
RI BULLETIN

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Contacts: Shannon Meehan and Nicole Mailman

ri@refugeesinternational.org or 202.828.0110

Kosovo: Lead Pollution Requires Immediate Evacuation of Roma Camps

Three camps for Roma, Ashkali, and Egyptian (RAE) internally displaced persons in Kosovo are on sites irretrievably polluted with lead and must be evacuated immediately. The World Health Organization and other UN organizations in Kosovo believe that the situation, which affects more than 600 people, constitutes a health emergency and that urgent action is necessary. The leadership of the United Nations Mission in Kosovo (UNMIK) acknowledges that delays and lack of leadership have kept the displaced in a dangerous situation. UNMIK has not acted despite the fact that as early as November 2000 its report, "First Phase of Public Health Project on Lead Pollution in Mitrovica Region," recommended that the Roma camps be relocated and that their residents receive continuous education and support for the eradication of lead poisoning.

The RAE camps were never intended to become semi-permanent settlements in the midst of an environmental disaster area. The Office of the United Nations High Commissioner for Refugees (UNHCR) constructed the three internal displacement camps of Chesminluk, Kablare and Ztikovac for the RAE populations who fled from South Mitrovica to North Mitrovica during the Kosovo conflict in 1999. UNHCR built these camps as a temporary solution. At the time UNHCR believed that the RAE displaced would remain for 45 to 90 days, after which they would return to South Mitrovica. Continued inter-ethnic conflict prevented return to South Mitrovica by the RAE population and thus the camps have remained occupied since 1999.

Mining and metallurgic economic activities have a long history in Mitrovica and Zvecan municipalities of northern Kosovo. After these activities closed down in 2000, UNMIK, in November of that year, produced an environmental report on the lead situation in Mitrovica. In 2004, WHO, in collaboration with UNMIK and local institutions, conducted a Health Risk Assessment to determine the extent and routes of exposure of children to heavy metals in these municipalities. According to this study, the overall population in Mitrovica has elevated levels of heavy metals, especially lead, but the samples from the three RAE IDP Camps had the most alarming lead levels in the blood. More than four years earlier the 2000 UNMIK report had also noted higher levels among RAE internally displaced persons (IDPs) According to WHO, a blood lead level of 10 micrograms per deciliter or below is acceptable. The measurements from the IDP camps were much higher than in the surrounding population and at levels which exceeded any region WHO had previously studied. Twelve children had exceptionally high blood lead levels, greater than 45 micrograms per deciliter.

Lead can enter the body through the following means: inhalation, ingestion of the soil itself or food grown where the soil is contaminated, and through the placenta of the fetus in the womb. Nutrition, hygiene, ratio of body fat, fiber intake, age and overall physiological makeup all affect the speed at which the body absorbs lead. Children between birth and six years old are the most vulnerable as they are in the primary stages of growth and development. Lead poisoning affects the entire body and has severe and permanent health consequences. Potential symptoms of exposure to lead, even at low levels, include loss of appetite, lethargy, high blood pressure, fertility problems for men and women, premature birth,

stunted growth, hearing damage, neurological damage, seizures, pain and/or paralysis in the legs, dropping in and out of consciousness, anemia, increased aggression, stomach cramps, and vomiting. People suffering from lead poisoning can be asymptomatic. According to the WHO reports, the most significant and irreversible effect is on IQ levels. An increase in blood lead level from 10 to 20 micrograms per deciliter has been associated with a decrease of 2.6 IQ points, but any incremental increase above 20 further reduces IQ levels. As one international health worker told Refugees International, "These children who are affected will never reach their optimal mental potential which is a basic right of each child. There is an emergency in these camps."

Since July 2004, WHO has categorized the lead intoxication as a severe health crisis. For the past 12 months, WHO and other international agencies have recommended the immediate evacuation of pregnant women and children up to six years of age and quick relocation of these IDP camps into temporary sites until a final and sustainable solution can be achieved. This has yet to occur despite the clear warning from WHO that inaction would allow for continued exposure to lead and "with these excessive blood levels these children are at a true risk of encephalopathy, [delayed mental development], and possible death."

