



**Organization for Security and Co-operation in Europe
OSCE Mission in Kosovo**

Background Report

Lead contamination in Mitrovicë/Mitrovica affecting the Roma community

February 2009

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1. Executive Summary

The right to health is a fundamental right guaranteed under international human rights instruments and the local legal framework.

The lead contamination of the displaced Roma in northern Mitrovica/Mitrovicë camps is one of the biggest medical crises in the region. Since 1999, the displaced persons living in these camps, for whom no sustainable solution in terms of return to their place of origin or alternative relocation has been found, have been exposed to lead contamination.

This report is the result of the monitoring activity of the OSCE Mission in Kosovo (OSCE) regarding the human rights situation of non-Albanian communities. The report gives an overview of the development and current situation of the Roma population in the camps. Based on field data and secondary research collected by the OSCE over the recent years, the findings of the report present a major human rights concern with regard to the right to health. Despite several initiatives, no major progress has been achieved to improve the health status of the displaced Roma population.

The report calls upon local and central institutions to take action for sustainable and durable solutions for the displaced Roma exposed to a hazardous health environment in the northern Mitrovica/Mitrovicë camps. In order to ensure the full enjoyment of fundamental rights of the affected persons, immediate action has to be taken to stop further aggravation of their critical health situation through relocation from the contaminated places to a safe environment. In addition, immediate and appropriate medical treatment has to be provided to individuals with extremely high levels of lead contamination. Durable solutions should be explored to ensure the relocation of the displaced persons concerned is sustainable.

2. Introduction

The report presents findings on the health condition of people belonging to the Roma community in Mitrovicë/Mitrovica region camps. A significant number of them suffer from a high level of lead contamination. Lead contamination is potentially harmful for all people residing in the area but mainly affects this community due to a number of reasons analyzed in the report.

Initially, the report shows from a medical perspective, the effects of lead contamination on human beings as well as the pathways for contamination; it then presents the scientific research conducted in the region of Mitrovicë/Mitrovica before 1999, and a summary of the legal framework protecting the right to health in Kosovo.

Finally, the report gives an overview of the history over the nine years of displacement of the Roma community in Mitrovicë/Mitrovica region and the causes of their exposure to lead contamination.

3. OSCE involvement in the lead contamination issue

The OSCE has been present in Mitrovicë/Mitrovica region since 1999. In accordance with its mandate and through its field activities, the OSCE monitors, promotes and protects human rights in Kosovo. The OSCE's concern about lead contamination affecting mainly the displaced Roma community in Mitrovicë/Mitrovica is based on the protection of the right to health, which is interrelated with the enjoyment of several other fundamental rights, like the right to life, the right to return, the right to property, the right to adequate housing, the right to access public services, the right to enjoyment of the highest attainable standards of health, the right to non-discrimination, the right to education and the right to information. The OSCE, in close co-operation with local institutions as well as international institutions and organizations such as the United Nations Interim Administration Mission in Kosovo (UNMIK), the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the United Nations Development Program (UNDP), and the United Nations Children's Fund (UNICEF), monitors and contributes to protect the respect of human rights of the displaced Roma community, which is one of the most vulnerable communities in Kosovo.

Since 2004, the OSCE has pro-actively monitored the situation of the Roma community residing in the camps. Moreover, the OSCE was involved in the negotiations between Mitrovicë/Mitrovica municipality for the allocation of municipal land to the Roma community in the Roma Mahalla area of southern Mitrovicë/Mitrovica, which is their place of origin. The result of the negotiations was the signing of the "18 April 2005 Agreement" between Mitrovicë/Mitrovica municipality, the OSCE, UNMIK and UNHCR for the allocation of three and a half hectares of municipal land to the Roma community. Consequently, the first phase of the "Roma Mahalla Return Project" began, and the OSCE successfully contributed to the return of 462 Roma community members to their place of origin between March and October 2007.

