

Intercultural Mediation for the Roma Communities: The Belgian Healthcare Case

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Abstract

This article describes the reality of Roma in Belgium, the largest ethnic minority and one of the most discriminated groups in Europe. Moreover, it discusses the implications of their integration and how it is linked with their identity. One of the main integration tools studied is intercultural mediators as a nexus between the Roma communities and the non-Roma society. This article aims to analyze from an interdisciplinary point of view the features of Belgian healthcare provision for the Roma population focusing on the role of intercultural mediators. The research counts on three interviews with intercultural mediators to explain the reality of Roma communities. These interviews aim to corroborate the results found in the literature review to provide appropriate recommendations to the Belgian authorities. The research recognizes the lack of first-hand information from Roma communities, encouraging further researchers to listen to their proposals.

Keywords: Roma Communities, Healthcare, Intercultural Mediation, Belgium, Empowerment.

Resum: *Mediació intercultural per a les comunitats romanís: el cas de la sanitat belga*

Aquest article descriu la realitat dels romanís a Bèlgica, la minoria ètnica més gran i discriminada d'Europa. A més, s'hi discuteixen les implicacions de la seva integració, i com aquest procés es relaciona amb la seva identitat. Una de les principals eines d'integració estudiades són els mediadors interculturals com a nexa entre les comunitats romanís i la societat no-romaní. Aquest article pretén analitzar des d'una visió interdisciplinària les característiques de la sanitat belga per a la població romaní, i se centra en el paper dels mediadors interculturals. La recerca consta de tres entrevistes amb mediadors interculturals per explicar la realitat de les comunitats romanís. Aquestes entrevistes tenen l'objectiu de corroborar els resultats obtinguts a través de la revisió de la literatura. A més, es proporciona una sèrie de recomanacions rellevants a les autoritats belgues. La

investigació reconeix la manca d'informació de primera mà de les comunitats romaní, i alerta que altres investigadors escoltin la seva veu.

Paraules clau: Comunitats Romanís, Assistència Sanitària, Mediació Intercultural, Bèlgica, Empoderament.

Resumen: *Mediación intercultural para las comunidades romaníes: el caso de la sanidad belga*

Este artículo describe la realidad de los romaníes en Bélgica, la minoría étnica más grande y discriminada de Europa. Además, se discuten las implicaciones de su integración, y cómo este proceso se relaciona con su identidad. Una de las principales herramientas de integración estudiadas son los mediadores interculturales como nexo entre las comunidades romaníes y la sociedad no-romaní. Este artículo pretende analizar desde una visión interdisciplinar las características de la sanidad belga para la población romaní, centrándose en el papel de los mediadores interculturales. La investigación consta de tres entrevistas con mediadores interculturales para explicar la realidad de las comunidades. Estas entrevistas tienen el objetivo de corroborar los resultados obtenidos a través de la revisión de la literatura. Además, se proporciona una serie de recomendaciones relevantes a las autoridades belgas. La investigación reconoce la falta de información de primera mano de las comunidades romaníes, alentando a otros investigadores a escuchar sus propuestas.

Palabras clave: Comunidades Romaníes, Asistencia Sanitaria, Mediación Intercultural, Bèlgica, Empoderamiento.

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1. Introduction

According to the European Union Agency for Fundamental Rights (FRA, 2020), Belgium's Roma population has one of the lowest lifespans among six EU countries. This has to do with the overall discrimination that these communities face in other spheres such as housing or education. Intercultural mediators appear as an integration tool in Belgium to fulfill welfare among Roma communities. Thus, this article aims to analyze from an interdisciplinary point of view the features of Belgian healthcare provision for the Roma population focusing on the role of intercultural mediators. Intercultural mediators are the bridge between Roma society and the Roma communities. Thus, it is essential to study their role to address the ongoing discrimination they suffer, especially in healthcare. COVID-19 revealed that the care of these groups was badly tackled. Ann Trappers, a health mediator interviewed, affirmed that working with them was more difficult, but, above all, she and her colleagues have seen "many COVID-19 deaths in the Roma community".

The following section offers a theoretical framework for the identity of Roma and how it is related to the process of integration that intercultural mediators take part in. The third part looks at the methodology that was followed to develop the results, which can be found in the fourth point. The most relevant findings are about (1) how discrimination in other areas such as housing also affects their health, (2) the lack of trust of Roma communities in intercultural mediators, and (3) the bad management of COVID-19 for the ethnic group. The last two sections aim to discuss the results with the theoretical framework and give appropriate recommendations to the Belgian authorities.

2. Theoretical Framework: Addressing Roma identities and integration

2.1. Theories about Roma identities

The identity of the Roma is linked to the concept of ethnicity because it defines their self-hood (Eriksen, 1993, as cited in Karlıdağ & Marsh, 2008 p. 144). In Tajfel's (1978) theory the social identity of a group is achieved by the positive distinctiveness in relation to an outgroup. In other words, the identity of an ethnic group is created through the coexistence of "we" and "they", and the awareness of both parts of the existence of the other. Nevertheless, in Galkina's (n. d.) point of view, this theory "ignores cases where subordinate minorities may develop a negative self-concept", whereas positive attitudes appear towards the dominant group. This creation of the "other", and their negative perception is also present in academia, tending to homogenize the group (Mirga-Kruszelnicka, 2018). Hence, the comprehension of the feeling of belonging should be analyzed through a research review of autoethnographic narratives (Ajil & Blount-Hill, 2022).

