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AUX DROITS DE L'HOMME**



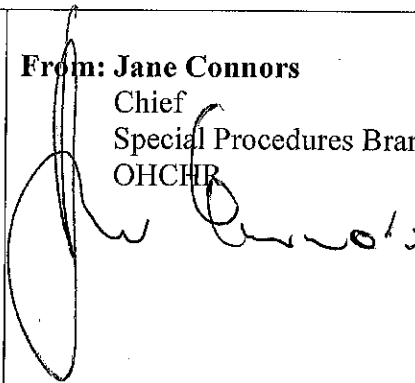
**UNITED NATIONS
OFFICE OF THE UNITED NATIONS
HIGH COMMISSIONER FOR HUMAN RIGHTS**

Télégrammes: UNATIONS, GENEVE
Téléx: 41 29 62
Internet: www.ohchr.org
E-mail: urgent-action@ohchr.org



Address:
Palais des Nations
CH-1211 GENEVE 10

FAX

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| To: H.E. Ms Tatiana Lopicus Ambassador Extraordinary and Plenipotentiary Permanent Representative of the Republic of Moldova to the United Nations Office at Geneva Permanent Mission of the Republic of Moldova to the United Nations Office at Geneva | From: Jane Connors Chief Special Procedures Branch OHCHR  |
| Fax N°: 022 733 91 04 Tel N°: | Fax N°: (+41-22) 917 9006 Tel N°: (+41-22) 917 9359 |
| Date: 20 May 2011 | Number of pages - (this one included) : 6 |
| Subject: COMMUNICATION FROM SPECIAL PROCEDURES ALLEGATION LETTER AL Health (2002-7) Minorities (2005-4) MDA 2/2011 | |

Please find attached an allegation letter sent by the Independent Expert on Minority Issues and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

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PROCEDURES SPECIALES DU
CONSEIL DES DROITS DE L'HOMME

SPECIAL PROCEDURES OF THE
HUMAN RIGHTS COUNCIL

Mandates of the Independent Expert on minority issues and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Téléfax: (41-22) 917 9006
Télégrammes: UNATIONS, GENEVE
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REFERENCE: AL Health (2002-7) Minorities (2005-4)
MDA 2/2011

20 May 2011

Excellency,

We have the honour to address you in our capacities as Independent Expert on minority issues and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health pursuant to General Assembly resolution 60/251 and to Human Rights Council resolutions 16/6 and 15/22 respectively.

We would like to bring to your Government's attention information we have received concerning allegations of discrimination against members of the **Roma minority**, notably in the area of healthcare provision and its reported repercussions on the lives and health of members of the Roma minority in the Republic of Moldova.

According to the information received:

International and regional monitoring bodies as well as civil society organizations have reported serious concerns about disparities in Roma access to health care including reports of denial of emergency health care services in Romani settlements and unfair or arbitrary treatment. Allegations include disparities between Roma and non-Roma in rates of health insurance coverage, frequent closures of local health clinics in rural Roma communities, the prescription of inappropriate medicines to Roma patients even when public funding is available for that cause.

According to the 2007 UNDP-Moldova Report, 9% of Roma household members have at some stage been refused medical assistance due to lack of necessary

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Her Excellency
Ms Tatiana Lapicus
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of the Republic of Moldova
to the United Nations Office at Geneva
Chemin du Petit-Saconnex 28
1209 Geneva

Appropriate health facilities are reportedly rare in Roma communities, and when they do exist, they are not adequately equipped and often understaffed and closed. In addition, the majority of the Roma have no health insurance. Only 23% of the Roma surveyed said they were covered by the compulsory medical insurance system. Reportedly, a significant percentage of Roma children and elderly people do not have medical insurance policies even if this insurance is provided free of charge. Roma are also less covered by vaccination programmes (due to not being informed or not being insured), with 11% of Roma children less than 14 years not vaccinated in comparison to only 3% of non Roma children.

~~One of the serious barriers to access to health services and limited coverage by medical insurance is reportedly the lack of identification documents (identity cards, birth certificates). Another factor is the distance to medical institutions. Finally the expense of medicines is another factor contributing to the deteriorating health situation of the Roma. According to the 2007 UNDP Report, 75% of the Roma surveyed affirmed that they lived in circumstances under which they could not afford to buy the necessary medicines during the last 12 months.~~

According to information received there have been cases in which ambulances have been called to Roma communities and arrived too late, allegedly due to discrimination. In that regard, we have been alerted to a recent case that resulted in death.

