for example, an overview on the type of information that may be useful to gather, afterward we will talk about the tools that we can use to this end. In general, it seems a quite simple and meaningful model the set of information to be collected on three main levels:

1. Information on settlements. 2. Information about families. 3. Personal demographic information.

#### 18.1.1 Information on settlements

In the area of interest several settlements may be found and, in general, any places where people, families or communities find a way of living, either permanently or temporarily. It is therefore useful to adopt a mapping of the territory that describes each of these settlements or sites, collecting for each of them all the information of interest, which should include at least those listed below.

The address, or the word or the name of the place and the necessary information to arrive there. Possibly, the GPS coordinates of the place, especially when it is outside of the urban center.

The temporal nature of settlement (e.g permanent, seasonal, casual, etc...)

The largeness of settlement and the approximate number of people occupying it.

The type of facilities and housing modules of which it is composed (eg brick houses, temporary buildings, caravans / motorhomes, tents and so on).

The availability of electricity, running water, sewers, gas pipes, telephone lines, rubbish collection.

The proximity and accessibility of roads and public transport.

The proximity and accessibility of public services such as schools, post offices, outpatient clinics and so on.

The condition of the settlement from a legal point of view: for example, authorized, unauthorized on somebody's property, not allowed on an illegally occupied land and so on.

The general terms of setting from an environmental and sanitary point of view, for example an assessment of cleanliness, information on soil type, presence or proximity of sewage or contaminated water, or of contaminating sources and so .

List of representatives or spokespersons whom we need to interface with, related to that settlement.

### **18.1.2 Information on family groups**

Within each observed camp, it would be better to identify the family groups which are settled there (including also those composed of one person) and for each one, to collect a significant amount of information, which should include at least those listed below.

General data of the householder. For householder we refer to the person who supposedly represents the reference point for the family members and, hopefully, the person who could more reliably be the spokesman or our interlocutor.

Living module of the family group

Address or directions to find it

Condition of the family with respect to it, i.e. if the owner, if on lease, on loan etc.

A further set of information concerning the family can be inferred from the data concerning its members, as listed in the next paragraph.

### **18.1.3 Personal data information**

For each person, information concerning personal data are:

Name.

Sex.

Date and place of birth.

Citizenship and status in the context of the Italian territory, i.e. the one on which the project takes place.

Marital status.

The degree of relationship that describes the person in the family context, in relation to the householder.

Further than these, you can add information about the school and / or working condition of the person.:

degree obtained or last or current school level being achieved  
nation or nations where the curriculum studiorum took place  
present job or main and previous jobs

An important aspect, which is related to the projects led by the Red Cross, is the one concerning the health status:

Previous diseases or present ones

Ongoing therapies

Vaccinations the person has undergone

Presence of a doctor of reference

According to what ruled by the competent medical authority of the project:

present health conditions

Need for treatments or specialized assistance:

for female persons, it may be useful to record the number of previous pregnancies, specifying the ones with a successful conclusion.

We stress the fact that the set of information listed above may seem excessive or insufficient depending on the project, this list can not and should not replace a careful and focused analysis.

## **18.2 Gathering information**

Within the projects aimed to Roma people or, more generally, to communities living in a particular condition in the social inclusion - or exclusion from it - the activities of data collection may require a census being conducted on the spot. In effect, as mentioned before, reliable databases that describe sufficiently the reality the project is intended could not be updated. Depending on the amount of information to be collected, the complexity of this operation can be considerable, since a significant number of operators could be involved in direct contact with the community and in the compilation of some detailed forms. To have a good outcome and to produce a comprehensive and reliable database, is essential that those involved in activities are previously trained in order to be able to correctly shape the reality they observe through the forms they fill in, and in doing so to follow a common evaluation. A direct contact with reality can indeed induce the operators to apply their personal considerations as a proper filter for the information collected (e.g. on the accuracy of information supplied by users, sometimes undocumented, as their employment status, hygiene and health etc.). We should ensure at this stage the objectivity of the evaluations, and their right application; it is so much important what above that we feel the need to highlight it here.

## **18.3 Papers and computer documentation**

The collection and storage of information should be collected in both paper documentation and computer data base. The paper documentation represents a permanent archive of the gathered information. The computer support can offer a wide range of tools for finding information and preparation of statistics. The time and resources necessary to adopt devices and media can be greatly rewarded by the availability of efficient tools for the production of tables, graphs and statistical analysis which are useful in the management of data.. The paper documentation and information used should:

Enable the collection of data rather quickly

Ensuring data quality in terms of:

**Security and confidentiality:** the nature of data requires their absolute protection (this aspect is detailed in a separate section)

**Permanence:** data must be secured from a possible loss due to human errors, nasty actions or destructive events.

**Transparency and easy control of data accuracy:** the hierarchical nature of the collected information should not cause difficulties in their research, use and validation. As an example, if you adopt a data structure similar to the one described in the opening chapter, it must be traceable in a clear and unambiguous way any information on the family of a certain person, and on data concerning the settlement or living module .

**Historicizing of data:** subsequent amendments or revisions of the information, due to changes in the observed reality, should allow the continuation of previous data.

The above observations justify the need to adequately plan both the forms adopted and their mode of preservation and cataloguing, and the data processing to be taken. Regarding the paper forms, it is recommended to keep them in a series of files corresponding respectively to the settlements and the families who are there. This should be accompanied by a protocol or set of indicators that allow for an easy retrieval of the cards. As for the use of data processing, there is a very broad range of solutions that can be taken without necessarily addressing some particularly significant financial costs. You can set up a working group formed by a volunteers staff who has computer skills, and to award it the design of a solution, its implementation and its maintenance. The existence of free platforms for software development is now widely available and given their variety, we do not intend here to go into an exhaustive list but provide some examples and some guidelines in principle. Information should be collected in a relational database or a database able to collect information organized in a hierarchical way. It is advisable to use a database that is a standard and is widely supported by the manufacturer, allowing you to:

Interfacing different solutions with the same database.

To have many tools to extract information, both in tabular and assembled forms.

To reliably move information from one environment to another

Relational database that can be used to this purpose are for example:

Microsoft SQL Server 2005 or 2008, both of which are available in the free Express version.

Oracle, 10g version available, free of charge

MySql, Free.

There are many other databases and we simply listed these three because they provide the ability to interface with all common software platforms currently available. You can also directly use products like Microsoft Access (license to be paid ) or its equivalent rival Sun Open Office Base (license free), since they offer capabilities sufficient for our purpose. Once designed the database, you can develop software or a software package providing:

The insertion, modification and deletion of data.

Searching for information.

The extraction of statistical tables and graphs.

The printed matter production.

Platforms for software development are endless, we list here some of the best known. Some development tools are available for free; software product can run on any computer, whether an execution environment that is free is being installed. These platforms can interface with any database including those recommended above.

Microsoft.NET.

Java.

PHP.

The choice of the most appropriate database and software platforms depend solely on the knowledge and technical aspects of the personnel in the computer workgroup. All possible alternatives, including those listed, may offer the same potential in terms of an easy use, reliability, performance, standardization, availability of functions. The computer solution should then be properly documented, so that its use is also possible to staff without relevant skills. If the software is produced by a volunteering staff, its intellectual property must be the Red Cross's one, so the source codes be made available to the responsible leaders of the project. This is vital if we want to ensure the computer tool being alive, regardless of the personal availability of people developing it.

#### **18.4 Data Privacy**

The nature of the gathered information makes it essential to protect it under conditions of a maximum security, in compliance with the existing European and national rules. For a proper understanding of the legal obligations please refer to the reading of the existing legislation; it is here briefly provided a quick overview to highlight a minimum set of measures to be adopted. In the Regarding Italy, under the *Code on the protection of personal data* (Legislative Decree 196/2003), data provided by users are considered *sensitive data*, they should therefore be treated in accordance with the above law. To this end one should:

Get the authorization to process data from the *Guarantor for the protection of personal data*, referred to as an authority in Article 153, established by Law December 31, 1996, No 675.

Inform users on their rights by providing a notice showing the points listed in Art 13.

Let the user sign an acquittance to consent the processing of such data.

Grant the user all rights as per Art. 7, 8, 9 e 10.

Follow all the provisions of Article 22, 23, 25, 26.

The owner of all collected data is the Italian Red Cross, to which all decisions regarding the purposes and methods of personal data and tools used processing should be given; the holder may designate a responsible person that is an individual, providing assurance of compliance with current legislation. Some *agents*, i.e. individuals authorized to perform processing operations on data, are then encharged of the task. Therefore, all operators of the Red Cross coming into contact with the information provided by users, must be authorized in writing by the owner or the person responsible to process those data. The delegation shall disclose promptly the scope of the allowed processing of

data. Particular attention is also given from the legislation to data preservation, which is stated in Title V:

if it is made electronically, the holder must ensure a minimum security standard that relate to access to electronic storage devices, otherwise if not using the support of electronic devices there is a provision granting a suitable conservation in some archives with a specific access.

It is hardly necessary to stress the confidentiality of the collected sensitive data, therefore any improper disclosure should be prevented. . Failure to comply with such secrecy violates the duties imposed to in Art.11 of the *current Regulations for the organization and operation of the volunteering components of the Italian Red Cross* and undergoes heavy fines and penalties provided for by the Italian law.



## 19 Language mediation

*(R. Streja)*

The activities run within the described projects relate to people with different backgrounds, not only in Europe. The communication with these people, sometimes on our territory for a short time and not always able to perfectly speak our language, or to even understand it, makes the presence of someone acting as an interpreter very valuable.

We should state first that, in our experience, we rarely had problems even without someone acting as an interpreter, because the key factor behind any communication is and remains the volunteer's approach to the person, the way this approach is being done and a spirit of creativity facilitating communication more than a mere translation of words.

If necessary and whether lacking an official interpreter, we could take advantage from the availability of a second user - someone pertaining to the same origin of our target. This approach sometimes proves sufficient and also fruitful, even though it is easy to see its limits. The intermediation of someone not being a volunteer and indeed often being part of the same family, social or environmental structure of the target, seen that we have to address personal and delicate matters, can obviously give rise to embarrassment and reticence.

At the same time, using a resource whose level of preparation and familiarity with the language is not known - but especially the experience in translating the language is not known - does not guarantee a certain outcome. For example, the translation of a medical prescription, of a drug information sheet, of an official document, might be very difficult and uncertain even for an occasional interpreter seemingly confident and reliable.

Therefore, it is evidently suitable if not necessary that groups and committees form their own task force aimed at translation and communication. This activity starts with a survey among volunteers regarding their language skills, especially mother tongue ones.

The identification of these resources is the basis for a specific training aimed at their integration in the context of operational activities supporting homeless or nomadic people. This is an obviously more reliable approach in terms of ethical and professional guarantees .

We should not forget that, as reported in other chapters of this document, not all volunteers may be available or suitable for such services. Where there was a contact between a person of a certain origin, with some language difficulties and a volunteer of his own language - if not the same culture, we could remark some very positive effects.