Even though scholars define ethnicity as a cultural distinctive (Eriksen, 1993, as cited in Karlıdağ and Marsh, 2008) or as Thomson (2000, p. 58, as cited in Leith & Solomon, 2001) states as "a community of people who have the conviction that they have a common identity and common fate based on issues of origin, kinship, ties, traditions, cultural uniqueness, a shared history and possibly a shared language", Roma identity is heterogeneous. There is no exact way to be a Roma, a Traveller, or a Gypsy:

"We are heterogeneous, diverse among us. There are different points in common... It is difficult to have a point of union among the 12 billion Gypsies around the world [...] we are heterogeneous people, we are united by the same origin, language, and history. However, fortunately, we walk our own path. The diversity is huge [...] what binds us together is our origin, language, and common history. This, along with the traditions and customs create a culture, the culture of the Gypsy community, but these traditions and customs can be different." (Giménez Cortés, *et al.*, 2019, p. 175).

Manuel Castells (2004, cited in Giménez Cortés *et al.*, 2019) has established three types of identities as collective entities: (1) the legitimizing identity, as a construction of the state (e.g: the American nationality from the US); (2) the identity of resistance, created by a group of people who are culturally or socially marginalized; and (3) the project identity, as an “auto-identification” and always with cultural, historical and/or territorial materials. In this way, the case of Roma comprises a mix of the two last points. They have created a cultural identity and they have different customs that make them identify as European Roma, Sinti, Manouche, Gitano, Ashkali, Resande, Balkan Egyptian, or Romanlar. These retained distinct identities, but at the same time, they intermarried and influenced each other (Ryder *et al.*, 2014). However, “what unites them most is the common experience of racism or anti-Gypsyism” (Ryder *et al.*, 2014, p. 2). This is how Lorenzo, a Gypsy from Girona, understands his identity: “We are who we are because we were persecuted” (Giménez Cortés *et al.*, 2019, p. 175).

According to Weinreich (1989, as cited in Galkina, n. d.), ethnic identity should not be confounded with an entity, because ethnicity is the result of a “series of complex processes in time in which people construct from ‘historical’ facts biographical continuities between ancestors and their descendants as a group, generally, in a wider social context of other ethnic groups and other social phenomena”. Considering this theory, arts take social and historical importance in the construction of the identity of a group, but most of the time “Roma art does not exist” (Junghaus, 2006, p. 6); another case of discrimination. This is the case of flamenco in Spain, which was born in the oppressive galleys where the Gypsies-Calés were condemned to row in the 16th century. A similar case is the songs of resistance of black slaves in the plantation colonies (Galleti, 2021). Nonetheless, flamenco is seen as part of Andalusian culture, and not as part of the Gypsies-Calés identity, which they consider cultural appropriation and colonial domination (Galleti, 2021). Ian Hancock (1987, as cited in Rorke, 2014) explains that it is when a community loses its sense of history, that outsiders fabricate a usually denigrating false narrative, or in this case, turn their identity invisible.

Another contemporary piece of art that shows their current discrimination is the painting by Rozi Csámpai (fig. 1). Her art shows the stress of living under the permanent threat of losing her family home (Junghaus, 2006, p. 74). Her creativity is not only a way of dealing with trauma but a medium to express the ongoing inequalities suffered by the Roma community. The sense of identity can be created and understood from this cultural and artistic side. Nonetheless, as the aforementioned studies point out, flamenco would not exist if it were not for Gypsies-Calés and their historical oppression (Galleti, 2021); even contemporary art creators are still able to show that this discrimination has not ended.

Figure 1. *Women's Fates I.* Oil on canvas 110 x 90 cm

Women, infinitely defenseless, / Your motherly wombs have not healed up / And you have already left me / Why this dreadful death? / You, alive, join, so that the horror of the past / Would not repeat itself!
 (Translation by Tímea Junghaus, 2006). Source: Junghaus TÍMEA (2006). *Meet Your Neighbours Contemporary Roma Art from Europe*. Open Society Institute, p. 73.

2.2. Advantages and shortcomings of Roma integration and the role of intercultural mediators

The main aim of “integration” is to maintain the immigrants’ culture and religion, while promoting the inclusion and participation of immigrants in society (Green *et al.*, 2015). Other scholars such as Heckmann (2015, p. 18) define it as “a process lasting generations of inclusion and acceptance of migrants in the core institutions, relations, and statuses of the receiving society”. Bommers (2012, p. 113) also argues that “the problem of migrant assimilation refers to no more (and no less) than the conditions under which they succeed or fail to fulfill the conditions of participation in social systems”.

In Penninx & Garcés-Mascareñas’ (2016 p. 14) theory, there is a differentiation between three dimensions to measure the level of integration: “(i) the legal-political, (ii) the socio-economic, and (iii) the cultural-religious”. The first one “refers to residence and political rights and statuses” (Penninx & Garcés-Mascareñas, 2016). The question of citizenship, being an illegal or legal immigrant, or the regulation of migration are some issues related to this dimension. The socio-economic one “refers to the social and economic position

of residents, irrespective of their national citizenship” (Penninx & Garcés-Mascareñas, 2016, p. 15). This points to the access immigrants have to institutional facilities such as healthcare, education, and work. The last dimension comprehends the “perceptions and practices of immigrants and the receiving society as well as their reciprocal reactions to difference and diversity” (Penninx & Garcés-Mascareñas, 2016). The authors argue that it is the most difficult one to measure because perceptions—as categorizations that can become prejudices and stereotypes—are subjective, and they can be manifested “differently in different levels” (Penninx & Garcés-Mascareñas, 2016). Therefore, because the article studies integration tools in healthcare, the socio-economic dimension should be analyzed. However, it is essential to also contemplate the other ones to understand its development.

