

Poisonous Refuge -

Increasing signs of long-term harm suffered by Kosovo Roma refugees in lead-contaminated UN camps



Results of survey by the Society for Threatened Peoples (STP) about the health status of former residents of IDP refugee camps in North Mitrovica/Mitrovicë carried out in July and August 2017

Imprint

For human rights. Worldwide.

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1. Introduction

In 2008, American lawyer Dianne Post submitted a complaint – in the name of 192 Roma, Ashkali, and Balkan Egyptians from Kosovo – to the UN Human Rights Advisory Panel (HRAP), which was responsible for the United Nations Interim Administration Mission in Kosovo (UNMIK). The Roma, Ashkali, and Balkan Egyptians had suffered serious damage to their health while living in the five refugee camps in northern Mitrovicë/Mitrovica, where UNMIK had provided shelter for the internally displaced persons in the period from 1999 to 2013. The camps were contaminated with lead and other heavy metals. The Society for Threatened Peoples (STP) supported the complaint.

Most of the Roma, Ashkali, and Balkan Egyptians living in the refugee camps came from the district of Fabrička Mahala in South Mitrovicë/Mitrovica, which, with about 8,000 inhabitants, was once the largest Roma settlement in Kosovo. In June 1999, shortly after NATO invaded the country to end the Kosovo war, the people had been expelled by Albanian extremists. They had fled to Western Europe or other Balkan countries. Their houses were burned down. 130,000 of the 150,000 Roma and Ashkali had left the country, fleeing from murder, rape, kidnappings, torture, and racist persecution (which goes on until today). While tens of thousands of Albanian homes were rebuilt, NATO and KFOR troops watched while 14,000 of the 19,000 homes of the Roma and Ashkali minority and 75 of their neighborhoods and villages were destroyed. So far, the international community has only rebuilt a few of their homes. Currently, there are 1,500 people living in the Roma settlement of Fabrička Mahala.

In the camps¹, the refugees were exposed to serious heavy metal pollution – including lead, arsenic, and cadmium. In 1999, the United Nations High Commissioner for Refugees (UNHCR) and the partner Action by Churches Together (ACT) had set up the

¹ Between September and January 2000, about 600 Roma lived in the refugee camps Zhitkoc/Žitkovac, Cesminluke/Česmin Lug, Kablare, Lepasaviq/Lepasavić – and later in “Osterode”. In March and April 2006, a group of 593 internally displaced persons from Zhitkoc/Žitkovac, Kablare, and a small group from the camp Cesminluke/Česmin Lug were relocated to “Osterode”. The Federal Government of Germany contributed € 500,000 to finance the relocation of the refugees to the former barracks of the French KFOR troops. As Osterode was only a few steps away from the old camps in the contaminated area, this was no alternative for the refugees. Zhitkoc/Žitkovac and Kablare were closed down in 2006. First, 140 refugees in Cesminluke/Česmin Lug refused to relocate to Osterode because they believed that Osterode (only 150 meters from their old camp) was just as contaminated as Cesminluke/Česmin Lug. The last refugee camps were closed in October 2010 (Cesminluke/ČesminLug), in December 2012 (“Osterode”), and in December 2013 (Lepasaviq/Lepasavić).

camps close to the lead-contaminated landfills of the Trepča Mine Complex – despite repeated warnings from several experts – including the World Health Organization (WHO). Originally, the camp residents were supposed to stay there for only 45 days. The hills around the camp consisted of the waste material of a smelting plant that had been shut down in 2000.

From there, the wind carried dust to the refugee camps. According to the WHO, 88 percent of the area were not suitable for people to live on – due to the proximity to the smelter plant. The lead levels in the soil were many times higher than the critical value.

About 600 Roma, Ashkali, and Balkan Egyptians lived in the refugee camps for several years – and they inevitably took in enormous amounts of lead, either through the respiratory tract, through food, or as a fetus (through the placenta).

According to Klaus-Dietrich Runow, expert in environmental medicine and Medical Director of the Institute for Functional Medicine and Environmental Medicine in Wolfhagen (IFU), exposure to lead can cause nerve and kidney damage – and it affects the blood-forming system. Further, there are disturbances of the metabolism of calcium, magnesium, and zinc. Moderately higher lead levels cause interferences with memory functions, with thinking, nerve transmission, and with the vitamin D metabolism. Children with high lead levels are often prone to hyperactivity and learning disabilities. Also, prolonged heavy metal poisoning can cause irreparable brain damage, kidney diseases, growth disorders, and coma-like conditions. Pregnant women either suffer more abortions, or their children are more likely to become mentally and/or physically disabled. Heavy metal poisoning can even lead to damages of the central nervous system and the internal organs of adults – and other non-specific symptoms that are associated with lead exposure are: headaches, fatigue, weight loss, coordination problems, and impaired memory.

At least 192 Roma – many of them children – suffered serious consequences from the high lead levels in the camps. Many of the health problems were evidenced by medical certificates: paralysis, encephalitis, kidney diseases, a weak immune system, anemia, weight loss, behavioral problems, high blood pressure, respiratory problems, muscle weakness, headaches, etc. The affected are still struggling with the consequences. The refugees are also sure that lead poisoning is to be seen as the cause for a series of deaths.

When the complaint was submitted to the UN Human Rights Advisory Panel in 2008, about fifty percent of the 192 complainants were still children. More than 75 complainants were women and girls. At least 13 of them had given birth to children in the contaminated camps – and complaints were submitted in their names. In a 79-page statement of February 26, 2016 (*N.M. and Others v. UNMIK*, Case No. 26/08, Opinion 26 February 2016)², which also refers to the results of a fact-finding mission of the STP, the UN Human Rights Advisory Panel notes that the UN failed to protect the Roma families, stating that they were treated with negligence³.

The STP welcomed the statement, in which UNMIK was also advised to compensate those affected and to officially apologize. Despite these recommendations, the UN has not yet agreed to pay compensation to the members of the minority groups. Instead, the UN announced in May 2017 plans to set up a trust fund for the Roma in North Mitrovicë/Mitrovica, South Mitrovicë/Mitrovica, and Leposavić, as a means to provide the families in the region with economic and medical support – but not individually.⁴ In addition, there are plans to improve the infrastructure in the Roma settlements. According to the United Nations, the fund-raising among the UN member states started in July 2017, see <https://unmik.unmissions.org/sg-report-s2017640-24072017>, but so far (early 2018) to no avail. According to Katharina Rall, environmental expert for Human Rights Watch (HRW), it is to be feared that the respective projects might be planned without consulting those who are actually affected, and that they might not be directly related to the health issues.

For the Kosovo Roma who are suffering from lead poisoning, the trust fund is only a consolation – and they aren't willing to put up with it. They are definitely in need of humanitarian aid, but this should not be a substitute for justice and reparation.

The former residents of the contaminated refugee camps are still suffering from health problems. In order to put more pressure on the UN, its bodies, and the Kosovo government – to make them follow the recommendations of the UN Human Rights

² <http://www.unmikonline.org/hrap/Eng/Cases%20Eng/26-08%20NM%20etal%20Opinion%20FINAL%2026feb16.pdf>

³ The STP had repeatedly warned about serious health issues – and had initiated a fact-finding mission at the end of October 2005, involving Klaus-Dietrich Runow, a German expert in environmental medicine. The lead levels he found in 66 hair samples back then were, to his knowledge, the highest lead levels ever measured in hair samples – between 200 µg/g and 1200 µg/g (reference value: <1 µg/g). Apart from that, he found extremely high arsenic and cadmium levels.

⁴ <https://www.un.org/sg/en/content/sg/statement/2017-05-26/statement-attributable-spokesman-secretary-general-human-rights>

Advisory Panel on and to pay individual compensation to those affected – the STP conducted a survey in August 2017. This survey is supposed to provide an overview of the current health status of the affected people, as a basis to define necessary steps to effectively protect and enforce the rights of the Roma, the Ashkali, and the Balkan Egyptians.

2. Approach

In August 2017, Argentina Gidžić and Artan Bajrami – who had worked for the STP in Kosovo before – interviewed the Roma, Ashkali, and Balkan-Egyptian families who had spent several years in the contaminated refugee camps in North Mitrovicë/Mitrovica. The aim was to document the current health status of those affected.

The survey was supported by the European Roma Rights Center (Budapest), the Roma organization Advancing Together – AT (Priština), the Roma and Ashkalia Documentation Center Kosovo (RADCenter) Kosov, and by the affected persons' lawyer Dianne Post. The results of the survey are an integral part of the compensation campaign launched by the STP International on June 19, 2017 – with an open letter to UN Secretary-General António Guterres⁵. A total of 50 people were interviewed with regard to 36 subject areas.



Argentina Gidžić (2nd from the left) interviews a Roma family. Photo: Artan Bajrami

⁵https://www.gfbv.de/fileadmin/redaktion/Publikationen_Dokumente/2017/Roma_Kosovo_STPInternational_Letter-to-Guterres.pdf

Of the 50 people, 27 were women and 23 were men – with a total number of 213 children. It was important that only one family member was interviewed, speaking for the whole family. Then, the data was anonymized. There were open questions, to ensure that the participants could answer freely. In this way, it was possible to gather comprehensive information. In case there were further inquiries, the interviewees were given specific guidelines. As part of the evaluation, the answers were divided into categories such as yes/no – or depending on the respective context – so that the results may vary. For example, fewer people reported “eye problems” when they were asked about possible symptoms in an open question than when they were asked about this topic precisely.

Generally, questions about current symptoms or illnesses that might be related to the stay in the refugee camp were answered in a less accurate manner than questions

“The parents complained that they didn’t receive medical treatment during and after the stay in the refugee camps. They fear that not only the children who were born in the camps, but also the children who were born later – in the Mahala in South Mitrovica/Mitrovicë – could have heavy metals in their blood or in their body parts. The children who were born in the camps and those who were born later have the same symptoms and illnesses: fatigue, vomiting, stunted growth and developmental disorders, muscle aches, frequent colds due to a weak immune system, poor memory, poor digestion, bronchitis, irritability, aggressive behavior, and nervousness. Some of the adolescents go to school, but some do not, because the parents can’t hope for changes/improvements during puberty.”

This is how the interviewer, Argentina Gidžić, described her observations on September 7, 2017.

about specific symptoms of a health issue (see Chapter 3: Graphical summary of the interviewees’ current illnesses and symptoms).

The answers were translated into German for evaluation purposes. It is not always possible to determine exactly whether an interviewee answered on his/her own behalf or in the name of the children or the family. It is to be assumed that interviewees usually referred to themselves when confirming a specific symptom or illness – but it is also possible that a statement refers to a family member. If a person confirmed a specific symptom more than once, this implies that several family members are affected.

In order to better understand the health status of the children, Argentina Gidžić paid another visit to families with many children (in August and September 2017). Her observations are included in this report.

The interviewers asked about medical findings, medical certificates, or similar documents – and, where applicable, asked for a copy. In some cases, photos were taken. However, there were no medical examinations.

The significance of the results was reviewed by the environmental physician Klaus-Dietrich Runow (IFU).



An interviewee shows her medicines and diabetic accessories (Insulin pens).
Photo: Artan Bajrami



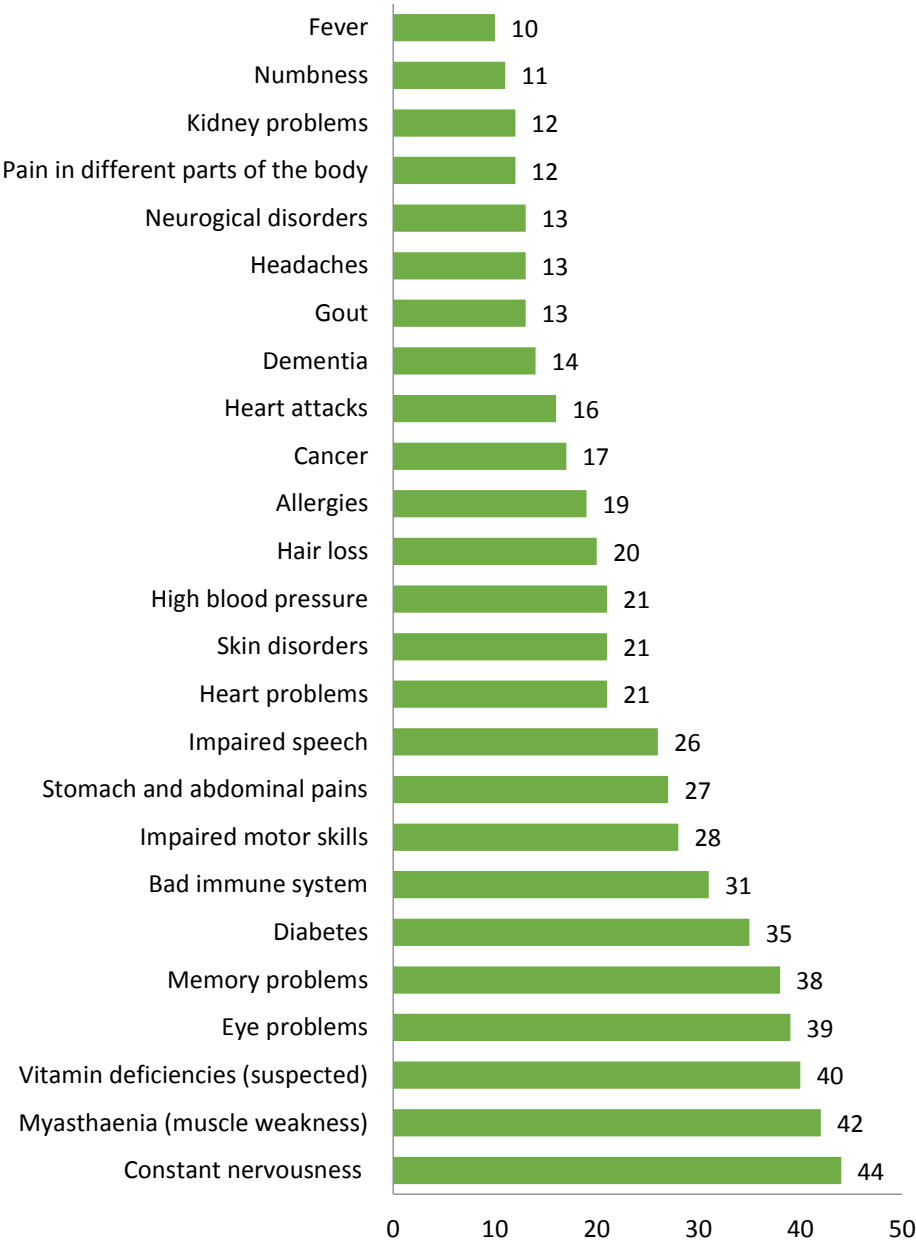
Two interviewees in front of their house.
Photo: Artan Bajrami