People who live in conditions of extreme hardship in a foreign country where they feel marginalized and considered inferior, often show hope and pride seeing that someone of their own country of origin is wearing the same uniform as the volunteers.. This represents a form of appreciation of their own culture facing the society from which they feel excluded.

Moreover, the linguistic mediation is thus assigned to someone whom the target recognizes professionalism, ethical correctness, wisdom and spirit of unselfish solidarity. The confidence about personal and delicate information is then much easier. The fact that this role of interpreter is covered in time by a specific group of operators and not by someone occasionally found on the spot,

helps to create a relationship of trust and ongoing dialogue that can significantly improve over time. The interpreter, or interpreters, with whom people regularly interact, become familiar and constant reference points in time.

In planning how to use some volunteers as interpreters, it seems appropriate to stress the importance of certain aspects already mentioned, such as:

The personal inclination to listen to and to a human understanding, combined with adequate communication skills and empathy.

The real knowledge of the language and any limitations to consider.

Fairness and professional ethics in reporting accurately, without applying one's own filters of interpretation, what needs to be translated.

The above points should be guaranteed through a training and experience in these areas of activity, not as an interpreter but as a "simple" voluntary; this takes time, that is why the setting up of the Linguistic Task Force should be planned and started well before needed.

Rome is an urban multicultural place, thus since long Red Cross volunteers among our ranks originate from different places of origin. This allowed to have a group of volunteers who took care of what above.

## 20 Experience of a Sister in a Roma camp

*(Sister Dionilla Feroci)*

The " Roman River Camp " is located on the Via Tiberina at the km 2.500 from Prima Porta (XX Municipality) and covers about 15,000 square meters along the Tiber river . In the early days of 2004 some Rumenian Roma, of different ethnic groups, coming from the evacuation of several settlements (former SNIA Viscose, Troili Villa and others). They amounted to some 400 people including adults and children. Basically they were and are still about 5 / 6 distinct groups: Ciurari, Lacatari, Ursaria, Izmani and Rumanians from Moldova and Latin Oldavia. Thus the necessity arose to offer to these families some services helping them to overcome the extreme poverty and marginality which they were accustomed to live in. Operators of the NPO "Green Island", being aware of the difficulties arising from the health situation of these people, decided to make an agreement with the Italian Red Cross establishing a fixed health facility. On March 4, 2008 an outpatient clinic was opened twice a week, on Tuesdays and Fridays, with some doctors and volunteer nurses on service. Why the "Sisters"- voluntary nurses? The answer is simple. The voluntary nurses have always been and are where there is a pain to comfort, an emergency; they are addressing the emergency of the new millennium, i.e. an inexpressible poverty of these populations arrived with a dream to improve, even slightly, their miserable existence. In our town there are situations that are sometimes more terrifying than the "favelas" of the third world. The families arrived at Roman River came from very precarious situations and were very suspicious. We immediately realized that we had to go on very cautiously, step by step, trying to establish relations of mutual trust, showing real interest and curiosity. Listening to them, even the unspoken, chatting with them, the seriousness of our interventions, a certain continuity, allowed us to gain their trust and have some reliability among nomad people.

Achievements were:

A fixed health facility reference point

A connection with the town health facilities, giving suggestions for vaccinations and care of children, even and especially in relation to some diseases related to poverty (it was found that a group of users, beset by problems of socio-economic and cultural poverty, often escapes from given services). Information and health education of women (all of them are suffering from gynecological diseases and when pregnant are suspicious to use the basic health services). Increase of the connection with the Via Offanengo surgery and other surgeries on the territory (S. Gallicano, Santa Maria della Pietà, Bambin Gesù, etc.). TB screening for children 0 to 6 carried out by the Health Agency RM E.

Much has been made, much remains to be done.

We noticed that among Roma population and especially among Roma children caries is one of the most frequent pathologies This comes clearly from a poor diet, a lack of personal hygiene and a lack of adequate prophylaxis. At first one could not give too much importance to this type of pathology, which instead can lead to a serious impairment of mastication resulting in nutritional deficiencies, pain, and finally some recurrent infections, almost chronic, which can result in a rheumatic disease. We are trying thus to get a mobile dental clinic to solve these problems. Their pathologies are typical of poverty: gastrointestinal, pulmonary, dermatological and gynecological problems. Among the pathologies of some clinical relevance we detected certainly some cases of evident pulmonary tuberculosis, a miliar tubercular meningo-

encephalitis (resolved, even if the involved child got some neurologic outcome), a stroke, some cases of diabetes, hypertension and hepatitis B. We must at this point make a very important consideration: the various challenges encountered in our work of health care should be summed up with a particular concept of health of this population. Roma have the traditional healers who are usually older women, they have no interest in preventive medicine and seek medical advice only when they experience a sudden worsening of the disease, i.e. is when the physical conditions of the patient become severe. In the same way they behave with the use of drugs: either they take too many or too few, interrupting a therapy at its crucial point.

Trying to improve this situation we prepared some medical records which keep track of the name, the date of intervention, the type of pathology affecting the user and the therapy prescribed in order to monitor during the subsequent visits either the evolution of the disease and whether the type of prescribed medication was taken properly. This makes them feel worthy of consideration and respected and begin to consider us as a kind of family doctor who knows their problems, shares with them and follows them day after day. Some other considerations must be made with respect to children: when children are sick their parents always have an exaggerated fear and immediately think of serious and fatal diseases. Our presence in the camp also tends to calm mothers down and prevent them to go to the emergency department for nothing.

In addition to this, we are trying to make also a basic education related to food: children of 5-6 months of age are given crisps, chocolate, salami ... Children are almost all vaccinated while women gradually take greater care of themselves, going to the gynecologist to cure serious diseases which affect them. Disorders are due to poor hygiene and to the practice of abortions done very often in the most total lack of safety. Someone among them is doing a different path, trying to use contraceptive methods such as the pill or the coil. From May 2009 we have the constant presence of ASL RM E (Health agency Rome E) which made a tuberculosis screening for children from 0 to 6 years of age and follows a prophylaxis necessary in cases that show the evidence of the disease.

Together with the operators of the same ASL we started doing some first aid classes and give basic information on health using visual aids, since many Roma are illiterate. Another important item to change their life is the possibility of having a regular job. The current employment status of the inhabitants of the area fully reflects the complex phenomenon of the submerged economy of our country; some of the working men found a job in the building industry. A part of them work "per day" for private companies; there are also mechanics, gardeners, guards who mostly work illegally, on a daily basis or for short periods. Regarding women, some of them are working as maids while some others are begging. Not surprisingly, given the precariousness of employment status, even in families where the husband has an income, the wife makes "manghel", is begging, which is not perceived as something improper or unethical, but just like a real work to support families during those periods of time, often long, between an engagement and another.

Slowly, increasing the ongoing relationship established with the inhabitants of the camp, we noticed the importance of the character of the gypsy woman, the "Romni", the main personality of family life, the one who "manghel" i.e. the one who begs, that is provides basic needs of the family, from daily food to clothing. She is charged of the education of young children and daughters until they marry, she has a major role to ensure the survival of the group. She has an unconditional respect for her husband, and for all adult Roma of the family

group. She represents the traditional element of the social group, because she can perpetuate the traditions, but precisely for this reason, she may also be the element of change.

That is why we have aimed everything on trying to involve women in projects relating to both child care, food hygiene and work. It is precisely the Romni that inspired the work project. "Women in Travel", a project that will involve, in effect, women in the camp in making felt bags and accessories, typically handmade skirts with recycled material. We would like to give a real opportunity to integrate these women and also to remove the widespread and consolidated prejudice that Gypsies do not want to work because this directly affects the social exclusion and helps to confirm negative stereotypes. This project, along with health and prevention, is a great bet.

The biggest challenge, however, before we organize everything, even before wire, scissors, needles, fabrics, is to continue on this path of mutual trust by showing great respect for their traditions. Through this small workshop we will seek to recover the craft of sewing, an activity that women usually play by themselves in the family and also enhance the recycling and reuse of fabrics. Ambitious projects? We think not, even comforted by the already made progress. In conclusion we can say that only by knowing a population the prejudices, the fear, the intolerance will fade away and we could build a better world all together.

## 21 Children of one father

*(Don Paolo)*

It is a collection of documents and letters that Don Paul, the priest who in recent years has been close to the nomadic people of Casilino 900, wanted to donate to the Italian Red Cross and that shows how important the presence of the parish community as a point of contact and balance between citizens and camps is.

### 21.1 Letter to “Avvenire” (italian magazine)

Dear Avvenire, dear readers, dear friends, we are a group of kids experiencing the preparatory year at the Roman Major Seminary in Rome. We are accompanied and guided in this year of "discernment" by some good priests and supported by the whole community of the seminary. We are considering in particular the possibility that each of us (young men from 19 up to 38 years) may be called to the priesthood.

Our meditation is supported by many instruments, among them the charitable service, which sounds like: " Hey young man, in your discernment, in your meditation on God's call, never forget the last ones, the poorer classes, the neglected ones. Do not forget also any man or woman for whom you are called first and foremost as a faithful Christian, then possibly as a priest, to support and help, to be a guide and a bearer of hope.

Among the many places where we are sent to provide service (such as the refectories of Caritas and Sant'Egidio community, the Missionary Sisters of Charity, the retirement home of the Little Sisters of the Poor) there is also Casilino 900, the Nomads camp on Via Casilina crossing Via P. Togliatti, which recently was attracting attention for its evacuation, also reported by the “Avvenire” magazine on April 4 - page. 11 in "Roma, the malaise of the metropolis."

Anyone who passes near the camp can read the writing sign in the opposite forecourt “Children of one Father. ”

Our task is to cheer up few hours with the children to let them spend some moments playing in a healthy and constructive fraternity, though we can testify in a loud voice that we were inspired by them, by their desire to be children despite everything, despite their daily lives are in mud and in appalling conditions, despite the cheerfulness and a quiet family life are too often an option that they can not afford.

We will not go into topics such as lawlessness, political and economic interests, etc.. that (even if rhetorical) seem to move too often our society and therefore could damage and corrupt issues such as integration, welcoming, assistance, leaving no room for hope. We realize together with you that the heart hardness can let us forget that we are children of one Father.

Most of us come from experiences in their own parish, often in contact with children, many among us before enter the Casilino 900 thought to know rather well the hidden world in the eyes of children; we can say today that such eyes and glances like those of Roma children we never run into. Their surprise for little things, the joy of friendship, the pursuit of happiness and viceversa troubles, misunderstanding, the sorrow for situations regarding which they seem to tell "you do not understand because... you're rich." They have careful glances on both the world around them, the one of crumbling shacks, that the world beyond the mud. They perceive the intolerance and not being accepted as brothers who have in common with everybody else the same Father

Now their bright and deep eyes are observing the beginning of the end of their camp, which houses Roma from the sixties. We can see fear on both children and adults' faces.