Within the framework of the return project, the OSCE was a permanent member of the Steering Committee,¹ chaired the Community Development Unit² for the co-ordination of all stakeholders involved in the project, participated in the Legal Protection Unit³ contributing to the preparation of the necessary legal documents as well as the draft of the criteria for the beneficiaries' selection. Moreover, the OSCE led the Go-and-See-Visits⁴ out of Kosovo, and collected the applications of beneficiaries displaced there.

¹ The Steering Committee was composed also by Mitrovicë/Mitrovica municipality, the Ministry for Communities and Returns, UNMIK and the UNHCR.

² Members of the Community Development Unit were Mitrovicë/Mitrovica municipality, UNMIK, the UNHCR, UNICEF, the UNDP, Roma community representatives, the Norwegian Church Aid (NCA), the Danish Refugee Council (DRC), Caritas Kosovo, Community Building Mitrovicë/Mitrovica (CBM), the Roma and Ashkali Documentation Centre (RADC), and Kosovo Nansen Dialogue (KND).

³ The Legal Protection Unit included also Mitrovicë/Mitrovica municipality, UNMIK and the UNHCR.

⁴ Go-and-See-Visits (GSVs) are a displaced persons and refugee driven activity which should assist displaced men and women to make a free and informed decision on preferred durable solution, whether to return or integrate in the place of displacement. UNMIK, Revised Manual for Sustainable Return, July 2006, Prishtinë/Priština, p. 32.

As a member of the Beneficiaries' Evaluation Commission,⁵ the OSCE monitored the beneficiaries' selection process to assure that it was conducted in a fair, transparent and non-discriminatory way.

During the second phase of the return project, which started in June 2008 under the leadership of Mitrovicë/Mitrovica municipality and will be finalized in April 2009, the OSCE assumed a pure monitoring role. In addition, the OSCE maintains contacts with the Roma community and all the previous organizations involved as well as with the new organizations working on finding sustainable solutions for the Roma community members still in displacement (e.g. United States Agency for International Development (USAID) and Mercy Corps) sharing its historical memory and guaranteeing the respect of the fundamental human rights of the Roma community.

4. Historical background

Mining and metallurgic economic activities have a long history in the municipalities of Mitrovicë/Mitrovica and Zvečan/Zveçan. Since 1926, Trepča mining company⁶ significantly contributed to the development of Mitrovicë/Mitrovica town, which grew up around the factory. In 1999, the factory employed approximately 15,000 workers. However, the factory lead smelter and three huge tailing dams dramatically increased the environmental pollution in the town and surroundings.

From the end of the 1970s to the 1990s, the Division of Epidemiology and Public Health of Columbia University conducted several studies about the level of contamination of the population living near the smelter. According to other research and surveys,⁷ the population of Mitrovicë/Mitrovica had markedly elevated blood lead levels (BLL, or alternatively called PbB) due to the industrial air lead emissions.⁸ The investigations underline that the zone of residence as well as the employment of family members in the lead smelter, bringing back home dust from the mine on their clothes, were relevant factors for the increase of blood lead levels. Moreover, nutritional and hygiene factors associated with specific ethnic groups, in this case the Roma community, have a critical impact in the level of contamination.⁹

The smelter was closed down by UNMIK, with KFOR assistance, in 2000 in order to reduce health risks caused by pollution. However, lead does not decompose and remains in the top layers of soil. Therefore, the tailing dams and smelter sites have continued to spread around lead contaminated dust, which is brought by the wind to Mitrovicë/Mitrovica, Zvečan/Zveçan and the surrounding areas. Further health risk assessments carried out by WHO and the United States Centres for Disease Control and Prevention (CDC) between 2004 and 2007,¹⁰ show that, while the Roma population remains the most affected,¹¹

⁵ Members of the Commission were Mitrovicë/Mitrovica municipality and the UNHCR.