3. Graphical summary of the interviewees' current illnesses and symptoms (as of July/August 2017)

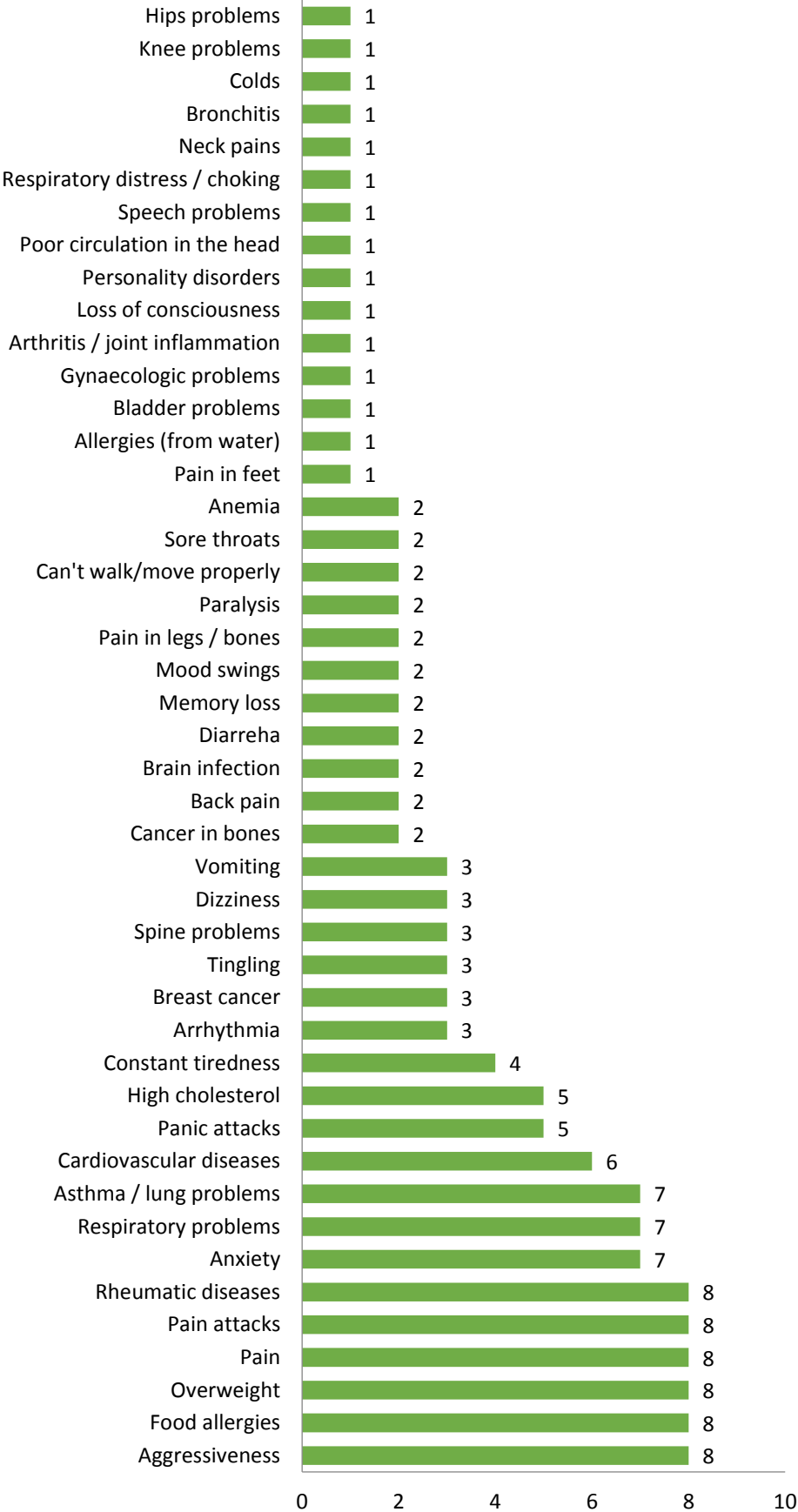
Below, the results of the survey are shown in chronological order. In the following, the respective question is presented as a title, followed by a short explanation of the result and, finally, by a graphical representation. This is followed by a summary of the charts representing the symptoms or diseases among the interviewees and their children. The evaluation ends with a summary and with specific demands with which the STP would like to address the UN and the government of the Republic of Kosovo.

3.1 Most commonly mentioned diseases/symptoms in total

The interviewees mainly mentioned symptoms such as nervousness, muscle weakness, vitamin deficiency, eye and memory problems, diabetes, a generally poor immune system, etc. In the following diagrams, the x-axis shows how often the specific diseases or symptoms (which are listed along the y-axis) were mentioned.



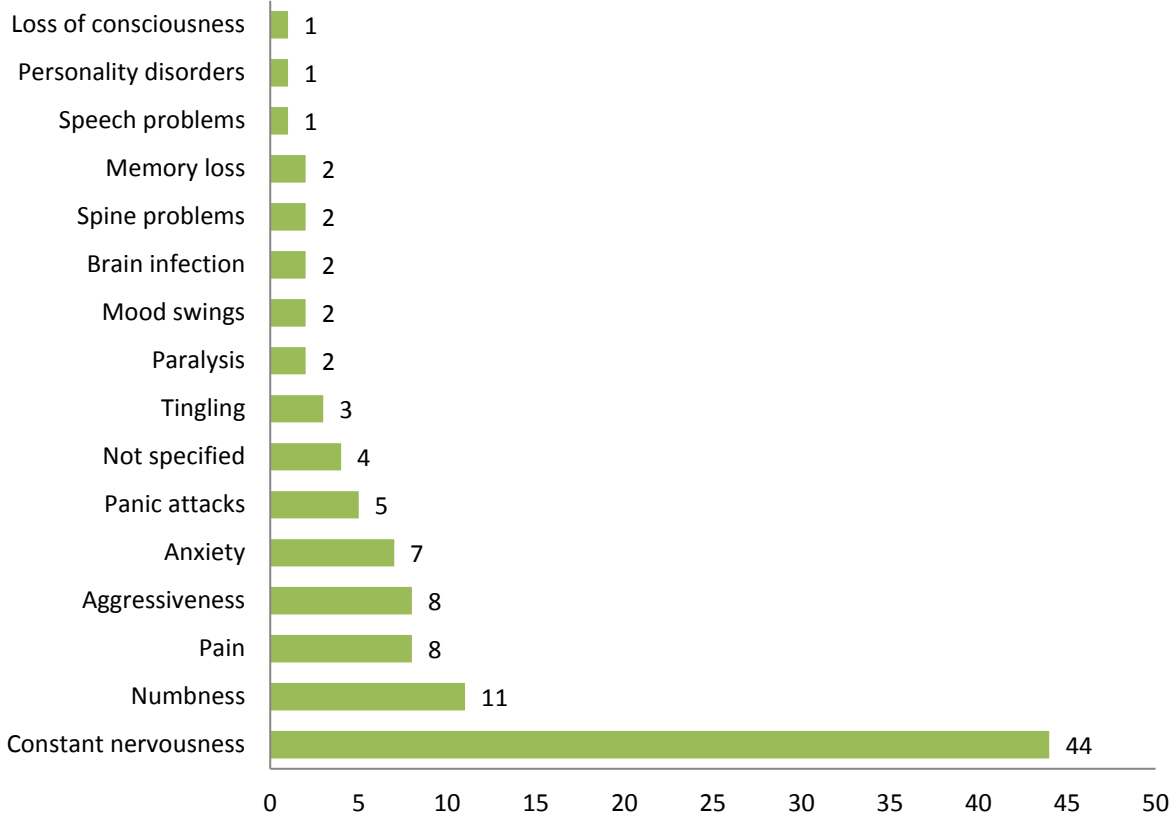
3.2 Less commonly mentioned symptoms/diseases



3.3 Graphical representation of the symptoms

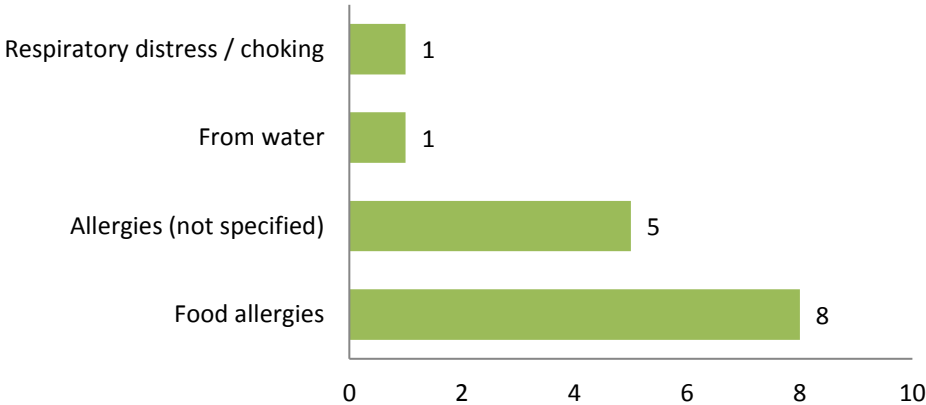
3.3.1 Nerve disorders

Nervousness, numbness, pain, and aggressiveness are especially common.



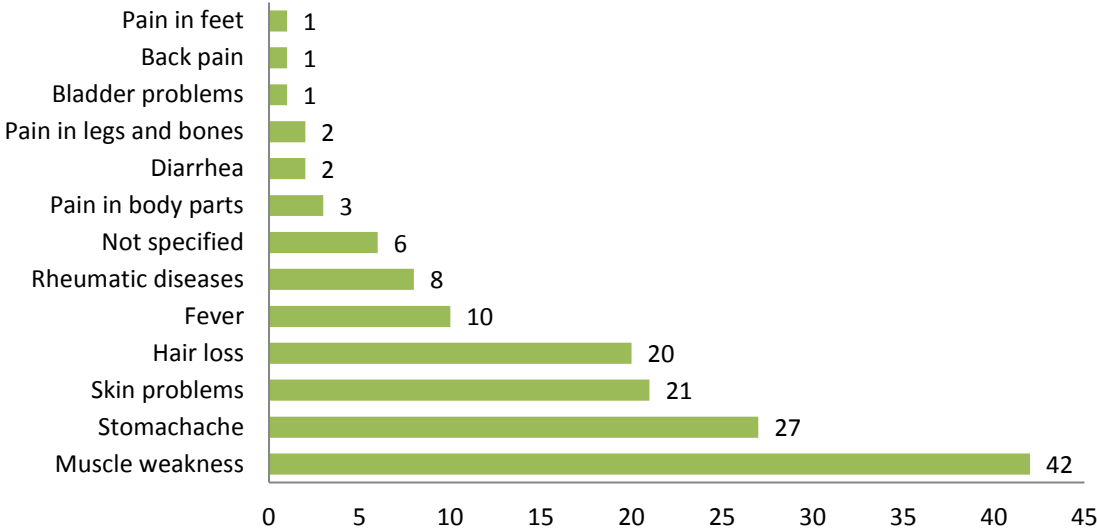
3.3.2 Allergies

14 people stated to be suffering from an allergy. The illustration provides more precise information on the types of allergies.



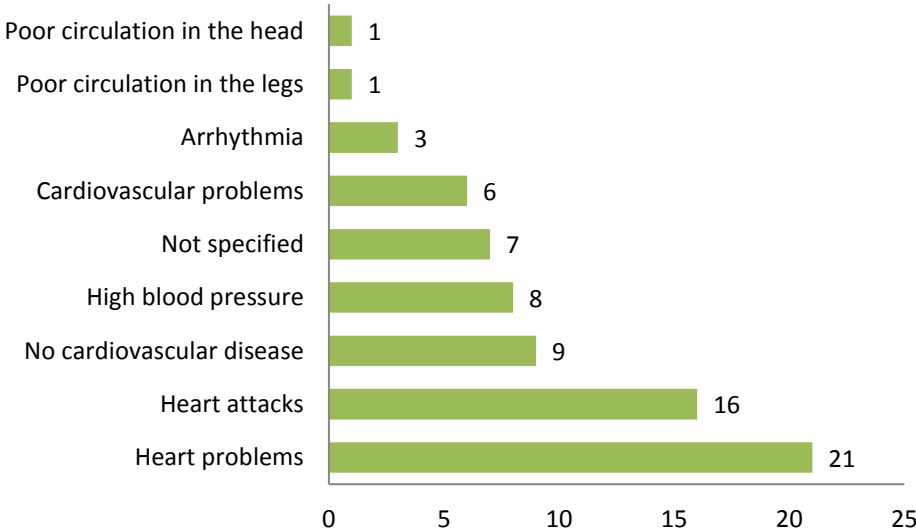
3.3.3 Autoimmune disorders

Muscle weakness, abdominal pain, blemishes, and hair loss are especially common.



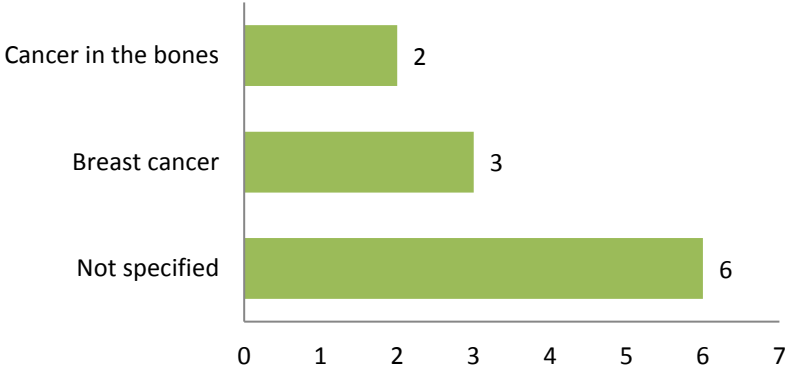
3.3.4 Cardiovascular diseases

Many interviewees are suffering from heart problems, especially heart attacks.



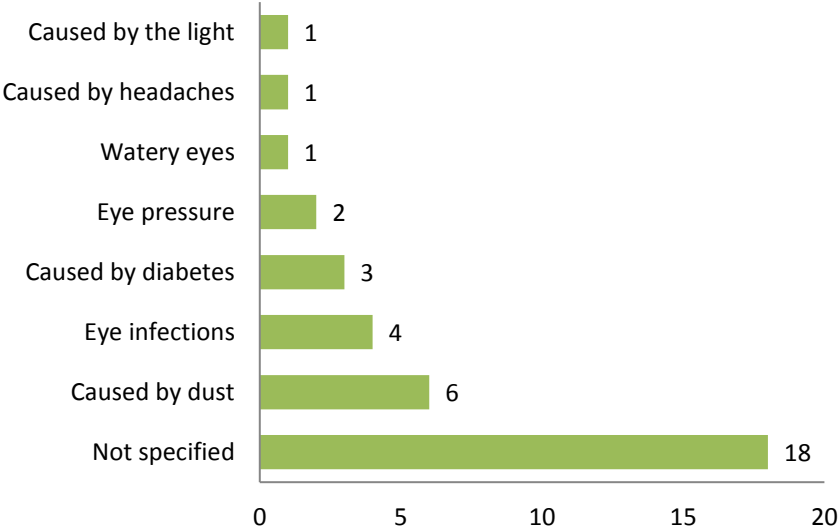
3.3.5 Cancer

A total number of eleven people mentioned cases of cancer in the family.