Many interventions in the camp have been done: the education of over 200 children, awareness and preventive health care, human assistance designed to follow families for their survival and

integration into the Roman metropolis even through small markets where Roma sell work craft; there is also a spiritual support given by Don Paul Lojudice, chaplain to the Roman seminary, who is close to the families and everyone in the camp for every need they may have. Thanks to this support, some of them asked to receive the Sacrament of Baptism and somewhat get closer to the Catholic faith.

There is Najo, a persevering Roma who brings forward the "battle" for the integration of the camp through a serious and positive dialogue with the institutions.

We are also here, guys who along their way approached the Casilino 900, trying to endorse the invitation: whenever you did this to one of these little brothers of mine, you did to me" (Mt 25.40); we are trying to work without removing from our eyes the sentence written in the forecourt of the camp, which reminds us that we are children of one Father.

Now the possible evacuation of the camp, about which there is much talking these days and for which the first operations started, makes us reflect on the future of our brothers Roma. It is certainly not our task to launch appeals or proclamations, but we are writing being moved by the witness to a world that, as yet little known, still deserves hope and life. We hope. It is our hope that these women, these men, these beautiful children have a decent future, respectful of their history, culture and tradition; a future toward which the eyes of children and future generations can look with confidence and hope. They should be also helped to understand their duties for a civil and legal life in common, for a fair integration, which require commitment from all people involved. We hope believing we are ... children of one Father.

## **21.2 The sky is pale**

### *Lucia's letter*

The sky is pale, this year Easter is coming with a winter climate. It is raining since days, the camp is a puddle of mud. No ray of sun, the wind blows cold. What to do? Shall we give up celebrating the resurrection with these nomadic brothers? It could be wise.

We arrive at the camp, under the roof of the garage a few families gathered to dine together, they assembled tables and brought some chairs. The shelter is small, not enough to protect them from rain, but the cold weather could not keep them from the party. Nothing destroys the morale of these people, who, among the disheveled hair and for their dark skin retain the features of those Indo-Europeans who decided long time ago to leave their lands and occupy other sites, discovering new horizons and watching other colours of the sunset.

Children are already gathered, waiting for us. It is the Easter of our Lord.

Don Paul wears his vestment and with the nuns he begins distributing leaflets with the readings of the liturgy that soon we will celebrate. The men of the camp prepared a wooden cross to be carried in procession through their huts. An image of the Resurrected will be given to every family that wishes so, together with a small candle, and each hut will be sprinkled with holy water.

Everything is ready to begin when we realize that the water is missing. It is funny since abundant rain is falling, but we have no water for the rite. Women run and get back with a container full of water. Now, we can start, the Sisters are singing and Don Paul introduces the group to the Easter



mystery. Everybody is attentive, these nomadic brothers know well the meaning of the lamb sacrificed for the feast; every year on May 6 for St. George's holy day each family sacrifices a sheep to be roasted and give joy to the community.

Oh Jesus, thou Lamb without sin, bring joy in these shacks!

The Cross is heroically brought by Olimpia, a 9 year-old child who refuses to take shelter under the umbrella, so that the cross of God is not hidden. She is numb from the cold, pale, but happy and does not leave the cross to anyone. "God asked me to take it and I am carrying it!" she replies shortly. I meditate on faith, it is a little seed, little as this child, no one will know of its existence and yet is a giant in the eyes of the Lord.

The rain becomes hail, but the procession stops. Don Bruno Nicolini is arriving; he is the founder of the Nomads Institution, he is ninety years old, walks with uncertain steps but his eyes are full of joy meeting his Roma children gathered in prayer. The wind gets up, ripping umbrellas, it is hard to go on: Don Paul asks me "what shall we do?". He had just addressed to God saying "Lord, shall we give up?". I'm about to say something, when the sky splits in a half and between the blue shines an iridescent rainbow. Children are happy at the sight of nature that announces a truce to bad weather, almost a prize to their fidelity. We go on, in the huts there are single women, small families, housing conditions are bad, but all of them are smiling and welcome us praying intensely with love and getting the holy image and the candle. Brenda does not want we forget the prayer in every hut, and reminds us severely if we forget.

We enter the hut of Sarah, the mother is nursing her youngest child. Sara puts on her shoes and jumps in my arms, she wants to come with us. I protect her with my jacket and we follow the cross embracing each other. Jesus, thou Lamb without sin, bring peace in these shacks! Jesus, thou passion of love, thanks for teaching us through these brothers !

The shacks seem a never-ending procession of ruined houses, the streets are dirty, yet this is a place full of joy. A simple joy that we have forgotten, the joy of the essential. It is not we wear that makes us human beings, nor the houses where we live, or our professional status. Oh no! What makes us human beings is the ability to reach out to others, to be happy in the presence of others, to struggle together to mutually understand, to make this a better world in the short time that is entrusted to us.

These Roma brothers today welcomed us even though we are different: we dress differently, talk differently, live differently. Yet they welcomed us, opened their homes, entrusted their children, have given us the little they have. Oh Jesus, Lamb of God, thanks for these brothers who we left alone for many years, not caring for their misery and their crying. Thanks for their forgiveness, thanks for their love so essential and so true, so similar to your love too.

### **21.3 The 2<sup>nd</sup> of April 2009, Casilino 900: a second reading of the Exodus**

It is the day, the square is coloured with the clothes of women and the laughter of children who were busy with their plays organized by the operators of the Hermes Cooperative. Under the shelter of the large building some tables have been arranged with typical food of Roma cooking; then a picture show of the Nomad population and some posters explaining the reason for this meeting will take place.



A few meters from the feast, the police remains deployed ready to intervene, the policemen are all there, being nervous; a non commissioned officer is walking back and forth with an expressionless face.

Meanwhile, the feast goes on, there come the school teachers of children in the camp, there comes also Don Bruno Nicolini, Don Franco Monterubbianesi, Don Paolo Lojudice, the Community of Sant'Egidio, the Migration and Strong Medicine Service, Mr. Salvo Di Maggio from Capodarco. Children play in the forecourt, they smile again after days of fear, they are drawing and colouring a world that does not exist, a world where people understand that the protection of children is the only guarantee of civilization, progress and peace.

Roma are asking when they are going to be evacuated, where they will be sent, what will their future be. But their requests have no answer up now. The institutions have a heart of stone, the politicians are counting their votes for the upcoming elections – “ shall we still have a chair in the next political season”?

Older people seem resigned, the younger ones try to enforce their rights and remind us of the recent serious lacks of services: the absence of sewerage system in the area, no water, the lack of paved roads that forces them to eat dust and mud, the lack of any kind of integration in the employment for young people. Yes, the world is absent from this camp, the city of Rome passed into history for its hospitality, but against Roma it has gradually developed an intolerance that looks like white racism.

Now, the representatives of Associations involved in the history of the camp are invited to speak with the elders of the camp; shall we be able to say a word that gives hope, that can show the needs and desires of these people?

Don Bruno Nicolini gets up to speak on his uncertain legs and his speech becomes a dream, even a prophecy. Don Bruno speaks of Jacob's dream, a large stair on which people, crowds of people go up and down meeting in the light. Don Bruno can see these people, Roma people and city dwellers “the gage”, who are meeting like brothers, beyond their and belongings and conflicts; the two populations meet in a renewed perspective of faith and love, embrace, recognize, help each other to be even more human beings, to be more like the God we are all children of.

Children of one Father, Roma have written in blue on the white building that protects us now. Yes, children of one Father, called to life and to the rights that each human being should have; they are called to have a responsibility in this world possibly without segregation that excludes them from history. Roma people, people of the joy, of walking among people, people bearing in their flesh the tent in which God wants to be still on the roads, next to man who ost the path to brotherhood.

Don Bruno starts speaking in Roma language, his words are now symbols, figures of mystery, they bring me back to Moses urging Jews not to be afraid of Pharaoh, who certainly could take the land from them, their children, their wives, their work, the same life, but that could never get their faith out of them; their faith in a God who is not indifferent, but takes part in the history on the side of the weak, the oppressed, to lead them freely in their land.

#### **21.4 A wall in the heart**

Rome August 2<sup>nd</sup>, Saturday afternoon, as usual we are going to visit the children in the camp. In the square called "children of one Father", where our activities are carried out with the boys, the access

by car is prevented by the presence of several municipal police cars. I pull in and get out going straight toward the policemen to ask what happened.

One of them replies that he was given an order to the utmost to not allow any access to the area of visitors. I explain him that I am a doctor and since two years I am monitoring several families in the camp; the policeman allows me to enter and asks me if I want to be escorted. I smile and reply that I only have friends in the camp and I do not need any protection. I must go on foot by the way, in the camp cars are not allowed since the road is blocked by concrete pillars. A wall was erected then? What does it mean? While I am going along the way, some children recognize me and greet me. We have been closed inside – they tell me. We are in one prison - others say.

I hoist some of them in my arms, smiling at them and I reassure them: come on, keep calm There is no prison. Children insist: we can not go and play in the forecourt, we can not go to market with our cars, only on foot. Even to buy food, to get some water, we have been put in prison. I take them by the hand and keep walking. Adults also are close to me, “we were locked in a cage, they say that we are animals. They do not let us bring our cars in the camp - if someone is sick at night, how can we take this person to the hospital? We have here very ill elderly, pregnant women, disabled children. “They left us in the dark, without water and now they also close the road, why not kill us then”? – an old woman says – “they say we are animals” - another one adds – let them kill all of us, then, so this story ends.

Men also want to say something: “Did you see, they erected the Berlin Wall! What can we do now”? Come on, keep calm, let us try to understand what happens and let us ask the reasons for this wall, I answer unconvinced. The reasons for this wall, I repeat to myself; I immediately realize that the only thinking these words is a blasphemy against the sky.

My brothers gypsies think naively that the wall is just what blocks the access to the camp and closes them into an open prison. They still fail to see the insurmountable wall that has grown in the heart of people in his town. The wall that unscrupulous politicians, mercenary journalists, hired men of culture have systematically built in recent months with the specific intent to provide a public scapegoat. Or what is worse, to find a distraction that helps people not to think to the real problems of this country!

I think again to what happened in the last five months: a collective madness was unleashed against immigrants and nomads caused by several episodes of crime news, masterfully amplified by the media. The firing of news in prime time on the threat posed by immigrants and nomads, without considering the rapes perpetrated by our good Italian boys, the university students who bust themselves in discos and who carry away innocent people with their cars madly running, who gang rape a poor girl, or the Italian pre-adolescents who burn schools, who film the abuse perpetrated against a disabled person, or rather block the tracks of a high speed train to film its braking while laughing scornfully like idiots in their meetings like wild animals.

Who is talking about these ones? Who will defend us from them? Private guards and soldiers were deployed in discos, where from every night hundreds of drunk and drug addicted boys and girls are being spit out to crash then on the roads?