Nonetheless, there are critiques towards integration because as Rorke (2014) remarks, the model does not differentiate from “assimilation”, and it “has shifted towards a right-wing definition”, where minorities need to adjust and accommodate to accomplish social cohesion. Saharso (2019, p. 1) goes a step further saying that what should be studied is not the process of integration of immigrants, but “the white society and constructions of whiteness that create racial exclusions and patterns of inequality along racial lines”. Schinkel (2018) is also an advocate of the idea that integration cannot be an object of study because it works as a neoliberal and neocolonial project. Nevertheless, Klarenbeek (2019) responds to this theory by advocating for a “relational integration”, which overcomes the perception that immigrants are the only party that needs to integrate. In her words

“[...] relational integration “enables us to both, conduct an empirical investigation into people and institutions in post-immigration contexts (‘post’ here meaning ‘after’, not ‘beyond’), and critically reflect on the (ab)use of the concept of ‘integration’ and ‘society’, because the latter is an inherent part of the former” (Klarenbeek, 2019, p. 2).

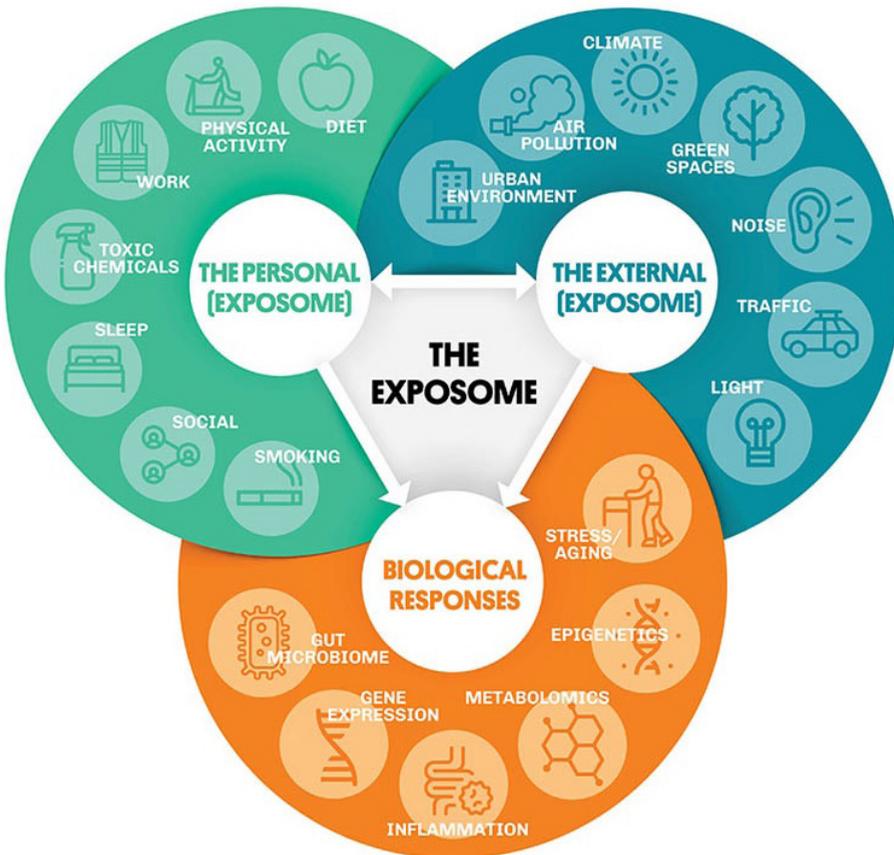
Policy-oriented studies appeared with the increasing interest of the academic and political class in targeting the Roma. Some studies such as the one of Giménez Adelantado (2011, pp. 129-130) have reported the experience of the Roma community in the healthcare context:

- *It’s like, use such words... Lord above! No one can understand them. They could explain things in different ways* – Rom, street vendor, 52 years old.
- *A hospital is like a prison, like a school, a place where you can go in but you can’t get out.* – Rom, fruit wholesaler, 34 years old.

The Constitution of the World Health Organization establishes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (Constitution of the World Health Organization, 1946). To accomplish this standard, it is essential to delve into

the situation of the most vulnerable groups. Therefore, a group of researchers (Senier *et al.*, 2018) have developed the socio-exposome hub. This theory understands the well-being of an individual not only from a biological response, but also includes their personal exposures—diet, physical activity, smoking, etc.—, and their external exposome—their surroundings and the different types of exposure to pollution (fig. 2).

Figure 2. The Exposome Hub



Source: ISGlobal (2020). *The Exposome: Understanding the Effect of the Environment on Our Health*. Retrieved from <https://www.isglobal.org/en/-el-exposoma-comprendiendo-el-efecto-del-entorno-en-nuestra-salud>.

Some intercultural mediators try to help minimize the personal and external exposure that Roma communities suffer through their different roles: bridging socio-cultural gaps, providing psychological support, counseling, and co-therapy, among others (Verrept, 2019). Nevertheless, according to Kóczé (2019, p. 185) “although the institutionalization of Roma mediation might suggest that ‘something has been done for the Roma’, mediation programs also risk

becoming little more than token measures or even leading to new forms of societal and institutional marginalization”. Therefore, it is important to pay attention to the different behaviors of policymakers and intercultural mediators by themselves. Stereotyping is a negative mechanism that is sometimes used in intercultural mediation (Giménez Adelantado, 2011). Indeed, in Petrakis’s (2020, p. 79) work the question of “What Is the Role of the Mediator?” was presented to Roma trainees; some of them answered the following: “people who are weak, people who do not have enough knowledge, provide information, give solutions”.