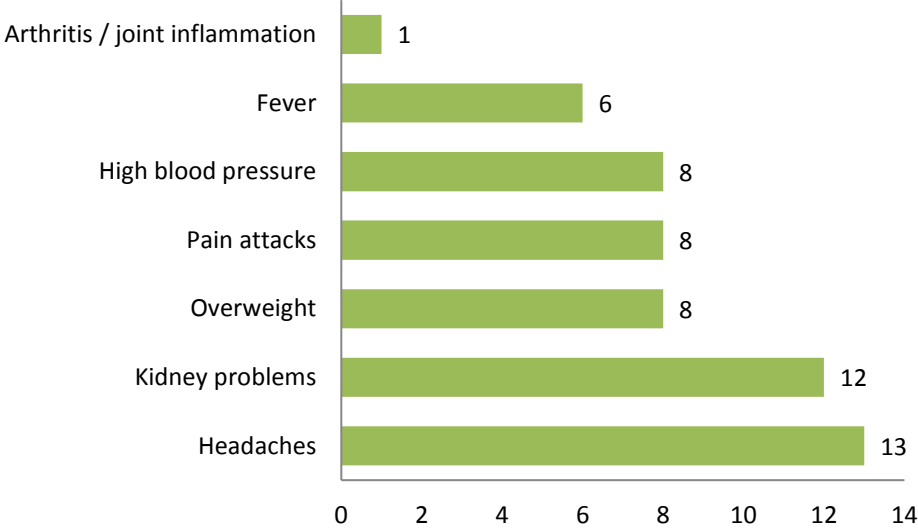
3.3.6 Eye problems

A total number of 39 people claimed to be suffering from eye problems. The following illustration shows the suspected causes of eye problems.



3.3.7 Gout

Thirteen people reported symptoms that can be attributed to gout, such as headaches and kidney pain.

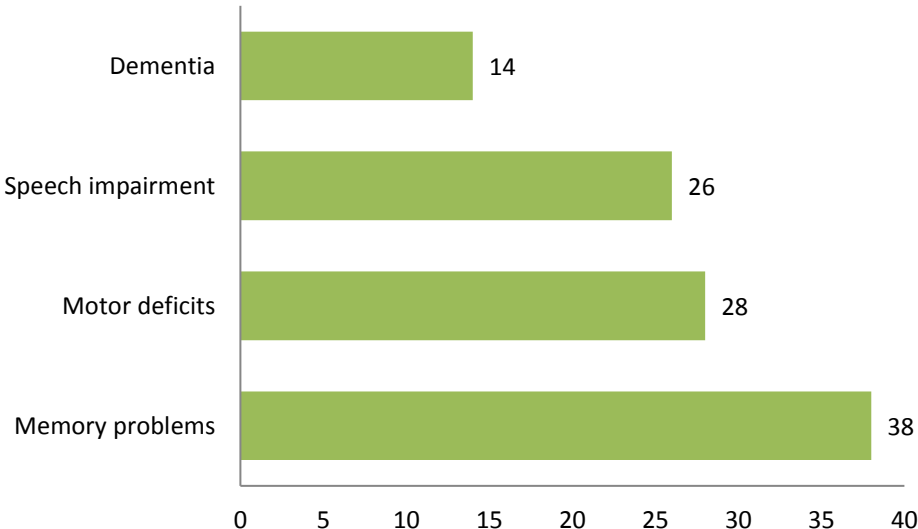


3.3.8 Diabetes

35 people have diabetes.

3.3.9 Dementia

14 people stated to be suffering from dementia. The following illustration also lists other symptoms which are not directly attributed to dementia, but show similarities.

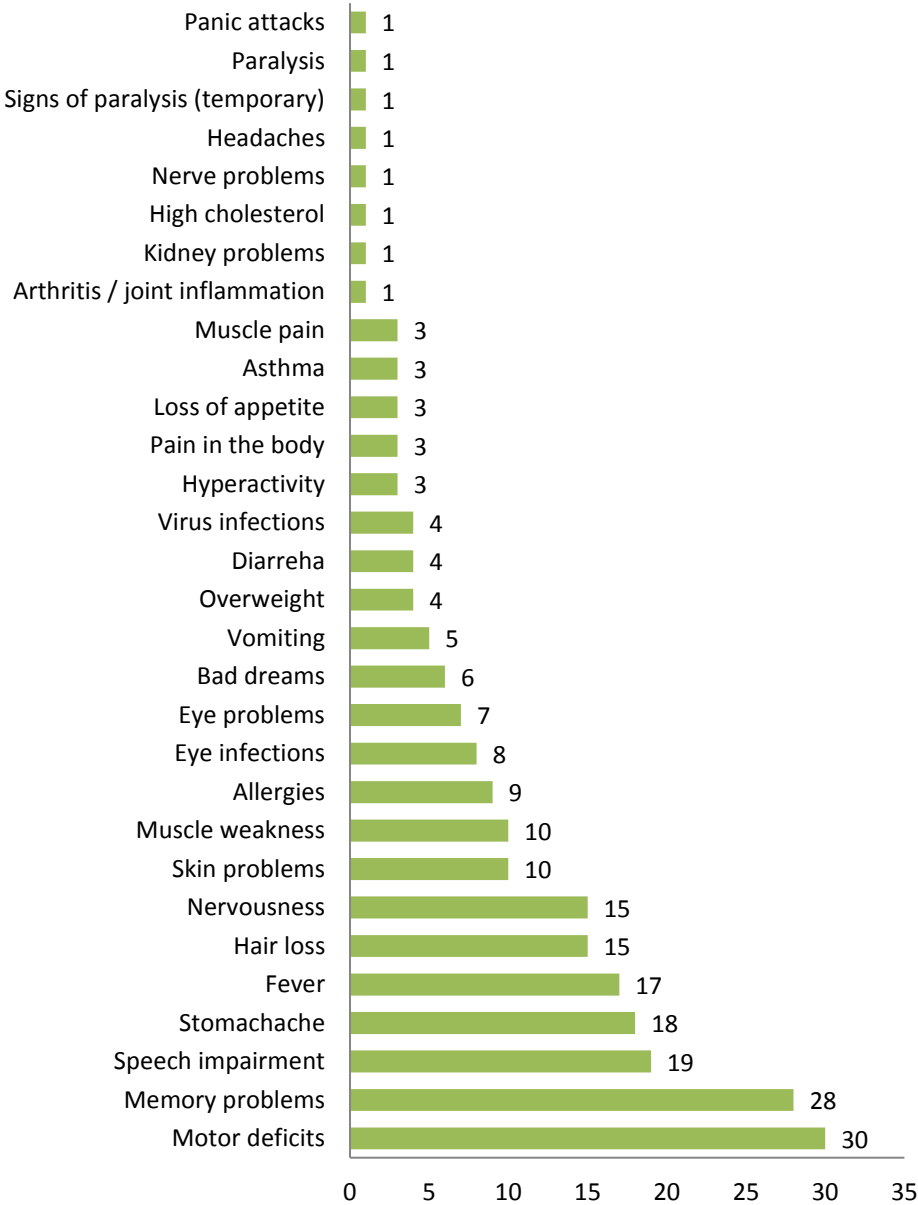


3.3.10 Vitamin deficiency

40 people are suffering from vitamin deficiency, 17 of them suspect this.

3.4 Summary of the children’s current symptoms and diseases (as of July/August 2017)

The children of the interviewees are especially affected by motor deficits, speech disorders, fever, nervousness, and muscle weakness.⁶



⁶ Interviewees no. 4, 7, 8, and 18 did not talk about the health of their children, as they were probably already adults (between 18 and 40 years old). Interviewee no. 12 added that the children were afraid of the Albanians because they had found out about their way to school. Interviewee no. 20 did not want to talk about the children’s health.

4. Results of the survey

“Probably, there are many people who died of lead poisoning, but this is treated like a secret. My daughter sometimes has seizures – meaning that she can’t move for about ten minutes. I had a house here in the Mahala, but I had to sell it for 1500 Euros because I was very ill and had nobody to help me. I sold the house so I could go to the hospital for cancer treatment. I have no money for anything, so I had to prostitute myself to earn money.”

Iljazi F. in July 2017

The results of the survey suggest that the health issues due to longer-term stays in the lead-contaminated refugee camps are devastating for those affected. Children are the main victims – and even children who were born outside the camps, but whose parents lived there, show the same symptoms as the children who were born in the camps.

The symptoms/diseases the children and adults are suffering from include, but are not limited to, the following: motor deficits, speech disorders, nightmares, fever, muscle weakness and pain, fatigue, vomiting, stunted growth and



Skin damage suffered by one of the interviewees. Photo Artan Bajrami



*The home of an Ashkali family living in poverty in the Mahala, August 2017
Photo: Argentina Gidžić*

development problems, frequent colds due to a poor immune system, poor memory and digestion, bronchitis, asthma, irritability, aggressive behavior and nervousness, dizziness and lightheadedness, high blood pressure, panic attacks and anxiety, abdominal pain and headaches, eye problems, kidney problems, lung problems, gout, high cholesterol, diabetes, obesity, dementia, allergies, hair loss, skin changes and vitamin deficiency, heart problems and heart attacks etc.

An increased number of deaths and miscarriages was observed during the stay in the camps. The interviewees are sure that this is due to lead poisoning.

“My children are nervous. I can’t talk to them normally. They are always angry and irritable. My wife is suffering from systemic lupus. She had to stay at the hospital every three months since 2002. My daughter is sick too. She did not develop normally during pregnancy. She was already ill before she was born. Now, her brain is damaged and she is paralyzed.”

Mehmet H. in July 2017

They did not receive medical treatment. Diet plans and vitamin-rich nutrition were not the right answer to the health problems of those affected – who had no choice but to stay in the lead-contaminated area. Many of them were not informed about the results of the blood tests. In most cases, relatives were denied autopsies of deceased family members. Currently, those affected are not granted appropriate medical treatment, and none of them has sufficient financial resources to afford appropriate medication.

The overwhelming majority of the interviewees now live in precarious conditions and in extreme poverty. Usually, they don’t have access to healthcare, since they simply can’t afford to pay for it. Only a few are able to see a doctor. Many don’t even have enough money for food. Since hardly anyone can pay for garbage disposal, they are forced to live in a polluted and unsanitary environment. Some don’t even have clean water or electricity, and every seventh interviewee stated that his/her house is missing doors or



Dumped in the middle of the road: one of piles of garbage in the Mahala, August 2017. Photo: Argentina Gidžić

windows. They also usually have little access to education. Parents are afraid to let their children go to school because they are frequently attacked on their way to the school building. All but four of the interviewees are unemployed. Thirty-one of them

receive social benefits, but most of them get less than 100 Euros a month. These existential problems, especially the lack of food supplies and the problematic infrastructure, are characteristic for the interviewees' catastrophic situation.

It is especially the children who are at risk. Apart from the fact that their immune system is very sensitive to long-term damage – and because they aren't provided medical treatment – they are subject to social isolation and to various forms of discrimination, excluding them from the majority society. Children of the Roma, the Ashkali, and the Balkan Egyptians have poor educational opportunities and are often exposed to racism. The parents are not only worried about the poor sanitary conditions and the low standard of living, but also about the lack of security. They are worried about the future of their children.

5. The environmental physician Klaus-Dietrich Runow on the medical consequences of exposure to heavy metals

In addition to nerve damage, heavy metals can cause or intensify autoimmune diseases. Generally, heavy metal pollution in the refugee camps in Kosovo was extremely high. The lead levels in the hair samples we took in October 2005 are among the highest ever measured in the human hair.

Being exposed to lead causes nerve and kidney damage – and it affects the blood-forming system. Further, there are disturbances of the metabolism of calcium, magnesium, and zinc. Moderately higher lead levels cause interferences with memory functions, with thinking, nerve transmission, and with the vitamin D metabolism. Children with high lead levels are often prone to hyperactivity and learning disabilities.

Exposure to lead can occur in connection with welding, lead-based paints, drinking water, some artificial fertilizers, industrial fumes, leaded ceramics, and printing ink. Detoxification measures can help to normalize the lead levels. The following nutrients lead to a slow but steady decline in lead levels in the hair: vitamin C, calcium, magnesium, zinc, and sulfur-containing amino acids. Hair



Klaus-Dietrich Runow, Medical Director of the Institute for Functional Medicine and Environmental Medicine (IFU) in Wolfhagen. Photo: private

analyses can provide evidence about exposure to heavy metals and about deficiencies in minerals and trace elements.

Autoimmune diseases have increased dramatically over the past 50 years: with about 50 million affected people in the US, immunological problems are the third most widespread kind of illness — after cancer and cardiovascular diseases — and are among the leading causes of death in girls and women of all ages. Of the several hundred autoimmune diseases, most are classified as rheumatic, which means that they lead to inflammation in the joints and muscles. Other widespread forms include thyroid diseases such as Hashimoto’s and Basedow-Grave’s. In Germany, the prescriptions for thyroid medicines in 2015 were worth 376 million Euros in total – 2.8 percent more than in the previous year. In general, women are nine times more likely to develop Hashimoto’s disease than men. Often, symptoms occur between the age of 40 and 50. Today, however, this increasingly affects younger women who have a job. Apparently, the main causes are chronic stress, a high emotional workload, and a strenuous family life.

Immune cells have strong defense mechanisms, and they can kill almost any type of foreign cells. If, by error, the immune system produces autoantibodies, the immune cells turn against the body’s own tissue. Any organ system may be affected; the bile ducts, the salivary glands, kidneys, lymph nodes, and the blood vessels.

The following chronic diseases belong to this group:

- Thyroid (Hashimoto, Basedow-Grave’s)
- Joints / muscles (rheumatoid arthritis, fibromyalgia)
- Nerves (multiple sclerosis, polyneuropathy, migraine, CFS)
- Bowel (celiac disease, colitis, Crohn’s disease)
- Liver (hepatitis)
- Pancreas (diabetes type I)
- Skin (lupus erythematosus, scleroderma)
- Blood vessels (vasculitis, allergies, arteriosclerosis)

As the causes of most chronic illnesses are unknown, doctors are only able to rely on medications that shut down the immune system (such as cortisone). Usually, therapies are thus not much more than “laboratory cosmetics” – in the sense that there are attempts to get the blood levels near to the “norm”, to improve the symptoms, while the actual disease processes are still active in the background. However, the potent

medications lead to an artificial immune deficiency, which in turn contributes to the development of other diseases (fungal infections, osteoporosis, or gastritis, for example). The patients live in constant fear of infections, or they have to assume that a certain substance might not work anymore after some time – which is why they have to take more or other substances. When asked about the side effects, a specialist will admit that they are considerable. People with autoimmune diseases are three times more likely to develop other autoimmune diseases.