⁶ Trepča mines Ltd. was one of the most prominent enterprises in the former Yugoslavia. It included smelters, factories, offices, hotels, shares in other enterprises like Zastava company and many other components from Vojvodina to southern Kosovo and Montenegro. In 1988, Trepča employed 22.885 workers in Kosovo, and represented the nine percent (9%) of Kosovo's social sector labour forces. However, Trepča's financial difficulties generated a debt amounting to 84.2 million Euros in 2001. UNMIK shut down the smelter with KFOR assistance on 14 August 2000, citing the environmental and health hazards for Mitrovicë/Mitrovica population and placed the complex under its administration. For more information, see Michael Palariet, *Kosovo's industrial giant, Trepča, 1965-2000*, European Stability Initiatives, June 2003.

⁷ J. H. Graziano and Others, *Determinants of elevated blood lead during pregnancy in a population surrounding a lead smelter in Kosovo, Yugoslavia*, Environmental Health Perspectives, Vol. 89, 1990, pp. 95-100; P. Factor-Litwak and Others, *The Yugoslavian prospective study of environmental lead exposure*, Environmental Health Perspectives, Vol. 107, 1999, pp. 9-15; Z. Stein and Others, *Increased risk of proteinuria among a cohort of lead-exposed pregnant women*, Environmental Health Perspectives, Vol. 101, 1993, pp. 418-421.

⁸ J. H. Graziano and Others, *Determinants of elevated blood lead during pregnancy in a population surrounding a lead smelter in Kosovo, Yugoslavia*, Environmental Health Perspectives, Vol. 89, 1990, pp. 96.

⁹ Ibid. p. 98 "Ethnic group was an important predictor of both the midpregnancy and delivery PbB levels; Albanian women had the lowest PbB levels. We suspect that the Albanian custom of removing shoes at the entrance of the home reduces the tracking of soil and dust lead into home. The non-Albanian and non-Serbian women, a group consisting primarily of Gypsies, exhibited higher PbB levels than Albanian or Serbians after holding constant other variables."

¹⁰ Between 2004 and 2007, WHO and the United States Centres for Disease Control and Prevention (CDC) kept monitoring the extent and routes of exposure of children in Mitrovicë/Mitrovica and Zvečan/Zveçan to heavy metals (particularly lead).

¹¹ CDC, *Recommendations for preventing Lead Poisoning among the Internally Displaced Roma Population in Kosovo from the Centres for Disease Control and Prevention*, October 2007, pp. 7-8.

40% of the tested non-Roma population living in the same area have blood levels of 10¹² micrograms per decilitre (µg/dL) and above.¹³

5. Medical implications of lead contamination

Lead¹⁴ is a heavy, low melting, bluish-grey metal that occurs naturally in the environment, and it is toxic to humans. Lead can be combined with other metals to form alloys. Lead and lead alloys are commonly found in pipes, storage batteries, weights, shot and ammunition, cable covers, paint and sheets used as shields from radiation. Furthermore, lead is commonly found in soil, especially near roadways, mining areas, industrial sites, power plants, incinerators, landfills, and hazardous waste sites.

The elimination or half-lives for inorganic lead in blood and bone are approximately 30 days and 27 years, respectively. The higher a child's blood lead level and the longer it persists, the greater the chance that the child will be affected. Lead deposits in "soft tissues" (such as muscle, fat, fibrous tissue and blood vessels) and organs (such as liver, kidneys, lungs, brain, spleen, muscles, and heart) and, if exposed for a longer time, in bones and teeth. However, under conditions of continued exposure, it cannot be completely eliminated, and this would result in accumulation of lead in body tissues and especially bones.

The most common pathways for contamination are inhalation, ingestion, trans-placental, and trans-dermal. Research has proven that children are more vulnerable to lead poisoning than adults. Indeed, children can be exposed to lead in the womb if their mothers have lead in their bodies. Babies can swallow lead when they breast-feed, eat other foods, or drink water that contains lead. Babies and children can swallow and breathe lead in dirt, dust, or sand while they play on the floor or ground. All these activities make it easier for children to be exposed to lead than adults.