These are just some of the reasons that lead people to look for scapegoats, someone to blame for a world that we are not able to change. This forces us to unconsciously build walls in our heart and our mind, not to see the evil that devours us inside, that took our hand, that relieved us of

responsibility for what happens. We need someone to blame for our ignorance, our rudeness, our insensitivity, our lack of morals. On whom shall we throw our frustration of failed parents, of incompetent educators, of seduced if not corrupted by easy money citizens, by the illusion of power. So what's better than to blame those who can not defend themselves because without rights? People such as Roma who are not entitled to citizenship, housing, to have water and electricity?

I read some comments made by Romans on nomads and I am deeply ashamed. The first thing I wished was that they were not Roman Christians, that those who are saying, writing or just thinking these things had not been baptized. I thought about Lawrence, deacon of the First Church, responsible, in those terrible years of persecution, for the service to the poor Christian community in Rome. Lawrence, whose memory falls on August 10, was hideously tortured and killed on the gridiron not to betray his service.

He went before the emperor Valerian, who had ordered him to hand over the treasures of the Church, with a group of beggars: here are the treasures of the Church, he simply said, thus putting himself to death sentence. The treasures of the Church! The poor are still treasures of the Church, but Christians are still conscious of this? Do Christians know that every poor person, any prisoner, any patient, any hungry man or every stranger or beggar, even any Roma could be the same Christ coming to provoke us? Do Christians know that their salvation is depending on the answer to this challenge?

Not the job, the career, the money, the easy sex, the freak-out of Saturday night, but the salvation? Do Christians still believe in salvation? Because if we do, we must awaken the conscience of this town. We should remind to our brothers in Rome that it will be only opening our hearts to be judged. It is therefore an urgent need to break down all the walls, those of cement and the moral ones, we must remove all barriers between us and other people. We must build bridges instead, we must open all doors, open the doors to Christ who appears to us in every poor man. We must implore him to stay with us, because the night is falling on this town and it threatens to plunge it into a darkness which knows no dawn.

Stay with us God, because the day is almost over. Stay with us God and forgive us for not having recognized and welcomed you in these nomadic brothers. Stay with us God and save us from evil, break down the wall of shadow that blinds our hearts. Stay with us and make us strong witnesses of charity as Lorenzo, give us the courage to keep smiling and still on the gridiron of ignorance, malice, cynicism, racism. Stay with us God, do not leave us in this moment of Roman history, make our town the heart of Christianity, an exemplary witness of your preference for the poorest brothers.

## **22 Programs for families and children hosted in Roma camps managed by the Italian Red Cross in Rome: management of difficult situations and necessary interventions in their original countries.**

*(Anna Libri)*

### **Foreword**

The reasons for a joint project between the Italian Red Cross (CRI) and the International Social Service (SSI) in this particular area are linked to a tradition of close collaboration that dates back at the start of the last century. Their competences always meet in the delicate combining of social and medical environment, which is inevitable in the work of those who help people without their familiar, social and cultural references.

The mission of SSI is to help people who, for whatever reason, have to leave their country beyond any kind of religious, ethnic, political reasons. Nomads therefore, who by definition have no borders and ties but must in any case live in an “organized” world, are the goals of its mission and must be helped to live with the borders and rules of the countries hosting them.

CRI and SSI come again in synergy on this delicate type of actions so that on one hand the temporary stage of these people in a country should cover acceptable living standards, and on the other hand their identity as a nomadic population and their links to the lands of origin are maintained.

Anna Maria Libri  
International Social Service – Agency for Italy – Onlus

### **22.1 Reference context and problems definition.**

Italy has always been a destination country for nomads coming from East Europe; Rome in particular has often offered them hospitality committing itself, despite the many difficulties, to promote their integration, in case they were interested in getting it or acceptable living conditions in any case. For countless times over the years some difficulties and problems arose, facing their needs and the ones of the regular citizens trying to overcome conflicts.

Two events in the last two decades have changed the situation and stressed the problems: the war in ex – Yugoslavia and the consequent change in the political geography of the region and the identification of new citizens, plus Rumania admission in the European Union together with the following easier moving of citizens including nomads.

Different problems then arose with the messy and increased amount of people whose origins and citizenship are difficult to define.

The Municipality of Rome has faced and continues to face increasing difficulties due to the fact that nomads groups, while maintaining their cultural characteristics, tend to become increasingly resident and therefore they need to regularize their position and integrate into the social, working and school environment. In this context, together with an increased attention over the territory, a work of connection and cooperation with the countries of origin is necessary to establish administrative conditions, parental links, to reconstruct family stories, to find resources for minors in a semi-abandonment or isolation situations.

## **22.2 Project of assistance**

The International Social Service founded in Geneva in 1924 and active in Italy since 1932, handles social cases related to migration and to social problems resulting from them; it has then a great experience regarding the management of social service operations to be implemented in two or more nations. It carries out its institutional duties with the assistance of its international network in the field of protection of minors, adults and immigrant families upon request of the Courts, of the Ministry of Foreign Affairs and of the Local Authorities Social Services.

### **22.2.1 Goals to be achieved**

The continuous increase in the presence of nomads and issues pertaining to their presence deeply affects the territory of Rome, which has always been a favourite destination for migrants. The best interest of involved children and adults naturally requires a wide service network to be implemented with controls in the countries of origin of children, households and adults. This is to prevent situations of exclusion and isolation, which lead to an illegal kind of life thus going back to exclusion and to isolation again, recreating a loop of negative situations that so much worries Roman citizens. In this context, it becomes crucial to ensure a legalization of private individuals and to reconstruct their citizenship, giving them a clear civil status; to go back to the original conditions and the existing family resources for children and families in difficulty, to encourage and to support any voluntary repatriation.

### **22.2.2 Assistance and activities to be carried out**

Considering the possible concrete actions to implement the project, the International Social Service Agency for Italy (SSI-AI) will offer its assistance for the following problem areas:

- a) voluntary repatriation;
- b) surveys of relatives residing abroad for child custody;
- c) surveys of relatives residing abroad to check the status of abandoned children;
- d) family reunification;

e) personal data research in the countries of origin to find out the real citizenship of the involved people

For these statistics, the International Social Service will carry out research in the relevant offices, surveys on families of origin abroad, reintegration projects in the countries of origin.

### **22.2.3 Operating modes**

#### **Phase I - identification of cases and interventions to be implemented**

At this stage the action will be organized with two different operating modes, a first and a second level. At the first level, SSI AI operators will visit in some turns over the camps run by the Red Cross :

- To meet with involved people, identifying the real social problems
- To report – whether necessary – some cases to public social services
- To report - whether necessary – some cases to the judicial juvenile. authorities

At the second level, the SSI AI will collect:

- any reports of Italian Red Cross operators
- of the Social Services of the Municipality of Rome
- the judiciary Juvenile Authorities
- 

SSI AI will then take into consideration all identified cases for which an action abroad is necessary. It will collect all relevant information, it will involve its corresponding operators and will agree on any type of action to be taken together with the reporting Institutions

#### **Phase II - interventions in the countries of origin**

Depending on the type of cases, SSI AI will forward a request of intervention to the proper Country. The intervention could be:

- A social survey to find out possible existing relatives for minors semi-abandoned
- An environmental survey and a subsequent project to repatriate somebody requesting it
- A research of personal data and certificates

#### **Phase III –Case definition in Italy**

Upon arrival of the information or reports, SSI-AI will proceed to use them directly to schedule interventions in Italy, and to translate them submitting to any applicants Social Services or Juvenile Authority. In complex situations that require multiple interventions, the practice will always be implemented in the same way. Where available, quick communication media such as email and fax will be used.

#### **22.2.4 Beneficiaries of interventions**

Nomad children, adults and families who wish to return to their countries of origin.

Nomads foreign minors, abandoned or semi - abandoned, for whom it is necessary to research family resources in their countries of origin.

Nomadic families with children in difficulty and who risk to be abandoned

Nomadic children and adults in need to define their legal status.

#### **22.2.5 Resources and staff**

In order to perform actions, SSI-AI will use its professional social service staff , with legal knowledge and knowledge of foreign languages, specialized in the mediation work to be done with the social services of different countries. It will then use the network of corresponding operators who work with professional staff belonging to the different cultures and countries of origin; they will perform and take care of the conduction of investigations, research registries, repatriations.

#### **22.2.6 Costs**

##### **Handling cases**

##### *Hypothesis I*

The cases run by the SSI-AI will be paid individually, for an amount of 1650.00 € each. The cost of operations may vary from country to country, depending on the type of local partner, the distances to reach the target audience, the number of meetings and social need. It should then be taken into consideration also the possible cost for processing the case and the translations carried out in Rome.

##### **Activities abroad**

##### ***Social Investigation***

€400/€1000

##### ***Displacements***

€50/€100

## Activities in Italy

### *Social services interventions*

€450/€1000

### *Translations*

€50/€250

The cost may vary between 950,00 € and 2.350,00 € for an average of 1.650,00 € for each case.

### *Hypothesis II*

Considering an average amount of 1.650,00 euros each case, plus an average media of 60 cases each year, a contribution of 99,000,00 euros is being given each year, to carry out 60 cases; this contribution can be changed in case of any modification of the case to be carried out.

## **MICRO – PROJECTS**

Costs of possible micro – projects of professional education and of work readjustment should be considered separately and are related to variables which are difficult to be quantified.

It should be considered: the different cost of living in the various countries , the user of the micro project (minor, family group, adult ), the duration of the project.

We could assume a cost between 2.000 and 4.500 Euros for each micro-project, considering the necessity to evaluate each case following its own perspectives, thus using resources in a flexible way.



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## 24 APPENDIX A

### ***WHAT FOLLOWS IS A LETTER OF TRANSMISSION PLUS A CONVENTION BETWEEN THE ITALIAN RED CROSS AND THE ITALIAN GOVERNMENT DELEGATE FOR LATIUM REGION – RELATED TO THE NOMADS EMERGENCY***

*The translation has been done only with regard to the letter of transmission. The contents of the following convention are not considered relevant for a general interest.*

*The same contents can be translated upon request and with the approval of the Extraordinary Commissioner for the Provincial Committee of the Italian Red Cross*

Italian Red Cross  
Regional Committee  
00151 Rome  
Via B. Ramazzini, 31  
Off tel 0665795358/9  
Fax 0665793427  
Pres.tel. 06 6533623  
Fax 06 65749007

**To the attention of the Substitute Vice Prefect  
Prefecture of Rome  
Territorial Office of the Government  
Via IV Novembre 119/A  
00187 Rome**

**Subject: Transmission of a Convention outline**

We are sending herewith enclosed an outline of the Convention for the census related to the Nomads emergency in Latium territory, stating our availability to carry on with the activities performed so far.