UNMIK, municipalities and the Ministry of Health, all of which have the power to implement an evacuation of the camps, have not acted. They have had meetings with involved parties, led steering committees, debated the details, and questioned the feasibility of various recommendations. While there are legitimate objections to a number of the alternative camp sites offered, given the urgency of the situation, major efforts are needed to make a promising site work. For example, a site near the destroyed RAE neighborhood in South Mitrovica with a large agricultural school and land was offered as a temporary location. Some of the RAE populations from the camps expressed interest in this site on the condition that a checkpoint of the Kosovo peacekeeping force (KFOR) be established nearby, as security is their predominant concern when considering moving back to South Mitrovica, where they experienced the violence which caused them to flee. UNMIK has agreed to a KFOR checkpoint, but further action has to be taken to make this a reality. Other efforts with the RAE population could be undertaken to renew their confidence and make them feel more secure in their former neighborhood. But while community participation is important, many believe that an executive decision is required instead of the ongoing discussion. As one international humanitarian worker put it, "It is not a question of a solution, it is a question of the lack of will to do anything – nobody seems to want to help the Roma."

In the spring of 2005 international organizations and local institutions finally initiated a Risk Management Plan (RMP) as a stopgap measure to respond to the lead poisoning. The plan's intention was to decrease lead exposure for the RAE population while the evacuation and curative measures were organized and quickly implemented. Initially proposed in February 2005, it was funded in late April with support from the head of UNMIK and the Ministry of Health. Beginning in May, international NGOs and the municipalities have undertaken a number of remedial measures, such as distributing hygiene packs and wood stoves and increasing access to clean water. The sanitation in and around two of the camps has greatly improved. The distribution of lowfat fortified milk and nutritional supplements also has begun. Twelve children have been taken to Belgrade for testing and treatment, with a promise to relocate them temporarily into an apartment and never return them to the camps. But the Risk Management Plan will not reverse some of the effects of lead poisoning, such as organ damage and the decrease of IQ. It reduces further exposure only slightly. Removal is the only viable option, as within two weeks of removal improvements are dramatic: blood lead levels of the displaced decrease by 50 percent.

With no temporary suitable site agreed for the IDPs, UNMIK and the local authorities decided that the best approach was to work for their return in safety and dignity to their homes in the Roma Mahallah in South Mitrovica. The problem with this approach is that work on sustainable return, a long-term project, quickly overshadowed the need for urgent action in response to the health emergency. The right to live in a toxic free zone is separate from the right to return home. The UN Country Team addressed this concern in a recent letter to the Special Representative of the Secretary General (SRSG): "Our principle concern is the health emergency, and we strongly believe that it should be treated as a separate issue from that of the return process as a whole."

There are several problems with the return project as the solution to the evacuation of the RAE IDP population. The first and most obvious is that reconstruction of a neighborhood that formally housed more than 8,000 displaced RAE will take time. While the agreement signed by the Mitrovica Municipality and UNMIK clearly committing to and detailing the plan for the renewal of this Roma Mahalla is welcome, delays are inevitable --- funding must be received, full architectural plans drawn, legal papers resolved, land clearing completed --- all of which leaves the actual timing of the return uncertain. Second, only approximately 70% of the RAE IDPS living in the camps are from the Roma Mahallah; no solution has been offered for the remaining 30%.

Some international aid workers blame the RAE population for contributing to their own problems and focus on their supposed unwillingness to change. They claim that the Roma's inability to maintain hygienic standards has compounded the lead crisis. However, even when appropriately using the hygienic packs, cleaning tools and wash basins, the RAE will only be able to reduce slightly their lead contamination and exposure due to the high levels of prior contamination. In RI's visits to the camps the team observed that when given appropriate accommodation and tools, people are hygienic. Many of the accommodations in these camps are dilapidated, battered shacks and the infrastructure is well below the Sphere standards for access to water or quality of shelter.