3. Methodology

This BA dissertation is a study focused on Belgium. A national study is more relevant than a local one because of the type of complex political structures present in the country. Belgium is a federal state composed of Communities and Regions (Chambre des Représentants de Belgique, 2021, art. 1). There are three communities: the Flemish Community, the French Community, and the German-speaking Community (Chambre des Représentants de Belgique, 2021, art. 2). The communities correspond to the population groups with a common language and culture (Belgian Federal Government, 2022). On the other hand, three Regions were created because of historical economic interests (Belgian Federal Government, 2022): The Flemish Region, the Walloon Region, and the Brussels Region (Chambre des Représentants de Belgique, 2021, art. 3). They are competent in the following areas: “economy, employment, agriculture, water policy, housing, public works, energy, transport (except Belgian Railways), environment, town and country planning, nature conservation, credit, foreign trade, supervision of the provinces, communes and intercommunal utility companies” (Belgian Federal Government, 2022). Within this framework, the Flemish Region has a stronger nationalist political identity because it is wealthier than Wallonia (Popelier, 2020). This results in complex social policies that lack cooperation in many competencies, including integration. Hence, there is a less active role in managing diversity (Martiniello, 2013), as is the case with Roma communities.

The research methodology is qualitative, understanding research as a humanistic or idealistic approach and is used to comprehend people’s beliefs, experiences, attitudes, behavior, and interactions (Vibha *et al.*, 2013). Thus, it focuses on compiling relevant information that the literature offers about the issue. Nonetheless, to support the findings, three Belgian intercultural mediators with different backgrounds and tasks were interviewed following the semi-structured method. Firstly, Ann Trappers a health mediator specialized in health for Foyer, in the region of Brussels. Then, Tim Huyghe, an intercultural mediator in Leuven, in the Flemish region, points out the local situation of another part

of Belgium. Finally, Koen Geurts also works at Foyer as a Coordinator of the Roma Service in schooling, housing, and public opinion issues.

Similar questions were asked to all the participants to explore different opinions on the same issue. As English is not their native language, the questions were sent to them in advance so they could prepare for the interview and express their views comfortably. Even so, some questions were adapted depending on the information that the interviewee gave.

An important limitation to be aware of is the lack of interviews with people from the target group due to time and language barriers. Besides, there are other obstacles to consider, such as that “many Gypsies/Roma/Travelers seek to avoid social exclusion by not identifying themselves as such, and this bedevils attempts to estimate their numbers” (Ryder *et al.*, 2014, p. 2). Indeed, it is difficult to estimate the exact population of Roms in Belgium, some data suggests that approximately 0.29 % of the total population is part of the Roma community (NRIS Belgium, 2014). Brussels (more than 11.000) Ghent (8.000) and Antwerp (6.000) are the places where there is more Roma population.

4. Results

4.1. Historical analysis: Roma diasporas and the responses of Belgian institutions

Even though at the beginning of the 15th century local people welcomed the Roma pilgrimage, a century later this would change with expulsion, assimilation, and destruction policies (Sollie *et al.*, 2013). This point in history marks the first diaspora characterized by institutionalized discrimination against the group. One of the reasons to explain this change is the disapproval of the Church of their pagan customs (Sollie *et al.*, 2013). This dynamic would be reproduced in two other periods: (1) with the end of Roma slavery in Wallachia and Moldavia, in 1856; and (2) from 1960 onwards. The Western European society of the time judged the second Roma migration wave as a threat, considering the Roma social parasites (Eycken, 2006, p. 155; Hancock, 1987). In 1906, the Prussian Minister of the Interior developed the *Die Bekämpfung des Zigeunerunwesens* (“Combating the Gypsy nuisance”) with bilateral agreements with some European countries, such as Belgium. The law allowed police to prosecute Roma for breaking the law with offenses such as “lighting fires in the woods, illegal fishing, and illegal camping” (Mayon, 2016). Furthermore, this persecution would be continued later by the Nazis as they perceived Roma as the “anti-race”, as was stated in a complementary decree of the Nuremberg Laws, 1936 (Kapralski, 1997). Therefore, the Romani Porajmos was the ethnical cleansing in concentration camps of about 1.5 million Roma of an approximate total of 2 million (Hancock, 2005). Indeed, Hancock (1989, p. 2021) critici-

zes the historical revisionism saying that “if criteria for classifying who was Jewish had also been applied to Gypsies, nearly 20,000 would have escaped murder”. Furthermore, even though Belgium has recognized an International Day of Commemoration in Memory of the Victims of the Holocaust, a Remembrance Day has not been given for the 352 Roma and Manouches, who suffered this genocide. The last diaspora started with the Soviet policies focused on the assimilation and labor-regulated migration of the Roma communities. This resulted in a bigger gap between Roma and non-Roma; thus, with these socioeconomic reasons, they decided to move to Western Europe, where there was a high demand for non-specialized and low-skilled jobs. The diaspora continued with the Yugoslav Wars of the 1990s and the entry to the EU of some post-Soviet Union countries in 2004 and 2007. The increase in the migrant Roma population was felt in countries such as Belgium (Sollie *et al.*, 2013).