Nutrition is another essential element related to the contamination; a poor diet may increase the absorption of lead in the blood and bones. Iron deficient people, and especially children, have higher blood lead concentrations than similarly exposed children who are iron replete.

Lead toxicity can produce adverse effects on virtually every system in the body and can cause a whole array of problems such as brain or nerve damage, impaired speech and hearing problems, decreased mental and learning abilities, reduced growth, high blood pressure, hyperactivity and antisocial behaviour. It is especially harmful to the developing brains of fetuses and young children under 36 months, since the blood brain barrier, which protects the brain, is not developed yet. Reversible and irreversible consequences can be learning disabilities, behavioural problems, mental retardation and at extremely high levels, such as 70 micrograms per decilitre (µg/dL) or higher, seizures, coma, and even death.

6. Relevant legal instruments related to this issue

The right to health is a fundamental right indispensable for the exercise of other human rights. The right to health is firstly recognised in Article 25 of the Universal Declaration of Human Rights,¹⁵ and it is

¹² The US Agency for Toxic Substances and Disease Registry (ATSDR) registered haematological, gastrointestinal, cardiovascular, renal, neurological and reproductive health effects starting from a level above 10 (µg/dL). However, minimal risk levels MRLs were not derived for lead because a clear threshold for some of the more sensitive effects in humans has not been identified. See ATSDR, *The toxguide for lead*, USA, Atlanta, October 2007.

¹³ WHO, *Preliminary report on Blood Lead Levels in North Mitrovica and Zvečan*, July 2004, pp 3-4.

¹⁴ References for this paragraph: ATSDR, *The toxguide for lead*, USA, Atlanta, Georgia, October 2007 and *Toxicological profile for lead*, U.S. Department of Health and Human Services, Public Health Service. Atlanta, Georgia, 1999; US Federal Research in Progress Database (FEDRIP), *Toxicological profile for lead*, 2005; CDC, *Increased lead absorption and lead poisoning in young children*, Atlanta, Georgia, March 1975 and, *A review of evidence of health effects of blood lead levels <10 µg/dl in children*, Atlanta, Georgia; WHO, *Risk Management Action Plan for Roma Camps, Cesmin Lug and Žitkovac, Mitrovica/ë*, December 2004.

¹⁵ Article 25, Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control", United Nations General Assembly Resolution 217 A (III), 10 December 1948.

interrelated with other fundamental rights like the right to life, the right to adequate housing, the right to work, the right to food, and the rights to education and to non-discrimination.

As stated in the Vienna Declaration, “all Human Rights are universal, indivisible and interdependent and interrelated.” Moreover, it is the duty of the authorities “(...) regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms.”¹⁶ Moreover, and in relation to the right to development, the Vienna Declaration acknowledges that “dumping of toxic substances and waste potentially constitute a serious threat to the human rights to life and health of everyone.”¹⁷

Health is defined in the preamble of the Constitution of the World Health Organization (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”¹⁸ while the most comprehensive definition can be found in the International Covenant on Economic, Social and Cultural Rights (the Covenant).

The Covenant defines in article 12 the right to health as the “right to everyone to the enjoyment of the highest attainable standard of physical and mental health.” In order to define “the highest attainable standards of health” the biological and socio-economic sphere of every individual should be considered, as well as the limitations that the responsible authorities might face. Therefore, and in accordance with General Comment No. 14 to article 12 of the Covenant, the authorities must respect, protect and fulfil this right through positive and negative measures as well as through the adoption of appropriate legislative, administrative, budgetary and judicial measures. In particular, the Covenant and its General Comment include among the necessary measures for the achievement of the full realization of the right to health,¹⁹ the improvement of all aspects of environmental and industrial hygiene, the prevention, treatment and control of epidemic, endemic, occupational and other diseases and the creation of conditions that would assure access to all medical service and medical attention in the event of sickness. Furthermore, the authorities have immediate obligations to take deliberate, concrete and targeted steps towards the full realization of the highest attainable standard of health with particular attention to the core principles of non-discrimination and equal treatment especially regarding women, children, adolescents and vulnerable groups such as refugees and displaced persons.

