

## Promoting Environmental Justice in Europe

### Upholding Existing Rights

The European Social Charter provides a structure to challenge denials of housing rights. In Greece, the European Committee of Social Rights, responsible for monitoring the Social Charter of the Council of Europe, found that "Greece had failed to take sufficient measures to improve the living conditions of the Roma". Insufficient action had been taken in "constraining local authorities or sanctioning them," it concluded.

### Reducing Discrimination

Romani CRISS in Romania set up a "health mediation programme" to help Roma women overcome discrimination when using health services. For example, the group organises any necessary legal documents. The "mediators" also provide advice and encourage women who might otherwise be sceptical about using health care provided through public services. The mediators are women because they tend to be responsible for family health.

### Supporting Non-Governmental Organisations

The European Roma Rights Centre confronts environmental injustices against Roma communities in Europe using multiple strategies including awareness-raising and legal action. For example, they visited the internal displacement camps in Kosovo to draw attention to the lead exposure and filed the housing rights' challenge in Greece.

### Engaging Women

Women of poor economic status and those in marginalized communities are in a position to be very effective advocates for environmental justice due to a traditional and direct role in promoting family health. In Roma communities in Romania, for example, women consider health as a priority issue in their lives and take the greatest responsibility for the health of the family.

### What Else Can Be Done?

#### Strengthen CEHAPE for Groups that Suffer Discrimination

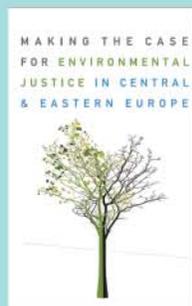
The reference to equity in CEHAPE should be strengthened to ensure systematic attempts:

- to reduce and ultimately eliminate the environmental discrimination faced by children and women in minority and poor communities which negatively affects their health, and
- to promote health and environmental rights of children and women in these groups.

#### Integrate Children's Rights into European Union Law

All 25 countries of the European Union have already signed the legally-binding United Nations Convention on the Rights of the Child. It recognises the right of all children to clean water to keep them healthy and fit (article 24). This should be integrated into EU law incorporating EU anti-discrimination policy.

"Making the Case for Environmental Justice in Central and Eastern Europe" was edited by Dr. Tamara Steger, Central European University, Center for Environmental Policy and Law (CEPL) and Health and Environment Alliance (HEAL). Her email address is [cepl@ceu.hu](mailto:cepl@ceu.hu)



A copy of the full report is available on the website of Health & Environment Alliance at: [www.env-health.org](http://www.env-health.org)

More information on children's, women's and minority, including Roma, health and environmental rights is available at the same website.

**Center for Environmental Policy & Law (CEPL)** is part of the Central European University based in Budapest, Hungary. It is dedicated to strengthening environmental policy and law in Central and Eastern Europe, the Newly Independent States, and other countries and regions in transition through research excellence, capacity building, and global and regional outreach. The report was the responsibility of the Coalition for Environmental Justice (CEJ), a civic action network of activists, lawyers, and researchers promoting environmental justice in Central and Eastern Europe, the Caucuses, and Central Asia.

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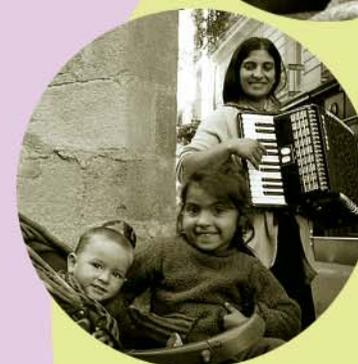
**Health & Environment Alliance (HEAL)** is an international non-governmental organisation that aims to improve health through public policy that promotes a cleaner and safer environment. Our work draws on the findings of the environmental health science revolution, which is revealing the impact of environmental degradation on health in an ever-widening range of diseases and conditions. We represent a diverse network of more than 50 citizens', patients', women's, health professionals' and environmental organisations across Europe with a strong track record in bringing environmental health science and policy to an increasing number of fora. Our vision is that of a healthy planet for healthy people.

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*While poor and minority populations suffer disproportionate exposure to environmental harms and access to environmental benefits, women and children within those groups tend to suffer the most. Environmental justice, while focusing on discrimination against certain groups, requires an especially keen and focused consideration of women and children.*

*Excerpt from "Making the Case for Environmental Justice in Central and Eastern Europe"*

## What is Environmental Injustice?

“Environmental injustice” or “environmental racism” refers to the observation that members of ethnic minorities, communities of lower socio-economic status, and the least educated disproportionately:

- suffer from exposure to environmental hazards due to their proximity to hazardous waste sites, incinerators, factories, and other sources of pollution, and/or
- are denied environmental benefits such as water, sewage treatment facilities, sanitation, and access to natural resources.

Public health experts are well aware that people of lower economic status have a shorter life expectancy and more illnesses during their life-time than wealthier people. The children of families in poor housing and otherwise hazardous living conditions are the most vulnerable. According to the World Health Organization, 40% of the global burden of disease attributed to environmental risk factors falls on children under five years of age, who account for only 10% of the world population.