Recent research has shown that food (gluten), increased intestinal permeability (leaky gut), environmental toxins, and medications can trigger autoimmune diseases.

Causes of autoimmune diseases are:

- Environmental toxins and medicines
- Gluten or food allergies
- Leaky gut syndrome (increased intestinal permeability)
- Dysbiosis (bacterial colonization of the intestine)
- Inflammation
- Stress

5.1 Results of the STP's survey in the context of Klaus-Dietrich Runow's findings

In the following, Runow's statements are compared with the results of the STP's survey in August 2017.

Twelve of the 50 interviewees stated to be suffering from kidney problems since their stay in the refugee camp⁷. Thirty-three people reported that they suffered from "constant nervousness"⁸, and 19 people complained about memory disorders⁹. Thirty-nine interviewees said they had eye problems, and 28 people mentioned motor deficits¹⁰ that are likely to be the result of a nerve transmission disorder. Thirteen

⁷ This information was given with regard to symptoms of gout.

⁸ Mentioned 44 times in total. Mentioned more than once: one person seven times, one person five times, one person two times – which stands for the number of family members affected by the respective symptom or illness, including the interviewee.

⁹ Mentioned 38 times in total. Mentioned more than once: one person three times, one person six times, one person five times, one person four times, and five persons two times.

¹⁰ Mentioned 28 times in total: Mentioned more than once: one person seven times, one person six times, one person four times, one person two times, and two persons three times.

interviewees reported recurring headaches, and 40 interviewees complained about fatigue associated with vitamin deficiency¹¹.

In addition, 20 people were suffering from heart problems¹². 16 interviewees had already suffered at least one heart attack. Eight people reported elevated blood pressure. In addition, a total of eleven people reported a cancer case in the family. 31 interviewees reported diabetes¹³. Every fifth interviewees suffers from hair loss¹⁴.

“Children with high lead levels are often prone to hyperactivity and learning disabilities.” (Runow 2017). The questions and answers did not specifically cover the children’s symptoms with regard to hyperactivity and learning disabilities, but 20 out of the 50 interviewees referred to such problems with regard to the health status of their 95 children. For example, the parents only mentioned hyperactivity for three out of 95 children, but there were further references to symptoms that may indicate hyperactivity – such as nervousness, as reported in 15 children. Furthermore, 30 children suffer from motor deficits, 19 from impaired speech, and 28 from memory problems. These symptoms can lead to a learning disorder. In addition, the children suffer from abdominal pain (18 children), fever (17 children), hair loss (15 children), skin disorders and muscle weakness (ten of the 95 children), as well as allergies (nine children)¹⁵.

“Recent research has shown that food (gluten), increased intestinal permeability (leaky gut), environmental toxins, and medications can trigger autoimmune diseases. (...) Other metals can trigger autoimmune diseases as well.” (Runow 2017)

Lead is one of these metals. Autoimmune diseases are complex, and they occur in various forms. According to Runow, autoimmune diseases mainly affect the thyroid and the pancreas, the joints and muscles, the nerves, the intestine, the liver, the skin, and the blood vessels. Many of the interviewees mentioned three of these chronic illnesses (joint and muscle illnesses, intestine illnesses/stomach pains, and skin disorders). 22 people complained about chronic muscle pain and problems with the

¹¹ 23 of the 40 interviewees were sure about their vitamin deficiency, 17 of them suspected it. Blood analyzes would be necessary to determine the vitamin deficiency.

¹² Mentioned 22 times

¹³ Eleven interviewees mentioned diabetes when asked openly about current symptoms/illnesses – and 31 people referred to a total number of 35 cases of diabetes in the family (including themselves). It wasn’t possible to differentiate between diabetes I or II.

¹⁴ Mentioned 20 times by a total number of 10 interviewees.

¹⁵ For more symptoms, please refer to the Attachment.

joints¹⁶, nine people reported pain in the body and in the bones¹⁷, and eight people are suffering from rheumatic symptoms. 14 people reported chronic abdominal pain¹⁸ that could affect both the stomach and the bowel. 14 people have an allergy (eight cases of food allergy), and 11 people said they had a chronic skin disease¹⁹.

6. Conclusion

First of all, it is important to note that the STP – as a human rights organization – can not give a professional opinion whether (or to what extent) the health problems of the former residents of the IDP refugee camps in Kosovo are a direct consequence of lead poisoning in the 1990s. In order to be sure, the people would have to be examined again, from the perspective of environmental medicine. A suitable screening method would be to take hair, urine and blood samples. In addition, further analyzes such as metabolism tests (e.g., organic acids, hormones, etc.) might be helpful.

Nevertheless, the results of the STP's survey and the statements of environmental physician Klaus-Dietrich Runow suggest that, while living in the refugee camps, the people were exposed to excessive levels of lead, and that they could have suffered long-term damage. This assumption is supported by the fact that there are not only signs of "classic" lead poisoning, but also symptoms that are likely to correspond to autoimmune diseases.

Especially joint and muscle problems and severe abdominal pain were mentioned in this context.

To be sure about the situation, the STP – supported by the environmental physician Klaus-Dietrich Runow – demands more exact examinations, especially of the affected children and women. Further, all affected persons must be granted adequate medical treatment by international medical teams. It is especially the children who need help.

The survey clearly showed that the difficult economic and social situation, but also the lack of health care for the Roma, the Ashkali, and the Balkan Egyptians, did not improve after they left the refugee camps. This was also confirmed in a report by Human Rights Watch, published in September 2017.²⁰

¹⁶ Mentioned 42 times in total.

¹⁷ Mentioned 12 times in total.

¹⁸ Mentioned 27 times by a total number of 14 interviewees.

¹⁹ Mentioned 21 times by a total number of 11 interviewees.

²⁰ <https://www.hrw.org/news/2017/09/07/un-compensate-kosovo-lead-poisoning-victims>

Some of the interviewees even stated that they felt better when living in the refugee camps than they do today. This devastating statement proves that the government of Kosovo, the international community, and the United Nations have failed. They should have made sure that the depressing reality of the Roma, Ashkali, and Balkan Egyptians could change for the better. An essential contribution to do so could be to effectively strengthen their minority rights – and to end discrimination by the authorities and in society. This would include compensation for the victims of lead poisoning, as well as an official apology by the UN.

7. Demands

DEMANDS ON BEHALF OF THE NORTH MITROVICA/MITROVICĚ ROMA, ASHKALI AND EGYPTIAN IDPs:

Mindful that the Human Rights Advisory Panel to the United Nations Interim Administration Mission in Kosovo (UNMIK), after quoting the observation by the Council of Europe's Commissioner for Human Rights, "... that, if the UN is concerned to mitigate the shame of having failed to carry out its mandate to protect the displaced persons, it needs to acknowledge its responsibility for their health and lives", found as follows:

"282. Taking notes of the findings, among others, of the CoE Commissioner for Human Rights stating that the life-threatening condition of approximately 600 Roma, for a decade in lead contaminated camps of northern Mitrovicë/Mitrovica has been "probably the most extreme case in Europe to safeguard Romas' right to health", the Panel considers shameful that such a record is attributable to the action and/or inaction of an entity of the United Nations – UNMIK – at the core of whose mandate was the protection of displaced persons from the conflict." (N. M. and Others v. UNMIK, Case No. 26/08, Opinion 26 February 2016)"

We are therefore asking the representatives of the UN High Commissioner for Human Rights and the UN High Commission for Refugees to convey the following demands to the Secretary-General of the United Nations António Guterres and we call on the United Nations to acknowledge the unchallenged force of HRAP's Opinion and to implement its recommendations.

We demand:

- i. that the UN and UNMIK publicly admit their violations of international treaties in relation to the Kosovo Roma, Ashkali and Egyptians (RAE) internally displaced persons under their protection who were housed by them between 1999 and 2013 in the lead-poisoned North Mitrovica/Mitrovicë refugee camps of Zhitkoc/Žitkovac, Cesminluke/Česmin Lug, Kablare, Leposaviq/Leposavić, and later “Osterode”, as outlined by the Human Rights Advisory Panel (HRAP) in its Opinion of 26 February 2016;
- ii. that the UN and UNMIK publicly admit that their actions and inaction caused short and long-term harm to the Roma individuals and families housed in the contaminated camps and apologise to them for having failed in their duty of care;
- iii. that the UN and UNMIK comply with the recommendations of the HRAP, publicly acknowledge the health status of the Kosovo RAE housed in the contaminated camps, attributable to the toxic character of their accommodation, and accept responsibility for the situation along with an obligation, in line with the Panel's recommendations, to compensate them individually for the harm done to them as a result of the lead poisoning;
- iv. that UN Secretary-General António Guterres establish an ad-hoc Commission to determine the material and moral harm suffered by the complainants in the legal action against the UN and an adequate amount of compensation for each person, for each child, for those children who have aged into adults independently, and for the next of kin of those claimants who have died in the interim since the suit was filed, and also how the compensation shall be awarded - this Commission to include the attorney who has represented the Roma since the inception of their case, their chosen representatives from the camps and civil society representatives of the Roma approved by the complainants;
- v. that the UN and UNMIK agree to pay the appropriate individual financial compensation to the complainants without further delay;
- vi. that the UN and UNMIK also agree to ensure that the complainants are provided with medical coverage for the harms caused by their lead poisoning and to

afford the individuals affected people, especially the children adequate humanitarian and specialist medical assistance;

- vii. the RAE must be consulted concerning the implementation of all planned projects. The implementation of these projects must take the health consequences of lead poisoning into account.

Mindful, too, that as was observed by the Human Rights Advisory Panel, the harm done to the Roma, Ashkali and Egyptians can be at least partly attributed to discrimination against them as a vulnerable minority group, we also make the following

DEMANDS ON BEHALF OF THE KOSOVO ROMA, ASHKALI AND EGYPTIAN COMMUNITIES:

- viii. that UN and its agencies, the authorities in Kosovo and other responsible bodies must protect and promote the human rights of the Kosovo Roma, Ashkali and Egyptians – with special emphasis on the rights of the women and children – so that they are able to play an active role in society.
- ix. that the government of Kosovo immediately ensures that the members of the minority groups of the Roma, Ashkali and Egyptians have access to employment, education, and medical care;
- x. that the governments of UN Member States acknowledge the existence of structural and cumulative discrimination against the Kosovo Roma, Ashkali, and Egyptians that deprives them of their right to a life of dignity, and accordingly the legitimacy of requests for asylum.

And finally, mindful of widespread public concern regarding the shortcomings of the employees of the UN and other humanitarian agencies and in particular the personnel of UN Missions tasked with the protection of vulnerable civilians, we also make the following

DEMAND ON BEHALF OF ALL PERSONS PROTECTED BY UN MANDATE

- xi. that the UN ensure, as recommended by the HRAP, that detailed and thorough policies and procedures are instituted, along with training for all employees and contractors, with regard to safeguarding the human rights of all persons under UN mandate, so that this type of problem does not reoccur.

Jenita, the daughter of the Mehmeti family, was the first child to die of lead poisoning in the UN refugee camp Žitkovac (in July 2004). Today, the family – with three children – is living in great misery, 25 kilometers to the south of Kosovska Mitrovica/Mitrovicë. Their house (which was built by the United Nations Development Program, UNDP), smells like a lavatory. The small room is only about 16 square meters in size, furnished with only two sofa beds and a TV. The upstairs bathroom does not exist anymore. The water pressure was not sufficient to pump the water to the upper floor. An attempt to move the bathroom to the ground floor failed, due to a lack of building materials and equipment. The father collects aluminum cans from garbage bins to make a living for his family. There is not enough money left for medical treatment, but one of the daughters urgently needs special lenses, especially to be able to follow school lessons better. The children suffer from asthma, they are often sick and have no appetite. The mother has kidney stones, and the father has a strong cough. All the family members often have lice. When they showed us their medical records, it became clear that the problem is not that their health issues cannot be treated in Kosovo or Serbia – it's just that they don't have the money to pay for treatment.”

Paul Polansky, American author and Roma activist, after talking to Mehmet H. in Priluzhje, Kosovo, on September 3, 2017.

Attachment

I. A chronology of indifference: Despite alarming warnings, the UN ignores the insidious poisoning of the Roma, the Ashkali, and the Balkan Egyptians (1999 – 2013)

In 1999, the STP warned about the health risks for the refugees in the camps Česmin Lug/Cesminluke, Kablare, and Žitkovac/Zhitkoc for the first time. In August/September of 2000, Dr. Andrej Andrejev, a Russian advisor to the UN, took blood samples from the refugees – to be tested for lead. He presented his findings to UNMIK and the WHO in November 2000. His report showed that the refugee camps were contaminated with lead. He recommended an evacuation of the camps, but nothing happened.

Further, in 2000, the first Special Representative of the Secretary General of the United Nations in Kosovo (SRSG), Bernard Kouchner – a doctor by profession – informed journalists that the health of the people in Mitrovica/Mitrovicë was at risk due to the smelting plants. Kouchner stated that it would be careless to ignore the health threats to the children and pregnant women and to let them live there even for another day.

The WHO was one of the first organizations to react to the alarming situation and to recognize the urgent need for action.

In 2004, five years after the Roma, the Ashkali, and the Balkan Egyptians were moved to the camps, the WHO finally reacted to the health risk at the site. In July 2004, the WHO carried out an environmental risk assessment study concerning the lead and heavy metals contaminated area in Mitrovica/Mitrovicë.

The results of this study confirmed the alarming situation of the Roma, Ashkali, and Balkan Egyptians in the camps. It appeared to confirm that lead has a strong impact on the nervous system, possibly destroying it if exposed for a long time. If children have high lead levels in their blood, this leads to development problems and to seizures, causing states of coma – sometimes even fatal. Lead poisoning is very dangerous, even for adults. Experts of the United States Agency for Toxic Substance and Disease Registry (ATSDR) and the WHO have demonstrated that long-term lead poisoning can affect the nervous system in ways that can be harmful to one's health. Ten to twelve micrograms per deciliter in the blood can decrease the IQ by 2.6 points, and high levels of lead can cause serious damage to the brain and the kidneys, lead to miscarriages, and reduce sperm production. The damage is irreversible.

According to the WHO's results, infants aged 24 to 36 months are especially at risk. They were chosen as the target group because they had been conceived at least three months after the closure of the ore hut in July 2000, and because – due to being dependent on their mothers – it was quite easy to find out where they had played, where they had slept and eaten. Also, they are especially affected by the consequences of lead poisoning. 58 of the 150 children belonging to this age group in the camps of Cesminluke/Česmin Lug and Zhitkoc/Žitkovac were examined in July 2004, and 34 of them showed lead levels in the blood higher than 9.99 micrograms per deciliter. The WHO's limit for lead in the blood is ten micrograms per deciliter, suggesting that 58.6 percent of children had lead levels above the tolerance level. Twelve of the 34 children showed extremely high lead levels (exceeding 45 micrograms per deciliter), and six of them even showed lead levels that met the ATSDR criteria of a medical emergency – exceeding 65 micrograms per deciliter. (“Our instruments could only measure values of up to 65 micrograms per deciliter,” the report stated.)