Yours faithfully,  
The Executive General

## **Convention between the Delegate Commissioner of the Prime Minister to the Nomads Emergency in Latium region and the Latium Regional Committee of the Italian Red Cross**

Con il Decreto del Presidente del Consiglio dei Ministri del 21 maggio 2008 e" stato dichiarato, fino al 31 maggio 2009, lo stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio delle Regioni Campania, Lazio e Lombardia;

L"Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008, n° 3676, ha identificato nel Prefetto di Roma il Commissario delegato per fronteggiare lo stato di emergenza di cui al Decreto del Presidente del consiglio dei Ministri del 21 maggio 2008, nel territorio della regione Lazio;

L"articolo 1, comma 2, della citata Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008, n° 3676, identifica i compiti demandati al Commissario per fronteggiare l'emergenza in parola;

L"articolo 2, comma 1, dell"Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008, n° 3676, prevede l"attivazione di necessarie forme di collaborazione con la Regione, altri soggetti pubblici e, per i profili umanitari ed assistenziali, con la Croce Rossa Italiana;

L"articolo 2, comma 3, dell"Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008, n° 3676, sancisce che il Commissario delegato, per le esigenze derivanti dall"esecuzione delle iniziative da porre in essere, si avvale di unità di personale civile e militare, dipendente da Amministrazioni dello Stato e da Enti pubblici territoriali e non territoriali, che sarà messo a disposizione con oneri a carico dell"Ufficio del Commissario delegato;

Il Direttore Generale della Croce Rossa italiana ha recepito il dettato del D.P.C.M. del 21 maggio 2008 e le conseguenti ordinanze del presidente del Consiglio dei Ministri n°3676, 3677 e 3678 del 30 maggio 2008, fornendo indicazioni per la corretta gestione dell'emergenza;

La Croce Rossa Italiana è stata chiamata a far parte dell"Ufficio del Commissario Delegato il quale, con apposito appunto del 04 luglio 2008, ha individuato le aree di intervento e le attività a cui la Croce Rossa è chiamata a collaborare;

L"art.27 dello Statuto della C.R.I., approvato con D.P.C.M. 6 maggio 2005, n°97 prevede l"attribuzione al Comitato Regionale del compito di coordinamento dell"attività della Croce Rossa Italiana nel territorio della regione;

Si conviene e si stipula quanto segue:

### **ART.1 Oggetto**

Il Commissario delegato ed il Comitato regionale del Lazio della Croce Rossa italiana (di seguito "C.R.I.") cooperano per fronteggiare lo stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio della Regione Lazio; in particolare la C.R.I. si occuperà in maniera esclusiva dei profili umanitari ed assistenziali, nel rispetto del regolamento per il trattamento dei dati sensibili e giudiziari della C.R.I. approvato dal Garante per la protezione dei dati personali, raccogliendo ed utilizzando dati inerenti pratiche esclusivamente sanitarie ed umanitarie.

### **ART.2 Finalità**

La C.R.I. concorrerà, per quanto di competenza, alla realizzazione di quanto specificamente indicato nell"articolo 1, comma 2, punti g), h), ed i) dell"Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008, n° 3676 provvedendo nella misura propria a raccogliere dati utili per ripristinare i livelli

minimi delle prestazioni sociali, prevedendo misure di sostegno ed integrazione in particolare per i minori, favorendone altresì la scolarizzazione. Detta ricognizione sarà rivolta agli insediamenti ed alle persone che vi abitano nelle Province di Frosinone, Latina, Rieti, Roma e Viterbo.

### **ART.3**

#### **Attività provviste**

La C.R.I., attraverso la compilazione di un "foglio notizie", provvederà al censimento sociale e sanitario della popolazione residente nei campi nomadi. I dati statistici e di rilevanza epidemiologica così raccolti dalla C.R.I., potranno quindi essere utilizzati per analisi di carattere generale sullo stato degli insediamenti, anche da altre Amministrazioni, e potranno essere messi a disposizione in forma assolutamente anonima. Ad ogni soggetto censito, con l'ausilio di esperti in ambito sanitario e sociologico afferenti all'Associazione, verrà rilasciata una "tessera C.R.I." contenente le informazioni di maggior rilievo sullo stato di salute, con particolare attenzione ai minori, ai rispettivi nuclei familiari, alle donne in stato di gravidanza ed agli anziani. Le notizie riguardanti la situazione sanitaria individuale e nominativa saranno conservate dalla C.R.I. per le proprie finalità assistenziali, e non potranno essere trasmesse ad altra Amministrazione, se non su richiesta dell'assistito o per provvedimento dell'Autorità Giudiziaria. Dovrà essere assicurata l'adesione volontaria a qualsiasi intervento assistenziale, trattandosi di persone non sottoposte ad alcuna misura che ne limiti l'esercizio dei diritti fondamentali. Per quanto riguarda i minori, per ogni intervento sanitario e/o assistenziale, dovrà essere acquisito il preventivo consenso di chi esercita la potestà genitoriale.

### **ART.4 Obblighi della CRI**

La C.R.I. opera con proprio personale, in osservanza ai principi ed agli scopi istituzionali indicati nello Statuto approvato con D.P.C.M. 6 maggio 2005, n°97. Con l'impiego di personale, volontario e dipendente (civile e militare), assicurerà l'efficacia e l'efficienza dell'attività di cui all'articolo 3, garantendo la presenza di un coordinatore per ogni evento di censimento, cui afferrà l'onere del coordinamento di tutte le iniziative. Tutto il personale di Croce Rossa che prenderà parte al censimento sarà in possesso delle cognizioni tecniche e pratiche necessarie, impegnandosi a prestare il proprio operato nel rispetto della normativa vigente in tema di privacy (Decreto Legislativo 30 giugno 2003, n°196 e successive modificazioni). La C.R.I. provvederà a garantire idonea copertura assicurativa al proprio personale, volontario e dipendente, nonché a rispettare gli standard previsti in materia di igiene e sicurezza sul lavoro, avocando a sé qualsiasi responsabilità, civile e/o penale, per danni cagionati a sé o ad altri dal proprio personale nell'espletamento delle funzioni previste.

### **ART.5**

#### **Obblighi del Commissario Delegato**

Per lo svolgimento di quanto sopra esplicitato, il Commissario delegato provvederà a rimborsare la C.R.I. per le spese sostenute per:

Spese di carattere generale: segreteria, cancelleria, produzione di stampati, elaborazione sistemi di archiviazione e gestione dei dati raccolti, carburante e quote di ammortamento dei mezzi dell'Associazione per gli spostamenti necessari, utenze telefoniche di servizio;

Oneri derivanti dal rimborso delle spese ai volontari: viaggi auto, mezzi pubblici ordinari, acquisto viveri di conforto;

Oneri derivanti dalle spese sostenute per la copertura assicurativa dei volontari e della loro formazione;

Oneri derivanti dall'impiego e dall'assunzione di personale dipendente o a prestazione occasionale per l'espletamento di attività non altrimenti svolgibili dal personale in organico;

Oneri per attrezzature, divise, dispositivi di protezione individuale, beni mobili, materiale vario per il rispetto della normativa vigente per la sicurezza sul lavoro.

Il Commissario delegato si impegna a rimborsare per quanto espressamente indicato nella Convenzione una somma non superiore ad euro 120.000,00 (centoventimila/00) salvo eventuali integrazioni che verranno previamente esaminate.

#### **ART.6**

##### **Procedure di rimborso delle spese**

Il Commissario delegato provvederà a rimborsare il Comitato regionale della Croce Rossa Italiana entro 30 giorni dalla presentazione della relativa fattura per le spese di cui all'art.5. In caso di ritardato pagamento, alla somma da liquidare verrà applicata la maggiorazione consistente negli interessi legali previsti.

#### **ART.7**

##### **Durata**

Il termine della presente Convenzione fissato al 15 ottobre 2008, potrà essere oggetto di successiva proroga.

#### **ART.8**

##### **Foro competente**

In caso di controversia, il Foro competente è quello di Roma.

#### **ART.9**

##### **Norme di rinvio**

La presente Convenzione è esente da imposte di registro, ai sensi dell'art.8 Legge 266/91. Per quanto in essa non espressamente previsto, si rimanda alle norme del codice civile.

Letto, confermato e sottoscritto

Il Dirigente

Comitato Regionale CRI Lazio

.....

Il Commissario Delegato

S.E. Prefetto di.....

.....

***WHAT FOLLOWS IS A LETTER OF TRANSMISSION OF A FACSIMILE TO APPOINT A RESPONSIBLE MANAGER FOR THE SENSITIVE DATA COLLECTION RELATED TO THE CENSUS IN NOMADS CAMPS***

**FACSIMILE PER LA NOMINA DEL RESPONSABILE DEL TRATTAMENTO DEI DATI SENSIBILI RACCOLTI CON IL CENSIMENTO DEI CAMPI ROM**

**CROCE ROSSA ITALIANA  
COMITATO REGIONALE  
DETERMINAZIONE DIRETTORIALE  
IL DIRETTORE REGIONALE**

**VISTO**

lo Statuto dell'Associazione italiana della Croce Rossa approvato con D.P.C.M. del 06 maggio 2005, n°97, pubblicato in G.U. del 08 giugno 2005, n°131;

**VISTA**

la Delibera del Consiglio Direttivo Nazionale n° 85 del 21.10.2006 con la quale viene nominato Direttore Generale dell'Ente il Dottor .....

**VISTO**

il Decreto Legislativo 30 giugno 2003, n°196 "Codice in materia di protezione dei dati personali";

**PRESO ATTO**

Che Titolare del Trattamento dei dati personali e", ai sensi dell'art.28 del Decreto Legislativo 30 giugno 2003, n°196, la Croce Rossa Italiana nella persona del Direttore Generale e che, ai sensi dell'art.29, il titolare ha facoltà di nominare i Responsabili del trattamento dei dati personali;

**CONSIDERATA**

La Determinazione Direttoriale n°12 del 06.02.2007 con la quale sono stati nominati Responsabili del trattamento dei dati personali, tra gli altri, i Direttori Regionali della C.R.I.;

**CONSIDERATA**

La Determinazione Direttoriale n° ..... del ..... con la quale è stato rinnovato al Dr. .... il rapporto contrattuale relativo all'incarico dirigenziale di seconda fascia relativamente alla direzione del Comitato Provinciale C.R.I. di Roma;

**RAVVISATA**

La necessità di estrapolare dalla competenza del Direttore Regionale C.R.I. Lazio, Dr. ...., la responsabilità per il trattamento dei dati personali del Comitato Provinciale C.R.I. di Roma e dei Comitati locali ad esso afferenti;

**SENTITI**

Per le vie brevi il Dr. .... ed il Dr. ...., che concordano;

**VISTO**

Il parere del Capo Dipartimento Organi Statutari espresso con promemoria del 31 maggio 2007;

**CONSIDERATO**

Che il presente atto non comporta oneri di spesa;

**DETERMINA**

Di nominare Dr. ...., che per esperienza, capacità ed affidabilità fornisce idonea garanzia per il rispetto delle vigenti disposizioni in materia di trattamento dei dati ivi compreso il profilo della sicurezza degli stessi, Responsabile per il trattamento dei dati personali del Comitato Provinciale C.R.I. di Roma e dei Comitati locali ad esso afferenti, autorizzandolo al trattamento dei dati sensibili e giudiziari per le finalità e con le modalità sotto riportate, di cui agli artt. 20,21,22 del Decreto Legislativo n° 196 /03.