To answer this situation, in 1988 Belgium passed legislation to overcome the inequalities for the most marginalized groups such as migrants and some Roma communities. Experts in academia and the field of healthcare searched for ways to improve the situation of this group (TIME project partnership, 2015). Therefore, in 1991, the first pilot program of intercultural mediation was launched for five years, financed by different actors such as Flemish and Brussels Ministries, and coordinated by the Flemish Center for Integration of Migrants and Foyer. With the support of the Federal Public Service (FPS), there were more professionals specialized in Arab, Turkish and Italian (NRIS Belgium, 2014). In addition, “the IMs¹ have either completed a 1,200-hour training program on intercultural mediation or hold a degree in a relevant field (e.g., nursing, social work, psychology) which by law makes them eligible for funding as intercultural mediators on the hospital budget. All intercultural mediators have also received interpreter training” (CAHROM, 2016, p. 57). Yet, it is not until 1999 that Belgian hospitals can apply for funding for intercultural mediators at the Federal Public Service of Public Health, Food Chain Security and Environment (Verrept, 2008). During the following years, studies proved its effectiveness for intercultural communication, integration of ethnic minorities, and patient satisfaction. This last point was legislated in 2002 by the Law on Patients’ Rights in Belgium, which stresses the importance of the patient’s wellness, based on existing ethical and legal rules. However, there are still problems in the process such as the lack of recognition and cooperation (NRIS Belgium, 2016). On the one hand, healthcare providers usually do not offer intercultural mediation as a solution for their patients because of the additional logistical efforts, the discomfort with a “third party” and the prejudices among them. On the other hand, the health mediator can feel isolated by the health providers because they do not have specific medical qualifications, creating a situation of non-recognition of their work (NRIS Belgium, 2016).

1. Intercultural mediators.

4.2. Ongoing trends

Even though there have been several attempts to increase the welfare of Roma, there are still issues to tackle. A report made by local NGOs states that “on several occasions, field actors have reported prejudice and stereotypes amongst some healthcare providers” (Centre de Médiation des Gens du Voyage et des Roms, 2018, p. 26). There are no explicit solutions to the problem, only Liège, Wallonia, has developed “a training focused on the Roma community for the nurses at the Regional Hospital Center”. Moreover, the European Roma Rights Center (2020) wrote a complaint to the Council of Europe because of the measures taken during COVID-19. Lastly, the city of Ghent, Flanders, is trying to boost funds for the integration of the Roma communities (McMahon, 2022). Not only because of the current Roma-Ukrainian refugee crisis but also because of the situation of segregation that this community has been facing for many years.

4.2.1. Main indicators

“Roms usually live 14 years less than the general Belgian population” (FRA, 2020, p. 4). Thus, “only 55% of them think that their health is good, and Roma women in Belgium are less likely than men to say that they are in good health” (FRA, 2020, p. 4). Furthermore, “around a fifth of caravan dwellers in Belgium [...] do not have access to tap water or electricity at halting sites” (ERGO Network, 2020, p. 18). Therefore, the wellness of Roma is not only based on the health system per se, but also on other factors such as housing, employment, and even education affect their welfare.

Analyzing local data is another important point to consider when developing comparisons in the country. Hence, in Ghent, qualitative research concluded that the main issues in accessing healthcare are financial and cultural barriers, and difficulties to trust the IMs. Even though there are political initiatives, usually they are not useful unless they are paired with professionals capable of breaking cultural barriers (Hanssens *et al.*, 2016). In Leuven, according to the interviewee Tim Huyghe, Roms usually rely on the hospital of the city, but the main barrier is the language. He gives the example of a woman that went to the dentist and the professional had to extract two wisdom teeth. She did not understand this part, it was a shocking and unexpected situation. Not counting that there are only a few intercultural mediators that can speak Romani (Hanssens *et al.*, 2016).

When it comes to the COVID-19 pandemic, the organization “Rom en Rom”² stated in the media that “during this crisis, Roma communities in Belgium often lacked information about their rights and steps to take to receive

2. Non-profit organization of Namur, Wallonia, that helps Roms in the first line and collects first-hand information about their situation.

support” (FRA, 2020 p. 5). Moreover, “much of the support, assistance, and mediation needed to survive was partly unavailable as various organizations and aid workers had to temporarily withdraw” (FRA, 2020 p. 6).

4.2.2. Adopted measures

The NRIS Belgium (2016) has underlined some key aspects such as the need of collecting more data on the situation of Roma, better detailing the action plan for their integration and well-being, minimizing the cost of healthcare systems, and encouraging more intercultural mediation programs. In this way, the report considers “a good practice” how different regions of Belgium, Flanders, Wallonia, and Brussels, offer intercultural mediation. “As far as the ‘Intercultural Mediation in the Health Care Program’ is concerned, intercultural mediators are available on-site at over 50 hospitals. In addition, they intervene in 65 hospitals, in 16 primary care centers” (CAHROM, 2016, p. 58).

Nonetheless, it is also important to remark how this practice is combined with other projects. A first example is the hospital of St Niklaas, which offers, with the support of the Flemish Government, a trial project on accessible healthcare for Roma, understanding the needs and difficulties of the target group. Another one is found in the German-speaking community, where Roma communities can benefit from a project that aims to offer psychological and psychiatric aid to refugees and asylum seekers (SPP Intégration sociale, 2012). Likewise, women in vulnerable circumstances can opt to partake in an art therapy group sponsored by the European Refugee Fund. Nurses provide advice about nutrition, hygiene, breastfeeding, and/or vaccination, and raise the awareness of women on birth control methods (NRIS Belgium, 2016). On the one hand, these agencies are appreciated for their closeness: they go directly to the homes, which can even be precarious settlements and/or any other accommodation where Roma families live. On the other hand, there are several limitations in the mandate of ONE and Kind & Gezin, mostly related to their preventive and non-curative missions: nurses cannot provide outreach vaccinations—supervision of a doctor is required—and costs for laboratory and technical examinations are high (NRIS Belgium, 2016).