There is also disagreement on whether the high levels of lead and illness are actually due to the continued illegal income-generating activity of lead smelting, a common activity in these camps. The WHO reports described smelting as just one of the contributors to the lead intoxication and the environmental specialists consulted by RI confirmed that smelting alone would not raise the blood lead levels as high as it is in the RAE camps. WHO concluded in October 2004 that the primary source of lead contamination was the existing contaminated soil, which has measured in the camps as much as 359 times beyond safe limits. The illegal smelting activities are continuing but have been greatly reduced and many of the larger smelting sites have been eradicated. This is being closely monitored by the municipalities and international organizations.

Some in the international community in Kosovo have stated that the RAE population "unequivocally" will resist evacuation and have used this "adamant refusal" as an excuse to avoid evacuation. The RAE population does have conditions for being evacuated into temporary conditions. For example, if the RAE displaced are obligated to move, they want a guarantee that any temporary location would not involve another prolonged delay of their return to their original homes. A simple step, such as creating a formal Memorandum of Understanding with the entire RAE population of these camps, with clear benchmarks on medical assistance and a timeline for the temporary accommodations, may alleviate many of their concerns.

The situation is further complicated by the pressure on the RAE population from many groups. They are located in North Mitrovica, which since the war refuses to recognize UNMIK or the Kosovo Provisional Institutions for Self Governance. Members of the National Serbian Council for Kosovo are regularly present in these IDP camps pressuring the RAE population not to cooperate with UNMIK or international organizations. Further, the displaced themselves fear that the gestures by the Albanians for their return to South Mitrovica are not out of concern for their medical condition but rather are motivated by the political gains that would result from the Albanians meeting more of the requirements that are tied to the final status of Kosovo. The RAE diaspora in Europe is advocating against return or relocation as this may increase forced returns from Europe.

Buffeted by these political forces, many RAE displaced persons feel used. As one RAE community leader told RI, "We are neither in the boat nor in the water." The SRSG told RI that these types of influences were the main obstacles against an evacuation and the RAE displaced persons were being used as political pawns.

Finally, some of IDPs who refuse to move into temporary sites are ill-informed and skeptical of the symptoms of lead poisoning. RI found that those who understand and/or have experienced the health consequences of lead poisoning clearly wanted to leave immediately. But those local organizations which

have tested the RAE population for lead and have taken them to hospitals in Belgrade for treatment have not adequately kept the community informed of their findings and their purpose. Uncoordinated research and medical treatment efforts with good intentions have left the RAE population confused. The IDPs even doubt the accuracy of the results from the blood lead level tests from WHO and other organizations because they have never received a formal written notification nor an explanation of the consequences of the blood lead levels. Some ask if the blood lead levels in their children are so critically high, then why has so little medical treatment been distributed? As one RAE IDP stated to RI, "I would believe the lead problems if the international community had evacuated us."

Refugees International therefore recommends that:

- By June 30, 2005 all pregnant women and children from birth to six years old be evacuated to rented flats in North Mitrovica or temporary shelters at the South Mitrovica site. Regular testing of all IDPs in the RAE camps continue and any person testing above 45 micrograms per deciliter be given immediate medical attention and relocated.
- The SRSG assign an UNMIK international focal point with full support from the UN Country team to create an emergency action plan that will lead to the RAE population being completely removed from all three camps no later than July 31, 2005. The parties must agree that the health crisis is a separate issue from the return issue.
- The SRSG instruct the International Municipal Representatives of the three municipalities involved to begin immediate negotiations with the municipal governments to provide a list of suitable land sites for the evacuation. From the lists provided, the SRSG choose the best possible site by June 30, 2005.
- UNICEF with implementing partners conduct a door-to-door educational campaign that fully educates the RAE families on the causes and effects of lead poisoning. Organizations should meet each family individually in regards to this health crisis. The health education plan must outline the UNMIK plan for evacuation.
- International donors provide the necessary funds for an emergency action plan that must include evacuation and destruction of these three IDP camps.
- The World Bank and/or the European Agency for Reconstruction commit to a comprehensive environmental clean up of the North Mitrovica lead sites as recommended in the UNMIK November 2000 report.

Shannon Meehan and Nicole Mailman of Refugees International are in Kosovo assessing the situation for Roma internally displaced persons.