As for children, the Convention on the Rights of the Child foresees the right to protection, the right to information, the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. In addition, responsible authorities are obliged to ensure the full implementation of this right.²⁰

¹⁶ Art. 5, United Nations General Assembly, Vienna Declaration and Program of Action, Conference on Human Rights, Vienna, 14-25 June 1993.

¹⁷ Ibid. Art. 11: “The right to development should be fulfilled so as to meet equitably the developmental and environmental needs of present and future generations. The World Conference on Human Rights recognizes that illicit dumping of toxic and dangerous substances and waste potentially constitutes a serious threat to the human rights to life and health of everyone.”

¹⁸ Preamble, World Health Organization Constitution, International Health Conference, New York, 19 June-22 July 1946.

¹⁹ Article 12, International Covenant on Economic, Social and Cultural Rights: “(...) the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (...) to achieve the full realization of this right shall include those [steps] necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness, United Nations General Assembly resolution 2200A (XXI) of 16 December 1966.

²⁰ Article 3, Convention on the Rights of the Child: “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”; Article 17: “(...) ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health”; Article 24: “(...) shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution”, United Nations General Assembly resolution 44/25 of 20 November 1988.

The Kosovo Law on Health²¹ provides the definition of the concepts of health care, emergency and state of emergency. It also foresees that the health care activities aim at the promotion of health, prevention of diseases and injuries, treatment, diagnosis and rehabilitation of all residents in accordance with the provisions of the Law on Anti-Discrimination.²²

The case of lead contamination of the Roma population residing in Mitrovicë/Mitrovica falls under the mutual responsibility of the ministry of health and municipal institutions. Accordingly, municipalities are responsible for providing primary health care services and follow-up of the health status of the residents within their territory²³, while the ministry is competent for the tertiary health care²⁴ as well as for health care policies, guidelines, monitoring the health situation and taking appropriate actions.²⁵

Consequently, according to all international and local provisions listed above, it is the primary interest and obligation of public institutions to ensure the promotion and protection of the health conditions of the population without discrimination. Even more, it is their duty to develop, adopt and implement public health policies aimed at guaranteeing the highest attainable standard of physical and mental health for all. Therefore, institutions must monitor the general health conditions of the population and respond to their medical needs in a timely manner.

7. Health crisis in the Roma camps in Mitrovicë/Mitrovica

The displacement of the Roma population in Mitrovicë/Mitrovica region began in June 1999, when almost 700 houses in the Roma Mahalla²⁶ area were destroyed and approximately 8.000 people were forced to flee. Before 1999, the Mahalla was an inter-ethnic neighbourhood with various economic activities. However, the standards of living and sanitation services were below the neighbouring areas.

After the destruction of the Mahalla, the Roma population fled to different areas of northern Kosovo, such as Mitrovicë/Mitrovica, Zvečan/Zvečan and Leposavić/Leposaviq, to other areas in the region and to Western Europe.²⁷ In northern Kosovo, they were initially hosted in temporary collective shelters and in former military barracks. Between September 1999 and early January 2000,²⁸ the displaced Roma families were moved to Česmin Lug and Žitkovac camps in northern Mitrovica/Mitrovicë and Zvečan/Zvečan respectively, due to the pressures of the local population. Roma returnees were also sheltered in these two

²¹ Article 1, Section 1, Assembly of Kosovo Law No. 2004/4 on Health promulgated by UNMIK Regulation No. 2004/31, 20 August 2004: (d): “health care: Measures and activities undertaken by health care institutions, health workers and residents with purpose to advance the overall physical, mental and social well-being of the residents”; (e): “The health care service: all the activities aiming at: Promote health, prevent diseases and injuries, treat, diagnose and rehabilitate residents”; (j): “Immediate change occurring in the health condition, which in a situation of lack of an urgent healthcare, poses a risk of death or of serious permanent damage to the health of the residents”; (n): “Any un-expected situation that endangers the life, integrity and health of the residents or disrupts functioning of the health institutions to the level that brings to the serious disproportion between the needs for the health care and resources available”.