A second report, published by the WHO in October 2004, confirmed the results of July 2004. The WHO reiterated the emergency situation of the Roma, calling for immediate action. It was emphasized that children are the main victims, as they showed the highest lead levels over a longer period of time. The analyses showed that 88.23 percent of the soil in the two refugee camps Cesminluke/Česmin Lug and

Zhitkoc/Žitkovac were a threat to the inhabitants. According to the report, one of the main source of the lead poisoning was the soil. In camp Zhitkoc/Žitkovac, some of the soil samples were 100.5 times above the acceptable level. In camp Česmin Lug/Cesminluke, the values were 359.5 times higher than the safe level. The WHO recommended that the children should immediately be provided shelter somewhere else and that they should receive medical treatment – but to no avail.

Although the US Center for Disease Control and Prevention (CDC) defined the “level of concern” for children to be ten micrograms of lead per deciliter, it is believed that this value is already harmful to health. According to newer medical studies, this is already the case at about five micrograms per deciliter – suggesting that a measurable lead concentration in the blood is generally not tolerable.

In children, even a very low concentration of lead can cause brain damage or problems with the kidneys or the stomach. Lead poisoning can impede a child’s development and cause learning and behavioral difficulties. Lead poisoning is an insidious disease, and the initial symptoms are not necessarily identifiable as a specific disease. Gastric pain and headaches, poor appetite and insomnia, faintness, and fatigue are possible symptoms.

In 2005, Dr. Miljana Stojanović (from the “Institut za zaštitu zdravlja” in Mitrovica/Mitrovicë) tested seven children aged three to twelve months. The lead levels ranged from 7.3 micrograms per deciliter of blood to 65 micrograms per deciliter. One six-month-old child had 7.3 micrograms of lead in one deciliter of blood, another 13.3 micrograms; and a ten-month-old child had 19.9 micrograms of lead in one deciliter of blood. Four more children showed values of 65 micrograms of lead per deciliter of blood or higher. None of these children was granted appropriate medical treatment.

In the third refugee camp – Kablare, only 100 meters away from the camp Česmin Lug/Cesminluke – the refugees were forced to live in the worst conditions, without water and adequate nutrition. As a result, the people had to search for food in containers every day. They were also sampled for blood, and the mothers were then informed that their children had to be treated for heavy metal poisoning. In the end, however – due to lack of funds, and because there was no means of transport – they weren’t treated at all. Many children in the Kablare camp showed symptoms of lead poisoning: memory loss, coordination difficulties, vomiting, and convulsions. The poor

humanitarian aid to the residents of this camp ended in 2003. It was not resumed, despite the negative media coverage.

In November 2004, the ERRC (European Roma Rights Center) informed those responsible about the catastrophic conditions in Kablare, calling for immediate action. UN Secretary-General Kofi Annan was contacted in July 2005, including a request to lift the immunity of the staff responsible for the camp. On September 2, 2005, the ERRC filed a criminal complaint with the Public Prosecutor's Office in Priština, requesting it to start investigations "against persons unknown".

In an article for the "Herald Tribune" (January 12, 2005), Marek Antoni Nowicki, UN Ombudsperson for Kosovo, wrote: "My deep suspicion is that these people are being treated this way for no other reason than that they are Roma." In June 2015, Walter Kalin, the Special Rapporteur of the UN Secretary-General on Human Rights of Internally Displaced Persons, confirmed that this was an "emergency situation" – and that "a failure to act now would amount to a violation of the right of the affected children to have their health and physical integrity protected".

With regard to the threat posed to the Roma, the Ashkali, and the Balkan Egyptians, experts from several international health and environmental organizations, demanded an immediate resettlement of the people in the camps – to avoid losing a whole generation of young people.

The barracks of "Osterode" were located close to the camps for the internally displaced people. After it had become known that the area was polluted, the UN had advised the soldiers of the Kosovo troops (KFOR) to stop their sporting activities there – and French soldiers reported that military doctors had advised them not to father a child during the next nine months after their return. The soldiers were stationed somewhere else, and 593 displaced Roma, Ashkali, and Balkan Egyptians from the contaminated camps nearby were accommodated in the former barracks. The German government co-financed the resettlement of the refugees to the former barracks (in 2005) with 500,000 Euros. The STP protested against this step – emphasizing that the blood levels would not improve, and that there would be even more damage to the peoples' organs as long as they were to be exposed to lead. The only way to reduce the level of contamination would be to improve the hygienic conditions by handing out appropriate products, by unlimited access to clean water, and by means of awareness-courses – which, however, would not be sufficient.

The institutions that dealt with the plight of the Roma and witnessed the unspeakable conditions – the UNHCR (responsible for the refugee camps until 2001), UNMIK (UN mission in Kosovo), and the local authorities – were reluctant to take effective action. UNHCR stated that the Roma and Ashkali should not be resettled before their housing had been permanently secured. UNMIK claimed that there were no funds to move the camps, and the Kosovo Albanian city councils in Kosovo were not willing to rebuild the Roma and Ashkali peoples' houses that had been destroyed in 1999.

In the years following 1999, the STP repeatedly held personal talks and sent letters to those responsible at UNMIK, to (among others) the head of UNMIK, Mr. Sören Jessen Petersen, and to UN Secretary-General Kofi Annan, to raise awareness and to call for an evacuation. The Kosovo authorities were urged to take action as well. On February 2, 2005, we presented a memorandum on lead poisoning to the International Roma Integration Conference (in Bulgaria). Press releases were published, open letters and appeals were sent to relevant politicians. Finally, the report of the STP's Kosovo team leader Paul Polansky ("International Herald Tribune", April 26, 2005) and the proceedings "against persons unknown" (submitted by the ERRC and supported by the STP) moved UNMIK to a noticeable reaction: In March and April 2006, a group of 593 refugees from Zhitkoc/Žitkovac and Kablare, plus a few from Cesminluke/Česmin Lug, were relocated to "Osterode", the former barracks of the French KFOR troops.

After it became known that the area around Osterode was polluted, the soldiers of the Kosovo troops (KFOR) were moved elsewhere. (The UN advised the soldiers to stop sporting activities there and French soldiers reported that military doctors had advised them not to father a child during the next nine months after

their return.) The German government contributed 500,000 Euros. "Osterode" was located in the immediate vicinity of the old lead-contaminated camps, making it an inappropriate alternative. Also, there weren't enough funds to relocate all the residents of the camps and to provide adequate humanitarian and medical care at the same time.

In 2005, the STP was able to procure 24 packs of a drug that is necessary to treat lead poisoning (calcium edetate de sodium 5%) from the company SERB Laboratoires in Paris – for 24 children who were treated in the "Institute za zdravstvenu zaštitu majke i deteta" in Belgrade.

In the course of a public hearing at the European Parliament (June 24, 2005) the STP presented documents on lead poisoning. In September 2005, we sent our campaign material on the situation of the Roma refugees in the lead-poisoned camps to our supporters – including campaign postcards to UN Secretary-General Kofi Annan, to US Secretary of State Condoleezza Rice, to Bajram Kosumi, the Prime Minister of Kosovo, and to the commander-in-chief of the NATO troops in Europe, General James L. Jones. On September 23, the STP sent a letter to UNICEF President Ann M. Veneman, to Wolfgang Wörnhard of UNICEF in Switzerland, to the German UNICEF Committee, and to the UNICEF Ambassador to Germany – demanding the camp to be evacuated.

Then, the STP sent a fact-finding mission to the contaminated area – in the period of October 17 to 23, 2005 – involving the renowned German environmental physician Klaus-Dietrich Runow, a specialist on heavy metal poisoning. The investigation team visited all three camps in Kosovo and took 66 hair and blood samples from refugees. Most of the lead levels found in the hair samples were between 200 µg/g and 1200 µg/g. According to Runow, this were the highest lead levels that had been measured in human hair so far (reference value: <1µg /G). Apart from that, he found extremely high levels of arsenic and cadmium.

In February 2006, the STP rescued one of the most affected Ashkali families – with the help of the “Ein Herz für Kinder” (“*A Heart for Children*”) campaign and the Institute of Environmental Medicine (Institut für Umweltmedizin, IFU): the father Shaban Mustafa and his seven children. Sadly, the mother and a baby had already died.

Although several medical experts, the World Health Organization, the STP, the Center for Disease Control and Prevention (CDC, USA), UNICEF, and the human rights organization Human Rights Watch had repeatedly recommended to close down the refugee camps to evacuate the residents, they were not provided other houses until the years 2010, 2012 and 2013.

Finally, in 2008, Dianne Post – a lawyer from the US – filed a complaint with the UN Human Rights Advisory Panel (HRAP) on behalf of 192 Roma, Ashkali, and Balkan Egyptians who lived in the refugee camps (*N.M. and Others v. UNMIK, Case No. 26/08*). In a 79-page statement of February 26, 2016 (*N.M. and Others v. UNMIK, Case No. 26/08, Opinion 26 February 2016*), in which the results of the aforementioned fact-finding mission of the STP were cited as well, the HRAP noted that the UN had failed to protect the Roma families. UNMIK had treated the members of the minority groups negligently, and should therefore apologize and provide individual compensation.

All the complainants stated that they had suffered from lead poisoning and subsequent health problems due to the contaminated soils in the refugee camps – due to the proximity to the Trepča lead smelting plant and the mining complex, and due to the generally poor hygiene standards and living conditions in the refugee camps. Four complainants stated that family members had died in the camps as a result of lead poisoning.

All the complainants emphasized that UNMIK had violated their human rights by moving the families to the heavily contaminated refugee camps, without informing them about the health risks or about necessary medical treatment – and by failing to draw up a plan to relocate them.

The STP welcomed the opinion of the UN Advisory Panel. Dianne Post asked Zahir Tanin, the Special Representative of the UN Secretary-General in Kosovo, to address the affected families with an apology. In addition, she recommended to publish the apology in four different languages (Albanian, Serbian, Romani, and English) via various media (radio, TV, print, and online) in order to ensure that the affected would become aware of the apology after so many years. As the UN Human Rights Advisory Panel had done before, Dianne Post also called for adequate compensation for the material, physical, and psychological damage.

However, UNMIK merely expressed regret. The Special Representative of the UN Secretary-General in Kosovo and the Head of the UNMIK Administration issued a written statement that did not include an apology or compensation for the persons concerned.

After almost a year of internal consultations concerning the HRAP's recommendations, on May 26, 2017, UN Secretary-General António Guterres ordered his press secretary to announce that a trust fund were to be established to help the Roma in North Mitrovicë/Mitrovica, South Mitrovicë/Mitrovica, and Leposavić – including economic and medical support for the members of the Roma community. In addition, there should be measures to improve the infrastructure in their settlements. The statement ends with a call to the international community to support this initiative and contribute to the trust fund. On behalf of the UN, Guterres sent his “deep regret” to all the individuals who suffered in the refugee camps. In doing so, the UN Secretary-General and his legal department decided against individual compensation for the affected persons.

II. Opinion and recommendations of the UN Human Rights Advisory Panel (HRAP) to the United Nations Interim Administration Mission in Kosovo (UNMIK) – Summary

In the case *N.M. and Others vs. UNMIK (Case No. 26/08)*, the UN Human Rights Advisory Panel (HRAP) noted that UNMIK had violated the peoples' right to life (Article 2 of the European Convention on Human Rights, ECHR). The panel also referred to a violation of Article 3 of the ECHR, which prohibits torture and "inhuman or degrading treatment or punishment". Furthermore, the HRAP found a violation of the right to privacy and family life (Article 8 of the ECHR). The HRAP decided that UNMIK had failed to provide a safe environment for the refugees, thus discriminating against the complainants as members of the Kosovo Roma, Ashkali, and Balkan Egyptians. The panel therefore found a violation of Article 14 of the ECHR, of Articles 2 and 26 of the International Covenant on Civil and Political Rights, and Article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Furthermore, the HRAP noted that the unhygienic conditions in the refugee camps were to be seen as a violation of the complainants' right to an adequate standard of living (and housing) in terms of Article 11 of the ICESCR – and of the general right highest attainable standard of physical and mental health (Article 12 ICESCR).

With regard to the female complainants, the committee found that they had suffered from various forms of discrimination and from various violations of their fundamental rights: as women, as internally displaced persons, and as members of the communities of the Kosovo Roma, Ashkali, and Balkan Egyptians. Accordingly, it found a violation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

The HRAP holds UNMIK responsible for tolerating these threats to the complainants' life, health, and development potential.

Further, the living conditions of those born and raised in the refugee camps were considered as violations of Articles 3, 6, 24, 27, and 37 of the Convention on the Rights of the Child.

Recommendations to UNMIK:

The HRAP advised UNMIK to publicly admit its failure to comply with the respective human rights standards. UNMIK should publicly acknowledge the poor health of the complainants and the damages caused by their exposure to lead in the refugee camps, and should apologize to them and their families.

In addition, HRAP recommended adequate compensation for the complainants. UNMIK was advised to pay adequate compensation for the material and moral damage caused by the human rights violations. Regarding the fees and costs associated with the complainants' legal proceedings, the committee decided that appropriate steps towards reimbursement should be taken.

In addition, appropriate measures should be taken to ensure that UN bodies working with refugees and IDPs should promote and ensure respect for international human rights, and that the findings and recommendations of the panel in this case are shared with these bodies – as a sign of non-repetition.

The HRAP further recommended UNMIK to take all appropriate steps to ensure that other UN bodies will effectively distribute information relevant to the health and well of the peoples under their authority and control.



Argentina Gidžić

HRAP also advised UNMIK to urge the UN bodies and relevant authorities in Kosovo to protect and promote the human rights of RAE people, especially women and children, ensuring that they can play an active role in society.

Finally, HRAP demanded UNMIK to take prompt and effective action to implement the recommendations – and both HRAP as well as the complainants should be kept informed on the further developments in this case.

III. Comments from the interviewer Argentina Gidžić

The interviewer Argentina Gidžić describes her impressions and observations. Some of the parents' statements were recorded in audio (Date: September 7, 2017)

The women also told me that they are not happy with their life in the Mahala because the hospital is always closed. It only opens when they receive a delivery of medicines, but the Roma and Ashkali never get anything. [...] If they have to go to a doctor, they mostly visit an Albanian doctor, because the Serbs are no longer obliged to look after them – now that they are living in the Albanian district of Mitrovica/Mitrovicë.