The case regards Mr. Janus Arapu from Ursari village in Calarasi Region who died, probably from heart attack. In this case the ambulance allegedly failed to arrive within 30 minutes of the call. According to testimony by witnesses, on October 7, 2009, Mr. Arapu was building a fence at his mother's house. A few minutes after 7 p.m., Mr. Arapu collapsed suddenly, experiencing chest pain. Mr. Arapu lost consciousness and at 7.15 p.m. Mr. Arapu's wife Maria Arapu called emergency health services. Many neighbours came to see what happened and other villagers also reportedly called the emergency exchange, which is located in Călărași. While waiting for the medical personnel, Mr. Arapu's family members and the villagers tried to revive him. There were no medical professionals on the scene. The ambulance came to Ursari village from Călărași at approximately 8 p.m., almost one hour after the call to the emergency exchange. The weather on October 7 was reportedly sunny and dry and in good weather conditions the way from Călărași to Ursari village takes normally 15-20 minutes. Mr. Arapu died while waiting for the ambulance, reportedly around 7.55 p.m., 5 minutes before the ambulance arrived. After arriving at the village, the medical personnel took Mr. Arapu's pulse and determined that he was dead.

To date it does not appear that any investigation has as yet been carried out with respect to the events leading to Mr. Arapu's death and there have been no remedial legal actions undertaken by any authority as concerns the acts or omissions of the emergency health services. Immediate family members including Mrs. Maria Arapu have requested that actions be undertaken to determine culpability in this regard. In the present case, despite positive obligations on the State arising as a result *inter alia* of Article 6 of the

International Covenant on Civil and Political Rights, no investigation has reportedly ever taken place into the causes of death of the person concerned.

Another case coming to the attention of the OHCHR in reports from credible civil society organizations concerns Mr. Bogdan Ion, from v. Suruceni, Ialoveni district town, who was diagnosed with tuberculosis in 1983. In 2007 his illness had progressed and he was registered as fibro-cavity lung tuberculosis, the most severe category of the disease. Mr. Bogdan Ion was very poor, and dependant upon his state social assistance. In March 2007 he was hospitalized in the Phtiziopneumology Clininc Hospital, Chisinau. In the same hospital there were allegedly other patients with the same condition who were treated with specific medicines (Ethionamidi, Paraminosalycilic) required for the gravity of their sickness and offered according to the "DOTS programme", financed by the Global Fund for combating HIV/AIDS, Tuberculosis and Malaria under the supervision of the Ministry of Health. Further to a civil society investigation, it was found that Mr. Bogdan Ion was only offered medicines considered less active than necessary (namely, Isoniazida, Cicloserina, Pirazinamida, Canamicina, Ofloxacina) given the status of his condition. He allegedly asked the doctor why he received this medicine, and was told that it was because he was a gypsy, and poor. Following a letter sent to the Ministry of Health, Mr. Bogdan Ion was later included in the DOTS programme. However, he reportedly died in the hospital in June 2008.

Information received highlights that the situation of the Roma with regard to access to healthcare exists in the context of wider discrimination and marginalization of Roma generally. In a recent survey, 12% of Roma reported "lacking food" one time during the previous month, as against 3% among the population at large. According to information received some 30% of Roma in the Republic of Moldova live in housing in a high state of disrepair, frequently face forced eviction, and many lack access to basic amenities including electricity and clean water provision. There are reportedly significant inequality issues facing Roma and others regarded as Gypsies in the field of education, and those in rural settlements face particular problems in access to education. According to a 2007 UNDP report, Roma education and literacy levels fall short of the national average. Anti-Romani discrimination and racism is reportedly common and stereotypes persist that Roma are criminals, beggars and pickpockets and that Roma sell drugs. Civil society organisations also report discrimination against Roma in access to labour markets.