²² Article 1, Assembly of Kosovo Law No. 2004/3 on Anti-Discrimination promulgated by UNMIK Regulation No. 2004/32, 20 August 2004: “The purpose of this Law is prevention and combating discrimination, promotion of effective equality and putting into effect the principle of equal treatment of the residents of Kosovo under the rule of Law”; Article 4(e): “The purpose of this Law is prevention and combating discrimination, promotion of effective equality and putting into effect the principle of equal treatment of the residents of Kosovo under the rule of Law.”

²³ Article 28.1, Assembly of Kosovo Law No. 2004/4 on Health promulgated by UNMIK Regulation No. 2004/31, 20 August 2004: “Municipalities are responsible for provision of primary health care services and follow-up of the health status of the residents within their territory”, and Article 28.4: “Primary health care includes: a) Promotion, prevention, treatment and rehabilitation of diseases, disorders and injuries b) Health education”.

²⁴ Ibid, Article 31.1: tertiary health care “includes specialized services provided in the Health Care Institutions authorized by the Ministry of Health.

²⁵ Ibid. Article 17: The Ministry of Health develops and executes the health care policies through creating the systemic conditions as follows: a) Develop policies and implement legislation for a non-discriminatory and accountable health care system; c) Set up norms and standards and issue guidelines for the health sector with due regard to relevant international standards; (...) e) Monitor the health situation and implement appropriate measures to prevent, identify and control health care problems.

²⁶ Mahalla is the Turkish name for neighbourhood. This Roma Mahalla was the largest Roma settlement in the region and it covered 21 hectares along the southern bank of the Ibar river in Mitrovicë/Mitrovica.

²⁷ UNHCR-OSCE, *Preliminary Assessment of the Situation of Ethnic Minorities in Kosovo, period covering June through July 1999*, p. 9.

²⁸ UNHCR-OSCE, *Assessment of the situation of Ethnic Minorities in Kosovo, period covering November 1999 through January 2000*, p. 28.

camps. In 2001, when the receiving capacity of these sites was exhausted, the displaced and returnees spontaneously occupied abandoned barracks in Kabllar in northern Mitrovica/Mitrovicë, hundreds of meters away from Česmin Lug.

WHO and a local institution conducted a health risk assessment in May-July 2004.²⁹ Based on the findings of the assessment, WHO presented in December an action plan for the Roma Camps³⁰ to assist in decreasing the excessive exposure of the Roma population to heavy metals. Indeed, more than 90% of the soil samples taken by WHO exceeded the United Kingdom limits for lead (450 mg/Kg), with many samples having levels 10 times higher than the limit; more than 40% exceeded the limit for arsenic levels; and almost 30% exceeded the limit for cadmium levels.³¹ Therefore, the soil contamination appeared to be an obvious source of contamination and concern in the Roma camps. Other sources, such as the lead mine tailings, the lead paint covering most doors and window frames, the food grown on contaminated soil, trans-placental exposure as well as private smelting activities and poor hygienic conditions of the camps, also contributed to the increase in human exposure to lead contamination. Furthermore, lead contamination is particularly hazardous to children³². Also the Ombudsperson Institution in Kosovo, in its 2005 Annual Report,³³ acknowledged that “*the conditions in these camps are appalling and are marked by poverty, malnutrition and a lack of the most basic hygiene and health services*”, and that they “*are situated dangerously closed to waste dumps belonging to the remnants of the Trepča mining complex.*” In addition, the Ombudsperson Institution in Kosovo advised that if “*they continue to live in these camps, their health will keep on deteriorating*”. The health hazard and the necessity for an urgent relocation of the Roma community were, therefore, clear.