1. I dati personali riguardano tutte le categorie di dati personali il cui trattamento e" necessario per lo svolgimento dei compiti di istituto ed ai sensi dell'art. 18 del D.L.G.S. 196/03 il trattamento dei dati personali è consentito soltanto per lo svolgimento delle funzioni istituzionali.

2. Il Responsabile deve eseguire le operazioni di trattamento affidate allo stesso dal Titolare nel pieno rispetto della normativa vigente in materia di protezione dei dati personali e del presente atto di nomina a Responsabile del trattamento.
3. Qualora emergesse la necessità di eseguire operazioni di trattamento diverse ed eccezionali rispetto a quelle funzionalmente collegate alle prestazioni dei Servizi e dei Comitati, il Responsabile informerà tempestivamente il Titolare.
4. Il Responsabile dovrà adempiere i doveri ed esercitare i poteri individuati nella presente nomina relativamente ad operazioni di trattamento effettuate manualmente, mediante strumenti informatici/telematici/altri supporti, ponendo in essere le operazioni di trattamento di dati personali (secondo la definizione di “trattamento” contenuta nell’articolo 4, comma 1, lettera a), del Decreto Legislativo n° 196/03) che siano funzionalmente collegate e necessarie alla prestazione dei Servizi e dei Comitati in conformità al D.Lgs.196/03 ed operando sulle banche dati e sui dati personali funzionalmente collegati e necessari alla prestazione degli stessi.
5. Il Responsabile dovrà eseguire il trattamento cui è preposto garantendo che lo stesso sia eseguito in conformità alla normativa vigente in materia di protezione dei dati compreso il profilo della sicurezza, alle finalità ed agli scopi di trattamento indicati nell’atto di nomina ed in ogni caso in modo lecito, secondo correttezza e nel rispetto dei principi di necessità, trasparenza, finalità, pertinenza, conservazione, qualità dei dati (con quest’ultima intendendosi esattezza, aggiornamento e completezza dei dati) previsti dalla normativa.
6. È dovere del Responsabile predisporre le infrastrutture tecnologiche, qualora necessarie, affinché sia possibile la conformità al suddetto profilo di sicurezza. Se previsto dalla normativa, il Responsabile dovrà comunicare a terzi ovvero diffondere i dati personali oggetto del trattamento cui è preposto e dovrà provvedere affinché tale comunicazione e/o diffusione siano eseguite in conformità alla normativa stessa.
7. Il Responsabile deve procedere all’organizzazione di ogni operazione di trattamento dei dati nel pieno rispetto della normativa vigente in materia di protezione dei dati e deve :
  - a. identificare gli incaricati del trattamento ai sensi degli artt.4, comma 1, lettera h) e 30 del Decreto Legislativo n°196/03 per iscritto ,specificando ambito,finalità,modalità del trattamento consentito e tipologia di dati cui gli incaricati possono accedere secondo le modalità stabilite all’uopo dalla normativa;
  - b. organizzare le attività ed i compiti degli incaricati in maniera che il trattamento eseguito dagli stessi risulti coerente e conforme alla normativa;
  - c. ai sensi della normativa in materia, provvedere – in relazione alle credenziali di autenticazione ad ai profili di autorizzazione degli incaricati- alla formazione ed alle istruzioni agli incaricati necessarie all’espletamento dei compiti affidati agli stessi dal Responsabile;
  - d. vigilare sull’operato degli incaricati affinché gli stessi operino nel pieno rispetto delle istruzioni ricevute dal Responsabile e della normativa vigente in materia di protezione dei dati personali. Sarà cura del Responsabile proporre al Titolare la dotazione degli strumenti tecnologici che di volta in volta risultino opportuni a tale fine.
8. Il Responsabile, nell’esecuzione del trattamento di dati personali cui è preposto, deve adottare e verificarne costantemente l’efficacia, anche in relazione alle conoscenze acquisite sulla



base del progresso tecnico, le misure di sicurezza fisiche, logiche, organizzative, tecniche ed informatiche previste dalla normativa in materia di protezione dei dati personali, con particolare ma non esclusivo riferimento all'Allegato B al Decreto Legislativo 196/03 (Disciplinare Tecnico in materia di misure minime di sicurezza) ed agli Artt. da 31 a 36 del D.Lgs. 196/03. L'adozione delle sopra descritte misure di sicurezza è finalizzata a ridurre al minimo i rischi di distruzione o perdita anche accidentale dei dati, di accesso non autorizzato, di trattamento non consentito ovvero non conforme alle finalità di trattamento cui il Responsabile è preposto ed al fine di garantire integrità, correttezza, disponibilità e confidenzialità dei dati.

9. Si autorizza il Responsabile ad affidare, sotto la propria responsabilità, l'esecuzione di operazioni di trattamento funzionalmente collegate alla prestazione del proprio ufficio, ad altri terzi esterni che, per esperienza, capacità ed affidabilità, forniscano idonea garanzia del pieno rispetto della normativa, con particolare riguardo alla sicurezza dei dati. Il Responsabile provvederà ad indicare al Titolare con congruo anticipo, i soggetti terzi, in modo da consentirne l'eventuale nomina a responsabili del trattamento ai sensi dell'art. 4, comma 1, lettera g) del Decreto Legislativo 196/03. Il Responsabile garantisce al Titolare il corretto adempimento da parte di tali soggetti terzi di quanto previsto dalla normativa e dal Decreto Legislativo n°196/03.

10. Il Responsabile, su richiesta del Titolare, dovrà redigere una relazione in cui siano indicate le modalità con cui è effettuato il trattamento cui il Responsabile è preposto e qualsiasi altra informazione ragionevolmente richiesta dal Titolare.

11. Il Responsabile garantisce al Titolare ed ai suoi incaricati accreditati l'accesso ai propri uffici per verificare le misure di sicurezza adottate, in conformità alle parti di interesse del Documento Programmatico sulla Sicurezza e le concrete modalità di esecuzione delle operazioni di trattamento realizzate in qualità di Responsabile.

12. Restano a carico del Responsabile tutti gli obblighi stabiliti dalla normativa in materia di protezione dei dati personali nei confronti degli interessati stessi compresi a titolo meramente esemplificativo gli obblighi di informazione di cui all'art. 13 del D.Lgs. 196/03.

13. Il Responsabile deve comunicare al Titolare ogni episodio, fatto e circostanza rilevante occorsi nel trattamento dei dati cui è preposto inclusi qualsiasi istanza, ordine o attività di controllo da parte del Garante per la protezione dei dati personali o altra autorità, ovvero qualsiasi richiesta da parte di interessati. Il Responsabile, su richiesta del Titolare, collaborerà con lo stesso in relazione agli adempimenti cui è soggetto il Titolare ai sensi della normativa in materia di protezione dei dati personali, ad esempio in relazione a richieste degli interessati ai sensi dell'art. 7 del D.Lgs. 196/03 e ad attività del Garante per la protezione dei dati personali od altra autorità.

14. Se il Responsabile viene a conoscenza di qualsiasi violazione della normativa, in materia di protezione dei dati personali, compreso il profilo della sicurezza, dovrà darne comunicazione al Titolare affinché lo stesso decida le necessarie misure preventive e/o riparatorie.

15. Il trattamento, ai sensi dell'art. 11 del D.Lgs. 196/03 deve rispettare il principio di pertinenza e non eccedenza rispetto alle finalità del trattamento medesimo: agli incaricati l'accesso è consentito ai soli dati personali la cui conoscenza sia strettamente indispensabile per adempiere i compiti affidati.

16. I dati devono essere trattati in modo lecito e secondo correttezza. I dati devono essere esatti ed aggiornati. È vietata qualsiasi forma di diffusione e comunicazione dei dati personali trattati che non sia funzionale allo svolgimento dei compiti affidati. Al termine del periodo di trattamento i supporti o i documenti, ancorché non definitivi, contenenti i dati personali devono essere riposti in archivio.

17. Per il trattamento devono essere seguite le norme di legge e di regolamento in materia di tutela della riservatezza dei dati personali e devono essere applicate le misure di sicurezza previste dal “Manuale per il trattamento dei dati e cautele per la protezione dei dati nella gestione amministrativa ad uso degli operatori della C.R.I.”.

18. Ai sensi dell’art.19 del D.Lgs. 196/03 la comunicazione da parte di un soggetto pubblico ad altri soggetti pubblici e’ ammessa quando e’ prevista da una norma di legge o di regolamento. La comunicazione da parte di un soggetto pubblico a privati o ad enti pubblici economici e la diffusione da parte di un soggetto pubblico sono ammesse unicamente quando sono previste da una norma di legge o di regolamento. La visione dei dati contenuti nei suddetti sistemi o banche dati esclude comunque qualsiasi forma di comunicazione ,diffusione e trattamento degli stessi che non sia strettamente funzionale all’espletamento dei compiti di istituto e che non si svolga nei limiti stabiliti da leggi e regolamenti.

19. Ferma restando l’applicazione delle disposizioni vigenti in materia di trattamento dei dati sensibili e giudiziari, si riportano alcune misure specifiche da applicarsi in caso di trattamento di dati sensibili e giudiziari:

I documenti , ancorché non definitivi,ed i supporti recanti dati sensibili o giudiziari devono essere conservati, anche in corso di trattamento, in elementi di arredo muniti di serratura e non devono essere lasciati incustoditi in assenza dell’incaricato;

Nel caso di trattamenti di dati inerenti la salute i supporti e i documenti recanti dati relativi alla salute ed alla vita sessuale devono essere conservati nei predetti contenitori muniti di serratura, separatamente da ogni altro documento;

Per la redazione, la pubblicazione, la comunicazione ed il rilascio degli atti recanti dati idonei a rilevare lo stato di salute devono essere osservate le norme dettate dal D.Lgs.196/03 ed in particolare quelle di cui al Titolo V.

Il Direttore Regionale

.....

Il presente atto non comporta oneri  
Il Dirigente Servizio Amm. e Finanza

**WHAT FOLLOWS IS A LETTER OF TRANSMISSION TO THE REGIONAL RED CROSS DIRECTORS IN CAMPANIA, NAPLES, LATIUM, ROME AND LUMBARDY AREAS – CONCERNING: THE RED CROSS EXECUTIVE GENERAL’S ORDER TO FOLLOW THE RULES AND TAKE THE NECESSARY ACTIONS INDICATED IN THE AGREEMENT ABOVE REPORTED BETWEEN THE ITALIAN RED CROSS AND THE ITALIAN GOVERNMENT – ABOUT THE NOMADS CAMPS EMERGENCY**

CROCE ROSSA ITALIANA  
COMITATO CENTRALE  
D.P.M.C 21.05.2008

Via Toscana 12 tel 0647591  
00187 Roma  
li 3/7/2008  
Telegrammi CRI ROM  
Fax prot gen 0644244534  
c/c postale n.300004

Al Dr.....  
Direttore Regionale a.i. della Campania  
Al Dr.....  
Direttore Provinciale Area Metropolitana di Napoli  
Al .....  
Direttore Regionale del Lazio  
Al.....  
Direttore Provinciale Area Metropolitana di Roma  
Al.....  
Direttore Regionale a.i. della Lombardia  
LORO SEDI

E, p.c.:

Al Dottor.....  
Direttore del Dipartimento Organi Statutari,  
Componenti Volontaristiche e Strutture Territoriali  
Al Dr.....  
Direttore del Dipartimento Risorse umane  
e Organizzazione  
Al .....  
Direttore del Dipartimento Sanitario  
Socio Sanitario e Sociale  
LORO SEDI

A seguito dell’ entrata in vigore del d.p.c.m del 21 maggio 2008 (Dichiarazione dello Stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio delle regioni Campania, Lazio e Lombardia) e delle conseguenti ordinanze del Presidente del Consiglio dei Ministri n°3676, 223 3677 e 3678 del 30 maggio 2008, questa Direzione Generale ritiene necessario dare ai dirigenti coinvolti nelle attività oggetto delle norme alcune indicazioni sui comportamenti da adottare.