However, if they go to a doctor there, they have to prove that they receive benefits or that they can pay in cash. Almost all Roma and Ashkali in Mitrovica/Mitrovicë are eligible to some kind of social benefits, but there is a maximum of 70 Euros per month per family. Many families have been deprived of their social benefits because the parents were not officially married or because they don't have birth certificates for their children. [...] The affected Roma are very grateful if a Serbian doctor agrees to treat them.

At the time of my visit, the streets and the whole area where the families are now living were littered with garbage, which is due to the fact that the Roma and Ashkali are not able to pay for garbage collection. The whole Mahala stinks of garbage, which is a real health hazard. Nobody opens the windows, because of the stench. They say it reeks of decay.

Many women I interviewed made peculiar statements, complaining that their life in the refugee camp was better than it is now in the Mahala. They have new homes, water, and electricity – but they are sent bills that they simply can't pay. The men mainly try to earn a bit of money by collecting plastic bottles [...] But there is a lot of "competition", so they are happy if they manage to make five to six Euros a day. If things don't go too well, it's often only one or two Euros.

After moving to the Mahala, the children were subjected to blood tests. However, the parents weren't informed about the results. In the end, the parents refused to send their children to the hospital for examinations, because the hospital refused to inform the families about the results. [...] Of course, the parents also asked for results in written form. The hospital promised to provide information, but this never happened. This was the only medical treatment they received in recent years.

IV. Descriptive Analysis of the Survey Answers

Living conditions in the refugee camps between 1999 and 2013

General (Questions 1-4)

GfbV/STP prepared a survey questionnaire to evaluate the health situation of Roma, Ashkali and Balkan Egyptians who had been accommodated in the lead-contaminated camps. The two Interviewers interviewed 50 of the individuals concerned in person and completed the survey questionnaire using their answers. 27 women and 23 men with a total of 213 children were interviewed. Only one member of any family was interviewed, who answered the questions on behalf of the family as a whole.

The summation symbol Σ refers to the total number of answers provided by the interviewees, not the number of individuals questioned. For example, the first Table should be read as follows: the 50 interviewees provided a total of 119 answers concerning their stay in a refugee camp. In other words, during the period a number of the interviewees moved from one camp to another during the period and/or they also provided answers that related to the locations where other family members had been living.

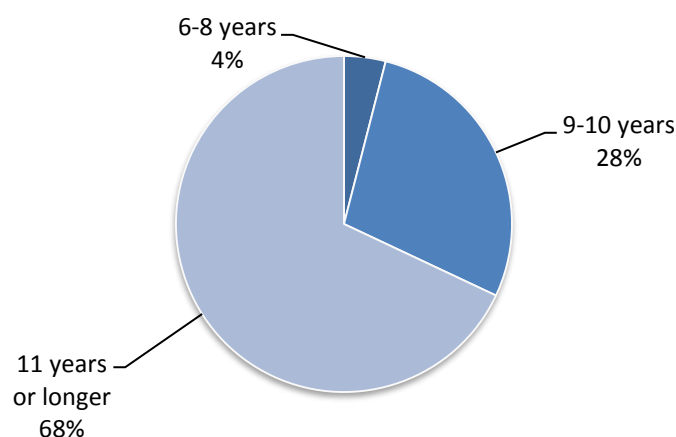
1. Residence in North Mitrovica/Mitrovicë refugee camps

Refugee camp in Nord-Mitrovica/Mitrovicë	Number of answers ($\Sigma=119$)
Zhitkoc /Žitkovac	35
Cesminluke/Česmin Lug	33
"Osterode"	28
Zvečan	15
Kablare	8
Leposaviq/Leposavić	0

Most of the interviewees had lived in the Zhitkoc/Žitkovac and Cesminluke/Česmin Lug camps with their families. Some had also spent time in the Zvečan and Kablare camps whose residents were rehoused at "Osterode". None of the interviewees had lived at Leposaviq/Leposavić.

2. Length of period of residence

All the interviewees had spent a number of years living in the refugee camps. The majority said that they had spent eleven or more years in refugee accommodation. Some had spent nine or ten years. Only two individuals gave an answer of six to eight years.



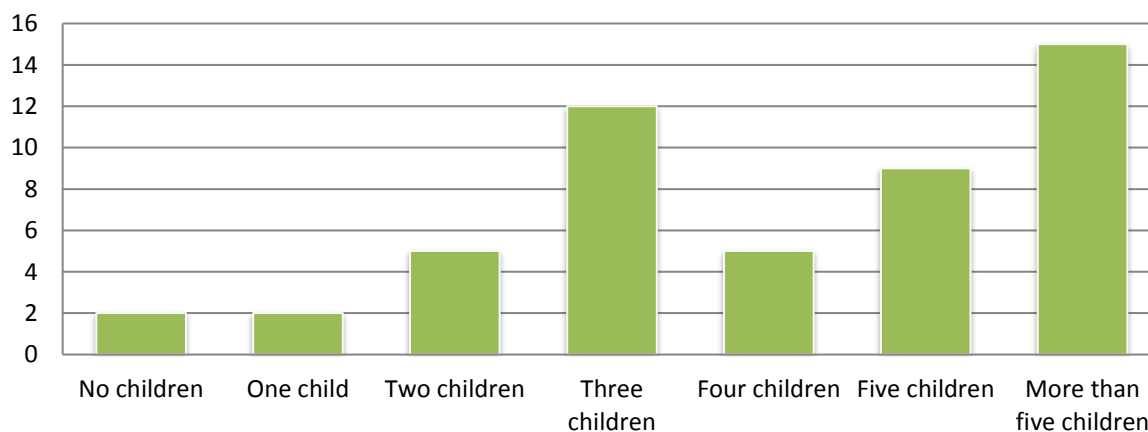
2.1. Living conditions in the refugee accommodation

Living conditions in the refugee accommodation	Total ($\Sigma=87$)
Poor living conditions, atmospheric pollution	31
Overcrowding	17
No water supply	9
No toilet facilities	9
Lead poisoning, frequent illness	8
Inadequate food and poor internal state of accommodation	5
Good living conditions	6
Living conditions better than current situation	2

Living conditions in the camps were most frequently described by many of the interviewees as poor. They also complained of the atmospheric pollution. Their accommodation was often described as overcrowded. Almost one in five remarked on the lack of a water supply and toilet facilities and one in six mentioned lead poisoning and frequent illnesses. Many of the interviewees knew about the camps being contaminated with lead and blamed many of their symptoms on this. A few mentioned inadequate food and the poor internal state of their accommodation. Only six of the 50 interviewees considered their living conditions to have been adequate and only two individuals considered them better than their current circumstances.²¹

3. Current number of children (as of July/August 2017)

Most of the interviewees currently have from two to five or more children. Only two have one child only or are childless.

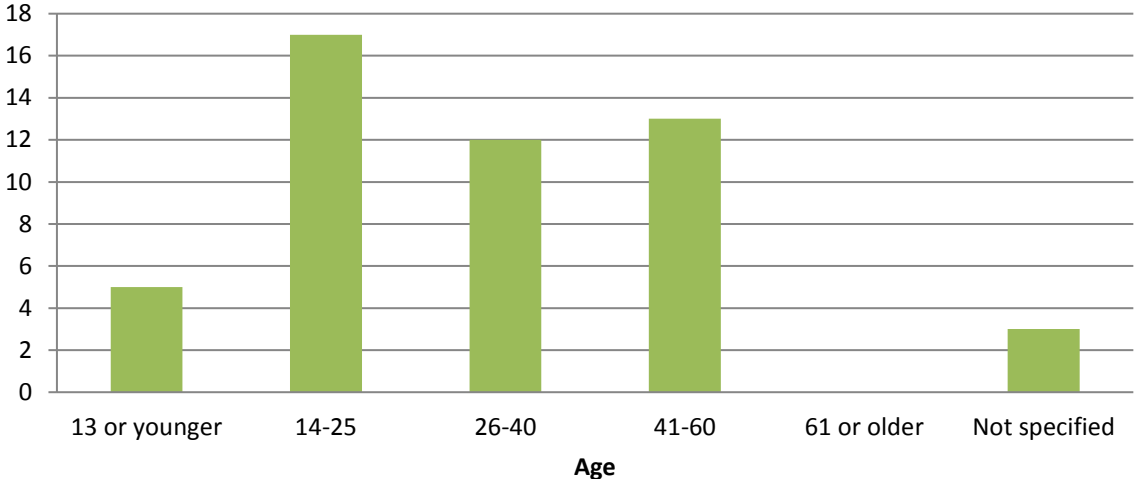


21 One individual said that she regarded Osterode as the best of the refugee camps.

4. Age

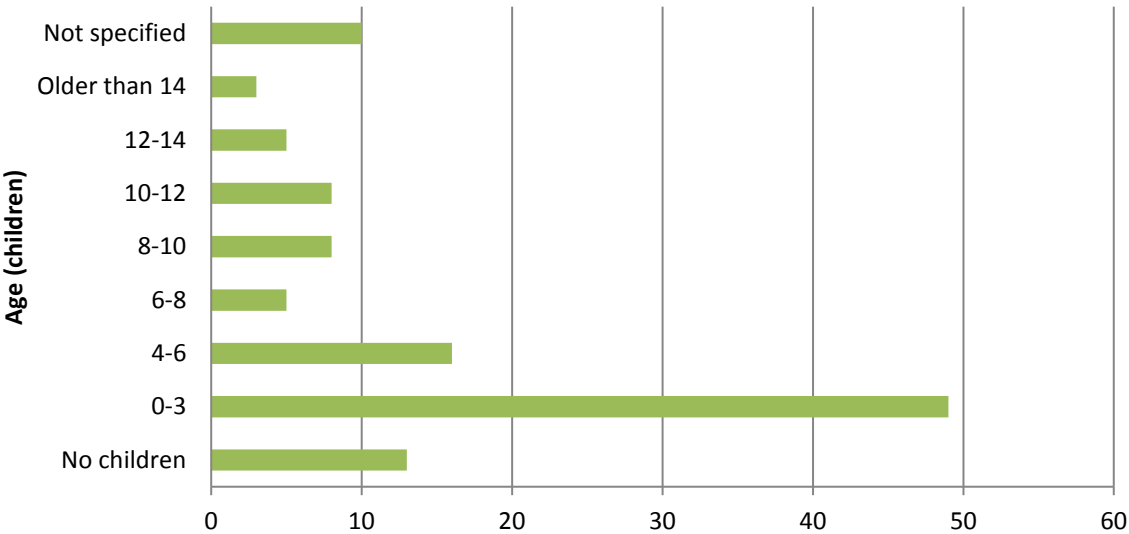
4.1. The interviewees' own age (while in the refugee camps)

The majority of the 50 interviewees were between 14 and 60 years old at the time they were living in the refugee camps. Only a few were aged 13 or younger.²²



4.2. The children's age

During the time they were in the refugee camps the majority of the interviewees' children were very young (0-3 years). Many of the rest were aged between four and twelve years. Thirteen interviewees did not have any children who had lived in the camps during the period in question.

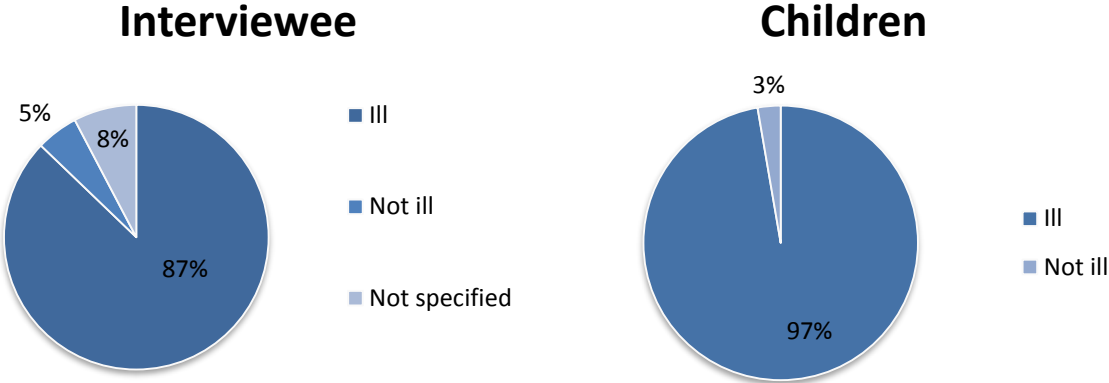


22 The answers tend to be approximations because the majority of interviewees spent more than ten years in the camps.

Illnesses / Symptoms / Treatment / Still-births, miscarriages, abortions / Deaths
(Questions 5-14)

5. Illnesses of interviewees or their children during the period spent in the refugee camps (1999-2013)

A clear majority of the interviewees and their children had been ill during their time in the refugee camps.



6. Symptoms/illnesses (if an affirmative answer given to Question 5)

The 50 interviewees gave a total of 479 answers to the questions concerning symptoms and illnesses during their time in the camps. Most notably there were 99 reports of lead poisoning and some 60 reports of vomiting or headaches. Many of the interviewees were aware of the lead contamination and attributed many of their symptoms on it, although without confirmation. Two-thirds of the interviewees had experienced stomach and abdominal pains. Almost all complained of pain in different parts of the body. There were an average of 14 reports each of dizziness, rheumatism, aggressive behaviour, nervousness, bone pain, debility, bronchitis or pneumonia, raised temperatures, fatty lumps under the skin and high blood pressure were reported.

Symptoms/illnesses	Total ($\Sigma=479$)
Lead poisoning²³	99
Vomiting²⁴	64
Headaches	57
Generalised body pains, rheumatism ("aches and pains"), bone, knee, ear, muscle, back, leg and joint pain	46
Stomach and abdominal pains	34
Bronchitis, pneumonia, asthma, respiratory ailments	22
Dizziness ²⁵	17
Aggressive behaviour	16
High blood pressure	16
Debility	14
Nervousness	13
Raised temperatures	11
Fatty lumps under the skin	10
Impaired motor skills	6
Weakened immune system	6
Vitamin deficiencies	6
Poor teeth	5
Sore throat and other throat problems	5
Heart problems, arrhythmia	5
Blood in the urine	3
Diabetes	3
Coma, loss of consciousness	3
Kidney disease	3
Memory impairment	3
Loss of appetite	3
Elevated intraocular pressure, eye pain, eye ailments	4
Skin disorders ²⁶ , systemic lupus erythematosus	3
Other: Numbness / deafness, liver problems, nerve damage, high cholesterol levels, cancer, infections, icterus (jaundice)	7

23 No. 1 added that the children had been born after leaving the camps but suffered from "lead" all the same. No. 3 identified 3 cases of lead poisoning and added that although the children had not been born in the camps, she and her husband were always unwell.

24 No. 25 observed that her children had not lived in any of the camps but suffered from vomiting episodes (she ticked this five times).

25 No. 25 observed that her children had not lived in any of the camp but suffered from vomiting episodes (she ticked this five times).