In February 2005, a WHO expert visited the camps and described the situation as “*one of the most serious lead-related environmental health disasters in the world and history*”,³⁴ attracting international attention to this case. Therefore, in March 2005 several international organizations, local institutions and NGOs initiated a process in order to co-ordinate and organize the relocation of the affected Roma population.³⁵

The outcome of the combined efforts³⁶ was the identification of the former military camp Osterode, which had housed KFOR troops for three years, as a suitable place for relocation of the Roma population. Families from Kabllar and Žitkovac camps voluntarily moved to the new premises, while only some families from Česmin Lug camps accepted the plan for another temporary relocation. The accommodations in the first two camps were destroyed and, at the same time, children in the new location received medical treatment (chelation therapy) and fresh food, provided by the Republic of Serbia Institute for Public Health Protection and the NGO managing Osterode Camp, Norwegian Church Aid, respectively. Moreover, the camp management began to implement measures for improvement of the environmental conditions (e.g. washing down paved surfaces on a daily basis).

In January 2007, following the advice of experts from the CDC, the provision of food supplement packages ceased because they were deemed no longer therapeutically relevant.

However, in April 2008 the Republic of Serbia Institute for Public Health and Protection performed, upon request of the camps’ leaders, a test on 104 children between one and 16 years of age residing in the

²⁹ WHO, Preliminary Report on Blood Lead Levels in North Mitrovica and Zvečan, July 2004.

³⁰ WHO, *Risk Management Action Plan for Roma Camps, Česmin Lug and Žitkovac, Mitrovica/ë*, December 2004.

³¹ CDC, *Recommendations for preventing Lead Poisoning among the Internally Displaced Roma Population in Kosovo from the Centres for Disease Control and Prevention*, October 2007, p.4.

³² WHO, Memorandum, “*Capillary Blood Lead Confirmation and Critical Lead-Related Health Situation of the Roma Camps Children*,” 22 October 2004.

³³ Ombudsperson Institution in Kosovo, *Fifth Annual Report 2004 – 2005*, July 2005, pp. 35-37.

³⁴ European Roma Rights Centre, *Written comments to the United Nations Human Rights Committee*, quoting the Appendix 1, Background Paper, *The Way forward regarding the RAE and the lead contamination*, Budapest, 20 February 2006.

³⁵ The institutions and organizations involved were the ministry of health, ministry for communities and return, the Ombudsperson Institution in Kosovo, Mitrovicë/Mitrovica municipality, UNMIK, UNHCR, WHO, UNICEF, OSCE, Danish Refugee Council, Norwegian Church Aid, CARITAS Kosovo, Internal Displacement Monitoring Centre, Refugees International.

³⁶ The co-ordination of all stakeholders of the Mitrovicë/Mitrovica Action Team (MAT) produced the “Operational Plan for the Emergency Relocation of Internally Displaced Persons from the Roma Community” (OPLAN), where roles and responsibilities of each Agency, Institution and Organization were delineated.

camps.³⁷ The results showed that the overall situation has not improved, and the Roma population still suffers from an extremely high level of contamination. In fact, according to the documents released to the camp leaders, only two children have a blood lead level below the level of concern (10 µg/dL), while 102 children are contaminated or in a risky health condition. Furthermore, out of these 102 children, the samples reveal that 22 children have such a high concentration of lead in the blood (over 60 µg/dL) that the testing instruments were not able to measure it. Therefore, it remains one of the most serious health crises in Europe, and it requires an urgent intervention.