While we do not wish to prejudge the accuracy of these allegations, we would like to refer to Article 12 of the International Covenant on Economic, Social and Cultural Rights, acceded by the Republic of Moldova on 26 Jan 1993, which specifically provides for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken to achieve the full realization of this right include those necessary for the prevention, treatment and control of epidemic, endemic, occupational and other diseases; and the creation of conditions which would assure to all medical service and medical attention in the event of sickness. States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting

equal access for all persons to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy; and abstaining from imposing discriminatory practices relating to women's health status and needs.

We wish to refer your Excellency's Government to General Comment No. 14 of the Committee on Economic, Social and Cultural Rights (E/C.12/2000/4), which provides that the right to health contains both freedoms and entitlements and states: "The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health" (para. 8). Moreover, the General Comment requires that "[h]ealth facilities, goods and services...be accessible to everyone without discrimination, within the jurisdiction of the State party...especially the most vulnerable or marginalized sections of the population" (para. 12).

Furthermore, the International Convention on the Elimination of All Forms of Racial Discrimination, vide Article 5, states that "In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law...". Article 5 (e) specifically highlights the obligations on the State with regard to economic social and cultural rights, including the right to public health, medical care, social security and social services.

Moreover, we draw the attention of your Excellency's Government to the provisions of the 1992 United Nations Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities. Article 1 requires that "States shall protect the existence and the national or ethnic, cultural, religious and linguistic identity of minorities within their respective territories and shall encourage conditions for the promotion of that identity". Article 4 of the Declaration states that: "States shall take measures where required to ensure that persons belonging to minorities may exercise fully and effectively all their human rights and fundamental freedoms without any discrimination and in full equality before the law".

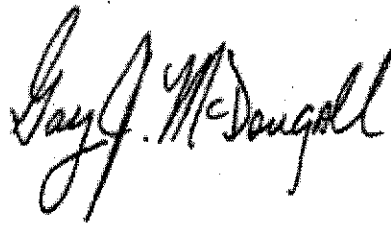
It is our responsibility under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention. Since we are expected to report on these cases to the Council, we would be grateful for your cooperation and your observations on the following matters:

1. Are the facts alleged in the above summary of the situation relating to Roma health-care accurate?
2. We are aware of the Moldovan Government's Action Plan to support Roma in the Republic of Moldova covering the period 2007-2010. What were the measures in that Action Plan designed to counter discrimination in the area of health care against members of the Roma minority? Why did they fail in the situation on Mr. Janus Arapu?

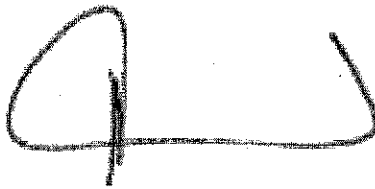
3. Will the Government adopt a new Action Plan for the support of Roma for 2011-2014? How will it address health disparities?
4. Please provide information on specific legal and policy/programme measures that have been adopted to combat discrimination?
5. With regard to the cases of Mr. Janus Arapu and Mr. Bogdan Ion outlined above, has an investigation been conducted into the death of Mr. Arapu and Mr Ion? What measures were taken to ensure that there has been no form of racial discrimination in the proceedings?
6. Have legal actions been undertaken by any authority concerning the acts or omissions of the emergency health services in relation to the case of Mr. Arapu or the case of Mr. Bogdan Ion.

We would appreciate a response within sixty days. We undertake to ensure that your Excellency's Government's response to each of these questions is accurately reflected in the reports we will submit to the Human Rights Council for its consideration.

Please accept, Excellency, the assurances of our highest consideration.



Gay J. McDougall
Independent Expert on Minority Issues



Anand Grover
Special Rapporteur on the right of everyone to the enjoyment of the
highest attainable standard of physical and mental health

* * * RAPPORT DE RESULTAT DE LA COMMUNICATION (20. MAI. 2011 10:12) * * *

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TRANSMIS/MEMORISE : 20. MAI. 2011 10:10

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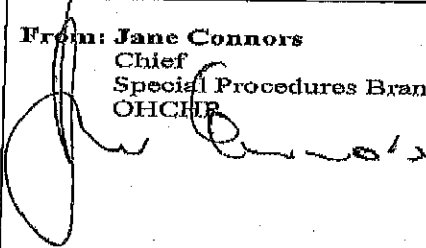
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