“**Making the Case for Environmental Justice in Central and Eastern Europe**” is a groundbreaking report that describes the appalling environmental conditions in which some Roma (formerly known as gypsies) and displaced communities live, work, and play. Based on scientific research, the report argues that the best way to improve the health of adults and children in these communities is to promote and integrate environmental, health and human rights.

## Did You Know?

- About 5.6 million Roma live in Central and Eastern Europe and the Balkans.
- Half of all Roma children in Southeast Europe do not have enough to eat at least twice a month compared with 6% of the respective majority children.
- Very little data is available on the health status of Roma. Based on self-reporting, it appears that a higher percentage of Roma suffer from digestive diseases, respiratory conditions and skin infections compared to respondents from majority populations.
- Roma adults, especially women, report more work days lost as a result of illness.
- Twenty-two per cent of Roma households do not have an improved water source (that is, piped water within the dwelling or garden/yard) compared to 6% of majority population households.
- Access to environmental services must grow faster for Roma than for the majority population if Millennium Development Goals (MDGs) are to be achieved. For example, the national MDG report in Serbia calls for universal access to improved sanitation by 2015. If this goal is to be met, the rate of growth in the number of Roma households with access to improved sanitation would need to be six times higher than for the country as a whole. (Source: *At Risk: Roma and the Displaced in Southeast Europe*, UNDP, Bratislava, 2006)

## Environmental Justice and the Children’s Environment and Health Action Plan for Europe (CEHAPE)

The four regional priority goals of the Children’s Environment and Health Action Plan (CEHAPE) provide a basis from which to improve environmental justice for children in Europe. The report, “Making the Case for Environmental Justice in Central and Eastern Europe” provides sound evidence of the need to address environmental discrimination and racism against marginalized groups, especially women and children in the effort to achieve CEHAPE goals.

### Access to Water

*“We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and adequate sanitation for all children.” CEHAPE Regional Priority Goal I*

**Scarce Resources in Fakulteta, Sofia, Bulgaria:** While most of Sofia, the capital city of Bulgaria, is connected to the public water and sewerage system, there is only one tap for every 200 families in Glavova “mahala”, an area in Sofia where Roma live. Women and children queue with buckets and plastic bottles that fill slowly because water pressure is low. At home, they have no proper sewerage system. Hand-dug, narrow channels take urine and faeces along a dirt path in front of their houses to a nearby swamp. Water-borne diseases, such as diarrhoea and dysentery, are an almost constant feature of daily life, especially for children. Médecins Sans Frontières, which runs the only medical centre in Fakulteta, estimates infant mortality among Roma children to be six times higher than in the rest of the Bulgarian population.

### Fewer Accidents

*“We aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children.” CEHAPE Regional Priority Goal II*

**Flood Risks in Ostrava, Czech Republic:** The seventy families that live in Slezska Ostrava are at constant risk of being flooded out of their homes. Twenty years ago, after the major floods in the Czech Republic, the housing blocks where these families live were condemned due to the risk of flooding. Children in Ostrava and elsewhere are in great danger – not only because of the risk of drowning but because of the moulds that appear on walls or ceilings as a result of regular minor flooding of cellars and ground floor rooms. Respiratory and skin conditions associated with such exposure, including bronchitis and asthma, and skin allergies, present a particular risk for babies and infants.

## Clean Air

*“We aim to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air.” CEHAPE Regional Priority Goal III*

**Air Pollution in Veles, Macedonia:** Veles has been described as a “horror film” and a “public health catastrophe” (See: <http://www.iwpr.net>). For thirty years, a community made up largely of Roma breathe in daily the emissions from a smelting plant for lead and zinc located 300 meters from the homes. According to the Macedonian Institute for Health Protection, the smelter emits 62,000 tons of zinc, 47,300 tons of lead, and 120,000 tons of sulphur dioxide each year. In 2001, the World Health Organization (WHO) listed Veles as a critically dangerous place. Long-term exposure to air contaminants such as sulphur compounds increases the risk of chronic respiratory and cardiovascular problems. Within a five month period, two children of the 700 families in Veles died of cancer. Newborns are frequently diagnosed with heart or lung disease, respiratory or blood problems, and cancer. The immune systems of children especially are extremely compromised. One doctor in the town reported that his child patients could hardly fight off even a common cold.

## Living in Toxic Places

*“We commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.” CEHAPE Regional Priority Goal IV*

**Lead Exposure in Camps, Kosovo:** The air and soil is thick with lead in the displacement encampments close to the Trepca Mining and Smelter Complex in UN administered Kosovo. The camps were supposed to be open for a maximum of 45 days when 500-600 Roma were put there in 1997. Eight years later, alternative housing arrangements were finally established and many Roma were evacuated. However, some Roma still live there. Preceding the evacuation, a two-year old girl, Dzenita Mehmeti died as a direct result of exposure to lead. Many other children will suffer the effects of exposure for the rest of their lives. A study visit in 2005 revealed children in the camps showed visible signs of poor coordination and memory loss, conditions typically associated with lead poisoning. A WHO analysis of blood levels confirmed that 88% of children under six years old required immediate medical intervention.