Several factors can be considered as causes for this major emergency:

- **Historical pollution:** Mitrovicë/Mitrovica region remains one of the most polluted areas in Europe, even after the closure of Trepča. However, there are no recent data available about the health conditions of Mitrovicë/Mitrovica general population, as the last research was performed before 1999.
- **Soil and environmental contamination:** lead does not decompose over the years, it remains in the soil, contaminating all products growing in it. Ongoing research conducted by Prishtinë/Priština University shows, for example, that the waters flowing in the Ibar and Sitnica rivers are still heavily polluted by heavy metals.
- **Presence of lead mine tailings:** the presence of open industrial toxic waste provides the area with a flow of fresh lead brought around by the wind. Inspections on environmental pollution and soil contamination declared Osterode as safe; however both Česmin Lug and Osterode camps are located not far away from the open waste heaps that spread toxic dust when the wind blows.³⁸
- **Hygienic conditions:** the living conditions and sanitation services are below average. Some basic hygienic procedures (e.g. washing hands) are not respected, and this increases the possibility, especially for children, to aggravate the contamination through ingestion. Hygienic standards inside the shelters tend to be lower than average and, among the community, it is not common practice to take off shoes at home. Hence, the carpets on which children are playing or laying are dusty. This increases the possibility to aggravate the contamination through inhalation.
- **Lack of proper nutrition or poor diet:** due to poor economic conditions, the Roma community has a diet basically based on carbohydrates. The lack of vegetables, lack of low fat fortified milk and a generally nutritionally deficient diet cause a greater absorption of lead. The lack of calcium has increased the cases of anaemia among children. Anaemia is, at the same time, a cause and a consequence of lead contamination.³⁹
- **Presence of lead on the doors and window frames of the barracks:** most of the shelters are painted with lead-based paint, as was the case in many places around the world until recently. Lead-based paint chip ingestion as well as the inhalation can be considered as additional pathways of contamination.
- **Private smelting activities:** some of the camp residents carry on smelting activities, although there are no exact data on the scale of such activities. Only 11% of the camps' residents have regular jobs; consequently, health hazardous activities such as smelting become a regular income generating activity for the families.

The combination of all these factors contribute, to a larger or smaller scale, to the lead contamination suffered by the Roma community. Currently, it is not possible to identify with certitude a single cause as the predominant one. The Roma community members, and particularly children, suffer from an excessive

³⁷ According to the Norwegian Church Aid Survey on Osterode, Česmin Lug and Leposavić/Leposaviq Camps, May 2008, and the information gathered by the OSCE Field Team Regional Centre Mitrovicë/Mitrovica, there are approximately 350 children from one to 16-year-old in the camps.

³⁸ CDC, *Recommendations for preventing Lead Poisoning among the Internally Displaced Roma Population in Kosovo from the Centres for Disease Control and Prevention*, October 2007, p.5.

³⁹ Wilson T. Kwong, Phyllis Friello and Richard D. Semba, *Interactions between iron deficiency and lead poisoning: epidemiology and pathogenesis*, Johns Hopkins University School of Medicine, Baltimore, USA, 25 May 2004.

exposure to heavy metals and lead with extremely harmful and dangerous consequences on their actual health conditions; moreover, it is foreseeable that this situation will have catastrophic effects in the future.

Relocation of the Roma community out of the contaminated areas remains the most obvious solution in the short term. However, after nine years of displacement, it is necessary to find an agreeable and sustainable solution for the relocation of the families residing in the camps. Considering circumstances, such agreement will require time and the commitment of many stakeholders and institutions.⁴⁰ Approximately 50% of the families living in the camps originate from the Roma Mahalla area in southern Mitrovicë/Mitrovica, and only few of them can prove a right of ownership. The remaining families were from different locations in Mitrovicë/Mitrovica or from other municipalities or regions. Therefore, the negotiations for an eventual allocation of land and relocation in a municipality that was not the pre-1999 one, would bring considerable legal obstacles and would require the essential political will to achieve any sustainable solution. Therefore, and in order to quickly and concretely respond to this health crisis, it is indispensable to identify a reliable and impartial institution that could assess the actual health conditions of the Roma community and, consequently, provide them with the appropriate medical treatments.

⁴⁰ The data regarding the municipalities of origin can be found in Norwegian Church Aid, *May 2008 Survey of the Osterode, Cesmin Lug and Leposavić camps*, July 2008.