To tackle the COVID-19 situation, information to prevent the virus and for the lifting of lockdown was spread in different languages, including Romani, and in different formats such as posters, videos, brochures, etc. (FRA, 2022). Wallonia also gave special attention to the community, however, some of the measures established that Roma communities “currently settled on official or unofficial sites must be able to remain there without hindrance either in the exercise of their rights or in the fulfillment of their obligations” (FRA, 2020, p. 10), but at the same time, it was said that “the necessary measures should be taken to ensure that Traveller groups do not travel during the period of confinement” (FRA, 2020, p. 10). Throughout the pandemic, this region also added other measures for this exceptional situation, such as “prioritizing small

groups of caravans and authorizing temporary stays lasting longer than the usual fortnight during the summer, as well as involving the spokesperson of the group in deciding the enforced measures” (FRA, 2020, p. 10). Moreover, local authorities in the region were given the task to organize the provision of running water and sanitation for the community. On the other hand, it must be noted that Flanders did not take this type of action, for access to water nor for the special legislation during the quarantine period (FRA, 2020). This last point was important to consider because Roma live in poor sanitary conditions with a lack of basic resources such as tap water. However, in this situation, the FRA (2020) considered crucial the role of health mediators, because they actively worked to explain the impact of COVID-19, why they had to respect the quarantine measures, and, more recently, the importance of getting vaccinated against the virus.

4.2.3 Main issues tackled in the interviews

The three interviewees supported some of the main issues that the literature discusses: (1) the lack of trust of Roma communities in intercultural mediators; (2) the need for better training for the IMs; (3) the need for transdisciplinary management for health issues; and (4) the difficulties to work with the communities during COVID-19. Moreover, the health mediator, Ann Trappers, introduced a new element to consider: “the new influx of poor Roma who travel around”.

A point in common that all the interviewees remarked is the lack of trust of Roma communities in intercultural mediators and social workers. To address the issue, some mediators sometimes had to be strict and give ultimatums to Roma communities. However, Trappers explains a case study to clear this obstacle: she and her team promote information sessions on health with the help of pastors of Roma Pentecost’s churches.

Trappers refers to other obstacles such as recruiting good mediators, “[...] not everybody can be a mediator. It is a difficult job because you have to be part of the community and they expect something from you, that you will help them as a mediator”. Another important point to remember, explained in the theoretical framework, is that avoiding stereotypes is crucial, especially with intercultural mediators. In this way, the two-year part-time training program Foyer offers is essential. There, they learn interpreting techniques, intercultural communication, work ethic, and communication in general. But Trappers also says that not all Roma can apply to this training because they need to have a secondary school diploma to enter. In this case, Foyer offers an informal program.

Koen Geurts, who has more experience with housing and education mediation, remarks the importance of not separating health from other factors for the integration of the group. Indeed, he says that “when you are working together with homeless families, while living in spots or indecent barracks in

Brussels, of course, you have a big health issue”. Foyer gives importance to working with civil society—among the non-Roma and Roma communities. Thus, Geurts explains: “sensitizing is always an ongoing process. So, we try to write articles, to conduct interviews to give the correct ‘image’ of the Roma people. Many people have a wrong image of Roma, they see what they see in the media, TV, streets, social media, and newspapers. But what they don’t see is that this is only the top of the iceberg”. He gives a strategy to break with the stigmas and categorizations among the Belgian non-Roma society. This is the case with the exhibitions of *Réflexions. Des Roms en Belgique*³ and, on International Roma Day, the Roma art of Durmish Kjazim (fig. 3).

Figure 3. *Tree of Life Last Hope*, Oil on oil paper 50 x 70 cm



Source: KJAZIM, Durmish (2021). *Tree of Life Last Hope*, Oil on oil paper 50 x 70 cm.
Brussels: MigratieMuseumMigration

3. It was a temporary exposition of the “MigratieMuseumMigration”, that showed the discriminations and prejudices the Roma communities suffer.

The last problem the interviewees approached was the experience of COVID-19 as a sanitary emergency. They all reported that the main challenge was creating campaigns to convince the group to get vaccinated, a task further hindered because during that time all mediation sessions were held on Zoom, and as Trappers says, “it is already difficult when you cannot go physically because you lose some aspects of the language and the communication”. The main Roma mediator of Foyer said: “I’ve seen a lot of people die; I’ve never seen this before”. This quote is reaffirmed by Tim Huyghe who states that “very few people on the caravan site that didn’t live, died because of the virus”. However, during these times, public institutions did not work with the Flemish Government nor with the Council of Leuven because, according to Huyghe, “the Roma in Belgium are no longer part of the political strategy on inclusion. So, local governments decide what they can do”.

The last point that Trappers reckons is a problem is “the new influx of poor Roma who travel around, and that before arriving in Brussels, have been in France, Italy or other countries”. She highlighted the bad living conditions and the begging lifestyle they have to pursue. Nevertheless, the main difficulty was trying to help them because of their constant mobility and their isolation from other Roma communities settled in Belgium. She believes that “the first step would be to get these people who are living in these precarious conditions and traveling around into a reflective process about starting this type of lifestyle and exploring other options.”

4.3. Expectations for the coming five to ten years

During the interviews, participants were asked to comment on how they expected the issue to evolve. The responses were diverse, for instance, Trappers believes that the pandemic has been a barrier to improvement. She also introduces the new type of Roma group, which lives in poverty and is difficult to integrate. On the other hand, Geurts reckons that the integration model should continue because the homeless Roma people will still be present. He emphasized that in the future the political dialogue should not carry on avoiding this problem. Huyghe also believes that the challenges will be the same as today, but he hopes they can achieve a healthier lifestyle through their inclusion in schools. The bottom-line of these opinions is that if the participation of the Roma communities is not introduced in integration policies, these problems will endure. Moreover, as some studies state the likelihood of large new pandemics has grown. Therefore, if protocols are not implemented to improve the conditions of Roma, the situation could worsen.

