November 2002

The Committee on Economic, Social and Cultural Rights

Re: Supplementary information on Slovakia
Scheduled for review by the Committee on Economic, Social and Cultural Rights in November, 2002

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Slovakia, which is scheduled to be reviewed by the Committee on Economic, Social and Cultural Rights during its 29th session. The Center for Reproductive Law and Policy (CRLP) and Poradna pre obcianske a ludske prava (Poradna), both independent non-governmental organizations, hope to further the work of the Committee by providing independent information concerning the rights protected in the International Covenant on Economic, Social and Cultural Rights (ICESCR). This letter highlights several areas of concern related to the status of women’s reproductive health and rights in Slovakia, with a focus on the Roma community. Specifically, it focuses on discriminatory practices violating the reproductive rights of Roma women in Slovakia.

Because reproductive rights are fundamental to women’s health and equality, states parties’ commitment to ensuring them should receive serious attention. Further, reproductive health and rights receive broad protection under the ICESCR. Article 12(1) of the ICESCR recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”1 Articles 2(2) and 3 guarantee all persons the rights set forth in the ICESCR without discrimination, specifically as to “race, colour, sex … social origin … or other status.”2 In interpreting the right to health, this Committee, in General Comment 14, has asserted that states parties are required to take “measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information.”3 General Comment 14 also specifically states that “[t]he realization of
women’s right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health.”

This right to access is further delineated in the discussion of Articles 2.2 and 3 on discrimination: “… the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex … or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health.”
We wish to bring to the Committee’s attention the following issues of concern, which directly affect the reproductive health and lives of Roma women in Slovakia.

1. **Race-Based Discrimination in Access to Reproductive Health Care (Articles 2.2, 3, 10, and 12 of the ICESCR)**

   Article 12 protects the right of all persons to enjoy the highest attainable standard of physical and mental health. Article 10 grants special protection to pregnant women before and after delivery. Articles 2.2 and 3 guarantee non-discrimination in the exercise of these rights. These provisions require governments to make reproductive health services and information, including maternal health care, accessible to women on a non-discriminatory basis.

   Many hospitals in eastern Slovakia practice a policy of segregation in their maternity wards. Roma women are sent to rooms that are separated from those of white women and are often prohibited from using the white women’s bathrooms and dining facilities. Their requests to be moved to different rooms are often ignored or met with insults from doctors and nurses. Hospital personnel have offered different justifications for this practice. Some claim that Roma women themselves desire to be segregated. Others have justified the practice by saying that it is not based on ethnicity, but on social categories, such as those with “low hygiene” versus “high hygiene” or those who are “adaptable” versus “non-adaptable.” Some doctors have stated that this practice has been adopted for the benefit of white women who do not want to be in the same maternity rooms as Roma. One doctor explained that the practice was necessary to “respect the intimacy of the white woman.”

   Racially discriminatory attitudes and services infect other parts of the health care system that Roma women try to access. Health officials in Kosice permit pregnant Roma women from Lunik IX, a Romani ghetto, to access gynecological care for only two hours on Fridays. Ambulances from certain hospitals in eastern Slovakia have either refused to go or delayed going to Roma settlements to pick up pregnant women who are about to deliver.

2. **Verbal and Physical Abuse against Pregnant Roma Women (Articles 10(2) and 12)**

   Article 10(2) requires states parties to take all appropriate steps to protect pregnant women before and after childbirth. Articles 2.2 and 3 uphold the principle of non-discrimination in the exercise of one’s rights. These articles, read with Article 12, protect women against all forms of verbal and physical abuse. Thus, when women are victims of verbal, psychological, and physical abuse and violence, their rights under these provisions are violated.

   Verbal and physical abuse against pregnant Romani women is prevalent in the healthcare system in Slovakia. Roma women who seek gynecological care are degraded by doctors and nurses who refer to them as “dirty, stinky gypsies,” “stupid cigani,” and “young whores” who have too many children. Moreover, Roma women have complained that doctors and nurses in eastern Slovak hospitals have slapped them or tried to suffocate them during childbirth for either complaining about pain or for “having too many children.”
The perception that Romanies have too many children has been endorsed by the Slovak government through passage of a recent bill. This bill limits the amount of family benefits in order to decrease the growth of the Roma population that depends on family allowances. Such disincentives on fertility violate a woman’s right to reproductive autonomy.\(^1\)

Roma women have few avenues for redressing these abuses. Indeed, the Slovak government has recently shown its disregard for Roma women’s rights by proposing to move responsibility for Roma affairs from the Section of Human Rights, Minorities and Regional Development under the Deputy Prime Minister’s office to the Culture Ministry. By characterizing Roma concerns as a matter of “culture,” rather than human rights, the government has diminished its capability and credibility to address discrimination against the Roma community in all sectors, including reproductive health care.

We hope that the Committee will consider addressing the following questions to the government of Slovakia:

1. Are efforts being made to desegregate the maternity wards of hospitals in Slovakia, particularly in eastern Slovakia?

2. What avenues are in place for patients to file formal complaints against doctors and hospitals?

3. What legislation and policies are being pursued to train health care professionals to provide non-discriminatory services to all patients in their practices?

4. What laws and policies are in place to sanction health care professionals that either refuse treatment or provide inadequate or inappropriate treatment based on racial prejudice?

5. Are efforts being made to promote awareness among Roma of their rights and remedies in the face of discriminatory treatment from health care professionals?

6. Why has the government proposed to move responsibility for Roma affairs from the Section of Human Rights and Minorities to the Culture Ministry?

Finally, we have included the following supporting documentation for the Committee’s reference:


There remains a gap between the guarantees of the ICESCR and the reality of women’s reproductive health and lives. We appreciate the active interest that the Committee has taken in
women’s reproductive and sexual health and rights and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need for governments to take steps to ensure the realization of these rights.

We hope that this information is useful in the Committee’s review of the Slovak government’s compliance with the ICESCR. If you have any questions, or would like further information, please do not hesitate to contact us.

Very truly yours,

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See CRLP & Poradna, Fact-finding notes, supra note 7.


See Zoon, On the Margins, supra note 7, at 52-53; CRLP & Poradna, Fact-finding notes, supra note 7; OSI, Minority Protection in Slovakia, supra note 9, at 448-49.

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