Le nuove disposizioni, per la delicatezza della materia trattata, hanno sollevato un complesso dibattito sia nelle sedi istituzionali sia nell’ opinione pubblica. La struttura amministrativa e gestionale della Croce Rossa Italiana non può e non deve, in quanto tale, prendere parte a questo dibattito ma limitarsi a rispettare tutto il quadro normativo che la riguarda, le norme statutarie nazionali e quelle internazionali derivanti dagli accordi in vigore.

Le disposizioni del d.p.c.m. e delle ordinanze collegate prevedono che **“il Commissario Delegato può attivare le necessarie forme di collaborazione con la Regione, altri soggetti pubblici e, per i profili umanitari ed assistenziali, con la Croce Rossa italiana”**.

In considerazione del fatto che chiedere il coinvolgimento della Croce Rossa è una eventualità a disposizione del Commissario e non un obbligo istituzionale e che tale coinvolgimento deve avere la forma della collaborazione su aspetti umanitari e assistenziali, i dirigenti in indirizzo, a tutela della correttezza e legittimità degli atti, debbono garantire che:

1. La collaborazione, in considerazione della sua rilevanza, sia autorizzata da provvedimenti del consiglio direttivo regionale vista la competenza regionale del Commissario delegato. Se le attività vedono coinvolte le risorse dei consigli provinciali e locali, è necessaria anche l'adesione di tali consigli.

2. L'oggetto della collaborazione scaturisca da un formale atto convenzionale con il Commissario delegato, predisposto dal dirigente regionale dopo le approvazioni di cui al punto precedente. In tale convenzione dovranno essere tutelate le finalità esclusivamente umanitarie e assistenziali dell'operato di Croce Rossa, come del resto previsto nelle nuove disposizioni, senza assunzione di nessun obbligo e partecipazione relativamente ad aspetti di pubblica sicurezza connessi al censimento degli appartenenti alle comunità nomadi. Dovranno essere altresì assicurati gli effetti economici connessi al recupero delle risorse utilizzate.

3. Poiché il regolamento per il trattamento dei dati sensibili e giudiziari della Croce Rossa Italiana approvato dal Garante per la protezione dei dati personali consente ai nostri operatori di raccogliere ed utilizzare dati inerenti pratiche esclusivamente sanitarie ed umanitarie, sia assente, nell'atto convenzionale, qualunque altra raccolta di dati.

4. I dati statistici di rilevanza epidemiologica siano utilizzati per analisi di carattere generale sullo stato degli insediamenti anche in collaborazione con altre amministrazioni. I libretti sanitari individuali e nominativi invece siano conservati dalla Croce Rossa Italiana per le proprie finalità assistenziali e non trasmessi ad altra amministrazione se non per richiesta dell'assistito o per provvedimento dell'autorità giudiziaria. Valgono per queste informazioni gli stessi limiti previsti dalla normativa sulle cartelle cliniche.

5. In considerazione del fatto che le persone cui l'azione di tutela umanitaria e sanitaria è rivolta non sono sottoposte ad alcuna misura che ne limiti l'esercizio dei diritti fondamentali, sia assicurata l'adesione volontaria a qualsiasi intervento assistenziale; in particolare per quanto riguarda i minori, per ogni intervento sanitario e/o assistenziale sia acquisito il consenso di chi esercita la patria potestà.

6. Tutto il personale dipendente di propria competenza, incluso il personale militare funzionalmente coordinato in quanto assegnato a compiti civili, dia la massima collaborazione ai volontari della Croce Rossa nell'assoluto rispetto di queste indicazioni.

E' convinzione dello scrivente che gli aspetti giuridici e regolamentari sopra ricordati siano perfettamente noti a quanti in indirizzo. Ciò nonostante si è voluto richiamare la massima attenzione in un frangente in cui il ruolo di Croce Rossa è esercitato in un ambito dove la più insignificante imprecisione può avere effetti molto negativi sul duro e costante lavoro di tanti volontari ed operatori.

Il Direttore Generale

.....

Si trasmette al Presidente Nazionale, al Consiglio Direttivo Nazionale la comunicazione inviata ai Dirigenti presenti nelle regioni Lombardia, Lazio, Campania nella quale vengono date indicazioni su come affrontare la questione legata al censimento dei campi nomadi.

Si è ritenuto anche opportuno indirizzare copia della comunicazione ai Presidenti dei Comitati presso cui operano i suddetti Dirigenti.

Cordiali saluti.

Il Direttore Generale

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**Croce Rossa Italiana**  
Comitato Regionale Lazio

**Ordinanza Presidenziale N. 07 del 07-07-08**

Il Presidente

**VISTO** il Decreto del Presidente del Consiglio del 21 maggio 2008 , con il quale viene dichiarato lo stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio delle regioni Campania, Lazio e Lombardia;

**VISTA** l' Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008 n.3676 con la quale il Prefetto di Roma viene nominato Commissario delegato per fronteggiare lo stato di emergenza di cui al Decreto del Presidente del Consiglio dei Ministri del 21 maggio del 2008, nel territorio della regione Lazio;

**TENUTO CONTO**, inoltre, che nella sopra citata Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008 n.3676 vengono date disposizioni urgenti per fronteggiare lo stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio della regione Lazio;

**CONSIDERATO** all' art. 2 comma 1) dell' Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008 n.3676 viene stabilito, tra l'altro, che il Commissario delegato può attivare le necessarie forme di collaborazione con la Croce Rossa Italiana;

**TENUTO CONTO** che all' art. 2 comma 3) dell' Ordinanza del Presidente del Consiglio dei Ministri del 30 maggio 2008 n.3676 è stabilito, tra l'altro, che per le esigenze derivanti dall' esecuzione delle iniziative da porre in essere il Commissario delegato si avvale di unità di personale civile e militare, dipendente da Amministrazioni dello Stato e da Enti pubblici territoriali e non territoriali, che sarà messo a disposizione con oneri a carico dell' Ufficio del Commissario delegato;

**VISTA** la nota del 03 luglio 2008 protocollo CRI/CC/0047563, con la quale il Direttore Generale, recependo le disposizioni del Decreto del Presidente del Consiglio dei Ministri e delle Ordinanze collegate, specifica che il Commissario delegato può attivare le necessarie forme di collaborazione per i profili umanitari ed assistenziali con la Croce Rossa Italiana.

**TENUTO CONTO** che la Croce Rossa Italiana è stata chiamata a far parte dell' Ufficio del Commissario Delegato;

**TENUTO CONTO** che nell' appunto del 04 luglio 2008 preparato dal Commissario Delegato per l'emergenza nomadi nella regione Lazio vengono individuate le aree di intervento e le attività a cui la Croce Rossa è chiamata a collaborare;

**VISTO** art. 27 dello Statuto dell' Associazione approvato con il DPCM 06/05/05 n.97 che prevede l'attribuzione al comitato regionale del compito di coordinamento della attività della Croce Rossa Italiana nel territorio della regione;

**VISTA** l' Ordinanza Commissariale del 05 dicembre 2005 n.1561 con la quale viene definito il Consiglio direttivo del Comitato regionale Lazio;

**RAVVISATA** la necessità di individuare un protocollo di intervento:

## **DETERMINA**

le forme di collaborazione che il Commissario delegato può attivare con la CRI in relazione agli insediamenti di comunità nomadi, nel territorio della regione Lazio, esclusivamente per i profili umanitari ed assistenziali debbono rispettare le seguenti condizioni:

1. La collaborazione deve essere autorizzata con un provvedimento del Consiglio Direttivo Regionale. In caso di coinvolgimento nella attività delle risorse di Comitati Provinciali e/o Locali sarà necessario che anche i relativi Consigli deliberino tale adesione.

2. Il Dirigente regionale predisporrà, a seguito della avvenuta approvazione, formale atto convenzionale con il Commissario delegato anche nell' ottica di assicurare il recupero delle risorse economiche utilizzate.

3. A tutela dell' operato della Croce Rossa per finalità esclusivamente umanitarie ed assistenziali non può essere consentita la partecipazione relativamente ad aspetti di pubblica sicurezza connessi al censimento degli appartenenti alle comunità nomadi.

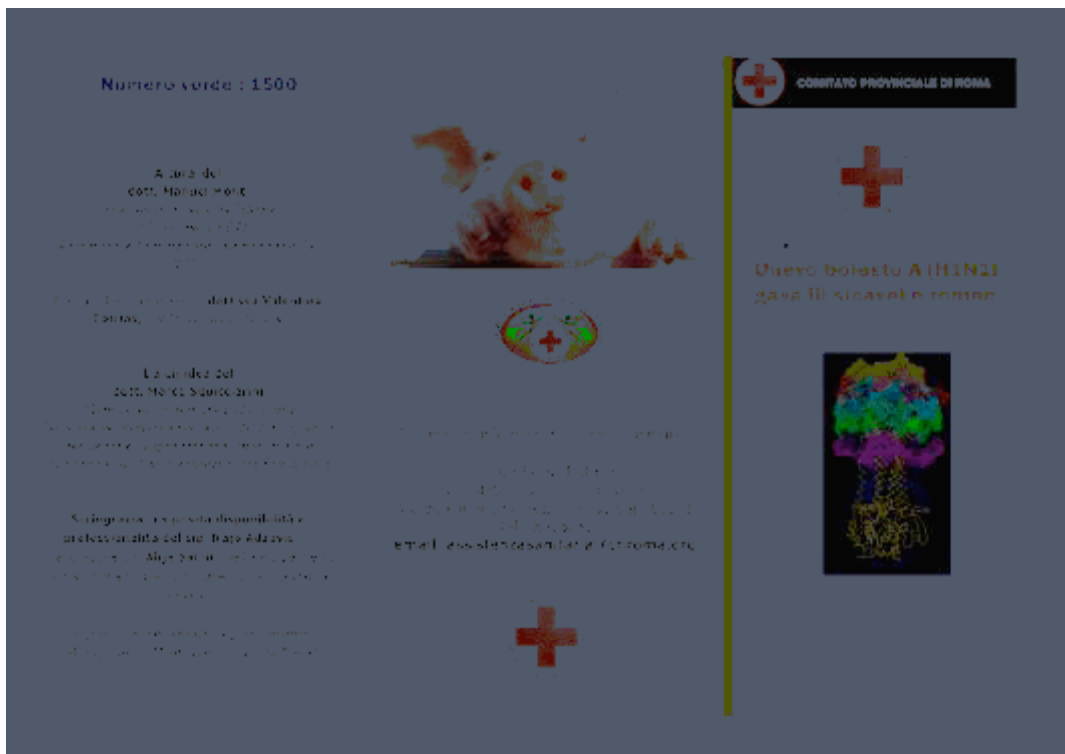
4. L'atto convenzionale di cui al punto 2, nel rispetto del regolamento per il trattamento dei dati sensibili e giudiziari della CRI approvato dal Garante per la protezione dei dati personali, potrà consentire ai nostri operatori di raccogliere e di utilizzare dati inerenti pratiche esclusivamente sanitarie ed umanitari. I dati statistici e di rilevanza epidemiologica, raccolti dalla Croce Rossa, possono essere utilizzati per analisi di carattere generale sullo stato generale degli insediamenti, anche da altre Amministrazioni, e possono essere messi a disposizione in forma assolutamente anonima. Le notizie riguardanti la situazione sanitaria individuale e nominativa debbono essere conservate dalla Croce Rossa per le proprie finalità assistenziali, e non possono essere trasmesse ad altra Amministrazione, se non su richiesta dell' assistito o per provvedimento della Autorità Giudiziaria. Valgono per queste informazioni gli stessi limiti previsti dalla normativa sulle cartelle cliniche.