5. Discussion and policy recommendations

The literature review and the interviews suggest that one of the main issues for intercultural mediators in Belgium is the lack of trust in Roma communities. This article focuses on how the role of integration relates to Roma's identity. According to Tajfel (1978) and Galkina's (n. d.) point of view, the identity of an ethnic group is created through the coexistence of "we" and "they", and the awareness of both parts. This is the case for the Belgian non-Roma society and Roma communities, which creates this vicious circle of non-trust. Thus, it is important to recognize projects to empower Roma communities in non-Roma society and create a point of connection. This is the case with the art exhibitions coordinated by Foyer. It also relates to how art shapes identity as was the case of flamenco (Galleti, 2021) or the contemporary artist Rozi Csámpai. Several artists express their collective identity built by discrimination through art. A space to express Roma's identity is key to accomplishing a relational integration (Klarenbeek, 2019). This idea refers to how society also must work in the process of integration because immigrants should not be the only party to integrate. However, non-Roma people should also understand that the Roma identity is created through resistance to their systematic discrimination.

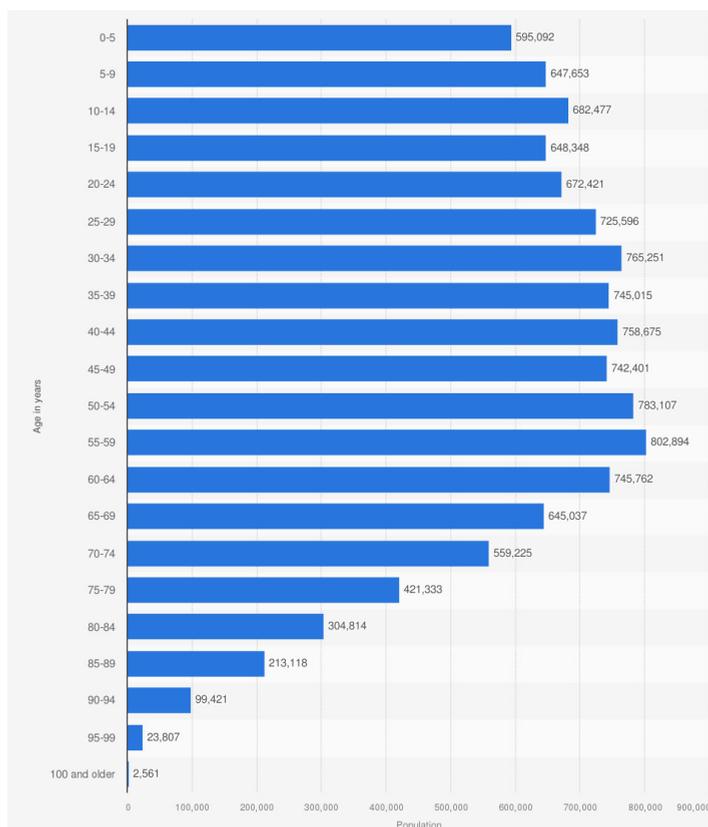
Moreover, Roma's access to healthcare should be understood through the socio-exposome theory (Senier *et al.*, 2018): health is not only about physical issues, but also the personal and external situations that an individual or a group is exposed to. Therefore, it is important to consider what Geurts explains about the bad living conditions of Roma communities, and above all, search for long-term solutions for the new influx of Roma that Trappers defines. Furthermore, she points out the heterogeneity of the Roma communities, in a similar fashion to the other participants, confirming the identity point where heterogeneity was part of the targeted group (Giménez-Cortés, *et al.*, 2019).

Training is essential to avoid stereotypes, especially with intercultural mediators. In the end, it is not just about providing information and giving solutions, but avoiding biased and paternalistic beliefs about why they need this help: it is not because they are unknowledgeable or weak (Petraki, 2020). In this way, it is essential to recognize the informal program that Foyer offers to the Roma who cannot apply to the two-year IM training. It is necessary to have intercultural mediators from the same ethnic community as the patients because they understand their identity and suffer the same discrimination.

Following the main points of the discussion, this article aims to give effective advice about how the Romans are discriminated in Belgium. Therefore, the identity of the Roma and their feelings about how to manage their situation are important to consider. The following lines offer recommendations addressed to the Belgian government, Belgian health authorities, and health intercultural mediators starting from a more general framework to more specific suggestions :

– *Integrating as an investment in the Roma and non-Roma communities.* In 2021, the main demographic group in Belgium is people between 55 and 59, this amounts to a population of 803,730. This shows how young people are sustaining the pension welfare system in the country. A way to do it is to invest in immigrant integration such as in Roma communities, which have a young population: “35.7 % are under 15 compared to 15.7 % of the EU population overall” (Naydenova, 2014). A good framework of integration must be one where Roma communities feel that they belong to the country and are in a situation of welfare. Therefore, if the individual or the community feels part of Belgium without losing their identity and without being discriminated against, they will be prone to collaborate with the functioning of society. Unless good policies of integration exist, the vicious circle of poverty in the targeted communities will not end. Therefore, it must be transformed into a favorable cycle where Roma communities are introduced to society. To start this journey, it is essential to start with the next point, education.