26 Two of No. 14's children had needed medical treatment after scalding themselves with hot water.

7. Medical treatment for lead poisoning

Almost half of the interviewees had not received any treatment for lead poisoning during their time in the refugee camps.²⁷

Medical treatment	Total ($\Sigma=50$)
Yes ²⁸	25
No ²⁹	24
No answer	1

8. Specific investigation of heavy metal or lead poisoning

Almost none of all the interviewees had been specifically examined for lead poisoning while in the camps. A total of 17 individuals reported having had medical treatment or an examination. There were nine instances reported in which no medical treatment had been received but the individuals concerned had been specifically tested for lead poisoning.³⁰

27 The different perceptions of "treatment" in the two following footnotes should be noted. Some interviewees considered that being given a syrup to take represented medical treatment but others did not.

28 No. 1 added that the children were given a red syrup, No. 2, that a special diet was prescribed which had no effect ("did not work"), No. 9, that the children were given a red syrup and their blood concentration levels were tested, No. 12, that a special diet of milk, oranges and bananas had been prescribed, No. 16, that a special diet had been prescribed, No. 22, that they (it is unclear whether this referred to the children and/or the interviewee) had not lived in the camp, but had been given syrup if they went to the Mahala, No. 24 had been prescribed a special diet, No. 25 had also been prescribed a special diet and the children had been given a syrup, No. 26, that a German doctor (presumably Dr Runow, the environmental medicine specialist) had carried out hair and blood tests on the children (26 still had the lead concentration measurements), No. 27, added that she had been prescribed tablets but did not take them because she was doubtful about them.

29 No. 3 added that her son was given treatment consisting of some tablets, No. 4, that the children child had been prescribed syrup, No. 7, that she had not been treated or tested for heavy metal poisoning and that she had been told to follow a special diet but had not been able to tolerate it, No. 8, that her family had been given special food but no medicine, No. 21, that she had been given food only, and No. 23, that a special diet had been prescribed but she had been unable to obtain it.

30 What medical treatment consisted of was not specified. Many of the interviewees considered a special diet to be equivalent to medical treatment but others did not. It is also possible that many of the studies carried out by Klaus-Dietrich Runow (blood and hair analyses) were regarded as special procedures.

Apart from the medical tests that were carried out in a limited number of cases in response to the recommendations of WHO and other medical specialists (2005), there was, for example, no chelation therapy, no medical or neurological examinations were carried out as called for by WHO in 2000 and 2004, and there was no hospitalisation of the most severe cases of lead poisoning. (It is only after the source of the toxic substance has been removed, i.e. exposure has ended, that chelation therapy is

Specific investigation	Total ($\Sigma=50$)
Yes	26
No	21
No answer	3

9. Availability of medical records or results of medical tests^{31 32}

The majority of the individuals tested for lead poisoning had no medical records available relating to the investigations.

Availability of medical records	Total ($\Sigma=50$)
Yes	14
No	34
No answer	2

possible. In 2004 WHO requested urgent "diagnostic" and other measures for twelve individuals and indicated that one case was a medical emergency and required urgent hospitalisation. UNMIK's response was to do nothing).

An emergency medical evacuation called for by WHO and also by GfbV/STP and other humanitarian agencies never took place. Being treated while still at the source of contamination would inevitably have posed a risk to the individuals concerned and also been ineffective. Only one family did in fact receive medical treatment. This was the family of Shaban Mustafa and his seven children, who with the assistance of GfbV/STP in Germany and Stiftung "Ein Herz für Kinder" [the "A Heart for Children" Foundation], were treated at Bad Emstal. At Osterode camp only sporadic improvement was achieved with the provision of milk, fruit and vegetables after 2006. However, improved nutrition and provision of vitamin pills did not result in any improvement in the health of individuals remaining in a contaminated environment and was no substitute for appropriate blood lead detoxification therapy. In 2010, eleven years after the first of the refugee camps was set up, Julien Bartoletti, Médecins Sans Frontières (MSF) Project Manager Health/Environment, said that it was like some sort of bad joke. Bartoletti was disgusted by the failures of UNMIK and the UN and in an e-mail to Bernard Sullivan of The Kosovo Medical Emergency Group (London), wrote, "--- But I notice that unfortunately MSF was not aware of this situation since its beginning. At that time we could have certainly played a role in speeding the process and treating the patients. It is such a shame that 10 years later, despite the words of B. Kouchner, some families remains so vulnerable".

31 See Annex

32 No. 11 was not tested but did have blood samples taken, the results of which he/she never received.

10. Deaths and causes of death

Cause of death	Total ($\Sigma=56$)
Lead poisoning ³³	20
Pulmonary disease / asthma	7
Heart attack	5
Cancer	4
Kidney disease	2
"Dirt-related" infection	2
Weakened immune system	1
Toxic blood concentrations	1
Tuberculosis	1
High blood pressure	1
Miscarriage/still-birth/abortion	1
No answer, unclear	11

The interviewees had experienced a total of 52 deaths during their time in the refugee camps, 31 of them family members. Two interviewees had lost two and one interviewee three family members. Only eight individuals reported not having suffered any loss during their time in the camps. The most frequent cause of death cited was lead poisoning. Pulmonary disease or asthma, heart attack, cancer and kidney disease were cited as the cause of death several times.

11. Miscarriages/still-births/abortions

Almost one in every three interviewees reported either having personal experience of a miscarriage/still-birth/abortion or knowing someone else who had. (Male interviewees reported the instances known to them.)

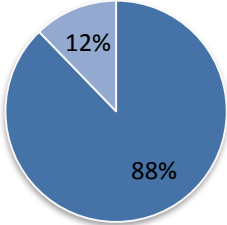
Miscarriage/still-birth/abortion	Total ($\Sigma=50$)
Yes	17
No ³⁴	30
No answer	3

³³ In seven cases the diagnosis was unofficial.

³⁴ Nos. 6 and 8 added that they had not themselves experienced a miscarriage/still-birth/abortion that but they knew other women who had, who had even self-aborted. Similarly, Nos. 18 and 21 had not had a miscarriage/still-birth/abortion themselves but knew other women in the camps who had.

12. Regularity of any treatment for heavy metal poisoning

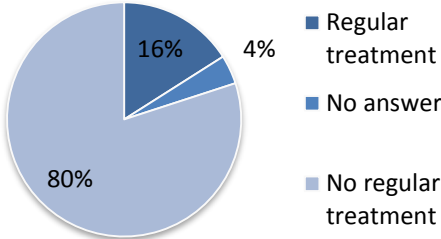
■ No medical treatment ■ Medical treatment



40 interviewees were never or only irregularly treated for heavy metal poisoning during their time in the refugee camps. Only eight individuals were given treatment on a regular basis (what was meant by "regular" is not clear). Two individuals did not answer this question.

13. Medical treatment for lead poisoning following the closure of the refugee camps

Only a few of the interviewees received any medical treatment after the closure of the refugee camps.^{35 36}



14. Location, medical facility and frequency of treatment for lead poisoning following the closure of the refugee camps (if any)

13 interviewees said that they had received treatment in Kosovo. 25 individuals gave more specific answers. Five interviewees said that they had been seen by the doctor in the Mahala and 18 said that they had received treatment in a Serbian hospital. Four individuals said that they had been treated on a one-off basis, three individuals had had regular treatment and one individual had received treatment twice or three times. Most of the interviewees did not answer the question about frequency of treatment.

³⁵ One individual, who did not tick the answer, mentioned that she had received assistance for one child only.
³⁶ No. 17 answered "No", blood tests were carried out but the results were not received..

Place of treatment	Total ($\Sigma=50$)
In Kosovo	13
In the Mahala	5
Serbian hospital in Kosovo	18
Serbian doctor	1
Outpatient clinic	1
No answer	11

Current circumstances (as of July/August 2017) – Illnesses / Symptoms
(Questions 15-27)

15. Current symptoms/illnesses most probably linked to the time spent in a refugee camp

The principal conditions from which interviewees currently suffer are high blood pressure, neurological disorders, body pains, diabetes, headaches, heart problems, respiratory ailments, stomach and abdominal pains and asthma and other pulmonary disorders.^{37 38}

Current symptoms/illnesses	Total ($\Sigma=149$)
Generalised body pains and bone, leg, arm, back, neck, joint, knee , hip and eye pain	23
Headaches and stomach/abdominal pains	18
Respiratory ailments, asthma and other pulmonary disorders, bronchitis	15
High blood pressure	13
Neurological disorders	13
Diabetes	11
Raised temperature, viral infections, vomiting	11
Kidney and back problems	10
Heart problems	8
Chronic fatigue, stress, elevated intraocular pressure, memory loss	8
High cholesterol levels	5
Dizziness, impaired motor skills and movement difficulty	5
Cancer	2
Other: "camp illnesses", anaemia, "everything", fatty lumps under the skin, colds	5
No answer	2

37 In her written report, the interviewer underlined the fact that respondents had complained about kidney and heart problems and diabetes in particular.

38 Individual No. 32 added that he/she was permanently unwell.

16. Neurological disorders

30 of the 50 interviewees complained of being in a state of constant nervousness. Three of them said that relatives were also affected by this problem (two, five or seven). Other conditions associated with the possibility of a neurological disorder were anxiety, panic attacks, symptoms of numbness and torpor, pain, aggressivity and tingling sensations.

Neurological disorders	Total (Σ=103[110])
Constant nervousness	44
Anxiety, panic attacks	13
Numbness/torpor	11
Pain	8
Aggressivity	8
Tingling sensations	3
Emotional instability and mood changes	2
Brain infection	2
Back pain	2
Memory impairment	2
Paralysis / impaired mobility	2
Loss of consciousness	1
Speech problems	1
Personality disorder(s)	1
No answer	4
[see footnotes³⁹]	[7]

17. Frequency of illness and immune system stability (self- assessed)

A significant number of interviewees reported often being ill and having a weakened immune system.⁴⁰



39 No. 1 reported that everyone suffered from being in a state of nervous tension and people had even stopped saying hello to one another. No.11 reported that everyone in the family exhibited symptoms of a neurological nature as well as lead poisoning. No. 12 said that their son had symptoms of motor skills impairment in particular. No. 30 added that his wife had been admitted to a psychiatric clinic. Nos. 32, 35 and 45 reported that they suffered from all the above symptoms.

40 Nos. 17 and 46 are not shown in the Table. They were neither well nor ill.

39 individuals answered the first question, 36 answered the second.

18. Allergies

The individuals affected mainly suffer from food allergies but most interviewees did not answer the question.

Allergies	Total ($\Sigma=48$)
Yes	14
No	5
No answer	29

Nature of allergy	Total ($\Sigma=15$)
Food allergies	8
Allergies generally	5
Water allergy	1
Choking sensation	1
Contact sensitivity (Dermatitis)	0

19. Auto-immune diseases and other immune system disorders

Myasthaenia (muscle weakness), stomach and abdominal pains, skin disorders and hair loss in particular are symptoms very commonly observed in the interviewees and members of their families.⁴¹

41 Five individuals did not answer the question.

Additional comments: No. 10 said that due to poor diet they suffered from every disease there was (no answer). No. 23 thought they suffered from a lot of diseases (Answer: none given). No. 17 thought that his children suffered from all he symptoms mentioned (A: none given) and Nos. 19 (A: skin complaints), 30 (A: none given), 31 (A: none given), 47 (A: 12 instances of myasthaenia (muscle weakness)) and 48 (A: stomach and abdominal pains) all thought that they suffered from all the conditions mentioned.

Auto-immune diseases and other immune system disorders	Total ($\Sigma=145$)
Myasthaenia (muscle weakness)	42
Stomach and abdominal pains	27
Skin disorders	21
Hair loss	20
Raised temperatures	10
Rheumatic disease	8
Generalised body pains and leg, foot, bone and/or back pain	7
Diarrhoea	2
Bladder problems	1
Gynaecological problems	1
No answer	6

20. Cardiovascular disorders

Almost half of the interviewees replied that they experienced heart problems and 16 individuals had suffered a heart attack. High blood pressure is frequently observed along with other cardiovascular disorders

Cardiovascular disorders	Total ($\Sigma=72$)
Heart problems⁴²	21
Heart attack(s)	16
Other cardiovascular disorders / arrhythmia	9
High blood pressure	8
Impaired blood circulation in the legs and brain	2
No answer/unclear	7
No cardiovascular disorders	9

42 One individual who answered that she suffered from high blood pressure as well as heart problems complained of pain in the hands due to impaired circulation.

21. Children's school performance during their stay in a refugee camp⁴³

Performance in school	Total ($\Sigma=50$) ⁴⁴
Good at school ⁴⁵	24
Bad at school ⁴⁶	5
Special school	0
School for children with disabilities	0
No answer/unclear ⁴⁷	23

Nearly half of the children were said to have performed well at school during the period of their stay in the refugee camps. None of the children attended a special school or a school for children with disabilities. Some of the parents complained that their children had done badly at school because of poor memory.

22. Cancers

One in five individuals specifically mentioned reported cases of cancer in the family. Three cases of breast cancer were reported but in most cases the type of cancer was not identified more precisely.

Cancer	Total ($\Sigma=50$)
Yes	11
No	38
No answer	1

43 The sequence in this Section follows the order of the questions in the Questionnaire. This is why interviewees' answers concerning their children's school performance appear in this Section.

44 Two individuals gave more than one answer: some of their children had done well at school and others badly.

45 No. 12 added that with the exception of one child who had impaired motor skills and nerve damage all were doing well at school.

46 Two individuals (Nos. 2 and 3) said that their children had done badly at school due to poor memory.

47 Ten individuals gave additional answers: No. 1 considered that her children should have attended a special school but none existed. No. 4 said that her children had not been interested in school, as did No. 7, who pointed out that the children had nevertheless attended normal school. The children of Nos.11 and No. 22 were still too young to be going to school, while No. 18's children had been too old. Nos. 15, 16, 21 and 22 said that their children had not attended school and two of them added that they had never attended school.

Type of cancer, if applicable	Total ($\Sigma=11$)
Breast cancer	3
Bone cancer	2
No specific type of cancer identified	6

23. Eye problems

An exceptional number of interviewees suffered from eye problems that were blamed on eye infections, diabetes or eye ailments apparently associated with the contaminated dust, among other causes.

Eye problems	Total ($\Sigma=50$)
Yes	39
No	9
No answer	2

Nature of eye problem, if applicable	Total ($\Sigma=39$)
Unspecified	21
Dust-related	6
Eye infections	4
Diabetes-related	3
Intraocular pressure	2
Watering of the eyes	1
Headache-related	1
Light-related	1

24. Gout⁴⁸

Eight individuals reported cases of gout in the family. Many of the individuals who said they suffered from gout complained of headaches, kidney problems, hypertension (high blood pressure), excess weight, acute pain episodes and raised temperatures.