5. Deve essere assicurata l'adesione volontaria a qualsiasi intervento assistenziale trattandosi di persone con sottoposte ad alcuna misura che ne limiti l'esercizio dei diritti fondamentali. Per quanto riguarda i minori, per ogni intervento sanitario e/o assistenziale, deve essere acquisito il preventivo consenso di chi esercita la patria potestà.

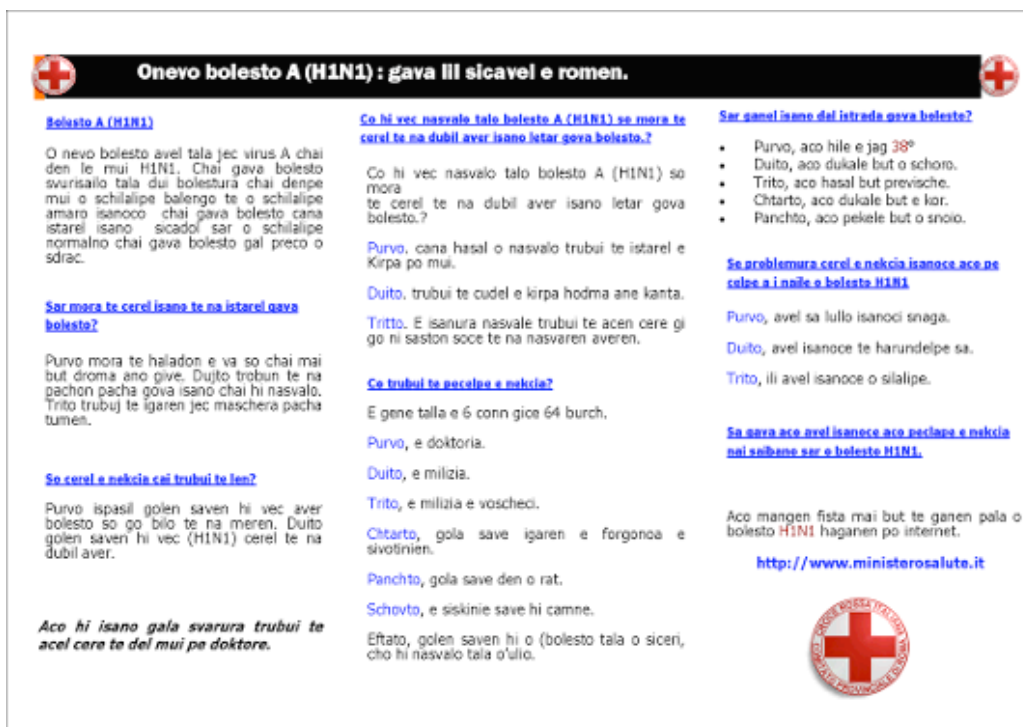
Il Presidente

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## 25. Appendix B



Picture 4 – informative brochure on H1N1 flue in Romani language, front side



Picture 5 – Informative brochure on H1N1 flue in Romani language , reverse side



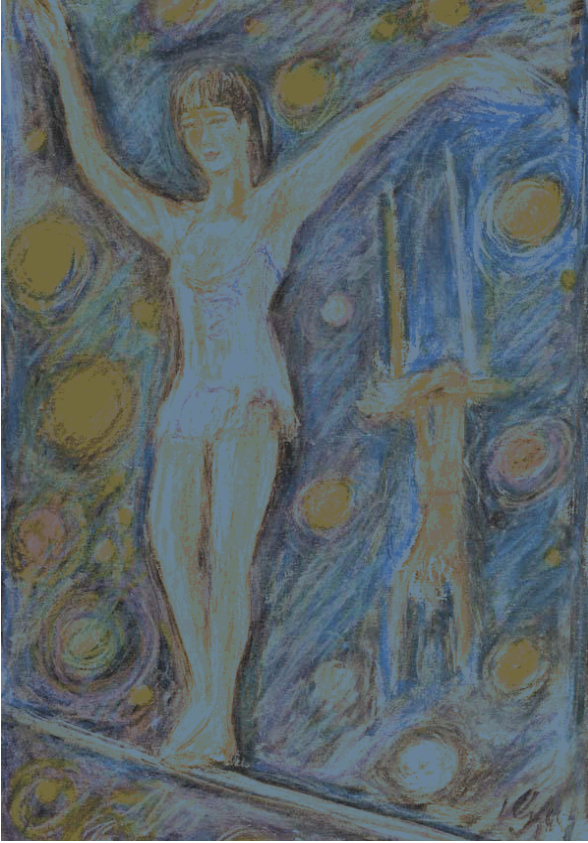
## 26 Appendix C

### 26.1 “The Red wheel”: History, Art and Culture of Roma people in the European Union

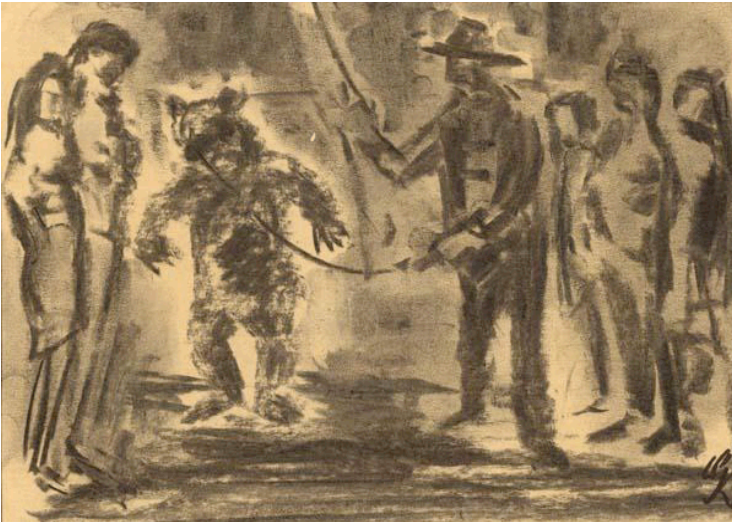
The “Red Wheel” Collection contains some artistic creations, some finds, some vintage and today’s photographs, some documentation collected along the years by the EveryOne Group, with the help of some well known Roma researchers and with the aim to found a Museum in Italy entirely devoted to Roma history, art and culture, including a chronicle of the Samudaripen. We report here a part of the collection, which testifies centuries of persecution and slavery, together with courage and commitment to contribute to the progress of the human civilization.



Matthäus Merian senior (1593 – 1650). *Roma Camp in Germany, 1629/1630*. From: Johann Ludwig Gottfried, *Historische Chronica, Beschreibung der fürnembsten Geschichten Frankfurt am Main*



Gerhard Kliemann (Berlin 1910-1989), *Romni acrobat on the cable*, pastel drawing, 1989



Gerhard Kliemann (Berlin 1910-1989), *a Roma and a bear in Jugoslavia*, carboncino, 1979





Gerhard Kliemann (Berlin 1910-1989), A Roma married couple, charcoal drawing, 1980



Roma Family in Germany, Xylograph, 1544. From: Sebastian Münster, Cosmography, Vol.III



*Naples, Gypsies Magnani. From: K. Stieler, E. Paulus, W. Kaden, From Alps to Etna, 1878*



*Rumanian Roma in the years of Samudaripen, 1942*





*Roma in the years of Samudaripen, 1942*



*Rumanian Roma in the years of Samudaripen, 1942*



*Roma in the years of Samudaripen, 1942*



L. Solle, *The stopover*, charcoal drawing on paper, XIX secolo





István Szentandrásfi, *Hungarian Roma musicians*, lithography, 2005



István Szentandrásfi, *Basket makers*, Lithography, 2005



Rebecca Covaciu, *A true love*, mixed technique on paper, 2009



Steed Gamero, *Samudaripen: the witness - Goffredo Bezzecchi*, photograph - 2006



Steed Gamero, *Samudaripen: the witness* Antonia Bezzecchi, photo, 2006





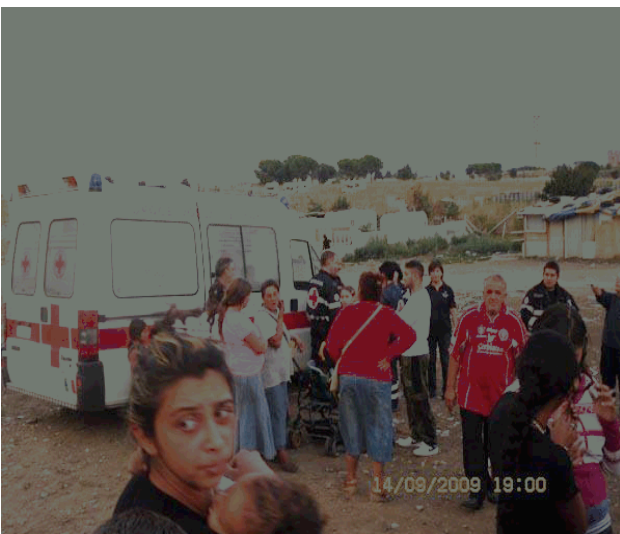
Dario Picciau, *Old Romni*, digital painting , 2009

26.2 Photo gallery





















**Collection and layout of documents edited by Stefano Labbia, Pioneers Red Cross Italy - Rome.**

**Volunteers partly participating to the English translations: Bongiani Annamaria; Donnini Liliana; Lepore Micaela; Zanolin Silvia**