Figure 4. The population of Belgium in 2022, by age group



Source: Statista Research Department (2022). *Population of Belgium in 2021, by age group.* Retrieved from <https://www.statista.com/statistics/523463/population-of-belgium-by-age-group/>

- *Integrating from an educational basis.* The educational system usually changes with integrative migration policies. This is why it is important to adapt school curricula depending on the zone where there are more Roma communities. Intercultural mediators in this field usually also play an essential role to integrate the children and the families of the communities into the non-Roma society. Through the analysis of the theoretical framework and the interviews, the recommendation is to:
 - *Create more artistic projects for the Roma community and the non-Roma community* (e.g: *Réflexions. Des Roms en Belgique* and, on International Roma Day; the Roma art of Durmish Kjazim, both launched in the *MigratieMuseumMigration*): this type of initiative creates a space for the Roma community to express themselves and their identity, and, at the same time, breaks with the ideological segregation that can be created in the Belgian schools with more Roma population.
 - *Presence of intercultural mediators in schools.* Build an effective answer with the institutions and the Roma and Traveller communities, with the help of associations such as Foyer in Brussels, who work with specialized intercultural mediators for health, as well as education. Non-profit organizations that are specialized in their culture and have built a trusting relationship are the key to making them feel part of the educational system.
 - *Projects of health education.* Schools can count on specialists in the field and work with intercultural mediators to give conferences about healthy habits such as balanced diets, avoiding drugs, etc. The curriculum should be adapted to the number of Roma children they have in the school. This initiative works from a bottom-up approach and has consequences within the family. By informing the kids, the families will listen to them, and participate in other conferences created by the associations and/or schools. *Working through prevention.* As stated in the theoretical framework, there are different exposures that affect health. Therefore, more projects focused on the personal one such as the ones against smoking should be encouraged by associations and schools. Nevertheless, this point also recognizes that regarding external exposures, the government should facilitate a solution such as urbanism planning to avoid poverty segregation.
- *Reframing the training of intercultural mediators.* One of the main problems observed is the lack of trust of Roma communities in intercultural mediators. Therefore, it is highly recommended to have an apprenticeship part in the two-year training. Nonetheless, it is also important to recognize the importance of the theoretical part. Not only to include subjects on communication and interpretation, but also on the implications of integration, and how to do it from a neutral perspective. This would avoid neocolonialist

answers like the ones that Petraki's (2020) work showed us in the theoretical approach. Furthermore, the lack of trust can be overcome through:

- *Encouraging people of the same community to become part of the intercultural mediation team.* The main problem is that to build a better trust relationship the main intercultural mediators should be part of the targeted communities. They usually know how to express themselves in their language better, and, at the same time, they are familiar with the customs, traditions, and, above all, their identity.
- *Creating cooking projects between the Roma communities and the intercultural mediators.* Huygue (2022) has put this activity into practice with his colleagues. The outcome strengthened the bonds between these two actors and was a ludic way to explain how to follow a healthy diet.
- *Projects and mediations for health providers and Roma communities.* The associations could create a safe space to mediate between Roma communities and health providers. The explanations of health professionals could change the feelings of mistrust in Roma communities toward the healthcare system. At the same time, they could talk about how they feel discriminated against and break stigmas. This space would create trust in intercultural mediators and health providers.
- *Cooperating from a regional intercultural mediators' association to a national one.* Cooperation in local areas, such as Leuven, through formal meetings where Roma explain which challenges they are facing to find joint solutions that build trust, would improve the situation. If this proves to work at a local level, it could be expanded nationally throughout the three Regions.
- *Reserving seats for the Roma communities in the Belgian government to create inclusive health and integration policies:* representation of Roma communities in the government is essential to advance an inclusive strategy. This is a difficult recommendation to accomplish—as an example, countries with larger Roma populations such as Spain do not have this measure. However, if Roma feel part of society, have jobs, and enjoy wellness, while not losing their identity, the allotted seats measure could be proposed. Integration also takes part in participating democratically in society. Therefore, they could be represented in the Belgian government and could give their point of view on the regulation of healthcare.
- *Creating a specific Roma community protocol in case of pandemics:* during COVID-19 unforeseen decisions were taken and some of them backfired. The pandemic opened the opportunity to rethink how to guarantee the welfare of vulnerable groups. Moreover, this type of health crisis is not going to be the last one, as other studies advert (Penn, 2021).

6. Conclusion

Discrimination affects the health of the most vulnerable groups, as is the case of the Roma community. For this reason, integration is a possible answer to this problem. However, integration strategies must be framed ethically and morally. Subalterns (Spivak, 1988) must have the chance to express their situation in terms of discrimination and identity. Furthermore, integration policies should not only focus on the “newcomers” in society but also the non-discriminated strata of society. In the end, discrimination exists because a part of society nurtures stigmas about a different and/or new culture. Fear of the unknown can only be overcome by discovering it. Amin Maalouf (2009, p. 295) expresses this feeling as follows:

“To accept the other is neither more nor less natural than to reject it. To reconcile, to reunite, to adopt, to tame, to pacify, are voluntary gestures, gestures of civilization, which require lucidity and perseverance; gestures which are acquired, which are taught, which are cultivated. Learning to live together is a long battle that is never completely won”.

This article, therefore, recognizes that the path to integration is long, but it must be started by reframing some policies. Five to ten-year expectations are not going to be solved if the government is not more involved in implementing new pandemic protocols and reformulating a more inclusive integration. As well, intercultural mediators will play a key role in this process.

Intercultural mediation is the nexus between the discriminated community and the stigmatizing community. For this reason, intercultural mediators must understand the community at all levels. Roma are a heterogeneous group, in which different types of intercultural mediators from the same group are needed to work with the community. Associations, which have a fundamental role, should be the ones in charge of finding more people from the community to work with Roma. In this way, building trust and inclusion in society will be easier to achieve.

It is worth mentioning that this theory is urgent in key fields such as hospitals and health centers because unhealthy communities cannot be empowered. Empowerment and the fight against inequality should be understood from an interdisciplinary perspective. The opportunities of Roma will never be the same as those of non-Roma if their life expectancy is “14 years less than the general Belgian population” (FRA, 2020 p. 4). For these reasons, there is faith placed on the policy recommendations of this research to be taken into account, but above all, that the experiences of the Roma communities of Belgium will be heard.

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