Gout	Total ($\Sigma=50$)
Yes ⁴⁹	8
No ⁵⁰	4
No answer/ unclear, other answers ⁵¹	38

Symptoms of gout reported	Total ($\Sigma=56$)
Headaches	13
Kidney problems⁵²	12
Acute pain episodes	8
Hypertension	8
Excess weight	8
Raised temperatures	6
Joint pains	1

48 To clarify what was meant by the term "gout", the following explanation was provided alongside the question: "Gout is a metabolic disorder that in particular causes inflammation of the joints, which may lead to the formation of kidney stones, kidney damage, acute pain episodes, raised temperatures, headaches, excess weight and high blood pressure."

49 No. 30 added that his wife had been admitted to a psychiatric clinic.

50 No. 2 added that her whole family tended to be ill all the time.

51 No. 14 observed that the members of the family were always ill. Nos. 3, 22 and 25 said that their families suffered from all the symptoms. No. 21 reported that the daughter-in-law, though born in the Mahala, nevertheless exhibited all of the symptoms. No. 23 observed that members of the family only suffered from headaches and raised temperatures after getting a viral infection. No. 33 said that their daughter was unable to move her right arm.

52 Nos. 27 and 48 also mentioned kidney complaints and back problems.

25. Diabetes⁵³

Most families included at least one individual with diabetes.

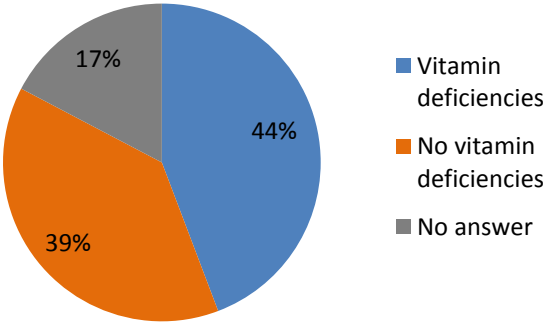
Diabetes	Total (Σ=54)
Yes	35
No	19

26. Dementia

An above-average number of interviewees reported that they or members of their family suffered from memory problems (38 individuals).⁵⁴ 28 individuals⁵⁵ complained of impaired motor skills and 26 individuals of speech impairments. 14 individuals suffered from dementia. Five interviewees gave no answer.⁵⁶

27. Vitamin deficiencies

Almost half of the interviewees (23 individuals) said that they suffered from vitamin deficiencies. Nine individuals gave no answer⁵⁷ and two interviewees gave more than one answer.



53 N.B. Three cases of diabetes were reported when interviewees were questioned publicly about symptoms/illness during their time in the camps, eleven cases when interviewees were asked about current symptoms/illness and 35 cases relating to 31 individuals were mentioned when the interviewee was asked **explicitly** about current cases of diabetes concerning them and/or their family. No distinction tended to be made between Type-I and Type-II diabetes.

54 No. 43 reported that his son sleep-walked.

55 No. 6, who reported three cases of impaired motor skills, added that the children's development had been very slow.

56 No. 4 reported that all members of the family suffered from disabilities.

57 No. 4 gives her children magnesium.

The families' current socio-economic situation (as of July/August 2017) (Questions 28-34)

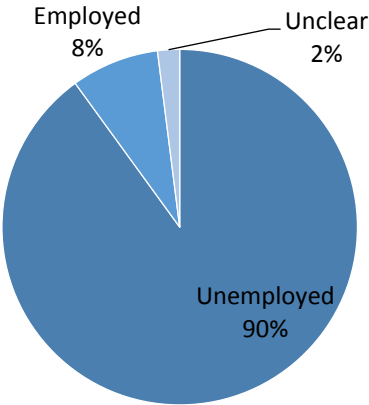
28. Housing and subsistence problems

Half of the interviewees had difficulty paying bills and buying necessities. One in four had no water or power supply and one in seven live in a house without doors or window-panes. Only four individuals report having no problems. The most frequently mentioned problems are potentially life-threatening.

Housing and subsistence problems	Total ($\Sigma=82$)
Ability to pay bills and purchase basic necessities	24
No power supply	14
No water supply	12
No doors or windows	7
No toilet facilities	3
No personal possessions	3
Insufficient food	3
Generally poor living conditions	2
Cramped accommodation	2
Rubbish everywhere ⁵⁸	2
Overcrowding	2
Mould, colds	2
No answer	2
No problems	4

58 They cannot afford to have the rubbish collected.

29. Means of support

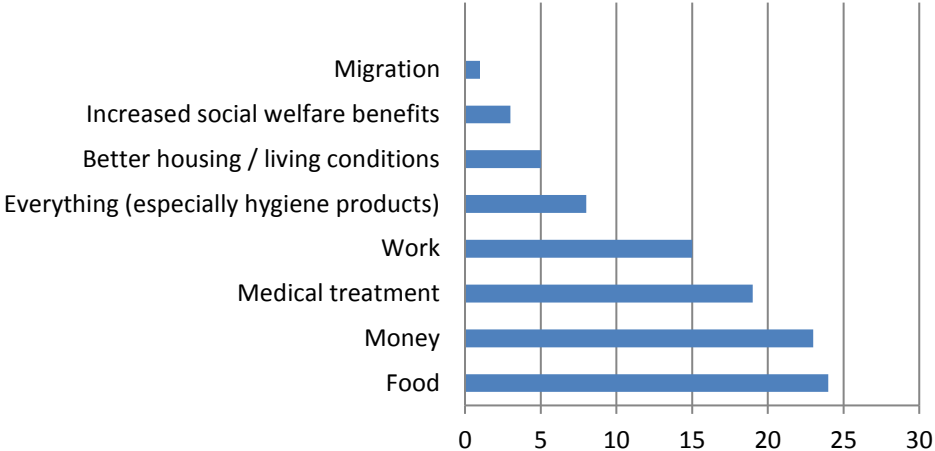


Nearly all the interviewees are unemployed (45 individuals). 31 reported receiving social welfare payments from the state which amounted in 26 cases to less than €100⁵⁹ each month and in four to between €101 and €200;

only one individual received a monthly allowance of between €201 and €300. Only four of the 50 survey participants had a job which three of them described as paying them less than €100 each month. One interviewee did not answer whether he was unemployed or not. 21 individuals reported that another family member was in employment. Only one individual receives financial support from humanitarian agencies, four have received assistance on a number of occasions, twelve have received nothing at all and 33 gave no answer.

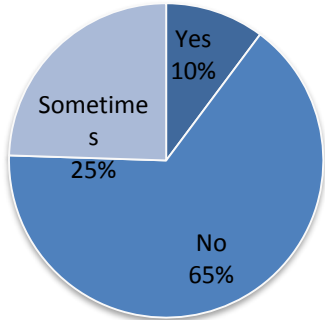
30. Lack of basic necessities

Almost half of the interviewees do not have enough food or money. One in every three said they urgently needed to find employment in order to support their family. Nine individuals were in urgent need of medical assistance and five more had been unable to afford hygiene products. The interviewees cannot afford to purchase food. They wish to have better accommodation and a decent home.



⁵⁹ No. 2 reported receiving child welfare assistance amounting to approximately €84.00 in Serbian dinars (RSD 10,000). No. 6 mentioned that the father sent money from Germany.

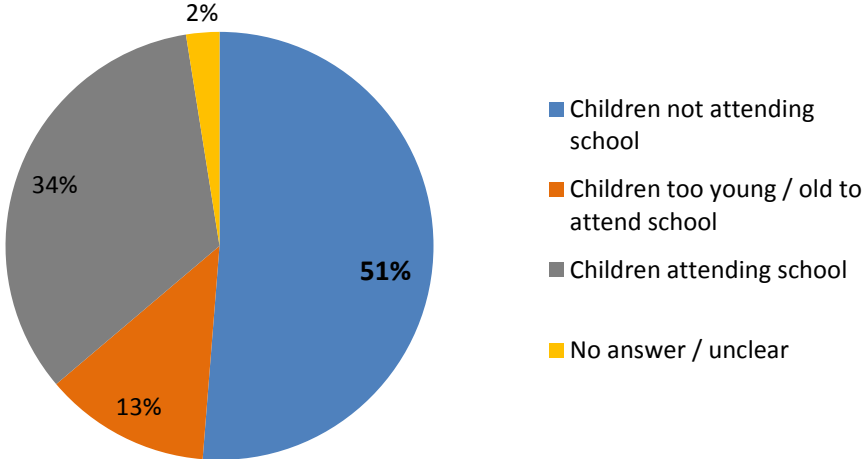
31. Ability to provide for the family



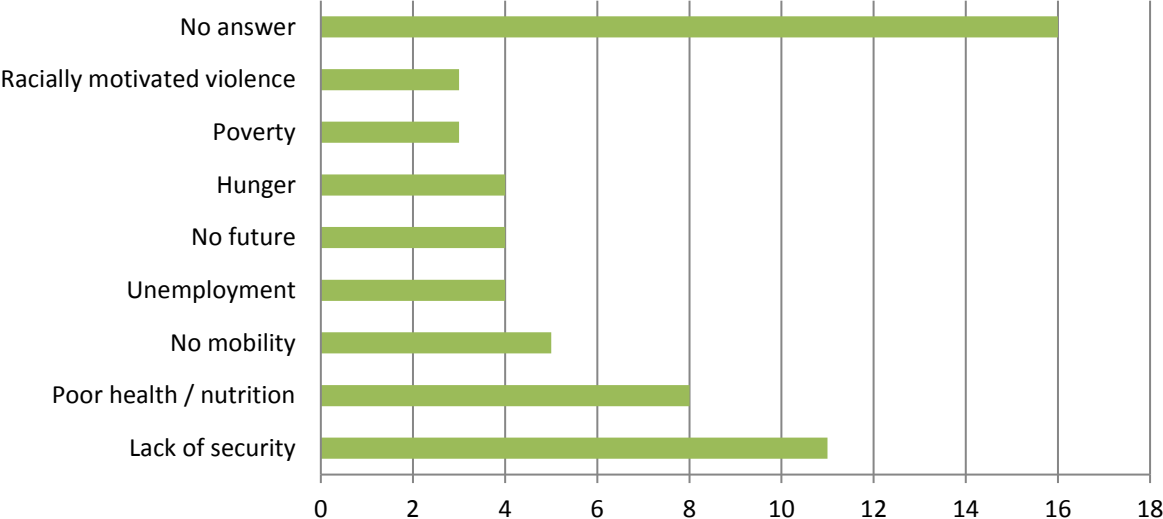
Only five out of 50 individuals are able to provide for the family's needs with regard to food and hygiene products.

32. School attendance

Of the 50 interviewees' 201 children only 67 attend school (12 are now adults and no longer at home). 25 children are either too young or too old to attend. Slightly more than half of the children (102) do not go to school because the journey is unsafe and they are afraid of racist attacks, there is no transport available or they say they stay at home because of ill health or because they have to go hungry as they do not have enough to eat. No answers were given concerning five children.



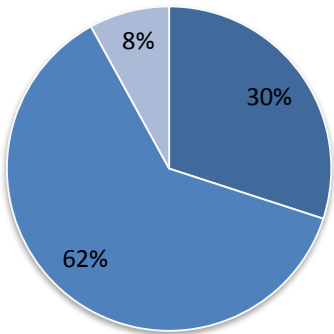
Parents also revealed their biggest fears involving their children and their future. The following reasons were given for not sending children to school:



33. Health insurance and access to a doctor

31 of the 50 interviewees, a clear majority, have no health insurance cover. 15 individuals have health insurance and in the case of another four the situation is unclear.⁶⁰ Only three individuals reported having access to a doctor while nine did not have because of lack of money. The majority did not answer.

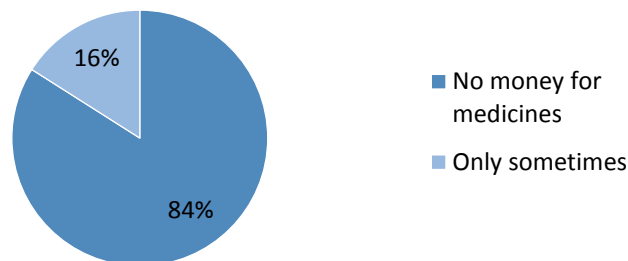
■ Health insurance cover ■ No health insurance cover ■ No answer



⁶⁰ No. 3 reported that health insurance only covers treatment in Serbian hospitals. Nos. 11, 12 and 17 report that only Serbs will treat them without charging.

34. Access to medicines

42 of the interviewees cannot afford to pay for medicines while eight interviewees can do so only occasionally. In other words none of the interviewees are able to obtain medicines any time they are needed.



Expressed needs and additional comments (Questions 35 and 36)

35. What the Roma, Ashkali and Egyptians want in order to improve their situation

Expressed needs	Total ($\Sigma=93$)
Work, money	35
Medical treatment, health insurance	18
Move to a better place, no discrimination, a good leader	14
Support/assistance, e.g. shoes	8
Better living conditions/.housing	7
Better diet	6
Decent educational provision	5

What very many of the interviewees want is employment and money above all, but they also want access to medical treatment and health care arrangements, to be able to move somewhere more suitable and to enjoy a better diet, education and living conditions.

36. Interviewees' additional comments

Additional comments	Total ($\Sigma=74$)
Requesting assistance (e.g. with food, hygiene products, resolution of problems in the Mahala, medical assistance, EU support, money for an operation)	28
Circumstances are difficult (e.g. sense of exclusion, concern for the family's future)	18
Life was better in the camps	5
Thanks for the interview	4
Telling the story of the life of a member of their family	3
No answer	16

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Abbreviations and acronyms

ACT – Action by Churches Together

ATSDR United States Agency for Toxic Substances and Disease Registry

BLL – Blood Lead Level

CCPR – International Covenant on Civil and Political Rights

CEDAW – International Convention on All Forms of Discrimination against Women

CDC – Centre for Disease Control

ICERD – International Convention on the Elimination of All Forms of Racial Discrimination

CESCR – International Covenant on Economic, Social and Cultural Rights,

CoE – Council of Europe

CRC – International Convention on the Rights of the Child

ECtHR – European Court of Human Rights

EMRK – *Europäische Menschenrechtskonvention* / **ECHR** - European Convention on Human Rights

ERRC – European Roma Rights Centre

EULEX - European Union Rule of Law Mission in Kosovo

GfbV – *Gesellschaft für bedrohte Völker* / **STP** - Society for Threatened Peoples

HRAP – Human Rights Advisory Panel

HRC – United Nation Human Rights Committee

HRRP – EULEX Human Rights Review Panel

HRW – Human Rights Watch

IDPs – Internally Displaced Persons

IFU – *Institut für Functional Medicine und Umweltmedizin* [Institute for Functional and Environmental Medicine]

KFOR – International Security Force (commonly known as Kosovo Force)

OSCE – Organization for Security and Cooperation in Europe

PISG – Provisional Institutions for Self-Government

RAE – Roma, Ashkali and Egyptians

SRSR – Special Representative of the [United Nations] Secretary-General

UDHR – Universal Declaration of Human Rights

UN – United Nations

UNEP – United Nations Environmental Programme

UNICEF – United Nations International Children's Emergency Fund